AGED, BLIND AND DISABLED MEDICAID MANUAL   **MA-2309**

<u>LIS APPLICATION FOR MEDICAID</u>
MA-2309 LIS APPLICATION FOR MEDICAID
ISSUED 01/01/10 - CHANGE NO. 02-10

I.   INTRODUCTION

Beginning January 1, 2010, the Social Security Administration (SSA) transmits daily electronic data for each LIS application after SSA determines LIS eligibility. DMA matches the data with current Medicaid recipient data and creates an electronic North Carolina Medicaid application for individuals who are not current Medicaid/MQB recipients or do not have a pending application. The county departments of social services are notified of the electronic application on the regular Adjusted Application Management Report.

II.   POLICY PRINCIPLES

The Medicare Improvements Patient and Providers Act of 2008 (MIPPA) mandated that, effective January 1, 2010, an application for the Medicare Low-Income Subsidy (LIS) program is considered an application for the Medicare Savings Programs (MSP), known in North Carolina as the MQB programs. Since in North Carolina, an application for MQB is considered an application for Medicaid, the county evaluates the individual for all possible Medicaid programs.

III. AUTOMATED OVERVIEW

A. LIS Application to Medicaid

The Social Security Administration (SSA) transmits electronic data daily for each initial LIS application when SSA determines that a person is eligible or not eligible for LIS. If a couple applies for LIS, separate applications are transmitted for each individual. If an individual indicates that he does not want to transmit the data to the state by answering "no" to question 15 on the initial LIS Application, no application will be created.

B. EIS Application Creation

1.   An application is created by Eligibility Information System (EIS) for any person on the LIS file who is not currently active in Medicaid or who is not currently included in a pending application. See Section V. below for exceptions.

Note: LIS data that is not an exact match will be put on an LIS Exception List. It is the county's responsibility to review the LIS Exception List daily and resolve the exceptions so an application can be created in EIS. See III. C. 2. below and EIS Administrative Letter 07-09, Low Income Subsidy (LIS) Application for Medicaid, VII.

2.   The Worker # and District # will be "LIS".

(III.B.)

3. The "How Application Received" indicator is "L".

4. The aid program/category is MAD if the applicant is age 64 or younger and MAA if the applicant is 65 or older. If approved, EIS will automatically code Citizenship as 50.

5. Additional information, such as income, resources, and household size, for which there is no place on the electronic Medicaid application, can be found on NCXPTR report DHRWDB LIS DAILY TRANS RPT.

   Note: The household size on this report includes the number of children in the home but does not include the applicant or spouse.

6. Individuals with a pending Medicaid application can be found on the Low Income Subsidy (LIS) Application Report. (See III. C. below.)

C. Management Reports to the Counties

1. The pending LIS Medicaid applications are shown in the Adjusted Application Management Report (DHREJ ADJ APP MANAGEMENT REPORT) and the Adjusted Summary Application Management Report (DHREJ ADJ SUM APP MGMT REPORT).

2. Access the LIS Exception List (LE) from the EIS UPDATE MENU or any screen in IMS that displays the SELECTION and KEY fields at the bottom. Key your county number in the KEY field.

IV. COUNTY PROCEDURES

A. The LIS Exception List must be worked **daily**. These are applications where LIS data and EIS data did not have an exact match. They will remain on the LIS Exception List until they are resolved. If an application is required, it is created the night the exception is resolved.

B. The county must pull the Adjusted Application Management Report **daily** to find the LIS Medicaid applications and assign them to the appropriate worker. Once assigned, the worker should key her worker/district number on the DSS-8124.

   NOTE: The LIS application information goes on the DHRWDB LIS DAILY TRANS RPT in NCXPTR the day it is received by DIRM on the LIS file. This happens even if there is an exception posted to the LIS Exception screen. For this reason, it is important to note the post date on the exception screen when you work the exception. That will be the date of the LIS DAILY TRANS RPT in NCXPTR where you will need to print the information for that individual.

(IV.)

 C. Application/Processing Time Standards.

   1. The 45/90 day processing time standard begins when the LIS Medicaid application is created by EIS plus 2 calendar days.

   2. The application date for Medicaid is the date the LIS application was received by SSA.

   3. The applicant may be evaluated for retroactive coverage for the three months prior to the month of application.

   4. EIS creates a Date Screen for each LIS Medicaid application. EIS uses the Date Screen to disregard the processing time between the LIS application date and the date EIS creates the application on the night of receipt from SSA. EIS adds 2 calendar days to this date. The exclusion reason is "LIS". The Begin Date of the excluded time is the date of the LIS application. The End Date of the excluded time is the date EIS creates the application plus 2 calendar days.

 D. Use DMA-5000 or DMA-5008 as the base document to ensure all required information is documented. Put "LIS App" on the signature line. An a/r signature is not required.

 E. Take the following actions upon assignment of the application.

   1. Conduct a telephone call to the applicant or representative within two workdays of the receipt of the application by the county. Do not deny after 2 unsuccessful phone attempts. Continue to process following application processing regulations.

   2. Review the application and document the answers given by the applicant on the DMA-5000 or DMA-5008 base document. If a telephone contact cannot be made, proceed to IV. E. 3. below.

   3. Review records the county may have from previous applications or ongoing cases in any program.

    a. Evaluate the application and determine what additional information is needed, especially concerning life insurance, contributions, and the living situation. (For LIS, SSA does not count life insurance as a resource or in-kind payments as income.)

    b. The information from NCXPTR report DHRWDB DAILY TRANS RPT is verified by SSA. Screen print this information and put it in the case record.

(IV.E.)

      c. Specific items, such as resources, need verification. SSA does not break out separate resources, but includes them as a total figure. Consider this as lead data.

      d. Resource verification may also be required for the three months prior to the application date.

4.   When additional information is needed:

      a. Send a DMA-5097 with the DMA-1049, Cover Letter for LIS Application for Medicaid, to notify the individual that his Medicaid application is pending.

      b. Include the Food and Nutrition Services insert with the DMA-1049.

      c. The DMA-1049 must also include the local telephone number for the Seniors' Health Insurance Information Program (SHIIP). If the worker does not have the local contact number, use the state SHIIP office at 1-800-443-9354.

      d. Following verification procedures, if a second DMA-5097 is necessary, a second DMA-1049 is not required. Follow policy in MA-2303, Verification Requirements for Applications.

F. Process the application according to the procedures in MA-2303, Verification Requirements for Applications and MA-2304, Processing the Application. Retroactive Medicaid may also be authorized if there is a medical need and the individual meets all eligibility requirements in the retroactive period.

G. If the case is assigned to the incorrect county of residence, the assigned county must process the application. Transfer the case to the correct county of residence, if approved.

V.   **SPECIAL SITUATIONS**

If the individual is already active in Medicaid (in any program) or included in a pending application (in any program), no application is created. Exceptions to this are:

A. If the LIS month of application is not included in the authorized Medicaid eligibility segment, an application is created.

B. If the LIS month of application is earlier than the month of application on the pending application in EIS, an application is created.