

ARIES HELP GUIDE

Note: Also refer to SPMG and ARIES Online User Guide

*Clicking a topic in the TOC will take you to that section in the ARIES Help Guide.
Clicking a section heading within the ARIES Help Guide will bring you back to the TOC.*

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Tasks

Assigning Tasks:

- Document Management
 - When receiving documents:
 - **Pre-BPR** - assign the task to the home office regardless of where the document was received. Make sure to enter a Custom Task with the correct verbiage.
 - When creating a task print the Case Summary and attach to the documents
 - **Post-BPR** -- assign the task to the office that received the document, regardless of where the file is located.
 - Scan documents into the receiving office's Pathos folder, and do not print any screenshots
 - Send original to home office

- Work Management
 - Review and assign all tasks for a PI to yourself before working the case.
 - Once the case is worked, ensure all tasks are marked as complete.

Custom Task Verbiage is attached as Addendum B

Tasks Related to Renewals:

Renewal Packet is received and Renewal is registered on Initiate Review page:

Pre-BPR

1. Set a task "Renewal Packet Received. Complete Review"
2. Set the task due date as the date the packet was received
3. Assign task to home office
4. Print the Case Summary page with the identified number, attach to packet.

Post-BPR

1. Set a task "Renewal Packet Received. Complete Review"
2. Set the task due date as the date the packet was received
3. Enter the work into PATHOS.

Renewal packet is not received:

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1. A system generated task is created “Renewal Form Not Received Verify Eligibility”. No additional tasks are needed.
2. Enter the work into PathOS

Task Due Dates:

- *Use the date the task was created or the date the Renewal is received.*

Verbiage for Tasks:

- 150 Characters are allowed in Task Text Field
- Use date recd format of MMDDYY
- Do not use special characters or extra spaces
- Do not use copy or paste functionality. There may be hidden characters that are not supported by ARIES.

Searching in ARIES

- When looking for a client that is not showing on the Medical Insurance Manual Issuance (MIMI), this may be a Care Management client – See Care Management Section of ARIES Guide
- How to Reissue a Medicaid Card for a client – See Job Aid on SD&T Website http://dpaweb.hss.state.ak.us/training/jobaids/pdf/ARIES_Reissuing_Medicaid.pdf
- To determine why a client is receiving a renewal, use the Eligibility Search or Filing Unit Search Summary to see when the certification date is over for each individual on the case.

Pended Cases

- The quickest way to determine why a case is pended is to use the Correspondence/View History. Often times there is not enough information to explain why the case is pended, so here are some other ways to find that information:
 - Go to Eligibility Determination – Top Level Navigation Bar
 - Eligibility Search – Second Level Navigation Bar
 - Enter case number
 - Click next
 - Click on eye glasses for each individual to see what it is pended for

Or

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- Go to Data Collection – Top Level Navigation Bar
- Initiate Data – Second Level Navigation Bar
- Enter case number
- Select Continue Previously Selected Action
- Should take you to the “Missing Verification Checklist” if it does not then go to Wrap Up via the Second Level Navigation Bar
- Go to Missing Verification Checklist – Left Navigation Bar

Confidential Client – How to Search and Identify

- Go to Top Level Navigation and select Search
- Go to Second Level Navigation and select Case – you are now at Case – Search Summary
- Put in Case #
- Select Search
- If Confidential Attribute is checked, it is a confidential Case. NOTE: only supervisors can view tasks on confidential cases.

You can also:

- Initiate Data Collection
- Select View data collection for read only
- Select Individual Information from Second Level Navigation
- Select Case Information from Left-side navigation bar
- Dyna table will show “Yes” under Confidential Attribute

Authorized Representative – How to Search and Identify

- Go to Top Level Navigation and select Search
- Go to Second Level Navigation and select Case – you are now at Case – Search Summary
- Put in Case #
- Select Search
- If Confidential Attribute is checked, it is a confidential Case.

You can also:

- Initiate Data Collection
- Select View data collection for read only
- Select Individual Information from Second Level Navigation
- Select Authorized Representative from Left-side navigation bar

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- If an Authorized Rep was previously selected, it will appear in the dyna table on the Authorized Representative – Summary page.

Applications & Related Actions

Application Registration:

Note: Follow business process in the SPMG

Search all clients listed on the application before registering to get a clear picture of any open, closed or pended cases and client involvement in those cases.

Search EIS and ARIES prior to registration

- In EIS: search by first and last name to discover the Primary Individual, program involvement, and household composition.
- In ARIES: Search by Client Name, SSN, or Client ID.
 1. When searching for a client **prior to registration**, use Person Search page.
 2. Do not enter client information on this page, click on the binocular (magnifying glass) next to Client ID.
 3. Search criteria popup will appear, use this screen for search.
 4. If a client is found, print the search results identifying each application or case for the PI.
 5. Then access the Tasks Inbox by clicking on the Tasks tab on the 1st level Navigation bar. Look up information on client by using the SSP/FFM First Name/Last Name fields. ****there is potential that some applications may not display – this will capture as many as can be found**** Print screen showing all applications with application due date.
TIP: Clicking on Client ID can also be helpful in displaying applications previously registered.
 6. **ET will process all applications or reports of change associated with the applicant and household members.**

NOTE: In case of urgent requests, FCR will be adhered to and the contacted office will assign and process all applications and tasks to their office with a single individual taking the actions.

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- How to register when multiple applications are submitted and none have been registered.
 1. After the search for all applications has been completed, select the oldest application and begin application registration.
 2. Associate the application to an existing case, if applicable.
 3. Submit the application.
 4. For each of the subsequent **FFM or SSP** applications, begin registration but **STOP** at the point of association. **Do not associate. Do not submit the application for completion.**

Note: If the new application is not an SSP or FFM, there is no need to associate the application. You can begin Data Collection entry.
 5. Set a task on the case number to Associate subsequent applications. Task verbiage should read “Associate TXXXXXXX, TXXXXXXX”.
 6. Continue processing each application through to case completion before associating the next application.
- FFM Determined Eligible Application received with an existing registered application or pending case.
 1. Register the FFM Determined Eligible Application, ensure a good client search has been done, register only those clients that are on the application and **DO NOT ASSOCIATE** the application to the existing case. If all clients on the application are not registered, an error message is received until the registration is complete.
 2. If there is more than one FFM Determined Eligible Application that is received, only register the 1st received FFM Determined Eligible Application as the other received applications will be associated to this new case; and used as report of change documents.
 3. If more than one FFM Determined Eligible Application has been received and has been registered – but not associated to a case, as long as a good search has been completed and the correct client selected, any subsequent benefits will be denied for overlapping benefits.
- Unregistered Applications of any type (electronic or paper) that have an earlier application date cannot be associated to an existing application or case.

Example: FFM Determined Eligible Application with multiple applications.

1. User does search on applicant prior to registering an application and finds that 3 FFM Determined Eligible Applications have been received.

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2. FFM Application dates are 11/2/2015, 12/5/2015 and 1/4/2016.
 3. Application received 12/5/2015 has already been registered, the batch has run and 12/2015 and 1/2016 Medicaid benefits have been issued.
 4. 1/4/2016 FFM Determined Eligible Application is registered and associated to this new case. Association is needed so that response to FFM application will be completed. (if the batch has not run... follow instructions given for registering multiple applications)
 5. 11/2/2015 FFM Determined Eligible Application (since it was received prior to the registered application) cannot be associated to the 12/5/2015 application/case. The 11/2015 Application will need to be registered, will not be associated, a new case number will be generated when the batch runs benefits for 11/2015 and the case will close in 12/2015 for overlapping benefits.
 6. When there are multiple cases to choose from to associate too, choose the case with the newest received date.
- Client exists in EIS:
 - If an applicant exists in EIS but the newly submitted application shows a new name, staff must first confirm that the applicant is the same person as the client in EIS. Once the information has been confirmed, use new name as the name in ARIES and in EIS. Create the existing name in EIS and ARIES as an alias. If the client is in person, the worker OA will attempt to get verification from the client of the name change.
 - **Notify the Help Desk of ARIES clients that are not linked to their existing EIS client id. This id is displayed on the Individual Summary and Person Demographics – Details pages in ARIES.**

How to search if the case was withdrawn:

- If you have the Case# search Filing Unit under Others- Search
- If you do not have a Case# go to Others- Search
 1. Search person (could be done with SSN or client's name)
 - a) Click client's hyperlink (either the Case number or Client ID number)
 - b) Click program type hyperlink at bottom of pop up

When to register an application in EIS and when to register in ARIES:

- All MAGI Medicaid applications are registered in ARIES
- All other types of Medicaid will be registered in EIS

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- If the case in ARIES has a helpdesk ticket that cannot be resolved and the client has an immediate need, process the case in EIS

Note: *FFM applications must be registered in ARIES; APA related FFM applications will be registered in EIS and ARIES*

Who is to be registered:

- ARIES Application
 - For paper, in person, or telephonic applications – the user will register each individual on the application that has all demographic information listed
 - Full name
 - SSN
 - DOB
 - Citizenship
 - Alien information
 - If all individuals listed on the application are not registered, print on the front of the application “Not all household members were registered” prior to scanning into a folder.
 - For FFM and SSP applications, register all individuals during Initiate Online Application. If an electronic application will not download correctly, follow the above listed process for a paper, in person, or telephonic application.
- Recertification and renewals for EIS MAGI Medicaid cases will need MIRE completed and registered as applications in ARIES with household members on recertification. When the ET processes the recertification in ARIES they will close the EIS case to ensure benefits are not issued in both EIS and ARIES.

What to do when you make an error during application registration:

OAs can correct errors in the following situations:

- Prior to MCI clearance – If you have not verified with MCI you can change individual information.
- Before submission - If you have not hit the submit button you can change
 - Application received date
 - Address page
 - Change PI
 - Who is requesting services

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OAs cannot make corrections:

- After submission the application will need to be converted to a case.
 1. A custom task on the 300 Number must be set to inform the worker of the error.
- Withdrawal will be needed if -wrong application date is entered, an individual is added to the home in error, or multiple applications are registered.
 1. OA will also need to delete Pending correspondence for the application registered in error.
 2. Search Task Inbox- Mark Application# task status as complete with no action needed
 3. Take to a MAGI Team ET immediately to Withdraw Application
 4. OA will then register another T-number with the same application

Withdrawing an Application:

Search applications prior to initiating data collection to confirm household composition, application date, and program involvement. Applications entered incorrectly cannot be withdrawn after Data Collection has been initiated because it then becomes a case. If you withdraw the case, then the application still states “complete”, but the case states “denied”.

If a client has requested to withdraw their application, they must be referred to the FFM. Data collection must be initiated on the application in order to properly send the referral.

To withdraw an application:

Refer to ARIES Online User Guide for specific instruction.

1. Click “Help” at the bottom of your browser while logged into ARIES
2. Go to “Maintain Application Overview”
3. Select “Record an Application Withdrawal”
4. Follow the Process Steps as described

Clerical staff does not have the ability to withdraw a completed application.

To withdraw a case:

If there are multiple applications for a client it is possible to copy an FFM number from the most recently received application to the oldest application. However this can only occur when both applications have not been submitted during application registration.

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FFM Responses and Non-MAGI Medicaid:

When responding to the FFM and a client is receiving non-MAGI Medicaid in EIS (ie: APA related Medicaid):

1. Select name from the name list and a pop down list will show individual numbers and names
 2. Select the client receiving non- MAGI Medicaid in EIS and do the following:
 - a) Check the non- MAGI box with “Yes” and include the date benefits were issued in EIS
 - b) Click the “send referral/response” blue button
- Tip: If a case has already been approved or denied, you must work each FFM referral and respond back to the FFM this can be done by going through the driver flow for each application. ARIES will recognize previous or ongoing case status and respond accordingly.

REQUIRED: *Work the oldest application first, if possible. If multiple applications have been received by different regions, use the FCR Office Representative List to obtain and process all applications to be processed simultaneously (per First Contact Resolution guidelines).*

<https://reports.dhss.alaska.gov/Reports/Pages/Folder.aspx?ItemPath=%2fDPA%2fFirst+Contact+Resolution+--Office+Representatives&ViewMode=List>

Application processing – Multiple Applications

- Applications from SSP
 1. Initiate data collection and process the 1st case through to completion.
 2. The subsequent application(s) must be associated to the processed case and withdrawn.
 3. The subsequent applications must each be associated to the 1st Application and withdrawn
 4. Each application/case change must be worked through Authorization prior to a subsequent application being associated and withdrawn.
 5. The association is required to allow for all electronic data received to be populated into ARIES.
 6. The subsequent applications are now used as case changes and will be processed appropriately.
 7. Each application that is used as a case change needs to be processed according to application date received, with the oldest applications processed first.

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8. Each application association may introduce a conflict panel, if information on the applications is different. The conflict panel will need to be resolved for every application submitted.
 9. Each application/case change will need a CANO completed identifying the actions taken.
 10. If there is no change from the original application, CANO that the report of change was received but no new information was received that affected the current case and benefits have been processed through Authorization.
 11. If the case change does not result in a change of benefits, ensure no notices are generated.
- FFM Application Determined Eligible
 1. If the application is a Determined Eligible application from the FFM, only the 1st application will have registration completed for the batch to run.
 2. After the benefits have been issued on the 1st Determined Eligible application, the subsequent applications must each be associated to the 1st Determined Application and withdrawn. Actions on the case must be processed through authorization before the next application can be associated.
 3. The association is required as each FFM application must have a response to the FFM.
 4. The subsequent applications are now used as case changes and will be processed appropriately.
 5. Each application that is used as a case change needs to be processed according to application date received, with the oldest applications processed first.
 6. Each application association may introduce a conflict panel, if information on the applications is different. The conflict panel will need to be resolved for every application submitted.
 7. Each application/case change must be worked through Authorization prior to a subsequent application being associated and withdrawn.
 8. Each application/case change will need a CANO completed identifying the actions taken.
 9. If there is no change from the original application, CANO that the report of change was received but no new information was received that affected the current case and benefits have been processed through Authorization.
 - FFM Applications Partially Eligible

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1. If the applications are Partially Eligible applications from the FFM, only the 1st application will have registration completed for the batch to run.
2. After the batch has issued benefits on the 1st Partially Eligible application, continue processing as normal until case has been completed.
 1. The subsequent applications must each be associated to the 1st Partially Eligible Application and withdrawn.
 2. Each application/case change must be worked through Authorization prior to a subsequent application being associated and withdrawn.
 3. The association is required as each FFM application must have a response to the FFM.
 4. The subsequent applications are now used as case changes and will be processed appropriately.
 5. Each application that is used as a case change needs to be processed according to application date received, with the oldest applications processed first.
 6. Each application association may introduce a conflict panel, if information on the applications is different. The conflict panel will need to be resolved for every application submitted.
 7. Each application/case change will need a CANO completed identifying the actions taken.
 8. If there is no change from the original application, CANO that the report of change was received but no new information was received that affected the current case and benefits have been processed through Authorization.
 9. Generate correspondence as appropriate.
- FFM Applications Potentially or Undetermined
 1. If the applications are Potentially or Undetermined applications from the FFM continue processing as normal until case has been completed.
 2. The subsequent applications must each be associated to the 1st FFM Potentially or Undetermined and withdrawn.
 3. Each application/case change must be worked through Authorization prior to a subsequent application being associated and withdrawn.
 4. The association is required as each FFM application must have a response to the FFM.
 5. The subsequent applications are now used as case changes and will be processed appropriately.
 6. Each application that is used as a case change needs to be processed according to application date received, with the oldest applications processed first.

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7. Each application association may introduce a conflict panel, if information on the applications is different. The conflict panel will need to be resolved for every application submitted.
 8. Each application/case change will need a CANO completed identifying the actions taken.
 9. If there is no change from the original application, CANO that the report of change was received but no new information was received that affected the current case and benefits have been processed through Authorization.
 10. Generate correspondence as appropriate.
- FFM Determined Eligible Application received with an existing registered application or pending case.
 1. If a FFM Determined Eligible Application has been received, and there is an existing application or case that has not been processed and/or is pending, register the FFM Determined Eligible Application and DO NOT ASSOCIATE the application to the existing case.
 2. A new case number will be needed for the FFM Determined Eligible case.
 3. If there is more than one FFM Determined Eligible Application that is received, only register the 1st received FFM Determined Eligible Application as the other received applications will be associated to this new case; and used as reports of change documents.
 4. If more than one FFM Determined Eligible Application has been received and has been registered – but not associated to a case, as long as a good search has been completed and the correct client selected, the case will deny for overlapping benefits.

FFM Determined Eligible applications – potential APA related Med

FFM Determined Eligible applications that include individuals that are disabled, over age 65, or receiving Medicare must be authorized giving these clients MAGI Medicaid benefits, even if it appears they should not have been determined eligible by the FFM.

The State of Alaska does not have the right to override an eligibility determination made by the FFM. Changes to the FFM eligibility determination can occur when DPA has received a new application, review or report of change.”

When reviewing the application for categories of Medicaid, remember that policy and regulations allow clients a choice in category.

Federal Guidelines §435.404 Applicant's choice of category

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The agency must allow an individual who would be eligible in more than one category to have their eligibility determined for the category they select.

Examples:

- a. For instance, we have a grandmother who is the caretaker relative for her granddaughter. We could give her APA related ME as she is over age 65 or MAGI Medicaid as a parent/ caretaker. If she chose not to provide resource information or attend an interview, we would continue her MAGI Medicaid in the parent/taker group.
- b. However, a single individual who is receiving SSI, could not continue in MAGI Medicaid because as an SSI recipient, the individual is ineligible for the Expansion Group and is automatically (as long as we have an application) eligible for APA related Medicaid.

Process staff will follow on these FFM Determined Eligible FFM applications:

- 1) Register the Determined Eligible applications as per ARIES application registration process.
- 2) Once Registered:
 - a) Review the FFM Determined Eligible application for the following criteria:
 - i) Disability
 - (1) Do they claim a disability on the application
 - (2) Is SSI or SSDS income listed?
 - ii) Age 65 or older
 - b) If any household member falls into one of these two categories, set a task and provide a copy of the printed FFM Determined Eligible PDF to the designated maintenance supervisor.
 - i) Task verbiage “APA Med Possible – FFM Determined Eligible”
- 3) After the benefits have been issued in ARIES:
 - a) Maintenance Supervisor will assign to an ARIES Team (all programs) ET.
 - i) ET will review the MAGI Medicaid case, and run interfaces to determine if this client appears to fall into MAGI or APA Related Medicaid eligibility category.
 - (1) If the client falls into the MAGI Medicaid or Expansion category no action is required.
 - (2) If the client falls into an APA related Medicaid category, the case will be registered and pended in EIS for:
 - (a) Interview
 - (b) Any other proof needed to determine APA related Med

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(c) The pend notice will be sent from the EIS system.

NOTE: remember client's choice on Medicaid types depending upon the type of case being processed. Clients 65 or older or receiving Medicare are not eligible for Expansion Medicaid.

- ii) If client does not complete the required interview and provide requested information, the case in EIS would be denied unless they meet another eligible category
 - (a) If the client meets an eligible category that does not require interview and resources, CANO the information in EIS and ARIES, deny the case in EIS and do not send a denial/closure notice as the ARIES case will continue.
 - (b) If the client does not meet another eligible category, the case in ARIES would be closed for not meeting an eligible MAGI category.
 - (c) The case closure notice will be sent from EIS with a CANO in both EIS and ARIES identifying that the closure reason and that the closure notice was sent from the EIS case.

Note: The notice will contain the date and time of the schedule APA related Intake interview in the pend notice.

- 4) If the pend period ends and the client has not attended an Interview and provided proof of required information, the MAGI Medicaid case will be closed giving client timely notice of adverse action.

Recertification:

Application forms, electronic renewal or reports of change are used to recertify benefits. Regardless of the method used to conduct a recertification, all interfaces must be checked and all changes in the household's circumstances must be addressed.

- 1) Acceptable recertification forms include Gen72, Gen50c, Gen149, FFM/SSP application, or Tribal review. Use the received date as the date of renewal.
- 2) Electronic renewals are conducted at the end of a certification period when a renewal form is not received. For these types of renewals use the date the renewal is being processed as the "Form Received Date" on Initiate Review.
- 3) Report of Change receive dates are used as the renewal date when the change affects eligibility:
 - a. If the Report of Change (ROC) does not affect eligibility (e.g., address change or no change in HH composition), continue processing as a ROC

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(not a renewal) until a renewal form is received or it is the end of the certification period. Update case using “Case Change” mode on Initiate Data Collection.

- b. When a reported change results in a change in eligibility (such as a change in household composition) a new 12-month renewal period may be granted to the household.

Although policy has provided guidance that staff can establish a new renewal period when there is a change in household income, staff need to use prudent judgment in deciding whether to do this every time the household income changes. If the household’s Medicaid eligibility remains unchanged when a household experiences a change in income, there is no need to establish a new renewal period. **However, if the change in income affects the household’s Medicaid eligibility in some way (such as ending or beginning eligibility, or changing the Medicaid subtype for one or more household members) a new certification period needs to be established.**

NOTE: At present time, two reviews cannot be conducted within the same 24 hour period.

NOTE: For ongoing applications that did not auto roll, we will need to bring benefits current. If no Review has been received, we will need to process using electronic verification or close if unable to do so.

SSP or FFM Application received with ongoing ARIES case

- 1) Applications received from SSP or FFM that require a full redetermination will need to be registered and associated to the ongoing case and then withdrawn.
- 2) The association is required to allow for all electronic data received to be populated into ARIES.
- 3) On the Initiate Date Collection screen, the action to be performed is “Recertification-Redetermination”
- 4) The application association may introduce a conflict panel, if information on the associated application is different than current information. The conflict panel will need to be resolved prior to Eligibility Determination.

To initiate Review (OA or ET):

- 1) Select - Redetermination -Recertification

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- 2) Select YES Check box
- 3) Under form received date next to Sub type - input ROC/ Review date, select Next
- 4) Pre-BPR - Print the Initiate Review Screen
- 5) Post-BPR – Enter Renewal into PathO's
- 6) Review address and make changes as appropriate
Note: Each Medicaid program must be selected individually – date must be entered on each person

If additional verification or information is needed at time of Recertification/ Recertification:

- 1) Enter data as appropriate, select verification drop down as “unverified” for information or verification that is needed.
- 2) Run EDBC – case should pend for verification needed, and the request for verification correspondence will be generated with the correct pend due date.
- 3) If the current certification has ended, the case wills “auto-roll” and issue benefits one month at a time until the recertification is completed either approved/denied/closed. . NOTE: cards are not issued for clients whose benefits are being auto-rolled.
- 4) Complete case note (CANO) as per ARIES CANO Guide

Addresses

To change an address:

ET's and OA's can change address in ARIES. On Initiate Data Collections screen:

- 1) Enter case number and use “Case Change” mode to enter the case
- 2) Change the CSCD date on Household Address Details Page.
- 3) Enter the updated/new address.
 - a. If an OA enters the updated/new address - There is no need to immediately have ED rerun; the case can remain in Case Change mode with no negative effects to the case and the correct mailing address will be reflected on all correspondence.
 - b. If an ET updates the address they should rerun eligibility to move the case from Change Action Mode to Ongoing Mode.

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- 4) If a household reports they have lost their residence address and are now homeless, change their Residence Address record to reflect “Homeless” in *Address Line 1*. If needed, create a Mailing Address record to ensure the household receives correspondence.
- 5) If entire address fits on line 1, then use only 1 line. If not, then unit or apartment listings go on Line 1 and Street listing on Line 2.

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Loss of Contact/Returned Mail

Notices, forms or information that have been sent the client are returned to DPA.

- 1) Enter case under “case change” mode
- 2) On the Person Demographics Summary Page select the edit icon for the PI
- 3) Adjust the CSCD on this page to reflect the date the returned mail was received, as this will build the historical data for the case indicating residency was questionable.
- 4) Select “unverified” for Alaska residency.
- 5) System generated notice “PEND NOTICE” is generated asking the client to provide proof of rent receipts, statement from landlord, etc. to verify their residency. In the Correspondence “Notes from worker” enter information identifying returned mail has been received, and client needs to provide a current residence address, mailing address, phones number(s), and who is living in their household
- 6) Add a case note following the Administrative Procedures (type of returned mail, date, address it was returned from, collateral contact attempts, etc.).

Information/Verifications Received

Pre-BPR

When documents are received OAs will scan documents into the Z drive and set a custom task that states the following:

1. Date recd App/Review/Pend/ROC
2. When a task is set, the OA will assign the custom task to the Home office and the appropriate team.

Post-BPR

When documents are received documents will be scanned into the office that received the document’s PathOS folder in the Z drive and entered into PATHOS of the office that received the documents.

1. When verification has been received you will need to:
 - a. Gather all documents

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- b. Assign task/PATHOS to yourself (whichever is appropriate)
 - c. Work case in “continue previously selected action”
 - d. Authorize benefits for clients
 - e. Shorten certification when necessary on the Certification Period Adjustment Page
2. After processing, check certification period for each individual
- a. If a new 12 months certification period has *not* been given, there is no current work around
 1. A Helpdesk ticket must be submitted which includes a picture of the certification dates along with an explanation.
 2. Cano help desk ticket per SPMG page 101

When changing the Sub types a new 12 month Certification period will be set.

If requested verification was not received you will need to deny or authorize accordingly using Adverse Action.

Program Request

- The Program Request – Details page should be accessed for the following reasons:
 1. Adding individuals to the case that are requesting benefits
 2. Reverting a program to open after it has been closed
 3. Program withdrawal, due to either client request or agency error.
 4. If retro request was missed during application registration or the client requests at a later date.
- If changing retro requests on the Program Request – Individuals page, click the Edit Icon for the month of application and not the requested retro month(s).
- Do not alter the CSCD date on the Program Request – Individuals page.
- For cases being converted from EIS to ARIES, the Coverage Request date should be the first day of the month after the last month of paid benefits in EIS.
- Update the Requesting Aid when a child moves out of the household into another case.
- **DO NOT change the coverage request date for a client that has ongoing issued benefits.**
- **Retro Medicaid months are determined by the system based on application date. When adding a new person to the case use the Coverage request date for that person to process Retro Medicaid for the appropriate months.**

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Mandatory Fields:

- For most date fields, if no information is available, default to the date of application.

Circumstance Start Change Date (CSCD)

CSCD:

- Review the Data Collection Start Change Dates Overview in the ARIES Online User Guide.
- During Intake, do not change the CSCD from the default value. This default value is the first day of the month three months prior to the month of the application date.
- During Intake, if a CSCD change is required, this change must be reflected on all screens (Individuals, Relationship, Person Demographics, etc.) in data collection.
- For ROC, the CSCD will be the date of the change.
- For Transitional Medicaid, the CSCD on *Development of Income – Details* should be the date of application, renewal or ROC. The CSCD on *Earned Income – Details* should be the date the earned income increased, causing the household to become over income.
- For retroactive Medicaid, the CSCD on *Income – Details (Earned, Unearned or Self Employment)* should be the first day of the retro month. Separate records/income sources will be created individually for retro months, with the applicable CSCD for each record.
- For pregnant woman Medicaid, the CSCD on the *Pregnancy – Details* should be the first day of the pregnancy request month. (see Medicaid sub-types for coding)
- End dates: Only enter or modify *End Date* in certain circumstances, such as *Non-Custodial Parent* screens. Unless explicitly instructed, **DO NOT** enter or modify *End Date* at this time, most specifically for *Pregnancy – Details page*. End dates are required for Retro Month income records.

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Household Member Temporarily Absent from Home

Things to consider:

- **Person Household Status-** A person's presence in the household
- **Living Situation-** each person's individual living situation whether it is in the home or somewhere else (may affect multiple cases).

ARIES process steps:

- 1) Begin Intake for the child only case.
- 2) Enter a case note explain the circumstances (i.e. the application was received, but the child will continue to receive Medicaid with their family)
- 3) Withdraw the CASE in ARIES
- 4) Delete the correspondence generated
- 5) Send a General Correspondence advising the application was denied due to the child receiving benefits in another case.

Child Leaves the Home- CEP Continues

A PI and child have approved and ongoing benefits. The PI reports the child has moved out of the home, and no other household has applied for benefits for the child. To ensure the child's CEP continues on this case:

- 1) Navigate to the Person Household page and click the edit icon for the child.
- 2) Navigate to the Person Household Status page and:
 - a) Update the Circumstance Start/Change dates to reflect the date the child moved out of the home, and the date the change was reported.
 - b) Change the child's Household Status to "Out of the Household".
 - c) Set the child's Absence Reason to "Moved Out of Household."
- 3) DO NOT change the Living Situation – Details. Leave the child as "in home".
- 4) Rerun eligibility. This will cause the PI's Parent/Caretaker benefits to end PC, while the child continues to receive benefits on this case through the existing CEP.
- 5) The system will also look at potential eligibility under Expansion for the PI.

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Medicaid Sub-types

Expansion:

Clients in the Expansion category have the same criteria for eligibility as all other MAGI categories that must meet income standards.

For expansion Medicaid applications received prior to 8/1/2015 please refer to the Unprocessed Expansion Medicaid Applications Broadcasts sent out on 10/1/2015 and 11/17/2015.

This may help to understand how the Under 21 Medicaid will work for expansion. With new functionality, ARIES builds 12 month certification periods for Under 21, so a lot depends on when the application is received as to how the case will be processed.

Process for Applications received prior to 9/1/2015:

- 1) Individual turns 21 in 09/15
 - a) App date 07/01/15 - worked prior to 09/01/15
 - b) ARIES will set certification period 07/15 - 09/15
 - c) no auto transition

- 2) Individual turns 21 in 09/15
 - a) App date 07/01/15 - worked after 09/01/15
 - b) ARIES will set certification period 07/15 - 06/16 -
 - c) Auto transition to expansion 10/15 - 06/16

- 3) Individual turns 21 in 10/15
 - a) App date 07/01/15 - worked after 09/01/15, prior to adverse action in Sept.
 - b) ARIES will set certification 07/15 - 06/16
 - c) Auto transition to expansion 11/15 - 06/16

- 4) Individual turns 21 in 10/15
 - a) App date 07/01/15 - worked after 09/01/15, prior to adverse action in Sept.
 - b) ARIES will set certification 07/15 - 06/16
 - c) Auto transition to expansion 11/15 - 06/16

Process for Applications received on or after 9/1/2015

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- 1) Applications received on or after 9/1/2015 will be processed the same as all other MAGI categories.

Incarceration:

MAGI Related Medicaid – Field Services Support Unit (FSSU) will process

- MAGI Medicaid related applicants will be referred to Field Services Support Unit for processing.
- MAGI Medicaid recipients that become incarcerated will be referred to the Field Service Support Unit at dpafield@alaska.gov, for the MAGI Medicaid program processing only. Please include in the email the PI's name, incarcerated individual's name, Medicaid case number and date of incarceration if known.
- DPA point of contact for Incarcerated Medicaid information requests from facilities:
 - 1) Michelle Cranford (primary contact) 269-7877
michelle.cranford@alaska.gov
 - 2) Jeremy McFarland (secondary contact) 269-8948
jeremy.mcfarland@alaska.gov
- If you receive a request from a facility, please refer them to Michelle or Jeremy.

Transitional Medicaid:

IF A HOUSEHOLD IS RECEIVING MEDICAID IN ARIES:

- 1) On *Initiate Data Collection*, select "Redetermination – Recertification".
The development of income details page is not required to be completed if the household has had ongoing eligibility in ARIES. If the household was receiving benefits in EIS Complete the Development of Income Details page for each individual
- 2) Navigate to *Earned Income Details*. The CSCD Date should be the date the earned income increased and the individual went over income for MAGI Medicaid. The Reported On date should be the date the earned income increase was reported to the agency, even if the report was untimely. **The dates on *Earned Income Details* are critical when determining the correct start date of the Transitional Medicaid certification period.**

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- 3) If the children are over the income limit for any of the Kid's categories and one or both of the parent caretakers received Medicaid in 3 of the last 6 months, we answer "Yes" for the parent/caretaker so that the children are also eligible for Transitional Medicaid.
- 4) Enter data related to any additional changes reported by the household.
- 5) Run eligibility to determine Transitional Medicaid benefits for the household. To view the months of the Transitional Medicaid certification period, navigate to *Filing Unit Details* by selecting a Transitional Medicaid Benefit Period hyperlink via *Eligibility Determination Results*.

IF A HOUSEHOLD IS RECEIVING MEDICAID IN EIS:

- 1) On *Initiate Data Collection*, select "Intake".
- 2) Navigate to *Program Request - Individuals*. The *Coverage Request Date* should be the first of the month following the final benefit month received in EIS. This will ensure that EIS Medicaid recipients do not experience a lapse in Medicaid coverage when conversion to ARIES involves Transitional Medicaid.
- 3) Navigate to the *Development of Income Page*. The CSCD should be the date the earned income increased and the individual became over income for MAGI Medicaid, even if this information was reported untimely.
- 4) Under *Past Medicaid Details*, select "yes" for the parent/caretaker who received Medicaid in at least 3 of the last 6 months.
 - a. Under *Past Medicaid Details*, select "yes" for the parent/ caretaker who received Medicaid in at least 3 of the last 6 months.
- 5) Navigate to *Earned Income Details*. The CSCD Date should be the date the earned income increased and the individual became over income for MAGI Medicaid. The Reported On date should be the date the earned income increase was reported to the agency, even if the report was untimely. The dates on *Earned Income Details* are critical when determining the correct start date of the Transitional Medicaid certification period.
- 6) Enter data related to any additional changes reported by the household.
- 7) Run eligibility to determine Transitional Medicaid benefits for the household. To view the months of the Transitional Medicaid certification period, navigate to

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Filing Unit Details by selecting a Transitional Medicaid Benefit Period hyperlink via *Eligibility Determination Results*

FOR MEDICAID APPLICANTS WHO ARE ELIGIBLE FOR BOTH MAGI MEDICAID AND TRANSITIONAL MEDICAID DUE TO A BACKLOG SITUATION:

EXAMPLE: Jane applies for Medicaid on 01/20/15. She is not currently receiving Medicaid benefits, either in EIS or ARIES. Her application is processed on 07/15/15, at which time she reports employment that began on 05/04/15. The wages from this new employment have made her over income to continue receiving MAGI Medicaid. However, Jane was eligible for MAGI Medicaid from 01/2015 through 05/2015. Due to this, she has met the Transitional Medicaid criteria of “eligible for and in receipt of MAGI Medicaid coverage in any three of the six months immediately preceding the month in which the household became ineligible for MAGI Medicaid” (FM MS 5220-2A).

To establish Transitional Medicaid in ARIES, applications in this scenario will require two separate processing steps:

- 1) Complete Data Collection in “Intake”, disregarding the new earned income; and,
- 2) Complete Data Collection in “Redetermination – Recertification”, entering the new earned income as described.

For step 1, process the application following regular Intake procedure & guidelines. Do not enter the new employment & earned income when makes the individual(s) over income to continue receiving MAGI Medicaid.

For step 2, following the directive as prescribed in this document for TRANSITIONAL MEDICAID – IF A HOUSEHOLD IS RECEIVING MEDICAID IN ARIES.

Retroactive Medicaid:

For Intake Applications:

1. Process the application in the month of receipt without any retro Medicaid entered. If the retro requests have already been entered during application registration, go into the Program Request – Details page and remove them all.
2. Go back into the case in “Case Change” mode and add the requested months and the information for each of those months. Remember, separate income budget records must be ended for each month in order for income to be counted correctly. Run eligibility and authorize approval/denial for retro months.

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Pregnant Woman:

Client reports that a woman on an ongoing case is pregnant and past months of eligibility need to be coded correctly. Example: Client reports on 8/31/2015 that she needs pregnant woman coverage starting in 6/2015.

- 1) Enter case in Case Change mode
- 2) Using 2nd level navigation select the “Household Information” tab
- 3) Using left hand navigation, select Pregnancy
- 4) On the Pregnancy-Summary select the “Add Pregnancy” button
- 5) On the Pregnancy – Details page select the name of the pregnant woman
- 6) Under Pregnancy Dates under the **CSCD enter the date as the 1st day** of the month you want the pregnancy benefits to begin on. For this example the CSCD would be 6/1/2015.
- 7) Enter the estimated due date, number of babies and verification of due date
- 8) Re-run Wrap-up, and review the Wrapup – Eligibility Summary to ensure Pregnant Woman Medicaid has been authorized and select next.
- 9) Authorize eligibility.

Client applies for Pregnant Woman after the termination of her pregnancy, and she is not eligible for Postpartum Medicaid benefits.

- 1) Register application with the actual date of application.
- 2) Using the application registered, create a case.
- 3) Populate ARIES with all pertinent information, but do not end the pregnancy.
- 4) Run eligibility and authorize PR Medicaid.
- 5) Enter the case in “case change” mode.
- 6) Update the Pregnancy record to reflect the end of the pregnancy. This must be done in two places: the CSCD End Date and the End Date for Babies.
- 7) Rerun Eligibility
- 8) Confirm that client did not receive Postpartum benefits, and if applicable transitions into the applicable Medicaid category.

Client reports a 2nd pregnancy occurring within a 12 month period

- 1) On the 1st pregnancy record update the Pregnancy record to reflect the end of the pregnancy. This must be done in two places: the CSCD End Date and the End Date for Babies.
- 2) Select “Add Another Pregnancy” and add 2nd pregnancy with the EDD.

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- 3) Run Wrap-up, and review the Wrap-up – Eligibility Summary to ensure Pregnant Woman Medicaid has been authorized and select next
- 4) Authorize eligibility.

NOTE: Processing multiple changes at the same time, can be done on the same day, but not in the same case action. If postpartum has not been issued, in one case action, a worker can enter the date of birth which ended the pregnancy in order to get post-partum benefits and then authorize the benefits. Then, in the second action, the worker will enter an end date for the first pregnancy and then select add pregnancy to add the second:

Postpartum Benefits:

Scenario 1:

Ongoing PR Med in ARIES:

1. From Initiate Data Collection page, access Case Change Mode.
2. Add the baby. (See “Add a baby” Guide below)
3. Issue benefits following regular process. Aries will reflect PB Med, and Baby med.

Scenario 2:

Transitioning from EIS, no application registered in ARIES.

1. Register in ARIES with the newborn’s date of birth as the application received date. **Do not** add the newborn during registration.
2. On Initial Data Collection, select Intake. Do not alter the mother’s Program Request Date. Enter the pregnancy with the newborn’s date of birth as the due date. **Do not** end this pregnancy. Wrap up eligibility & authorize one month (the month of the newborn’s birth) of PR Medicaid for the mother.

Approval has been received to issue one month of PR Medicaid concurrently in both EIS and ARIES for this particular circumstance.

Example: Baby born on 01/10/15 and the mother is receiving PR Medicaid in EIS. Birth is reported to the agency on 02/01/2015. Register an application in ARIES with an application date of 01/10/15. One month of PR Medicaid

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(01/2015) is authorized for the mother. The newborn has not been added to ARIES.

3. Return to *Initiate Data Collection*; access *Case Change Mode* to add the newborn. (Refer to “Add a Baby” Guide for further instruction)

Scenario 3:

Transitioning from EIS to Aries – all household members, including the newborn, are already registered on an ARIES application:

1. Move through driver flow as normal.
2. Navigate to the Program Request - Individuals page and select “No” for Requesting Coverage for the newborn.
3. Navigate to Pregnancy - Details page. *Do not end the pregnancy.* Run eligibility and authorize.
4. Return to Initiate Data Collection page, access Case Change Mode.
5. Navigate to the Program Request - Individuals page and select “Yes” for Requesting Coverage for the newborn.
6. Navigate to Pregnancy - Details page, scroll down, click in gray box, end pregnancy with date of birth.
7. Update Newborn details page. Complete eligibility, re-run Wrap Up and authorize benefits.

Add a Baby:

- For ongoing ARIES cases, select “Redetermination/Recertification” on Initiate Data Collection page.
- If transitioning a case from EIS to ARIES, a report of birth will need to be registered as a new application. Select “Intake” on the Initiate Data Collection page.

Note: The application date for registering these conversions should be the baby’s date of birth

1. Navigate to the Individuals Module and add the newborn. No SSN info is needed at this time.
2. Update the CSCD on the Individual – Details page with newborn’s date of birth. This will prompt all other CSCD for the newborn to auto update with the same date.
3. Update the Program Request – Details page to “Yes” for Requesting Assistance and the date of birth for the Coverage Request Date.

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4. On the Person Demographics - Details page: Indicate “Newborn – Alaska” for Identity Document Type and “Deemed Newborn – Alaska” for Citizenship Document Type. Client statement is acceptable as verification for both.
5. If the newborn’s mother was not receiving Medicaid at the time of birth. The Record SSN Application Verification section of the Person Demographics – SSN Application/Armed Service page will need to be completed. SSN application date will be the date of birth of the newborn. (See Medicaid manual section 5014A for SSN enumeration)
6. At the bottom of the Pregnancy – Details Page, enter the baby’s date of birth as the end date (see Page Help). **Do not** change the CSCD and/or End Dates.
7. If we have enough information to redetermine eligibility for the entire household do so, update all applicable screens with the new information. If there is not enough information to determine eligibility for entire household, add the baby and existing certification periods continue.
8. Rerun eligibility, update correspondence, and ensure the task is marked complete.

Medicare Buy-in

1. Medicare Buy-in clients are processed in EIS.
2. Families that have MAGI Medicaid and Medicare Buy-in may be split between the EIS and ARIES systems.
3. All MAGI Medicaid family members will be processed in ARIES, except the individuals that needs Medicare Buy-in, and that individual will be processed in EIS. (Refer to ADLTC Medicaid Manual Section 506 I for the steps to be followed for the Medicare Buy-in process)

Emergency Alien Medicaid

- Aliens must be eligible for a category of Medicaid
- **ARIES does not issue a Medicaid Card to the Emergency Alien Medicaid recipients.**
- **To issue benefits, generate a MIMI that includes specific dates of coverage in “Note from Worker” section.**
- **Dates of coverage can be found on the Eligibility Determination correspondence**

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Alien

- Qualified Alien Status Start Date and Initial Date of Entry must be the same
- Alien Details Page needs to be completed before you can use the VLP Interface can be used for verification.
- If information is not available through the VLP Interface, an ASVS inquiry is required.

To **PEND** a case for Alien Information:

- Under *Alien – Details Alien Information*,
 - Select “NO” for “Is this Individual a non-immigrant?”
 - Select “Lawful permanent resident” for “Immigration Status”.
 - Select “Unverified” for “Immigration Status Verification”.
 - Enter the application date minus five years for “Qualified Alien Status Start Date” and “Initial Date of Entry”.
Example: Application date is 12/22/2014. “Qualified Alien Status Start Date” and “Initial Date of Entry” would be 12/22/2009.
 - Select “Unverified” for “Qualified Alien Status Start Date Verification” and “Initial Date of Entry Verification”.
- Create a case note to explain usage of incorrect “Qualified Alien Status Start Date” and “Initial Date of Entry”.

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Development of Income

Access top navigation bar “Data Collection”, access second navigation bar “Household Information” and access left navigation bar “Development of Income”.

- 1) Select Development of Income from the drop-down menu. This will get you to Household Individuals – Questions.
- 2) Select “Is anyone currently on the case eligible for enrollment in a different program such as SSA, UIB, Worker’s Compensation, or Retirement?”
- 3) Answer “Yes” if a member of the household needs to develop income.
 - a. If only one person in the household needs to apply, enter “Next.”
 - b. If multiple persons in the household need to develop income check the box “Add.”
 - c. Once the Development of Income-Summary page is accessed and it is identified that someone else in the household needs to develop income, click on the “Add Development of Income.”

***Reminder:

- If a household member needs to apply for UIB, the entire household needs to be pended until proof of pursuit of UIB is received (this applies to applicants only- for ongoing cases the individual is pended).
 - EXAMPLE: HH consists of Mom, Dad and two children. Mom and Dad have no EAIN and both have potential UIB they must pursue. When the case has passed through Wrap-up, the case will show a determination for Mom and Dad being pended, and the children’s determination showing as eligible. **Do not authorize the children’s or other adult’s Medicaid.** The Pend correspondence will go out and if the required household members pursue and are income eligible you will approve. If anyone who must be included in the household fails, without good cause, to apply for and actively pursue other benefits, that individual is ineligible for Medicaid following timely notice. If the parents do not pursue UIB and there is no good cause, the children are still eligible at that time and would be approved at that time. REF MS 5018G.
- Tip: For MAGI Medicaid a pregnant woman in **the second or third trimester is exempt from the requirement to apply for Unemployment Benefits. ARIES does not have coding available for a Pregnant Woman in her “second” trimester, so the “third” trimester coding must be used.**

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MAGI Expenses

Magi Expenses:

- There is no worksheet available for expenses, so they need to be calculated manually.
- CANNOT the manual calculation to specify the dates and amounts of the expenses.
- Expenses should be categorized separately on the MAGI Expense – Details page (i.e. all insurance together, all retirement accounts together).
- CSCD dates for expenses should match CSCD dates for income.
- If the expenses are ongoing, be sure to leave the “Final Expense Date” field blank.
- TIP: Other allowable income deductions, such as educator expenses, moving expenses and student loan interest deductions can be verified using a client’s 1040 form from their income taxes. The expenses are listed in order at the bottom of page one.
- When budgeting for retro Medicaid, create separate expenses for each month. This process is similar to entering income for retro Medicaid.

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Withdraw/Close Benefits on a Case and/or for an Individual

How to withdraw/close a case

If a written request has been received:

1. Enter the case in Case Change mode.
2. Navigate to the Program Request – Details page.
3. In the Program Withdrawal/Denial/Closure section, enter the closure request, the date and Client Request – Signed as the reason.
4. Rerun eligibility and authorize the closure.

If a verbal request has been received:

1. Enter the case in Case Change mode.
2. Navigate to the Program Request – Details page.
3. In the Program Withdrawal/Denial/Closure section, enter the closure request, the date and Client Request – Unsigned as the reason.
4. Rerun eligibility. The case should pend for a signed statement from the client.
5. If no signed statement is received, ET will need to re-run eligibility and the case will close for failure to provide information.
6. If the signed statement is received, ET will change the Client Request – Unsigned to Client Request – Signed as the reason.
7. Rerun eligibility and authorize the closure.

How to end benefits for an individual, without ending benefits for the remaining household members:

1. Enter the case in Case Change mode.
2. Navigate to the Program Request - Individuals page.
3. Change Requesting Assistance to “No” for the individual
4. Rerun eligibility and verify the individual’s benefits have ended. Authorize the case.

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Former Foster Care Children

To Identify Former Foster Care Children:

- 1) Must have been in state or tribal foster care **in Alaska** and enrolled in Medicaid upon reaching age 18 (or older dependent upon when foster care ended)
- 2) Review application and check EIS
 - a. Any cases assigned to FSO 060 on the clients CLPM?
 - b. Was client receiving Medicaid in the month they turned 18?
 - c. Check Medicaid sub-type for code FC
- 3) If unable to determine receipt of SOA Medicaid and foster care at age 18 electronically, email Shannon.sexton@alaska.gov
- 4) If an individual claims to have been in tribal foster care at age 18, please contact Policy (dpapolicy@alaska.gov). Policy will research and complete the necessary verification.

Things to Remember:

- Individual must apply for Medicaid (transition from foster care Medicaid to this category is not automatic)
- This category does not pertain to individuals who were in foster care in another state.
- Income is not an eligibility factor
- Individuals are certified for one year
- Eligibility for this category ends at the end of the month the individual turns 26.
- If a former foster care child is eligible for another category of Medicaid, they will receive Medicaid with that sub-type. FF Medicaid is the last category considered.

Entering data into ARIES:

- 1) You will identify that an individual was previously in foster care on the Household Individuals - Question page (Gatepost)
- 2) Former Foster Care Details page is next in the driver flow and the following information will be needed to get through page:
 - a. Date foster care ended
 - b. The state in which the individual was in foster care
 - c. Was the individual receiving Medicaid when they aged out of foster care
- 3) On the Finalize Eligibility page the assistance type will be "Denali Care Former Foster Care"

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Third Party Resources

- Prior to entering TPL data, review the provided insurance details to determine if additional information is needed.
- If information provided suggests possible insurance coverage from the non-custodial parent, contact the custodial parent to obtain further insurance details.
- **If a child has TPL through the Non-Custodial Parent, list it only on NCP Medical Insurance pages. The NCP Medical Insurance page will transmit insurance information to both CSSD and DHCS. If it is entered on both the NCP and TPR screens, a dual record is sent to DHCS and can cause the record to be rejected.**
- Use the DPA TPL monthly listing to help in selecting the correct insurance company or email DPATPL@alaska.gov. Current Insurance company information is also available in ARIES.
- Use the ARIES User guide for step by step TPL entry.
- A person may be regarded as within the scope of the Indian Health program if they are of Indian and/or Alaska Native descent. They do not need to be a member, enrolled or otherwise, of an Indian or Alaska Native Tribe or Group to qualify. **If a client indicates that they are Alaska Native or American Indian, we should update the IHS Details screen to show they have IHS coverage.** Regardless of whether or not the individual states they are able to access or choose to use IHS services. EIS is set up to auto-populate the TPL screen when the race screen shows Alaska Native or American Indian. Until ARIES does this auto-population, we will need to instruct Eligibility Technicians to add this information manually if someone indicates they are Alaska or American Indian.
- **Reminder: Each member that is covered under IHS must be entered as an individual record on the IHS Details screen. If IHS is entered on both the IHS and TPR screens, a dual record is sent to DHCS and can cause the record to be rejected.**
- The Division of Health Care Services has identified a gap in the insurance coding when transitioning clients from EIS into ARIES. Many clients are coded correctly as having health care coverage, but the coverage policy number is not being transferred into ARIES. The results of not having the health care coverage policy number entered into ARIES , is that clients Medicaid claims may be denied or

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pending for information that the agency already has. As you transition clients please ensure all client information available is entered into ARIES.

TPL NOTE: There are two locations to input non-IHS data in ARIES. First location is the Non-Financial Questions page and the second is the Non-Custodial Parent page.

Non-Financial Questions Page (Gate Post):

- 1) Start from the top bar select the Data Collection tab then from the lower bar select the Initial Data Collection tab and follow the driver flow.
- 2) The Non-Financial Questions page or “Gatepost page” asks the question “is anyone in the household covered by health insurance or potentially eligible for health insurance or Indian Health Service (IHS).
 - a. Answer “YES” if covered health insurance exist in or outside of the household or potentially eligible for health insurance or IHS.
 - b. Answer “NO” if none exist and “pend” if not enough information available about the TPL to answer the questions that follow about TPL insurance. For example, if the client did not provide insurance company name, policy number, policy start date, level of coverage etc. (mandatory fields), you would pend at this point.
- 3) IF the answer was “YES”, follow the ARIES Online User Guide “Record Third Party Resource Details” steps to input needed data.
- 4) Use the Online User Guide “Search Insurance Company” steps to locate the insurance company.
- 5) If there is conflicting insurance information use the TPL monthly listing to narrow the search or help select the correct insurance company. Email TPL DMATPL@alaska.gov for additional help.
- 6) Fill in the remaining Policy information section and click next to the Third party resource – Eligible Client page. Follow the ARIES user guide to complete this page. **Enter Major Medical Information only. DHCS does not collect insurance information other than major medical.**
- 7) If there is not enough TPL information to fill out the mandatory fields on this page, go back to the TPL Questions Page (Gatepost page) and select PEND.
 - a. If the case **is** being pending for other reasons, manually generate the Request for Medical information. In the “notes from worker” clearly identifies the individual’s name whose medical insurance information is needed.
 - b. If the case **is not** being pending for any other information, delete the Request for Verification notice and send the “Request for Medical

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Insurance Information” correspondence only. In the “notes from worker” add the individual’s name whose medical insurance information is needed.

If a client identifies that they have possible other insurance, and there is no indication that they won’t cooperate, we are to issue the Medicaid for all persons in the household, if there are no other items for which a case would be pended. A separate Request for Medical Insurance Information (aka TPR) correspondence will be sent to the client giving them 10/15 days to provide insurance information. If the client does not provide the information, at that time the Adult not providing TPR information would have their benefits ended until they comply.

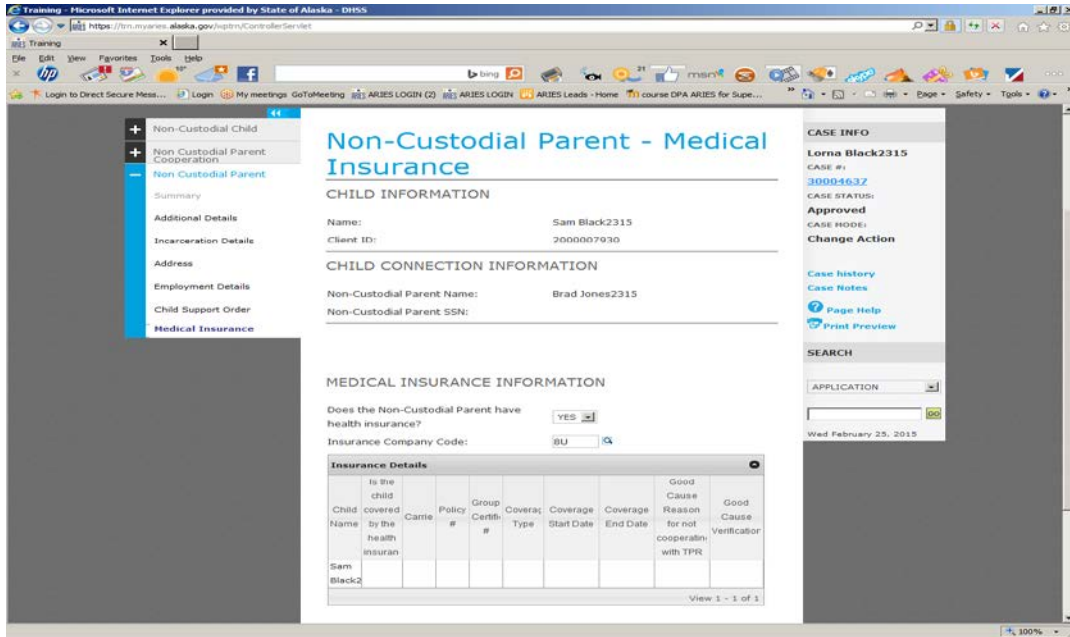
How to code ARIES when the only info needed is TPR information.

- 1) Request assistance for all persons identified as requesting assistance.
- 2) Process case if all other information has been received.
- 3) Run eligibility and authorize benefits for all individuals in the requesting household.
- 4) Go to Correspondence and issue the Request for Medical Insurance Information correspondence and enter the names of the household members that may have insurance available.

Non-Custodial Parent – Medical Insurance Page (enter major medical information only):

- 1) The Non-Custodial Parent – Medical Insurance Page gives the option to select “yes” or “No”.
 - (a) If yes, click the Magnifying glass and do your searches just as directed in the Third Party Resource details page, the only difference is when you submit ARIES will only populate the Insurance Company Code field.
 - (b) Click “NO” this identifies that no major medical exists.
- 2) The driver flow starts from the Non-Custodial Parent page and continues to the Non-Custodial Parent – Medical Insurance page.
- 3) Enter either Major Medical or non-major medical on this screen as that information is sent to CSSD and DHCS on medical coverage provided by NCP

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Non-Custodial Parent (NCP)

General Reminders:

- Good Cause is not an exemption reason per CSSD, which is why it is not included under the exemption reasons
- Do not use the “refuse to cooperate” on the Non-Custodial Parent – Cooperation Detail Page, under the Cooperation Information – Cooperation status. This is a known defect and will cause an error
- When transitioning a case from EIS to ARIES, review the EIS case and enter all Non-Custodial Parent TPR information into ARIES.
- If the case is approved, that is when CSSD will receive the absent parent’s information unless otherwise exempt. CSSD will receive absent parent’s information when they are given good cause, when we issue the benefits.
- Check the Program Request page, if they child is not showing on your NCP screens. The Program Request must be coded “yes” on the child

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- If the specified caretaker relative is not showing on the NCP screens, go to the Relationship Page and make sure the box is checked under your specified caretaker relative that they are “Acting as a Specified Caretaker Relative”
 - If it is a parent, this should not be an issue. It is only when it is another qualified relative that is wanting the Medicaid as well
- When the **Custodial Parent** has Major Medical, the exemption reason that should be selected is “Covered by Absent Parent”, since there is no exemption reason at this time in ARIES for the custodial parent. Please make sure to CANO the information. This is a known defect, so when you have to do this, please send helpdesk ticket
- If you enter the wrong NCP on the Non-Custodial Parent – Child – Details page you are not able to trash can it and start over. You will need to enter an End Date on the Non-Custodial Parent – Child – Details page, under the Non-Custodial Parent – Child Dates, using the same date as the CSCD date
- In addition to other screen actions, the Non-Custodial Parent – Child – Details page must be updated at the time a child leaves a household. Do not wait for the child to join another household. .

How to complete the Non-Custodial Parent pages when a child leaves the home.

1. On the ARIES case that the child is leaving, Select the Non-Custodial Parent Cooperation tab.
2. On the Non-Custodial Parent – Cooperation Details Page in the Child Information section select the child that is leaving the home.
3. Same page under the “End Date” field list the date as the day prior to date the child will be leaving the household.
4. Then update the Household and Living Situation screens identifying the child out the household.
5. Run Wrapup. This will remove the child from the case.
NOTE: If the child enters a new home, users will need to update the Household and Living Situation for the new case. The ARIES system will bring data from the prior case into the new case for the child being added.

How to complete the Non-Custodial Parent pages when a child is listed on a new FFM application but has not left the existing household (Overlapping NCP Data cases) (this is for FFM response only)

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1. Case "A" is open and ongoing
2. DPA receives another FFM application (Case B) and registers it (to respond to the FFM only)
3. End the NCP information in case "A" such that it will let you enter NCP information in case "B". The end date is only required on the Non-Custodial Parent - Child Details screen.
4. Complete the case "B" by filling in data in the Data Collection screens. On the Non-Custodial Parent - Child Details screen and add a one day record (CSCD Date and the End Date should be the same day). Add No Absent Parent or a valid deprivation code.
5. Add a Case note to indicate this special circumstance is documented for future reference.
6. Proceed to running eligibility on Case "B", which should be denied due to overlapping benefits.
7. Authorize and delete the correspondences from the Case "B" if that information is not to be passed on to the client.
8. Go back to Case "A" and remove the end date from the Non- Custodial Parent - Child details screen. Click next and confirm that the end date has been removed from the screen
9. Run eligibility on Case "A" and authorize. Since there are no changes in the case there will be no new information that will be passed on to CSSD.

How to complete the Non-Custodial Parent – Child – Details Page when there is no exemption reason:

1. Exemption reason - None
2. If you have the absent parent's information
 - a) answer the "Is the Non-Custodial Parent last name unknown" – No
 - b) then enter the absent parent's information
3. If the absent parent's information is unknown
 - a) answer the "Is the Non-Custodial Parent last name unknown" – Yes
 - b) ARIES should automatically put "unknown" in the name fields, but sometimes you have to enter it.
 - c) If you have more than one child in the home w/ unknown absent parents
 - i. Add under the first name of the child who's absent parent is unknown - "Unknown + the child's first name" (ex. UnknownBobby)
4. Deprivation Code – Other, unless you know deprivation

How to handle a case change from CSSD regarding cooperation or non-cooperation:

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1. Go into the Non-Custodial Parent – Cooperation – Summary, click pencil for your specific child
 2. Will open the Non-Custodial Parent – Cooperation – Details
 3. Click Next and it will take you back to the Summary of the Non-Custodial Parent – Child – Details
 4. Click Next again to go to Non-Custodial Parent – Cooperation – Summary, click pencil for the specific child
 5. Update the Cooperation Dates, CSCD.
 6. Update the Cooperation Information, Cooperation Status
 - a) The Cooperation Status Start Date is auto populated from the Cooperation Dates entered on the CSCD
- **Note:** The CSSD Cooperation Information section on the bottom of the Non-Custodial Parent – Cooperation – Details page is only accessed by CSSD and updated once per week and sets a task. ETs do not have access. This is informational only and will not affect processing of benefits.

When the absent parent has medical insurance other than major medical:

1. This information is not entered on the TPR screens.
2. The absent parent's non-major medical insurance is entered on the Non-Custodial Parent – Medical Insurance screens, under the Non-Custodial Parent – Summary
3. Click the pencil for the non-custodial parent of the specific child
4. Click next six times to get to that screen
 - a. Note: all screens should be updated as complete as possible on the Non-Custodial Parent pages

Option #1: The child will not show in the Child Information text box on the Non-Custodial Parent – Child – Details page:

1. This happens when child is in the home, but is not requesting Medicaid on the case, but parent or specified relative is (ex. Child is receiving DC54 Med)
 - a. Code child “yes” under Requesting Assistance on the Program Request – Individuals page
 - b. Run through driver flows to Non-Custodial Parent – Child – Details page and enter all the non-custodial parent information through all NCP driver flow
 - c. Go back to Program Request and code child as “No” under Requesting Assistance on the Program Request – Individuals page

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- d. Enter an End Date that is one day after the date of your CSCD date on the Non-Custodial Parent – Child – Details page, Non-Custodial Parent – Child Dates
- e. Complete case, run eligibility and authorized

Option #2: When child is in the home, but is not receiving Medicaid on the case, but parent or specified relative is:

1. This happens when child is in the home, but is not requesting Medicaid on the case, but parent or specified relative is
2. Leave out NCP information
3. Send email to dor.cssd.dpastatus@alaska.gov regarding the NCP information

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Gatepost Questions

Gatepost questions are in Data Collection driver with a series of questions based on the responses to the questions, pages will be displayed in the driver to enter additional information.

- Best Practice to avoid the Gatepost pend for any income:

On Income - Details page:

1. Mark income verification as “unverified”
2. Under “source” list “your employer” or actual name of employer if known

On Payments page,

“Income by rate/unit/frequency” section:

1. Put “0” for pay rate by unit
2. Add “1” for Units of pay

Pending Pregnancy when details of pregnancy are unknown (due dates or number of babies)

- **Household containing a pregnant woman only:**
 1. At Gate post question, select “Pend”
- **Household containing multiple household members in addition to the pregnant woman:** (If you use the gatepost question, it will pend for all household members).
 1. On Household Individual Questions, for “Pregnancy”- select “Yes”
 2. On the Pregnancy Detail page, enter the “Due Date”.
Important: If Due date is unknown, enter the application received date as your “Due Date”.
 3. Enter the number of babies. If unknown, enter 1
 4. Select “unverified” from the verification field
 5. Continue through your driver flow to Wrap Up

Reminder:

- You are required to document in your “notes from worker” with the details of the information needed whether you Pend from the Gatepost question or Pregnancy

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Details Page. This would be is required for all Pend actions originating from the Gate Post questions.

Correspondence

- **Deleting (Trashing) Correspondence:**
- Use Caution when deleting Eligibility Correspondence from “Pending Correspondence” screen since the system will prevent you from sending the same notice a second time.

Work around:

If Correspondence is deleted and you want to generate the same correspondence a change in eligibility must be done (This must be done same day):

1. Change program request for any individual in the household from “yes” to “no”
2. Run Wrap up
3. Change the program request back to “yes” for the same individual
4. Run Wrap up again
5. Confirm your correspondence is listed in the “Pending Correspondence” screen

Additional text/notes:

1. To ensure that additional texts/notes entered in ARIES correspondence are printed, staff need to hit “Central Print”. Make sure to also preview the correspondence to confirm the additional texts/notes are included.
2. Correspondence does not capture multiple earned income - ETs need to review correspondence and ensure that all income information is captured in the correspondence. If only one of the information is captured, enter information for job #2 in the correspondence.
3. If including PFD as income source, include “Annualized PFD” to indicate that the PFD was calculated as annual income. (see SD&T’s job aid for direction)
4. Remember that there are on only 4000 characters in “Notes from your worker”
5. Be careful to not include special characters in your correspondence. Notice will not be generated if non allowable special characters are used. You can reference to Work Around 44219.

Allowable characters are

& < > \ (back slash) @ ~ ' ! # \$ % ^ & * () “ - _ + = , . / ? ` ` : ; [] { } |

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- Utilize the standard verbiage from SD&T for all correspondence. This can be found at:
http://dpaweb.hss.state.ak.us/training/jobaids/pdf/ARIES_Correspondence.pdf
- Do not copy and paste from Microsoft word, Policy manuals or email (it will cause correspondence errors).
- ARIES denies for the first ineligibility reason that occurs. If there are multiple ineligibility reasons, you may want to identify them in the Notes from Worker section.**
- If a Pend correspondence has been generated, and a worker goes back into the case and makes a change same day, this can generate a second Pend correspondence. Be sure to delete (trash) the original Pend letter (be sure to double- check the correspondence for accuracy)
- If a Pend correspondence has been generated, but we are able to approve the case the same day, be sure to delete the Pend letter.

TIPS: When searching through Correspondence history, if correspondence is more than 60 days old, the mail date needs to be updated. Example listed below:

The screenshot shows a web browser window titled "UAT - Windows Internet Explorer" with the URL "https://uat.myaries.alaska.gov/lrp/ControllerServlet". The page content is as follows:

View History Correspondence

103: No Record/Records Found for Details Given/No Record selected

SEARCH CRITERIA

Case:

Application:

Document:

Case/Application/Document #:*

Mail Begin Date:

Mail End Date:

Print Mode:

Document Name:

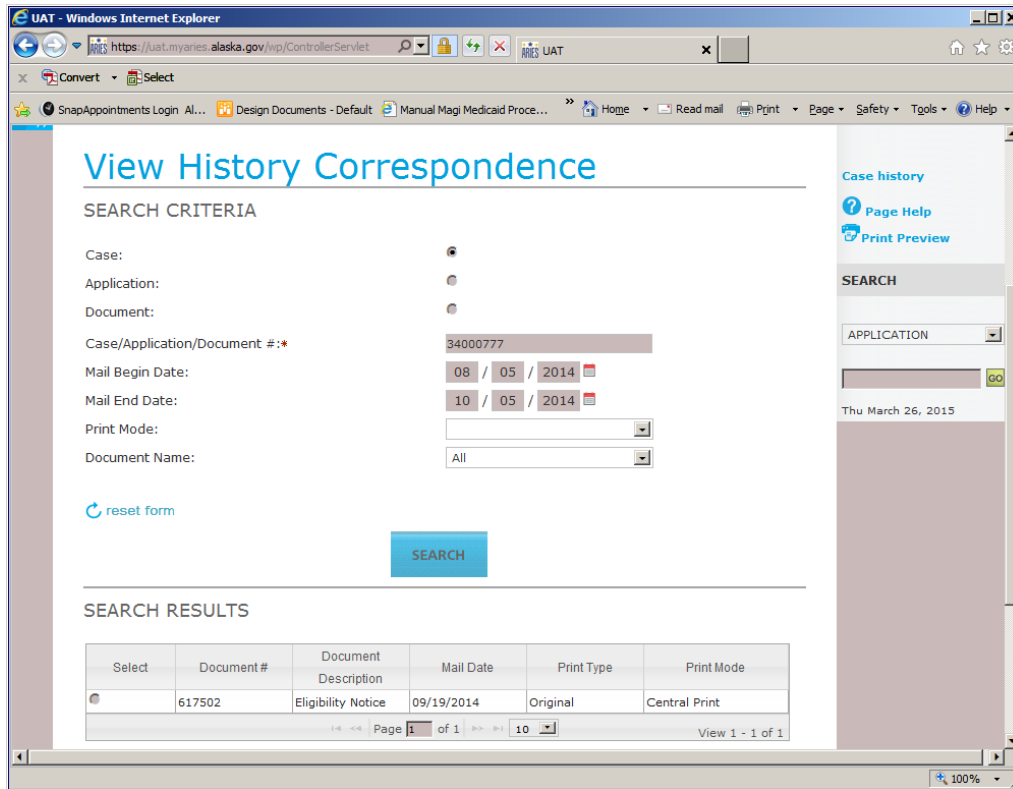
[reset form](#)

SEARCH RESULTS

Select	Document #	Document Description	Mail Date	Print Type	Print Mode
Empty records					

Page 1 of 0

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Certification Dates:

Reminder:

1. Certification periods can vary within a household (i.e. Pregnant woman, Under 21, etc.)

General Correspondence:

Please see:

http://dpaweb.hss.state.ak.us/training/jobaid/pdf/ARIES_Correspondence.pdf for circumstances for sending a General Correspondence

Central Print:

Reminder:

The Central Print button is the “Save” button for “Notes from your Worker”. Be sure to click “Central Print” or “Notes from Worker” and “General Correspondence” will be saved.

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Other

Action History:

- Access the Action History through “Others” on the top level navigation.
- ARIES will only display transactions for the last 180 days. If the start and end dates are greater than 180 days, you will receive an error message.
- ARIES will only display transactions when data has been saved or changed on a page. It will not show “View Only” transactions.
- If looking for same day action history, tomorrow’s date must be entered in the “Transaction End Date” field.
- Action history will not show who registered an application.

Benefit Issuance History:

- Access the Benefit Issuance screens to check for issued benefits and reissue cards. For detailed steps, see the Online User Guide.
- Clients in Care Management will not be listed in the results table on the Benefit Issuance History page.
- See SD&T Job Aid for step-by-step instructions for reissuing a Medicaid card.
- To issue a field coupon: Select Correspondence from the top level navigation, and Generate Manual from second level navigation. This will take you to the Search Case Information page. Enter the case number and hit “Search Criteria” button. The Search Document Information page will display. Leave the document field blank and select “Search”. All manual correspondence will display in the search results table. Select document “Medical Insurance Manual Issuance” and choose an eligible client from the table. Enter the benefit month and local print the field coupon.
- The Issuance Search/Summary page is the only screen that displays the Med Subtype (i.e. HC, SU, AF, MX).

Overrides:

- Each month AND each eligibility type for EACH person needs to be overridden if using the override function. Custom tasks should be created for each month overrides are needed.
- The override function should be used sparingly and not on a regular basis. Please see your ARIES Lead prior to overriding an eligibility determination to check for other possible solutions.
- TIP: The “Eligibility Status” should be the desired result for the benefit period. The “Participation Status” should be changed to reflect whether the client is eligible or ineligible using the drop down.

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Care Management

Registering new application:

- Check CLPM in EIS to see if Care Management client
- Check ARIES to see if already enrolled
 - Top Level Navigation – Other (^), scroll down to other and select
 - Second Level Navigation – Care Management
 - Enter person's name and search
 - Dyna table will show if person is in Care Management
 - CMP status is now noted on the *Case Summary* page
 - CMP status is now noted on the *Person Summary Page*
- If can verify they are in Care Management in ARIES
 - Register client and move forward
- If cannot verify in Care Management in ARIES
 - Register client in the case and move forward
 - Once case number is established, prior to authorizing (so card is not issued)
 - Call Xerox at 907-644-6842
 - Provide ARIES case number
 - Set task "CMP status pending do not work case until CMP update via Xerox (included client number)"
 - Xerox will let you know when CMP status is updated

Med Coupons:

When unable to print a Med coupon for client, search for a person in Care Management:

- Top Level Navigation – Other (^), scroll down to other and select
- Second Level Navigation – Care Management
- Enter person's name and search
- Dynatable will show if person is in Care Management

If listed as Care Management client, contact Xerox per Family Med Manual – 5002-2

- Xerox at 907-644-6842 to request coupons on behalf of the recipient

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Interfaces

How to use ARIES Interfaces:

Located in ARIES “Help” Guide

1. Table of Contents
 - a. Interface Overview
 - i. SSA Composite – Social Security Administration
 - ii. VLP – Verify Law Presence
 - iii. Referral/Response to FFM

SSA Composite Tips:

1. Link to the SSA Composite can be found in the Right Context Bar on these pages when in Data Collection:
 - a. Demographics
 - b. Living Situation
 - c. Person Details
 - d. Unearned Income (does not provide SSI information)
2. Living Situation Details Page – can get green edit, shows incarceration. Need to check SSA icon.
3. If citizenship fails on Person Demographics Details Page, you can go to the SSA icon and run it to verify.

VLP Tips:

1. Must complete the Mandatory sections on the Alien Details Page then use the VLP icon in the Right Context Bar to verify alien status.
2. If you do not have the I55-1 number, VLP will not verify status. Will need to use SAVE to verify
3. ETs need to print the information in the VLP screen if being used as verification of alien status. The information in the VLP screen is transmitted from the federal database. The data is real-time and can change.

Interfaces to check that are not in ARIES:

Mandatory (Family Medicaid Man Section: 5005-5(B)a:

- SAM System/DOL
- EIS Interface Inquiry (INME #9) includes PFD information
- SDX –SSI (can use INME #14 if client is known to EIS – SOLQ)
- CSSD

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Helpdesk Tickets

General Reminders:

- The ARIES Help Desk email address is located at the bottom of every ARIES page
 - dpa.systems.support@alaska.gov
 - Please do not provide this email to clients. If screen prints must be provided to a client, remove that information from the printout.
- Always CANO in ARIES regarding ticket issue and the ticket number
- Set a task/alert listing Help Desk Ticket number
 - *Example task/alert:*
 - *Help Desk ticket AKHD 1035*

When to Submit a Help Desk Ticket:

- Even when a documented work around is done, it is important to submit a request to Help Desk regarding the issue
- If there are MCI issues when registering an application or adding an individual to a case
- If it is necessary to enter incorrect data to get the case to run properly
- If error occurs or system times out and you are not able to process application/case

What to submit to Help Desk:

1. Application/Case name and Number
2. Details regarding what you were doing in the application or case, what steps you have done to resolve the issue, and include the pages that are affected
3. Screen shots for each page affected
4. Copy your email to your ARIES Lead and Supervisor

Tracking applications and cases with unresolved Help Desk tickets:

1. When sending a ticket to the helpdesk, the ET or OA will ensure that they cc their ARIES Lead and supervisor or designee.
2. Enter a case note in ARIES and also in EIS for other existing cases. The case note must include the following information:
 - a. Use the help desk description (ETs, OA, or Sysops may use this description).
 - b. Date the email was sent to help desk.
 - c. Nature of the issue.

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- d. Specify whether benefits were authorized or not.
- e. Ticket Number (if one exists).
- 3. ET will set task/alert listing Help Desk ticket number.
- 4. ET will dispose of application/case in PathO's as a Pend – Pended for HD ticket.
- 5. Once Helpdesk ticket has been resolved, Sysops will email the worker, ARIES Lead and supervisor that the case is ready for processing.
- 6. The supervisor will upload the case into PathOS and assign it either to the worker that put forward the ticket or other designated staff to be worked.

Note: Help Desk will reply to the sender and everyone else who were cc'd in the email. The sender can disregard the email.

Email Bounce Back

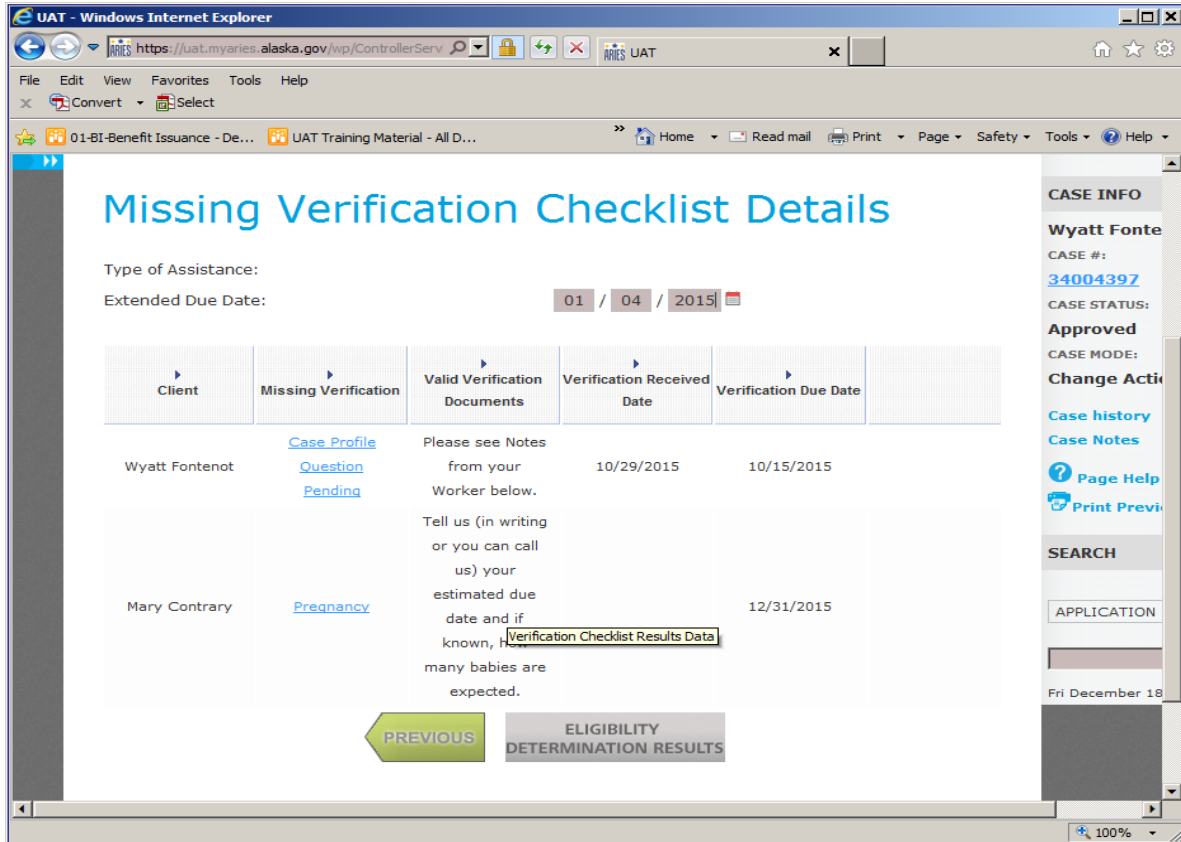
The “**Client Email Bounce-Back-Extend Due Date**” task will be generated if the correspondence email notification cannot be delivered to the client's email address for the following notices:

- Requests for Verification
- General Correspondence with pend due dates attached
- Application for Other Benefits
- Request for Child Support
- Request for Medical Insurance Information

When the task is received, the ET will need to take the following actions:

- 1) Review the correspondence in View History. Does the due date need to be extended?
- 2) If no - No action is needed, complete the task
- 3) If yes - An action is needed, enter case in “Continue Previous Action” mode
- 4) The system will move to Eligibility Determination Results
- 5) Under Pending Reasons - Verification field, click on the binocular icon
- 6) The Missing Verification Checklist – Summary page is displayed, click on any of the edit icons (pencil)
- 7) The Missing Verification Checklist Details page will display
- 8) Using the “Extended Due Date” field change the pend due date to allow for an appropriate pend period.
- 9) Select the “Previous” button

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- 10) Click Case Note on the context bar and use CANO title of "Other". Complete a CANO identifying that the email bounced back and pend due date was extended through to newly entered pend due date.
- 11) Go to Correspondence and in view History of Correspondence enter case number and search for correct notice.
- 12) Select the correct correspondence and click Next.
- 13) The History Correspondence Detail will display, click on Central Re-Print. The page will return you to the View History Correspondence page.
- 14) On the 2nd level navigation bar, select View Pending and on View Pending Correspondence page and select the newly created notice, select Preview and ensure the correct notice has been selected.
- 15) On Pending Correspondence Detail page under Free Form Text enter "The email address we have on file is incorrect and the notification of correspondence was returned as undeliverable. Your pend due date for the requested information has been extended to mm/dd/ccyy"

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The “**Client Email Bounce-Back-Central Re-print Historical Notice**” task will be generated if the correspondence email notification cannot be delivered to the client’s email address on the Eligibility correspondence. The process for this task is dependent on the action taken on the case and the need for timely notice in the correspondence.

Case Approval/Denial email bounce-back:

- 1) Go to Correspondence and select View History tab.
- 2) Select the Case radio button under Search Criteria
- 3) Enter the Case/Application/Document# and Search
- 4) Review the document; if it is an Approval/Denial no reprint is needed.
- 5) Complete task.

Case Closure prior to adverse action mailing date (same as Approval/Denial):

- 1) Go to Correspondence and select View History tab.
- 2) Select the Case radio button under Search Criteria
- 3) Enter the Case/Application/Document# and Search
- 4) Review the document, if it is a Closure correspondence and due process/timely notification is not affected – no action is needed.
- 5) Complete task.

Case Closure and due to bounce back adverse action mailing date has been affected by no client notification.

- 1) The case will need to be reverted to open
- 2) Select “revert to open” case action mode on Initiate Data Collection page
- 3) User will have to follow the driver flow summary screens
- 4) On the Program Request – Summary page select edit icon (pencil)
- 5) Under the Revert Open Program Section use the Revert to Open Reason as “Redetermination”
- 6) Continue through the driver flow summary screens
- 7) Wrap-up Run Eligibility, the system will close effective the original closure date (this is incorrect closure date)
- 8) Access Override from the Eligibility Determination results page.
- 9) ET will need to Override closure and authorize 1 additional month of benefits for each person that received Medicaid benefits in the current month.
- 10) Correspondence will automatically generate a notice due to the Override.

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Addendum A

ARIES CANO GUIDE

See ARIES CANO Guide by clicking on the hyperlink listed below:

<http://dpaweb.hss.state.ak.us/node/37>

The ARIES CANO Guide can be accessed on the DPAWeb eForms page under Other Resources.

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Addendum B

Custom Tasks

Custom Task Verbiage: Date recd format is MMDDYY

TASK	EXPLANATION OF TASK	Priority
Priority Task Pre-BPR		
Date Recd Priority Closure	When a client requests their case be closed in writing	1
Date Recd Priority PW	APP/ROC received for a pregnant woman with estimated due date/end of pregnancy	1
Date Recd Priority NB	APP/ROC/Add a person - new app or adding Newborn to case	1
Date Recd Priority Urgent Med	App/Review that needs to be processed immediately	1
Date Recd Priority email	Email received needs to be processed immediately	1
Date Recd Priority Penalty	CSSD report of non-cooperation - parent may need to be removed from Medicaid	1
Non-Priority Task		
Verification Due	Used when the General Correspondence is used for pending a case. Due date is set for 10 days from mailing date.	2
Date Recd Update/New Addr - Rerun Eligibility	OA has entered case in "Case Change" mode , entered updated/new address on the case and ED needs to be re-run	2
Associate "T" number to "T" number	Entered on the application number when there are multiple applications received. Associate to the oldest application that has Registration completed.	2
Associate to "T" number	Entered on the Case Number when a case is pending and new application comes in	3
Associate to "300" number	Entered on the application number when a case is pending and new application comes in	3
Associated App withdraw and use as a Review	When an application is received and needs to be used as a Review and by associating the new information is downloaded into ARIES	1
Override - Review CANO for details	Custom task with due date is needed for each month an override is needed.	2
APP Registration Error "Issue"	OA cannot correct an error after application submission. OA will enter the error issue in the Task verbiage	2
Review Pended for "reason" due date	If additional verifications or information needs to be requested and benefits must continue to be rolled.	3
CMP status pending do not work case until CMP update via Xerox (included client number)	When case cannot be processed due to CMP status of a household member. Set due date for 5 days from time Xerox is contacted.	3
Help Desk Ticket AKHD "number"	Identify the AKHD number. CANO what the issue is on the case. On App's (unless it is associated) no CANO can be completed.	3

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Addendum C

Glossary

ARIES	Alaska's Resource for Integrated Eligibility Services
Application	Designated by a "T" number - is established once a request for service is registered in ARIES
Application Complete	Application has been registered and submitted - is ready to be processed by an eligibility worker
Application Received	When an application has been registered, but not submitted yet. It can still be edited
AR	Application registration
Assistance Unit	"Who gets the benefit" in the filing unit
Case	Designated by a 3000 number - is established once an ET has initiated Data Collection on a registered application
CMP	Care Management Program - used for individuals who need additional assistance in managing their benefits and to control possible fraudulent misuse of benefits
Computer Cache	Memory of your internet browsing session - may need clearing for ARIES to perform properly - (Easiest way to do is to close all internet browsing windows and restart ARIES)
Conditionally Mandatory Field	Will not be identified on the screen, but MAY require completion based on the information provided
Correspondence	Notification sent in writing to clients of actions taken on their case - the equivalent of a Notice in EIS - also used to issue MIMI
Coverage Request Date	Benefit Start Date for clients
CSCD	Circumstance start/change date
DC	Data Collection
EDBC	Eligibility Determination Benefit Calculation - action taken when running Wrapup
FFM	Federally Facilitated Marketplace (aka healthcare.gov)
Filing Unit	"Who is included in an individual's household"
Finalize Eligibility	Last step in the authorization process - once benefits are finalized - there is no changing them - "enter your PCN in EIS"
Gatepost Questions	Group of questions which determine screens in the driver flow based on the answers given on the dropdown selections
Immigration Status Date	Date when an individual's alien criteria was last updated
LAPR	Lawful Permanent Resident
LDAP	Low Density Access Protocol - login credentials used to start your day and gain access to ARIES
LUW	Logical Unit of Work - modules contained in the Second level navigation bar - where ARIES saves data
Mandatory Field	Field identified by * and MUST be completed before you can pass through the screen

ARIES HELP GUIDE

MCI	Master Client Index, which creates a "virtual record" for individuals compiled from multiple electronic data bases
NCP	Non-Custodial Parent
Override	Tool used that allows the worker to either deny or approve a specific benefit period.
Past Medicaid Details	Located on the development of income screen - indicator if someone in the household has received Medicaid in EIS
Pending	Case status that means an initial eligibility determination has not been authorized OR additional verification or information has been requested
Reasonable Compatibility	When client statement and electronic verification are within a 10% match
SAM	Secure Access Manager - Department of Labor
SSA	Social Security Administration - interface available in ARIES that connects with Social Security to verify US citizenship and SSA benefit amounts
SSP	Self Service Portal - where applicants can apply for Medicaid only at this time through myAlaska
Source	The source of the income, such as the employer name (State of Alaska) or type of income being received (AK PFD)
Task	A notification that there is a condition requiring action - similar to an alert (ETAL) in EIS
TMA	Deloitte Term for Transitional Medicaid
TPL/TPR	Third Party Resource/Third Party Liability
UAT	User Acceptance Testing - a testing environment for ARIES
VLP	Verify Lawful Presence - interface for verifying lawful presence of aliens
WP	Worker Portal
CO	Correspondence
MIMI	Medical Insurance Manual Issuance
Pay Rate per Unit	How much an individual is paid per unit of time (i.e. hourly pay or monthly amount)
Units of Pay	The number of units an individual is paid per pay frequency (i.e. hours per week or once a month)