

DMA ADMINISTRATIVE LETTER NO. 28-01 EIS DATA EXPANSION

DSS ADMINISTRATIVE LETTER No. 09-01

ECONOMIC INDEPENDENCE

WORK FIRST

DSS ADMINISTRATIVE LETTER No. 03-2001

ADULT AND FAMILY SERVICES

TO: COUNTY DIRECTORS

**ATTENTION: INCOME MAINTENANCE DIRECTORS
MANAGED CARE REPRESENTATIVES
MEDICAID, WORK FIRST, AND SPECIAL ASSISTANCE
CASEWORKERS AND SUPERVISORS**

DATE: MAY 18, 2001

SUBJECT: ELIGIBILITY INFORMATION SYSTEM (EIS) EXPANSION

I. BACKGROUND

Effective Monday, June 4, 2001, there will be changes in the EIS. These changes are outlined below.

II. EXPANDING INCOME FIELDS

Effective June 4, the following data fields will increase from 6 digits to 7 digits.

A. The following case fields are affected:

1. Deductible Balance
2. Patient Monthly Liability
3. Gross Earned Income
4. Disregard
5. Total Net Unearned Income
6. Maintenance Amount
7. Work Expenses
8. Net Earned Income
9. RSDI Amount
10. Child/Adult Care

11. SSI
12. Total Countable Monthly Income

B. The following individual fields are affected:

1. Income
2. Expenses
3. Child/Adult Care
4. Net Income

C. The DSS-8125 and the DB/PML data entry screens are changing to allow for the increase in digits from 6 to 7.

D. The following inquiry screens are affected:

1. Case Data (CD)
2. Individual Data (ID)
3. Individual Eligibility History (IE)
4. Individual Profile (IP)

III. OTHER FIELDS ADDED TO THE EIS SCREENS

A. The Living Arrangement and Ambulation Capacity fields are being added to the Medicaid History (IE) inquiry screen.

B. The Living Arrangement field is added to the DB/PML screen. The field may need to be changed when posting a PML on or after June 4.

The living arrangement code from a prior month or current month will be brought forward to the DB/PML screen. If the code was private living and you are now posting a PML for that period of time, the code may need to be updated to reflect the appropriate long term care code.

IV. SPECIAL NEEDS

A. Effective June 4, EIS allows entry of a Special Needs code in a new Special Needs field in the individual section of the DSS-8125 data entry screen. Creation of this new field in EIS will allow for automated federal reporting.

1. This process replaces the temporary Special Needs information that you previously keyed in the Special Use field at the individual level. Please refer to DMA Administrative Letter No. 09-01.
2. EIS automatically inserts a Special Needs code for individuals in certain aid program/categories. The caseworker has the responsibility for keying the Special Needs code for other aid program/categories.
3. EIS automatically inserts a Special Needs code for individuals in certain aid program/categories when an application is approved for an individual under 19 years old. The automated entries are indicated in the following chart.

Code	Definition	Which aid program/categories in EIS are included?	How is Special Needs status identified for reporting?
1	SSI children and other disabled children who are not SSI eligible	MAD, MAB, SAD	EIS inserts Special Needs code 1
2	In foster care or other out-of-home placement	HSF	EIS inserts Special Needs code 2
3	Receiving foster care or adoption assistance	IAS	EIS inserts Special Needs code 3

Caseworkers may not change or delete the Special Needs indicator for individuals in these aid program/categories.

4. Caseworkers may enter a Special Needs code for certain individuals as indicated in the following chart.

Code	Definition	Which aid program/ categories in EIS are included?	How is Special Needs status identified for reporting?
2	In foster care or other out-of-home placement	MIC & MAF	Worker entry-Special Needs code 2
3	Receiving adoption assistance	MIC & MAF	Worker entry-Special Needs code 3
4	Self-identified. If applicants identify themselves as Special Needs, they are in this category.	MIC, MAF, AAF, including NCHC (MIC with Medicaid class J, K, L, or S)	Worker entry-Special Needs code 4

Caseworkers may change or delete the Special Needs codes for these aid program/categories as necessary. Use the space bar to delete the Special Needs code.

B. Conversion of Special Needs Data That Existed Prior To June 1, 2001

1. On Friday, June 1, all temporary Special Needs (SN) codes will be converted to Special Needs Code 4. EIS will produce a one-time report of the converted Special Needs codes. No caseworker action is required. This is for informational purposes only.
2. The title of the report is “Medicaid and NCHC Recipients with Temporary Special Needs Indicator”.
3. The following data displays on the report:
 - Casehead Name (First, MI, Last)
 - EIS Case ID
 - County Case Number
 - Aid Program/Category-For MIC, the Medicaid Classification Code will distinguish NCHC cases from Medicaid cases.
 - Special Needs Recipient’s Name (First, MI, Last)
 - Special Needs Recipient’s EIS ID
 - Special Needs Begin Date

4. The report is sorted by county, district, and alphabetically by casehead last name.
5. If a county has no individuals with the temporary Special Needs indicator, the report for the county displays a message, "No temporary Special Needs codes for this county".
6. EIS will print two copies of the report for each county. There is also a copy of the report in XPTR. The selection name is DHR EJ INDIV W/TEMP SPEC USE CD.

C. EIS displays special needs information on several screens.

1. EIS displays a message, SPECIAL NEEDS, and the Special Needs numeric code on the EIS Individual Data (ID) screen, at the bottom right.
2. EIS displays the Special Needs numeric code on the Individual Eligibility History (IE) screen.
3. EIS displays a message, SPECIAL NEEDS, on the Managed Care History Inquiry (MI) screen.
4. EIS displays the Special Needs numeric code on the Individual Profile (IP) screen.

D. Special Needs Discontinued

1. EIS produces a report once a month titled "DISCONTINUED SPECIAL NEEDS CODE FOR RECIPIENTS THAT TURNED 19".
2. The report name on XPTR is "DHREJ SPECIAL NEEDS DISCONTINUED".
3. Effective the month after the 19th birthday, EIS automatically deletes the Special Needs indicator from the EIS Individual Data and the Individual Eligibility data. These individuals are listed on this report for your information. No action is required.

V. MANAGED CARE WAIVER TRACKING

A. Education History

1. Effective June 4, EIS requires entry of data to track managed care education for Medicaid recipients. Managed Care Representatives will no longer be required to manually track and submit quarterly summary reports effective July 1, 2001.
2. The DSS-8125 screen is modified to allow entry of the type and date of education for each recipient.
 - a. You may enter up to three types of education at the same time.
 - b. Education information is required at application disposition and at redetermination unless the individual is active in an aid program/category that is exempt from managed care. Currently, MQB, NCHC, MRF, and illegal alien classifications are exempt. EIS allows entry at any other time.
 - c. There continue to be four types of managed care recipient education:
 - MM (MAIL)
 - MG (GROUP)
 - MF (FACE TO FACE/INDIVIDUAL)
 - MP (PHONE)
 - d. Key the appropriate two-character code (for instance "MM") and key the date in MMDDCCYY (for instance "06042001") format.
3. The Education History Screen displays data entered via the DSS-8125.
 - a. To view Education History for an individual, enter EH in the SELECTION field from any EIS screen where SELECTION is displayed.
 - b. Enter the EIS Individual ID in KEY. Press ENTER. The Managed Care Education History for that individual will be displayed.

B. Changes In Managed Care Provider

1. Effective June 4, EIS requires entry of data to track managed care provider changes for Medicaid recipients. Managed Care Representatives will no longer be required to manually track or submit a quarterly summary report effective July 1, 2001.
2. The individual section of the DSS-8125 data entry screen has been modified to allow entry of the following new fields:
 - Change Reason (The reason the recipient changed provider)
 - Auto-Assign (The provider was automatically assigned to the recipient.)
 - Distance (How far is the recipient from the provider?)
3. Attachments 1 through 3 indicate when this information is required.
4. Attachment 4 lists the change code, auto-assign indicator, and distance indicator values.

NOTE: The change code numbers and reasons are revised.

5. EIS displays this managed care information on several screens.
 - a. EIS displays the change code, auto-assign indicator, and distance indicator on the EIS Individual Profile (IP) screen and the EIS Individual Eligibility (IE) screen.
 - b. EIS displays the change code and auto-assign indicator on the Managed Care Enrollment screen and the Managed Care History Inquiry (MI) screen.

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Please contact your Medicaid Program Representative or your Regional
Managed Care Consultant if you have questions.

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(This material was researched and prepared by Candes Smith, EIS Consultant,
and Kathie Barnett, EIS Project Manager.)

ELIGIBILITY INFORMATION SYSTEM (EIS) MANAGED CARE WAIVER INFORMATION

CAROLINA ACCESS ONLY COUNTIES

Y indicates required, N indicates not allowed, and NA indicates not applicable.

CURRENT MANAGED CARE	MANAGED CARE IS CHANGING TO	IS CHANGE REASON CODE REQUIRED?	IS AUTO-ASSIGN INDICATOR REQUIRED?	IS DIST TO PROVIDER INDICATOR REQUIRED?
Nothing	Exempt	N	N	N
Nothing	CA Provider	N	Y	Y
CA Provider	CA Provider	Y	Y	Y
CA Provider	Exempt	N	N	N
Exempt	CA Provider	N	Y	Y
Exempt	Exempt	N	N	N

ATTACHMENT 1

ELIGIBILITY INFORMATION SYSTEM (EIS) MANAGED CARE WAIVER INFORMATION

MECKLENBURG COUNTY

Y indicates required, N indicates not allowed, and NA indicates not applicable.

CURRENT MANAGED CARE	MANAGED CARE IS CHANGING TO	IS CHANGE REASON CODE REQUIRED?	IS AUTO-ASSIGN INDICATOR REQUIRED?	IS DIST TO PROVIDER INDICATOR REQUIRED?
Nothing	HMO	N	Y	NA
Nothing	HMO Exempt 9099506	N	Y	NA
Nothing	HMO Exempt (other than 9099506)	N	N	NA
HMO	HMO	Y	N (EIS Inserts)	NA
HMO	Exempt 9099506	Y	N (EIS Inserts)	NA
HMO	Exempt (Other than 9099506)	N	N	NA
Exempt (Other than 9099506)	HMO	N	Y	NA
Exempt (Other than 9099506)	Exempt	N	N	NA
Exempt	Exempt	N	N	NA
Exempt 9099506	HMO	Y	Y	NA
Exempt 9099506	Exempt (Other than 9099506)	N	N	NA

ATTACHMENT 2

**ELIGIBILITY INFORMATION SYSTEM (EIS) MANAGED CARE WAIVER
INFORMATION**

CAROLINA ACCESS/HMO COMBINATION COUNTIES

Y indicates required, N indicates not allowed, and NA indicates not applicable.

CURRENT MANAGED CARE	MANAGED CARE IS CHANGING TO	IS CHANGE REASON CODE REQUIRED?	IS AUTO- ASSIGN INDICATOR REQUIRED?	IS DIST TO PROVIDER INDICATOR REQUIRED?
Nothing	CA Provider	N	Y	Y
Nothing	HMO (CA # 9999905)	N	N (EIS Inserts)	Y
Nothing	Exempt (Other than 9999905)	N	N	N
CA Provider	CA Provider	Y	Y	Y
CA Provider	HMO (CA # 9999905)	Y	N (EIS Inserts)	N
CA Provider	Exempt (other than 9999905)	N	N	N
HMO (CA 9999905)	HMO (CA 9999905)	Y	N (EIS Inserts)	N
HMO (CA 9999905)	CA Provider	Y	Y	Y
HMO (CA 9999905)	Exempt (other than 9999905)	N	N	N
Exempt (other than 9999905)	CA Provider	N	Y	Y
Exempt (other than 9999905)	HMO (CA # 9999905)	N	N (EIS Inserts)	N
Exempt (other than 9999905)	Exempt (other than 9999905)	N	N	N

ATTACHMENT 3

**ELIGIBILITY INFORMATION SYSTEM CODES FOR EXPANSION
EFFECTIVE JUNE 4, 2001**

AUTO-ASSIGN

Y = Yes
N = No

CHANGE CODE

NOTE: The change code numbers and reasons are revised.

01	Recipient moved or PCP office moved; transportation impedes access
02	Recipient's PCP joined CA program recently
03	Third party insurance conflict
04	Recipient's medical needs changed (i.e., another provider type needed)
05	Recipient filed complaint against provider and desires to change
06	Recipient is linked to PCP or HMO in error
07	PCP or HMO disenrolls from program
08	Recipient is involuntarily disenrolled by PCP or HMO
09	Other (For waiver tracking and not lock in)
10	Mass Change-From one PCP to another
11	Mass Change-PCP to exempt
12	HMO to HMO

DISTANCE TO PCP

L = Less Than 30 Miles or 45 Minutes
M = More Than 30 Miles or 45 Minutes

EDUCATION HISTORY

MM (MAIL)
MG (GROUP)
MF (FACE TO FACE/INDIVIDUAL)
MP (PHONE)