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INDIVIDUAL INQUIRY  
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EIS 1054 - INDIVIDUAL INQUIRY  
REISSUED 10/01/09 - CHANGE NO. 01-10

I. GENERAL INFORMATION

There are various types of inquiry available to display data on individuals who are active or terminated in EIS. These selections may be accessed from the EIS Inquiry menu screen. The Individual Data, Individual Profile, and Individual Medicaid Eligibility selections may also be accessed through the (CI) selection for the case.

- A. The Individual Data selection (ID) lists current identifying information about the recipient.
- B. The Individual Profile (IP) lists IVD and MRA sanction information, Job Bonus Data, Work First months used, Benefit Diversion, and the current Individual Medicaid Eligibility Segment.
- C. The Individual Medicaid Eligibility selection (IE) lists the individual's current and historical Medicaid eligibility periods, referred to as "eligibility segments".
- D. The Medicare A/B screen (MB) lists Medicare A and B Entitlement Data.
- E. The Medicare C screen (MC) lists Medicare C Entitlement Data.
- F. The Medicare D screen (MD) lists Medicare Entitlement and the Medicaid Drug Indicator segments.
- G. The Medicare D screen (ME) lists Medicare D Enrollment Data.
- H. The Managed Care History (MI) lists the Individual's current and historical Managed Care periods.
- I. Assets Transfer Tracking Screen selection (AT) lists the individual's history of evaluations completed to determine if assets have been transferred. It also lists any sanction periods applied when assets have been transferred.

II. SCROLLING THROUGH THE CASE INDIVIDUALS (CI)

Enter "CI" in the SELECTION field and the eight-digit Case ID in the KEY field. The following screen appears:

EIS INQUIRY							
INDIVIDUALS IN CASE 999-9999-9							
INDIVIDUAL ID	OPENED	CLOSED	CLM	INDIVIDUAL ID	OPENED	CLOSED	CLM
999-99-9999-L	03/01/1999	00/00/0000	N	888-88-8888-K	03/01/1999	00/00/0000	N
SELECTION	KEY	00000000					
PRESS PF8 FOR ID INQUIRY							

Press "PF8" to scroll through the individuals. The following screen appears.

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EJA911	INDIVIDUAL INQUIRY SCREEN		DATE: 10/01/2009
ID 000000000M	NAME XXXXXXXX	X XXXXXXXXXXXX	
DATE OF BIRTH 01/15/1950	STATUS IN CASE R	SSN 000000000	
DATE OF DEATH	FAMILY STATUS P	RSDI CLAIM NO	
SEX M	LIVING ARR 10	PVDR NUMBER	
RACE BXXXX	REF CODE/DATE 0000/00	TPR INS TYPE	
ETHNICITY X	ALIEN ID	CITIZEN/ID 10	
09/15/2006			
LANGUAGE XX			
GROSS EARN 00000.00	JOBS WORK REG	EMP&TRAIN	
CHILD ADULT 00000.00	SPEC RPT	EMP&TRAN DATE	
0000/00			
WORK EXPEN 00000.00	ED. LEVEL	MEDICARE DATE	
NET EARN 00000.00	ED. EMPL	MEDICARE A	
	IVD IND	MEDICARE B	
WF JOB BONUS	HMO ENROLLED	EPICS CLAIM N	
MA JOB BONUS	REL TO PAYEE	PACE ENROLLED	
CREATE DATE 06/18/2001	LATEST CASE ID 00000000	LATEST FORM ID	
TERM DATE	LATEST COUNTY 00	LATEST DTE UPDT	
CRD ISSUE DTE			
SEL: KEY 000000000M			
PF6=CASE	PF5=MED ABC	PF4=MED D	PF9=INDV PROFILE

NOTE: EIS displays the most current EPICS Claim Indicator in the CLM and EPICS CLAIM fields for each individual. THE CLAIM INDICATOR MAY CHANGE EACH TIME AN INQUIRY IS PERFORMED.

This is the Individual Data for the first individual.

From this screen:

Press "PF8" to go to the next individual (ID) in the case, or  
Press "PF7" to go backward to a previous individual (ID) in the case, or  
Press "PF6" to go to the current case data (CD), or  
Press "PF5" to go to the Medicare A/B data, or  
Press "PF4" to go to the Medicare D Entitlement data, or  
Press "PF9" to view the individual profile (IP).

The following screen displays:

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II. (CONT'D)

EJA067		INDIVIDUAL PROFILE			DATE: 04/10/2005
ID	XXXXXXXXXS	NAME	XXXXXX	XXXXXXXX	CURRENT IE
IVD SANC	BEG DTE	CROSS REF	IDS	HIST FROM	04/01/2005
IVD SANC	END DTE			AUTH FROM	04/01/2005
MRA SANC	BEG DTE			HIST TO	09/30/2005
MRA SANC	END DTE			AID PROG	MAA
WF JOB BONUS	BEG			MED CLASS	Q
WF JOB BONUS	END			SSI	N
MA JOB BONUS	BEG			CTY	29
MA JOB BONUS	END	SPECIAL USE		PAY TP	1
STATUS IN CASE	R			CASE ID	00000000
TEEN PARENT				DB/PML CD	
TOT 12 MTHS	USED			DB/PML AMT	
TOT 24 MTHS	USED			SPEC COV	
TOT 60 MTHS	USED			AMB CAP	
TOT MTHS	XFER IN			LIV ARR	10
BENEFIT	DIVERSION			SPECL NEED	
FV	BEGIN DATE			PCHP IND	P
	END DATE			CA/HMO PVDR	9999903
				AUTO ASSGN	
				PVDR CHG	
				DIST > PVDR	
SEL: KEY 000000000S		MSG:			
INQUIRY IS COMPLETE		PF2=INQUIRY MENU		PF9=INDV INQUIRY	

This is the Individual Profile for the first individual.

From this screen:

- Press "PF8" to go to the next individual profile (IP) in the case, or
- Press "PF7" to go backward to a previous individual profile (IP) in the case, or
- Press "PF2" to go to the EIS Inquiry Menu, or.
- Press "PF9" to view the individual inquiry (ID).

To view this individual's Individual Medicaid Eligibility (IE), enter "IE" in SELECTION and press ENTER. The following screen appears:

EIS INDIVIDUAL ELIGIBILITY HISTORY FOR XXXXXXXXS											
HIST FROM	AUTH FROM	HIST THRU	PGM	CLS	SSI	CO	PAY	CASE ID	LIV	CD	DB/PML COV
SUBPGM - CDE - FPL			AMB	SN			PCHP	PROVDR	NUM	(AUTO	RSN DIST)
04/01/2005	04/03/2005	06/30/2005	MAA	Q	N	29	9	00000000	10		
B1 3A				1			P	9999903		(	)
03/01/2005	03/01/2005	03/31/2005	MAA	N	N	29	9	00000000	10		
				1						(	)
04/01/2004	04/01/2004	09/30/2004	MAA	N	N	29	9	00000000	10		
				1				9999903		(	)
SELECTION		KEY 00000000M									
604-INQUIRY IS COMPLETE											

From the IE screen:

- Press "PF8" to go to the next individual (ID) in the case, or

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II. (CONT'D)

Press "PF7" to go backward to a previous individual (ID) on the case, or  
 Press "PF6" to return to Current Case Data (CD).

When scrolling through individuals in a case, the scrolling options are indicated at the bottom of the screen. The first individual screen will have the following options listed:

PF8 Forward FIRST ID PF6 Case

If you press PF7, the EIS INQUIRY MENU will appear with the following message:

PF8=FORWARD NO MORE IDS PF6=CASE

The last individual screen will have the following options listed:

LAST ID PF7 Backward PF6 Case

If you press PF8, the EIS INQUIRY MENU will appear with the following message:

NO MORE IDS PF7=BACKWARD PF6=CASE

III. CURRENT INDIVIDUAL DATA (ID)

To view one individual's most current vital data, enter "ID" in the SELECTION field and the ten digit Individual ID in the KEY field. Press ENTER. The following screen appears.

EJA911	INDIVIDUAL INQUIRY SCREEN		DATE: 10/01/2009
ID 000000000M	NAME XXXXXXXX	X XXXXXXXXXX	
DATE OF BIRTH 01/15/1950	STATUS IN CASE R	SSN 000000000	
DATE OF DEATH	FAMILY STATUS P	RSDI CLAIM NO	
SEX M	LIVING ARR 10	PVDR NUMBER	
RACE BXXXX	REF CODE/DATE 0000/00	TPR INS TYPE	
ETHNICITY X	ALIEN ID XX	CITIZEN/ID 10	
09/15/2006			
LANGUAGE XX			
GROSS EARN 00000.00	JOBS WORK REG	EMP&TRAIN	
CHILD ADULT 00000.00	SPEC RPT	EMP&TRAN DATE 0000/00	
WORK EXPEN 00000.00	ED. LEVEL	MEDICARE DATE	
NET EARN 00000.00	ED. EMPL	MEDICARE A	
	IVD IND	MEDICARE B	
WF JOB BONUS	HMO ENROLLED	EPICS CLAIM N	
MA JOB BONUS	REL TO PAYEE	PACE ENROLLED	
CREATE DATE 06/18/2001	LATEST CASE ID 00000000	LATEST FORM ID	
TERM DATE	LATEST COUNTY 00	LATEST DTE UPDT	
CRD ISSUE DTE			
SEL: KEY 000000000M			
PF6=CASE	PF5=MED ABC	PF4=MED D	PF9=INDV PROFILE

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III. (CONT'D)

Press PF9 to view the Individual Profile (IP) for the individual, or  
Press PF6 to view Case Data (CD) screen for the case, or  
Press PF5 to view Medicare A/B Data (MB), or  
Press PF4 to view Medicare D Entitlement Data (MD).

The screen displays:

- A. Individual vital data
  - 1. Name
  - 2. Date of Birth
  - 3. Date of Death
  - 4. Sex
  - 5. Race/Ethnicity/Language Preference
  - 6. Social Security Number
  - 7. RSDI Claim Number - A "Z" at the end of the RSDI Claim number indicates the individual is an alien age 65 or older who is not eligible for Medicare.
- B. Case Status. This code reflects if the individual is a recipient or a non-recipient in the case.
- C. Family Status. This indicates whether the individual is an adult, parent, child, essential person, or other specified relative.
- D. Living Arrangement. This code reflects the individual's living situation.
- E. Refugee Status. This field is blank unless the individual is a refugee, asylee, Cuban/Haitian status, Amerasian, trafficking victim or a special immigrant. Refer to [Codes Appendix](#) to determine appropriate Refugee Status Code and what the date reflects.
- F. Provider Number. Carolina Access Primary Care Provider Number, or Exemption Code.
- G. Third Party Recovery (TPR). This reflects the insurance coverage "type". If the individual has more than one insurance policy, the policy with the most coverage is displayed.
- H. Citizen/ID. This code reflects the level of documentation obtained for citizenship and identity, the reason exempted, or to indicate the appropriate refugee status and identity, alien status and identity for immigrants or Lawful Permanent Resident status and identity. Refer to the [Codes Appendix](#) to determine the appropriate Citizen/ID code and what the date reflects.

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III. (CONT'D)

- I. Alien ID. This code reflects a unique identification/file number assigned by USCIS (US Citizenship & Immigration Services-formerly INS) to every alien who is admitted to the U.S. or who otherwise comes into contact with the agency. Key only the numeric part of the Alien ID. Most current Alien numbers are 8 or 9 digits, often with leading zeros.
- J. Gross, Child/Adult Care, Work Expense, and Net Earned. These fields reflect income and deductions captured at the individual level.
- K. Jobs/Work. This code reflects if the individual is registered or exempt from the Work Program. This field applies to Work First cases only.
- L. Special Report. This field is blank unless a Special Report Code has been entered. Refer to the [Codes Appendix](#) for code definitions.
- M. Educational Level - Refer to the Work First Manual.
- N. ED-EM - Refer to the Work First Manual.
- O. IVD Ind - This field reflects whether a current IVD referral has been sent through the EIS/ACTS interface.
- P. HMO Enrolled - This code indicates whether the individual is enrolled in an HMO provider.
- Q. REL TO PAYEE - This code indicates the individual's relationship to the case head/payee.
- R. Emp and Train.
- S. Emp and Train Date.
- T. Medicare Date - This field reflects the date Medicare Buy-In begins.
- U. Medicare A B. The following codes reflect an individual's Medicare status:
  - 1. "Z" - indicates that "yes" has been entered into EIS but has not been verified on the Buy-In.
  - 2. "Y" - indicates "yes" the individual has Medicare as a result of Buy-In update.
  - 3. "N" - reflects that the individual has no Medicare as a result of Buy-In Update. If "N" is present, this has been verified through Buy-In update.
  - 4. A Blank field means either no entry has been made in the Medicare field or an "N" was entered, but has not been verified through Buy-In Update.

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- V. EPICS Claim - This code reflects if the individual has a fraud claim against them and the type of claim. Refer to [EIS 4000](#), Codes Appendix for code definitions.
- W. PACE Enrolled - "Y" indicates the individual is a PACE enrolled recipient. A blank field means the individual is not PACE enrolled.

**NOTE: EIS displays the most current EPICS Claim Indicator in the EPICS CLAIM field for each individual. THE CLAIM INDICATOR MAY CHANGE EACH TIME AN INQUIRY IS PERFORMED.**

- X. WF Job Bonus - This code indicates whether the individual has used the Job Bonus for Work First (AAF).
- Y. MA Job Bonus - This code indicates whether the individual has used the Job Bonus for Medicaid (MAF).
- Z. Creation date. This reflects when the individual was first in EIS.
- AA. Termination date - This reflects when the individual was terminated. The termination date is not present if the case is active.
- AB. CRD ISSUE DTE - This displays the most recent date a Medicaid identification card was issued for this individual.
- AC. Latest Case ID - The most recent Case ID in which the individual is included.
- AD. Latest County - The county in which the individual is or was receiving benefits.
- AE. Latest Form ID - This reflects the most recent form that updated the individual data or Medicaid eligibility.
- AF. Last Date Updated - This gives you the Julian date that the case was last updated.

IV. INDIVIDUAL PROFILE (IP)

To view the individual's sanction information, Job Bonus data, Work First months used, Benefit Diversion, and the current Medicaid eligibility period, enter IP in the SELECTION field and the ten digit Individual ID in the KEY field. Press ENTER. The following screen displays:

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IV. (CONT'D)

EJA067		INDIVIDUAL PROFILE			DATE: 04/10/2005
ID	XXXXXXXXXS	NAME	XXXXXX	XXXXXXXX	CURRENT IE
IVD SANC	BEG DTE	CROSS REF	IDS	HIST FROM	04/01/2005
IVD SANC	END DTE			AUTH FROM	04/01/2005
MRA SANC	BEG DTE			HIST TO	09/30/2005
MRA SANC	END DTE			AID PROG	MAA
WF JOB BONUS	BEG			MED CLASS	Q
WF JOB BONUS	END			SSI	N
MA JOB BONUS	BEG			CTY	29
MA JOB BONUS	END		SPECIAL USE	PAY TP	1
STATUS IN CASE	R			CASE ID	00000000
TEEN PARENT				DB/PML CD	
TOT 12 MTHS	USED			DB/PML AMT	
TOT 24 MTHS	USED			SPEC COV	
TOT 60 MTHS	USED			AMB CAP	
TOT MTHS XFER	IN			LIV ARR	10
BENEFIT DIVERSION				SPECL NEED	
FV	BEGIN DATE			PCHP IND	P
	END DATE			CA/HMO PVDR	9999903
				AUTO ASSGN	
				PVDR CHG	
				DIST > PVDR	
SEL:	KEY 000000000S	MSG:			
INQUIRY IS COMPLETE		PF2=INQUIRY MENU		PF9=INDV INQUIRY	

This screen displays the following Individual data:

- A. IVD Sanc Beg/End Date - These fields reflect the begin and end dates of the IVD sanction period.
- B. MRA SANC Beg/End Date - These fields reflect the begin and end dates of the MRA sanction period.
- C. Work First Job Bonus Beg/End Date - These fields reflect the begin and end dates of the Work First (AAF) Job Bonus period.
- D. Medicaid Job Bonus Beg/End Date - These fields reflect the begin and end dates of the Medicaid (MAF) Job Bonus period.
- E. Status in Case - This code reflects if the individual is a recipient or a non-recipient in the case.
- F. Teen Parent - Refer to the Work First Appendicies.
- G. Tot 12 Mths Used - Refer to the Work First Appendicies.
- H. Tot 24 Mths Used - Refer to the Work First Appendicies.
- I. Tot 60 Mths Used - Refer to the Work First Appendicies.
- J. Tot Mths Xfer In - Refer to the Work First Appendicies.
- K. Benefit Diversion - Refer to the Work First Appendicies.

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IV. (CONT'D)

- L. Family Violence - Refer to the Work First Appendicies.
- M. Cross Ref Ids - This shows other Individual Ids under which the same person is or was receiving Medicaid benefits.
- N. Special Use - This code relects if Individual Special Use data has been entered.
- O. Current IE - Refer to V. A. below for explanation of the fields.
- P. HMO Pvdr - Indicates the current HMO Provider number.

The current IE segment on this screen will change when the Individual's Medicaid eligibility period changes on the IE screen.

V. INDIVIDUAL MEDICAID ELIGIBILITY (IE)

To view the individual's current and historical Medicaid eligibility periods, enter "IE" in the SELECTION field and the ten digit Individual ID in the KEY field. Press ENTER. The following screen appears.

EIS INDIVIDUAL ELIGIBILITY HISTORY FOR XXXXXXXXS													
HIST FROM	AUTH FROM	HIST THRU	PGM	CLS	SSI	CO	PAY	CASE	ID	LIV	CD	DB/PML	COV
SUBPGM-CDE-FPL			AMB	SN			PCHP	PROVDR	NUM	(	AUTO	RSN	)
04/01/2005	04/03/2005	06/30/2005	MAA	Q	N	29	9	00000000	10				
B1 3A				1			P	9999903		(			)
03/01/2005	03/01/2005	03/31/2005	MAA	N	N	29	9	00000000	10				
				1						(			)
04/01/2004	04/01/2004	09/30/2004	MAA	N	N	29	9	00000000	10				
				1				9999903		(			)
SELECTION			KEY 00000000M										
604-INQUIRY IS COMPLETE													

- A. The screen displays IE segments. For each period of eligibility, you see:
  1. Hist-From. This is the certification from date for the period of eligibility.
  2. Auth-From. This is the authorized from date for the period of eligibility.
  3. Hist-Thru. This is the authorized thru date or certification thru date for the periods.
  4. PGM CAT. This is the aid program/category under which Medicaid was authorized.
  5. MED-CLS. This is the classification under which Medicaid was authorized.

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V. A. (CONT'D)

6. SSI ST. This is a "Y" or "N" indicator to show whether the individual receives SSI benefits or not.
  7. CO. This is the county in which Medicaid was authorized.
  8. PAY TP. The payment type for the case.
  9. Case-ID. The Case ID under which the benefit was issued.
  10. LIV. The case living arrangement code.
  11. DB/PML CD AMT. The codes D or P indicating Deductible Balance or Patient Monthly Liability and the amount of the Deductible Balance or Patient Monthly Liability.
  12. Spec. Cov. Indicates Community Alternative Program (CAP) coverage.
  13. SUBPGM CDE FPL. Subprogram Code (for example, Money Follows The Person or Health Coverage for Working Disabled) and Federal Poverty Level. Refer to the Codes Appendix for valid codes.
  14. AMB. This is the Ambulation Capacity code.
  15. SN. This is the Special Needs code.
  16. PCHP. Piedmont Cardinal Health Plan - A "P" indicator indicates the individual is enrolled with the PCHP.
  17. Provider Num. Carolina Access Provider Number or Exemption Code.
  18. AUTO. A Yes or No indicator to indicate if the Managed Care Provider was automatically assigned to the recipient.
  19. RSN. The reason the recipient changed provider.
  20. DIST. Distance to the provider.
- B. A new Individual Medicaid Eligibility segment is created every time the Medicaid Effective Date is updated.

VI. INDIVIDUAL MEDICARE A/B DATA (MB)

To view an individual's Medicare A/B data, enter "MB" in the SELECTION field and the ten digit Individual ID in the KEY field. Press ENTER. The following screen appears:

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VI. (CONT'D)

EXB042	MEDICARE A/B ENTITLEMENT DATA						DATE: 01/12/06
IND ID: 999999999W	NAME: XXXXXXXX		X XXXXXXXX	SSN: 999999999			
TYP	CDE	RSDI NUM	CONT#	START	END	POSTED	UPDT BY
A	Y	B999999999		01/01/1991	00/00/0000	01/12/2006	MMA
B	Y	B999999999		01/01/1991	00/00/0000	01/12/2006	MMA
SELECTION		KEY 999999999W					
PF2=MAIN MENU		PF3=INDV INQUIRY		PF4=MED D ENTITL		PF6=MED C INQUIRY	
PF7=BACKWARD		PF8=FORWARD		PF9=INDV PROFILE		PF10=MED D ENROLL	

Press "PF4" to view Medicare D ENTITL Data (MD), or  
 Press "PF6" to view Medicare C Data (MC).  
 Press "PF7" to page back.  
 Press "PF8" to page forward.  
 Press "PF10" to view Medicare D ENROLL Data (ME)

The screen displays:

- A. Individual Data
  - 1. Recipient ID
  - 2. Recipient Name
  - 3. Social Security Number
- B. Medicare A Data
  - 1. Medicare A Status Code
    - a. Y - Yes, populated by MMA monthly response file
    - b. N - No, populated by MMA monthly response file and by the county using information entered into the DSS-8125 screen at application approval
    - c. Z - Yes, populated by the county entering "Y" for Medicare A on the DSS-8125
  - 2. RSDI Claim Number
    - a. Populated by claim number keyed on the DSS-8125 by the county, or
    - b. Populated from the MMA monthly response file.
  - 3. Start Date
    - a. If a "Y" is entered on the DSS-8125 for Medicare A, (code on Medicare screen for Medicare A is "Z") EIS does not enter a start date, or

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VI. B.3. (CONT'D)

- b. If an "N" is entered on the DSS-8125 for Medicare A, and the most current segment is a "Z", EIS builds an "N" segment with a start date of the 1<sup>st</sup> day of the next month (using current day and not cycle month), or
  - c. EIS uses the start date of Medicare Entitlement from the MMA monthly response file.
4. End Date
- a. If an "N" is entered on the DSS-8125 for Medicare A, EIS does not enter an end date, or
  - b. If the most current data on the MMA monthly response file is "N" for Medicare A Entitlement and the Medicare indicator in EIS is "Y", the end date is the Entitlement End Date from the MMA response file. A new segment with "N" will have a start date that will be the end date from the response file plus 1 day.
5. Posted Date
- This is the date the changes from the MMA monthly response file process in EIS, the DSS-8125 processes in EIS, or a correction keyed by the Claims Analysis staff processes in EIS.
6. Updated By?
- a. MMA - MMA monthly response file
  - b. EIS - County
  - c. DMA - Claims Analysis Unit
- C. Medicare B Data
1. Medicare BStatus Code
- a. Y - Yes, populated by MMA monthly response file
  - b. N - No, populated by MMA monthly response file and by the county using information entered into the DSS-8125 screen at application approval
  - c. Z - Yes, populated by the county entering "Y" for Medicare B on the DSS-8125
2. RSDI Claim Number
- a. Populated by claim number keyed on the DSS-8125 by the county, or

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VI. B. (CONT'D)

b. Populated from the MMA monthly response file.

3. Start Date

- a. If a "Y" is entered on the DSS-8125 for Medicare B, (code on Medicare screen for Medicare B is "Z") EIS does not enter a start date, or
- b. If an "N" is entered on the DSS-8125 for Medicare B, and the most current segment is a "Z", EIS builds an "N" segment with a start date of the 1<sup>st</sup> day of the next month (using current day and not cycle month), or
- c. EIS uses the start date of Medicare Entitlement from the MMA monthly response file.

4. End Date

- a. If an "N" is entered on the DSS-8125 for Medicare B, EIS does not enter an end date, or
- b. If the most current data on the MMA monthly response file is "N" for Medicare B Entitlement and the Medicare indicator in EIS is "Y", the end date is the Entitlement End Date from the MMA response file. A new segment with "N" will have a start date that will be the end date from the response file plus 1 day.

5. Posted Date

This is the date the changes from the MMA monthly response file process in EIS, the DSS-8125 processes in EIS, or a correction keyed by Claims Analysis staff processes in EIS.

6. Updated By?

- a. MMA - MMA monthly response file
- b. EIS - County
- c. DMA - Claims Analysis Unit

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VII. INDIVIDUAL MEDICARE C (MC)

EXB042	MEDICARE C ENTITLEMENT DATA						DATE:	01/12/06
IND ID:	999999999W	NAME:	XXXXXXX	X	XXXXXXXX	SSN:	99999999	
TYP	CDE	RSDI NUM	CONT#	START	END	POSTED	UPDT BY	
C	Y	B999999999		01/01/1991	00/00/0000	01/12/2006	MMA	
Org:								
Plan:								
C	Y	B999999999		01/01/1991	00/00/0000	01/12/2006	MMA	
Org:								
Plan:								
SELECTION	KEY 999999999W							
PF2=MAIN MENU	PF3=INDV INQUIRY	PF4=MED D ENTITL	PF5=MED AB INQUIRY					
PF7=BACKWARD	PF8=FORWARD	PF9=INDV PROFILE	PF10=MED D ENROLL					

A. Medicare C Data

Medicare C data is populated by the MMA monthly response file.

1. RSDI Claim Number
2. Contract Number
3. Start Date
4. End Date
5. Posted Date  
This is the date the changes from the MMA monthly response file process in EIS.
6. Updated By?  
MMA - MMA monthly response file
7. Organization Name  
Name of the Part C organization name.
8. Plan Name  
Name of the Part C plan benefit.

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VIII. INDIVIDUAL MEDICARE D ENTITLEMENT DATA (MD)

To view an individual's most current Medicare D Entitlement data, enter "MD" in the SELECTION field and the ten digit Individual ID in the KEY field. Press ENTER. The following screen appears.

EXB042		MEDICARE D ENTITLEMENT					DATE: 01/12/06	
IND ID:	999999999W	NAME:	XXXXXXXX	X	XXXXXXXX	SSN:	999999999	
MEDCD	RSDI NUM	START DTE	END DTE	DRUG COV	COV DTE	POSTED UPDT BY		
ORG NAME		TIMELY NOTICE				ADEQUATE NOTICE		
PLAN NAME								
Y	B999999999	04/01/1991	00/00/0000	N	02/2006	01/10/2006	MMA	
Y	B999999999	04/01/1991	00/00/0000	N	02/2006	01/10/2006	MAA	

SEL: MD KEY 999999999W MSG: PF8 OR PF7 TO PAGE FORWARD OR BACKWARD  
PF2= MAIN MENU PF3= INDV INQUIRY PF5= MED AB PF6= MED C PF7= BACKWARD  
PF8= FORWARD PF9= INDV PROFILE PF10= MED D ENROLL

Press "PF5" to go back to view Medicare AB Data (MB), or  
Press "PF6" to go back to view Medicare C Data (MC).  
Press "PF7" to page Backwards  
Press "PF8" to page Forward  
Press "PF10" to view Medicare D Enrollment Data (ME).

The screen displays:

- A. Individual Data
  - 1. Recipient ID
  - 2. Recipient Name
  - 3. Social Security Number
- B. Medicare D Entitlement Data
  - 1. Medicare D Status Code

This code indicates whether Medicaid or Medicare will pay for prescription drugs. The Medicaid Drug Coverage indicator is based on the Medicare D Entitlement code.

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INDIVIDUAL INQUIRY

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VIII. B. 1 (CONT'D)

- a. Y - Yes, populated by MMA monthly response file
  - b. N - No, populated by MMA monthly response file and by the county using information entered into the DSS-8125 screen at application approval
  - c. Z - Yes, populated by the county entering "Y" for either Medicare A and/or B on the DSS-8125.
2. RSDI Claim Number
- a. Populated by claim number keyed on the DSS-8125 by the county, or
  - b. Populated from the MMA monthly response file.
3. Start Date
- a. If a "Y" is entered on the DSS-8125 for Medicare A and/or B and the code on the Medicare screen for Medicare D is "Z", EIS does not enter a start date, or
  - b. If an "N" is entered on the DSS-8125 for Medicare A and/or B and the most current segment is a "Z", EIS builds an "N" segment with a start date of the 1<sup>st</sup> day of the next month (using current day and not cycle month), or
  - c. EIS uses the start date of Medicare Entitlement from the MMA monthly response file.
4. End Date
- a. If an "N" is entered on the DSS-8125 for Medicare A and/or B, EIS does not enter an end date, or
  - b. If the most current data on the MMA monthly response file is "N" for Medicare A Entitlement and the Medicare indicator in EIS is "Y", the end date is the Entitlement End Date from the MMA response file. A new segment with "N" will have a start date that will be the end date from the response file plus 1 day.

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INDIVIDUAL INQUIRY

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VIII. B (CONT'D)

5. Medicaid Drug Coverage Indicator

This field is updated by EIS to indicate whether Medicaid is paying for prescription drugs for the Medicare recipient. EIS creates the indicator based on the Medicare D Entitlement indicator.

- a. If the Medicare D Entitlement indicator is "Z" or "Y", Medicaid will not pay for prescription drugs.
- b. If the Medicare D Entitlement indicator is "N", Medicaid will pay for prescription drugs.

6. Coverage Date

Date that the Medicaid Drug Coverage indicator is effective. This will be the ongoing month for changes.

- a. For approvals, the Medicaid Drug Coverage date will be the Retro 1 Effective Date on the DSS-8125. If Retro 1 not entered, the Medicaid Drug Coverage date will be the earlier of the Certification From Date or the Medicaid Effective Date.
- b. A new Medicaid Drug Coverage segment with a new effective date is created when there is a change in the Medicare D Entitlement indicator.
- c. The Medicaid Drug Coverage indicator date cannot be prior to January 2006.

7. Posted Date

This is the date the changes from the MMA monthly response file process in EIS, the DSS-8125 processes in EIS, or a correction keyed by Claims Analysis staff processes in EIS.

8. Updated By?

- a. MMA - MMA monthly response file
- b. EIS - County
- c. DMA - Claims Analysis Unit

9. Timely Notice

This is the date that a timely notice was mailed out advising the recipient that they no longer have Medicaid drug coverage.

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 INDIVIDUAL INQUIRY  
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VIII. B (CONT'D)

10. Adequate Notice

This is the date that an adequate notice was mailed out advising the recipient that Medicaid drug coverage has been reinstated.

11. Organization Name

Name of the Part D organization name.

12. Plan Name

Name of the Part D plan benefit.

IX. INDIVIDUAL MEDICARE D ENROLLMENT DATA (ME)

To view an individual's most current Medicare D enrollment data, enter "ME" in the SELECTION field and the ten digit Individual ID in the KEY field. Press ENTER. The following screen appears.

EXB042	MEDICARE D ENROLLMENT					DATE:	1/12/06
IND ID:	999999999W	NAME:	XXXXXXX	X XXXXXXXX	SSN:	999999999	
START DTE	END DTE	TYPE	CONT #	PLAN	POSTED	UPDT BY	
ORG NAME							
PLAN NAME							
01/01/2008	00/00/0000		S5921	111	11/28/2007	MMA	
ORG NAME							
PLAN NAME							
01/01/2006	00/00/0000	AUTO ENROLL	S5921	112	12/10/2005	MMA	
ORG NAME							
PLAN NAME							
SEL:	MD KEY	999999999W	MSG:				
PF2=	MAIN MENU	PF3=	INDV INQUIRY	PF4=	MED D ENTITL	PF5=	MED AB
PF6=	MED C	PF7=	BACKWARD	PF8=	FORWARD	PF9=	INDV PROFILE

Press "PF4" to go back to view Medicare Entitlement Data (MD), or  
 Press "PF5" to go back to view Medicare A/B Data (MB).  
 Press "PF6" to go back to view Medicare C Data (MC).  
 Press "PF7" to page backward.  
 Press "PF8" to page forward.

A. Medicare D Enrollment

1. Start Date

EIS uses the start date of Medicare D enrollment from the MMA monthly response file.

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INDIVIDUAL INQUIRY

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IX. A. (CONT'D)

2. End Date

EIS uses the End Date of Medicare D enrollment from the MMA monthly response file.

Note: If Medicare A and B on the response file both have end dates, EIS will use the later of the two dates.

3. Type

This field identifies how the recipient was enrolled by CMS in a PDP.

- a. Auto - Automatically enrolled in PDP
- b. Beneficiary Choice - PDP chosen by the beneficiary
- c. Affirmatively Declined - Beneficiary declined auto-enrollment in PDP and did not enroll on his/her own
- d. Facilitated - Automatic enrollment of MQB recipients in PDP

4. Contract Number

Number which identifies a contract offered within a PDP.

5. Plan Number

Number which identifies the PDP that the recipient is enrolled in.

6. Posted Date

This is the date the changes from the MMA monthly response file process in EIS.

7. Updated by?

MMA - MMA monthly response file

8. Organization Name

Name of the Part D organization.

9. Plan Name

Name of the Part D plan benefit.

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 INDIVIDUAL INQUIRY  
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X. PACE/MANAGED CARE HISTORY INQUIRY (MI)

To view an HMO, PACE, or Carolina Alternatives managed care segment, key "MI" in the SELECTION field on any IMS screen, the individual ID in the KEY field, and press ENTER. The PACE/MANAGED CARE HISTORY INQUIRY SCREEN is displayed:

EJA948 NORTH CAROLINA DEPARTMENT OF HUMAN SERVICES		DATE: 08/13/01					
ELIGIBILITY INFORMATION SYSTEM		TIME:08:49:57					
<b>PACE/MANAGED CARE HISTORY INQUIRY</b> INDIVIDUAL - 11111111S							
PROVIDER NUMBER	CATGRY CODE	PROVIDER NAME	CASE ID	CNTY NO	FROM DATE	TO DATE	CG AU RS AS
9099503	HMOM DMA	EXEMPT NUMBER	11111111	60	07012001	09302001	N
9099503	HMOM DMA	EXEMPT NUMBER	11111111	60	04012001	06302001	
9099503	HMOM DMA	EXEMPT NUMBER	11111111	60	02012001	03312001	
6700011	HMOM	SOUTHCARE/COVENTRY	11111111	60	05012000	01312001	
SELECTION MI KEY11111111S PF2/14 = MENUPF7/19=BACKWARD 8/20=FORWARD							
END OF DATA							

XI. ASSETS TRANSFER INQUIRY/UPDATE (AT)

To view the Assets Transfer Tracking Screen, key "AT" in the SELECTION field on any IMS screen, the individual ID in the KEY field, and press ENTER.

The following screen appears:

EJA074 NC DEPT OF HEALTH AND HUMAN SERVICES		DATE:05/14/03			
EJA074S1 ELIGIBILITY INFORMATION SYSTEM		TIME:09:48:38			
ASSETS TRANSFER INQUIRY/UPDATE FORM:					
ID:	000000000X	NAME:	HENRY J JOHNSON	CASE ID	12345678
OPTION (ADD/CHG/DELETE) (A/C/D)	EVALUATION INDICATOR (Y/N)	SANCTION BEGIN DATE (MMCCYY)	SANCTION END DATE (MMCCYY)	DATE POSTED	
	Y	06012003	11302010	05032003	
	Y	03012003	06302003	02032003	
SEL: KEY 000000000X					
MSG: INQUIRY COMPLETE					
PRESS ENTER TO UPDATE		PF2/14 UPDATE MENU	PF3/15 CANCEL UPDATES		