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APPROVING MQB NEW APPLICATIONS OR REAPPLICATIONS

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EIS 2253 - APPROVING M-QB NEW APPLICATIONS OR REAPPLICATIONS  
REVISED 08/01/04 - CHANGE NO. 01-05

I. GENERAL INFORMATION

- A. Use the instructions in this section to complete the DSS-8125 Eligibility Information System Data Sheet. A sample of the DSS-8125 is located at the end of this volume. For keying instructions, see [EIS 4900](#).
- B. Use the most current DSS-8124I Application Turnaround to determine what information has previously been entered for the applicant. This information is retained by the system and brought forward at application approval. For this reason, most of the information entered on the DSS-8124 need not be re-entered when the application is approved.
- C. Use the NAME CHANGE screen to change or correct the following items before keying the DSS-8125 for approval:
1. Name
  2. Social Security Number
  3. Date of Birth
  4. Sex
  5. Race/Ethnicity/Language
- D. Correct the following items on the DSS-8124 screen before keying the DSS-8125 for approval.
1. County Number
  2. Aid Program/Category - See the Aid Program/Category Chart.
  3. MQB-QI1 indicator
  4. Application Type
- Other data may be changed or corrected on the DSS-8125 at approval.
- E. There are two types of Medicaid applications, one part and two part. A one part application can be for retroactive coverage only or ongoing coverage only. A two part application is for retroactive and ongoing coverage. MQB-Q can not be authorized as retroactive coverage.
- Retro M-AD with ongoing M-QB must be separate one part applications.
- If either the retro or ongoing period is MQB-E and the other period is either MAABD or MQB-Q/B, separate one part applications are required.
- F. Each piece of a two part Medicaid application may be dispositioned (approved/denied/withdrawn) regardless of whether the other part is being dispositioned.
- G. New applications and reapplications are dispositioned exactly the same way unless you are approving a reapplication against an ongoing case. If this is true, old case termination data is required.

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I. (CONT'D)

- H. M-QB authorization is effective the month following the first determination of M-QB eligibility for Medicaid class "Q".
- I. M-QB ongoing coverage is effective the first month of authorization for Medicaid class "B" and "E".
- J. A MQB application can not be approved with a Medicaid classification of "E" if funding is exhausted for this classification for the calendar year. The application must be denied, withdrawn, changed to another aid program/category, or changed to non-QI.
- K. When both parts of a two part application are dispositioned the same day and one part is denied or withdrawn, the denial or withdrawal must be keyed first. Otherwise, the DSS-8124 re-entry will delete the DSS-8125 approval.
- L. When each part of a two part application is dispositioned on a different day and the retroactive part is dispositioned last, the current case data will not be updated. The retroactive eligibility can be viewed by using the "IE" inquiry selection.
- M. A DMA-2041 is required when an applicant/recipient has health and/or accident insurance.

Refer to [EIS 3350](#), Instructions for Third Party Health and Accident Resources Information (DMA-2041).

II. APPROVING APPLICATIONS

- A. Approving a One-Part application, type 1 or 2.

The application may be approved for MQB ongoing or MQB-B/E retroactive.

1. Complete the DSS-8125 following existing instructions found in III. below.
2. If the requirements are met to authorize MAABD, submit a DSS-8125 following instructions found in EIS 3451, Aid Program/Category Transfer to Medicaid Programs. The MA effective date must be the date eligibility factors were met for MAABD.
3. Authorize any prior eligibility for MAABD that cannot be authorized on the DSS-8125 on the DB/PML function.

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II. (CONT'D)

- B. Approving a Two-Part Application, Type 4 or 5.

The application may be approved for retro MAAB or MQB-B with MQB-Q/B ongoing, or retro and ongoing MQB-E at the same time or at different times.

If approving both parts at the same time:

1. Complete the DSS-8125 following existing instructions found in III. below.
  2. Authorize any prior eligibility for MAABD that cannot be authorized on the DSS-8125 on the DB/PML function.
- C. If separate DSS-8124's were keyed for MAABD and MQB-Q/B and the MQB-Q/B application has been approved for ongoing and you are ready to approve MAABD ongoing, the MQB case must be terminated. The next day the MAABD can be approved for ongoing coverage.

**NOTE: The only timing problem this procedure may cause is when the MQB case is terminated on the 5th workday of the month, and the MAABD is approved on the 6th workday of the month using a disposition date for the previous month. Remember, in this situation, the system changes the disposition date to the current day if the notice is overridden.**

- D. If separate DSS-8124's were keyed for MAABD retro and MQB-E ongoing or vice versa and the ongoing application has been approved and you are ready to approve the retro, the retro application must be approved as an open shut new application. If the retro application is approved as a reapplication using the ongoing case id, the ongoing eligibility will be deleted.

Complete a DSS-8125 to approve MQB-Q/B and use the instructions in III below.

III. COMPLETING THE DSS-8125

If a numeric field requires less digits than spaces available, precede with zeroes.

A. CASE IDENTIFYING INFORMATION

1. Do not enter the CASE ID. The Case ID is brought forward from the application and may not be changed.
2. Enter your WORKER NUMBER.
3. Enter your COUNTY NUMBER.
4. Enter the COUNTY CASE NUMBER.
5. Enter the DISTRICT NUMBER.
6. Do not enter COUNTY REASSIGNMENT NEW COUNTY or EFFECTIVE DATE.
7. Enter "M" "QB" for the AID PROGRAM/CATEGORY. If change is needed, it must be reentered on the Application Turnaround before the approval is keyed.

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III. A. (CONT'D)

8. Do not enter CASEHEAD/PAYEE NAME.
9. Enter ADDRESS LINE 1 if it is different than indicated on the Application Turnaround. See the Mailing Address Appendix to determine the correct abbreviations.
10. Enter ADDRESS LINE 2 if address line 1 was entered and is different than indicated on the Application Turnaround. See the Mailing Address Appendix to determine the correct abbreviations.
11. Enter CITY, STATE and ZIP CODE if different than indicated on the Application Turnaround. See the Mailing Address Appendix to determine the correct abbreviations.
12. Enter the casehead/payee's three-digit area code and seven-digit PHONE NUMBER if applicable.
13. Enter a VERIFICATION INDICATOR to indicate if all eligibility factors have been verified.

"Y" = YES                      "N" = NO

14. Enter SUBSTITUTE PAYEE CODE and NAME if a substitute payee has been appointed to the case. See the Codes Appendix to determine the appropriate substitute payee code.
15. Enter the number in the NEEDS UNIT if MQB Family Size Budgeting was used.
16. Do not enter a CHANGE CODE.
17. Enter "Y" in NOTICE OVERRIDE if you wish to override the automated notice. Always override the automated notice when you use the DB/PML function to issue any benefits.

B. APPLICATION DATA

1. Enter the APPLICATION NUMBER from the Application Turnaround.
2. If you are approving ongoing coverage, enter the ONGOING DISPOSITION REASON and DATE. See the Codes Appendix to determine the appropriate disposition reason code; and/or
3. If you are approving retroactive coverage, under M-AA, M-AB, M-AD, or MQB, enter the RETRO DISPOSITION REASON and DATE. See the Codes Appendix to determine the appropriate disposition code.
4. If you are approving both parts of the application, ONGOING and RETRO DISPOSITION REASONS and DATES must be entered.

It is very important to enter the correct disposition reason code. Unless overridden, an automated notice is produced based on the reason entered on the DSS-8125. The disposition reason code determines the text of the notice. See AUTOMATED NOTICES at the end of this section for more information regarding the automated notice.

**NOTE: If the notice is overridden, the disposition date must be the same date the approval notice is mailed to the recipient.**

**DISPOSITION REASON code "B4" must be entered for Medicaid class "B" or "E". (MQB only).**

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III. (CONT'D)

C. CASE TERMINATION DATA

1. If an appeal reversal and the individual is not eligible for ongoing benefits, approve the case in terminated status (Open/Shut). Enter the CASE TERMINATION REASON and DATE. The date must be the last day of the certification through month.

**NOTE: THE DISPOSITION DATE MUST BE THE ORIGINAL DISPOSITION DATE.**

OR

If approving retroactive coverage only in M-AA, M-AB, or MQB (for one or two part application), enter CASE TERMINATION REASON and DATE. The date must be the last day of the month before the month of application.

See the Codes Appendix to determine the appropriate termination reason code.

**NOTE: DISPOSITION REASON CODE "B4" MUST BE ENTERED FOR MEDICAID CLASS "B" or "E". (MQB ONLY).**

2. Enter the OLD CASE TERMINATION REASON and DATE if approving a reapplication and the case you are reapplying against is still open. The date must be the last day of the month before the ongoing month. See the Codes Appendix to determine the appropriate old case termination reason code.

D. PAYMENT DATA Do not enter for M-QB.

If retroactive only, go to Retro MA 1 and 2 fields. Instructions are on page 7.

If ongoing or ongoing with retro under MQB, complete the MEDICAID DATA using the following instructions.

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III. (CONT'D)

**E. MEDICAID DATA**

For approving ongoing or retroactive with ongoing coverage under M-QB:

1. Do not enter MEDICAID STATUS. EIS automatically enters "A" for authorized.
2. Enter MEDICAID EFFECTIVE DATE.
  - a. This date must be the first day of the month following the month of disposition entered on the DSS-8125 if the Medicaid Class is "Q".
  - b. If the Medicaid Class is "B" or "E", this date:
    - (1) Must be the first day of the month of authorization, or
    - (2) May be one, two, or three months before the month of application.  
(Class "E" cannot be prior to Jan 1<sup>st</sup> of the current calendar year.)
3. Enter the CERTIFICATION FROM DATE.
  - a. This date must be greater than or equal to the month of app.
  - b. This date must be the first day of the month.
4. Enter the CERTIFICATION THRU DATE.

**MQB-Q/B**

- a. The date may be up to twelve months from the CERTIFICATION FROM DATE.
- b. If CASE TERMINATION DATE is present the CERTIFICATION THRU DATE must equal the month and year of termination.
- c. The date must be the last day of the month.

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III. E. (CONT'D)

**MQB-E**

- a. For applications dated January 1 through October 31, the certification thru date is 12/31 of the current calendar year. This applies even when the application is completed after October 31.
  - b. For applications dated on or after 11/1, the certification thru date is 12/31 of the next calendar year. This means the ongoing certification period can be as much as 14 months.
  - c. The date must be the last day of the month.
5. Enter MEDICAID CLASS.
  6. Do not enter DB/PML type.
  7. Do not enter DB/PML AMOUNT.

If ongoing only, no retroactive coverage, - skip Retro MA 1 and 2; continue on page 9.

If retroactive only M-AA, M-AB, or M-QB or retroactive and ongoing M-QB, continue:

**F. RETRO MA 1 and 2**

**Complete RETRO MA 1 and 2 to authorize Medicaid prior to the month of application.** If you are completing both RETRO MA 1 and 2, the earliest retroactive period must be entered in RETRO MA 1. For example, if the recipient is eligible for retroactive months 04/96 and 06/96, 04/96 must be entered in RETRO MA 1.

1. RETRO MA 1
  - a. Enter the AID PROGRAM/CATEGORY under which the retroactive coverage is given. This must be "M-AA", "M-AB", or "MQB". For MQB-E approvals, the retro must be MQB-E.
  - b. Enter AUTHORIZATION FROM and AUTHORIZATION THRU dates.
    - (1) AUTH FROM DATE:
      - (a) Must be before the month of application.
      - (b) May be up to three (3) months before the month of application.  
("MQB-E" cannot be prior to Jan 1<sup>st</sup> of the current calendar year.)
      - (c) May be any day of the month.

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III. F. 1. (CONT'D)

(2) AUTH THRU DATE:

- (a) Must be before the month of application.
- (b) Cannot be before the FROM DATE.
- (c) Must be the last day of the month.
- (d) Must be before the RETRO MA 2 FROM DATE if RETRO MA 2 information is entered.

- c. Enter MEDICAID CLASS for the retroactive period. This must be "E" if the MQB-QI1 indicator on the application is "Y".
- d. Enter DB/PML if applicable for the retroactive period. DB/PML is required if the Retro MA 1 FROM DATE is not the first day of the month. (N/A to MQB-E)
- e. Enter DB/PML AMOUNT if DB/PML type is entered.

2. RETRO MA 2

Do not enter RETRO MA 2 unless RETRO MA 1 has been completed. If there is a break in the retroactive coverage, complete RETRO MA 2.

- a. Enter the AID PROGRAM/CATEGORY under which the retroactive coverage is given. This must be M-AA, M-AB, or M-QB. For MQB-E approvals, the retro must be MQB-E.
- b. Enter AUTHORIZATION FROM AND AUTHORIZATION THRU DATES.

The RETRO MA 2 FROM AND THRU DATES must be after RETRO MA 1 THRU DATE.

(1) AUTH FROM DATE:

- (a) Must be before the month of application.
- (b) May be up to three (3) months before the month of application. ("MQB-E" cannot be prior to Jan 1<sup>st</sup> of the current calendar year.)
- (c) May be any day of the month.
- (d) Must be before the MEDICAID EFFECTIVE DATE if MEDICAID EFFECTIVE DATE is entered.

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III. F. 2. (CONT'D)

(2) AUTH THRU DATE:

- (a) Must be before the month of application.
- (b) Cannot be before FROM DATE.
- (c) Must be the last day of the month.

- c. Enter MEDICAID CLASS for the retroactive period. This must be "E" if the MQB-QI1 indicator on the application is "Y".
- d. Enter the DB/PML if applicable for the retroactive period. The DB/PML is required if the Retro MA 2 FROM DATE is not the first day of the month.  
(N/A to MQB-E.)
- e. Enter DB/PML AMOUNT if DB/PML type is entered.
- f. If a PML is entered and you need the DMA-5016 to go to a different facility than indicated in the address section, enter the three character facility code for the facility which is to receive the DMA-5016 for the Retro MA 1 period. (See EIS-1063 for instructions on determining the facility code.)

From this point forward, completion instructions are the same for all types of applications.
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**G. EARNED INCOME (IF ZERO, LEAVE BLANK)**

All fields must be in dollars and cents.

- 1. Enter the amount of GROSS EARNED INCOME. Amount must be entered if WORK EXPENSES, DISREGARD, or NET EARNED INCOME are entered.
- 2. Enter the WORK EXPENSES.
- 3. Do not enter CHILD/ADULT CARE.
- 4. Enter the amount of DISREGARD.
- 5. Enter the amount of NET EARNED INCOME.
- 6. Do not enter GRANT RECOUPMENT CODE, AMOUNT or END DATE.

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III. (CONT'D)

**H. UNEARNED INCOME (IF ZERO, LEAVE BLANK)**

All fields must be in dollars and cents.

1. Enter the RSDI AMOUNT.
2. Enter the TOTAL NET UNEARNED INCOME. Must be more than or the same as the RSDI Amount if RSDI entered.

**I. NEEDS**

1. Enter the MAINTENANCE AMOUNT. The amount must be dollars and cents.
2. Do not enter AMBULATION CAPACITY.
3. Do not enter DOMICILIARY RATE.
4. Enter TOTAL COUNTABLE MONTHLY INCOME. The amount must be in dollars and cents. If entered, Total Net Unearned Income or Net Earned Income must be entered.

**J. SPECIAL DATA**

1. Do not enter FOOD STAMP NUMBER.
2. Do not mark STEPPARENT INDICATOR.
3. Do not enter GRANDFATHER STATUS CODE and DATE.
4. Mark "YES" or "NO" for VA PAYMENT.
5. Enter SPECIAL REVIEW TYPE and DATE if applicable.
6. Do not enter JOBS/WORK REQUIREMENT SAVINGS REASON and AMOUNT.
7. Enter SPECIAL USE CODE and DATA if applicable.

**K. SPECIAL COVERAGE GROUPS (INCLUDING SPECIAL NEEDS)**

1. Do not enter CODE, BEGIN DATE or END DATE. There are no special coverage groups for M-QB.
2. Do not enter SPECIAL NEEDS INDIVIDUAL ID, SPECIAL NEEDS CODE, SPECIAL NEEDS FROM DATE, or SPECIAL NEEDS THRU DATE.

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III. (CONT'D)

L. SUPPLEMENTAL NOTICE INFORMATION

The following three data elements have been added to the DSS-8125 Data Entry screen. A recommended form in which to enter the information can be found at the end of this section. This form should be attached to your DSS-8125 when submitting to Data Entry for keying.

1. Authorized Representative Name and Address

If an applicant had an authorized representative acting in his behalf, the authorized representative's name and address may be entered for the purpose of mailing an automated notice to the authorized representative in addition to the applicant.

2. Secondary Notice Code

This code may be used in addition to the disposition code at approval time only. You may use it in situations when additional information is needed. Refer to Secondary Notice Codes in the [Codes Appendix](#).

3. Notice Text

This section may be used to provide additional information to the applicant, when a Secondary Notice Code is not applicable.

**NOTE:** If you are approving both parts of a two-part application at the same time, and you use two different disposition codes, you cannot enter the Secondary Notice Code or Notice Text.

M. INDIVIDUAL DATA

The casehead name and the individual data for the individual included on the case will be brought forward from the case or the application and cannot be changed. When a DSS-8125 is keyed, EIS reads the common name database to retrieve the individual assigned to the case id with a casehead/payee status of "P". If any of the individual data is incorrect, use the NAME CHANGE screen to make the appropriate correction(s).

Enter the following data:

1. Do not enter INDIVIDUAL TERMINATION DATE.
2. Enter CASE STATUS of "R".
3. Enter the RSDI CLAIM NUMBER. The RSDI CLAIM NUMBER:
  - a. Can not be blank or zeroes,

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III. M. (CONT'D)

- b. Suffix can not be "Z".
- c. Must be the individual's Social Security number if the RSDI CLAIM NUMBER suffix is A, M, or T.
4. Enter "Y" in MEDICARE A.
5. Enter "Y" or "N" in MEDICARE B to indicate whether or not the individual has Medicare B.
6. Enter FAMILY STATUS of "A" for adult or "C" for child.
7. Enter LIVING ARRANGEMENT CODE. See the [Codes Appendix](#) for the appropriate living arrangement code.
8. Enter SPECIAL REPORT CODE if applicable. See the [Codes Appendix](#) to determine the appropriate special report code.
9. Do not enter JOBS/WORK REGISTRATION/EXEMPTION.
10. Enter SPECIAL USE CODE and DATA if applicable. See the [Codes Appendix](#) to determine the appropriate Special Use codes and Data. Do not enter if CASE TERMINATION REASON and DATE are entered.
11. Enter the REFUGEE STATUS CODE and U.S. ENTRY DATE (in MMCCYY format), if applicable. See the [Codes Appendix](#) to determine the appropriate Refugee Status Code.
12. Enter DATE OF DEATH if applicable.
  - a. If entered, CASE TERMINATION REASON and DATE are required.
  - b. The DATE OF DEATH must be before or the same as the CASE TERMINATION DATE.
  - c. DATE OF DEATH must be before or the same as the current date.
13. Enter the two digit CITIZEN/ID code and the date (in MMDDCCYY format) if applicable. Enter Citizen/ID codes for refugee, asylee, Cuban/Haitian status, Amerasian, trafficking victim or special immigrant. See the [Codes Appendix](#) to determine the appropriate Citizen/ID code and what the date reflects.
14. Enter Alien ID number, if applicable. Key only the numeric parts of the Alien ID number. Do not enter the alpha "A".
15. Enter the RELATIONSHIP TO PAYEE code. See [Codes Appendix](#) to determine the appropriate code.

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III. M. (CONT'D)

16. Do not enter JOBS/WORK REQUIREMENT SAVINGS REASON and AMOUNT.
17. Do not enter WORK EXPERIENCE.
18. Do not enter GROSS EARNED INCOME.
19. Do not enter WORK EXPENSES.
20. Do not enter CHILD/ADULT CARE.
21. Do not enter NET EARNED INCOME.
22. Do not enter EDUCATIONAL LEVEL.
23. Enter type and date of EDUCATION provided. Refer to [EIS 4100](#), Community Care of North Carolina, for more information.
24. Enter "Y" or "N" for ISSUE CARD. If the individual has an annual Medicaid card from a prior time, enter "N". A new card will not be issued. If the individual states they do not have an annual Medicaid card, enter "Y". A new card will be produced the night the approval processes and mailed the following workday.
25. Do not enter COMMUNITY CARE OF NORTH CAROLINA (CCNC) provider or exempt number.

N. SIGNATURES AND DATE

1. Enter DATE COMPLETED by the worker.
2. Write WORKER'S SIGNATURE.
3. The county director or his designee must sign the form in the DIRECTOR'S SIGNATURE field.

IV. KEY THE DSS-8125.

V. OUTPUT

When the DSS-8125 has processed successfully, the following are received:

A. BENEFITS ISSUED

An annual Medicaid identification card for each individual on the case is produced the night the approval processes and mailed to the recipient the following workday.

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V. (CONT'D)

**B. DMA-5016 (Patient Liability Notification)**

DMA-5016(s) are automatically printed and mailed for the retro period(s) authorized MAAB, if applicable, to the appropriate facility as indicated by the facility code(s) entered on the DSS-8125.

**C. CASE PROFILE**

A Case Profile is produced the night the approval processes and is mailed to the county the following workday.

**D. APPLICATION TURNAROUND DOCUMENT**

If one part of a two part application is approved, an Application Turnaround Document is received for the second part of the application still pending.

**E. CASEWORKER SUPERVISOR REPORT**

1. The application approval is reported on the Caseworker Supervisor Report. The number of approvals completed is determined from the WORKER NUMBER.
2. For dual applications, the Caseworker Supervisor Report will display both application dispositions after completion.

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VI. AUTOMATED NOTICES

- A. An automated notice ([DSS-8108A](#)) is produced for each MQB approval the night the DSS-8125 processes in the system unless "Y" is entered for "NOTICE OVERRIDE".
- B. The DISPOSITION REASON CODE, the Secondary Notice Code, and the Notice Text entered on the DSS-8125 determines the text of the notice.
- C. The system calculates the 60th calendar day for the notice.
- D. The date of the automated notice is the next state workday after the DSS-8125 processes. This is the date the notice is mailed to the recipient. A copy of the notice will be sent to the authorized representative, if the authorized representative name and address fields were entered on the DSS-8125.
- E. A Notice Register Report is produced each night and is mailed to the county the following workday. This report lists vital information related to all automated notices produced for that day. See [EIS 2304](#) for more information regarding the Notice Register Report.