MEPD Enhancement Detailed Business Processes

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Overview
An executive decision was made between the Department of Aging and Disability Services (DADS) and the Health and Human Services Commission (HHSC) to remove all DADS functionality from the Texas Integrated Eligibility Redesign System (TIERS). As a result of this decision, the processes Medicaid for the Elderly and People with Disability (MEPD) workers use to determine eligibility for waiver and Community Attendant (CA) cases changes.

Instead of DADS putting the eligibility components necessary for MEPD financial decisions into TIERS they will be creating and maintaining a Web Services system (DADS system). TIERS will get the necessary eligibility components from the DADS system and in turn give DADS the information they need regarding eligibility.

This document will detail the processes MEPD workers are to follow to complete all MEPD transactions.

Applications and Transfers

Application Processing - Application received in the Local Eligibility Office: – All cases
Applications that are received in the local eligibility office should be worked by a MEPD worker in that office following the normal processes for applications and program transfers. Once the application is completed, the case is assigned to the generic worker.

The MEPD worker then mails the application and supporting documents to the DPC in Midland using an image only coversheet. The mailing address is: PO Box 14800, Midland, TX 79711-9907.

Case Processing Normal Flow: – community cases; Non-Waiver and Non-CA
1. The MEPD worker begins work on the next task in the TLM.
2. The MEPD worker enters all required eligibility fields and supporting documentation. The verification documents that are linked to the application are examined and the appropriate data is entered correctly. Supporting documents are also examined for explanations of any questionable items, e.g. clearance of all deposits and large withdrawals on bank statements, clearance of any altered or incomplete verifications, and/or additional verification that may be required as a result of the initial verification provided. The MEPD worker documents in Case Comments to clear discrepant information.
3. Missing Information:
   a. If missing information (MI) exists, the MEPD worker requests MI by generating Form 1020 to the client/AR with specific due dates for the information.
   b. The worker clears the task by marking it as missing information requested.
      i. Do this from the personal queue, not the InFlight queue.
      ii. Click on the check mark
      iii. Select task complete, missing information requested
           This will keep the task in the worker’s personal queue but change the task name to indicate MI requested and change due date of the task for missing information.
   c. When the missing information is returned, the envelope icon indicating missing information will appear next to the task.
   d. The worker completes the case doing normal processes.

4. If all the required data is present and correct, the MEPD worker initiates Eligibility Determination and Benefit Calculation (EDBC) and disposes the EDG(s). The MEPD worker marks the application task complete. The MEPD worker reviews all associated unassigned tasks in the InFlight queue to determine if additional action is needed. If no additional action is needed, mark all the tasks as complete. If needed, take the action and mark all the tasks as complete when finished.

Use of a MEPD Referral Cover Sheet: – Waiver/CA cases

A referral must be made with any request for eligibility for any of the DADS waiver or CA services. When an application is received for any DADS Waiver or CA service, it must be accompanied by an approved MEPD Referral Coversheet. This approved MEPD Referral Coversheet takes the place of a DADS Form 2067. If an application is not accompanied by a referral coversheet and there is a request for Medicaid on the application, it will be processed for any other Medicaid Eligibility for which the client may be eligible. An application received without a referral coversheet and no request for Medicaid will be returned to DADS as a referral for DADS services. A referral form along with a new application must be used for requesting additional waiver coverage to an existing QMB or SLMB case. The referral form alone can be used for requesting additional CA coverage.
**Application and Program transfer Processing Normal Flow: – Waiver/CA cases**

1. The MEPD worker begins work on the next task in the TLM.

2. The MEPD worker enters all required eligibility fields and supporting documentation.
   a. When the EDG is first run for an application, TIERS makes the first call to the DADS system for the required eligibility components needed for the LTSS Summary Information. An automated request can be made by the worker for screen specific information on the following pages: Living Arrangement; LTSS Summary; Medicaid Waiver/CA Details; & LTSS Eligibility Periods. This is a real time request for DADS’ current information. To make this request, click the “Get other Agency Data” button found on each of these pages.
   b. The MEPD worker continues with data collection.
   c. The verification documents that are linked to the application are examined and the appropriate data is entered correctly.
   d. Supporting documents are also examined for explanations of any questionable items, e.g. clearance of all deposits and large withdrawals on bank statements, clearance of any altered or incomplete verifications, and/or additional verification that may be required as a result of the initial verification provided.
   e. The MEPD worker documents in Case Comments to clear discrepant information.

3. Missing Information:
   a. If missing information (MI) exists, the MEPD worker requests MI by generating Form 1020 to the client/AR with specific due dates for the information.
   b. The worker clears the task by marking it as missing information requested.
      i. Do this from the personal queue, not the InFlight queue.
      ii. Click on the check mark
      iii. Select task complete, missing information requested
           This will keep the task in the worker’s personal queue but change the due date of the task for missing information.
   c. TIERS will transmit to the DADS system the MI as identified by the Verification Check List (VCL) or documented in manually generated correspondence/comments.
   d. When the missing information is returned, the envelope icon indicating missing information will appear next to the task.
   e. The worker completes the case doing normal processes.
4. If all the required data for financial eligibility is present and correct, the MEPD worker initiates EDBC. If there are secondary coverage EDG(s) e.g. QMB/SLMB, that EDG will be disposed while the waiver/CA EDG is pended. If the Waiver/CA eligibility components already exist, the Waiver/CA EDG is also disposed.

5. Second Call to DADS System:
   a. If the result of EDBC is that the case is missing the DADS eligibility component(s), TIERS will call the DADS system nightly for this information.
   b. When the information is returned, a second task will be sent to the assigned worker indicating the waiver eligibility components are received.
   c. The MEPD worker marks the application task complete. The MEPD worker reviews all associated unassigned tasks in the InFlight queue to determine if additional action is needed. If needed, take the action and mark all the tasks as complete when finished.
   d. TIERS will notify DADS system of the eligibility result.
      Note: Until the messaging part of the DADS system is operational, the MEPD worker will continue to notify DADS of the eligibility result using the established DADS communication tool found at: [http://dadsview.dads.state.tx.us/me-to-dads/](http://dadsview.dads.state.tx.us/me-to-dads/) The MEPD worker will only indicate if the client’s case has been certified or denied and the denial reason.
   e. If MI is not returned within the given timeframe, the MEPD worker will search the portal for the information. If it is not found, the worker will determine if the MI is required for an eligibility decision. If not the worker will accept what the client reported and follow steps 4 and 5. If the MI is required for an eligibility decision, the worker will deny the application for failure to furnish information. TIERS will notify the DADS system of the eligibility result. The MEPD worker marks the application task complete. The MEPD worker reviews all associated unassigned tasks in the InFlight queue to determine if additional action is needed. If no additional action is needed, mark all the tasks as complete. If needed, take the action and mark all the tasks as complete when finished.
   f. Medicaid CA EDGs can be disposed with approved or NA in the CA functional field. For initial CA, if medical approval is not received by the 120th day after disposition, the EDG will deny in a mass update process requiring no worker action.

6. If all the information is returned and the waiver/CA eligibility components are not received, the worker puts the application on delay of certification.

Note: If the client is eligible for other types of regular Medicaid coverage, i.e. Pickle or DAC, the waiver services will just be added to this type of coverage. There would not be any need for the MEPD worker to transfer the case to the waiver program, nor will there be any calculation of a copay. If a copay is required by DADS, the DADS worker will directly enter a zero copay into SAS.
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Application and Program transfer Processing Normal Flow: – Institutional cases

1. The MEPD worker begins work on the next task in the TLM.

2. The MEPD worker enters all required eligibility fields and supporting documentation.
   a. When the EDG is first built for an application, TIERS makes the first call to the DADS system for the required institutional eligibility components. This can be manually requested under living arrangement.
   b. The MEPD worker continues with data collection.
   c. The verification documents that are linked to the application are examined and the appropriate data is entered correctly.
   d. Supporting documents are also examined for explanations of any questionable items, e.g. clearance of all deposits and large withdrawals on bank statements, clearance of any altered or incomplete verifications, and/or additional verification that may be required as a result of the initial verification provided.
   e. The MEPD worker documents in Case Comments to clear discrepant information.

3. Missing Information:
   a. If missing information (MI) exists, the MEPD worker requests MI by generating Form 1020 to the client/AR with specific due dates for the information.
   b. The worker clears the task by marking it as missing information requested.
      i. Do this from the personal queue, not the InFlight queue.
      ii. Click on the check mark
      iii. Select task complete, missing information requested
          This will keep the task in the worker’s personal queue but change the task name to indicate MI requested and change due date of the task for missing information.
   c. When the missing information is returned, the envelope icon indicating missing information will appear next to the task.
   d. The worker completes the case doing normal processes.

4. If all the required data for financial eligibility is present and correct, the MEPD worker initiates EDBC. If there are secondary coverage EDG(s) e.g. QMB/SLMB, that EDG should be disposed while the institutional EDG is pended. If the institutional eligibility components already exist, the institutional EDG is also disposed.
5. Second Call to DADS System:
   a. If the result of EDBC is that the case is missing the institutional eligibility component(s), TIERS will call the DADS system nightly for this information.
   b. When the information is returned, a second task will be sent to the assigned worker indicating the waiver eligibility components are received.
   c. The MEPD worker marks the application task complete. The MEPD worker reviews all associated unassigned tasks in the InFlight queue to determine if additional action is needed. If no additional action is needed, mark all the tasks as complete. If needed, take the action and mark all the tasks as complete when finished.
   d. TIERS will notify DADS system of the eligibility result.
      Note: Until the messaging part of the DADS system is operational, the MEPD worker will continue to notify DADS of the eligibility result using the established DADS communication tool found at: http://dadsview.dads.state.tx.us/me-to-dads/ The MEPD worker will only indicate if the client’s case has been certified or denied and the denial reason.
   e. If MI is not returned within the given timeframe, the MEPD worker will search the portal for the information. If it is not found, the worker will determine if the MI is required for an eligibility decision. If not the worker will accept what the client reported and follow steps 4 and 5. If the MI is required for an eligibility decision, the worker will deny the application for failure to furnish information. TIERS will notify the DADS system of the eligibility result. The MEPD worker marks the application task complete. The MEPD worker reviews all associated unassigned tasks in the InFlight queue to determine if additional action is needed. If no additional action is needed, mark all the tasks as complete. If needed, take the action and mark all the tasks as complete when finished.

6. If all the information is returned and the institutional eligibility components are not received, the worker puts the application on delay of certification.

Institutional – Transferred Assets/Excess Home equity

1. The MEPD worker follows all the steps for processing an institutional application or program transfer. This process begins once the penalty period has been calculated.

2. The MEPD worker prepares Form H1226 and mails it to the client.

3. If the client rebuts the MEPD worker follows MEPD policy to determine if the rebuttal is accepted.
4. If the rebuttal is not accepted or the client does not rebut and there is a transfer penalty, the MEPD worker manually completes a Form H3618A showing the Medical Effective Date as the date of admission to Vendor #5997 known as “Mason Manor”. If the penalty period is less than 13 months, then enter the next day after the day the penalty period ends as the date of discharge from Mason Manor.

5. If the penalty period lasts for 13 months or more, leave the discharge date blank. At each annual redetermination, the penalty period should be monitored and when it becomes less than 1 year a 3618A needs to be sent to Provider Claims Service with the penalty end date following the above procedures.

6. If excess home equity exists, then a Form H3618A is prepared showing the date of facility entry as the date of entry to vendor #5988 the vendor number for the Home Equity Manor. Unlike a transfer of assets penalty period, there is no end date for Home Equity Manor unless the home equity value changes to be less than or equal to the limit.

7. The TIERS messaging system will transmit this data to the Provider Claims Payment Section via the DADS System.
   - Until the messaging system is operational, the contingency processing method (CPM) is: the MEPD worker mails Form H3618A to Provider Claims Payment Section. The address for Provider Claims is PO Box 149030, MC E400, Austin, TX 78714-9030. To expedite this process, the MEPD worker can fax the H3618A to Provider Claims at 512-438-2301. The MEPD worker will also send a copy of the H3618A to the DPC following the Image Only process. Note: The preferred method of transaction is to have an automated messaging system notifying the DADS system of these dates.

**Institutional with Variable Income and/or variable Incurred Medical Expense**

1. The MEPD worker follows the normal process flow for institutional applications and program transfers. Note: this process would also be applicable for redeterminations.

2. The MEPD worker determines if there are any TW EDGs associated to the case.

3. If there are no TW EDGs associated to the case, reconciliation for budgeted Variable Income and/or Variable Incurred Medical Expense is handled through a historical correction of co-pay amounts in TIERS, which interfaces with the DADS System. The MEPD worker enters each month’s variable income or variable incurred medical expense in the appropriate screens in TIERS. Close attention must be paid to the effective dates for each entry to avoid errors.
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4. If there is a TW EDG associated with the case, the MEPD worker manually calculates the reconciled applied income and overrides the copay amounts in the previous months.

5. If Variable income or an Incurred Medical Expense was not previously budgeted, or there were other unreported income changes that result in higher copay, restitution is applicable. The MEPD worker must calculate the appropriate amount of restitution. This is a manual process. The MEPD worker completes the Form H1225 using TIERS Correspondence – Generate Manual Correspondence.

6. If the restitution is a result of the client’s ineligibility, the MEPD worker will make a request for the total cost of care through delivered services via the left Nav or from the hover menu under individual inquiry page. The MEPD worker uses this information to complete the Form H1225 using TIERS Correspondence – Generate Manual Correspondence.

Note: Restitution is never applicable for State School cases.

Institutional/Waiver – Subrogation

Subrogation is the substitution of one claim for another, especially the transfer of the right to receive payment of a debt to somebody other than the original creditor. MEPD policy requires that certain trusts and annuities have the State of Texas as the residual beneficiary. When a MEPD client has one of these trusts or annuities, the MEPD worker must report this to the Provider Claims Section using the Form H1210.

1. The MEPD worker follows the normal process flow for institutional applications and program transfers. Note: this process would also be applicable for redeterminations.

2. The TIERS messaging system will transmit this data to the Provider Claims Payment Section via the DADS System.
   - Until the messaging system is operational, the contingency processing method (CPM) is: The MEPD worker manually completes Form H1210, Subrogation, and sends it to Provider Claims Payment Section. The address for Provider Claims is PO Box 149030, MC E400, Austin, TX 78714-9030. To expedite this process, the MEPD worker can fax the H3618A to Provider Claims at 512-438-2301. The MEPD worker will also send a copy of the H3618A to the DPC following the Image Only process. Note: The preferred method of transaction is to have an automated messaging system notifying the DADS system of this.
Institutional/Waiver Cases: – Spousal Impoverishment Application.

If it is established that a facility or Waiver applicant has a spouse residing in the community, additional resources may be protected for the community spouse. The Spousal Protected Resource Assessment (SPRA) is conducted as part of the eligibility determination process. If the client is ineligible due to excess resources after protecting resources for the community spouse, the amount protected can be expanded using an established formula. The amount of expansion depends on the financial situation of the community spouse.

1. The MEPD worker follows the normal process flow for institutional applications and program transfers.

2. If the client is ineligible due to excess resources, the MEPD worker makes a telephone call to the client/spouse/authorized representative for verbal approval to expand the SPRA.

3. After verbal approval to expand the SRA is received, the SPRA expansion is conducted in TIERS but not submitted.

4. The MEPD worker updates the Form H1274 with the new expanded SPRA and completes Form H1275. The updated Form H1274 and Form H1275 are sent to the client/authorized representative.

5. The case is pended for the return of a signed Form H1275. The task is marked as pending information requested so it remains in the MEPD worker’s personal queue. Once the Form H1275 is returned to the DPC, it will follow the normal flow for verifications. The form H1275 will be associated to the existing task in the MEPD worker’s personal queue.

6. The MEPD worker reruns EDBC and disposes the EDG.

7. If the Form H1275 is not returned, the application will follow the timed-out flow for MEPD.
MEPD Enhancement Detailed Business Processes

Application and Program transfer Processing: – Waiver/CA/Institutional cases – Re-requesting DADS Eligibility Components

1. The MEPD worker begins work on the next task in the TLM.

2. The MEPD worker follows the normal process flow for Waiver/CA/Institutional applications and program transfers.

3. If all the required data for financial eligibility is present and correct, the MEPD worker initiates EDBC. If there are secondary coverage EDG(s) e.g. QMB/SLMB, that EDG will be disposed while the Waiver/CA/Institutional EDG is pended. If the Waiver/CA/Institutional eligibility components already exist, the Waiver/CA/Institutional EDG is also disposed.

4. Second Call to DADS System:
   a. If the result of EDBC is that the case is missing the DADS eligibility component(s), TIERS will call the DADS system nightly for this information.
   b. If the worker receives the DADS eligibility component information by a phone call to TMHP, the DADS worker, PCS, or a SAS inquiry, and if the DADS eligibility component information has been submitted to the DADS system since the automatic call from TIERS, the worker can delete the automatic call and re-request the information from the DADS System again.
   c. If the DADS System is down, or the information is from another agency not in the DADS system, the worker can manually enter the data into the appropriate screens. The MEPD worker documents how the data was verified.
   d. The MEPD worker runs EDBC and disposes the Waiver/CA EDG
   e. The MEPD worker marks the application task complete. The MEPD worker reviews all associated unassigned tasks in the InFlight queue to determine if additional action is needed. If no additional action is needed, mark all the tasks as complete. If needed, take the action and mark all the tasks as complete when finished.
   f. TIERS will notify DADS system of the eligibility result.

Note: Until the messaging part of the DADS system is operational, the MEPD worker will continue to notify DADS of the eligibility result using the established DADS communication tool found at: http://dadsview.dads.state.tx.us/me-to-dads/ The MEPD worker will only indicate if the client’s case has been certified or denied and the denial reason.
5. If MI is not returned within the given timeframe, the MEPD worker will search the portal for the information.
   a. If it is not found, the worker will determine if the MI is required for an eligibility decision.
   b. If not, the worker will accept what the client reported, run EDBC and dispose the case.
   c. If the MI is required for an eligibility decision, the worker will deny the application for failure to furnish information.
   d. TIERS will notify the DADS system of the eligibility result.
   e. The MEPD worker marks the application task complete.
   f. The MEPD worker reviews all associated unassigned tasks in the InFlight queue to determine if additional action is needed.
   g. If no additional action is needed, mark all the tasks as complete. If needed, take the action and mark all the tasks as complete when finished.

Application and Program transfer Processing: – PACE case processing in TIERS

MEPD workers that are on-site in the PACE facility are responsible for entering financial information for PACE clients in TIERS. The functional data will be available through the DADS Service. The process follows the normal flow for processing a waiver application. The MEPD worker will coordinate with the DADS contact regarding eligibility so the DADS contact can data enter the required functional data into SAS.

Application and Program transfer Processing: – TIERS Cascade stops at a TW Medicaid EDG

When an application for Medicaid comes in and EDBC cascades to a TW Medicaid program, the MEPD worker should refer the case to a TW ART worker.
**Case Processing – Disability Determination Unit (DDU) procedures: All cases**

Clients who have not reached the age of 65 must be determined disabled to be eligible for any of the MEPD programs. If a person is under 65 and drawing a Social Security, Railroad Retirement, or SSI Disability, the disability requirement is met. For all others, the MEPD worker must seek a disability determination from the Disability Determination Unit (DDU).

1. The MEPD worker begins work on the next task in the TLM.

2. The MEPD worker enters all required eligibility fields and supporting documentation. The verification documents that are linked to the application are examined and the appropriate data is entered correctly. Supporting documents are also examined for explanations of any questionable items, e.g. clearance of all deposits and large withdrawals on bank statements, clearance of any altered or incomplete verifications, and/or additional verification that may be required as a result of the initial verification provided. The MEPD worker documents in Case Comments to clear discrepant information.

3. If the MEPD worker determines that the client is under 65 and not drawing Social Security or Railroad Retirement disability, and has not lost their SSI for cessation of disability, the MEPD worker will generate a Form H3034 and Form H3035 and send it to the client as missing Information along with a Form H1020. The client will be requested to complete the H3034 and H3035 and provide medical records that document the disability. This is done in addition to any other information that is missing.
   a. The MEPD worker requests MI by generating Form 1020 to the client/AR with specific due dates for the information.
   b. The worker clears the task by marking it as missing information requested.
      i. Do this from the personal queue, not the InFlight queue.
      ii. Click on the check mark
      iii. Select task complete, missing information requested
          This will keep the task in the worker’s personal queue but change the task name to indicate MI requested and change due date of the task for missing information.
   c. When the missing information is returned, the envelope icon indicating missing information will appear next to the task.

4. When the H3034, H3035, and medical records are returned, the MEPD worker sends an email with the document control number (DCN) to DDU letting them know the documents are available for them to view and make a decision.

5. DDU will make the decision and data enter the decision into the appropriate screens in TIERS.
6. **WORKAROUND:** The workaround for this process until the staffs at DDU are trained and have the appropriate access in TIERS is that the MEPD worker will print off the required documents and send them to DDU. DDU will fax the decision to the MEPD worker’s fax number. The MEPD worker will data enter the decision in the appropriate screens in TIERS.

7. The worker completes the case following normal case processing.

8. If all the required data is present and correct, the MEPD worker initiates Eligibility Determination and Benefit Calculation (EDBC) and disposes the EDG(s). The MEPD worker marks the application task complete. The MEPD worker reviews all associated unassigned tasks in the InFlight queue to determine if additional action is needed. If no additional action is needed, mark all the tasks as complete. If needed, take the action and mark all the tasks as complete when finished.

9. If the H3034, H3035, and relevant medical information is not returned within the given time frames, the case follows the processes for timed out applications.
Redeterminations

Redetermination Processing Normal Flow: – All cases
The DADS System is not automatically called during the redetermination process. Unless significant changes are reported by the DADS system the answers from the initial certification remain in effect. Redetermination is completed the same as the normal flow.

1. The MEPD worker begins work on the next task in the TLM.

2. The MEPD worker selects Data Collection/Initiate Interview from the left Nav. The MEPD worker puts the case in “Complete Action” mode, and enters the case # and clicks ‘Next’.

3. The MEPD worker selects Data Collection/Miscellaneous/Packet Received from the left Nav. The MEPD worker enters the date the packet was received.

4. The MEPD worker correctly updates all required eligibility fields in Data Collection from the redetermination packet and any supporting documents sent with the packet. The verification documents that are linked to the case are examined and the appropriate data is entered correctly. Supporting documents are also examined for explanations of any questionable items, e.g. clearance of all deposits and large withdrawals on bank statements, clearance of any altered or incomplete verifications, and/or additional verification that may be required as a result of the initial verification provided. The MEPD worker documents in Case Comments to clear discrepant information.
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5. Missing Information:
   a. If missing information (MI) exists, the MEPD worker requests MI by generating Form 1020 to the client/AR with specific due dates for the information.
   b. The worker clears the task by marking it as missing information requested.
      i. Do this from the personal queue, not the InFlight queue.
      ii. Click on the check mark
      iii. Select task complete, missing information requested
           This will keep the task in the worker’s personal queue but change the task name to indicate MI requested and change due date of the task for missing information.
   c. When the missing information is returned, the envelope icon indicating missing information will appear next to the task.
   d. The worker completes the case doing normal processes.
   e. If all the required data is present and correct, the MEPD worker initiates Eligibility Determination and Benefit Calculation (EDBC) and disposes the EDG(s). The MEPD worker marks the application task complete. The MEPD worker reviews all associated unassigned tasks in the InFlight queue to determine if additional action is needed. If no additional action is needed, mark all the tasks as complete. If needed, take the action and mark all the tasks as complete when finished.

Syncing Review Dates
When a redetermination comes up for a case that has a MEPD and a MSP EDG for example: a QMB review that also has a ME-Waiver EDG, the MEPD worker should review both EDGs at the same time so the review cycles will be in sync. To do this the MEPD worker then checks both ME EDGs for review.
Changes

Significant Changes: – Waiver/CA and Institutional cases

When a significant change occurs, such as a denial of any of the eligibility components, or a change in living arrangement, Adverse Action from Appeals, or Death of the client, the DADS System will communicate this change for TIERS to populate the required pages. TIERS sends an alert task to the worker as a change task to review eligibility, run EDBC and dispose.

1. The MEPD worker begins work on the next task in the TLM by putting the case in the appropriate mode.

2. The worker reviews the significant change and requests MI if necessary.

3. If all the required data for financial eligibility is present and correct, the MEPD worker initiates EDBC and disposes the EDG(s).

4. The MEPD worker marks the change task complete. The MEPD worker reviews all associated unassigned tasks in the InFlight queue to determine if additional action is needed. If no additional action is needed, mark all the tasks as complete. If needed, take the action and mark all the tasks as complete when finished.
Timed Out Processes
An application times out when it reaches 6 days prior to the 45th day (90th day if application requires a DDU decision and 135th day if on certification delay). If action is not taken on the application by the final due date the application is delinquent. If an application is pending missing information and times out,

1. The MEPD worker examines all the information in the case to determine if the missing information is necessary to complete the application.

2. If the application can be worked without the missing information, the MEPD worker completes the case using the clients’ statement as provided on the application form and supporting documents.

3. The MEPD worker marks the application task complete. The MEPD worker reviews all associated unassigned tasks in the InFlight queue to determine if additional action is needed. If no additional action is needed, mark all the tasks as complete. If needed, take the action and mark all the tasks as complete when finished.

4. If the missing information is needed to complete the application, the MEPD worker denies the application for failure to provide information and follows step 3 above to clear the task.

Note: MSP EDGs can be completed based on client’s statement, while Institutional and Waiver EDGs must have the missing information. So, it is possible that a MSP EDG is certified and the Institutional or Waiver EDG is denied for failure to provide information.

Document Routing Procedures

Use of a “Image Only” Cover Sheet – all cases
Any documents that are sent to the DPC for imaging must be attached to a completed Image Only cover sheet. One cover sheet is used per case although several cases (separated by the cover sheet) can be sent in one envelope with the approved batch coversheet. Note: For cases that have a large number of supporting documents, the MEPD workers can separate the larger documents with an Image Only cover sheet so they are imaged separate from the rest of the documents for the case. This is recommended for cases that have more than 50 pages of supporting documentation.
1027 Issuance

If a client contacts a local benefit office and says they lost or did not receive their 3087, Medicaid Identification Letter, the local benefit office should verify the client’s eligibility in TIERS and issue a Form H1027.

1. The MEPD worker verifies eligibility in TIERS Inquiry and copies the case #.
2. Select Correspondence from the Left Nav
3. Select ‘Generate Manual Correspondence’
4. Click in the Case or Application box and paste in the case number.
5. For type: select case and click ‘Search’
6. Click the box beside the name of the client that is for the eligibility EDG
7. In the Document Name box type “1027”, and click ‘Search’
8. Select the 1027 that is correct for your client
9. Select the EDG benefit month and the individual number
10. Click ‘Generate Form’
11. The MEPD worker can now print the card or it can be saved as a .PDF file and sent by e-mail to the requesting office.

Note: No worker signature is needed, no worker address or phone number is given.

Complaints

The OES Regional Mailbox has been established as a method of delivering inquiries and complaints to our program. The mailbox is accessed by the Regional Director, the Lead Program Managers and their assistants.

1. The IN Mailbox is reviewed 3 times a day
2. The Mailbox administrator or backup will distribute the assignment and note the region number in the title of the e-mail. The assignment will be sent to the Program Manager for the designated area with copies to their Administrative Assistant and the Lead Program Manager’s Administrative Assistant
3. Responses will be made by the assigned due date and will be sent back to the person making the assignment. The response is written in the correct format.
Questions from Providers
If a question comes in from a provider regarding financial eligibility, the call will be referred to a MEPD worker. If a question is regarding anything that is under DADS control, the caller is referred to Provider Claims Services or the Case Manager. The Long Term Care Provider Bulletin contains contact information for providers. This bulletin can be found at: http://www.tmhp.com/File%20Library/File%20Library/Bulletins/Long%20Term%20Care%20Programs/034_LTC.pdf.

Interim Convert
Interim conversions will be possible for MEPD cases. When Texas Works does an interim convert on one of their cases, the MEPD EDG(s) will automatically convert. MEPD will be able to interim convert cases that already show the TW case converted and the LTC case in a non-converted status as well as cases that show only MEPD eligibility.

SSI Gap Month
Social Security Administration determines a client’s eligibility for SSI. Sometimes an SSI denial is short-term and the SSI recipient is reinstated, but a gap in SSI coverage occurs. This can happen when the SSI recipient has earned weekly income and receives five paychecks in one month instead of the normal four paychecks. If SDX has the gap month coded as E02, the case should be referred to the Data Integrity unit (SDX Corrections) to enter the coverage. If it is not coded as E02, the MEPD worker should obtain an application form and determine if the client is below SSI income and resource limits for the month of denial and then process the case in interview mode – SSI Manual Create to give the client the gap coverage.

If the SSI client receives waiver services, obtain an application and determine the Financial Medicaid Eligibility Component for the gap period, verifying resources and income for the gap period. Refer to MEH 4811 “SSI Medicaid Gap Coverage” for additional information.

State School Processes
MEPD workers will determine eligibility based on detailed data that is provided by the state school reimbursement officers through the Midland DPC.

The actual amount of applied income paid by all TIERS State School clients will be determined through the MR-CARE interface with SAS. The applied income only will then be conveyed to TIERS through the DADS system. This will be done as a co-pay override.
MEPD Enhancement Detailed Business Processes

Eligibility Periods prior to conversion date (Medical Occurs)

Medical Occurs actions can be requested only for pre-TIERS months. Example of a Medical Occurs request that Data Integrity can process:

Client has active SAVERR Medicaid case with a Medical Effective Date of 01/01/2005 and is converted to TIERS on 01/15/2005. The client returns to the office in March and indicates they have unpaid Medical bills for October, November and December and have been determined eligible by MEPD for the retro-active time period. DI can enter the coverage for these months because they are prior to the case conversion to TIERS.

To request a Force Change to Medical Coverage for a Long Term Care program, users should:

- Complete Form 1270 (SAVERR Data Control Notification)
  Forward to Data Integrity via interoffice mail (mail code Y922) or fax to (512) 206-5801. The Form H1270 may be electronically sent to the Data Integrity,ME Unit but the form must be saved under the client’s last name. Example: client’s name is John Doe, form is saved as DOE.doc. Detailed instructions for the form H1270 are found at http://www.dads.state.tx.us/handbooks/instr/1000/FH1270/.

- Users can review completed requests by viewing the TIERS Medical History Page. This page is accessed through the hover menu on the Individual Inquiry Page.
ASOIG Processes

The Office of Inspector General (OIG) conducts tape matches with IRS (Internal Revenue Services), TWC (Texas Workforce Commission), and SSA (Social Security Administration) on a monthly, quarterly and annual basis... The wage data from TWC is received quarterly, the UIB (Unemployment Insurance Benefit) data from TWC is received monthly, the unearned income data from IRS is received annually, and the self employment and earned data from SSA is received annually. Worksheets (also known as RG-101) are assigned and distributed to regional MEPD staff via an automated process. The worksheets will include TIERS income and resource data elements for clients in TIERS. MEPD staff continues to review case records on SAVERR clients. The ASOIG IEVS application includes the process to perform clearance of IEVS worksheets.

1. The MEPD worker logs into ASOIG.

2. The MEPD worker finds their assigned worksheets (RG-101s) in the ASOIG Home Page.

3. The MEPD worker compares the information from the RG101 to what is reported in TIERS

4. If information agrees, the worker clears the worksheet by selecting the appropriate clearance action in ASOIG.

5. If the information doesn’t agree, the MEPD worker follows the required process of requesting TSI (Tax Sensitive Information) from the client and if no response from the client, then from the payor.

6. When verification is received, the MEPD worker goes into TIERS and updates the case with the verified information and takes the appropriate case action in TIERS and the appropriate clearance action in ASOIG.