



Date: July 17, 2017

DMS Operations Memo 17-30

To: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff

Affected Programs:	
<input type="checkbox"/> BadgerCare Plus	<input type="checkbox"/> Caretaker Supplement
<input type="checkbox"/> FoodShare	<input type="checkbox"/> FoodShare Employment and Training
<input checked="" type="checkbox"/> Medicaid	
<input type="checkbox"/> SeniorCare	

From: Rebecca McAtee, Bureau Director
Bureau of Enrollment Policy and Systems
Division of Medicaid Services

CARES Worker Web Enhancements for Medicare Savings Programs Including SLMB+ Automation

CROSS REFERENCE

- Medicaid Eligibility Handbook, [Section 32.4 Specified Low-Income Medicare Beneficiary Plus \(SLMB+\)](#) and [Section 32.8 Medicare Savings Programs Backdating](#)
- Process Help, [Section 61.6 SLMB+ Processing](#)

EFFECTIVE DATE

August 5, 2017

PURPOSE

The purpose of this Operations Memo is to announce the inclusion of the Specified Low Income Beneficiary Plus (SLMB+) program in CARES Worker Web (CWW). As a Medicare Savings Program (MSP), SLMB+ eligibility determination and benefit management will now be done in CWW. A new question will be added to the Medicare Savings Program Request page in CWW in order to determine MSP eligibility in prior months. This Memo provides guidance regarding the conversion process to enter eligibility information for current SLMB+ members into CWW.

The Policy section of this Memo addresses a recent clarification regarding enrollment in both Medicaid and the SLMB+ program.

BACKGROUND

Medicare Savings Programs, formerly known as Medicare Premium Assistance, is a category of health care programs under Wisconsin Medicaid that provides payment for some or all of Medicare cost-sharing. The following programs are Medicare Savings Programs:

- Qualified Medicare Beneficiary (QMB)
- Specified Low Income Beneficiary (SLMB)
- Specified Low Income Beneficiary Plus (SLMB+)
- Qualified Disabled Working Individual (QDWI)

Income maintenance workers determine eligibility for QMB, SLMB, and QDWI in CWW. However, at the present time, workers must manually determine eligibility for SLMB+ outside of CWW if an applicant or member has a countable income above the SLMB limit (an amount at least 120% of the federal poverty level). This manual process takes time and increases the risk of eligibility error. Also, workers may not recognize the need to apply reported changes since SLMB+ eligibility is not currently tracked in CARES.

After August 5, 2017, workers will determine SLMB+ eligibility in CWW, eliminating the need for the manual process. Also, notices of decision will include information about SLMB+ eligibility.

POLICY

There is no change in policy associated with this Memo. However, a recent clarification of policy is relevant to the discussion of enhancements in CWW for MSP in regard to the eligibility criteria for SLMB+ which is listed in the [Medicaid Eligibility Handbook, Section 32.4 Specified Low-Income Medicare Beneficiary Plus \(SLMB+\)](#). Specifically, an applicant or member cannot be enrolled in SLMB+ while also being enrolled in Medicaid. This requirement had previously been understood to only apply to full benefit Medicaid programs. However, federal law also applies this requirement to the Family Planning Only Services (FPOS) and Tuberculosis Only Related Services (TB Medicaid) programs. Thus, a member cannot receive benefits for full benefit Medicaid, FPOS, or TB Medicaid, and also be enrolled in SLMB+.

CARES

CARES WORKER WEB

The following enhancements will be made to CWW on August 5, 2017:

- The term Medicare Premium Assistance will be replaced with Medicare Savings Programs, or MSP, in CARES
- Updated Medicare Savings Program (QMB/SLMB/SLMB+) Request page
- Updated Family Planning Waiver Request page
- Updated Benefits Received page
- Updated Automated Case Processing Action Item for MSP
- Updated Unearned Income page
- New SLMB+ Post-Eligibility Test
- Updated Eligibility Run Results page
- Updated Assistance Group Composition Details page
- New Medicare Savings Program Budget page in CWW for MSP determination
- Updated Confirm Eligibility page
- Updated Worker Tools page
- Updated correspondence

USE OF THE TERM MEDICARE SAVINGS PROGRAMS IN CARES

The term Medicare Premium Assistance (or MPA) will be changed to Medicare Savings Programs (or MSP) throughout ACCESS, CWW, and on notices. The change was previously applied to the Wisconsin Department of Health Services (DHS) policy handbooks, the DHS website, and other publications.

UPDATED MEDICARE SAVINGS PROGRAM (QMB/SLMB/SLMB+) REQUEST PAGE

The Medicare Savings Program (QMB/SLMB/SLMB+) Request page, formerly known as the Medicare Premium Assistance (QMB/SLMB) Request page, will be enhanced to include SLMB+ as one of the programs to test for eligibility if the value for the Requesting this Program/Subprogram of Assistance field is Yes.

To determine eligibility for an MSP in prior months (that is, backdating), a new field will be added to the page for the question, “How far back do you want the Medicare Savings Program?” This field will include a drop-down menu to indicate the number of months to backdate (0, 1, 2, or 3). Workers must select an option for this field if the value for the Requesting this Program/Subprogram of Assistance field is Yes.

- SLMB, SLMB+, and QDWI can be backdated up to three months prior to the application month if the applicant is program-eligible for the requested backdated months.
- If CWW determines that the applicant would have qualified for QMB during the backdated months, CWW will deny QMB eligibility for those months (see [Medicaid Eligibility Handbook, 32.8.1 QMB Backdating](#)).

Notes

1. Under current policy, QMB eligibility will fail for all months up to and including the month of eligibility determination and confirmation. When an applicant is found eligible for QMB benefits, the benefits will begin the first day of the month following confirmation. Though the QMB Assistance Group will be built beginning the month the MSP request is made, CWW will fail eligibility until the month after eligibility is confirmed.
2. If any individual in the household is ongoing for another health care program and requests a program add for MSP (which may include backdated months), workers must run eligibility by passing dates from the application month (or the earliest backdated month) up to the recurring month in order to correctly determine eligibility for MSP. The reason is that the system considers the MSP request as a health care request so eligibility will only be explored for the recurring month.

A new field will be added to the page to indicate a Reason for Not Requesting. When an applicant or member qualifies for an MSP but declines to enroll, the worker will update the Individual Request field by changing the value to No and must select an option from the drop-down menu in the Reason for Not Requesting field. This field is similar to one on the Health Care Request page.

Medicare Savings Program (QMB/SLMB/SLMB+) Request Cancel Reset

Effective Period
Begin Month: 05 / 2017 Last Updated: 05/25/2017

Request Details
Program Filing Date: 05 / 16 / 2017 Requesting this Program / Subprogram of Assistance? No

How far back do you want the Medicare Savings Program? 2

*** Individual Request:** No

Reason for Not Requesting:
AM - MSP ADVERSELY AFFECTS MEDICAID ELIGIBILITY
CO - CAN GET OTHER HEALTH INSURANCE
CP - CORE PLAN DOES NOT MEET MEDICAL NEEDS
HE - HAVE BECOME ELIGIBLE FOR ANOTHER BENEFIT
HI - HAVE JOB WITH HEALTH INSURANCE
IN - NOT ENOUGH INCOME TO PAY PREMIUM
LV - LEAVING STATE
NF - NO LONGER NON-FINANCIALLY ELIGIBLE
NL - NO LONGER FINANCIALLY ELIGIBLE
NR - NO REASON/NOT SURE
ON - OTHER REASON-RRP DOESN'T APPLY
OR - OTHER REASON-RRP APPLIES
PH - PREMIUM TOO HIGH
PU - FEE OR CO-PAYMENTS UNAFFORDABLE
RS - PREFER TO RECEIVE SLMB+ BENEFITS

MSP Contact Date: MM / DD / YYYY
New Begin Month: MM / YYYY Go Previous Next

Add Case Comment Cancel Previous Next

Figure 1 Medicare Savings Program (QMB/SLMB/SLMB+) Request Page

UPDATED FAMILY PLANNING WAIVER REQUEST PAGE

Like the Medicare Savings Program (QMB/SLMB/SLMB+) Request page, the Family Planning Waiver Request page will be enhanced by adding a new field to indicate a Reason for Not Requesting. When an applicant or member qualifies for Family Planning Only Services but declines to enroll, the worker updates the Individual Request field by changing the value to No and must select an option from the drop-down menu in the Reason for Not Requesting field.

Family Planning Waiver Request Cancel Reset

Effective Period
Begin Month: 05 / 2017 Last Updated: 05/30/2017

Request Details
Program Filing Date: 05 / 16 / 2017

Individual Request: No

Reason for Not Requesting:

- AM - MSP ADVERSELY AFFECTS MEDICAID ELIGIBILITY
- CO - CAN GET OTHER HEALTH INSURANCE
- CP - CORE PLAN DOES NOT MEET MEDICAL NEEDS
- HE - HAVE BECOME ELIGIBLE FOR ANOTHER BENEFIT
- HI - HAVE JOB WITH HEALTH INSURANCE
- IN - NOT ENOUGH INCOME TO PAY PREMIUM
- LV - LEAVING STATE
- NF - NO LONGER NON-FINANCIALLY ELIGIBLE
- NL - NO LONGER FINANCIALLY ELIGIBLE
- NR - NO REASON/NOT SURE
- ON - OTHER REASON-RRP DOESN'T APPLY
- OR - OTHER REASON-RRP APPLIES
- PH - PREMIUM TOO HIGH
- PU - FEE OR CO-PAYMENTS UNAFFORDABLE
- RS - PREFER TO RECEIVE SLMB+ BENEFITS

FPW Contact Date: MM / DD / YYYY

New Begin Month: MM / YYYY Go

Add Case Comment Cancel Previous Next

Figure 2 Family Planning Waiver Request Page

UPDATED BENEFITS RECEIVED PAGE

To be eligible for SLMB+, an applicant or member cannot be receiving full benefit Medicaid, TB Medicaid, or FPOS. The SLMB+ request will be denied if Yes is the value indicated in any of the following fields on the Benefits Received page:

- SSI Payments
- Foster Care/Subsidized Guardianship
- Kinship Relationship and Kinship Care Payment (Yes is the value in both fields)

The Benefits Received page will be enhanced by adding a new field, Medicaid Programs Not Determined in CARES, to indicate enrollment for an applicant or member. Workers will be able to select one of the following options from its drop-down menu:

- Katie Beckett
- Wisconsin Well Woman Medicaid
- Adoption Assistance
- TB Medicaid
- None

Benefits Received

Cancel

Benefits Received [1 of 2]

Effective Period
Begin Month: 02 / 2017 Last Updated: 05/22/2017

Additional Information

* Individual: [REDACTED]

Has the individual received any of the following benefits?

* Other State SNAP:	N - No	* Verification:	
* Tribal Commodities:	N - No	* Verification:	
* SSDI Payments:	No	* Verification:	
SSI Payments:	No	Verification:	
* SSI Letter:	No	* Verification:	
Foster Care/Subsidized Guardianship:	No	* Verification:	
* Foster Care Court Order?:	No	* Verification:	
QDWI Referral:	No	Verification:	

Obsolete Information

* Other State AFDC:	No	* Verification:	
* General Relief:	No	* Verification:	

Enter New Begin Month: MM / YYYY Go

Benefits Received [2 of 2]

Effective Period
* Begin Month: 02 / 2017 Last Updated: 05/22/2017

Additional Information

Has the individual received any of the following benefits?

* Kinship Relationship:	No	* Verification:	
* Kinship Care Payment:	No	* Verification:	
* Kinship Court Order?:	No	* Verification:	
* TANF Services:	Yes	* TANF Type:	BB - Broad Based Categorical Eligibility
SSI 1619(b):	No	* Verification:	
* Inpatient / Outpatient Drug or Alcohol Treatment:	No	* Verification:	
Non-gaming Tribal Income:	No		

* Medicaid Programs Not Determined in CARES:

- Adoption Assistance
- Katie Beckett
- None
- TB Medicaid
- Well Women

Updated on or before: MM / DD / YYYY Go

Based on client's response, populate blank fields as N

Add Case Comment

Figure 3 Benefits Received Page

UPDATED AUTOMATED CASE PROCESSING ACTION ITEM FOR MEDICARE SAVINGS PROGRAMS

Like the eligibility determination for QMB and SLMB, eligibility for SLMB+ requires verification of assets, which cannot be determined in real-time. However, an ACCESS application may request both an MSP and a health care program for which eligibility can be determined in real-time. Like a request for QMB or SLMB, the request for SLMB+ will result in an Automated Case Processing action item for MSP that the worker will need to process.

Automated Case Processing Status		Cancel	Reset
Automated Case Processing Summary			
ACCESS Application Number:	<input type="text"/> View	Submission Date:	03/28/2017
Updated By:	<input type="text"/>	Last Updated:	03/28/2017
Follow-Up Actions			
Action Needed	Programs		
Process request and/or confirm eligibility.	MSP		
Return			

Figure 4 Automated Case Processing Status Page

To complete the real-time eligibility determination for the non-MSP request, the automated case processing functionality in CARES will populate the new Medicaid Programs Not Determined in CARES field on the Benefits Received page with None. When processing the SLMB+ request, workers must check interChange to see if the member is enrolled in one of the Medicaid programs not determined in CARES and then update the field on the Benefits Received page as appropriate.

UPDATED UNEARNED INCOME PAGE

The Unearned Income page will be enhanced to remove two options from the drop-down menu within the Income Type field: CS – Child Support and SS – Social Security. Both options are no longer used to determine eligibility in CWW. Historical records of this page will continue to show CS or SS, if applicable.

SLMB+ POST-ELIGIBILITY TEST

The assistance group for SLMB+ will be included as part of the existing SLMB assistance group, SLB – Specified Low Income Medicare Beneficiary. Eligibility will be tested for SLMB+ if the countable income for the member or applicant is above the SLMB income limit. Workers can identify if eligibility is being tested for SLMB+ by the appearance of an informational reason code, “745 – Eligibility explored under SLMB+.” The Medicare Savings Program Budget page and the Confirmation page will also include text specifying that eligibility is being run for SLMB+.

UPDATED ELIGIBILITY RUN RESULTS PAGE

The Eligibility Run Results page will include the “745 – Eligibility explored under SLMB+” informational reason code in the SLB – Specified Low Income Medicare Beneficiary assistance group if eligibility is being run for SLMB+.

Eligibility Run Results

The following event has occurred:

GL314: No Potential Errors detected.

Health Care / CTS Program Results

Run	Assistance Group	Sequence	Benefit Begin Date	Benefit End Date	AG Status	Eligibility Status	Reasons	
2	SLB - SPECIFIED LOW-INCOME MEDICARE BENEFICIARY	1	06/01/2017		OPEN	PASS	745	
1	QMB - QMB ONLY	1	06/01/2017		DENIED	FAIL	014	
	SLB - SPECIFIED LOW-INCOME MEDICARE BENEFICIARY	1	06/01/2017		CLOSED	FAIL	350	
	CTSZ - CARETAKER SUPPLEMENT - DID NOT APPLY	1	06/01/2017		DENIED	FAIL	054	
05/01/2017			05/31/2017	DENIED	FAIL	054		

Other Program Results

Run	Assistance Group	Sequence	Benefit Begin Date	Benefit End Date	AG Status	Eligibility Status	Reasons	
1	FS Z - FOODSHARE - DID NOT APPLY	1	06/01/2017		DENIED	FAIL	054	
			05/09/2017	05/31/2017	DENIED	FAIL	054	
	CC Z - CHILD CARE-DID NOT APPLY	1	06/01/2017		DENIED	FAIL	054	
			05/01/2017	05/31/2017	DENIED	FAIL	054	
	WW Z - W-2 DID NOT APPLY	1	06/01/2017		DENIED	FAIL	054	
			05/09/2017	05/31/2017	DENIED	FAIL	054	

Add Case Comment

◀ Previous

Next ▶

Figure 5 Eligibility Run Results Page

UPDATED ASSISTANCE GROUP COMPOSITION DETAILS PAGE

The Assistance Group Composition Details page will include the “745 – Eligibility explored under SLMB+” informational reason code if eligibility is being run for SLMB+.

Benefit Begin Month	Benefit End Month	Eligibility Status	Reasons
06/01/2017		PASS	745

Individual	Original Participation Status	Final Participation Status	Reason	Target
	ELIGIBLE ADULT	ELIGIBLE ADULT		Yes

Figure 6 Assistance Group Composition Details Page

NEW MEDICARE SAVINGS PROGRAM BUDGET PAGE

Medicare Savings Program budget information will no longer be included with the SSI Related Medicaid Budget page. Instead, the new Medicare Savings Program Budget page will display MSP budget information.

The Medicare Savings Program Budget page will be automatically scheduled in the CWW driver flow if eligibility is being determined for SLMB+. However, workers will need to check the page to view the MSP budget information if eligibility is being determined for QMB or SLMB. To check the page, workers will do one of the following:

- Select Medicare Savings Program in the “Budgets” section of the Navigation Menu (workers can view the budget information for QMB, SLMB, or SLMB+).
- Schedule the Medicare Savings Program Budget page on the Eligibility Summary page by checking a box in the Income Result column for the entry for that program.

Eligibility Summary								Cancel <input type="checkbox"/>	Reset
Assistance Group	Sequence	Benefit Begin Date	Benefit End Date	Assistance Group Status	Non-Financial Result	Asset Result	Income Result	Benefit Amount	
MS - SSI RELATED MA FOR AGED, BLIND AND DISABLED (CAT NDY)	1	07/01/2017		CLOSED	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL		
NS - SSI RELATED MA FOR AGED, BLIND AND DISABLED (MED NDY)	1	07/01/2017		DEDUCTIBLE	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL		
QMB - QMB ONLY	1	07/01/2017		CLOSED	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL		
SLB - SPECIFIED LOW-INCOME MEDICARE BENEFICIARY	1	07/01/2017		OPEN	<input type="checkbox"/> PASS	<input type="checkbox"/> PASS	<input checked="" type="checkbox"/> PASS		

Figure 7 Eligibility Summary Page

The Medicare Savings Program Budget page will default to the MSP most recently tested for eligibility. However, workers can navigate to a budget page for a different MSP using the arrows at the bottom of the page.

Navigation Menu

- Yearly Income
- W-2/Child-Care
- FoodShare
- Generate Summary
- Initiate Eligibility Determination
- Eligibility (4)
 - Run Results
 - Eligibility Results
- Budgets
 - BadgerCare Plus
 - BadgerCare Plus MAGI
 - BadgerCare Plus Premium Summary
 - BadgerCare Plus Core Plan
 - BadgerCare Plus Core Plan Premium Summary
 - SSI-Related Medicaid
 - Medicare Savings Program**
 - Family Planning Waiver
 - Family Planning Waiver MAGI
 - MAPP
 - Community Waivers
 - Institution Medicaid
 - Family Care

Medicare Savings Program Budget Cancel Reset

Gross Income

Assistance Group Overview

Assistance Group:	SLB - SPECIFIED LOW-INCOME MEDICARE BENEFICIARY	Sequence:	1
Benefit Begin Date:	02/01/2017	Benefit End Date:	05/31/2017
Determination Date:	01/05/2017		

Results

Assistance Group Status:	O - OPEN	Eligibility Status:	PASS
SLMB+ Eligible Test:	PASS		

Fiscal Test Group

Eligible Members:	1
Counted Members:	0

Net Income Calculation

Gross Earned Income:	\$	—
Excess Self Employment Expenses:	—	—
\$65 & 1/2 Disregard:	—	—
Gross Unearned Income:	+	1,370.00
Child Support/Maintenance:	—	—
\$20 Disregard:	—	20.00
Impairment Related Work Expense:	—	—
Net Income:	\$	1,350.00

Income Limits

Income Limit:	\$	1,356.75
Shelter Cost Allowance:	+	—
Adjusted Income Limit:	\$	1,356.75

Reasonable Compatibility Results Expand All Collapse All

► Results

Individual Income Expand All Collapse All

► [REDACTED] (ELIGIBLE ADULT)

Countable Net Income: \$ 1,350.00

Assistance Group: SLB - SPECIFIED LOW-INCOME MEDICARE | Sequence: | Updated on or before: MM/DD/YYYY | Go

Add Case Comment Cancel ◀ Previous Next ▶

Figure 8 Medicare Savings Program Budget Page with Navigation Menu

Example: Beth applies for MSP and the worker runs eligibility in CWW. Beth is determined to be eligible for SLMB+. In the CWW driver flow, the SLMB+ version of the Medicare Savings Program Budget page will automatically display.

To review the budget for QMB or SLMB, the worker can navigate to either budget page using the arrows at the bottom of the screen.

Workers can identify the type of Medicare Savings Program Budget page (QMB, SLMB, or SLMB+) by the information in the “Results” section:

Medicare Savings Program Budget				Cancel <input type="checkbox"/>	Reset
Gross Income					
Assistance Group Overview					
Assistance Group:	QMB - QMB ONLY	Sequence:	1		
Benefit Begin Date:	03/01/2017	Benefit End Date:			
Determination Date:	02/09/2017				
Results					
Assistance Group Status:	O - OPEN	Eligibility Status:	PASS		
QMB Eligible Test:	PASS				

Medicare Savings Program Budget				Cancel <input type="checkbox"/>	Reset
Gross Income					
Assistance Group Overview					
Assistance Group:	SLB - SPECIFIED LOW-INCOME MEDICARE BENEFICIARY	Sequence:	1		
Benefit Begin Date:	03/01/2017	Benefit End Date:			
Determination Date:	02/09/2017				
Results					
Assistance Group Status:	O - OPEN	Eligibility Status:	PASS		
SLMB Eligible Test:	PASS				

Medicare Savings Program Budget				Cancel <input type="checkbox"/>	Reset
Gross Income					
Assistance Group Overview					
Assistance Group:	SLB - SPECIFIED LOW-INCOME MEDICARE BENEFICIARY	Sequence:	1		
Benefit Begin Date:	03/01/2017	Benefit End Date:			
Determination Date:	02/09/2017				
Results					
Assistance Group Status:	O - OPEN	Eligibility Status:	PASS		
SLMB+ Eligible Test:	PASS				

Figures 9-11 “Gross Income” Section of the Medicare Savings Program Budget Page

UPDATED CONFIRM ELIGIBILITY PAGE

On the Confirm Eligibility page, workers will be able to identify SLMB+ eligibility for applicants or members to confirm in the “Health Care / CTS Results” section:

- The Program column will display “SLB – SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PLUS” as the assistance group.
- The Reasons column will display “745” as the informational reason code.

Confirm Eligibility
Cancel

Health Care / CTS Results

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
NS - SSI RELATED MA FOR AGED, BLIND AND DISABLED (MED NDY)	1	06/01/2017		N/A	DEDUCTIBLE	PASS	014	No <input type="button" value="v"/>
SLB - SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PLUS	1	06/01/2017		N/A	OPEN	PASS	745	No <input type="button" value="v"/>

FoodShare Results

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
Program either not requested or already confirmed.								

Child Care Results

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
Program either not requested or already confirmed.								

W-2 Results

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
Program either not requested or already confirmed.								

Confirmed Assistance Group Eligibility Summary

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons
NS - SSI RELATED MA FOR AGED, BLIND AND DISABLED (MED NDY)	1	06/01/2017		N/A	DEDUCTIBLE	PASS	014
SLB - SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PLUS	1	06/01/2017		N/A	OPEN	PASS	745
CTSZ - CARETAKER SUPPLEMENT - DID NOT APPLY	1	06/01/2017	06/30/2017	\$0.00	DENIED	FAIL	054
FS Z - FOODSHARE - DID NOT APPLY	1	06/01/2017	06/30/2017	\$0.00	DENIED	FAIL	054
CC Z - CHILD CARE-DID NOT APPLY	1	06/01/2017	06/30/2017	N/A	DENIED	FAIL	054
WW Z - W-2 DID NOT APPLY	1	06/01/2017	06/30/2017	N/A	DENIED	FAIL	054

Cancel

Figure 12 Confirm Eligibility Page

UPDATED WORKER TOOLS

A member or applicant who is determined eligible for SLMB+ through the SLB assistance group will be tracked as a Medicare Savings Program work item type. When workers initiate a SLMB+ renewal, a Medicare Savings Programs work item will be created.

Workload Dashboard Refresh

Work Item Dashboard for *[User Name]*

Work Items Category	Total	Days Left to Complete				
		<1	1-7	8-14	15-30	>30
Applications	90	63	1	6	20	
+ Assigned Application	1	1				
+ RFA Processing	5	2			3	
- Case Processing	67	42	1	6	18	
..... FoodShare Priority Service	4	4				
..... FoodShare	25	24			1	
..... BadgerCare Plus CLA	1	1				
..... Medicare Savings Programs	9	3		2	4	
..... Family Planning Waiver	4				4	
..... Health Care	23	9	1	4	9	
..... Child Care	1	1				
+ Pending Verification	21	21				
+ Renewals / Reviews	3	2	1			
SMRFs	0					
Potential Errors	0					
+ Discrepancies	7	7				

[Open a Dashboard](#)

Figure 13 Workload Dashboard

UPDATED CORRESPONDENCE

Notices of decision that are generated in CARES will include SLMB+ eligibility information. Notices of decision for members who are eligible for SLMB+ will have a “More Information” section with a brief explanation of SLMB+ benefits. [For a sample Notice of Decision for members who are eligible for SLMB+ benefits, see the Attachment to this Memo.](#)

Two new denial reason codes will be added to notices of decision in CARES:

Denial Reason Code	Description	When to Use	Text that Displays on the Notice of Decision
743	QMB Benefit Start Date	QMB benefits cannot begin until the month after eligibility is confirmed. The text will also be used when a QMB-eligible applicant requests backdated Medicare Savings Programs benefits.	QMB benefits do not begin until the month after your application has been fully processed by your agency.
744	Ineligibility for SLMB+ Due to Enrollment in Other Health Care Program	The member is currently enrolled in another health care program, and enrollment in both SLMB+ and another health care program is not allowed.	You cannot enroll in SLMB+ because you are getting benefits from another health care program. You cannot be enrolled in both programs at the same time. If you want to be enrolled in SLMB+ instead of the other health care program, contact your agency.

CONVERSION

After August 5, 2017, eligibility information on current SLMB+ members will need to be entered into CWW.

MONTHLY MANUAL RENEWAL REPORT

DHS distributes a monthly report that lists cases that require a manual renewal to Income Maintenance agencies. The August 2017 report will list cases with SLMB+ members who have a renewal date of September 30, 2017. Agencies will still be expected to send a manual renewal packet for SLMB+ to these members. As of September 2017, the Monthly Manual Renewal Report will no longer include SLMB+ cases for SLMB+ members who have a renewal date of October 31, 2017. Manual Notices of Decision will no longer be required for applications or renewals for cases that are confirmed in CWW after August 8, 2017. Notices of Decision will be generated in CWW for these cases.

CONVERSION REPORT

On August 7, 2017, DHS will send Income Maintenance agencies a one-time conversion report that lists members currently enrolled in SLMB+ who have a renewal date of October 31, 2017, or later. On this one-time report, DHS will specify two groups of members:

- One is a group of members who will have received a letter regarding their SLMB+ eligibility as part of a one-time mailing in July 2017. The letter states their SLMB+ benefits will end August 31, 2017,

because the member is open for both SLMB+ and another health care program that does not allow concurrent enrollment with SLMB+. Also, the letter states the member should contact the income maintenance agency to confirm their choice to remain enrolled in the other health care program.

- The other is a group of members who will not receive a letter regarding their SLMB+ eligibility.

The group of members who will have received a letter regarding their SLMB+ eligibility as part of the one-time mailing will need to be processed for SLMB+ eligibility on or before August 17, 2017, which is the date of the August Adverse Action. Eligibility needs to be run by this date so that these members receive the correct Notice of Decision.

The group of members who will not receive a letter regarding SLMB+ eligibility as part of the one-time mailing will need to be processed for SLMB+ eligibility on or before September 8, 2017.

CONVERSION STEPS

Workers must follow these steps to enter SLMB+ eligibility for a member in CWW:

SLMB+ Member Category	Worker Action Needed
Currently Open in CARES	Run eligibility on the corresponding cases to explore SLMB+ eligibility in CARES.
Closed in CARES	<p>If possible, reactivate the case on the General Case Summary page. Note that cases closed 30 days or more can only be reactivated if the original failure was for lack of renewal (077).</p> <p>If it is not possible to reactivate the case, complete a new Request for Assistance (RFA) that uses the current date as the filing date to reopen the case.</p> <p>Once the case is active, run eligibility on the case to explore SLMB+ eligibility in CARES.</p>

The purpose of this conversion is to enter the information for members currently receiving SLMB+ in CARES, and not to treat this conversion as a new application or renewal. Workers will consider the asset, income, and nonfinancial information in CARES on the date of the conversion as up-to-date information, and this will be the only information to establish the SLMB+ eligibility in CWW. Workers will not need to pend for any verification, unless they are aware of new information reported after the initial determination of SLMB+ eligibility, or during the current certification period (that is, new asset or income information reported since the last SLMB+ determination). For all SLMB+ members, workers will need to override the CARES-generated SLMB+ renewal date with the renewal date listed on the conversion report once SLMB+ is open in CWW. This will preserve the existing SLMB+ certification period for these members.

Workers may need to take further action for each member depending on the eligibility outcome for SLMB+. The table below describes the worker action required for each eligibility outcome:

Eligibility Outcome in CARES	Worker Action Needed	Notes
Member remains eligible for SLMB+	Override the CARES-generated SLMB+ renewal date with the renewal date listed on the conversion report.	<p>It is anticipated that most members on the conversion report will continue to be eligible for SLMB+.</p> <p>A CARES-generated notice of decision will be sent to the member indicating eligibility for SLMB+.</p>
Member becomes eligible for QMB or SLMB	<p>Follow the existing manual process to close out SLMB+ eligibility in interChange. The med stat code for SLMB+ remains "Q1." End SLMB+ eligibility based on Adverse Action rules:</p> <ul style="list-style-type: none"> • If determining eligibility prior to August Adverse Action, end SLMB+ on August 31, 2017. • If determining eligibility after August Adverse Action, end SLMB+ on September 30, 2017. 	<p>This could happen if the member was open for a CARES program (like FoodShare) and had reported an income change earlier but SLMB+ eligibility was not manually redetermined.</p> <p>A CARES-generated notice of decision may be sent to the member indicating eligibility for QMB or SLMB. However, if the member is already open for QMB or SLMB, the true change rules in CARES may not generate a notice since no changes have been made to QMB or SLMB eligibility.</p>
Member denied for SLMB+	<p>Follow the existing manual process to close out SLMB+ eligibility in interChange. The med stat code for SLMB+ remains "Q1." End SLMB+ eligibility based on Adverse Action rules.</p> <ul style="list-style-type: none"> • If determining eligibility prior to August Adverse Action, end SLMB+ on August 31, 2017. • If determining eligibility after August Adverse Action, end SLMB+ on September 30, 2017. <p>Suppress the CARES-generated notice of SLMB+ ineligibility. Instead, send a manual negative notice for SLMB+ to the member explaining that SLMB+ is ending.</p>	<p>This could happen if the member was open for a CARES program (like FoodShare) and had reported a change earlier, but SLMB+ eligibility was either not manually re-determined, or the member is no longer financially eligible for SLMB+.</p> <p>The CARES-generated notice of decision must be suppressed because CARES may send incorrect denial information for a month when benefits have already been determined.</p>

Eligibility Outcome in CARES	Worker Action Needed	Notes
Initial failure for reason code “112 – Lack of Verification”	<p>Update failed verification(s) to “Q?” in order to generate a new Verification Checklist (VCL) to send to the member.</p> <p>Once verifications have been provided, follow the appropriate action based on the eligibility outcome</p>	<p>This could happen if a SLMB+ member was previously open for a CARES program (like FoodShare) but the benefit closed due to reason code 112. The member must be given a chance to provide verification for SLMB+.</p>
Pending Verification	<p>Trigger the VCL to generate a new VCL to send to the member.</p> <p>Once verifications have been provided, follow the appropriate action based on the eligibility outcome.</p>	<p>This scenario could happen if the SLMB+ member is pending for another asset testing program such as Medicaid with a deductible.</p>

CONTACTS

BEPS CARES Information and Problem Resolution Center

DHS/DMS/BEPS/RW