

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
1 W. Wilson St.
Madison WI 53703

To: Process Help Users

From: Rebecca McAtee, Bureau Director
Bureau of Enrollment Policy and Systems

Re: **Process Help Release 17-02**

Release Date: 07/24/2017

Effective Date: 07/24/2017

EFFECTIVE DATE	The following policy additions or changes are effective 07/24/2017 unless otherwise noted. Grey highlighted text denotes new text. Text with a strike through it in the old policy section denotes deleted text.
POLICY UPDATES	
1.6.Signatures	<i>Section 1.6.1 Overview is new. Section 1.6.2 Medicaid/BadgerCare Plus was rewritten.</i>
1.8.9.6 Valid Activity Codes and Associated Programs and Correspondence	<i>The table was updated.</i>
1.9.4 Caseload Assignment and Changes	<i>This section is new.</i>
3.3 Person Delete	Note: The primary person cannot be deleted from a case. Changing the Primary Person on a case has other impacts. Before attempting to change or delete a Primary Person, contact the CARES Information and Problem Resolution Center. See the System Help Technical Support page. Never delete one individual and add another individual to a case as a one step process. Rather, complete the person delete process completely, (all ten steps listed below) then you may add an individual to the same case.
3.17 Residential Care Apartment Complex (RCAC)	<i>This section is new.</i>
4.1 Renewal	A renewal is not complete until you have received a signature, unless it is a health care program renewed through the administrative renewal process. If you are conducting a phone renewal and member agrees to provide the signature by phone, then collect telephonic signature. If member does not agree, you must mail out case summary for a signature and pend the case until the signature is returned. To pend for signature insert a "?" into the Signature details section for the associated program.
4.1.8 Pre-Printed Renewal	<i>This section has multiple updates.</i>
4.1.8.1 How To	<i>This section has multiple updates.</i>

Generate A Pre-Printed Renewal	
4.1.8.3 Renewal Signature Page	<p>The manual Renewal Signature Page (F-00234) is being replaced with a CWW generated signature page. A FS signature section has been added to the signature page. This section will only display if there is a request for FS on the case. By checking the box and signing the form, the member is requesting to complete his or her FS renewal. If the FS benefit is closed, and the Break in Service policy (See 3.13.4 Break In Service at Review) is not applicable, the request on the Signature Page will not set the file date for the new FS request. When FS is closed and the Break in Service Policy does not apply, a new application is required even if this form has been signed and the box for the FS renewal request is checked.</p> <p>A new letter has been created to be sent to the member when an agency receives the signature page and the closed FS case cannot be re-opened using the Break in Service policy. (See the letter) The letter should be put on the agency's letterhead and sent as soon as possible after the signature page has been submitted, so the member understands s/he will have to reapply in order to get FoodShare again.</p> <p style="text-align: center;">Note: An interview must still be completed for a FS renewal or FS application.</p> <p>The preprinted Case Summary, Cover Letter and Signature Page mailed from the Generate Summary page in CWW will be stored in the ECF under CORR- 'Correspondence'. A copy of the summary is also stored under APP.</p> <p>The preprinted Case Summary and Signature Page printed locally will be stored in the ECF under APP.</p> <p>The signature page and any pages of the summary returned by the member must be scanned into the ECF using the APP code.</p>
4.1.8.4 Scanning the Pre-Printed Renewal	<i>This section is new.</i>
4.2 Application/ Renewal Interview Details	<p>4.2 Application/Renewal Interview Details</p> <p><i>This section has multiple updates.</i></p>
4.3 Renewal Notices	<i>This section has multiple updates.</i>
13.3.2 FoodShare Budget Example	<i>The image was replaced and text was added.</i>
17.1.8 Real Property	<i>This section was rewritten.</i>
31.1 Supplements	<i>This section was rewritten.</i>
31.3.6 Calculating A Claim	<p>Once you have determined that an overpayment occurred, calculate the amount of the overpayment. For EBD Medicaid/BadgerCare Plus, a manual worksheet needs to be done. The manual worksheet for EBD Medicaid can be found in the MEH 40.1 Worksheets, worksheet 6. For BadgerCare Plus, simulation can be used, but you will need to print the budget screens to send to the participant. For FoodShare, a worksheet is automatically generated by CARES. The case must be in ongoing mode in order to get into simulation. Where necessary, make the changes in production before completing simulation. You can also use simulation to determine the correct premium, cost share, or deductible amount for health care but again, you will need to print the budget screens to send to the participant. For instructions on how to initiate Simulation, refer to Process Help Chapter 42 Simulation. If unable to use simulation to calculate a FoodShare overpayment, there are two manual worksheets available for calculating the overpayment. The current form showing the calculations is F-16030, which is available in the forms repository, or the form that calculates the</p>

	budgets can be found at (to be provided). The instructions for that form are included on the link to the form.
41 Overrides	<p>NEVER override deductibles (NS, BCPP, BCPD) to open the AG, this incorrectly creates eligibility for Medicaid and BadgerCare Plus and sends to iC and will prevent you from setting the correct deductible period on AGMD. If Medicaid is failing 272 or 077, a review can be run to correct the CARES failure. Overriding EBD Medicaid (ie: MS, MAPP, MI S etc) updates iC, but does not update liability or cost share, that must be manually updated.</p> <p>When overriding eligibility for BadgerCare Plus for families, enrollment and premium information will not be sent to ForwardHealth, a manual certification must be done to update eligibility. Overriding eligibility for FPOS does update iC.</p>
44.1.1 Security	It is the Department of Workforce Development (DWD), Division of Workforce Solution's (DWS) and the Department of Health Services (DHS) responsibility to ensure that reasonable steps are taken to uphold sensitive and confidential client and administrative information. This includes general computer access and data security. Data contained in the CARES computer system is confidential and must not be available or shared with those who have not been specifically granted access to that information.
44.6 Appendix	Appendix G – Prior operations memo specific to Data Exchanges 42-53: Medicaid Asset Verification System
44.7.1 Prisoner Discrepancy Work Flow	<i>The image was updated.</i>
44.7.2 SOLQ-I Discrepancy work flow	<i>The image was updated.</i>
44.7.3 SWICA Discrepancy Flow Chart	<i>The image was updated.</i>
44.7.4 UIB Discrepancy Work Flow	<i>The image was updated.</i>
45 Electronic Case File (ECF)	<i>Throughout this chapter, the word ECF Eclient was changed to ECF Navigator.</i>
50.3 Asset Verification	<i>This section was deleted.</i>
55 Income Maintenance Management Reporting	<i>This chapter is new.</i>
58.1.1 What Is A True Change?	<p>A true change is an actual change in program eligibility that has either a positive or negative impact on the customer's case. Examples:</p> <ul style="list-style-type: none"> • Eligibility started, ended or was denied (individual or group),. • A program is reopened or changed. • A cost share increased or decreased. • A deductible is setup, met, or closed. • A FoodShare review is completed. • A health care review is completed. • A change in FoodShare allotment occurred.
58.1.2.1 Enrollment and Benefits	58.1.2.1 Enrollment and Benefits Brochure Case Level Correspondence

<p>Brochure</p>	<p>The primary person on a case and the primary person's spouse will be able to view case-level correspondence in their MyACCESS account. This includes:</p> <ul style="list-style-type: none"> • The Enrollment and Benefits Handbook • Notices of decision • Case Summaries • Client scheduling intake and review appointments • 45-day renewal letters <p>An Enrollment and Benefits (E&B) Handbook will be automatically mailed or posted to a member's the primary person's and primary person's spouses' MyACCESS account at application, review and program add.</p> <p>This E&B will include the required information for applicants/members of BC+, FS, MA , CTS, MPA and FPOS programs. The Guide to Applying for Wisconsin's Health and Nutrition Programs (P-16091) is available for you to use.</p> <p>The E&B will be mailed in the following circumstances when no E&B has been mailed out or posted to a member's MyACCESS account within the last two months:</p> <ul style="list-style-type: none"> • An RFA is entered into CARES/CWW and becomes a case. • An ACCESS RFA becomes a case. • Program add or re-application for an IM program. • Person add to an existing household. • Person is deleted from a household and an update is made to an IM program request. • IM program add during a W-2 / CC renewal/review. <p>The E&B will be mailed and/or posted to a member's the primary person's and primary person's spouses' MyACCESS account at review/renewal for an IM Program if no E&B was mailed out to the household in the last 10 months.</p> <p>You can view the E&B mailing history or request that a duplicate be mailed to your customer from the Correspondence History Search Results page.</p>																								
<p>58.1.3 Electronic Correspondence</p>	<p>Emails addresses are now collected at an individual-level for each individual on a case. If a customer calls to update their election status you will be able to update this on the General Case Information Electronic Contact Information Page by updating the "Get letters online with email notifications instead of by regular mail" to yes or no. Any individual on a case who is 18years or older have the option to receive their individual (PIN-based) correspondence electronically.</p> <p><The screenshot was replaced.></p> <p>Correspondences Related to Multiple Programs</p> <table border="1"> <tr> <td>CRD1</td> <td>Denied RFA</td> </tr> <tr> <td>CRD2</td> <td>Withdrawn RFA</td> </tr> <tr> <td>CRD3</td> <td>Denied (web) RFA</td> </tr> <tr> <td>CRL1</td> <td>RFA Extension Granted</td> </tr> <tr> <td>CSRS</td> <td>Case Renewal Summary</td> </tr> <tr> <td>CVCL</td> <td>Verification Request</td> </tr> <tr> <td>ELIG/DFS</td> <td>DFS Eligibility Correspondence</td> </tr> <tr> <td>IPVI</td> <td>IPV Initial</td> </tr> <tr> <td>PCCL</td> <td>Paperless - Correspondence Confirmation Letter Email Change Letter Case Reopening Letter</td> </tr> <tr> <td>PCFE</td> <td>Paperless - Correspondence Failed Mail Undelivered Email Letter</td> </tr> <tr> <td>CML</td> <td>FS/CC-SMRF</td> </tr> <tr> <td>CMLR</td> <td>FS/CC-SMRF RMNDR-LTR</td> </tr> </table>	CRD1	Denied RFA	CRD2	Withdrawn RFA	CRD3	Denied (web) RFA	CRL1	RFA Extension Granted	CSRS	Case Renewal Summary	CVCL	Verification Request	ELIG/DFS	DFS Eligibility Correspondence	IPVI	IPV Initial	PCCL	Paperless - Correspondence Confirmation Letter Email Change Letter Case Reopening Letter	PCFE	Paperless - Correspondence Failed Mail Undelivered Email Letter	CML	FS/CC-SMRF	CMLR	FS/CC-SMRF RMNDR-LTR
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	<p>Correspondence Related Only to FoodShare</p> <table border="1"> <tr><td>AEIJ</td><td>FS Disqualification 1, 2 month</td></tr> <tr><td>CSLV</td><td>FSET Enrollment Final</td></tr> <tr><td>CSLW</td><td>FSET Enrollment Initial</td></tr> <tr><td>CSLX</td><td>FSET Employability Plan Review</td></tr> <tr><td>CSLY</td><td>FSET Job Club</td></tr> <tr><td>CSLZ</td><td>FSET Employment Workshop</td></tr> <tr><td>FSDL</td><td>FSET Disenrollment</td></tr> <tr><td>FSRL</td><td>FSET Referral</td></tr> <tr><td>BIL2</td><td>EBT 60 Day Warning Letter</td></tr> <tr><td>BIL3</td><td>EBT 300 Day Warning Letter</td></tr> </table>	AEIJ	FS Disqualification 1, 2 month	CSLV	FSET Enrollment Final	CSLW	FSET Enrollment Initial	CSLX	FSET Employability Plan Review	CSLY	FSET Job Club	CSLZ	FSET Employment Workshop	FSDL	FSET Disenrollment	FSRL	FSET Referral	BIL2	EBT 60 Day Warning Letter	BIL3	EBT 300 Day Warning Letter
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<p>58.1.4.4 How Do I Send A Duplicate Notice?</p>	<p>10. Workers cannot suppress the “CMAD – ADMIN RENEWAL” (administrative renewal letter and case summary), stored in Correspondence History Search Result and the Electronic Case File (ECF), but can view or sent duplicates.</p>																				
<p>61.2.1 Introduction</p>	<p>Workers should process QMB, SLMB, and QDWI eligibility determinations in CARES. At the time a person applies for a Medicare Premium Assistance program, indicate “Y” on the QMB ACPA request screen. Indicate “Y” on the Medicare Premium Assistance Request page at the time a person applies for a Medicare Premium Assistance program or at the time a person applies for Medicaid and is also receiving Medicare Part A or Part B (even if the person doesn’t make a specific request for Medicare Premium Assistance). Check DXSA SOLQ Data Exchange for the current Medicare Part A entitlement, Medicare Part B eligibility date and the Medicare premium payer (‘self or, ‘520’ which means Medicaid is paying the premiums). If DXSA has not updated recently, complete an SOLQ query. Transfer the current DXSA SOLQ information to the AFMD Medicare screenpage. Individuals may not yet be entitled to Medicare Part A or they may have lost Medicare Part A entitlement. Always check for current Medicare information. Do not change the premium payer to ‘self’ in order to affect the customer’s cost sharing obligation for other programs of assistance.</p>																				
<p>71.5.3.1 Over-Riding the Clock’s System Status</p>	<p>Workers have the ability to adjust the FoodShare Clock’s system status to “Exempt”; any other override status needed must be done by the CARES Call Center.</p> <p>Example 5: Emily’s FoodShare renewal is due December 31, 2016. Her 36-month Clock began November 1, 2015, when her first TLB was issued. A second TLB was issued at adverse action for December 2016. During her December renewal interview, Emily reports and verifies that she has been meeting the work requirement by fulfilling WIA work program participation requirements since November 10, 2016. The worker must contact the Call Center to have Emily’s change the status on the Clock page changed for December from “Time-Limited Benefit” to “Met Work Requirement”. The Clock’s start date of the 36-month Clock remains unchanged.</p>																				
<p>72.2 Undue Hardship</p>	<p><i>This section is new.</i></p>																				
<p>80.3.3 Expedited Processing</p>	<p>Note: Benefits will be issued following these timelines for applicants who have an active and valid QUEST card at the time expedited benefits are confirmed at application.</p>																				
<p>80.5.2.1 Retailer Initiated Adjustments</p>	<p>Retailer initiated adjustments must be acted upon to debit a cardholder’s account no later than 15 calendar days from the date the system error occurred FoodShare member receives notice of the adjustment. Beginning on that date, the retailer is allotted nine calendar days and the EBT vendor is allotted six calendar days to report, approve/deny and process a correction request. The EBT vendor will reject debit correction requests from retailers that are submitted after the 15 calendar day timeframe.</p>																				

<p>80.10.1 PIN Selection/Activation</p>	<p>The PIN Select Terminal in the local agency will be primarily used for cardholders during the issuance of vault cards. The cardholder may use the PIN Select Terminal to activate a permanent, mailed card or a temporary vault change a PIN on an existing card at the local agency. This process will require the card issuance personnel to log-on to the PIN Select Terminal using a secure password that prevents unauthorized use of the equipment. When finished using the PIN Select Terminal, or when otherwise left unattended, users must log out of the PIN Select Terminal to prevent unauthorized use.</p> <p>The card is swiped through the device, and the cardholder will enter a unique PIN twice to confirm the PIN is selected properly. Agency staff must not enter the PIN for the cardholder or know a cardholder's PIN. After the cardholder selects a PIN, the device will dial the EBT host and confirm that PIN connection was successful. For a permanent card that has been mailed to the cardholder and the PIN is selected in the local office, using the PIN Select Terminal, or for a PIN change on an already existing card using the PIN Select Terminal, the cardholder will have immediate access to his or her benefits. To change the PIN, follow the directions in section 80.10.2.</p>
<p>82.4 Requesting Access</p>	<p>Security access to the web-based version of SAVE is requested using the DWSW-10E CARES Automated System Access Request form (F-00476). Workers will need to write SAVE in the "Other" field on this form. Access will be granted in the order DWSE-10E F-00476 forms are received. DWS DHS CARES Security will notify workers via email when their access has been set up granted. A valid email address must be provided on the DWSW-10E, because F-00476 form. Workers will be instructed to call the security-Wisconsin Help Desk for their initial password.</p>
<p>82.4.1 W-2</p>	<p>SAVE is the system used to verify an applicant's immigration status. To get access to the SAVE system, W-2 workers must submit the CARES Automated Systems Access Request Form (F-00476) to the DHS CARES Security staff at dhscasesecurity@dhs.wisconsin.gov.</p>
<p>82.5 Contacts For SAVE Access Questions</p>	<p>Workers with questions or problems with initial connectivity and password resets should contact the DWS Security Help Desk at 608-261-6317 (option # 3) Wisconsin Help Desk at:</p> <ul style="list-style-type: none"> • Telephone: 608-261-4400 • Toll-free: 866-335-2180 • Email address: helpdesk@wi.gov