
NC HEALTH CHOICE - ONGOING CASE MAINTENANCE - PART FIVE

EIS 4300 - NC HEALTH CHOICE - ONGOING CASE MAINTENANCE
PART FIVE

REVISED 01/01/06 - CHANGE NO. 03-06

I. CHANGE IN INCOME

Evaluate changes in income only at re-enrollment.

II. CHANGE OF ADDRESS

Change the address only if the entire assistance unit moves. See [MA 3255](#).

When a child in a multi-person case leaves the household but continues to reside in North Carolina, he remains eligible until the end of the enrollment period. Do not make changes to the case in EIS.

NOTE: A NC Health Choice case MUST have a North Carolina address. If any other State is entered, an error message displays.

III. TRANSFER TO ANOTHER COUNTY

Transfer the case to another county only if the entire case moves to another county. See [MA 3255](#). Follow instructions in [EIS 3500](#) for county transfers for active cases.

Do not make changes to the case if only a portion of the assistance unit moves to another county. The child that moves continues to be eligible for NC Health Choice until the end of the twelve-month enrollment period.

IV. PROGRAM TRANSFER

Recipients of NC Health Choice are evaluated for Medicaid at re-enrollment. If the individual is eligible for Medicaid, transfer the NC Health Choice case to MIC-N, MIC-1, or MAF. If eligible for any other aid program/category, the individual is terminated or deleted from NC Health Choice and a new application is entered in EIS.

NOTE: An individual receiving MAF, MIC-1, or MIC-N cannot be transferred to NC Health Choice. An application (8124) must be entered into EIS.

V. CHANGE IN HOUSEHOLD COMPOSITION

EIS does not have income edits for add-ons or for regular maintenance for NC Health Choice. Therefore, EIS allows changes to be made to the maintenance amount and needs unit without making changes to the TOTAL COUNTABLE INCOME field or classification when a change in household composition occurs.

See the chart attached to the end of this section with different changes in household composition and how the county worker reacts to the change.

A. Once an individual is authorized for NC Health Choice, he remains in the case the entire 12-month enrollment period unless he becomes ineligible for NC Health Choice. (See [VII](#). below.)

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V. (CONT'D)

- B. When a child(ren) is terminated from MIC-N or MIC-1 but is eligible for NC Health Choice and other individuals in the household are eligible for NC Health Choice, approve the NC Health Choice for the eligible individuals with the earliest eligibility date. Add-on the other individuals who are eligible for NC Health Choice with the later effective date.

For example: An individual is receiving MIC-N or MIC-1 but at the time of redetermination is determined ineligible effective 12/31, but is eligible for NC Health Choice effective 1/1. There are two other individuals in the home who are eligible for NC Health Choice effective 12/01. Terminate the MIC-N or MIC-1 individual effective 12/31. Approve the NC Health Choice case effective 12/1 and then add-on to the NC Health Choice case the terminated MIC-N or MIC-1 individual effective 1/1.

- C. When a child who is not authorized for NC Health Choice enters a NC Health Choice household during the 12 month enrollment period:
1. An add-on application for NC Health Choice must be entered into EIS. The child is added to the NC Health Choice case for the remainder of the enrollment period of the household if the child is eligible to receive NC Health Choice. Always evaluate the individual for Medicaid eligibility before adding to NC Health Choice.
 2. Update the needs unit and maintenance amount (if changed).
 3. Do not update the classification or income until redetermining eligibility at the end of the enrollment period (even if the child has income).
- D. When a child who is authorized for NC Health Choice moves into a household, which is not authorized for NC Health Choice:
1. The child remains authorized in the original case until the end of the enrollment period.
 2. Do not make any changes in EIS.
 3. At the end of the enrollment period, the head of the household where the child resides may reapply for the child.
- E. When a child who is authorized for NC Health Choice moves into another NC Health Choice household:
1. The child remains enrolled in the original case until the end of the enrollment period of the first household. Do not make any changes to the case in EIS.

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V.E. (CONT'D)

2. At the end of the enrollment period of household #1, household #2 can apply to have the child added to their NC Health Choice case for the remainder of their enrollment period.
3. An add-on application is required to add the child to household #2's existing enrollment. Do not redetermine eligibility. Update the needs unit and maintenance amount (if changed). Do not update the classification or income, even if the child has countable income.
4. At the end of household #2's enrollment period, redetermine eligibility.

VI. REENROLLMENT IN NC HEALTH CHOICE

- A. An ex parte method is used to complete the re-enrollment process. See [MA-3420 III](#), Beginning The Re-Enrollment Process, for ex parte procedures. The recipient is not required to complete an enrollment form. The worker identifies the cases due for review using the Case Management Report.
- B. If the recipient(s) remains eligible for NC Health Choice, authorize for another 12-month certification period. See [MA 3255](#), NC Health Choice. A new NC Health Choice identification card is mailed by EIS for each eligible recipient whose last annual card was issued 12 months ago.
- C. EIS automatically terminates the case at the end of the 12-month period when:
 1. The recipient fails to return the re-enrollment notice;
OR
 2. The caseworker fails to update the enrollment period in EIS for another 12 months.

VII. OPTIONAL EXTENDED COVERAGE

- A. At re-enrollment, NC Health Choice cases (MIC A/J/K/S) may be transferred to Optional Extended Coverage (MIC/L), if the family income is greater than 200% and less than or equal to 225% of the Federal Poverty Level Income. If eligible, enter adequate change code 53 ([EIS 4300 VI](#)), change the class to "L", and see [MA 3255](#), NC Health Choice. EIS generates an automated notice to the recipient.
- B. EIS will generate an offer letter to recipient within 10 days, giving recipient the option to make premiums payments to continue coverage for the child(ren).
- C. The Division of Medical Assistance (DMA) will manually terminate all Optional Extended Coverage cases and/or individuals who fail to make premium payments by the established deadline. DMA will also manually terminate all cases and/or individuals who choose not to enroll in the Optional Extended Coverage program.

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VII. (CONT'D)

- D. At the end of the 12-month extended coverage period (MIC/L), EIS automatically terminates the case on PULL night in the 12th month for all recipients who paid the premiums payment for the entire 12 months.
- E. A notice is generated for all terminations with the reason for termination.

VIII. PREMIUM PAYMENT SCREEN

- A. If a family that is in the optional extended coverage group reapplies and is found eligible for either MIC-N or NCHC class A/J/K/or S, the caseworker must verify premium payments before approving the case. To verify premiums, the caseworker must complete the following steps:
 1. From the EIS Menu (Inquiry) Screen, Key "PP" and the Medicaid Individual Number (MID). Then press enter.

EJA901	ELIGIBILITY INFORMATION SYSTEM				01/30/06	
PAGE 2	EIS MENU (INQUIRY)				08:03:45	
SELECTIONS	DESCRIPTIONS	SELECTIONS	DESCRIPTIONS	SELECTIONS	DESCRIPTIONS	
AD	APPL DATA	NS	NAME SEARCH	TP	TPR POL DATA	
		NC	NAME CHANGE	TI	TPR IND DATA	
CD	CASE DATA					
CI	CASE INDIV	MB	MEDICARE ABC			
CH	CASE HIST	MD	MEDICARE D	MP	MC PVDR DATA	
CM	CASE MULT-VAL			MI	MC INQUIRY	
CS	CASE SPEC COV	DD	DDS DATA	CN	CHECK NUMBER	
CC	ALL CASE HIST	SA	SANCTION DATA	PC	CHECK HIST	
ID	INDIV DATA	PS	PAYEE SEARCH	BH	BUDGET HIST	
IE	INDIV MED ELIG	FI	FACILITY INQ			
IP	INDIV PROFILE	EH	EDUCATION HIST	PP	PREM PAYMENT	
4D	IV-D MENU	FV	FAMILY VIOLENCE			
PRESS ENTER FOR UPDATE OPTIONS						
SELECTION		KEY				

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VIII. A. (CONT'D)

2. The following information will display:
 - a. Individual ID Number
 - b. Recipient Name
 - c. Recipient Date of Birth
 - d. Case ID Number
 - e. County Number
 - f. Certification Period
 - g. Payment Data Created
 - h. Premium Payment End Date
 - i. Monthly Premiums Amount
 - j. Date Payment Post

3. The Premium Payment Screen will display each month in which premiums were received, the amount received, the date premium payments were posted, and a code representing the DMA worker who entered the information. The caseworker would use the last month that a premiums payment was received to determine the paid-to-date.

EJA038S1	NORTH CAROLINA DEPT HEALTH AND HUMAN SERVICES			12/05/2011
EXB038	ELIGIBILITY INFORMATION SYSTEM			
	OPTIONAL EXTENDED COVERAGE PAYMENT SCREEN			
INDIVIDUAL ID	NAME	BIRTHDTE	CASE ID	CNTY NO
123456789Q	DAFFY M DUCK	04/18/2000	12345678	09
CERTIFICATION PERIOD: 05/01/2011 04/30/20112 PYMT DATA CREATED 11/21/2011				
PREMIUM PYMT DTE	MTHLY PYMT AMT	DATE PYMT POSTED	UPDATED BY	
05/31/2011	000.00			
06/30/2011	000.00			
07/31/2011	000.00			
08/31/2011	000.00			
09/30/2011	000.00			
10/31/2011	197.72	10/07/2011	TS07S47	
11/30/2011	197.72	11/01/2011	TS07S47	
12/31/2011	197.72	12/05/2011	TS07S47	
01/31/2012	000.00			
02/29/2012	000.00			
03/31/2012	000.00			
04/30/2012	000.00			
PAY CLAIMS IND: Y				
OPTIONAL PAYMENT INQUIRY COMPLETE				
SELECTION	KEY			

Example: If a payment amount for 12/31/2011 was the last month entered, this indicates that the recipient has paid premiums through 12/31/2011.

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VIII. A. (CONT'D)

If each month displays a zero amount, the recipient was approved for the Optional Extended Group but no premiums have been made.

EJA038S1	NORTH CAROLINA DEPT HEALTH AND HUMAN SERVICES			12/05/2011
EXB038	ELIGIBILITY INFORMATION SYSTEM			
	OPTIONAL EXTENDED COVERAGE PAYMENT SCREEN			
INDIVIDUAL ID	NAME	BIRTHDTE	CASE ID	CNTY NO
123456789Q	DAFFY M DUCK	04/18/2000	12345678	09
CERTIFICATION PERIOD: 05/01/2011 04/30/20112 PYMT DATA CREATED 11/21/2011				
PREMIUM PYMT DTE	MTHLY PYMT AMT	DATE PYMT POSTED	UPDATED BY	
05/31/2011	000.00			
06/30/2011	000.00			
07/31/2011	000.00			
08/31/2011	000.00			
09/30/2011	000.00			
10/31/2011	000.00			
11/30/2011	000.00			
12/31/2011	000.00			
01/31/2012	000.00			
02/29/2012	000.00			
03/31/2012	000.00			
04/30/2012	000.00			
PAY CLAIMS IND: N				
OPTIONAL PAYMENT INQUIRY COMPLETE				
SELECTION	KEY			

Please Note: The caseworker can view another individual by entering "PP" and the Medicaid Individual Number (MID) without exiting the screen.

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IX. (CONT'D)

- H. A child is removed from the home by the department of social services for placement purposes and is eligible for H-SF or I-AS.
 - 1. When a child is removed from the home by DSS and placed in foster care, terminate NC Health Choice if the child is the only individual on the case and approve as H-SF or I-AS. If the NC Health Choice has other individuals on the case, delete the individual from NC Health Choice and approve H-SF or I-AS.
 - 2. If the child returns to the home within the original 12-month enrollment period, terminate H-SF or I-AS. Complete an administrative re-application with the original date of application to authorize NC Health Choice (or add to existing a.u.) for the remainder of the original 12-month enrollment period. **The original date of application and original certification from date must be entered into EIS in order for the Division of Medical Assistance (DMA) to calculate the correct 12-month enrollment period.** Authorize effective the month after Medicaid terminates.
- I. A child is approved for SSI Medicaid. EIS automatically terminates/deletes the child and authorizes for M-AD.
- J. If the child is subsequently terminated from SSI Medicaid during the same 12-month enrollment period, complete an administrative re-application to authorize NC Health Choice (or add to existing a.u.) for the remainder of the enrollment period. **The original date of application and original certification from date must be entered into EIS in order for the Division of Medical Assistance (DMA) to calculate the correct 12-month enrollment period.** Authorize effective the month after Medicaid terminates.
- K. The recipient becomes eligible for CAP services or Medicaid for payment of long term care.
- L. Citizenship/Identity has not been verified.
- m. **Monthly Premium Payment for Optional Extended Coverage is Not paid.**

X. INDIVIDUALS PLACED IN LONG TERM CARE/ICF-MR

If the recipient is placed in a long term care facility, evaluate eligibility for Medicaid. Delete or terminate the individual from the NC Health Choice case if the individual is Medicaid eligible. If the individual is ineligible for Medicaid, eligibility continues as NC Health Choice for the remainder of the enrollment period.

Contact the Claims Analysis Section at DMA (Refer to [EIS 1200 - STATE OFFICE CONTACTS](#)) if the child is eligible for Medicaid and eligibility needs to be posted for months in which the recipient was authorized for NC Health Choice.

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XI. INDIVIDUAL BECOMES PREGNANT

- A. Complete an eligibility determination to assure that the recipient is eligible for Medicaid. Verify pregnancy and document eligibility in the case record.
- B. Send adequate notice to terminate NC Health Choice.

EXCEPTION: IF THE INDIVIDUAL NEEDS PREGNANCY RELATED MEDICAID FOR A RETRO PERIOD ONLY, AND CONTINUES TO BE ELIGIBLE FOR NCHC ONGOING, DO NOT TERMINATE THE NCHC CASE. COMPLETE AN OPEN/SHUT APPLICATION FOR THE MEDICAID COVERAGE AND CONTACT CLAIMS TO DO THE OVERLAY OF ELIGIBILITY.

- C. Treat as an administrative application. Enter an unsigned 8124 in EIS. The date of application is the date the recipient requests coverage.
- D. Approve ongoing eligibility after the NC Health Choice case terminates. For any months authorized for Medicaid where the individual was already covered under NCHC, the IE will continue to display the NCHC information. **Do not attempt to update the IE screen in EIS for months already covered by NC Health Choice. This must be corrected by claims.**
- E. Contact the Claims Analysis Unit in DMA ([EIS 1200 - STATE OFFICE CONTACTS](#)) if "retroactive" coverage of a pregnancy related service is needed. A Claims analyst will take the information necessary to provide coverage.
- F. Refer further inquiries about pregnancy related services to Claims Analysis.

XII. SOCIAL SECURITY NUMBER CHANGES OR SSN IS ADDED TO THE CASE

It is important that social security numbers be entered correctly in EIS when a case is dispositioned. Take the following steps to ensure the correct SSN is entered in EIS for NCHC recipients.

Verify each child's SSN by using the SOLQ process. Refer to [EIS 1107 - STATE ONLINE QUERY/THIRD PARTY QUERY](#). Document findings in the case record.

- A. Check the SSN keyed for ID assignment. Verify that the correct SSN has been keyed and that it belongs to the child. Verify that the numbers have not been transposed.
- B. Before keying an approval for NCHC, or releasing an 8125 that may have been placed on hold because of a second party review, verify again that all children have the correct SSNs by reviewing the 8124 online in EIS. This can be done by using the "AD" function to avoid deleting the pending 8125.

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XII. (CONT'D)

- C. If it is found that a child's SSN was keyed incorrectly and the child is already receiving NCHC, changes can be made using the Name Change (NC) function.

XIII. INCORRECT EFFECTIVE DATE FOUND AFTER APPROVAL

Effective dates for NC Health Choice cases that need to be earlier than originally entered in EIS can be corrected by doing an open/shut application for individuals with benefits months of October 1, 2011 or later. For benefits months prior to October 1, 2011, the caseworker must call EIS for instructions. Refer to [EIS 1200 - STATE OFFICE CONTACTS](#).

XIV. CHANGE MEDICAID CLASSIFICATION TO/FROM "J" "K" "S" OR "A" (INCLUDES CHANGES FROM J, K, S, OR A TO MIC-N, MIC-1, OR MAF)

- A. At Re-enrollment

A change in Medicaid class to another Medicaid class is allowed.

- B. During the 12-month Enrollment Period

If a NCHC case is approved or re-enrolled in an incorrect Medicaid class in error, you may change the Medicaid Classification using the following instructions.

1. Do not enter a change code on the 8125. An automated notice will NOT be produced.
2. The effective date will always be the ongoing (EIS Processing) month.

NOTE: IF THE ERROR IS FOUND WITHIN TWO MONTHS OF RE-ENROLLMENT, THE CHANGE MUST BE MADE AT RE-ENROLLMENT.

- C. For policy information prior to keying this transaction into EIS, refer to [MA-3255 - NC HEALTH CHOICE](#).

CHANGES IN HOUSEHOLD SITUATION – ATTACHMENT

Use this chart to determine appropriate action when a change in situation occurs which may affect a NC Health Choice household.

TYPE OF CHANGE	REACTION REQUIRED ?	COMMENTS
Address of entire assistance unit changes	Yes	Change address in EIS NOTE: A NC Health Choice case MUST have a North Carolina address. If any other State is entered, an error message displays.

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<p>NC Health Choice child leaves the home; other children remain:</p> <ul style="list-style-type: none"> • The child moves into household not authorized for NC Health Choice • The child moves into another NC Health Choice household 	<p>No</p> <p>No</p> <p>No</p>	<p>No change in case until re-enrollment. Child remains in the assistance unit.</p> <p>Evaluate eligibility at re-enrollment.</p> <p>At end of child's enrollment period, add to remainder of NC Health Choice period in new household if the child is ineligible for Medicaid. Update needs unit and maintenance amount (if necessary). Do not change classification or income.</p>
<p>Child not authorized for NC Health Choice or Medicaid enters NC Health Choice household</p>	<p>Yes</p>	<p>Evaluate for Medicaid. If ineligible for Medicaid add to NC Health Choice case. Update needs unit and maintenance amount. Do not change income or classification.</p>
<p>Child receiving Medicaid has change in situation and Medicaid is terminated.</p>	<p>Yes</p>	<p>If no NC Health Choice case for household, evaluate child for NC Health Choice. If eligible, approve administrative application for NC Health Choice.</p> <p>If others in household already receiving NC Health Choice, and MA child does not have comprehensive insurance, complete add-on (type 6/administrative) application to approve NC Health Choice for the child. Update needs unit and maintenance amount (if necessary). Do not change classification or income.</p>
<p>One child is deleted (no longer eligible) from NC Health Choice case which has more than one child.</p>	<p>Yes</p>	<p>In EIS, adjust needs unit and maintenance amount (if necessary). Do not change classification or income.</p>

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TYPE OF CHANGE	REACTION REQUIRED ?	COMMENTS
Budget unit member not authorized for NC Health Choice leaves the home permanently.	No	Evaluate eligibility at re-enrollment.
Family moves to another county	Yes	Complete county transfer in EIS. 2nd county does not have to review until re-enrollment.
Income Increases: <ul style="list-style-type: none"> • above 150% of FPL • above 200% of FPL 	No	No change until re-enrollment.
Income decreases to below MIC limit	No	No change until end of enrollment period
Child moves out of state	Yes	Terminate if only member in case. Delete if other children are in the NC Health Choice case. Update needs unit and maintenance amount (if necessary). Do not change classification or income.
Child acquires comprehensive health insurance (including Medicare)	Yes	Follow instructions for child moves out of state.
Child dies	Yes	Follow instructions for child moves out of state.
Child is incarcerated	Yes	Follow instructions for child moves out of state.
Child becomes eligible for Work First	Yes	Follow instructions for child moves out of state.
Child is removed by DSS and is eligible for HSF/IAS.	Yes	Delete or Terminate. Approve HSF/IAS. If the child is later returned to parental custody during the NC Health Choice enrollment period-complete administrative re-application (with original date of application) to authorize with original enrollment period; effective date of coverage is the month following month of HSF/IAS termination.

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TYPE OF CHANGE	REACTION REQUIRED ?	COMMENTS
Child becomes SSI Medicaid eligible	Yes	<p>System will authorize child for Medicaid. If other children remain in the NC Health Choice case, change the # in the needs unit and maintenance amount (if necessary). Do not change classification or income.</p> <p>If child's SSI stops during original NC Health Choice enrollment period, complete administrative re-application (with original date of application) to authorize with original enrollment period; effective date of coverage is the month following month of SSI MA termination.</p>
Head of Household requests termination	Yes	Terminate case.
Child marries	No	Leave in the NC Health Choice case.
Child turns age 19	Yes	Delete or terminate child. Evaluate for other coverage.
Child enters Long Term Care	Yes	Evaluate for Medicaid. If eligible, delete or terminate NC Health Choice and approve Medicaid. If ineligible for Medicaid, continue NC Health Choice coverage.
NC Health Choice recipient becomes pregnant	Yes	<p>Evaluate for Medicaid. If eligible ongoing, delete or terminate NC Health Choice and approve ongoing Medicaid. If eligible for retro coverage only, complete an open shut application for the Medicaid coverage. Contact Claims Analysis Section at DMA if eligible for Medicaid coverage of pregnancy related services received during months of NC Health Choice eligibility. If ineligible for Medicaid, continue NC Health Choice coverage.</p>
Incorrect Classification Code entered at approval	Yes	Change during the enrollment period unless it is 2 or fewer months prior to reenrollment. The change is effective the ongoing (EIS processing) month. Do not enter a change code on the 8125.