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TO: **Income Maintenance Supervisors**
Income Maintenance Lead Workers
Income Maintenance Staff
W-2 Agencies
Workforce Development Boards
Job Center Leads and Managers
Training Staff
Child Care Coordinators

FROM: Amy Mendel-Clemens, Chief
Technical Assistance and Training Section
Bureau of Enrollment Management
Division of Health Care Access and Accountability

BEM/DFS OPERATIONS MEMO

No: 10-07

DATE: 01/11/2010

FS	<input type="checkbox"/>	MA	<input checked="" type="checkbox"/>	BC+	<input type="checkbox"/>
SC	<input type="checkbox"/>	CTS	<input type="checkbox"/>	FSET	<input type="checkbox"/>
CC	<input type="checkbox"/>	W-2	<input type="checkbox"/>	EA	<input type="checkbox"/>
CF	<input type="checkbox"/>	JAL	<input type="checkbox"/>	JC	<input type="checkbox"/>
RAP	<input type="checkbox"/>	WIA	<input type="checkbox"/>	Other	<input type="checkbox"/>
				EP	

PRIORITY: HIGH

SUBJECT: Medicare Improvements for Patients and Providers Act of 2008

CROSS REFERENCE: MEH 32 Medicare Beneficiaries

EFFECTIVE DATE: JANUARY 1, 2010

PURPOSE:

The purpose of this memo is to inform local agencies of a change in federal law affecting Wisconsin's Medicare Premium Assistance Programs, also known as Medicare Savings Programs (MSPs). MSPs include Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), Specified Low-Income Medicare Beneficiaries Plus (SLMB+) and Qualified Disabled and Working Individuals (QDWI).

BACKGROUND:

A primary goal of the "Medicare Improvements for Patients and Providers Act of 2008" (MIPPA) is to improve access to healthcare for Medicare beneficiaries. An area of specific focus within this legislation is the relationship between Medicare's Part D Low Income Subsidy (LIS) program and the Medicare Savings Programs. The LIS program, also called "Extra Help" by the Social Security Administration, helps persons with limited income and resources pay for the Part D costs including monthly premiums, annual deductibles, and prescription co-payments. MIPPA

takes certain, limited steps intended to align eligibility policy between LIS and MSPs (e.g., asset limits—see Operations Memo 09-76, 12/7/09) and streamline the MSP application process.

POLICY CHANGE:

Effective January 1, 2010, the Social Security Administration (SSA) is required to electronically transmit LIS application data to states for each individual who:

- completes and submits an application to SSA for LIS benefits and
- consents to sharing the data with the state.

The data received from SSA is considered a request for MSP and must be processed using the same processing guidelines that would be followed if a request for MSP was submitted directly by the applicant.

Because the data sent by SSA is not sufficient to determine Medicaid or MSP eligibility, the data from the LIS application will be used to establish a Request for Assistance (RFA) in CARES. A completed, timely application will have to be submitted by the applicant to the local agency in order to determine Medicaid and MSP eligibility for the person.

Process Overview

SSA will transmit LIS applications to the DHS once the LIS determination has been made. Only finalized LIS applications, both approved and denied, will be transmitted.

Upon receipt of the LIS application data from SSA, a request for assistance (RFA) will automatically be created in CARES. When the RFA is created, a letter (Attachment 1) will be generated and mailed to the LIS applicant the following day. The letter requests that the information necessary to test for MSP eligibility be provided via the established Medicaid application process.

Individuals will be instructed to complete and return the Medicaid application to their local agency within 30 days of the contact date. Medicaid applications returned timely should be processed following the instructions in the IM Processing section of this Ops Memo. If the application is not returned timely, the RFA will be automatically withdrawn and the applicant will receive a denial notice through CARES.

DHS expects to receive the first LIS application file from SSA in mid- to late-January 2010. Based on information provided by SSA, we expect fewer than 9,000 applications to be received annually, and only about half are likely to be found eligible for MSP.

CARES:

Some changes have been made to CWW to support the LIS data received from SSA. The changes to the specific pages in CWW are listed below.

Low Income Subsidy Application Data in CARES

Because some of the LIS file data received from SSA may be outdated or not accurate, the only data from the LIS application that will be used to create the RFA are:

- Name
- Date of Birth
- SSN
- LIS filing date
- Mailing Address

Additional Data Page

The screenshot shows the 'Additional Data' form in the CARES system. The form is divided into several sections: RFA Information, Race, Ethnicity, Household Address, and Contact Information. A navigation menu is visible on the left side. Two red callout boxes highlight specific changes:

- A callout box points to the 'Contact Date' field, stating: "Date LIS data received from SSA."
- A callout box points to the 'Contact Method' dropdown menu, stating: "LIS Referral" has been added to the drop down menu as a new choice for Contact Method.

The form fields include:

- RFA Information:** RFA Type, Contact Date (MM/DD/YYYY), Contact Method, Language, County/Tribe, Office, Application Source (LA - Local Agency Office), Assigned Worker ID, Assigned Worker Name.
- Race:** Asian, White, African American.
- Ethnicity:** Hispanic.
- Household Address:** County/Tribe of Residence, Homeless checkbox, Populate with office address checkbox, Number, Unit, Direction, St/Rural Rt/Box Number, Suffix, Quadrant, Apt.
- Additional Address Info:** City, State (WI - WISCONSIN), ZIP, Phone.
- Contact Information:** Work Phone, Message Phone.

Contact Date

The Contact Date associated with the LIS RFA will be set by CARES to the date that the LIS data was received by DHS from SSA. The Contact Date is the first day of the 30 day application processing period and this will set the RFA 30 day withdraw letter to be mail if the LIS/MSP applicant does not respond timely.

Contact Method

A new Contact Method ("LIS Referral") will be added to the drop down box to identify those referrals received from SSA through the LIS application process. This contact method will be auto-populated by CARES and cannot be manually entered by workers creating an RFA.

Complete Request for Assistance page

Navigation Menu

- Search
- CARES Home
- Search
- Unsubmitted Requests
- Inbox Search
- RFA / Case
 - Client Registration (1)
 - Basic Information
 - Additional Data
 - Program Requests
 - Priority Service Determination
 - Print Application Registration
 - Complete Request
 - RFA Summary
 - Case Summary
 - Case Comments
 - Application Entry (0)
 - Generate Summary
 - Instate Eligibility Determination
 - Eligibility
 - Post Eligibility
 - Confirmation Access
 - Query
 - Benefit Issuance
- Worker Tools
 - SSI-MA Administration
 - TCLA Administration

Complete Request for Assistance

The following event has occurred:

GL017: 'Registration Filing Date' cannot be prior to 'Contact Date'.

RFA Dates

Contact Date: 12 / 15 / 2009

Registration Filing Date: 12 / 01 / 2009

Program Filing Dates

Make all blank Program Filing dates the same as Registration.

Health Care (Including Medicare Premium Assistance):

Family Planning Waiver:

Caretaker Supplement:

FoodShare: Not Requested

Child Care: Not Requested

W-2: Not Requested

Extension

Extension Date: MM / DD / YYYY

Extension Reason:

Withdraw

Withdraw RFA? No

Withdraw Reason:

Comments

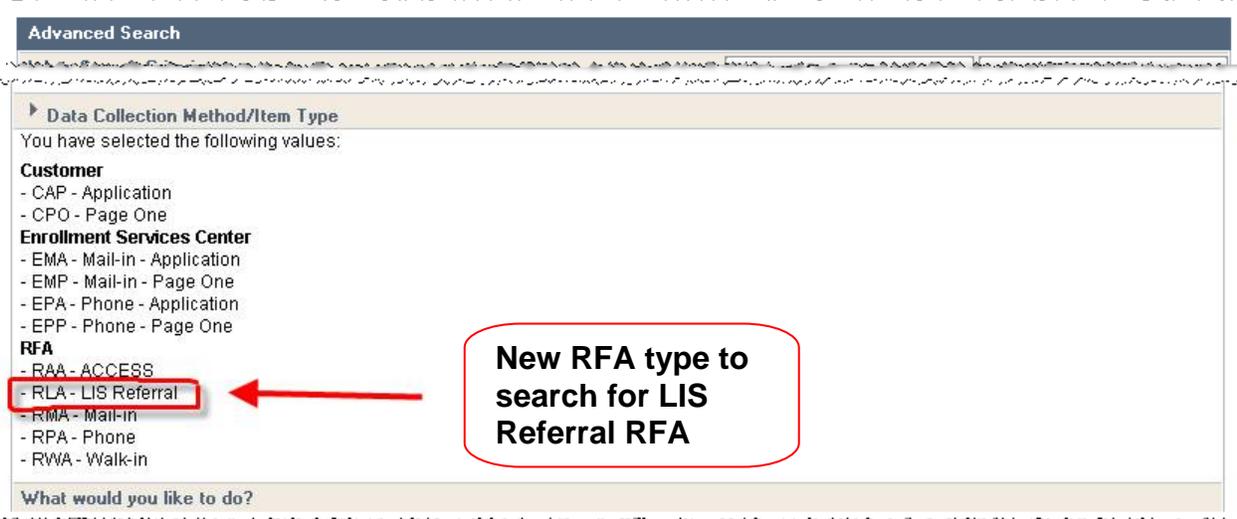
RFA Comments:

Registration Filing Date

- CARES editing has been changed to allow the Registration Filing Date to be prior to the Contact Date when the Contact Method is "LIS Referral".
- When creating the RFA, CARES will auto-populate the Health Care filing date (including MSP) filing date with the original LIS application filing date with SSA. This SSA LIS filing date will always be prior to the contact date CARES creates as the date the LIS data received from SSA.
- CARES will create an RFA based on the demographic information sent on the LIS file from SSA.
- The applicant's county of residence is not included in the LIS data that the state receives from SSA. Therefore, Finalist will be used to identify the county based on the LIS applicant's mailing address information on the LIS file. If the LIS RFA is assigned through this process to the wrong local agency, it should be transferred to the correct agency following the procedures in Process Help 6.1.6..
- Once the RFA is created, CARES will generate a letter (Attachment 1) to the LIS/MSP applicant requesting the information necessary to determine MSP eligibility.
- The RFA will be withdrawn if the LIS/MSP applicant does not respond to the letter within 30 days of the Contact Date. CARES will generate the RFA withdrawal letter to inform the applicant that the request for assistance is denied.

Inbox Search

Inbox Search Criteria – RFAs / Applications



Advanced Search

▶ **Data Collection Method/Item Type**

You have selected the following values:

Customer

- CAP - Application
- CPO - Page One

Enrollment Services Center

- EMA - Mail-in - Application
- EMP - Mail-in - Page One
- EPA - Phone - Application
- EPP - Phone - Page One

RFA

- RAA - ACCESS
- **RLA - LIS Referral**
- RMA - Mail-in
- RPA - Phone
- RWA - Walk-in

What would you like to do?

New RFA type to search for LIS Referral RFA

New Search Function

'LIS RFA' has been added as a new Inbox search criteria under "Data Collection Method/Item Type" as "RFA – LIS Referral" to allow workers to retrieve RFAs created as a result of an LIS application referral from SSA.

IM AGENCY PROCESSING

Filing Dates and Processing Timelines

The date (Contact Date) that DHS receives the LIS data transmitted by SSA constitutes the start of the 30 day processing timeline for the MSP determination.

MIPPA requires that the MSP application filing date be established as the date that the LIS application is filed with SSA. The LIS/MSP filing date will be set as the MSP filing date in CWW and will be used to establish the eligibility certification start date for SLMB, SLMB+, and QDWI. QMB eligibility begins the first day of the month following the month QMB eligibility is determined. (See MEH 32.7 and 32.7.2)

SSA estimates that the average LIS application takes 30 days to process to completion. Therefore, backdating eligibility for greater than one month for SLMB, SLMB+ and QDWI may be a common occurrence. SSA will not be sending DHS data from LIS applications filed prior to January 1, 2010.

A separate filing date, based on the date the Medicaid application was submitted to the local agency, will be established for the health care request. The Medicaid application filing date will serve the same purpose as it does currently relative to the Medicaid application processing timeline, including verification due dates, and Medicaid start date policy.

ELIGIBILITY BEGIN DATE

MSP Begin Date policy is not changing and remains as follows:

QMB benefits begin on the first of the month after the month in which the individual is determined to be eligible/confirmed in CARES. For example, if you determine an individual meets all eligibility requirements for QMB on August 15 and confirmed in CARES, the effective date of eligibility for payment of premiums, deductibles and coinsurance is September 1. See MEH 32.7.

SLMB, SLMB+, and QDWI benefits begin on the first of the month in which all eligibility requirements are met. Unlike QMBs, retroactive eligibility of up to 3 calendar months prior to the month of application applies if the individual meets all SLMB eligibility criteria in the retroactive period. See MEH 32.7.2

PROCESSING THE LIS/MSP APPLICANT'S EBD MEDICAID APPLICATION**Online ACCESS or Mail In application form F-10101 Received**

When an EBD Medicaid application is received via ACCESS or Mail In to the local agency, there will be no indication the application is received as result of the LIS application follow up for additional information. When Client Registration is done the applicant will match against any outstanding pending RFA's, including LIS RFA's. The pending LIS RFA created by the SSA LIS batch must be select to work on first to protect the LIS filing date with SSA. Take the LIS RFA through clearance into a case. Once the LIS RFA has been established to a case, complete the follow up ACCESS application or the mail in application Client Registration and link to the case. Make sure to change the Health Care filing date to the date that the EBD Medicaid application is received to set the correct verification due date for EBD Medicaid processing. Leave the MPA filing date set at the date auto-populated by CARES from the LIS data.

Phone Contact Follow Up from LIS Individuals

If the individual chooses to contact the agency by phone to provide the additional information needed to process the MSP request use the new Inbox Search criteria to locate and retrieve the associated LIS RFA. If there is an "LIS Referral" RFA associated with the EBD Medicaid application, take the LIS RFA through clearance first and establish a case. Enter the data provided by the individual for all related CWW pages. If no signed EBD Medicaid application is received change the Health Care request to no. Leave the MSP filing date set at the date auto-populated by CARES from the LIS data.

Verification Due Date

If the EBD Medicaid AG pends for verification, the verification due dates will be calculated based on the filing date associated with the Health Care request from the EBD Medicaid application received (not the MSP filing date, or the Contact Date).

If the MSP AG pends for verification and request is for MSP only, the verification due dates will be calculated based on the LIS Contact Date.

Expired and Withdrawn RFA's

Currently when searching by name or SSN, CWW does not bring up the expired or withdrawn RFA's. If an LIS applicant calls with questions after the RFA has been withdrawn and does not know his or her RFA number, the worker will have to use the CARES mainframe to find the RFA number. This search is done by entering AQIN in the tran code field and 'last name/first name////dob' of the applicant in the parms. (See example below) Once you have the RFA number from the CARES mainframe enter the RFA number in the 'Quick Select' box on the CWW Home Page to bring up the RFA Summary for the expired RFA.

NEXT TRAN: AQIN	PARMS:last name/first name////01151950
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Determining Eligibility for SLMB+

SLMB+ is not yet automated in the CARES system, so the current manual processing continues to be required. See Process Help 61.6 for instructions regarding the manual determination of eligibility for SLMB+. See Op Memo 08-24 (5/13/2008) and 09-21 (4/17/09) for SLMB+ Review/Re-certification.

RFA EXCEPTION PROCESSING

There may be times where CARES is unable to create an RFA through the LIS batch process. When this happens a report of the cases will be generated. State staff will manually create an RFA. State staff will mail a copy of the associated letter (Attachment 1) informing LIS applicants to contact the county. A weekly system update will be done to enter the correct "LIS Referral" contact method on these RFAs.

Attachments:

[Attachment 1](#)

CONTACTS:

BEM CARES Information & Problem Resolution Center

*Program Categories – FS – FoodShare, MA – Medicaid, BC+ – BadgerCare Plus, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – FoodShare Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

DHS/DHCAA/BEM/SR;PH