

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
1 W. Wilson St.
Madison WI 53703

To: Process Help Users

From: Shawn Smith, Bureau Director
Bureau of Enrollment Policy and Systems

Re: **Process Help Release 13-01**
Release Date: 04/26/13
Effective Date: 04/26/13

EFFECTIVE DATE The following process additions, clarifications or changes are effective 04/26/13 unless otherwise noted. **Yellow text denotes new text. Text with a strikethrough it in the old process/policy section denotes deleted text.**

CHANGES

General Updates

Fixed several broken links. Removed all mention of the term “Family Medicaid” and referred to “BadgerCare Plus” instead.

**~~2.6 Initiate Eligibility~~
~~Requesting Drug Test~~
~~Verification~~**

This section has been renamed and the content has changed. Refer to [Chapter 13.1](#) for information on initiating eligibility.

2.7 Confirmation

This section has been added to [Chapter 13.5](#) as AGECE Details.

12.8 DDB Contact Information

This subsection is new with this release.

The Disability Determination Bureau (DDB) has created an email address for IM workers to use when responding to phone calls or emails from DDB regarding incomplete MADA submissions. When DDB contacts an IM worker, DDB will leave both a call-back phone number and the email address. Once the MADA submissions have been scanned or missing information provided, the IM worker can either call the DDB worker back or use the email address to respond.

IM workers can also use this email address to contact DDB with questions regarding whether or not an MADA has been received by DDB, or any other case receipt or closure question. If IM workers use this email address for policy questions, the question will be forwarded to Vickie Davis or Cassandra Quinn for a response. You may still contact either Vickie Vickie.davis@ssa.gov or Cassandra Cassandra.quinn@ssa.gov directly.

The email address is: ch.wi.dds.ma@ssa.gov.

3.15.1 Introduction

Performance Management Reports are broken down based on County of Administration. Reports are refreshed weekly. The data is retrieved from Cares Worker Web (CWW) Dashboard Work Items.

These reports include:

- Received Applications Summary
- Applications Timeliness Summary
- FoodShare Applications Timeliness Summary
- Health Care Applications Timeliness Summary
- Caretaker Supplement Applications Timeliness Summary
- Untimely Applications Report

13.5 Confirmation

This chapter has been split into 2 sections.

13.5.1 Confirmation Access

13.5.2 AGECE Details – This section was formerly listed as Section 2.7.

40 Fair Hearing Tracking Tool

This entire section is new with this release.

41 Overrides

The text changes are too numerous to list. The AIOE and AGOE Eligibility Override Guide is obsolete. The instructions have been added directly to this chapter.

42 Simulation

Simulation is a tool that ~~you may utilize~~ **workers use** to test the impact that a change will have on a case prior to updating the case in production (**any changes made in simulation will not carry over to production**). ~~You will also use~~ **Simulation is also used** to calculate an over-issuance during a benefit recovery. ~~After you have made changes to a case~~ **are made** in Simulation, ~~you~~ **workers** are given the option to "Terminate with Delete" (selecting this option will ~~not impact your case in production~~ **delete all changes made while in simulation**) or to Terminate without Delete (choosing this option will ~~carry the changes over into production~~ **store any changes made in simulation through the end of the calendar week**).

58.1 Customer Correspondence

Each night, CARES determines if a notice should be sent or not based on what changes were entered throughout the day, and if a notice is appropriate, whether the notice will go out that night, at the end of the week or at adverse action. If there were no "true changes" and no notice needs to be sent, the nightly batch process will delete all pending notice requests. **Exception: notices will be sent when a FoodShare application or renewal is confirmed, even when there is no change in benefits.** If a notice needs to be sent either at the end of the week or at adverse action, that notice will remain on the notice suppression page until it is sent. Because DWD and DHFS have different programs in CARES, the notice process is different for IM programs (i.e: CTS, Medicaid, FoodShare) than it is for DWD programs (i.e. W2 and Child Care). This process is for notices regarding eligibility determinations only.

A language translation box is printed on all notices and CARES letters with the household language indicated on the General Case Information page in CWW. The text in the language box is translated into 26 languages and directs the individual to contact Member Services if he/she needs to have the letter translated. A copy of the language translation box in English is below.

- **"English" and "Other" on the General Case Information Page (GCI) page triggers an English-language notice with no translation box.**
- **"Spanish" on the GCI page triggers a Spanish-language notice with no translation box.**
- **Any other language entered on the GCI page will trigger an English-language notice and provide a translation box in the specific language identified on the GCI page.**

NOTE: **To ensure agencies are in compliance with Civil Rights regulations and that members receive their notices in the correct language, or with the correct language box, it is critical that the correct language is entered on the General Case Information page.**

Because of the way the questions are worded in ACCESS Apply for Benefits, ACCESS applications will only update the General Case Information language selection with English or Spanish. Until ACCESS can be updated, workers will have to check the Primary Person's language indicated on the ACCESS application and update the General Case Information page with that language.

**68.1.5.3 MMIS Claims
History**

The following instructions only apply if the mother was in 'fee for service' status at the time of delivery. Use the Recipient Claims Screen to verify the birth was paid by Medicaid/ BC+. A copy of this screen can be found in the MMIS Manual on page 32. Please refer to the ~~MMIS Overview~~ [PH 81 ForwardHealth iChange](#) for more detailed instructions.