
REDETERMINING ELIGIBILITY FOR MEDICAID ONLY PROGRAMS

EIS 3051 - REDETERMINING ELIGIBILITY FOR MEDICAID ONLY PROGRAMS
REVISED 03/01/07 - CHANGE NO. 05-07

I. GENERAL INFORMATION

Complete a redetermination before the end of the Medicaid certification period.

NOTE: Benefits do not continue after the end of the Medicaid certification period for Medicaid only programs.

II. CASE MANAGEMENT REPORT

- A. The Case Management Report notifies you that a redetermination is due or overdue.
- B. Redetermination Appointment Notices

When the case first appears on the Case Management Report as notification a redetermination is due, EIS produces a redetermination Appointment Notice ([DSS-8189](#)) for all Medicaid aid programs/categories except NC Health Choice, MIC, HSF, IAS, and MQB-E. This occurs three months before the redetermination is due. Printed on the notice are the county case number, Case ID, district number, aid program/category, casehead/payee name and address, and the county DSS return address and phone number. Two copies of the appointment notice are produced and sent to the county DSS.

NOTE: If a county does not want the State to provide the DSS-8189 Appointment Notices, contact the Eligibility Information System Unit in the Division of Medical Assistance. Refer to [EIS 1200](#), State Office Contacts, for contact information.

- 1. Complete the necessary items on the appointment notice which have not been printed, and mail one copy of the appointment notice to the casehead/payee.
- 2. File the second copy of the appointment notice in the county DSS record.

NOTE: A case must be in EIS three months before the Medicaid certification thru date ends for an automated notice to be produced.

C. Re-Enrollment Forms

MIC, NCHC and MQB-E cases initially appear on the Case Management Report **two** months before the certification thru date. Re-enrollment forms are produced at this time.

Each MIC and NCHC family will receive a postcard 10 calendar days before the re-enrollment forms are mailed. The re-enrollment forms are mailed at the beginning of the 11th month of the certification period.

REDETERMINING ELIGIBILITY FOR MEDICAID ONLY PROGRAMS

REISSUED 03/01/07 - CHANGE NO. 05-07

III. ACTIONS THAT REQUIRE A SEPARATE DSS-8125

Do not perform the following actions in conjunction with a redetermination. Submit a separate DSS-8125 to Data Entry to be keyed after the first action processes. Any actions not listed below may be completed on the same DSS-8125 with a redetermination.

- A. Approving an Add-An-Individual Application
- B. Entering CAP Coverage

Ensure the redetermination processes before these changes are keyed in EIS.

IV. COMPLETING THE REDETERMINATION

Use the DSS-8125, Eligibility Information System Data Sheet, to enter the redetermination information in EIS. Follow the instructions below. If a numeric field requires less digits than spaces available, precede with zeroes.

A. CASE IDENTIFYING INFORMATION

1. Enter the CASEHEAD/PAYEE name at the top of the form for filing purposes.
2. Enter the COUNTY NAME.
3. Enter the CASE ID from the Case Profile.
4. Enter your WORKER NUMBER.
5. Enter the COUNTY NUMBER from the Case Profile.
6. Ensure the DISTRICT NUMBER on the Case Profile is correct. If incorrect, enter the appropriate DISTRICT NUMBER.
7. Enter the appropriate Medicaid AID PROGRAM/CATEGORY.
8. Enter a VERIFICATION INDICATOR to indicate if all eligibility factors have been verified.

"Y" = YES

"N" = NO

REDETERMINING ELIGIBILITY FOR MEDICAID ONLY PROGRAMS

REVISED 10/01/05 - CHANGE NO. 02-06

IV. A. (CONT'D)

9. Enter "01" in "CHANGE CODE" when completing a redetermination with no change in benefits. Do not enter for M-RF.

An automated notice is produced based on the change code. See AUTOMATED NOTICES at the end of this section for more information regarding the automated notice.

Do not key change code "01" when completing a redetermination that includes a change in benefits. Use the change code that would be appropriate for the change in benefits. Refer to the Codes Appendix. If the following information changes, this is considered a change in benefits.

- a. Change in Medicaid Status.
 - b. Change in Patient Monthly Liability.
 - c. Change in Medicaid Classification to or from "Q" and to or from "D".
 - d. Change in Medicare B.
 - e. Individual Deletion.
10. Enter "Y" in NOTICE OVERRIDE if you wish to override the automated notice. Do not enter for M-RF.
11. Enter "A" or "D" for MEDICAID STATUS. Enter "A" if the MEDICAID CLASS IS "Q" or "D".
12. Enter the MEDICAID CERTIFICATION PERIOD.
- a. This may be earlier than the current calendar date (retroactive in the system) but must begin the month after the previous certification period ends.
 - b. If the aid program/category is M-PW and disposition reason code on case is "P6", the CERTIFICATION FROM DATE must begin the first day of the month after the previous certification period ends, and the CERTIFICATION THRU DATE can end any day of the month.

REDETERMINING ELIGIBILITY FOR MEDICAID ONLY PROGRAMS

REISSUED 10/01/05 - CHANGE NO. 02-06

IV. A. (CONT'D)

13. Enter the MEDICAID EFFECTIVE date.
 - a. If the MEDICAID STATUS is "D", the MEDICAID EFFECTIVE DATE must be the same as the CERTIFICATION FROM DATE.
 - b. If the MEDICAID STATUS is "A", the MEDICAID EFFECTIVE DATE must be the same as or later than the CERTIFICATION FROM DATE.
 - c. If the aid program/category is M-IC, M-SB, or M-QB, the MEDICAID EFFECTIVE DATE must equal the CERTIFICATION FROM DATE.
 - d. If the aid program/category is M-PW and disposition reason code on the case is "P6", the MEDICAID EFFECTIVE DATE must equal the CERTIFICATION FROM DATE.
14. For a long term care case, enter the patient monthly liability (PML).
15. If the case was in deductible status before redetermination and, you enter a MEDICAID STATUS OF "D" at redetermination, you may write in to the left of the Medicaid Class field the DEDUCTIBLE AMOUNT for the new certification period. This DEDUCTIBLE AMOUNT will print on the automated notice with the text, "You will not receive another Medicaid card until you meet your deductible for the following months: MM/DD/YY thru MM/DD/YY. \$ _____ is your Medicaid deductible." Do not enter the Deductible Amount if the notice is overridden.
16. Enter other changed case level information. See Making Changes To Cases, EIS 3101.

B. SUPPLEMENTAL NOTICE INFORMATION (Do Not Use For M-RF Cases)

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 field may not be used for redeterminations.

REDETERMINING ELIGIBILITY FOR MEDICAID ONLY PROGRAMS

REVISED 10/01/09 - CHANGE NO. 01-10

IV. B. (CONT'D)

3. NOTICE TEXT

This section may be used to provide additional information to the recipient. You may use this with Change Code "01".

C. INDIVIDUAL DATA

1. The INDIVIDUAL data for each recipient on the case is brought forward from the CNDB.

NOTE: Changes to the individual(s) name, social security number, date of birth, sex, and/or race must be completed on the NAME CHANGE screen. Changes to other individual data may be completed on the DSS-8125.

2. Enter other changed individual information. See Making Changes To Cases, EIS 3101.

3. Complete a DSS-8126, Continuation Sheet of the DSS-8125, to enter individual data when there is more than one person.

If there are five or more individuals, complete a second DSS-8126(s). A sample of the DSS-8126 is located at the end of this volume.

V. DO NOT ENTER THE FOLLOWING INFORMATION ON THE DSS-8125 FOR REDETERMINATIONS.

A. APPLICATION DATA

B. CASE TERMINATION DATA

C. PAYMENT DATA

D. ISSUE CRD (See EIS 3105 for how to request replacement cards).

VI. COMPLETE THE SIGNATURES AND DATE SECTION

- A. Enter the DATE the form is completed.

- B. Sign the DSS-8125 in the WORKER SIGNATURE field.

- C. The county director or his designee must sign the form in the DIRECTOR'S SIGNATURE field.

VII. KEY THE DSS-8125.

REDETERMINING ELIGIBILITY FOR MEDICAID ONLY PROGRAMS

REVISED 10/01/09 - CHANGE NO. 01-10

VIII. OUTPUTS

- A. When the DSS-8125 has processed successfully, the updated case is available for viewing inquiry the following workday.
- B. A Case Profile is produced the night the redetermination processes and is mailed to the county the following workday.
- C. An automated DMA-5016 is produced the night the redetermination processes and is mailed to the facility the following workday if the PML amount, case address or facility code changes.
- D. A redetermination is reported on the Caseworker Supervisor Report. The number of redeterminations completed is determined from the WORKER NUMBER.

IX. AUTOMATED NOTICES

- A. An automated notice ([DSS-8108A](#)) is produced for each no change redetermination the night the DSS-8125 processes in the system unless "Y" is entered for "NOTICE OVERRIDE". A sample of the DSS-8108A is located at the end of this section.
- B. The CHANGE 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 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 3556](#) for more information regarding the Notice Register Report.