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DEDUCTIBLE BALANCE/PATIENT MONTHLY LIABILITY TRANSACTION  
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EIS 3105 - DEDUCTIBLE BALANCE/PATIENT MONTHLY LIABILITY TRANSACTION  
REVISED 02/01/11 - CHANGE NO. 03-11

I. GENERAL INFORMATION

Use the Deductible Balance/Patient Monthly Liability (DB/PML) transaction to update the Medicaid eligibility history (IE) to authorize earlier benefits, overlay existing benefits with a greater benefit, change the deductible balance to a lesser amount, post a patient's monthly liability, or to change the living arrangement for prior months for an individual whose Medicaid was in suspension due to incarceration or placement in an Institution for Mental Disease (IMD) and has been released. You may also authorize retroactive Medicaid benefits up to the three months prior to the month of application by using this transaction. This transaction includes AAF, RRF and SAA/SAD programs. Additionally, you can request replacement Medicaid cards on the DB/PML Screen. Medicaid benefits for any aid program/category that cannot be authorized by the DSS-8125 process are authorized using the DB/PML transaction.

This transaction should only be used to authorize prior eligibility, never to authorize eligibility greater than the last day of the month prior to the current processing month. Use the DSS-8125 to authorize eligibility effective the current processing month or later. CAP cannot be entered initially on this transaction.

There has to be an existing case in EIS to authorize eligibility using this transaction. For a newly approved case, the DB/PML transaction cannot be used to authorize eligibility until after the approval processes in the system.

II. USE THIS TRANSACTION TO:

- A. Authorize earlier benefits; for example, a M-QB recipient meets a M-AABD deductible before the month following the month of M-QB disposition. The DB/PML transaction is used to authorize eligibility for the new aid program/category on the date the deductible was met through the month of M-QB eligibility with a classification other than "Q".
- B. Authorize increased benefits under a different aid program/category within the current or an earlier certification period; for example, to authorize M-AABD benefits for a time period that is authorized as M-QB.
- C. Enter an earlier authorization within a certification period or month (for CAP cases) in the same aid program/category. For example, the deductible was met earlier than originally reported.
- D. Change a deductible balance if it is less than originally reported, but the authorization date remains the same.
- E. Enter a Patient Monthly Liability (PML) for a period in which there was no previous PML. For example, a recipient is admitted to LTC on 06/03/96 but the change in situation is not known for several months. Use the DB/PML transaction to post the PML for the retroactive months.

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II. (CONT'D)

- F. Increase or decrease the PML effective the following calendar month and the current date is after pull/cut-off. For example, the current date is 06/27/96. Effective 07/01/96, the PML is \$300.00. Use the DB/PML transaction to post PML effective 07/01/96. The DSS-8125 cannot be used to update the 07/01/96 PML.

**WARNING:** The facility must receive the DMA-5016 by the first day of the month the PML is effective when changed by the county. The DMA-5016 is automatically created the night the DB/PML transaction processes and is mailed to the facility the next workday. If the last workday of the month is Friday, key the PML change for the next month before Friday in order for the facility to receive it by the first day of the month.

**NOTE:** This transaction cannot be used to change a posted PML retroactively. This includes decreasing a PML amount as well as increasing a PML. If a PML amount needs to be corrected, contact Claims Analysis at DMA. Refer to [EIS 1200](#) for the phone number.

- G. Enter PML for retroactive months when the recipient received Special Assistance. For example, an SA client moves to LTC but the worker is not notified of the change until after the fact. Use the DB/PML transaction to post the PML for the SA month(s).

- H. Request a replacement Medicaid identification card.

- I. Change the living arrangement code from suspension to another living arrangement code for the 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.

- J. Change the living arrangement code from suspension to another living arrangement code for the month of release from incarceration or IMD placement and for any succeeding months prior to current processing month. EIS automatically deletes the Carolina Access exempt number for suspension when the living arrangement code is changed.

III. APPLICATION DISPOSITION

This transaction cannot be used until after the approval processes overnight and a case exists.

- A. Use this transaction after the application approval processes:

1. To enter authorization that cannot be entered on the DSS-8125 at application disposition,

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III. A. (CONT'D)

2. When adding on individuals with different Medicaid effective dates,
3. When authorizing from the month of application through the Medicaid effective date with different DB and PML amounts, or
4. To change the living arrangement code from suspension to another living arrangement code for the months of eligibility prior to incarceration. EIS automatically deletes the Carolina Access exempt number for suspension when the living arrangement code is changed.

B. Procedures for keying:

1. From the EIS Inquiry Menu, enter "P" in the Selection field. Press enter.
2. A blank eligibility history screen is displayed.

INDIVIDUAL ID		ELIGIBILITY HISTORY				WORKER NO	FORM ID				
EJA934	/ /	THRU	/ /								
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	C S L S	LIV AR	PY CO	PRVDR TP	CASE ID	DB/PML CD	SP CV	FAC
				S I							
AUTHORIZATION OF NEW ELIGIBILITY											
ID CARD											

- a. Enter the 10 digit individual ID which will be updated.
- b. Enter the eligibility period to be updated/changed. This can be any part of a certification period that needs to be changed. If CAP, enter only the month that eligibility is being authorized.

**NOTE: ALWAYS ENTER THE LAST DAY OF THE MONTH FOR WHICH YOU ARE MAKING THE CHANGE. NEVER ENTER A DATE LATER THAN THE LAST DAY OF THE MONTH PRIOR TO THE CURRENT PROCESSING MONTH.**

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III. B. 2. (CONT'D)

- c. Enter your worker number.
- d. Press enter.

**NOTE: THE SYSTEM WILL ASSIGN THE FORM ID.**

- 3. The Screen displays the eligibility history for the period which was entered. The screen displays as follows:

INDIVIDUAL ID	000000000	K	ELIGIBILITY HISTORY					WORKER NO	FORM ID		
EJA934	05/ 01 /2001		THRU 05 / 31 /2001					EIS			
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	C L	S AR	LIV CO	PY TP	PRVDR NUM	CASE ID	DB/PML CD AMT	SP CV FAC
S I											
01012001	01012001	12312001	MIC	N	N	10	33	9	8912570	00000000	00000000
AUTHORIZATION OF NEW ELIGIBILITY											
ID CARD											

- a. Enter "Y" in the ID card field if a Medicaid card is to be issued. Enter "N" if no ID card is to be issued.
- b. Enter the new eligibility information at the bottom of the screen as follows:
  - 1. History from date.
  - 2. Authorized from date (must match history from date).
  - 3. History thru date. (Cannot enter a date greater than the last day of the month prior to the current processing month.)
  - 4. Aid Program/Category.
  - 5. Medicaid Classification.
  - 6. SSI Status - "Y" or "N" (must match status displayed in IE).
  - 7. Living Arrangement (when applicable).
  - 8. County Number (must be the same county number for the month(s) displayed in IE).

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III. B. 3. b. (CONT'D)

9. Payment Type.
  10. Case ID (must be the same Case ID for the month(s) displayed in IE).
  11. Deductible Balance or PML code (D or P) if applicable.
  12. Deductible Balance or PML amount if applicable.
  13. Special Coverage (Applicable to CAP cases only. Cannot post CAP initially on this transaction).
  14. Fac - A facility code must be entered when "P" and an amount are entered. This is the address where the DMA-5016 is mailed.
4. Press Enter.
    - a. If there are any errors in the information keyed, the system displays the English text error message(s) and error number(s).
    - b. If you have update capability and there are no errors, an English test message displays, "Enter to Update".
      1. Press ENTER.
      2. A message displays that information updated. If a facility code is entered, the facility name appears at the bottom of the screen. Check the facility name that is displayed to ensure that it is the facility that should receive the automated DMA-5016 for that particular month.
    - c. If you do not have update capability and there are no errors, a message displays "Passed Edit - Screen Print for Data Entry". You should screen print and submit to data entry for keying.
  5. Press the PF5 key for a blank screen to update another individual or additional eligibility. If there are no additional updates, press the PF2 key to return to the EIS Inquiry Menu. The PF4 key displays the updated "IE" for the individual.
  6. Inquiry - Information is available immediately for on-line inquiry when any updates/changes have been entered and accepted into the system.

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**III. B. (CONT'D)**

7. Output

- a. A case profile is not produced. Since the DB/PML transaction affects only prior eligibility, the current case is not updated.
- b. A Medicaid ID card is produced the night the update/change processes and mailed the following workday if the ID card field is entered as "Y".
- c. DMA-5016(s) for the period entered on the DB/PML transaction is produced the night the transaction processes and is mailed the following workday to the appropriate facility.
- d. The DB/PML transaction is listed on the Caseworker/Supervisor Report under "Benefit Changes".

**IV. AUTHORIZING RETROACTIVE MEDICAID BENEFITS UP TO THREE MONTHS PRIOR TO THE MONTH OF APPLICATION**

Use the DB/PML transaction to:

- A. Authorize retroactive and/or three months prior Medicaid benefits not authorized on a DSS-8125. For example, all eligibility for two individuals with different Medicaid effective dates cannot be authorized on a DSS-8125.

In this situation, enter the earliest date that all individuals are eligible in the MEDICAID EFFECTIVE DATE on the DSS-8125. After this action processes and updates the case, use the DM/PML transaction to authorize individuals for Medicaid for any months prior to the MEDICAID EFFECTIVE DATE.

- B. Authorize retroactive Medicaid benefits up to three months prior to the month of the Medicaid application. For example, an ongoing case is Special Assistance but retroactive Medicaid benefits must be authorized. One month, two months, three months, or any combination can be authorized using this transaction.
- C. Do not use this transaction to authorize retro eligibility when ongoing is disposed of and the application was taken as a one-part application.

Do not dispose of the retro part of a two part application using the DB/PML transaction. Follow the regular procedures for disposing the application on the DSS-8125. If retro eligibility is authorized using this transaction instead of the DSS-8125, the DSS-8124 must be keyed with a denial code of "G8" and send a manual notice.

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IV. (CONT'D)

D. Procedures for Keying

1. From the EIS Inquiry Menu, enter "P" in the Selection field. Press enter. The following screen is displayed.

INDIVIDUAL ID			ELIGIBILITY	HISTORY	WORKER NO	FORM ID					
EJA934	/	/	THRU	/ /							
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	C S L S	LIV AR	PY CO	PRVDR TP	CASE ID	DB/PML CD	SP CV	FAC FAC
S I											
AUTHORIZATION OF NEW ELIGIBILITY											
ID CARD											

2. A blank eligibility history screen is displayed.
  - a. Enter the 10 digit individual ID which will be updated.
  - b. Enter the retroactive eligibility period that is being authorized. This can be one month, two months, three months, or any combination that must be authorized.
  - c. Enter your worker number.
  - d. Press enter.

**NOTE: THE SYSTEM ASSIGNS THE FORM ID.**

3. The Screen does not display any history since you are initially requesting Medicaid benefits for this retroactive period. The screen appears as follows:

INDIVIDUAL ID			ELIGIBILITY	HISTORY	WORKER NO	FORM ID					
EJA934	00000000K	05/01/2001	THRU	05/31/2001	EIS						
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	C S L S	LIV AR	PY CO	PRVDR TP	CASE ID	DB/PML CD	SP CV	FAC FAC
S I											
AUTHORIZATION OF NEW ELIGIBILITY											
ID CARD											

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IV. D. 3. (CONT'D)

- a. Enter "Y" in the ID card field if a Medicaid card is to be issued. Enter "N" if no ID card is to be issued.
- b. Enter the new eligibility information at the bottom of the screen as follows:
  1. History from date.
  2. Authorized from date (must match history form date).
  3. History thru date.
  4. Aid Program/Category.
  5. Medicaid Classification.
  6. SSI Status - "Y" or "N".
  7. Living Arrangement (when applicable).
  8. County Number.
  9. Payment Type.
  10. Case ID.
  11. Deductible Balance or PML code (D or P) if applicable.
  12. Deductible Balance or PML amount if applicable.
  13. Facility Code if "P" and an amount are entered.
4. Press Enter.
  - a. If there are any errors in the information keyed, the system displays the English text error message(s) and error number(s).
  - b. If you have update capability and there are no errors, an English test message displays, "Enter to Update".
    - (1) Press ENTER.

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IV. D. 4. b. (CONT'D)

- (2) A message displays that the information updated. If a facility code is entered, the facility name displays at the bottom of the screen. Check the facility name that displays to ensure that it is the facility that should receive the automated DMA-5016 for that particular month.
- c. If you do not have update capability and there are no errors, "Passed Edit - Screen Print for Data Entry" displays. You should screen print and submit to data entry for keying.
5. Press the PF5 key for a blank screen to update another individual or additional eligibility. If there are no additional updates, press the PF2 key to return to the EIS Inquiry Menu. The PF4 key displays the updated "IE" for the individual.
6. Inquiry - Information is available immediately for on-line inquiry when any updates/changes have been entered and accepted into the system.
7. Output
  - a. A case profile is not produced. Since the DB/PML transaction affects only prior eligibility, the current case is not updated.
  - b. A Medicaid ID card is produced the night the update/change processes and mailed the following work day if the ID card field is entered as "Y".
  - c. DMA-5016(s) for the period entered on the DB/PML transaction is produced the night the transaction processes and is mailed the following workday to the appropriate facility.
  - d. The DB/PML transaction is listed on the Caseworker/Supervisor Report under "Benefit Changes".

V. ESTABLISHED CASES

Use this transaction to authorize earlier eligibility, overlay greater benefits, decrease a deductible balance, post an earlier PML, post a PML to a SAAD case, or to change the living arrangement for prior months for an individual whose Medicaid was in suspension due to incarceration or placement in an Institution for Mental Disease (IMD) who has been released. This transaction should never be used to post eligibility later than the last day of the month prior to the current processing month.

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V. (CONT'D)

A. Procedures for Keying

1. From the EIS Inquiry Menu, enter "P" in the Selection field. Press enter.
2. A blank eligibility history screen displays.
  - a. Enter the 10 digit individual ID which will be updated.
  - b. Enter the eligibility period that is being updated. Never enter a date greater than the last day of the month prior to the current processing month.
  - c. Enter your worker number.
  - d. Press enter.

**NOTE: THE SYSTEM WILL ASSIGN THE FORM ID.**

3. The Screen displays the history depending on the eligibility period entered at the top of the screen.

INDIVIDUAL ID	000000000 K	ELIGIBILITY HISTORY	WORKER NO	FORM ID			
EJA934	05/ 01 /2001	THRU 05 / 31 /2001	EIS				
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	C S LIV PY PRVDR	CASE ID	DB/PML CD AMT	SP CV FAC
				S I			
01012001	01012001	12312001	MIC	N N 10 33 9 8912570	00000000	00000000	
AUTHORIZATION OF NEW ELIGIBILITY							
ID CARD							

- a. Enter "Y" in the ID card field if a Medicaid card is to be issued. Enter "N" if no ID card is to be issued. When authorizing CAP recipients for one month, key "Y".
- b. Enter the new eligibility information at the bottom of the screen as follows:
  1. History from date.
  2. Authorized from date (must match history form date).
  3. History thru date.

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V. A. 3. b. (CONT'D)

4. Aid Program/Category.
5. Medicaid Classification.
6. SSI Status - "Y" or "N".
7. Living Arrangement (when applicable).
8. County Number.
9. Payment Type.
10. Prvdr num. (Carolina Access provider number, must match the number displayed in IE.)

Exception: Do not enter a provider number when changing the living arrangement code from suspension to a code that is not suspended. EIS automatically deletes the exempt provider number for suspension when the living arrangement code is changed.

11. Case ID.
12. Deductible Balance or PML code (D or P) if applicable.
13. Deductible Balance or PML amount if applicable.
14. Special Coverage (CAP cases only and must be the same code as displayed in IE. Do not enter CAP initially on this transaction.)
15. Facility Code - Must be entered if "P" and an amount are entered. This is the address where the DMA-5016 is mailed.

4. Press Enter.
  - a. If there are any errors in the information keyed, the system displays the English text error message(s) and error number(s).
  - b. If you have update capability and there are no errors, an English test message is displayed, "Enter to Update".
    1. Press ENTER.

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V. A. 4. b. (CONT'D)

2. A message displays that the information updated. If a facility code is entered, the facility name displays at the bottom of the screen. Check the facility name that displays to ensure that it is the facility that should receive the automated DMA-5016 for that particular month.
- c. If you do not have update capability and there are no errors, "Passed Edit - Screen Print for Data Entry" displays. You should screen print and submit to data entry for keying.
5. Press the PF5 key for a blank screen to update another individual or additional eligibility. If there are no additional updates, press the PF2 key to return to the EIS Inquiry Menu. The PF4 key displays the updated "IE" for the individual.
6. Inquiry - Information is available immediately for on-line inquiry when any updates/changes have been entered and accepted into the system.
7. Output
  - a. A case profile is not produced. Since the DB/PML transaction affects only prior eligibility, the current case is not updated.
  - b. A Medicaid ID card is produced the night the update/change processes and mailed the following work day if the ID card field is entered as "Y".
  - c. DMA-5016(s) for the period entered on the DB/PML transaction is produced the night the transaction processes and is mailed the following workday to the appropriate facility.
  - d. The DB/PML transaction is listed on the Caseworker/Supervisor Report under "Benefit Changes".

VI. REQUESTING A REPLACEMENT MEDICAID ID CARD

- A. County staff can request replacement Medicaid ID cards at any time. Replacement cards are printed on the same gray card stock as the annual issue card. Counties use the DB/PML (P) screen to request replacement cards. Replacement cards are generated overnight and mailed from Raleigh the following work day.

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VI. (CONT'D)

B. Procedures for Keying

1. From the EIS Inquiry Menu, enter "P" in the Selection field. Press enter.

INDIVIDUAL ID	ELIGIBILITY		HISTORY		WORKER NO	FORM ID						
EJA934	/	/	THRU	/	/							
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	C L	S AR	LIV CO	PY TP	PRVDR NUM	CASE ID	DB/PML CD	SP CV	FAC
S I												
AUTHORIZATION OF NEW ELIGIBILITY												
ID CARD												

2. A blank eligibility history screen is displayed.
  - a. Enter the 10 digit individual ID you are requesting a replacement ID card for.
  - b. Enter the current calendar year at the top of the screen.
  - c. Enter your worker number.
  - d. Press enter.

**NOTE: THE SYSTEM ASSIGNS THE FORM ID.**

3. The screen displays the most current history.

INDIVIDUAL ID	ELIGIBILITY		HISTORY		WORKER NO	FORM ID						
EJA934	123456789K	01/01/2009	THRU	12/31/2009	SMC							
HIST FROM	AUTH FROM	HIST THRU	PGM CAT	C L	S AR	LIV CO	PY TP	PRVDR NUM	CASE ID	DB/PML CD	SP CV	FAC
S I												
01012009	01012009	06302009	MIC	N	N	10	33	9	890000	77777777	000000	
AUTHORIZATION OF NEW ELIGIBILITY												
ID CARD R												

- a. Enter "R" in the ID card field.
- b. **Do not** enter eligibility information at the bottom of the screen.

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VI. B. 3. (CONT'D)

- c. This will generate the issuance of a replacement Medicaid ID card without breaking the IE segment.
  - d. The replacement Medicaid ID card is printed over night and mailed from Raleigh the following work day.
  - e. The issuance of the replacement ID card updates the card issue date on the individual inquiry (ID) screen.
  - f. The casehead name and the recipient name and individual ID number is displayed in NCXPTR on the Daily Medicaid Cards Report (DHRWDB MED CARD DAILY).
4. Press Enter.
- a. If there are any errors in the information keyed, the system displays the error message(s) and error number(s).
  - b. If you have update capability and there are no errors, a message displays, "Enter to Update".
    - (1) Press ENTER.
    - (2) A message displays that the information updated.
  - c. If you do not have update capability and there are no errors, "Passed Edit - Screen Print for Data Entry" displays. You should screen print and submit to data entry for keying.
5. Press the PF2 key to return to the EIS Inquiry Menu.
6. Output
- a. A case profile is not produced.
  - b. A Medicaid ID card is produced the night the update processes and mailed the following work day if the ID card field is entered as "R".