



Department of Human Services
311 West Saratoga Street
Baltimore MD 21201

Family Investment Administration
ACTION TRANSMITTAL

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TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF
ELIGIBILITY DETERMINATION DIVISION STAFF
LOCAL HEALTH DEPARTMENT ELIGIBILITY STAFF

FROM: DEBBIE RUPPERT, EXECUTIVE DIRECTOR, MDH/OES
NETSANET KIBRET, EXECUTIVE DIRECTOR, DHS/FIA

RE: SYSTEM INTEGRITY: RECONCILING ALL ELIGIBILITY SYSTEMS

PROGRAMS AFFECTED: MEDICAL ASSISTANCE (MA)

ORIGINATING OFFICE: OFFICE OF ELIGIBILITY SERVICES

SUMMARY

This Action Transmittal (AT) provides a **critical** reminder that Case Managers are required to perform all clearances to determine or redetermine eligibility appropriately. It is especially important to perform Maryland Medicaid Information System (MMIS) and State Verification Exchange System (SVES) clearances. MMIS is the clearinghouse for the payment of Medicaid (MA) claims (invoices from providers for payment of services rendered to recipients) by the Maryland Department of Health (MDH).

When the coverage group is incorrect or a recipient is already active in MMIS in another coverage group, errors may occur and result in significant manpower hours to investigate and correct the problem. Moreover, incorrect coverage groups or eligibility spans result in delays and confusion that lead to a high volume of customer service inquiries from customers and providers.

Each Medicaid (MA) coverage group has an associated Federal Medical Assistance Percentage (FMAP) funding source. It is a potential audit finding, and cost to the State, if a recipient is in an incorrect FMAP funding coverage group, even if the recipient is eligible for MA in another coverage group. In addition, providers cannot be paid unless the correct coverage group is in MMIS for the correct span of eligibility.

ACTION REQUIRED

MMIS CLEARANCE AND CLOSING ACTION:

Before approving an application in any eligibility system, the Case Managers **must** first check MMIS (Screens 1, 2, 4, and 8) to determine if the customer has existing Medical Assistance (MA) that first must be closed. When MA eligibility already exists on MMIS in a specific coverage group, the Case Manager must decide if the new action requires the existing MA case to be closed in the existing system of record: the Maryland Health Connection (MHC), the Client Automated Resource & Eligibility System (CARES) or the Eligibility & Enrollment System (E&E).

If the Case Manager does not have the system access to close the active MA case in the existing system of record, **it is the responsibility of the Case Manager taking the current action to contact the designated staff for the existing system of record to close the case.** See the table in Attachment 1 for more guidance.

Examples:

- **If a customer has an active case in the A-track, F-track or P-track coverage group on MMIS**, indicating the case is active in Maryland Health Connection, but is now applying for Long-Term Care (LTC) Medical Assistance in the E&E, the Case Manager responsible for the LTC application must close the case in MHC if the decision is to approve the LTC application in the E&E system or locate the Case Manager within their office who can take the action on MHC.
- **If a customer has an active case in the S-track, G-track or E-track (SSI, ABD, QMB or SLMB) on MMIS**, and is now applying in E&E for Long-term Care, then before the LTC application can be approved, the LTC Case Manager is responsible for closing the CARES case or locating the Case Manager within their office who can take the closing action on CARES.
 - Exception: If the MMIS screen indicates the customer is enrolled in an S16, S13D, W01, which indicates specific non-MAGI Medicaid programs that are not in CARES, then contact the EDD Waiver Unit (see contact list below) to have the case closed.
- **If a customer has an active case in the H-track in MMIS** (which indicates a Waiver case), and is now applying in E&E for Long-term Care, then before the LTC application can be approved, the LTC Case Manager is responsible for closing the CARES case or locating the Case Manager within their office who can take the closing action on CARES.
- **If a customer has an active case in the L-track or T-track on MMIS**, and has applied for any Medical Assistance program in CARES, then before the CARES application can be approved, the CARES Case Manager is responsible for closing the E&E case or locating the Case Manager within their office who can take the closing action on E&E.
- **If a customer has an active case in the S-track, G-track or E-track (SSI, ABD, QMB or SLMB) in MMIS**, and applies in MHC, a Verification Check List is created that the DHS Rapid Response Team and a special EDD team must manually process. The customer will see the following message on a written notice of eligibility and the Eligibility Determination page, *“Explanation: Eligibility is pending because our records show you are currently enrolled in another Medicaid program. We are verifying if you can enroll through Maryland Health Connection. Please check your account soon or contact us for the status of this verification.”*
- **If a customer has an active case in the L-track, T-track, S03, S13 and S14 coverage groups on MMIS**, and the customer applies on the MHC, the customer will receive the following message on the Eligibility Determination page: *“Our records indicate this individual is enrolled in another Maryland Medical Assistance Program and is not eligible for Medicaid through the Maryland Health Connection (COMAR 10.09.11.03, 10.09.43.03, 10.09.24.03B or*

D).” MHC will not allow the customer to proceed in MHC while the existing MA case is open.

VERY IMPORTANT: The Case Manager who is approving the new Medical Assistance application must check MMIS **again** to ensure the closure of the existing Medical Assistance case is reflected in MMIS. If MMIS does not have an **End Date** for the existing Medical Assistance case, then follow the Urgent Closure Instructions below.

OTHER ACTION:

The additional actions should always be performed:

- **Narrate to document ALL the action(s) taken on the case.**
- Perform all additional required clearances to determine/redetermine eligibility appropriately: SVES clearances, SAVE (for CARES and E&E if needed), MABS (for CARES and E&E).
- Upload to ECMS for CARES, and directly into E&E and MCH all clearances you obtained to establish eligibility and substantiate your decisions.
- Upload all incoming documents to establish eligibility and substantiate your decisions.
- EDD: Follow office standard operating procedures for properly maintaining case records so that case records (inclusive of all materials to substantiate eligibility) are readily accessible to your office and other outside entities, including auditors.
- Use Alerts in CARES or Work Items in E&E to follow-up on outstanding case issues.
- Ask your supervisor for clarification when unsure of policies or procedures.

URGENT CLOSURES:

Sometimes it is necessary to contact MMIS staff in order to quickly have an End Date input into MMIS so that the consumer can receive care quickly or so that timeliness for application processing can be met. These instructions show Case Managers how and under what circumstances to submit an Emergency CTAD.

- The following list includes examples of when the Case Manager should send an Emergency CTAD:
 - Medical (customer urgently needs prescriptions, upcoming appointments, surgery etc.);
 - Political (Governmental inquiries);
 - Eligibility needs to be established quickly (no current span in MMIS);
 - Eligibility needs to be changed (the eligibility system shows a closure date but MMIS still has no End Date); and,
 - Application Compliance (the new application is within 2 days of reaching the 45th day of pending and needs to be approved). [COMAR 10.09.24.04-1D\(1\)](#).
- Follow this process to submit an Emergency CTAD to MDH’s DREP Unit:
 - Use the Microsoft Word fillable version of the CTAD form (attached) and fill it out using the example below as a guide.
 - Select the Type of Emergency in the upper right-hand corner (“Medical,” “Political,” or “Eligibility”).
 - Submit the form to your Supervisor to fax or email to the DREP office at MDH.
 - **Note:** When filling out the CTAD form, do not reveal the customer’s medical diagnosis.
 - Supervisors: Fax the CTAD to 410-333-5087 or email it to Madeleine Mpungu (madeleine.mpungu@maryland.gov) or Brian Hanson (brian.hanson@maryland.gov) in the DREP office.
 - Emergency CTADs are processed within 24 - 48 hours upon receipt.
 - **Note:** do not submit the same CTAD multiple times as this will cause delays in the process.

ATTACHMENT 1

WHAT TO DO WHEN YOU NEED TO APPROVE AN MA APPLICATION BUT THERE IS ANOTHER MA CASE OPEN IN MMIS

#	In MMIS, This Coverage Group Is Active:	In This Eligibility System:	I Work In:	I Cannot Close The Case in That System, Therefore I Must:
1	A02, A03, A04, C13J, C13, D02, D04, E05, F02, F05, F98, P02, P06, P07, P11, P13, P14	Maryland Health Connection	LDSS	Contact the designated staff within the local office who are responsible for MAGI activities to process the requested closure. If the local department designee requires assistance, contact the SMART Team at FIA.RRT@maryland.gov .
			OLTC*	Contact the designated staff within the OLTC who are responsible for MAGI activities to process the requested closure. If the OLTC designee requires assistance, contact the SMART Team at FIA.RRT@maryland.gov .
			LHD	Contact the MCHP Supervisor to assign the closure to an MHC Case Worker.
			EDD	Enter the MHC case that need to be closed on the EDD Overlapping Google Spreadsheet . EDD's case manager must complete the closure and review within 2-3 days to ensure the MHC closure is reflected in MMIS.
2	E01,E02,E03,E04, F99,G01,G02,G98, G99, H01, S01,S02,S03,S04, S05,S06,S07,S14, S98,S99,X02	CARES	LDSS	Contact the appropriate CARES Clearinghouse Worker in the LDSS where the case resides. (Follow this link)
			OLTC	
			LHD	
			EDD	Enter the CARES case that need to be closed on the EDD Overlapping Google Spreadsheet . EDD's case manager must complete the closure and review within 2-3 days to ensure the MHC closure is reflected in MMIS.
3	L01, L98, L99 T02,T03, T04, T05, T99	Eligibility & Enrollment (LTC)	LDSS	Contact the designated staff within the local department who are responsible for LTC activities to process the requested closure. If the local department designee requires assistance, contact the Help Desk at oths.helpdesk@maryland.gov .
			OLTC	Contact the immediate LTC Supervisor for assistance with case closure concerns. If the LTC Supervisor requires assistance, they can contact the Help Desk at oths.helpdesk@maryland.gov .
			LHD	Contact the Help Desk at oths.helpdesk@maryland.gov .
			EDD	Enter the E&E case that need to be closed on the EDD Overlapping Google Spreadsheet . EDD's case manager is responsible for completing the closure and reviewing within 2-3 days to ensure the E&E closure is reflected in MMIS.
4	P10	Healthy Maryland	Any office	Contact Phyllis Crutchfield 410-767-8211, in the Eligibility Determination Division, Phyllis.Crutchfield@maryland.gov
5	S13D, S16, W01	No System	Any office	Contact Jackie Dunphy 410-767-7518, in the Eligibility Determination Division, Jackie.Dunphy@maryland.gov to close Employed Individuals with Disabilities, Increased Community Services, or WBCCHP

*OLTC = Office of Long Term Care, previously known as the Bureau of Long Term Care

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 CERTIFICATION/INPUT DOCUMENT

EMERGENCY (select):

- Medical Political
 Eligibility Timeliness

ACTION CODE _____ ADD INDIVIDUAL _____ TYPE OF _____
 CHANGE _____ REISSUE CARD _____ CANCEL _____ RECERTIFY _____
 REOPEN _____ COVERAGE _____

* **ORIG-ID:** _____ ***HOH/CASE-NUM:** _____
CURR-ID: _____ **CARES IRN:** _____ **MEDICARE-NUM:** _____
 * **NAME:** _____ **SSN:** _____
 * **HOH NAME:** _____ ***APPL DATE:** _____
 * **ADDR:** _____
ADDR: _____ ***DEC-DT:** _____
 * **CITY:** _____ ***BIRTH:** _____
 * **STATE:** _____ ***RACE:** _____ ***SEX:** _____
PHONE: _____ ***ZIP:** _____ **HOSP-NUM:** _____
 * **RES-CNTY:** _____ **DT-OF-ENTRY: (If cit code is L):** _____
 * **DIST-OFF:** _____ ***UNIT:** _____ **DEATH:** _____
 * **CITZ-IDEN:** _____ **VCN:** _____ **ISSUE-DT:** _____
 ***ORIGIN:** _____

* - REQUIRED FOR ADD

-----ELIGIBILITY SPAN-----

BEGIN DATE	END DATE	CARES ONLY		NON-CARES		SPLIT-AMT	CIT	SRC	CN-RSN
		COV GROUP	COV TYPE	CAT	SCP				
						0.00			
						0.00			

SIGNATURE: _____

PHONE: _____

DATE: _____