

DEPARTMENT OF HUMAN RESOURCES FAMILY INVESTMENT ADMINISTRATION 311 W. Saratoga Street Baltimore, Maryland 21201	FIA ACTION TRANSMITTAL
	EFFECTIVE DATE: UPON RECEIPT
ISSUANCE DATE: AUGUST 16, 1996	CONTROL NUMBER: OPA 97-10

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES,  
DEPUTY/ASSISTANT DIRECTORS FOR INCOME MAINTENANCE,  
INCOME MAINTENANCE SUPERVISORS, ELIGIBILITY STAFF

FROM: KEVIN MAHON, EXECUTIVE DIRECTOR, IMA  
JOHN P. STEWART, DEPUTY DIRECTOR, PROGRAM OPERATIONS  
ADMINISTRATION, DHMH

RE: 1184 NEWBORN PROCEDURES FOR NON-CARES LOCAL DEPARTMENTS

PROGRAM AFFECTED: PA AND NON/PA MEDICAL ASSISTANCE

ORIGINATING OFFICE: OPA/POLICY DIVISION

**Background:**

All newborns certified for MA by The Department of Health and Mental Hygiene (DHMH) in non-CARES jurisdictions are now placed in the MA coverage group of P03 (PWC), regardless of whether the newborn's mother is an AFDC recipient, or receiving NPA/MA. Due to a programming change in the MMIS-II system, DHMH will no longer assign category and scope codes to PWC cases. It is now the responsibility of workers in non-CARES jurisdictions to assign the appropriate category and scope code to newborn cases once an eligibility determination is made. Medical Assistance category and scope codes are essential for insuring that newborns receive MA coverage that they are entitled to, and for the successful conversion of PWC cases to the CARES system.

**Action Required:**

The following procedures outline the steps that should be taken at non-CARES local departments and the Department of Health and Mental Hygiene (DHMH). These procedures should remain in effect until statewide CIS implementation is completed.

**Action Required Of:**

All Non-CARES Local Departments

**Effective Date:**

This procedure is effective as soon as possible, but no later than 9/15/96.

Please contact Fern Parson at 767-7064 with questions regarding these procedures.

**Attachments**

cc: DHR Executive Staff  
IMA Management Staff  
OIM Help Desk  
John Stewart, DHMH  
Christine Gerhardt, DHMH

Ned Wollman, DHMH  
Susan Tucker, DHMH  
Steve Lanasa, DHMH  
Paul Scholz, DHMH

## 1184 NEWBORN PROCESSING PROCEDURES

### I. DHMH 1184 Process

- A. DHMH is responsible for entering all newborns on the MMIS-II system. A blanket project category of P03 will be entered by DHMH for all newborns until the IM caseworker determines the appropriate category and scope code. Any PWC case currently showing in a MA coverage group of P03 without a category and scope code will be handled by central DHR staff as they are identified in the pre-conversion dry-runs.
- B. MMIS-II will assign the newborn a recipient ID that will consist of the first nine positions of the mother's current recipient ID, and the birth sequence of the child as it is known to MMIS-II.

**Example:**

The first 9 positions of the mother's current ID is 302467897. The newborn is her first child. The newborn's recipient ID would be: 30246789701.

For non-CARES jurisdictions, this number will be the newborn's original and current ID for the duration of the customer's stay in the local jurisdiction, unless the newborn is removed from the household and placed with another household. Examples of this situation would be a teen parent who is being removed from her mother's AFDC case to establish an AFDC case of her own, or a child removed from the home for Foster Care placement. In these instances, the newborn's recipient ID will be changed to reflect the new case number.

- C. DHMH will batch and send 1184's to each local office under separate cover.

### II. Local Department 1184 Process

The following procedures should be followed in local departments for newborns that are recipients of AFDC, FAC, SSI, PWC, ABD, and Foster Care.

- A. Once the 1184 is received in the local office, a clerical staff person will complete duplicate MMIS-II screen prints (Recipient Eligibility Display Screen 1) using the newborn's assigned MAID. One copy of the screen print will be attached to the 1184, and the second copy will be maintained as a control. It is recommended that the former MA Call-in clerk handle this function.

- B. The clerical staff person will forward the 1184 to the appropriate IM caseworker to make an eligibility determination. They will also indicate on the control copy of the screen print, the date that the 1184 was being forwarded to the IM caseworker.
- C. After an eligibility decision is made by the IM caseworker, normal procedures should be followed for adding the newborn's category of assistance on AMF, i.e., completing an AMF 1 (non-PA), or the AMF portion of the AIMS 2 (PA).
- D. The IM caseworker will add the appropriate category and scope code for the newborn on MMIS-II by taking the following steps:
  - 1. Detach the MMIS-II screen print of the newborn from the 1184.
  - 2. Review the screen print and confirm that the demographic information is correct, i.e., name, race, sex, date of birth, address, HOH case number, resident county district office and then add the category and scope on line 1 of the Eligibility Span.

**Example:**

A child is born on 4/15/96 and eligibility is established via the 1184. Eligibility begins 4/1/96 - 4/30/97. The IM case worker would add category 02, scope 1 for AFDC and category 39, scope 6 for children born to PWC, ABD, FAC, SSI, etc. mothers.

IM case workers should be aware that effective with the implementation of MMIS-II, category 02, scope code 9 is only used for Child Support Medical Assistance extensions (MA coverage group F03). When adding category and scope code for newborns that are eligible for Public Assistance, category 02 scope code 1 should now be used. Newborns that converted to MMIS-II in a category 02 scope code 9 will remain in a P03 coverage group until the end of the certification period.

- 3. Enter the appropriate category and scope code under "CAT" and "SCP".
- 4. Sign your name, and indicate your local department/office, telephone number, and date. The document will be rejected by DHMH if this information is not present.

**[SEE ATTACHED EXAMPLES]**

- E. The IM caseworker will forward the corrected screen print to the MMIS-II control clerk.

- F. The MMIS-II control clerk will:
1. Indicate on the control copy of the MMIS-II screen print, the change that was made, and the date that the corrected screen print was received from the IM caseworker,
  2. Batch the corrected screen prints separately from other MA transactions, and indicate "NEWBORNS" on the batch sheet,
  3. Forward the corrected screen prints to DHMH to the attention of Paul Scholz, and
  4. Indicate on the control copy of the MMIS-II screen print, the date that the corrected screen print is being forwarded to DHMH.
- G. It is recommended that after 10 working days, the control clerk compare the control copy of the MMIS-II screen prints against the MMIS system to insure that the requested changes were completed.

5/17/96

RECIPIENT ELIGIBILITY DISPLAY SCREEN 1

INQUIRY

LAST TRANS: 042496 USER: 437

REISSUE: [REDACTED] HOH/CASE-NUM: 30 [REDACTED] BATCH-UP: [REDACTED]  
 RECIP-ID: 30 [REDACTED] CARES-IRN: 000000000 PREV-UP: 042496  
 ORIG-ID: 30 [REDACTED] SSN: [REDACTED] MEDICARE-NUM:  
 CURR-ID: 30 [REDACTED]  
 NAME: [REDACTED] APPL-DT: 041496 ELIG: 001 (PF1)  
 HOH: [REDACTED] INSR: T6 TPL: [REDACTED] HMO: C (PF2)  
 ADDR: [REDACTED] DEC-DT: 041496 MEDICARE: (PF3)  
 ADDR: [REDACTED] BIRTH: 0414 1996 LTC: (PF4)  
 CITY: BALTO RACE: B SEX: M WAIVER: (PF5)  
 STATE: MD ZIP: 21213 HOSP-NUM: MANAG-CARE: (PF6)  
 PHONE: DT-OF-ENTRY: NEW-IDS: 001 (PF7)  
 RES-CNTY: 30 BALT CITY UNIT: GGG DEATH: SPECIAL PROGRAM (PF8)  
 REV-CNTY: DIST-OFF: 337 ORIGIN: N PROD-T: P  
 INCOME: 00000 ASSETS: 00000 RETURN-CD: VCN: 0 CARES-DT:  
 GREEN-DT: EPSDT: [REDACTED] ISSUE-DT:

----- ELIGIBILITY SPANS -----

	BEGIN	END	COV	TYP	CAT	SCP	SPLT-AMT	CIT	SRC	CN-RSN	EVS-DT	LST-TRN
0	040196	043097	P03	P			0.00	A	Z			042496

02 1

*I. M. Caschotta, 30, 361-1234, 4/20/96*

3/17/96 RECIPIENT ELIGIBILITY DISPLAY SCREEN 1 INQU  
 REISSUE: LAST TRANS: 042496 USER:  
 RECIPIENT ID: 30 [REDACTED] HOH/CASE-NUM: 30 [REDACTED] BATCH-UP:  
 ORIG-ID: 30 [REDACTED] CARES-IRN: 0000000000 PREV-UP: 042496  
 CURR-ID: 30 [REDACTED] SSN: [REDACTED] MEDICARE-NUM:  
 NAME: [REDACTED] ELIG: 001 (1)  
 HOH: [REDACTED] HMO: C (1)  
 ADDR: [REDACTED] INSR: T6 TPL: MEDICARE: (1)  
 ADDR: [REDACTED] DEC-DT: 041496 LTC: (1)  
 CITY: BALTO BIRTH: 0414 1996 WAIVER: (1)  
 STATE: MD ZIP: 21213 RACE: B SEX: M MANAG-CARE: (1)  
 PHONE: HOSP-NUM: NEW-IDS: 001 (1)  
 RES-CNTY: 30 BALT CITY DT-OF-ENTRY: SPECIAL PROGRAM (1)  
 PREV-CNTY: DIST-OFF: 337 UNIT: GGG DEATH: PROD-T-  
 INCOME: 00000 ASSETS: 00000 ORIGIN: N CARES-DT:  
 GREEN-DT: EPSDT: RETURN-CD: VCN: 0 ISSUE-DT:

----- ELIGIBILITY SPANS -----

0	BEGIN	END	COV	TYP	CAT	SCP	SPLT-AMT	CIT	SRC	CN-RSN	EVS-DT	LST-
1	040196	043097	P03	P			0.00	A	Z			042

39 6

*J.M. Caseworker, 30, 301-1234, 4/30/96*