
GLOSSARY

EIS 1250 - GLOSSARY{ XE "GLOSSARY" }
REISSUED 7/1/90 - CHANGE NO. 4-90

ADD-AN-INDIVIDUAL: An application made to add an individual to a pending application or to an existing case.

ADJUSTED PAYMENT: Correction of a previously issued payment.

ADMINISTRATIVE APPLICATION: An application that is not signed by the applicant but must be entered into EIS for corrective action needed to establish a case; it must be based on another signed application.

AID PROGRAM CATEGORY: A system of case classification. The aid program designates the type of public assistance. The aid category indicates the kind of coverage (or category of assistance) within the aid program.

ALIEN: An individual who is not a U.S. Citizen.

APPLICANT: A person for whom assistance is requested.

APPLICATION: A request signed by an applicant or his representative, under penalty of perjury, for specific public assistance benefits.

APPLICATION INQUIRY: EIS inquiry capabilities for pending, denied, withdrawn and approved applications by form ID, individual ID, name, or social security number.

APPLICATION TURNAROUND: A pre-printed data entry form reflecting current information which can be used as an input document to change current data in EIS. The form number is DSS-8124I.

APPOINTMENT LETTER: System generated notification to the recipient informing him of his scheduled redetermination interview.

APPROVAL: Authorization of benefits after all eligibility factors have been met.

AUTHORIZED: Medicaid status of those recipients for whom all eligibility factors have been met and who are receiving benefits.

BATCH: Forms that are entered into the system and if error free, process in the nightly update. The data entered on forms is not reflected in the case record or available for inquiry until the update has been completed. Normally this is the next day.

BENEFIT ISSUANCE: Creation and mailing of a check and/or medicaid card.

BENEFIT MONTH: Any month for which checks and/or Medicaid cards are written.

CASE: All individuals who are applying for, currently receiving, or have received assistance under the same Case ID. All individuals on an application form are included under the same Case ID when the application is entered and accepted into the system.

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CASE HISTORY: Data maintained by the system to reflect a time period of eligibility and linked to the current case. There may be multiple occurrences of such data.

CASE ID: The Case ID is an eight digit number used to identify the case in the system. It consists of a sequentially assigned seven digit number and a system calculated numeric check digit. The Case ID is assigned permanently when the application is entered and accepted into the system. It does not change for reapplications, county transfers, or aid program/category transfers.

CASEHEAD/PAYEE: The person to whom the benefits are written. He may or may not be included in the case.

CERTIFICATION PERIOD: A defined period of time for which Medicaid eligibility has been determined.

COMMUNITY ALTERNATIVES PROGRAM (CAP): CAP is reflected in EIS as a special coverage group to indicate those individuals who receive home and community based services who would otherwise require ICF on SNF cases.

COMPUTER INPUT FORMS: The pieces of paper on which information is written to be keyed into EIS.

COUNTY TRANSFER EFFECTIVE DATE: The date the receiving county becomes financially responsible for a case, as a result of a county transfer.

COUNTY TRANSFER TRANSITION MONTH: The calendar month prior to the county transfer effective date.

CURRENT PROCESSING MONTH: The month for which the State Office is currently processing checks and Medicaid ID cards. This is generally the month following the current calendar month. After the pull cut-off date, the current processing month is advanced one month. For example, in October, through the pull cut-off date, the current processing month is November. After the pull cut-off for November checks and Medicaid ID cards, the current processing month is December. Also referred to as the ongoing benefit month.

CYCLE MONTH: The month for which the State Office is currently processing checks and Medicaid ID cards. This is generally the month following the current calendar month. After the pull cut-off date; the current processing month is advanced one month. For example, in October, through the pull cut-off date, the processing month is November. After the pull cut-off for November checks and Medicaid ID cards, the current processing month is December. Also referred to as the ongoing benefit month.

DAILY (STRAGGLER) RUNS FOR CHECKS AND MEDICAID ID CARDS: Printings of checks and Medicaid ID cards for new cases or for cases updated after the regular run cut-off date.

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DATA BASE: A method of storing information on a computer, similar to an "Electronic Filing Cabinet."

DATA ENTRY: Keying of information into the system. Also, the place where keying is done.

DATA ENTRY OPERATOR: Person who keys information into the system.

DATA PROCESSING PRODUCTION SCHEDULE: A schedule giving the program and pull cut-off dates. These are also the dates the State Office prints checks and/or Medicaid ID cards for active cases.

DEDUCTIBLE: The amount of medical expenses to be paid or incurred by the applicant/recipient prior to authorization for benefits. Also, the Medicaid Status of those recipients not eligible to receive a Medicaid card until their deductible is met.

DENIAL: Rejection of an application for benefits.

DENIAL NOTICE: A notice to the applicant stating rejection of their application for benefits.

DISPOSITION: Approval or denial of an application based on the eligibility determination, or withdrawal of an application based on an applicant's or representative's request.

DISREGARD: An allowable deduction from gross earned income.

DOMICILIARY CARE: Residential care provided in a group home or domiciliary care facility.

EARNED INCOME: Income received from employment or operation of a business such as farming or rental as defined by policy.

EIS (Eligibility Information System): A system which contains information pertinent to an individual's eligibility to receive benefits under A-AF, R-RF, SA, and Medicaid programs in the state. The information includes case and individual data for each individual or group of individuals who are receiving or have received benefits, benefit history for the case and/or individuals, and information about health and accident insurance coverage which may apply to the case and/or individuals.

This information is stored in data bases which provide access to the information by on-line inquiry or reporting functions. The data is used to issue checks and Medicaid ID cards as well as numerous reports used to track various types of situations or to report on situations for which certain actions must be taken.

FUNCTION: Any of various actions completed on a case. For example, filling out an application form or transferring a case.

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HCTP (Formerly EPSDT): Healthy Children and Teens Program.

ICF: Intermediate care facility for patients in need of registered nursing care eight hours per day.

ICF-MR: Intermediate care facility for the mentally retarded.

INACTIVE CASE: A case that is terminated.

INDIVIDUAL ID: The Individual ID is a unique 10 digit system assigned number which identifies the individual to the system. The system assigns a permanent Individual ID, consisting of a sequentially assigned 9 digit number and a system assigned alpha check digit.

If an individual is assigned a new ID and it is later determined that he has an ID already in the system, you must complete a DSS-8128 Duplicate ID Resolution form, to resolve the discrepancy.

Individual ID's assigned prior to 3-1-90 were based on the social security number with a system assigned alpha check digit.

INSTITUTIONAL CARE: Care received in a hospital over 30 days; an ICF, an ICF-MR, an SNF, or public psychiatric care facility.

INTERFACE: A method of exchanging information between two computer systems.

LEVEL OF CARE: The type of medical/domiciliary care needed by a recipient. For example, long-term care in a hospital in excess of 30 days, skilled or intermediate nursing home care, CAP, psychiatric care, or ambulatory and semiambulatory domiciliary care.

MASS REVISION/CHANGE: The same change occurring for a large group of cases/recipients with potential change of benefits.

MEDICAID EFFECTIVE DATE: The date the Medicaid coverage begins.

MONTHLY REPORT: For AFDC, a report mailed directly to the recipient, based on certain criteria, on which he reports his income and other changes in situation.

MONTHLY (REGULAR) RUNS OF CHECKS AND ID CARDS: Printings of checks and/or Medicaid ID cards for all active and authorized cases based on the processing schedule for a given aid program/category. Printing is done before the effective month to ensure mailing on the last workday of the month.

MONTHLY RUN CUT-OFF DATE: The last day a change can be processed for cases in a given aid program/category and be reflected in the monthly run for the current processing month. Changes affecting eligibility processed after the cut-off date for the processing month that are to be effective for that month (and/or for prior months) are reflected in daily runs.

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NAME: The name entered in EIS through the Individual ID assignment process or the Name Change (NC) screen must match Social Security Records. Use the name on the SDX, BENDEX, SOLQ, TPQ, Social Security Card, or Medicare Card. If a discrepancy exists, use the name from the online verification.

NAME SEARCH: Capability to search the statewide file of all individuals in EIS. The search can be completed by name and sex or social security number. This is also the process by which Individual ID's are assigned.

NEW APPLICATION: A new application is required when the case does not exist in the system in the same or related aid program/category

ONE PART APPLICATION:

Money Payment - A request for assistance for the month of application forward; may include up to three consecutive months of Medicaid prior to the month of application if money payment eligible.

Medicaid - A request for either retroactive or prospective Medicaid benefits only.

ONGOING BENEFIT MONTH: See Current Processing Month.

ONGOING ELIGIBILITY: Eligibility without termination or interruption of benefits. The payment, Medicaid benefits, and the eligibility data are continuous and current through the current processing month.

ON-LINE: An action that is processed immediately when the ENTER key is depressed. If error-free, the data entered is processed by the system immediately and is available for inquiry or change. (However, benefits and notices are issued in the nightly batch cycle.)

OPEN SHUT CASES: Cases eligible for prior period only (no ongoing eligibility). Approve and terminate assistance at the same time on the same form.

PATIENT MONTHLY LIABILITY (PML) - The amount a Medicaid recipient is responsible for paying to a long-term care facility each month.

PAYMENT EFFECTIVE DATE: Applies only to money payment cases.

The date on which the recipient first becomes eligible for benefits.

or

In EIS terms, the date (month and year) when the current benefit amount became effective.

PRESUMPTIVE ELIGIBILITY: A determination of limited Medicaid eligibility, for pregnant women, completed by qualified medical providers enrolled with and approved by the Division of Medical Assistance.

PROCESSING MONTH: The month for which the State office is currently processing changed data, checks, and Medicaid ID cards. Generally, the month following the current calendar monthly. This runs from the day after pull cut-off date through the next cut-off date.

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PROFILE: A system generated report reflecting current case and individual information.

PROGRAM CUT-OFF DATE: The last day changes can be made for a particular aid program/category for the next calendar month.

PROSPECTIVE ELIGIBILITY:

Money Payment - Eligibility for ongoing benefits beginning no earlier than the month of application.

Medicaid - Eligibility for ongoing benefits beginning no earlier than the month of application.

PULL CUT-OFF DATE: The last day a change can be processed and be reflected in the current processing month.

PURGE: To remove records from the physical data bases on the computer. This is done periodically and affects only those cases which have been terminated three years or longer.

REAPPLICATION: An application is a reapplication when:

The case exists in the system in the same or related aid program/category, but is terminated.

or

The case is active, and an application is made for an aid program/category that is not an allowable transfer.

RECIPIENT: AAF/RRF/SA - An individual who is receiving benefits.

Medicaid - An individual who is eligible (certified) for and/or receiving (authorized for) benefits. The individual must have been authorized for at least one day of Medicaid eligibility.

REGULAR RUN: The printing of checks and/or Medicaid ID cards for all active and authorized cases based on the processing schedule for a given aid program/category. Printing is done before the effective month to ensure mailing on the last working day of the month.

REPRESENTATIVE: A person acting on behalf of the applicant. See AFDC or Medicaid Manual Policy.

NOTE: THE REPRESENTATIVE'S NAME IS CAPTURED ON THE APPLICATION FORM BUT IS NOT ENTERED IN EIS.

RESERVE: An applicant's or recipient's countable assets.

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RETROACTIVE MONTH: Any month prior to the current processing month. This is different from the three month prior to the month of application which may be covered for Medicaid if the client has medical need and is eligible.

SAVINGS: Cost avoidance of AFDC payments.

SNF: Skilled Nursing Facility - For patients needing 24 hours per day registered nursing care.

SOUNDEX FILE: File used for name search which contains data about an individual that allows for determining possible matches. Soundexing searches for names which sound similar or have similar spellings.

SPECIAL COVERAGE GROUP: A group of recipients requiring special processing within an existing aid program/category.

STRAGGLER RUNS: Printing of checks and/or Medicaid ID cards for new cases and for cases updated after the regular run cut-off date but before pull cut-off. Straggler checks and Medicaid ID cards for the current processing month for cases updated after the regular run are mailed on the first working day of the month.

SUBSTITUTE PAYEE: A person whose name is printed on the check and/or Medicaid card who is not included in the benefit but who assumes responsibility for the benefit.

SUSPENDED AFDC CASE: An AFDC case ineligible for one month solely due to an extra pay period in the month.

TWO-PART APPLICATION: A request for both retroactive and prospective Medicaid benefits. The retroactive request may include any or all of the three months prior to the month of application. (Medicaid only)

UNEARNED INCOME: Income received not from employment or operation of a business, but from other sources such as child support, SSA benefits, pensions, interest, etc.

WITHDRAWAL: A request made by an applicant or his representative to discontinue processing of his application.

WITHDRAWAL NOTICE: A notice sent to the applicant stating that a request has been made by the applicant or his representative to discontinue processing of his application.