

MEMORANDUM

DATE: October 1, 2009

TO: All DPA Staff

FROM: Char Ervin
Public Assistance Analyst II
Systems Operations

SUBJECT: EIS Procedure 2009-2 (Replaces 2003-2)
AF Related Medicaid Processing

INTRODUCTION

This procedure addresses system processing for the following AF related Medicaid programs:

- Denali KidCare
- Family Medicaid
- Pregnant Woman, Post Partum, and Newborn
- Under 21
- Transitional Medicaid
- Retroactive Medicaid
- 4M Medicaid
- Emergency Medical Treatment for Aliens

Updated sections include:

- The MEDICAL INSURANCE BUDGET WORKSHEET (MIBW) screen – incorporating 12 month eligibility periods
- Transitional Medicaid case processing
- Newborn Coverage (BABY)
- Helpful Hints

It's important to note that AF related Medicaid is processed differently in EIS than other programs. ME AF program eligibility is client-based rather than case-based (AP related Medicaid continues to be case based). The client-based principle allows for:

- Individual eligibility periods for each client on the Medicaid case
- Different budgeting for each participating client on the same case
- Continuous eligibility for clients without having to re-budget for eligibility every month
- Holding up eligibility for individual clients on the case until needed information is obtained, while processing other clients for which eligibility can be determined

One additional note: On-line help (PF10 key) is an excellent resource for detailed information about system processes. It also provides a list of valid entries for specific fields too numerous to be included in this procedure.

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The MEDICAL INSURANCE BUDGET WORKSHEET (MIBW) Screen

MIBW Fields and Descriptions

The MIBW screen processes the financial and resource determinations for all AFDC related Medical coverage (Family Medicaid, Pregnant Woman, Denali KidCare, etc).

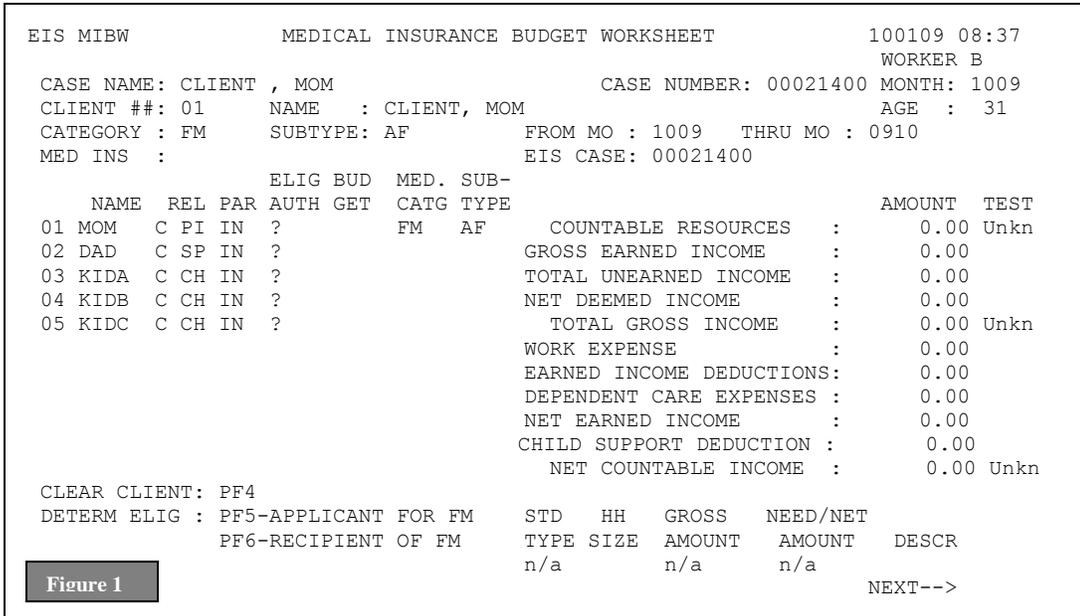


Figure 1

FIELD	DESCRIPTION / USE
CLIENT ##	Enter the position number of the client (01, 02, 03, etc.) for whom eligibility is to be determined.
CATEGORY	Enter the category of Medicaid to be evaluated for eligibility. For a list of valid categories <PF10> to access On-line Help.
SUBTYPE	If required, enter the valid subtype for the medical category. EIS provides edits for categories that require a subtype. For a list of valid subtypes <PF10> to access On-line Help. Note: EIS determines the correct subtype for the KIDS category (Denali KidCare) based on various eligibility factors such as age, income and insurance coverage.
FROM MO	This field displays the start month of medical coverage.
THRU MO	Enter the eligible through month for medical coverage for the individual receiving benefits.
MED INS	The Denali KidCare subtypes CP, S2, and H2 require an entry in this field. Valid codes are: <ul style="list-style-type: none"> Y indicating health coverage from private carrier N indicating no health coverage from private carrier OT indicating insurance other than major medical, such as dental, vision, ambulance, etc. Note: PHS eligibility alone is not considered insurance coverage and should be coded N. If PHS is combined with other <u>major medical insurance</u>, then the coverage is Y.

EIS CASE	EIS automatically displays the EIS case number of the Medicaid case the individual is associated with. This can be a different case number than the one the client is currently on.
NAME REL (RELATIONSHIP) PAR (PARTICIPATION)	These fields display information from the SETUP PARTICIPATIONS (SEPA) screen. Note: Clients who are coded OU on the SEPA may be part of the assistance unit and may have a budget code on the MIBW screen.
ELIG AUTH	This is a two-part field. After completing eligibility determinations for all individuals requesting medical coverage the left part of the field shows: <ul style="list-style-type: none"> ▪ F if the individual fails eligibility ▪ P if the individual passes eligibility ▪ ? or Blank if eligibility is unknown The right part of the field shows: <ul style="list-style-type: none"> ▪ Y if benefits were authorized for eligible individuals ▪ ? if benefits are not authorized
BUD/ GET	Enter the appropriate budget codes to determine whose income and resources should be counted in the eligibility determination. For a list of budget codes <PF10> to access On-line Help.
MED. CATG SUB-TYPE	After using the appropriate <PF> key to complete an eligibility determination, EIS will display the Medicaid category and subtype for eligible individuals.
TEST	This field displays PASS, FAIL, or UNKN (Unknown) beside each countable income and resource factor of eligibility.
STD TYPE	This field displays the income standard used: <ul style="list-style-type: none"> ▪ AI for Adult Included ▪ ANI for Child Only ▪ N/A (Not Applicable) when a need standard does not apply. This occurs when poverty level standards are used to determine eligibility.
HH SIZE	This field displays the size of household used in determining income eligibility.
GROSS AMOUNT	This field displays the 185% standard for Family Medicaid and Under 21 Medicaid. This field does not apply for Denali KidCare, which uses a poverty level Medicaid standard.
NEED / NET AMOUNT	This field displays the need amount from the Family Medicaid need standard table or the poverty level table.
CHILD SUPPORT DEDUCTION	This field displays the Child Support Deduction entered on the DEMH screen.
DESCR	This field displays the table number EIS used to determine the need/net amount to determine eligibility.

PF Keys on MIBW <i>Note: PF keys correspond to the 'F' keys at the top of the keyboard</i>	DESCRIPTION / USE <div style="text-align: center; border: 1px solid black; padding: 2px;">Table 2</div>
PF2 TRIAL BUDGET PF2 ELIG. MODE	<p><PF2> to access the MIBW Trial Budget screen to enter a budget when unsure if new income causes ineligibility.</p> <p><PF2> to return to Eligibility MIBW after completing a trial budget.</p> <p><i>Note: Using the Trial Budget will not de-authorize Medicaid benefits.</i></p>
PF4: CLEAR CLIENT	<p><PF4> to clear an eligibility determination segment displayed for an individual client or to de-authorize medical benefits not yet issued for an individual client. If more than one client needs to be cleared, each client must be processed separately.</p>
DETERM ELIG: PF5 – APPLICANT FOR FM, DKC, TM and other AF related Medicaid types PF6 – RECIPIENT FOR FM	<p><PF5> to complete an eligibility determination for an individual client. <PF5> allows the \$90 work deduction.</p> <p><PF6> to complete an eligibility determination for recipients of Family Medicaid. <PF6> allows the \$150 plus 33% earned income disregards.</p>

Determining Eligibility on the MIBW

Eligibility for all household members requesting Medicaid is completed on the MIBW after all income, resource, and expense information is entered on the appropriate screens.

Note: For non-resource Medicaid programs, such as Denali KidCare, resource screens may be skipped and the caseworker may <NEXT> directly to income and expense screens.

Example:

Jane and John Smith are in the office applying for Medicaid. They are requesting Medicaid for themselves and their children: Charo (11), Daffney (10), Elbert (9), Fabian (8), and Geoffrey (7). The family has no health insurance. The family reports the following resources and income:

- Joint Savings Account \$1000
- Vehicle used for family transportation value \$5000
- Bill earns \$2000 gross monthly wages

Step 1:

Enter demographic, resource and income information on the appropriate screens in EIS

Step 2:

On the MIBW, begin the eligibility determination by looking at Family Medicaid for the entire family:

1. In the CLIENT ## field enter Jane’s client number 01 <ENTER>
2. Following <ENTER> EIS will display Jane’s name, age, and case number

```

EIS MIBW                MEDICAL INSURANCE BUDGET WORKSHEET                100109 11:32
                                                                    WORKER B
CASE NAME: SMITH , JANE                CASE NUMBER: 00021455  MONTH: 1009
CLIENT ##: 01                NAME : SMITH, JANE                AGE : 39
CATEGORY :                SUBTYPE:                FROM MO : 1009  THRU MO : 0910
MED INS :                EIS CASE: 00021455
                ELIG BUD MED. SUB-
                AUTH GET CATG TYPE
NAME REL PAR
01 JANE S PI IN ?                COUNTABLE RESOURCES : 0.00 Unkn
02 JOHN S SP IN ?                GROSS EARNED INCOME : 0.00
03 CHARO S CH IN ?                TOTAL UNEARNED INCOME : 0.00
04 DAFFN S CH IN ?                NET DEEMED INCOME : 0.00
05 ELBER S CH IN ?                TOTAL GROSS INCOME : 0.00 Unkn
06 FABIA S CH IN ?                WORK EXPENSE : 0.00
07 GEOFF S CH IN ?                EARNED INCOME DEDUCTIONS: 0.00
                DEPENDENT CARE EXPENSES : 0.00
                NET EARNED INCOME : 0.00
                CHILD SUPPORT DEDUCTION : 0.00
                NET COUNTABLE INCOME : 0.00 Unkn
SWITCH MODE : PF2 Trial Mode
CLEAR CLIENT: PF4
DETERM ELIG : PF5
                STD HH GROSS NEED/NET
                TYPE SIZE AMOUNT AMOUNT  DESC
                n/a n/a n/a n/a
                NEXT-->

```

Figure 2

Step 3:

1. <TAB> to the CATEGORY field and enter the category FM
2. <TAB> to the THRU MONTH field and enter 0910 (the twelve-month review period from 1009)
3. <TAB> to the BUD/GET field and enter the appropriate budget codes for each household member: FR for Jane and John, CH for the children
4. <PF5> to complete the eligibility determination

The eligibility determination shows Jane passed financial eligibility for Family Medicaid.

EIS MIBW										MEDICAL INSURANCE BUDGET WORKSHEET										100109 11:51	
CASE NAME: SMITH , JANE										CASE NUMBER: 00021455										WORKER B	
CLIENT ##: 01										NAME : SMITH, JANE										MONTH: 1009	
CATEGORY : FM										SUBTYPE: AF										AGE : 39	
MED INS :										FROM MO : 1009 THRU MO : 0909										EIS CASE: 00021455	
NAME REL PAR AUTH GET										ELIG BUD MED. SUB-										AMOUNT TEST	
01 JANE S PI IN P										FR FM AF										COUNTABLE RESOURCES : 0.00	
02 JOHN S SP IN ?										FR										GROSS EARNED INCOME : 2000.00	
03 CHARO S CH IN ?										CH										TOTAL UNEARNED INCOME : 0.00	
04 DAFFN S CH IN ?										CH										NET DEEMED INCOME : 0.00	
05 ELBER S CH IN ?										CH										TOTAL GROSS INCOME : 2000.00	
06 FABIA S CH IN ?										CH										WORK EXPENSE : 90.00	
07 GEOFF S CH IN ?										CH										EARNED INCOME DEDUCTIONS: 0.00	
																				DEPENDENT CARE EXPENSES : 0.00	
																				NET EARNED INCOME : 1910.00	
																				CHILD SUPPORT DEDUCTION : 0.00	
SWITCH MODE : PF2 Trial Mode										NET COUNTABLE INCOME : 1910.00										Pass	
CLEAR CLIENT: PF4																					
DETERM ELIG : PF5 Applicant for FM										STD HH GROSS NEED/NET											
PF6 Recipient of FM										TYPE SIZE AMOUNT AMOUNT DESCR											
AI 07										3914 2116 Table 32											
Elig for client 01 PASSED - authorize on MIAU																				NEXT-->	

Figure 3

Step 4:

Begin the eligibility determination for the other household members starting with John:

1. In the CLIENT ## field enter John's client number 02 <ENTER>
2. The codes that were entered for Jane remain in the CATEGORY and SUBTYPE fields; be sure to make changes if necessary
3. The correct auto thru date of 0910 remains in the THRU MO field
4. <PF5> to determine eligibility
5. A **P** appears in the ELIG AUTH field showing John passes eligibility
6. Repeat processes #1 through #5 for the remaining household members

Step 5:

After completing the eligibility determination:

<NEXT> to the MIAU to authorize benefits

MIBW HELPFUL HINTS

- The category FM will default to AF when no other subtype is entered
- When the category KIDS is entered on the MIBW, the system determines the correct med subtype based on income and other factors and enters it in the SUBTYPE field
- The categories PW and PM require the entry of subtypes. Refer to On-line Help <PF10> for a description of each category
- The PF4 CLEAR CLIENT key should be used to remove any unpaid eligibility determinations done in error
- ***If all household members are ineligible for Medicaid, do not code members OU on the SEPA. <NEXT> to the MIAU and deny. If only some household members are ineligible for Medicaid, they should be coded OU on the SEPA after the MIBW is processed***

The MEDICAL INSURANCE AUTHORIZATION (MIAU) Screen

MIAU Fields and Descriptions

The MIAU screen is used to:

- Authorize benefits for eligible participants
- Deny or close cases when no one on the case is eligible for Medicaid
- Set the benefit issuance I (Immediate) or R (Regular)
- Set an alert on the ETAL and ETAD to remind caseworkers to complete an eligibility determination for an individual who needs to provide more information

EIS MIAU		MEDICAL INSURANCE AUTHORIZATION						100109 10:47	
								WORKER B	
CASE NAME: CLIENT , MOM				CASE NUMBER: 00021455 MONTH: 1009					
				HSEHOLD	SUB-	PASSED	ELIGIBLE		
CLIENT NAME	CATG	REL	TYPE	SZ	TYPE	ELIG	FROM	THRU	PCN
KIDA	C FM	CH	AI	07	AF	Pass	1009	0910	
KIDB	C FM	CH	AI	07	AF	Pass	1009	0910	
KIDC	C FM	CH	AI	07	AF	Pass	1009	0910	
KIDD	C FM	CH	AI	07	AF	Pass	1009	0910	
KIDE	C FM	CH	AI	07	AF	Pass	1009	0910	
AUTH PCN :		BENEFIT ISSUANCE:				REVIEW MONTH 0910			
DENY/CLOSE :		ALERT DATE:				NEXT-->			

Figure 5

FIELD	DESCRIPTION / USE
Client Name	This field displays all household members coded IN on the SEPA for Medicaid. Note: If a household member is found ineligible on the MIBW, they should be coded OU on the SEPA. If they are not coded OU, they will appear on the MIAU with 'Fail' entered in the PASSED ELIG field. The system will not issue benefits to these clients. Setting ineligible clients to OU avoids confusion.
CATG (Category)	This field displays the category of Medicaid for which each household member is eligible.
REL (Relationship)	This field displays the relationship code of the household member.
HSEHOLD (Household) TYPE SZ (Type Size)	The HSEHOLD TYPE field displays one of the following: <ul style="list-style-type: none"> ▪ AI – Adult Included ▪ ANI – Child Only ▪ Blank – for poverty level The HSEHOLD SZ field displays the number of household members used in the eligibility determination.
SUB-TYPE	This field displays the Medical subtype for each individual. Note: One Medicaid case may contain clients with several different med subtypes. However, caseworkers should refer to established field procedures and case numbering rules before placing multiple subtypes on the same case number.
PASSED ELIG	This field displays whether the individual passed or failed eligibility or displays UNKN (unknown) for clients whose eligibility has not been determined.
ELIGIBLE FROM THRU	These fields display the months the individual is authorized for Medicaid and shows the individual's review period.

PCN	After authorization of eligible benefits, this field displays the Personnel Control Number (PCN) of the caseworker who authorized the benefit or a special PCN from a batch job.
AUTH PCN	Caseworkers enter their PCN in this field to authorize benefits.
BENEFIT ISSUANCE	Caseworkers enter a benefit issuance indicator in this field, R or I . For Medicaid Only EIS automatically issues the benefit at the appropriate time regardless of the issuance indicator. Note: AF related Medicaid cases cannot be suspended in EIS.
REVIEW MONTH	This field displays the latest month of all the clients for review. If a review is not registered, the case will auto-close at the end of the month displayed. Note: Individuals on a Medicaid case may have different review months depending on the type of Medicaid. For example, a household may consist of eligible children and their mother who is pregnant with a due date of December 15, 2009. The children will have a review date of 0910 (12 months) and the mother will have a review date of 1209. The REVIEW MONTH field will display 0910 as the review month. This date will also be displayed in the CERT/REV MONTH field on the CAP2 screen.
DENY / CLOSE	Enter the appropriate denial or closure reason for ineligible Medicaid cases. For Denial / Closure reasons <PF10> to access On-line Help.
ALERT DATE	Use this field to set an alert for an individual or individuals who must provide more information before an eligibility determination may be made. Entry of a date in this field will automatically display the alert "PENDED ITEMS, MIAU MM/YY" on the ETAD and ETAL. Note: Entering a date in this field will <u>not</u> put the case in pended status; benefits for individuals found eligible may be authorized.

Authorizing Benefits and Setting Client Alerts on the MIAU

Authorization or denial / closure for Medicaid are done on the MIAU screen after all eligibility determinations are completed on the MIBW.

Example:

Jane and John Smith applied for Medicaid on October 1, 2009. Though Jane and John were found ineligible for Medicaid, four of their children Charo, Daffney, Elbert, and Fabian were eligible for Denali KidCare. However, their youngest son Geoffrey recently adopted from Russia does not have proof of age or citizenship (The Immigration and Naturalization Service lost all his paperwork including his only birth certificate). Before Geoffrey's benefits may be authorized, the family must provide proof of age and citizenship.

Step 1:

On the MIAU:

1. In the AUTH PCN field enter the caseworker PCN
2. In the BENEFIT ISSUANCE field enter a benefit issuance of "I" or "R"
3. In the ALERT DATE field enter the date Jane and John are to provide proof of Geoffrey's age (Pend Date)

4. <ENTER> to access the MIED

```

EIS MIAU                                MEDICAL INSURANCE AUTHORIZATION          1001909 12:18
                                           TERRYLYNN H
CASE NAME: SMITH , JANE                  CASE NUMBER: 00021455 MONTH: 1009

      HSEHOLD  SUB-  PASSED  ELIGIBLE
CLIENT NAME  CATG  REL  TYPE  SZ  TYPE  ELIG  FROM  THRU  PCN
CHARO        S    KIDS  CH   07  H2   Pass 1009  0910
DAFFNEY     S    KIDS  CH   07  H2   Pass 1009  0910
ELBERT      S    KIDS  CH   07  H2   Pass 1009  0910
FABIAN      S    KIDS  CH   07  H2   Pass 1009  0910
GEOFFREY   S           CH   00           Unkn 1009  0910

AUTH PCN    : 8549                      BENEFIT ISSUANCE: I    REVIEW MONTH 0910
DENY/CLOSE :                          ALERT DATE: 102309
Figure 6                                         NEXT-->
    
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Step 2:

The ET ALERTS (ETAL) screen will display the following alert:

```

EIS ETAL                                ET ALERTS                                100109 12:26
                                           WORKER B
CASE NAME: SMITH , JANE                  CASE NUMBER: 00021455
FULL SERVICE: 083                       UNIT: 1   CASELOAD: B , WORKER

CLIENT NAME  MESSAGE                                DUE      SENDER'S
              MESSAGE                                DATE     CLEAR   PCN
              PENDED ITEMS, MIAU 10/09            102309   8549
Figure 7                                         PF5-CLIENT                                NEXT-->
    
```

The MEDICAL INSURANCE ELIGIBILITY DETERMINATION (MIED) Screen

MIED Fields and Descriptions

The MIED allows caseworkers to:

- View which eligibility factors each individual client has passed, failed or are still undetermined

EIS MIED	MEDICAL INSURANCE ELIGIBILITY DETERMINATION					100109 13:09
						WORKER B
CASE NAME: SMITH , JANE	CASE NUMBER: 00021455					MONTH: 1009
ELIG FACTOR	----- INDIVIDUALS -----					
	IN	IN	IN	IN	IN	IN
	JANE	JOHN	CHARO	DAFFNEY	ELBERT	FABIAN
SOCIAL SECURITY	PASS	PASS	PASS	PASS	PASS	PASS
RESOURCES	PASS	PASS	PASS	PASS	PASS	PASS
GROSS INCOME	PASS	PASS	PASS	PASS	PASS	PASS
NET INCOME TEST	PASS	PASS	PASS	PASS	PASS	PASS
CITIZENSHIP	PASS	PASS	PASS	PASS	PASS	PASS
RESIDENCY	PASS	PASS	PASS	PASS	PASS	PASS
CSEA COOPERATE	PASS	PASS	PASS	PASS	PASS	PASS
CLIENT AGE	PASS	PASS	PASS	PASS	PASS	PASS
INSURANCE	PASS	PASS	PASS	PASS	PASS	PASS
CLIENT CAT/SUB	FM/AF	FM/AF	FM/AF	FM/AF	FM/AF	FM/AF
Figure 8	PF11 - RIGHT			NEXT-->		

FIELD	DESCRIPTION / USE
ELIG FACTOR	This column lists each of the Medicaid eligibility factors.
INDIVIDUALS	<p>This section displays the names of all household members, their participation and the status of each eligibility factor for each individual.</p> <ul style="list-style-type: none"> PASS means the individual passed the eligibility factor FAIL means the individual failed the eligibility factor N / A means the eligibility factor was not applicable for the category and subtype of Medicaid ???? means the status of the eligibility factor is unknown.
CLIENT CAT/SUB	This line displays the category and subtype of Medicaid for which eligibility was considered for the individual.
PF11 - RIGHT	If more household members exist use <PF11> to view more household members and their eligibility factors.

The MEDICAL REFERENCE (MERE) Screen

MERE Fields and Descriptions

The MERE screen is used to:

- Display and update medical information
- Display med subtypes and eligibility codes based on information from EIS screens and tables
- Enter Waiver and Primary Care Information
- Display the Post Med Start Month for Transitional Medicaid

EIS MERE	MEDICAL REFERENCE	030109 10:00
CASE NAME: CLIENT , A	CASE NO: 00021536	WORKER B
POST MED START MONTH:		MONTH: 0309
	MED ELIG	WAI PRIMARY
	NAME REL SUBTYPE CODE EPSDT PHS	VER CARE HIC NUMBER TPL-TPR DEATH
01	CLIEA A PI AF 20 N Y	
02	CLIEB B SP AF 20 N Y	
03	CLIEC C CH AF 20 B Y	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">Figure 9</div> <div>RESOURCE INFO?(Y) :</div> <div>MORE CLIENTS:</div> <div>NEXT--></div> </div>		

FIELD	Table 5	DESCRIPTION / USE
POST MED START MONTH		The start month of Transitional Medicaid.
MED SUBTYPE		This field displays the Medical subtype automatically set by the MIBW.
ELIG CODE		This field displays the Medical eligibility code automatically set by the MIBW. If necessary, caseworkers can override or correct the eligibility code.
EPSDT (Early Periodic Screening, Diagnosis, and Treatment)		This field is used to provide referrals to Public Health Nursing of all children under 21 years of age that are receiving Medicaid. EIS will automatically set the correct code: <ul style="list-style-type: none"> ▪ N for recipients age 21 and older ▪ B for recipients younger than 21
PHS		This field indicates if the individual is able to receive medical services through Public Health Service. EIS will automatically set a Y in this field for all individuals coded AN (Alaska Native) or AI (American Indian) on the RACE screen.

WAI VER	This field is used to indicate the type of Medicaid Waiver which the individual is eligible for. When an individual is found eligible for a waiver, enter the appropriate waiver code. For a list of waiver codes <PF10> to access On-line Help.
PRIMARY CARE	This field is used by the Division of Health Care Services to enroll individuals in Primary Care.
HIC NUMBER (Health Insurance Claim)	This field is used for individuals who are receiving Part A or B Medicare. The HIC number is generally the individual's Social Security number followed by an A or B.
POSSIBLE TPL-TPR (Third Party Liability- Third Party Resource)	This field is used to indicate if the individual may be eligible for third party medical coverage. Enter a Y in the field if you do not have sufficient information about the third party resource to properly identify it and enter on the MERI (Medical Resource Information) screen. Once the Y is entered and the ENTER key is pressed, the Y disappears.
DATE OF DEATH	Upon the death of an individual enter the date of death in this field. <i>Note: Enter the Date of Death information in the month before the individual is deleted from the case. If the information is entered in the same month the individual is deleted, EIS <u>will not</u> retain the information. If the PI is deceased, enter the date on the MERE in the last paid benefit month before closing the case.</i>
RESOURCES INFO (Y)	The MEDICAL RESOURCE INFORMATION (MERI) screen may be accessed by entering a Y in this field and <ENTER>
MORE CLIENTS	If more than nine household members are registered to the case, a Y will appear in this field. <ENTER> to access the second screen.

The MEDICAL RESOURCE INFORMATION (MERI) Screen

MERI Fields and Descriptions

The MERI screen is used to enter medical insurance information if an individual is receiving coverage through a private insurance carrier or Medicare. Information on the MERI is transferred to the Division of Health Care Services (DHCS) MMIS computer system.

The MERI only lists two household members per page. <ENTER> to access additional pages.

Note: If a household has health insurance coverage from a private carrier, it is very important to record the information on the MERI prior to completing an eligibility determination on the MIBW.

```

EIS MERI                                MEDICAL RESOURCE INFORMATION                100109 15:19
CASE NAME: CLIENT , A                    CASE NO : 00021536    WORKER B
CLIENT: CLIENT , A                       REL: PI    CLIENT NO: 0600045049
      START      END    CODE TYPE POLICY NUM GROUP NUM  A/P NAME    APID DEL
TPR1 05171970          P    MN
TPR2
TPR3
TPR4
MCR1
MCR2
MCR3
MCR4
CLIENT: CLIENT , B                       REL: SP CLIENT NO: 0600045050 TPI
      START      END    CODE TYPE POLICY NUM GROUP NUM  A/P NAME    APID DEL
TPR1 05171971          P    MN
TPR2
TPR3
TPR4
MCR1
MCR2
MCR3
MCR4

                                MORE CLIENTS: Y    NEXT-->
    
```

FIELD	Table 6	DESCRIPTION / USE
CLIENT NO		This field displays the unique 10-digit EIS client identification number of the individual.
TPR1,2,3,4		Third Party Resource information. The MERI allows entry of up to four different health insurance carriers.
MCR 1,2,3,4		The MCR lines are for Medicare coverage entry.
START		Enter the start date of coverage either from a Third Party source or Medicare. (MMDDCCYY)
END		When an individual's health coverage ends, enter the ending date in this field. (MMDDCCYY)

CODE	Enter the appropriate code of the insurance carrier in this field. There are hundreds of possible codes for this field. For a list of the <u>most common</u> codes <PF10> to access On-line Help. A complete listing of these carriers and codes is sent out to all DPA staff monthly by the DHCS TPL Unit.
TYPE	Enter the code indicating the scope of health coverage provided by the insurance carrier. For a list of codes <PF10> to access On-line Help.
POLICY NUM	If the individual's policy number is available enter it in this field. If a policy number is not provided, skip entry in this field.
GROUP NUM	If the individual's group number is available enter it in this field. If the group number is not provided, skip entry in this field.
A/P NAME	If the client has an absent parent listed on the APID screen, the name will be displayed here once the parent's number is entered in the APID field below.
APID	Enter the absent parent's number from the ## field on the APID screen here to update the A/P NAME field on this screen.
DEL (Delete)	Typing Y in this field and <ENTER> deletes medical insurance information. <i>Note: Check On-line Help for detailed instructions on deleting medical insurance information. This process should only be done when incorrect information has been entered and was passed to DHCS or when the client has too many different insurances to enter on the MERI.</i>

The ME BENEFIT HISTORY (MEBH) Screen

The MEBH displays:

- All the months of authorized Medicaid benefits;
- The names of all household members receiving benefits in each month;
- The benefit created date; and
- The type of issuance for the month's benefit, **I** for Immediate, **R** for Regular, or **P** for Paid

Note: *MEBH is updated after passing through the MIAU screen. If an authorized person does not appear on the MEBH, go back to the MIAU screen and pass through it.*

SE001-I MORE PAGES EXIST		ME BENEFIT HISTORY		100109 14:09		
EIS MEBH				WORKER B		
CASE NAME: BUZZY , BILL		CASE NUMBER: 00021420				
BENEFIT		BENEFIT		GROSS		
MONTH	HOUSEHOLD MEMBERS	CREATED	CLTBL	WORK	DEP	ISS
1009	BUZZY , RUTH	100109	0.00	0.00	0.00	R
	BUZZY , BUD					
	BUZZY , BERNADETTE					
	BUZZY , BOB					
	BUZZY , BILL					
Figure 11		NEXT-->				

The ME MEDICAL ISSUANCE HISTORY (MEIH) Screen

The MEIH screen displays:

- Benefits by month that have been issued by EIS
- The names of all household members receiving benefits
- Each member's med eligibility code
- The 9-digit EIS client identification number
- The med subtype
- The document number assigned to the card or coupon
- The PCN of the individual who authorized the benefit (or **INIT** if the benefit was authorized by initialization or **ROLL** if the benefit was authorized by the rollover job)
- The type of document issued to the individual:
 - **Coup** (Coupons) for Under 21 Medicaid, Family Medicaid, Pregnant Women, and APA related Medicaid
 - **Card** for all Denali KidCare benefits
 - **NSTD** (Non-standard coupon) for AL, DE, or PD subtypes
- The date EIS issued the benefit or an issue date of 999999 for benefits set up to be issued in a month where Medicaid was already issued

```

SE002-I END OF DISPLAY REACHED
EIS MEIH                      ME MEDICAL ISSUANCE HISTORY                      100109 14:27
                                                                WORKER B
CASE NAME: BUZZY , MOM 0                      CASE NUMBER: 00021420
                                                                MED
BENEFIT MONTH      HOUSEHOLD MEMBERS      MED ELIG  CLIENT ID  SUB  DOC  AUTH  DOC  ISS
                                                                TYPE NUMBER PCN  TYPE  DATE
1009      BUZZY , MOM           11 600046293 PR M0104088 INIT Coup 100109
           BUZZY , BOY           50 600047669 S2                INIT Card 100109
           BUZZY , BUZZ           50 600047670 S2
           BUZZY , BABS           50 600046294 HC
           BUZZY , BERN           50 600046295 HC
0909      BUZZY , MOM           11 600046293 PR M0104025 8549 Coup 090109
           BUZZY , BOY           50 600047669 S2                8549 Card 090109
           BUZZY , BUZZ           50 600047670 S2                8549 Card 090109
           BUZZY , BABS           50 600046294 HC                8549 Card 090109
           BUZZY , BERN           50 600046295 HC                8549 Card 090109
    
```

Figure 12

NEXT-->

The MEDICAL INSURANCE MANUAL ISSUANCE (MIMI) Screen

MIMI Fields and Descriptions

The MIMI screen allows caseworkers and clerical staff to print field issued Medicaid authorization benefits. Recipients of Medicaid give these signed pages to providers to show proof of eligibility.

The MIMI screen displays Medicaid recipients who receive coupons on a separate screen from recipients who receive cards. If more than one MIMI screen exists for a case the message DENALI KIDCARE PAGES EXIST will appear in the top left hand corner of the screen. The MIMI displays:

- The names of all eligible Medicaid recipients on the case for the type of issuance: card or coupon
- The month the individual is authorized for assistance
- The date of birth and sex of each individual
- The eligibility code and med subtype for each individual
- The medical resource code for each individual

Note: 'Y' means: yes, there is no insurance for this client

```

DENALI KIDCARE PAGES EXIST
MIMI                                MEDICAL INSURANCE MANUAL ISSUANCE                                100109 13:18
                                      WORKER B
RECIPIENT                            D.O.B.                                ELIG PGM/ RE-
  I.D.          RECIPIENT NAME        MM DD YY SEX        CODE MEDSB SRCE(S)
600046293 BUZZY          MOM          09 17 60  F          11 ME PR Y

MOM          BUZZY          *****
PO BOX 11111          *****
ANCHORAGE          AK99999          *THIS AUTHORIZATION GOOD FOR*          VILL: K02
*****          * BENEFIT MONTH 1009 ONLY! *          DIST: 083
*****

SPECIAL INFORMATION (OPTIONAL)

AUTHORIZATION SIGNATURE:          DOCUMENT#
*** S T A T E O F A L A S K A ***          ISSUANCE INDICATOR:
    
```

Figure13

FIELD	DESCRIPTION / USE
SPECIAL INFORMATION	This field is available to enter information when authorizing Medicaid for special circumstances. More often this field is blank.
AUTHORIZATION SIGNATURE	The person printing the authorization must sign his or her name in this section.
DOCUMENT #	EIS automatically assigns a document number after the transaction is complete if it is a field issued authorization. The document # may also be determined by a Medicaid Issuance batch job.

ISSUANCE INDICATOR	<p>Enter the type of issuance:</p> <ul style="list-style-type: none"> ▪ I for Immediate ▪ F for Field Issuance <p>Note: Once a document number has been assigned to a field issuance, it is a paid benefit and cannot be changed or deleted</p> <ul style="list-style-type: none"> ▪ C to cancel a card issuance for an individual client if issuance has not yet occurred <p>To request a card for a specific individual type a P by the individual's name on the MIMI and an I in the ISSUANCE INDICATOR field and <ENTER>.</p>
--------------------	--

Accessing the MIMI

The MIMI may be accessed three ways:

1. From the MEBH or MEIH
 - Type an **X** by the month for which authorization is needed
 - <ENTER>
2. From the FULL SERVICE OFFICE CLERICAL MENU (FUSC)
 - Select Function 11
 - Enter ME in the PROGRAM TYPE field
 - <ENTER>
3. Use the <NEXT> function from any EIS screen

Using the MIMI

Example:

Mr. Client lost his daughter's Denali KidCare card and is in the office requesting a new Denali KidCare card for Jolime.

Step 1:

1. Enter Mr. Client's case number on an EIS Menu along with the program (ME) and benefit month
2. <NEXT> to the MIMI

Step 2:

1. Since Mrs. Client is pregnant and receiving Denali KidCare assistance, her MIMI screen appears first as she receives coupons, not a card
2. <ENTER>

```

DENALI KIDCARE PAGES EXIST
MIMI                                MEDICAL INSURANCE MANUAL ISSUANCE                                100109 15:08
                                      WORKER B
RECIPIENT                            D.O.B.                            ELIG PGM/ RE-
  I.D.                            RECIPIENT NAME                    MM DD YY SEX    CODE MEDSB SRCE(S)
600048397 CLIENT                    RUTH                                02 11 62  F    11 ME  PR Y

BILL                                CLIENT                                *****
PO BOX 11111                            *THIS AUTHORIZATION GOOD FOR*        VILL: K02
ANCHORAGE                                * BENEFIT MONTH 1009 ONLY! *        DIST: 083
                                           *****

SPECIAL INFORMATION (OPTIONAL)

AUTHORIZATION SIGNATURE:                DOCUMENT#
*** S T A T E   O F   A L A S K A ***    ISSUANCE INDICATOR:
    
```

Step 3:

On <ENTER> from this first MIMI screen, the MIMI for Mr. Client's children will appear. On the children's MIMI screen:

1. Enter a **P** by Jolime
2. In the ISSUANCE INDICATOR field enter an **I**
3. <ENTER>
4. When <ENTER> is pressed, a print request is generated to issue a new card with the next immediate issuance run

Note: If Mr. Client later found Jolime's card and the new card was not yet sent, the **P** is not protected. You can override the **P** with a **C** to cancel the new card request. You will also need to enter a **'C'** in the ISSUANCE INDICATOR field to complete the cancellation process.

```

MIMI                                MEDICAL INSURANCE MANUAL ISSUANCE                                100109 15:18
                                      WORKER B
RECIPIENT                            D.O.B.                            ELIG PGM/ RE-
  I.D.                            RECIPIENT NAME                    MM DD YY SEX    CODE MEDSB SRCE(S)
P 600048398 CLIENT                    JOLIME                                02 11 96  F    50 ME  S2 Y
  AUTHORIZED MONTH(S): 1009 - 0910
600048303 CLIENT                    RUSTY                                02 11 04  M    50 ME  HC Y
  AUTHORIZED MONTH(S): 1009 - 0910
600048400 CLIENT                    FRANZY                                02 11 04  M    50 ME  HC Y
  AUTHORIZED MONTH(S): 1009 - 0910

BILL                                CLIENT
PO BOX 11111                            VILL: K02
ANCHORAGE                                AK 99999                            DIST: 083

SPECIAL INFORMATION (OPTIONAL)

AUTHORIZATION SIGNATURE:                DOCUMENT# xxxxxxxx
*** S T A T E   O F   A L A S K A ***    ISSUANCE INDICATOR: .I
    
```

The MEDICAL INSURANCE REVIEW (MIRE) Screen

MIRE Fields and Descriptions

The MIRE screen is used to:

1. Track the Medicaid eligibility period
2. Register date that reviews or renewals are received
3. Display the Review Date for each individual

EIS MIRE		MEDICAL INSURANCE REVIEW		081009 14:04	
				WORKER B	
CASE NAME: BUZZY , MOM 0		CASE NUMBER: 00021420 MONTH: 1009			
OFFICE: 072	UNIT: 2	CASELOAD: 10	- HARDWORKING, ET		
			ELIGIBLE	REVIEW	
CLIENT NAME	CATG	REL	FROM	THRU	DATE
BOY BUZZY	KIDS	CH	0909	0810	081010
BUZZ BUZZY	KIDS	NN	0909	0810	081010
BABS BUZZY	KIDS	CH	0909	0810	081010
BERN BUZZY	KIDS	CH	0909	0810	081010
REVIEW RECEIVED DATE:					
Figure16		NEXT-->			

FIELD	DESCRIPTION / USE
CLIENT NAME	This field displays the name of the individual receiving Medicaid.
CATG	This field displays the category of Medicaid the individual is receiving.
REL	This field displays the relationship of the individual receiving Medicaid to the Primary Information Person (PI).
ELIGIBLE FROM THRU	The FROM field displays the beginning month of eligibility. The THRU month is the month the Medicaid Review is due.
REVIEW DATE	After a Medicaid review is registered, the date of the review displays in this field.
REVIEW RECEIVED DATE	Enter the date the Medicaid review was received by the agency. The date is re-displayed next to each person due to review.

Registering Reviews or Renewals on the MIRE

The MIRE will only display the names of individuals who are due for review in the review month.

Example:

The Buzzy family has five individuals who are currently receiving Medicaid. The mother, Mom, is receiving Pregnant Woman Medical Assistance and has a due date in November 2010. The Buzzy's have four children receiving assistance: Boy, Buzz, Babs, and Bern. The Medicaid Review month for the children is August 2010. The Buzzy family submits the Medicaid Review on August 10, 2010.

Note: Mom isn't displayed on the 1009 MIRE because she isn't due for a review.

Step 1:

When EIS rolls into benefit month August 2010 the MIRE will display:

- The names of the Buzzy children
- the current period of eligibility for each child due to review

Step 2:

1. In the REVIEW RECEIVED DATE field, type the date the review or renewal is received by the agency
2. <ENTER>

Step 3:

1. Initialize the case to 0910
2. Re-determine eligibility for each individual on the MIBW
3. Authorize benefits on the 0910 MIAU

MIRE vs. RERE

The MIRE is used to register all Family Medicaid reviews and Denali KidCare renewals. The only Medicaid reviews registered on the RERE (Register Recertification) screen are APA related Medicaid reviews.

Case Maintenance for Combination Cases

Trial Budgets

Example:

It is October 1, 2009 and Mrs. Bobbsey just submitted a change report form. On the change report form, she reports that she will begin a new job on October 15th with anticipated gross monthly wages of \$600/month. All other income and expenses remain the same. Mrs. Bobbsey has open TA, FS and Medicaid programs.

Step 1:

1. On the 1109 EAIN screen enter Mrs. Bobbsey's new anticipated wages
2. <NEXT> to the GRIN
3. Pass through the GRIN and INED
4. Authorize Temporary Assistance on the TAPD and/or Food Stamps from the FSAD

Note: The MIBW screen appears before the TA and FS eligibility determination screens in the app entry sequence but when processing combination cases, TA and FS should be worked first; then the Medicaid can be processed

Step 2:

From the TAPD or the FSAD <NEXT> to the MIBW

Step 3:

On the MIBW:

1. <PF2> to access the MIBW TRIAL BUDGET screen

Step 4:

On the trial MIBW Screen:

1. In the CLIENT ## field enter Bob's client number, 01
2. <ENTER>
3. <PF6> to determine eligibility

Note: Since the Bobbsey family is receiving Family Medicaid <PF6> is used to determine eligibility.

EIS MIBW		MEDICAL INSURANCE BUDGET WORKSHEET				100109 14:05			
** TRIAL ELIGIBILITY ONLY **									
WORKER B									
CASE NAME: BOBBSEY , BOB		CASE NUMBER: 00021665		MONTH: 1109					
CLIENT ##: 01	NAME : BOBBSEY, BOB			AGE : 39					
CATEGORY : FM	SUBTYPE: AF	FROM MO : 1109		THRU MO : 1109					
MED INS :			EIS CASE: 00021665						
(Eligible / NOT Authorized)									
NAME	REL	PAR	AUTH	GET	CATG	TYPE	AMOUNT	TEST	
01 BOB	B	PI	IN	P ?	FR	FM AF	COUNTABLE RESOURCES	200.00	Pass
02 BERNI	B	SP	IN	P ?	FR	FM AF	GROSS EARNED INCOME	1550.00	
03 BUCKE	B	CH	IN	P ?	CH	FM AF	TOTAL UNEARNED INCOME	0.00	
04 BRUCE	B	CH	IN	P ?	CH	FM AF	NET DEEMED INCOME	0.00	
							TOTAL GROSS INCOME	1550.00	Pass
							WORK EXPENSE	0.00	
							EARNED INCOME DEDUCTIONS:	712.50	
							DEPENDENT CARE EXPENSES :	0.00	
							NET EARNED INCOME	837.50	
							CHILD SUPPORT DEDUCTION :	0.00	
							NET COUNTABLE INCOME	837.50	Pass
SWITCH MODE : PF2 Elig. Mode									
CLEAR CLIENT: PF4									
DETERM ELIG : PF5 Applicant for FM									
PF6 Recipient of FM									
		STD	HH	GROSS	NEED/NET				
		TYPE	SIZE	AMOUNT	AMOUNT	DESCR			
		AI	04	3009	1627	Table 32			
Elig for client 01 PASSED - authorize on MIAU									
NEXT-->									

Figure17

Step 5:

The trial budget shows Mr. Bobbsey is eligible for Family Medicaid; therefore, the entire household remains eligible.

1. <PF2> to return to the MIBW
2. <NEXT> from the MIBW to the NORE (or other EIS screen)

Note: The trial budget screen will not de-authorize Family Medicaid benefits. When using the trial budget, it is not necessary to re-work Family Medicaid benefits on the regular MIBW screen if the trial budget shows continuing eligibility. If the trial budget shows ineligibility, return to the regular MIBW and determine eligibility for other categories of Medicaid. If the client has already received benefits for part of the eligibility period, change the THRU MO field on the regular MIBW to the last paid month. Begin a new eligibility period on the MIBW in the next unpaid benefit month.

Family Medicaid Reviews

Example:

It is October 2, 2010 and Mrs. Bobbsey just submitted a Family Medicaid review form.

Step1:

1. <NEXT> to the MIRE
2. In the REVIEW RECEIVED DATE field enter the date the recertification form was received
3. In the NEXT field type APEM or CAMM (menus that allow initialize month action)
4. <ENTER>

EIS MIRE	MEDICAL INSURANCE REVIEW	100210 14:55
		WORKER B
CASE NAME: BOBBSEY , BOB	CASE NUMBER: 00021665	MONTH: 1010
OFFICE: 083 UNIT: 1	CASELOAD: 06 - HARDWORKING, ET	
	ELIGIBLE	REVIEW
CLIENT NAME	CATG REL	FROM THRU DATE
BOB BOBBSEY	FM PI	1109 1010
BERNICE BOBBSEY	FM SP	1109 1010
BUCKEY BOBBSEY	FM CH	1109 1010
BRUCE BOBBSEY	FM CH	1109 1010
REVIEW RECEIVED DATE: 100210		
Figure18		NEXT--> APEM

Step 2:

On the APEM or CAMM:

1. Initialize the Family Medicaid to 1110

Step 3:

Determine 1110 Temporary Assistance and/or Food Stamp benefits, authorize on the TAPD and/or FSAD and <NEXT> to the MIBW

Step 4:

On the MIBW:

1. In the CLIENT ## field enter Mr. Bobbsey's client number 01
2. <ENTER>
3. In the THRU MO field enter the end of the new review period
4. <PF6> to determine eligibility for Mr. Bobbsey
5. Complete an eligibility determination for each household member

Step 5:

<NEXT> to the MIAU and authorize 1110 Family Medicaid benefits

Transitional Medicaid

Important: Transitional Medicaid cannot be combined with other med subtypes in a single benefit month. All clients receiving benefits for the month must have the T1 med subtype. Refer to the Administrative Procedures Manual for detailed case numbering rules.

Starting Transitional Medicaid

Example:

The German family, Herman, Margaret and the twins Russ and Franz, started receiving Family Medicaid in March 2009 and had a twelve-month certification period ending in 0210. On July 9, 2009 Herman reported to the family's Medicaid caseworker that he just accepted a new job earning \$3000 per month. His start date is July 15, 2009 and he will receive his first paycheck on August 2, 2009. The German's Family Medicaid case is now in Benefit Month 0809.

Step 1:

1. Enter Mr. German's gross wages on the 0809 EAIN
2. <NEXT> to the MIBW
3. <PF2> to access the Trial Budget Screen
4. Complete a Trial Budget to see if the family passes Family Medicaid eligibility
5. The German family fails eligibility for Family Medicaid due to excess net earnings and Transitional Medicaid must be established (provided the household meets all other eligibility criteria for Transitional Medicaid)

EIS MIBW		MEDICAL INSURANCE BUDGET WORKSHEET		070909 09:54					
		** TRIAL ELIGIBILITY ONLY **		WORKER B					
CASE NAME: GERMAN , HERMAN		CASE NUMBER: 00021843		MONTH: 0809					
CLIENT ##: 01	NAME : GERMAN, HERMAN			AGE : 39					
CATEGORY : FM	SUBTYPE: AF	FROM MO : 0809	THRU MO : 0809						
MED INS :	EIS CASE: 00021843								
	NAME	REL	PAR	AUTH	GET	CATG	TYPE	AMOUNT	TEST
01	HERMA	M	PI	IN	F ?	FR	FM AF	COUNTABLE RESOURCES	: 0.00 Pass
02	MARGA	M	SP	IN	P ?	FR	FM AF	GROSS EARNED INCOME	: 3000.00
03	RUSS	M	CH	IN	P ?	CH	FM AF	TOTAL UNEARNED INCOME	: 0.00
04	FRANZ	M	CH	IN	P ?	CH	FM AF	NET DEEMED INCOME	: 0.00
								TOTAL GROSS INCOME	: 3000.00 Fail
								WORK EXPENSE	: 0.00
								EARNED INCOME DEDUCTIONS:	1090.50
								DEPENDENT CARE EXPENSES :	0.00
								NET EARNED INCOME	: 1909.50
								CHILD SUPPORT DEDUCTION :	0.00
								NET COUNTABLE INCOME	: 1909.50 Fail
SWITCH MODE : PF2 Elig. Mode									
CLEAR CLIENT: PF4									
DETERM ELIG : PF5 Applicant for FM									
PF6 Recipient of FM									
		STD	HH	GROSS	NEED/NET				
		TYPE	SIZE	AMOUNT	AMOUNT	DESCR			
		AI	04	3009	1627	Table 32			
Elig for client 01 FAILED - see MIED						NEXT-->			

Figure19

Step 2:

1. On the APEM or CMM change the benefit month to 0709
2. <NEXT> to the MIBW

Step 3:

On the 0709 MIBW:

1. In the CLIENT ## field enter Herman’s client number 01 <ENTER>
2. <TAB> to the THRU MO field and change the date to 0709 – ending his Family Medicaid as of 0709. This change should be done in the last paid month.
Note: In this example, 0809 meds have not been paid
3. <ENTER>
4. Complete this process for **each household member**

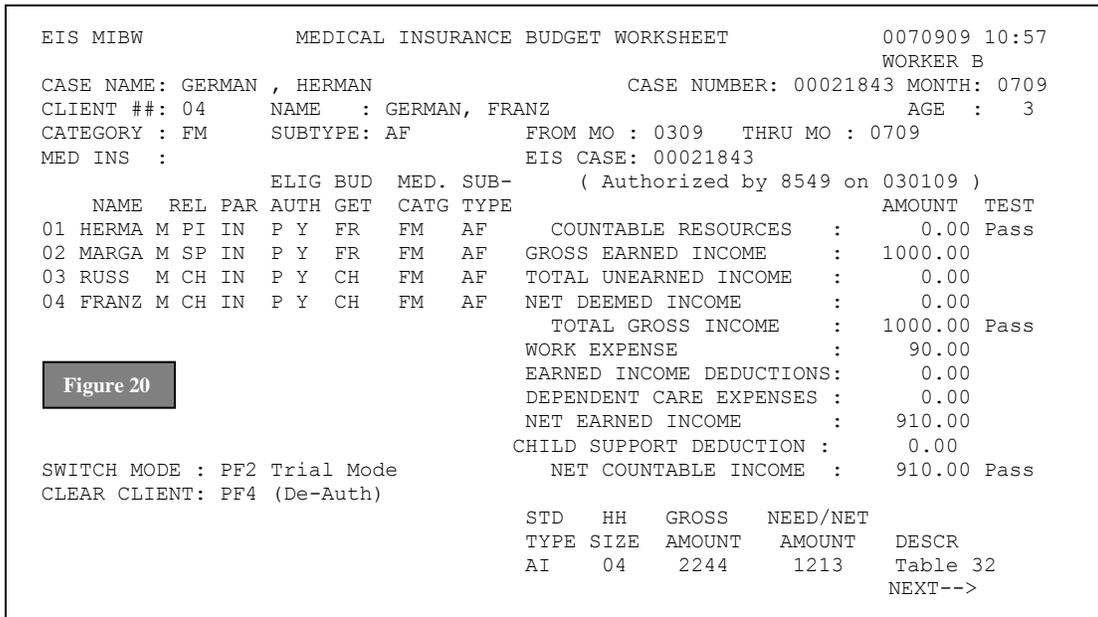


Figure 20

Step 4:

1. On the APEM or CMM change the benefit month to 0809
2. <NEXT> to the MIBW

Step 5:

On the 0809 MIBW:

1. In the CLIENT ## field type Herman’s client number 01 <ENTER>
2. <TAB> to the CATEGORY field and enter PM (Post Medicaid)
3. <TAB> to the SUBTYPE field and enter the subtype T1 (Transitional Medicaid)
4. <TAB> to the THRU MO field and enter the twelve-month review month of 0710
5. <TAB> to the BUD/GET field and enter the appropriate budget codes for each household member: FR for Herman and Margaret, CH for Russ and Franz.
6. <PF5>
7. In the CLIENT ## field type Margaret’s client number 02 <ENTER>
8. <PF5>
9. Complete the previous steps 7 and 8 for Russ and Franz

```

EIS MIBW                MEDICAL INSURANCE BUDGET WORKSHEET                070909 11:23
                                                                    WORKER B
CASE NAME: GERMAN , HERMAN                CASE NUMBER: 00021843 MONTH: 0809
CLIENT #: 04      NAME      : GERMAN, FRANZ                AGE      : 3
CATEGORY : PM      SUBTYPE: T1                FROM MO : 0809   THRU MO : 0710
MED INS  :                EIS CASE: 00021843
                                                                    ( Eligible / NOT Authorized )
      NAME REL PAR AUTH GET  MED. SUB-      AMOUNT TEST
      01 HERMA M PI IN  P ? FR  PM  T1      COUNTABLE RESOURCES : 0.00
      02 MARGA M SP IN  P ? FR  PM  T1      GROSS EARNED INCOME : 3000.00
      03 RUSS  M CH IN  P ? CH  PM  T1      TOTAL UNEARNED INCOME : 0.00
      04 FRANZ M CH IN  P ? CH  PM  T1      NET DEEMED INCOME   : 0.00
                                                                    TOTAL GROSS INCOME   : 3000.00
                                                                    WORK EXPENSE          : 0.00
                                                                    EARNED INCOME DEDUCTIONS: 0.00
                                                                    DEPENDENT CARE EXPENSES : 0.00
                                                                    NET EARNED INCOME    : 3000.00
                                                                    CHILD SUPPORT DEDUCTION : 0.00
                                                                    NET COUNTABLE INCOME : 3000.00 Pass
SWITCH MODE : PF2 Trial Mode
CLEAR CLIENT: PF4
DETERM ELIG : PF5
                                                                    STD  HH  GROSS  NEED/NET
                                                                    TYPE SIZE AMOUNT  AMOUNT  DESCR
                                                                    n/a  04  n/a    n/a    Budget N/A
Elig for client 04 PASSED - authorize on MIAU                NEXT-->
    
```

Figure 21

Step 6:

<NEXT> to the MIAU and authorize 0809 benefits using an R (Regular) issuance

Step 7:

- On <ENTER> the MERE will appear showing the following edit: **MIAU CANNOT AUTHORIZE - PRESS ENTER TO CHECK POST MED START DATE**
- <ENTER> to establish the Post Med Start Month

```

MIAU CANNOT AUTHORIZE - PRESS ENTER TO CHECK POST MED START DATE.
EIS MERE                MEDICAL REFERENCE                070909 11:31
                                                                    WORKER B
CASE NAME: GERMAN , HERMAN                CASE NO: 00021843   MONTH: 0809
POST MED START MONTH:
      MED  ELIG      WAI PRIMARY      POSSIBLE DATE OF
      NAME REL SUBTYPE CODE  EPSDT PHS VER  CARE  HIC NUMBER  TPL-TPR  DEATH
01 HERMA M  PI    T1    52      N
02 MARGA M  SP    T1    52      N
03 RUSS  M  CH    T1    52      B
04 FRANZ M  CH    T1    52      B
      RESOURCE INFO?(Y) :      MORE CLIENTS :      NEXT-->
    
```

Figure 22

Step 8:

On <ENTER> the edit: **CF126-W PRESS ENTER TO ACCEPT POST MED START MONTH FOR TRANSMED** will appear. On the MERE:

1. Review the Post Med start month displayed in the POST MED START MONTH field
2. **IMPORTANT:** If Trans Med should have started in an earlier month, change the POST MED START MONTH to the earlier month now
Note: make sure the THRU MO date on the MIBW is no more than twelve months from the Post Med Start Month
3. The NEXT field will display MIAU

4. <ENTER> to return to the MIAU and complete authorization

CF126-W PRESS ENTER TO ACCEPT POST MED START MONTH FOR TRANSMED											
EIS MERE				MEDICAL REFERENCE				070909 11:36			
CASE NAME: GERMAN , HERMAN						CASE NO: 00021843		WORKER B			
POST MED START MONTH: 0809											
			MED	ELIG		WAI	PRIMARY	POSSIBLE	DATE OF		
	NAME	REL	SUBTYPE	CODE	EPSDT	PHS	VER	CARE	HIC NUMBER	TPL-TPR	DEATH
01	HERMA	M	PI	T1	52	N					
02	MARGA	M	SP	T1	52	N					
03	RUSS	M	CH	T1	52	B					
04	FRANZ	M	CH	T1	52	B					
Figure 23		RESOURCE INFO?(Y) :			MORE CLIENTS:			NEXT--> MIAU			

Note: In the twelfth month, EIS will send a notice to the client notifying them Transitional Medicaid ends effective the last day of the month. At the end of month twelve, EIS will automatically close the Transitional Medicaid case.

To change an ongoing Trans Med case that hasn't reached the end of its eligibility period back to Family Medicaid

Step 1

Review MEIH to determine the last paid Trans Med benefit month. For example, today is 10/8/09, the Medicaid case is in the current month of 11/09, with 11/09 Medicaid authorized but not paid.

Step 2

<NEXT> to APEM or CAMM and type the last paid Trans Med benefit month in the MONTH: field on the menu screen. The last paid month is 1009 in this example

Step 3

1. <Next> to MIBW. In the CLIENT ## field enter the number of the first client participating (IN) on Medicaid, <ENTER>
2. <TAB> to the field THRU MO: and change the month to the last paid Medicaid month (1009 in this example)
3. Repeat these steps for all IN clients

Step 4

1. <NEXT> to APEM or CAMM and change the MONTH: on the menu to the next month (1109 in this example)
2. <NEXT> to EAIN and update
3. <NEXT> to MIBW and enter the first IN client in CLIENT ## field
4. <TAB> to CATEGORY field and enter FM
5. <TAB> to SUBTYPE field and enter AF
6. <TAB> to BUDGET field and enter the correct code
7. <ENTER> to display PF6 option
8. <PF6> to redetermine Family Medicaid eligibility.

9. Repeat these steps for each IN client
10. <NEXT> to MIAU to authorize Family Medicaid.

Note: PF2 Trial Eligibility can be done on a TM case to determine if a household is again eligible for FM. While in Trial Mode, each client must be cleared first by using the PF4 key (Clear Client) before checking trial eligibility for FM or other categories of Medicaid. As a final check, go to the MERE screen to verify the POST MED START MONTH is still displayed.

4M Medicaid

Note: Unlike Transitional Medicaid, 4M Medicaid can be mixed with other categories of Medicaid on the same case number.

Families who become ineligible for Family Medicaid due to increased child support payments are eligible for 4M Medicaid, not Transitional Medicaid. To set up a 4M Medicaid case:

1. Follow the same steps to establish a Transitional Medicaid Case except use the 4M subtype in the SUBTYPE field on the MIBW. Please note: a POST MED START MONTH date on the MERE is not needed.
2. Set the THRU MO to 4 months from the starting month of Post Medicaid (i.e. if Post Medicaid starts in 1009 the THRU MO would be set at 0110). ***EIS will not allow a THRU MO past four months from the FROM MO.***
3. Complete an eligibility determination for each individual.
4. Authorize 4M Medicaid on the MIAU.
5. EIS will automatically close the case at the end of the fourth month if everyone on the case is 4M.

Note: In month four, EIS will send a notice to the client notifying them that 4M Medicaid ends effective the last day of the month. At the end of month four, EIS will automatically close the 4M Medicaid case

Households with Health Coverage through Private Insurance

Families who have health coverage through private insurance may be income eligible for Medicaid, but ineligible for some categories such as KIDS under Denali KidCare. ***It is very important to refer to the Family Medicaid Eligibility Manual when a family reports health coverage.*** Listed below is an example of steps to follow when a family applies for Medicaid and has insurance coverage through private insurance.

Example:

It is October 1, 2009 and Bill Buzzy submitted a Denali KidCare application for his children Bill Jr. (9), Bud (3), and Bernadette (2). Bill works full time and on the application reports the following income, expenses, and medical resources:

- \$2900 gross wages
- \$400 in child support after the \$50 pass through payment is deducted
- Day care expenses for Bud and Bernadette, \$200 each
- Major medical health coverage through Bill's employee health plan began 01/02/2009. Bill's social security number is the policy number. He is unsure of the group number

Step 1:

On the SEPA:

1. Enter the Medicaid program subtype AF if it isn't already there
2. Code Bill OU (out)
3. Code Bill Jr., Bud, and Bernadette IN

Step 2:

Complete data entry on the ADDR, SSDO, HERC and RACE

Step 3:

Complete Child Support information on the APID, SPRD, and CSEA for the children's absent mother

Step 4:

<NEXT> to the UNIN and enter child support income received

Step 5:

<NEXT> to the EAIN and enter Bill's gross wages

Step 6:

<NEXT> to the DEMH and enter the child care expenses for Bud and Bernadette

Step 7:

<NEXT> to the MERI

Step 8:

On the MERI:

1. <TAB> to the TPR1 START field for Bill Jr. and enter 01022009
2. Since health coverage continues, <TAB> to the CODE field for Bill Sr.'s health insurance company
3. In the TYPE field enter MN (Major Medical) for the type of coverage
4. In the POLICY NUM field enter Bill Sr.'s social security number
5. Since Bill Sr. is unsure of his group number do not enter anything in the GROUP NUM field
6. <TAB> to the TPR1 START field for Bud and complete the entry as just completed for Bill Jr.

1. <NEXT> to the MIAU
2. Enter the appropriate denial reason code and your PCN
3. <ENTER>

```

EIS MIED          MEDICAL INSURANCE ELIGIBILITY DETERMINATION          100109 08:56
                                WORKER B
CASE NAME: BUZZY , BILL 0          CASE NUMBER: 00021420 MONTH: 1009

ELIG FACTOR          ----- INDIVIDUALS -----
                        OU          IN          IN          IN
                        BILL        BILL        BUD        BERNADE
SOCIAL SECURITY      ?????          PASS          ?????          ?????
RESOURCES            ?????          N/A          N/A          N/A
GROSS INCOME        ?????          N/A          N/A          N/A
NET INCOME TEST     ?????          PASS          ?????          ?????
CITIZENSHIP         ?????          PASS          ?????          ?????
RESIDENCY           ?????          PASS          ?????          ?????
CSEA COOPERATE      ?????          N/A          N/A          N/A
CLIENT AGE          ?????          PASS          ?????          ?????
INSURANCE           N/A          FAIL          ?????          ?????

CLIENT CAT/SUB          KIDS/CP
    
```

Figure 28

NEXT-->

Child Only Cases

Budget Coding for Under 21 Medicaid

For 19 and 20-year-old Medicaid applicants the following budgeting codes are available for use:

- **FR** (Financially Responsible) for children living independently
- **SC** (Single Child) when a non-responsible adult or agency is applying on behalf of the child
- **CH** (Child) when a responsible adult is applying on behalf of the child

Note: *It is important to use the correct budget coding for these cases in order for EIS to apply the correct need standard.*

Children Living Independently

Example:

It is April 1, 2009 and James Bond (20) is in the office applying for Medicaid. James lives independently and reports the following resources and income on the application:

- Checking Account \$50
- Car valued at \$800
- Gross wages of \$600

Step 1:

On the SEPA:

1. Enter the Medicaid program subtype AF
2. Code James IN

Step 2:

Complete data entry on the ADDR, SSDO, HERC and RACE

Step 3:

<NEXT> to the FIAC and enter checking account information

Step 4:

<NEXT> to the VEHI and enter vehicle information

Step 5:

<NEXT> to the EAIN and enter James' gross wages

Step 6:

<NEXT> to the MIBW

Step 7:

On the MIBW:

1. In the CLIENT ## field enter James' client number 01
2. <TAB> to the CATEGORY field and enter the category FM
3. <TAB> to the SUBTYPE and enter the subtype TO (Under 21)
4. <TAB> to the THRU MO field and enter the twelve-month review of 0310
5. <TAB> to the BUD/GET field and enter the budget code FR (Financially Responsible)
6. <PF5>James is eligible for Under 21 Medicaid

EIS MIBW	MEDICAL INSURANCE BUDGET WORKSHEET	040109 12:12
CASE NAME: BONDS , JAMES	CASE NUMBER: 00021731	WORKER B
CLIENT ##: 01	NAME : BONDS, JAMES	MONTH: 0409
CATEGORY : FM	SUBTYPE: TO	AGE : 20
MED INS :	FROM MO : 0409 THRU MO : 0310	
	EIS CASE: 00021731	
	(Eligible / NOT Authorized)	
NAME REL PAR AUTH GET CATG TYPE	ELIG BUD MED. SUB-	AMOUNT TEST
01 JAMES B PI IN P ? CH FM TO		
	COUNTABLE RESOURCES :	50.00 Pass
	GROSS EARNED INCOME :	600.00
	TOTAL UNEARNED INCOME :	0.00
	NET DEEMED INCOME :	0.00
	TOTAL GROSS INCOME :	600.00 Pass
	WORK EXPENSE :	90.00
	EARNED INCOME DEDUCTIONS:	0.00
	DEPENDENT CARE EXPENSES :	0.00
	NET EARNED INCOME :	510.00
	CHILD SUPPORT DEDUCTION :	0.00
	NET COUNTABLE INCOME :	510.00 Pass
SWITCH MODE : PF2 Trial Mode		
CLEAR CLIENT: PF4		
DETERM ELIG : PF5		
	STD HH GROSS NEED/NET	
	TYPE SIZE AMOUNT AMOUNT DESCR	
	AI 01 1124 608 Table 32	
Elig for client 01 PASSED - authorize on MIAU		NEXT-->

Figure 30

Step 8:

<NEXT> to the MIAU and authorize

Children Living with Non-Parental Caretaker

Example:

It is May 1, 2009 and Ruth is applying for Denali KidCare assistance for her friend's 12 year-old daughter, Dottie. Both of Dottie's parents are deceased and Ruth was granted custody. Dottie receives the following monthly income:

- \$400 SSA Survivor Benefits
- \$150 insurance trust fund payment

Step 1:

On the SEPA:

1. Enter the Medicaid program subtype AF
2. Code Ruth OU
3. Code Dottie IN

Step 2:

Complete data entry on the ADDR, SSDO, HERC and RACE

Step 3:

Enter information on the APID, SPRD, and CSEA

Step 4:

<NEXT> to the UNIN screen and enter Dottie's monthly income

Step 5:

<NEXT> to the MIBW

Step 6:

On the MIBW:

1. In the CLIENT ## field enter Dottie's client number 02 <ENTER>
2. <TAB> to the CATEGORY field and enter the category KIDS
3. <TAB> to the THRU MO field and enter the twelve-month review of 0410
4. <TAB> to Dottie's BUD/GET field and enter the budget code SC (Single Child)
5. <PF5> to determine eligibility

Note: If a child is 19 or 20 use the category FM (Family Medicaid) and the Subtype TO (Under 21)

Step 7:

<NEXT> to the MIAU and authorize

Pregnant Woman, Post Partum, and Newborn Coverage

Pregnant Woman

Example:

It is March 1, 2009 and Nationalie Bank is applying for Pregnant Woman Medicaid. This is her first child and she is single. Her estimated due date is October 20, 2009. On the application Nationalie reports the following income:

\$1800 gross monthly wages

Step 1:

On the SEPA:

1. Enter the Medicaid program subtype AF
2. Code Nationalie IN

Step 2:

Complete all data entry on the ADDR, SSDO, HERC and RACE

Step 3:

<NEXT> to the EAIN and enter Nationalie's gross wages

Step 4:

<NEXT> to the MIBW

Step 5:

On the MIBW:

1. In the CLIENT ## field enter Nationalie's client number 01 <ENTER>
2. In the CATEGORY field enter the category PW (Pregnant Woman)
3. <TAB> to the SUBTYPE field and enter the subtype PR (Pregnant)
4. <TAB> to the THRU MO field and enter 1009 (the estimated due date month)
5. <TAB> to the BUD/GET field and enter the budget code P1 (Pregnant with one unborn child)
6. <PF5> to determine eligibility

EIS MIBW		MEDICAL INSURANCE BUDGET WORKSHEET		030109 09:18					
CASE NAME: BANK , NATIONALIE		CASE NUMBER: 00021790		MONTH: 0309					
CLIENT ##: 01	NAME : BANK, NATIONALIE			AGE : 26					
CATEGORY : PW	SUBTYPE: PR	FROM MO : 0309	THRU MO : 1009						
MED INS :			EIS CASE: 00021790						
				(Eligible / NOT Authorized)					
NAME	REL	PAR	AUTH	GET	CATG	SUB-	TYPE	AMOUNT	TEST
01	NATIO	B	PI	IN	P ?	P1	PW	PR	
COUNTABLE RESOURCES :								0.00	
GROSS EARNED INCOME :								1800.00	
TOTAL UNEARNED INCOME :								0.00	
NET DEEMED INCOME :								0.00	
TOTAL GROSS INCOME :								1800.00	
WORK EXPENSE :								90.00	
EARNED INCOME DEDUCTIONS:								0.00	
DEPENDENT CARE EXPENSES :								0.00	
NET EARNED INCOME :								1710.00	
CHILD SUPPORT DEDUCTION :								0.00	
NET COUNTABLE INCOME :								1710.00	Pass
SWITCH MODE : PF2 Trial Mode									
CLEAR CLIENT: PF4									
DETERM ELIG : PF5									
		STD	HH	GROSS	NEED/NET				
		TYPE	SIZE	AMOUNT	AMOUNT	DESCR			
		n/a	02	n/a	2262	T99 200%			
Elig for client 01 PASSED - authorize on MIAU						NEXT-->			

Figure 31

Step 6:

<NEXT> to the MIAU and authorize

Step 7:

- Initialize to 0409
- EIS will authorize 0409 benefits when the program is initialized forward into April

Post Partum and Newborn

Example:

It is October 12, 2009 and Nationalie's caseworker receives a packet from the hospital reporting the birth of Nationalie's son, Sam, on October 10, 2009. Along with the report of birth Nationalie has provided Absent Parent information for Sam.

Step 1:

<NEXT> to the CLIENT INQUIRY / ADD TO CASE MENU (CLIA) screen

Step 2:

On the CLIA:

1. Inquire under all possible last names to see if Sam already exists in EIS as an Unborn on a Temporary Assistance case
2. Create and save Sam to Nationalie's Medicaid case effective 101009
3. CLIA edit CE967-I CLIENT CREATED AND REGISTERED indicates Sam was added to the case successfully
4. <PF9> from the CLIA
5. <NEXT> to the 1009 SEPA

Step 3:

On the SEPA:

1. In the REL field code Sam CH (Child)
2. Code Sam IN

Step 4:

<NEXT> to the SSDO:

1. Enter the SS5 date
2. Enter a verification code for the date of birth
3. <ENTER>

Step 5:

On the HERC and RACE:

1. Enter Sam's residence, citizenship, identity and heritage
2. <ENTER>

Step 6:

Enter absent parent information on the APID, SPRD, and CSEA

Step 7:

<NEXT> to the MIBW

Step 8:

On the MIBW:

1. In the CLIENT ## field enter Sam's client number 02 <ENTER>
2. In the CATEGORY field enter the category BABY
3. <TAB> to the THRU MO field and enter the six-month eligibility end date of 0310
Note: EIS will automatically create the second half of Sam's BABY eligibility (0410 through 1010) in a batch job as long as the case is open and in the current system month
4. <TAB> to Nationalie's BUD/GET field and enter the budget code FR
5. <TAB> to Sam's BUD/GET field and enter the budget code CH
6. <PF5>

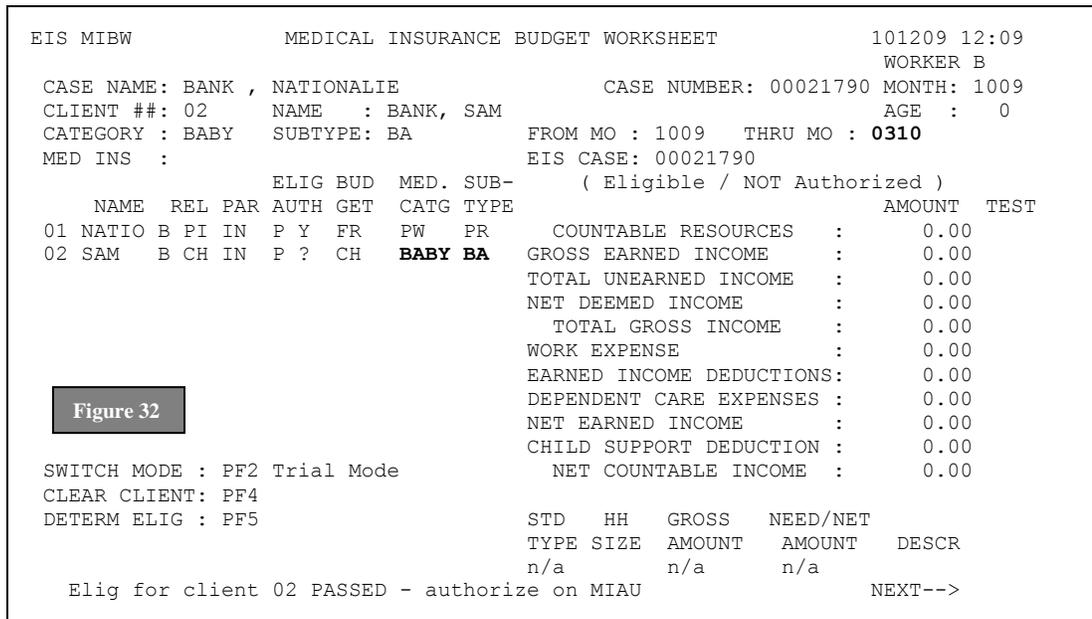


Figure 32

Step 9:

<NEXT> to the MIAU and authorize benefits for Sam

Step 10:

<NEXT> to the MEBH to verify that Sam's benefits have been authorized

Step 11:

Initialize the case to 1109 Benefit Month

Step 12:

On the MIBW:

1. In the CLIENT ## field enter Nationalie's client number 01 <ENTER>
2. In the CATEGORY field enter the category PW
3. <TAB> to the THRU MO field and enter the post partum eligibility end date of 1209
4. <TAB> to Nationalie's BUD/GET field and enter the budget code FR
5. <TAB> to Sam's BUD/GET field and enter the budget code CH
6. <PF5>

```

EIS MIBW                MEDICAL INSURANCE BUDGET WORKSHEET                101209 12:02
                                                                    WORKER B
CASE NAME: BANK , NATIONALIE                CASE NUMBER: 00021790 MONTH: 1109
CLIENT ##: 01      NAME      : BANK, NATIONALIE                AGE      : 26
CATEGORY : PW      SUBTYPE: PB                FROM MO : 1109   THRU MO : 1209
MED INS  :                EIS CASE: 00021790
                                                                    ( Authorized by 8549 on 101209 )
      NAME REL PAR AUTH GET  MED. SUB-      AMOUNT TEST
01 NATIO B PI IN  P Y FR  PW  PB      COUNTABLE RESOURCES :      0.00
02 SAM   B CH IN  P Y CH                GROSS EARNED INCOME :     1800.00
                                                                    TOTAL UNEARNED INCOME :      0.00
                                                                    NET DEEMED INCOME    :      0.00
                                                                    TOTAL GROSS INCOME   :     1800.00
                                                                    WORK EXPENSE         :      90.00
                                                                    EARNED INCOME DEDUCTIONS:      0.00
                                                                    DEPENDENT CARE EXPENSES :      0.00
                                                                    NET EARNED INCOME    :     1710.00
                                                                    CHILD SUPPORT DEDUCTION :      0.00
                                                                    NET COUNTABLE INCOME :     1710.00 Pass

SWITCH MODE : PF2 Trial Mode
CLEAR CLIENT: PF4
DETERM ELIG : PF5

      STD  HH  GROSS  NEED/NET
      TYPE SIZE AMOUNT  AMOUNT  DESCR
n/a   02   n/a     2262   T99 200%
NEXT-->
    
```

Figure 33

Step 13:

<NEXT> to the MIAU and authorize Nationalie’s post partum benefits

Step 14:

<NEXT> to the MEBH to verify that Nationalie’s and Sam’s benefits have been authorized

Step Parent Deeming and Family Medicaid

Example:

It is October 8, 2009 and Jane Seymour is applying for Family Medicaid for herself and her daughter. Jane's family consists of:

- Her husband Henry Theighth
- Henry's child Edward Theighth (age 13)
- Jane's daughter Aretria (age 15)

Jane's husband Henry and his child Edward have medical insurance and chose not to apply for Family Medicaid.

On the application Jane reports the following resources, income, and expenses:

- Joint checking account \$500.00
- Family car valued at \$5000.00
- Child support for Aretria at \$550.00 per month less \$50.00 disregard
- Jane's gross monthly wages \$500.00
- Henry's gross monthly wages \$1800.00
- Henry pays \$200 in monthly child support to his ex-wife, Katherine Arragon, for his daughter Mary

Step 1:

On the SEPA:

1. Enter the program subtype AF if it isn't already there
2. Code Jane and Aretria IN
3. Code Henry and Edward OU

Step 2:

Complete all entries on the SSDO, HERC and RACE

Step 3:

Complete absent parent information for Aretria on APID, SPRD, and CSEA

Step 4:

Enter bank account information on the FIAC

Step 5:

<NEXT> to VEHI and enter vehicle information

Step 6:

<NEXT> to UNIN and enter income information for the child support

Step 7:

<NEXT> to the EAIN and enter income information for Jane and Henry

Step 8:

<NEXT> to the NOMD and enter Henry's child support payment information and enter an "S" for Edward since he is a dependent of stepparent Henry.

Note: If Henry had no child support payment or a dependent in the household, his income would make Jane ineligible for Family Medicaid.

```

EIS NOMD                NON-HOUSEHOLD MEMBER DEDUCTIONS                100809 09:30
                        PROSPECTIVE                                WORKER K
CASE NAME: SEYMOUR , JANE                CASE NUMBER: 00021811 MONTH: 1009
                        PMT OUT                CH SUPPORT                SPONSOR
NAME      REL      OF HOME  VR  DATE  ALIMONY  VR  DATE  DEPENDT  FAM SIZE
01 JANE  S  PI
02 ARETR S  CH
03 HENRY T  SP                200.00    HC
04 EDWAR T  CH                S                00
                                MORE CLIENTS:                NEXT-->
    
```

Step 9:

<NEXT> to the MIBW

Step 10:

On the MIBW:

1. In the CLIENT ## field type Jane's client number 01 <ENTER>
2. <TAB> to the CATEGORY field and type the category FM (Family Medicaid)
3. <TAB> to the SUBTYPE field and type AF
4. <TAB> to the THRU MO field and type the twelve-month review date of 0910
5. <TAB> to the BUD/GET field and enter the appropriate budget codes for each individual FR (Financially responsible) for Jane, CH (Child) for Aretria, ST (Step Parent) for Henry, and leave Edward's field blank
6. <PF5> Jane is eligible for Family Medicaid

```

EIS MIBW                MEDICAL INSURANCE BUDGET WORKSHEET                100809 12:10
                        WORKER B
CASE NAME: SEYMOUR , JANE                CASE NUMBER: 00021811 MONTH: 1009
CLIENT #: 02      NAME : SEYMOUR, JANE                AGE : 47
CATEGORY : FM      SUBTYPE: AF                FROM MO : 1009  THRU MO : 0910
MED INS :                EIS CASE: 00021811
                        ( Eligible / NOT Authorized )
NAME  REL  PAR  AUTH  GET  MED. SUB-  CATG  TYPE  AMOUNT  TEST
01 JANE  S  PI  IN  P ?  FR  FM  AF  COUNTABLE RESOURCES : 0.00 Pass
02 ARETR S  CH  IN  ?  CH  FM  AF  GROSS EARNED INCOME : 500.00
03 HENRY T  SP  OU  ?  ST                TOTAL UNEARNED INCOME : 500.00
04 EDWAR T  CH  OU  ?                NET DEEMED INCOME : 209.00
                        TOTAL GROSS INCOME : 1209.00 Pass
                        WORK EXPENSE : 90.00
                        EARNED INCOME DEDUCTIONS: 0.00
                        DEPENDENT CARE EXPENSES : 0.00
                        NET EARNED INCOME : 410.00
                        CHILD SUPPORT DEDUCTION : 0.00
                        NET COUNTABLE INCOME : 1119.00 Pass
SWITCH MODE : PF2 Trial Mode
CLEAR CLIENT: PF4
DETERM ELIG : PF5 Applicant for FM  STD  HH  GROSS  NEED/NET
                        PF6 Recipient of FM  TYPE SIZE AMOUNT AMOUNT  DESCR
                        AI 02 2406 1301 Table 32
Elig for client 02 PASSED - authorize on MIAU                NEXT-->
    
```

Figure 35

Retroactive Medicaid Benefits

Example:

It is August 19, 2009 and Cartoon Ziggy is applying for Medicaid for his two children Draft and Final. Cartoon started a new job in June 2009 with medical insurance benefits, however, there is a 60-day waiting period before he is eligible for the benefit package for himself and his two children. Cartoon reports that both Draft and Final needed the following medical services in June and July:

- In June both children had tonsillectomies
- In July both children had appendectomies

Cartoon is requesting Medicaid benefits for June, July, and ongoing benefits.

Cartoon is salaried at \$2500 gross wages per month and received \$2500 in each month: June, July, and August. Cartoon has no child care costs for Draft and Final as their grandmother cares for them and does not charge.

Step 1:

On the APEM menu:

1. In the ENTER FUNCTION field type 3
2. In the MONTH field type the benefit month 0709

Note: Always process the most recent retroactive med months first, working backwards to the earliest month

3. <ENTER>
4. On <ENTER> the edit **CE501-W ELIGIBLE MONTHS ONLY MAY BE ENTERED - PRESS ENTER TO CONFIRM**
5. <ENTER> again to accept month
6. The system will then display the edit **SE141-I RETRO MONTH MEDICAID (me) HAS BEEN SET UP SUCCESSFULLY**

Step 2:

Go to the SEPA screen and:

1. Enter the program subtype AF if it isn't already there
2. Code Cartoon OU (changes may not be needed because the coding is copied from the last med month coding that was on the SEPA)
3. Code Draft and Final IN

Step 3:

Complete entry on the SSDO, HERC and RACE

Step 4:

<NEXT> to the EAIN and enter Cartoon's gross wages

Step 5:

<NEXT> to the MIBW

Step 6:

On the MIBW:

1. In the CLIENT ## field type Draft's client number 02 <ENTER>
2. <TAB> to the CATEGORY field and type the category KIDS
3. The THRU MO field will remain 0709 because eligibility has to be determined for each month separately
4. <TAB> to the BUD/GET field and enter the appropriate budget codes FR for Cartoon and CH for Draft and Final
5. <PF5>

6. On <PF5> EIS displays the Subtype CP in the SUBTYPE field which requires entry in the MED INS field. The edit **MI051-E MED INSURANCE CODE FOR CLIENT'S SUBTYPE MUST BE 'Y' 'GC' OR 'N'** appears
7. <TAB> to the MED INS field and enter an N as Cartoon did not have medical coverage in July
8. <PF5> again
9. In the CLIENT ## field enter Final's client number 03 <ENTER>
10. <TAB> to the MED INS field and enter an N
11. <PF5>

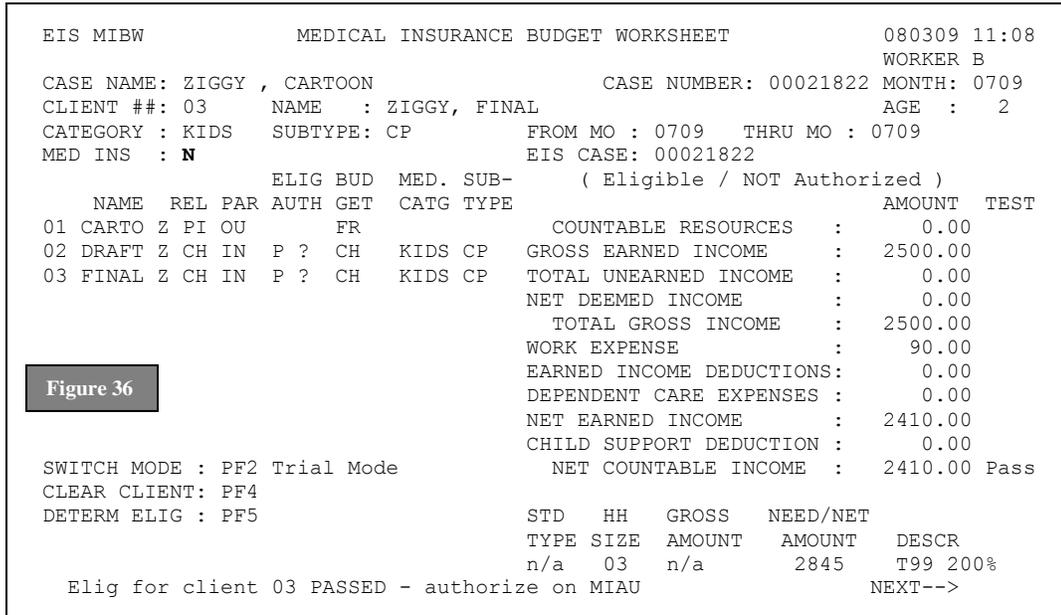


Figure 36

Step 7:

<NEXT> to the MIAU and authorize; check MEBH to confirm authorization

Step 8:

<NEXT> to the APEM and establish 0609 as Retroactive Medicaid using Function 3

Step 9:

Follow Steps 4 though 7 above for benefit month 0609

Step 10:

<NEXT> to the NORE and send the appropriate Retroactive Medicaid approval notice

Step 11:

1. <NEXT> to the APEM and change the benefit month to 0809 (the application month)

Note: The retro med can be processed before working the application

2. Access the SEPA

Step 12:

On the SEPA:

1. Code Cartoon OU
2. Code Draft and Final IN

Step 13:

<NEXT> to the EAIN and enter Cartoon's gross wages

Step 14:

<NEXT> to the MIBW

Step 15:

On the MIBW:

1. In the CLIENT ## field enter Draft's client number 02 <ENTER>
2. <TAB> to the CATEGORY field and type the category KIDS
3. <TAB> to the THRU MO field and type the twelve-month review (0710).
4. <TAB> to the MED INS field and type a Y since it is now August and Cartoon's employer is now providing medical benefits
5. <TAB> to the BUD/GET field and enter the appropriate budget codes: FR for Cartoon and CH for Draft and Final
6. <PF5>
7. Draft failed eligibility in 0809 due to Cartoon's employer's sponsored health coverage beginning August 1, 2009

```

EIS MIBW                MEDICAL INSURANCE BUDGET WORKSHEET                080309 11:58
                                                                    WORKER B
CASE NAME: ZIGGY , CARTOON                CASE NUMBER: 00021822 MONTH: 0809
CLIENT ##: 02      NAME      : ZIGGY, DRAFT                AGE      : 5
CATEGORY : KIDS      SUBTYPE: CP                FROM MO : 0809      THRU MO : 0710
MED INS  : Y                EIS CASE: 00021822

```

NAME	REL	PAR	PI	OU	ELIG	BUD	AUTH	GET	MED. SUB-	CATG	TYPE	AMOUNT	TEST
01	CARTO	Z	PI	OU		FR						COUNTABLE RESOURCES	0.00
02	DRAFT	Z	CH	IN	F	CH			KIDS	CP		GROSS EARNED INCOME	2500.00
03	FINAL	Z	CH	IN	?	CH						TOTAL UNEARNED INCOME	0.00
												NET DEEMED INCOME	0.00
												TOTAL GROSS INCOME	2500.00
												WORK EXPENSE	90.00
												EARNED INCOME DEDUCTIONS:	0.00
												DEPENDENT CARE EXPENSES:	0.00
												NET EARNED INCOME	2410.00
												CHILD SUPPORT DEDUCTION:	0.00
												NET COUNTABLE INCOME	2410.00 Pass

SWITCH MODE : PF2 Trial Mode
CLEAR CLIENT: PF4
DETERM ELIG : PF5

```

Elig for client 02 FAILED - see MIED

```

STD	HH	GROSS	NEED/NET	DESCR
TYPE	SIZE	AMOUNT	AMOUNT	
n/a	03	n/a	2845	T99 200%

NEXT-->

Figure 37

Step 16:

<NEXT> to the MIAU and deny

Emergency Medical Treatment for Aliens

Illegal Alien Emergency Assistance

Example:

It is October 17, 2009 and Jadzia Dax (17) has been admitted into Providence Medical Center to give birth. Jadzia is an illegal, unmarried alien living in Anchorage. Providence Medical Center submits an application for Emergency Medical Coverage for Jadzia. Jadzia has no income or resources.

Step 1:

On the SEPA:

1. Enter the program subtype AF if it isn't already there
2. Code Jadzia IN

Step 2:

<NEXT> to the HERC

Step 3:

On the HERC:

1. Enter Jadzia's residence
2. In the CIT (Citizenship) field enter IA (illegal alien)
3. Complete data entry on the HERC and RACE

EIS HERC	RESIDENCY / CITIZENSHIP / IDENTITY										101709 14:59
CASE NAME: DAX , JADZIA											WORKER B
CASE NUMBER: 00021801											DATE ARRIVED
NAME	REL	RES	VR	PEND	CIT	VR	PEND	ID	VR	PEND	IN ALASKA
01 JADZI D	PI	Y	VV		IA	VV		Y	VV		02052008
MORE CLIENTS:											NEXT-->

Figure 38

Step 4:

<NEXT> to the MIBW

Step 5:

On the MIBW:

1. In the CLIENT ## field type Jadzia's client number 01 <ENTER>
2. <TAB> to the CATEGORY field and type the category PW (Pregnant Woman)
3. <TAB> to the SUBTYPE field, type the subtype PR for correct budgeting
Note: The system will change the PR to PX automatically if eligibility is determined at the higher income level
4. The THRU MO remains the same as the FROM MO (1009), as emergency assistance is determined for one month only
5. <TAB> to the BUD/GET field and enter the budget code P1 (Pregnant with one unborn child)
6. <PF5>

```

EIS MIBW                MEDICAL INSURANCE BUDGET WORKSHEET                101709 15:05
                                WORKER B
CASE NAME: DAX , JADZIA                CASE NUMBER: 00021801 MONTH: 1009
CLIENT ##: 01      NAME      : DAX, JADZIA                AGE      : 17
CATEGORY : PW      SUBTYPE: PR                FROM MO : 1009 THRU MO : 1009
MED INS  :                                EIS CASE: 00021801

                                ELIG BUD MED. SUB-
                                NAME REL PAR AUTH GET CATG TYPE
01 JADZI D PI IN ?      P1

                                COUNTABLE RESOURCES : 0.00 Unkn
                                GROSS EARNED INCOME : 0.00
                                TOTAL UNEARNED INCOME : 0.00
                                NET DEEMED INCOME : 0.00
                                TOTAL GROSS INCOME : 0.00 Unkn
                                WORK EXPENSE : 0.00
                                EARNED INCOME DEDUCTIONS: 0.00
                                DEPENDENT CARE EXPENSES : 0.00
                                NET EARNED INCOME : 0.00
                                CHILD SUPPORT DEDUCTION : 0.00
                                NET COUNTABLE INCOME : 0.00 Unkn

SWITCH MODE : PF2 Trial Mode
CLEAR CLIENT: PF4
DETERM ELIG : PF5

                                STD HH GROSS NEED/NET
                                TYPE SIZE AMOUNT AMOUNT DESCR
                                n/a n/a n/a n/a

                                NEXT-->
    
```

Figure 39

Step 6:

1. On <PF5> the following edit appears: **MI059-E CLIENT FAILS "SSN" - FOR ACTION SEE MESSAGE AT BOTTOM**
2. On the bottom of the screen the following messages appears: **Press PF5 again to force PASS; otherwise press Enter**
3. Since Jadzia is income eligible <PF5> again

Note: *If Jadzia failed income eligibility, the caseworker would <ENTER> and fail Jadzia for eligibility and deny on the MIAU.*

```

MI059-E CLIENT FAILS "SSN" - FOR ACTION SEE MESSAGE AT BOTTOM
EIS MIBW                MEDICAL INSURANCE BUDGET WORKSHEET                101709 15:11
                                WORKER B
CASE NAME: DAX , JADZIA                CASE NUMBER: 00021801 MONTH: 1009
CLIENT ##: 01      NAME      : DAX, JADZIA                AGE      : 17
CATEGORY : PW      SUBTYPE: PR                FROM MO : 1009 THRU MO : 1009
MED INS  :                                EIS CASE: 00021801

                                ELIG BUD MED. SUB-
                                NAME REL PAR AUTH GET CATG TYPE
01 JADZI D PI IN ?      P1

                                COUNTABLE RESOURCES : 0.00 Unkn
                                GROSS EARNED INCOME : 0.00
                                TOTAL UNEARNED INCOME : 0.00
                                NET DEEMED INCOME : 0.00
                                TOTAL GROSS INCOME : 0.00 Unkn
                                WORK EXPENSE : 0.00
                                EARNED INCOME DEDUCTIONS: 0.00
                                DEPENDENT CARE EXPENSES : 0.00
                                NET EARNED INCOME : 0.00
                                CHILD SUPPORT DEDUCTION : 0.00
                                NET COUNTABLE INCOME : 0.00 Unkn

SWITCH MODE : PF2 Trial Mode
CLEAR CLIENT: PF4
DETERM ELIG : PF5

                                STD HH GROSS NEED/NET
                                TYPE SIZE AMOUNT AMOUNT DESCR
                                n/a n/a n/a n/a

                                Press PF5 again to force PASS; otherwise press Enter
                                NEXT-->
    
```

Figure 40

Step 7:

1. On <PF5> the following edit appears: **MI048-E CLIENT FAILS "CITIZENSHIP" - FOR ACTION SEE MESSAGE AT BOTTOM**
2. On the bottom of the screen the following message appears: **Press PF5 again to force PASS; otherwise press Enter**
3. Since Jadzia is income eligible <PF5> again

Step 8:

Remaining on the MIBW:

1. <TAB> to the SUBTYPE field and change the subtype to AL (Alien)
2. <ENTER>
3. On <ENTER> the AL subtype will change the eligibility code from 11 to 53. The edit: **Med Elig Code for this month changed from 11 to 53** will display at the bottom of the screen

Step 9:

Since Jadzia is pregnant it is necessary to keep the eligibility code 11:
<NEXT> to the MERE

Note: If Jadzia were not pregnant the caseworker would leave the eligibility code 53 and <NEXT> to the MIMI.

Step 10:

On the MERE change the eligibility code to 11

Step 11:

<NEXT> to the MIAU and authorize

Step 12:

<NEXT> to the MIMI

Step 13:

On the MIMI:

1. An F will appear in the ISSUANCE INDICATOR field
2. Information in the SPECIAL INFORMATION field is required. Enter "**COUPON VALID FOR EMERGENCY DELIVERY SERVICES ON 101709**"
3. <ENTER> to issue the field coupon

Non-Qualified Legal Alien Emergency Services

Example:

It is October 15, 2009 and Providence Medical Center is submitting an application for Emergency Medical Services for Warf Martok (20). Warf was seriously injured working at the cannery and admitted into Providence. Warf is a legal alien, however, he is not eligible for Under 21 Medicaid due to Medicaid Alien policy. The following information was provided with the application:

- Warf's Social Security Number 218050000
- Personal checking account with a balance of \$45
- \$650.00 Gross wages received July 15

Step 1:

On the SEPA:

1. Enter the program subtype AF if it isn't already there
2. Code Warf IN

Step 2:

<NEXT> to the SSDO

Step 3:

On the SSDO:

1. Enter Warf's SSN and verify
2. Verify Warf's age
3. <ENTER> to access the HERC

Step 4:

On the HERC:

1. Enter Warf's residence
2. In the CIT (Citizenship field enter OE (Non-qualified legal alien)
3. Complete date entry on the HERC and RACE

EIS HERC		RESIDENCY / CITIZENSHIP / IDENTITY										10150909:52
CASE NAME: MARTOK , WARF		CASE NUMBER: 00021805										WORKER B
NAME	REL	RES	VR	PEND	CIT	VR	PEND	ID	VR	PEND	DATE ARRIVED	
											IN ALASKA	
01 WARF	M PI	Y	VV		OE	VV		Y	VV		01252007	
MORE CLIENTS:											NEXT-->	

Figure 41

Step 5:

<NEXT> to the FIAC and enter bank account information

Step 6:

<NEXT> to the EAIN and enter Warf's gross wages

Step 7:

<NEXT> to the MIBW

Step 8:

On the MIBW:

1. In the CLIENT ## field type Warf's client number 01 <ENTER>
2. <TAB> to the CATEGORY field and type the category FM (Family Medicaid)
3. <TAB> to the SUBTYPE field and type the subtype TO
4. The THRU MO remains the same as the FROM MO (1009)
5. <TAB> to the BUD/GET field and type the budget code SC
6. <PF5>

Step 9:

Remaining on the MIBW:

1. <TAB> to the SUBTYPE field and change the subtype to AL (Alien)
2. <ENTER>

3. On <ENTER> the edit **MI046-I SEE MSG. AT BOTTOM. IF NEED MED ELIG-CODE CHANGE GO TO "MERE"** appears

Note: Since Warf is not pregnant the eligibility code 53 is appropriate and it is not necessary to go to the MERE

Step 10:

<NEXT> to the MIAU and authorize

Step 11:

<NEXT> to the MIMI

Step 12:

On the MIMI:

1. An F will appear in the ISSUANCE INDICATOR field
2. Information in the SPECIAL INFORMATION field is required. Enter "COUPON VALID FOR EMERGENCY DELIVERY SERVICE ON 101509"
3. <ENTER> to issue the field coupon

Notices

Denali KidCare Notices

Denali KidCare uses the D series notices. Since Denali KidCare is referred to as medical insurance and not Medicaid, all Denali KidCare notices are printed on separate notice stock. The D notice series determines which stock is used to print the notice. The Full Service Office (FSO) 072 designation ensures the Denali KidCare information prints correctly on the stock. If a Denali KidCare notice is sent while the case is CARCed outside of FSO 072, the notice will print on the incorrect stock. **Therefore, it is very important that all Denali KidCare cases are CARCed to the 072 office when notices are sent.**

The NORE and Notice Situations

EIS **will not** create notice situations for AF related Medicaid cases. **To send notices without an EIS created notice situation refer to EIS Procedure 1998-11 EIS Notices page 16 for instructions.**

Helpful Hints and Case Processing

Authorized vs. Issued ME AF Benefits

- ME AF benefits are authorized by the worker on the MIAU screen or by the system when the case is initialized or when rollover occurs
- ME AF benefits are issued (or paid) by the Med Issuance job or by the worker via field coupons
- Issued/Paid Medicaid benefits cannot be deleted from the system. This includes field issuances from MIMI with an F issuance indicator. Once a benefit displays a document ID number on the MEIH, it has been paid

Coding Clients OU on the SEPA screen

- Do NOT routinely code clients OU on the SEPA in a month for which they've been issued Medicaid benefits
 - Do not routinely code clients OU when denying Medicaid
 - Do not code clients OU when closing a Medicaid program
- Note: The only exception to this rule occurs if the client must be coded in on another Medicaid case for the same benefit month**

Pending ME AF Cases

- Medicaid cases can be quick pended on the APMA at initial application
- Medicaid cannot be case pended once the program changes to open (OP) status
- Individual ME AF clients can be held from processing for needed information by entering a future date in the ALERT DATE field on the MIAU screen. This creates an alert on the ETAL screen; it does not put the Medicaid case in pended (PE) status

Ending ME AF Client Eligibility

- If a client's eligibility must be ended before the end of the review period:
 - Access the MIBW in the last paid Medicaid month
 - Change the client's THRU MO to the last paid month
 - Access the SEPA in the **next unpaid** benefit month and code the client OU
 - If the client is no longer in the household, remove them from the case in the first unpaid benefit month using function #2 on the CLPM

Client Med Subtype Changes

- If a client's med subtype must be changed before their eligibility period ends:
 - Access the MIBW in the last paid Medicaid month
 - Change the client's THRU MO to the last paid month
 - Access the MIBW in the **next unpaid** benefit month and set up the new eligibility period for the client with the correct category and subtype

ME AF Reviews

- If Medicaid clients have different eligibility end dates, the system will send one notice for those clients who have the same review due date shown on the THRU date displayed on the MIAU
- The review date appearing on the CAP2 screen corresponds to the latest date showing in the THRU field on the MIAU. Exception: If a baby is receiving newborn coverage (BA) on the case, the CAP2 will display the month and year of the baby's first birthday on the CAP2 in the CERT/REV MONTH field. This allows the case to remain open so clients not yet due

to review will continue to receive benefits even if a review isn't received from another client on the case with an earlier review date

- If a review is not registered by the last day of the month displayed in the CERT/REV MONTH field on the CAP2, the Medicaid will close effective that day

The DEMH Screen: Child Care Expenses and Child Support Payments

Note: Changes to this screen will de-authorize FS and TA benefits on the case.

The DEMH screen must be coded correctly in order for the MIBW to accurately count the child care and/or child support payment deductions. Refer to Family Medicaid Eligibility Manual Sections 5165-2 and 5165-3.

Example:

Herman pays \$250 child care per month for each child, Russ and Franz, and pays \$200 child support for a daughter from a previous marriage. The DEMH must be coded as follows:

1. In the TY field type the code CS (Child Support) for Herman and CC (Child care) next to each child.
2. In the SUB fields type Herman's client number 01.
3. In the AMOUNT fields enter the **actual** amounts of child care paid for each child and Herman's monthly amount of the child support payment made.
4. The MIBW will then count the allowable amount of child care for each child and the amount of the child support payment that Herman pays.

Note: If the DEMH is coded incorrectly MIBW will not calculate the child care expenses and a 0 allowable expense will appear on the MIBW.

Vehicle Exemption Resource Codes

Temporary Assistance vehicle exemption codes also apply to Family and Under 21 Medicaid categories. When working Family and Under 21 Medicaid, be sure to code the VEHI screen accurately to correctly exempt or count reported vehicles.

Self-employment Income

For Medicaid only cases, enter countable self-employment income directly on the SEEI screen. DO NOT USE THE SEEW.

Educational Income

For Medicaid cases, enter countable educational income on the UNIN screen so the MIBW can include it in the budgeting process. MIBW does NOT pick up income from the UNIE screen.