

## NEW CARES PROCESSING:

### 1. New/Modified Parameters

CARES has been modified to include the poverty level parameters applicable to the MCHP Expansion Program. The pregnant woman (**P11**) parameter has been increased to 250% of the Federal Poverty Level (FPL). A new MCHP income parameter has been created and set to 300% FPL for determining **P14** eligibility for potential coverage under the Expansion program.

### 2. DHMH Referral Indicator

Modifications have been made to the Assistance Status (**STAT**) and Non-Financial Eligibility Results (**ELIG**) screens. One new field has been added to both screens. The field is labeled '**DHMH REF**'. This field is unavailable for user entry. CARES will display a 'Y' in the ongoing month for all customers who have been closed or denied for Medical Assistance (F and P track) and are found potentially eligible for the MCHP Expansion Program. A **blank space** in the this field indicates that a referral was not made to DHMH for the Expansion program.

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Session2 - EXTRA! for NetWare
File Edit View Tools Session Options Help
CHANGE ASSISTANCE STATUS - STAT STAT A
Month 05 04 RKSYPHE 12 12 03 01
AU ID 190011821 Prog MA Prog Type P Med Cvrgr Grp P07 6D Part
00 000 EW ID RSXLM9 Conversion Date Issuance Method
AU AU Status AU Stat Appl Begin Pd Thru 14 Day ---Penalty--- DHMH REF:
Stat Reasons Date Date Date Date Date Override Type End Date Ind
P - 121203 120103
-----
First Last Rel V Finl --Stat-- Rsn Appl Begin Pd Thru St Penalty
Name Name Resp Date Date Date Date Date MA Type Date
ROSE MCH SE BC IP P 121203 120103
CHILD MCH CH BC PN P 121203 120103

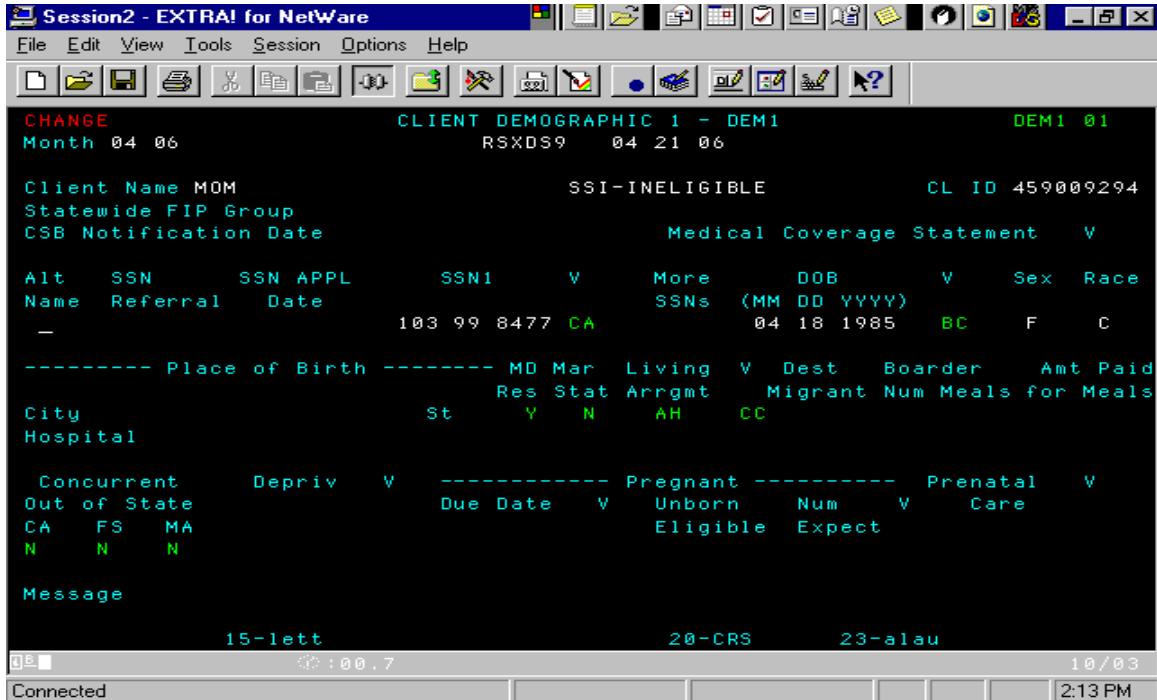
Message
23-alaau
09/07
Connected CAP 2:31 PM
  
```

### 3. CARES To MMIS II Interface

A new DHMH auxiliary file has been created to capture federal reporting requirements associated with the MCHP and MCHP Expansion programs. This file will also contain the required data for customers who are potentially eligible under MCHP Expansion. CARES will electronically transmit this data daily to MMIS II.

4. **Health Insurance Coverage – Application, Reopen or Redetermination**  
**The Medical Coverage Statement** and corresponding **verification** fields for the P14 coverage group on the Client Demographic 1 (**DEM1**) screen are obsolete for benefit months beginning July 2001. However, these fields will be available for data entry for benefit months prior to July 1, 2001.

**DEM1 Screen**



Customers that have health insurance coverage or voluntarily drop health insurance in the past 6 months remain ineligible for P14 coverage. The following denial and closing reason codes are for children found ineligible for the P14 coverage group.

- 359** (Previously 344) – You have indicated that you have health insurance.
- 360** – You have indicated on your application that you have dropped health insurance in the past 6 months.

Two new fields have been added to the Client Demographic 2 (**DEM2**) screen. These fields are labeled '**Insur Dropped**' and '**Premium OK**'. This data is mandatory for all TCA and MA (F and P track) AUs that include children under the age of 19. The combination of the valid values entered is used to determine P14 eligibility.

## DEM2 Screen (Effective July 1, 2001)

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Session2 - EXTRA! for NetWare
File Edit View Tools Session Options Help

CHANGE CLIENT DEMOGRAPHIC 2 - DEM2 DEM2 01
Month 04 04 RKSYPE 04 16 04

Client Name HOLLY GROWLIGHTLY Client ID 477009314

Citiz V Student V Striker -----Penalties----- ----Death----
Status Stat Org Viol --Dec Date Type-- Del Date State
  FS N AF
  FS

----- Disability/Incapacity -----
Disab/ TEMHA SW Approval Begin Date End Date Loan Date IAR Date
Incap Type Coop Source (MM YY) (MM YY) (MM YY) (MM DD YY) (MM DD YY)

Med Rev Treatmt Hlth -----PSH----- OTO Medical Entitle Joint Vet POC
Recd part V Insu Ind V Date Date V Med A SSI/FS Stat

Vote-Reg Y Pres@Int Y TCA Ctr 00 TLEX-Rsn MPEXE DMVIOL
HMO Mang Care Insur Dropped Premium OK BUYIN TPL Liab

Message

15-lett 22-TPL 23-alau 24-delete
08/04
Connected 3:03 PM 3:09 PM

```

Processing a TCA or MA (F and P track) AU will require the use of accurate valid values on the **DEM2** screen.

**Health Insurance** – Enter the appropriate valid value in the ‘**Hlth Insu**’ field:

- Y – Yes, customer has health insurance
- N – No, customer does not have health insurance
- P – Customer potentially has health insurance

**Reason Dropped** – Enter the appropriate valid value in the ‘**Insur Dropped**’ field:

- A – Did Not Drop Insurance In The Six Months Prior to Application
- B – Change to New Employer
- C – Moved Out of Service Area for All Employer Health Plans
- D – Employer Dropped Coverage
- E – Involuntary Loss of Employment
- F – Expiration of COBRA Coverage Period
- G – Limited Benefit Insurance – No Inpatient Hospital Coverage
- H – Insurance Was No Longer Needed
- I – Voluntary Loss of Employment
- J – Dropped Insurance Due to Cost
- K – Other

**Premium OK** – Enter the appropriate valid value:

- Y** – Yes, customer is willing to pay a premium
- N** – No, customer is not willing to pay a premium
- U** – Unknown if customer is willing to pay a premium

The Medical Care Operations Administration Insurance Recoveries Unit will automatically code the '**Hlth Insu**' field on the Client Demographic 2 (**DEM2**) screen with '**C**' (confirm) when health insurance coverage is discovered for the customer. **Alert code 991 (MMIS Reports: Client Has Other Health Insurance)** is generated to the Case Manager indicating an unscheduled redetermination is needed. The local department of social services or the local health department is then required to establish continued eligibility.

Use the following procedure to process the unscheduled redetermination:

- Delete the '**C**' from the '**Hlth Insu**' field on the DEM2 screen by pressing the **delete** or **end of field** key. Do not use the spacebar to delete the code.
- Enter the appropriate valid value ('**Y**', '**N**' or '**P**') in the **Hlth Insu** field.
- Update the narrative indicating the action taken on the case.

**Note:** Failure to update this field will prompt the following edit message to display on the Final Edits screen.

**2327 – Health insurance = 'Y', 'N', or 'P' for Appl, Reopen, or Redet**

The Earned Income 1 (**ERN1**) screen has a new field labeled '**Employer Ins Avail**'. This information is mandatory for all employed adults in TCA and MA (F and P track) AUs where a valid parental relationship exists.

## ERN1 Screen (Effective July 1, 2001)

CHANGE EARNED INCOME 1 - ERN1 ERN1 01  
 Month 04 04 RKSYPE 04 16 04 01

Client Name HOLLY GROWLIGHTLY Client ID 477009314  
 Up Total Earnings for 24 Months

Employer Name NABISCO Federal ID  
 Address Line 1 ANY STREET Line 2  
 City BALTIMORE ST MD Zip Phone

Type	Begin Date	End Date	\$30+1/3 Ind Cntr	\$30+1/3 End Date (MM YY)	\$30 End Date (MM YY)	JTPA Ind Cntr	Student Ind Cntr
EI	01 01 01						

Employer Vol Quit Date Wages/Hrs Hrs Per Vol Quit Late Num of  
 Ins Avail Quit (MM DD YY) Month Good Cause Report Boarders  
 N

Message More Jobs

15-lett

07/16 3:27 PM

Enter the appropriate valid value on the **ERN1** screen in the **Employer Ins Avail** field:

- Y** – Yes, employer insurance is available
- N** – No, employer insurance is not available
- U** – Unknown if employer insurance is available

### 5. Eligibility Determination Document

The Eligibility Determination Document (EDD) has been modified to include three new detail lines. This information will be printed (in the client level Medical Information section) for all TCA and MA (F and P track) AUs.

Example Extract:

<p><b>MEDICAL INFORMATION</b>          *****</p> <p>IS THIS PERSON COVERED BY ANY MEDICAL INSURANCE? X</p> <p><b>WAS INSURANCE COVERAGE DROPPED DURING 6 MONTHS PRIOR TO APPLICATION? X</b></p> <p>IS THE FAMILY WILLING TO PAY A PREMIUM? X</p> <p><b>IS HEALTH INSURANCE AVAILABLE THROUGH THE CUSTODIAL PARENT'S EMPLOYER? X</b></p>
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## 6. Notices

Denial and closing notices have been revised to include referral text (in bold) for the MCHP Premium Program. (See Attachment A and B)

## 7. MCHP (P track) AUs – Medical Support Processing

The Valid Value Help Text screen for the Client Demographic 1 (DEM1) has been modified.

- Enter the valid value '**N**' (**Deprivation is not required**) in the '**Depriv**' field on the Client Demographic 1 (DEM1) screen.

CARES will not automatically display the Absent Parent Information (APID) screens.

## 8. Pregnant Woman (P02 and P11) Processing

The Valid Values Help Text screen for the Client Demographic 1 (DEM1) has been modified.

- Enter **DS** – Declaratory Statement in the '**Expected Date of Delivery**' verification field and '**Num Expect**' verification fields.
- Enter **Y** – Yes, receiving prenatal care in the '**Prenatal Care**' field.
- Enter **YE** – Yes, verified receiving prenatal care in the Prenatal Care '**V**' – verification field.

**Note:** Valid values **OT** – Other Medical Professional and **NO** – Not Verified are not applicable for benefit months beginning July 2001. However, these valid values are appropriate for benefit months prior to July 1, 2001.

### **TCA and MA (F track) AUs - Application, Reopen or Redet**

Case managers are required to appropriately complete the **DEM1** and **APID** screens.

# ATTACHMENT A

## NOTICE OF DENIAL

Your application dated 08/05/01 for Medical Assistance has been denied. If your situation changes, you may reapply at anytime.

AUGUST, 2001  
SEPTEMBER, 2001

Reason(s) for Denial:

NO ONE IN YOUR FAMILY IS ELIGIBLE FOR BENEFITS.  
ACCORDING TO CODE OF MARYLAND REGULATIONS

MA 10.09.24.05 00.00.00.00 00.00.00.00

NAME: JANE DOE

**This child may be eligible for the MCHP Premium Program. For a small monthly premium, this program provides health insurance through an employer's health plan or a managed care organization. Someone from the Department of Health and Mental Hygiene will call you to help you apply for the program. If you have any questions about the Premium Program, please call 1-800-456-8900.**

The information below helped us make our decision:

### MEDICAL ASSISTANCE

Assistance Unit Number XXXXXXXXX  
Household Size 1  
Earned Income \$ 1,412.98  
Unearned Income  
Housing Costs  
Utility Costs  
Dependent Care Costs  
Medical Costs  
Assets

If you think the information we used is wrong, please call your Case Manager at the number listed above. Please remember to Report all changes within (10) ten days.

You may ask for a Fair Hearing if you think our decision is wrong. The Fair Hearing rules are on the other side of this notice.

## ATTACHMENT B

### CLOSING

Your Medical Assistance will end on 12/31/01.

REASON(S):

NO ONE IN YOUR FAMILY IS ELIGIBLE FOR BENEFITS.  
ACCORDING TO CODE OF MARYLAND REGULATIONS  
MA 10.09.24.05 00.00.00.00 00.00.00.00

This closure affects the following people:  
JOHN DOE

**This child may be eligible for the MCHP Premium Program. For a small monthly premium, this program provides health insurance through an employer's health plan or a managed care organization. Someone from the Department of Health and Mental Hygiene will call you to help you apply for the program. If you have questions about the Premium Program, please call 1-800-456-8900.**

The information below helped us make our decision:

MEDICAL ASSISTANCE	
Assistance Unit Number	XXXXXXXXXX
Household Size	1
Earned Income	\$ 1,927.47
Unearned Income	
Housing Costs	\$ 12.50
Utility Costs	\$ 315.47
Dependent Care Costs	\$ 215.00
Medical Costs	
Assets	

If you think the information we used is wrong, please call your Case Manager at the number listed above. Please remember to report all changes within ten (10) days.

You may ask for a Fair Hearing if you think our decision is wrong. The Fair Hearing rules are on the other side of this notice.



## ATTACHMENT C

### PWC Track, Trickle Sprout

### PWC TRACK

1. Program Code	2. Coverage Group	3. Is Application Allowed?	4. Can It Trickle In? From Where?	5. Can It Trickle Down? To Where?
MA	P02 Pregnant Women 185% Poverty Level	Yes	No	Yes, P11
MA	P03 Cat. Needy Newborns	<u>Yes</u>	No	Yes P06 if Mom is not actively receiving MA at time of application or P07 if age
MA	P06 Children < 1 185% of Poverty	Yes	Yes P03	Yes P07 (if over age) P08 (if overscale income)
MA	P07 Children > 1 < 6 133 % of Poverty	<u>Yes</u>	Yes P03 or P06	Yes P08 (if over age) P13 (if overscale income)
MA	P08 Children > 6 100 % of Poverty *	Yes	Yes P07	Yes benefit month < 7/98 - P09 benefit month >= 7/98 - P13
MA	P09 Children > 1 185 % Poverty *	No	Yes P08	No

**Track, Trickle, Sprout**

**PWC TRACK**

1. Program Code	2. Coverage Group	3. Is Application Allowed?	4. Can It Trickle In? From Where?	5. Can It Trickle Down? To Where?
MA	P11 Pregnant Women 200% Poverty Level	No	Yes, <u>P02</u>	No
MA	P12 Newborns born to P11 and P14 mothers	Yes	No	Yes P06 age < 1, P07 age > 1
MA	P13 Children 185% Poverty Level *	<u>No</u>	Yes, P06, P07, <u>P08</u>	Yes, P14
MA	P14 Children 200% Poverty Level	<u>No</u>	Yes, <u>P13</u>	<i>Yes, if overscale income - Test for MCHP Expansion</i>
MA	<b>MCHP Expansion Program</b>	<b>No</b>	<b>Yes, P14</b>	<b>No (Referred to DHMH)</b>

\* Child must be born after 9/30/83