
APPROVING M-IC NEW APPLICATIONS OR REAPPLICATIONS

EIS 2255 - APPROVING M-IC NEW APPLICATIONS OR REAPPLICATIONS
REVISED 02/01/11 - CHANGE NO. 03-11

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](#).

NOTE: For instructions on approving NC Health Choice (MIC) applications, see [EIS-4300](#).

- 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. Use the Application Turnaround to correct the following items before keying the DSS-8125 for approval.

1. County Number
2. Aid Program/Category - See the Aid Program/Category Chart.
3. Application Type
4. Individual ID Number

If there is a change of payee, see [EIS 3101](#), Making Changes to Medicaid Applications. Other data may be changed or corrected on the DSS-8125 at approval.

- E. When approving a case in suspended status due to incarceration, key the living arrangement code on the approval that indicates the suspension. The next day after the approval processes, change the living arrangement code to the appropriate code on the DB/PML screen for the months of eligibility prior to incarceration. EIS automatically enters the Carolina Access exempt number for suspension at approval based on the living arrangement code entered.

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I. (CONT'D)

- F. After the approval processes overnight, use the DB/PML function when:
1. Authorization is for individuals with different Medicaid effective dates.
 2. Authorization for all retroactive months cannot be entered on the DSS-8125.
 3. Changing the living arrangement from suspension to another living arrangement code for months of eligibility prior to incarceration for an application approved in suspended status. EIS automatically deletes the Carolina Access exempt number for suspension when the living arrangement code is changed.
 4. Changing the living arrangement from suspension to another living arrangement for the month of release from incarceration or IMD placement and for any succeeding months. EIS automatically deletes the Carolina Access exempt number for suspension when the living arrangement code is changed.

Refer to [EIS 3105](#) Deductible Balance/Patient Monthly Liability Transaction.

- G. There are two types of 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.
- H. Each piece of a two part Medicaid application must be dispositioned (approved/denied/withdrawn) regardless of whether the other part is being dispositioned.
- I. New applications and reapplications are dispositioned exactly the same way.
- J. 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.
- K. 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.
- L. 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).

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II. COMPLETING THE DSS-8125

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

A. CASE IDENTIFYING INFORMATION

1. Enter the CASEHEAD/PAYEE NAME for filing purposes.
2. Enter the COUNTY NAME.
3. Do not enter the CASE ID. The CASE ID is brought forward from the application and may not be changed.
4. Enter your WORKER NUMBER.
5. Enter your COUNTY NUMBER.
6. Enter the COUNTY CASE NUMBER.
7. Enter the DISTRICT NUMBER.
8. Do not enter COUNTY REASSIGNMENT NEW COUNTY.
9. Do not enter COUNTY REASSIGNMENT EFFECTIVE DATE.
10. Enter "M" "IC" for AID PROGRAM/CATEGORY. If a change is needed, it must be entered on the Application Turnaround before approval is keyed.

Ensure the fields HOW APP RECEIVED? and HLTH CH? on the DSS-8124 are entered on the 8124 screen before approving the MIC application.

11. Do not enter CASEHEAD/PAYEE NAME. If there is a change in the CASEHEAD/PAYEE, enter the correction through the GROUP inquiry. Complete the DSS-8125 if necessary. Refer to [EIS 3101](#).
12. Enter ADDRESS LINE 1 if different than indicated on the Application Turnaround. See the Mailing Address Appendix to determine the correct abbreviations.
13. Enter ADDRESS LINE 2 if different than indicated on the Application Turnaround. See the Mailing Address Appendix to determine the correct abbreviations.
14. Enter the CITY, STATE, and ZIP CODE if different than indicated on the Application Turnaround. See the Mailing Address Appendix to determine the correct abbreviations.
15. Enter the casehead/payee's three-digit area code and seven-digit PHONE NUMBER if applicable.

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II.A. (CONT'D)

16. Enter a VERIFICATION INDICATOR to indicate if all eligibility factors have been verified.

"Y" = YES "N" = NO

17. 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.
18. Enter the number in the NEEDS UNIT for all MIC applications. EIS will edit against the number in the NEEDS UNIT, the MAINTENANCE AMOUNT and the TOTAL COUNTABLE MONTHLY INCOME at application approval.
19. Do not enter a CHANGE CODE.

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, enter the RETRO DISPOSITION REASON and DATE. See the Codes Appendix to determine the appropriate disposition reason code.

It is very important to enter the correct disposition 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 the section for more information regarding the automated notice.

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

C. CASE TERMINATION DATA

1. If approving the case in terminated status (Open/Shut), enter the CASE TERMINATION REASON and DATE. The date must be the last day of the CERTIFICATION THRU month. See the Codes Appendix to determine the appropriate termination reason code.

OR

If approving retroactive coverage only (for a one or two part application), enter CASE TERMINATION REASON and DATE. The date must be the last day of the month prior to the month of application.

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II.C. (CONT'D)

2. The CASE TERMINATION REASON and DATE must be entered if the Medicaid CLASS is "F". The DATE must be the last day of the CERTIFICATION THRU month.
3. Do not enter the OLD CASE TERMINATION REASON and DATE.

D. DO NOT ENTER PAYMENT DATA.

If retroactive only, then go to RETRO MA 1 and 2 fields. In instructions are on page 7.

If ongoing only or ongoing and retroactive together, complete MEDICAID DATA using the following instructions.

E. MEDICAID DATA

For approving ongoing only, or retroactive and ongoing at the same time.

1. Enter MEDICAID STATUS "A".
2. Enter MEDICAID EFFECTIVE DATE.

- a. If you are reopening a case that at the time of termination was suspended due to incarceration or residence in an Institution for Mental Disease (IMD), the Medicaid Effective Date must be the ongoing processing month. Authorize prior ongoing months on the DB/PML screen. Authorize retro months by using Retro MA 1 and/or Retro MA 2 fields.

Refer to EIS-3105, DB/PML Transaction Instructions for Medicaid Application Approvals for completing authorization on the DB/PML screen.

- b. If approving ongoing coverage:
 - (1) This date must be greater than or equal to the CERTIFICATION FROM DATE.
 - (2) This date must not be before 10/1/87.
 - (3) This date can be any day of the month if the MEDICAID CLASS CODE is "F".

- b. If approving retroactive coverage with ongoing:
 - (1) This date may be up to three months before the month of application if there is no break in ongoing coverage.

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II. E. 2. b. (CONT'D)

- (2) This date must be greater than or equal to the CERTIFICATION FROM DATE.
 - (3) This date must be the first day of the month unless the MEDICAID CLASS code is "F".
 - (4) This date must be before or equal to the ongoing month.
 - (5) This date must be before the CERTIFICATION THRU month.
 - (6) This date must not be prior to 10/1/87.
- c. If approving retroactive only (3 months prior to the month of application) do not enter.
3. Enter the CERTIFICATION FROM DATE.
- a. This date must be greater than or equal to the month of application.
 - b. This date must be the first day of the month.
 - c. This date must be before or equal to the CERTIFICATION THRU DATE.
 - d. If approving retro only, do not enter.
4. Enter the CERTIFICATION THRU DATE.
- a. This date must be the last day of the month.
 - b. This date must be no longer than six months from the CERTIFICATION FROM DATE, unless the case was established for automatic newborn coverage for a child whose mother is an AAF recipient. In this situation, the CERTIFICATION THRU DATE may be up to 13 months from the CERTIFICATION FROM DATE.
 - c. If the CASE TERMINATION DATE is entered, the CERTIFICATION THRU DATE must be the same as the termination date.
 - d. If approving Retro only, (3 months prior to month of application) do not enter.
 - e. If approving an alien case for emergency services only, the CERTIFICATION THRU DATE must be the day the emergency services end as authorized by the Division of Medical Assistance.

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II. E. 4. (CONT'D)

NOTE: IF THE APPLICATION PENDS BEYOND THE FIRST SIX MONTHS, ENTER THE SECOND SIX MONTHS CERTIFICATION PERIOD ON THE DSS-8125 AND SUBMIT THE NEXT DAY.

5. Enter MEDICAID CLASS.
6. If applicable, enter the PATIENT MONTHLY LIABILITY (DB/PML) Type and DB/PML AMOUNT.

If ongoing only, no retroactive coverage, skip RETRO MA 1 and 2 go to EARNED INCOME on page 9.

If retroactive only, or retroactive and ongoing, continue.

F. RETRO MA 1 AND 2

Complete RETRO MA 1 and 2 to authorize Medicaid before the month of application if the MEDICAID EFFECTIVE DATE does not cover all retroactive months to be authorized. The date must not be before 10/01/87. 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 04/90 and 06/90, 04/90 must be entered in RETRO MA 1.

1. RETRO MA 1
 - a. Enter "M" "IC" in AID PROGRAM/CATEGORY.
 - 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.
 - (c) Must be the first day of the month.
 - (d) Must be before the MEDICAID EFFECTIVE DATE if the MEDICAID EFFECTIVE DATE is entered.
 - (e) May be any day of the month if the MEDICAID CLASS is "F".
 - (2) AUTH THRU DATE:
 - (a) Must be before the month of application.
 - (b) Cannot be before the FROM DATE.

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II. F. 1. b. (2) (CONT'D)

- (c) Must be the last day of the month, unless the RETRO MEDICAID CLASS code is "F".
- (d) Must be before the RETRO MA 2 FROM DATE if RETRO MA 2 information is entered.
- (e) Must be before the MEDICAID EFFECTIVE DATE if MEDICAID EFFECTIVE DATE is entered.

c. Enter MEDICAID CLASS for the retroactive period.

d. Do not enter DEDUCTIBLE BALANCE/PATIENT MONTHLY LIABILITY (DB/PML).

e. Do not enter DB/PML AMOUNT.

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 the RETRO MA 2.

a. Enter "M" "IC" in the AID PROGRAM/CATEGORY.

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.
- (c) Must be the first day of the month.
- (d) Must be before the MEDICAID EFFECTIVE DATE if the MEDICAID EFFECTIVE DATE is entered.
- (e) May be any day of the month if the MEDICAID CLASS code is "F".

(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, unless the RETRO MEDICAID CLASS code is "F".
- (d) Must be before the MEDICAID EFFECTIVE DATE if MEDICAID EFFECTIVE DATE is entered.

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II. F. (CONT'D)

- c. Enter MEDICAID CLASS for the retroactive period.
- d. Do not enter the DB/PML.
- e. Do not enter DB/PML AMOUNT.

FROM THIS POINT FORWARD, COMPLETION INSTRUCTIONS ARE THE SAME FOR ANY TYPE OF APPLICATION.
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G. EARNED INCOME (IF ZERO, LEAVE BLANK)

All fields must be in dollar and cents amounts.

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

H. UNEARNED INCOME (IF ZERO, LEAVE BLANK)

All fields must be in dollar and cents amounts.

- 1. Enter the RSDI AMOUNT. If entered, RSDI CLAIM NUMBER is required.
- 2. Enter the TOTAL NET UNEARNED INCOME.

I. Enter the OTHER UNEARNED INCOME.

- 1. The amount must be dollars and cents.
- 2. The amount must be included in the TOTAL NET UNEARNED INCOME.

J. Enter the TOTAL NET UNEARNED INCOME.

- 1. The amount must be dollars and cents.
- 2. The amount must be the same as the RSDI AMOUNT plus OTHER UNEARNED, if RSDI and OTHER UNEARNED INCOME is entered.
- 3. TOTAL COUNTABLE MONTHLY INCOME must also be entered.

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II. L. (CONT'D)

K. NEEDS

1. Enter the MAINTENANCE AMOUNT. The amount must be a whole dollar amount. The amount must be more than or the same as the TOTAL COUNTABLE MONTHLY INCOME.
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.

L. SPECIAL DATA

1. Enter the FOOD STAMP NUMBER if known.
2. Enter a STEPPARENT INDICATOR if known. This is an optional field. See the Codes Appendix to determine the appropriate code.
3. Mark "YES" or "NO" for VA PAYMENT.
4. Enter SPECIAL REVIEW TYPE and DATE if needed.
 - a. If entered, the DATE must be more than the ongoing month.
 - b. Not allowed for Open/Shut approvals.
 - c. See the Codes Appendix to determine the appropriate special review code and date.
5. Do not enter JOBS/WORK REGISTRATION/EXEMPTION data.
6. Enter SPECIAL USE CODE and DATA if needed. This is not allowed for Open/Shut approvals. See the Codes Appendix for codes and date information.

M. SPECIAL COVERAGE GROUP DATA

1. Do not enter CODE, BEGIN DATE or END DATE.
2. Do not enter SPECIAL NEEDS INDIVIDUAL ID, SPECIAL NEEDS CODE, SPECIAL NEEDS FROM DATE, or SPECIAL NEEDS THRU DATE.

N. SUPPLEMENTAL NOTICE INFORMATION

The following two 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 if submitting to Data Entry for keying.

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II. N. (CONT'D)

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.

O. INDIVIDUAL DATA

The casehead name and the individual data for the individual(s) 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 corrections.

Enter the following data:

1. Enter the INDIVIDUAL TERMINATION DATE if an individual is ineligible in the ongoing case.
 - a. Do not enter if there is only one individual on the case.
 - b. This date must be the last day of the month of eligibility.
 - c. This date may be the date of application. This should only be entered if an individual is on the application but should not be included on the case.
 - d. This date must be before or the same as the current calendar month.
 - e. This date may be the last day of the month before the month of application. (Ongoing and retroactive coverage must both be approved.)
 - f. If DATE OF DEATH is entered, do not enter.
2. Do not enter CASE STATUS. The system automatically enters "R".

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3. Enter the RSDI CLAIM NUMBER if the individual has Social Security benefits or Medicare coverage.
4. Enter "Y" or "N" in MEDICARE A to indicate whether or not the individual has Medicare A. If "Y" is entered, the RSDI CLAIM NUMBER must also be entered.
5. Enter "Y" or "N" in MEDICARE B to indicate whether or not the individual has Medicare B. If "Y" is entered, the RSDI CLAIM NUMBER must also be entered.
6. Do not enter FAMILY STATUS. EIS generates.
7. Enter a LIVING ARRANGEMENT CODE. This code must be the same for all individuals on the case. See the [Codes Appendix](#) to determine the appropriate living arrangement code.
8. Do not enter SPECIAL REPORT CODE.
9. Do not enter JOBS/WORK REGISTRATION/EXEMPTION.
10. Enter SPECIAL USE DATA CODE and DATA if needed. Do not enter if the approval is Open/Shut. See the [Codes Appendix](#) to determine the appropriate special use code and dates.
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 the deceased is the only individual in the case, CASE TERMINATION REASON and DATE are required.
 - b. The DATE OF DEATH must be before or the same as the CASE TERMINATION DATE.
 - c. The DATE OF DEATH must be less than or equal to 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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II. O. (CONT'D)

16. Do not enter E&T (Employment/Training).
17. Do not enter JOBS/WORK REQUIREMENT SAVINGS REASON and AMOUNT.
18. Do not enter ED. EMPL (Education Employment).
19. Do not enter INCOME.
20. Do not enter EXPENSES.
21. Do not enter CHILD/ADULT CARE.
22. Do not enter NET INCOME.
23. Do not enter EDUCATIONAL LEVEL.
24. Enter type and date of EDUCATION provided. Refer to [EIS 4100](#), Community Care of North Carolina, for more information. **These fields are not required for an individual who has a suspended living arrangement code.**
25. 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.
26. Enter COMMUNITY CARE OF NORTH CAROLINA (CCNC) provider or exempt number. Refer to EIS 4100, Community Care of North Carolina, for more information.

EIS automatically populates the CCNC field with an exemption code based on the living arrangement code entered for an individual suspended due to incarceration or suspended due to residence in an Institution for Mental Disease.

NOTE: WHEN THERE IS MORE THAN ONE INDIVIDUAL, USE A DSS-8126 AS A CONTINUATION OF THE DSS-8125 TO ENTER INDIVIDUAL DATA. If there are three or more individuals, use a second DSS-8126. A sample of the DSS-8126 is located at the end of this volume.

P. SIGNATURES AND DATE

1. Enter DATE COMPLETED.
2. Sign the DSS-8125 in the WORKER'S SIGNATURE field.
3. The county director or his designee must sign the form in the DIRECTOR'S SIGNATURE field.

III. KEY THE DSS-8125 AND DSS-8126'S.

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IV. OUTPUTS

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

A. CASE PROFILE

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

B. 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.

C. CASEWORKER SUPERVISOR REPORT

The application approval is reported on the Caseworker Supervisor Report. The number of approvals completed is determined from the WORKER NUMBER.

V. AUTOMATED NOTICES

A. An automated notice ([DSS-8108A](#)) is produced for each MIC approval the night the DSS-8125 processes in the system unless "Y" is entered for "NOTICE OVERRIDE".

B. The DISPOSITION REASON CODE and the SECONDARY NOTICE CODE 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 county workday after the DSS-8125 processes. This is the date the notice is mailed to the recipient and is the date of disposition for Alexander reporting purposes. A copy of the notice will be mailed to the authorized representative if the Authorized Representative Name and Address fields were entered on the DSS-8125. A copy of the notice is not mailed to the county.

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.