

WSSA ES/EBD COMMITTEE MINUTES

August 22-23, 2007

Madison Job Center

Attendees:

Mary Grell, Waukesha County, Chair
Ann Oven, Waukesha County, Secretary
Maralyn Trayler, Waushara County ES Manager
Rose Siwula, Waushara County, ESS
Kelly Goettl, Chippewa County, ESS
Roberta Bloner, Kenosha County, ESS
Deb Solis, Dane County, ESS

Wednesday, August 22, 2007

Bi-Monthly EDB Meeting Combined Meeting

Representatives from EDS gave a good presentation on the best methods of getting manual certifications to do what you want them to do.

Tammy Damon, Supervisor, introduced Beth Wilde, Medicare Premium Assistance Goddess, and Jeremiah Cook, Team Lead, to the group. Beth's retirement announcement caused everyone to exclaim, "Oh, No! What are we going to do now?" However, we were assured that a good replacement would be found and that Beth would have a chance to train her replacement before she leaves. Her last day is November 30.

Beth shared the desk aid entitled "Medicare Premium Assistance (Buy-In) Process (Available on the Eligibility Management website where you click on Handbooks and Manuals). Important items to remember, when doing manual certifications for backdated eligibility for QMB, SLMB or SLMB+ eligibility are:

- If the individual is eligible for **any** type of Medical Assistance or Seniorcare, do not list a Medical Status Code on the Manual 11010 (3070 for you old folks). Only enter the BAF Code and Begin Date. Correct BAF codes are A for QMB, B for SLMB, and U for SLMB+
- Use the "remarks" box to alert Beth to backdating or any other issue that you are having. Be sure and write "Attention Beth Wilde" in the remarks box.
- Make sure you use a Cert 1 if the person is unknown to EDS. Be sure to enter the correct address, name as it is shown on the Social Security Card and Medicare Number as shown on their Medicare card. (A wrong name or number will mess you up)
- For persons unknown to EDS, enter an appropriate medical status code and certification period.
- **Manual SLMB+ certifications never end unless the worker ends them.** If SLMB+ eligibility needs to be stopped for lack of review or any other reason, be sure to send Beth Wilde a Cert with action #4 circle (if existing

Med Stat Code is Q1 only) and an “X” in the BAF box. This will end the Medicare Premium Assistance eligibility in the next possible payment month.

- **Never certify MPA eligibility in the months before Medicare actually starts.** For example, a cert for October eligibility can be sent after cut off in August but not before.
- Call Beth if you are certifying someone for MPA that had declined Medicare B, because he/she could not afford it, but it is wanted now that the State will pay for it. She has some magic that she can do to maybe help. Her extension is 3107.

Beth also walked us through some of the examples in the desk aid. The TXN codes on the monthly Buy-in report were explained. 1700 and 1500 codes mean the buyin is ending. 1100's are starting. 1728 means that another state is paying. Beth has some contacts to let the other state know that the person is now residing in Wisconsin. The codes are shown on the “RM” screen.

Jeremiah then gave us some tips on the correction of death dates and divestment. Handouts included “Edit 143: Cannot Extend Eligibility Beyond the Date of Death” from the MMIS manual and the Ops memo 05-01. Be sure to send an eligibility segment (code and dates) on the same cert that you enter the 6 dashes. A separate cert is needed to enter the correct date of death. They can be sent on the same day, but need to be marked “#1 of 2” and “#2 of 2” in the comments box or the certs might fatal.

A concern arose when Jeremiah stated that EDS is not able to apply a divestment penalty to past months. ***Clarification of this policy was obtained from Vicki Jessup who explained that the Call Center’s Laurie checks each divestment penalty to make sure that the proper dates are entered and that proper notice has been mailed to the recipient. She, then, ensures that the correct divestment period is applied to the EDS record. See letter prepared by Laurie Teubert at the Call Center attached to these minutes***

Jeremiah also had a screen print of an “RU” screen, which showed how to tell that a divestment was properly applied. Look for the provider number 2999900 and check the dates for the penalty months. If a change is needed you can call Stephanie Rogers at extension 3103.

Stacia Jankowski, BEM DHFS Medicaid Quality Assurance Manager

A presentation of Payment Error Rate and Measurement (PERM) findings followed lunch. It wasn’t all bad news. Milwaukee County’s error rate was wonderfully improved. WTG MC! Basically, 13.1% (60 of 459 cases pulled) had errors.

Major Issues:

- 1) **Gross Pension** amounts must be verified and used in CWW.

- 2) **Veterans Benefits** verify all veteran's benefits with form #HCF 10162 "Verification of Veteran's Benefits". Award letters do not always separate out the disregarded income. Be sure to **disregard** all "Aides and Attendants" and "Unusual Medical Expenses" and "Housebound Allowances" as unearned income. Do not disregard this for residents of the State Veterans homes who are single with no kids.
- 3) **Health insurance** should be checked to ensure that health insurance still exists and that you have the correct premium.
- 4) **Data Exchange Matches** are to be used at each review and when an alert pops up.
- 5) **Remind clients to report changes.**
- 6) **Verify claim of unavailability of assets.** Set an alert to remind yourself when assets will become available.

The next PERM will be October 2008.

Vicki Jessup, DHFS Medicaid Section Chief

Vicki gave us a peak into the future. There will be an OPS memo out, soon, regarding the use of Medical Remedial expenses in Institutional cases that have a patient liability. This will allow residents of institutions to pay outstanding medical bills with a portion or all of their income. Watch your OPS memos! This topic caused some discussion as you can well imagine. The main concern was that folks denied for being over assets can pay the nursing home bill when they do become MA eligible. The State has to make this change to link up with Federal rules. This also matches the Cop Waiver Med/Remedial policy. Exceptions to the allowance will be divestment penalty period Cost of Care bills, bills used to meet a deductible, unpaid patient liability bills, previously used Medical expenses and expenses that should be paid by a legally liable third party.

Real property

Real property will be exempt if there is a reasonable effort to sell the property. They will be able to do the "For Sale by Owner" as verified by a picture of the sign in the yard, an advertisement in an appropriate media, conduct open houses and maintain these efforts. No reasonable offer should be refused. Wait for the Ops Memo to apply this change.

Trusts

There will be an additional exception, to the divestment policy, for trusts that are established for the sole benefit of any disabled person. The individual does not have to be a child.

Spousal Support

There is no way, at this time, to require a community spouse to contribute to the institutionalized spouse's care, regardless of his/her income. No more referrals to Corp Counsel are required.

Revised Mail-In Application

This will be available shortly. It has a new section for POA contact info and long-term care insurance policies and payment. It eliminates the 7 pages of instructions that no one reads. Sections are aligned with CWW driver flow. ***Thanks to all WSSA ESS's that reviewed and commented. Their constructive feedback was greatly appreciated.***

Veteran's Benefits

Never enter a "Y" answer to the question on the institutions page. Entering a "Y" answer allows the incorrect personal needs allowance. Enter the \$90 veteran's benefit on the unearned income page and enter it as unavailable income.

503/DAC Processing

There is going to be an addition to Process Help that gives step-by-step instruction on how to determine the disregard. They are also producing a standard form for verification of status and income with the Social Security Administration.

Seniorcare Screens

Unearned income is recorded and viewable on the CARES screen ANSC. That is where you can see what income the applicant reported to Seniorcare. Seniorcare uses annual income and not monthly.

Thursday, August 23rd

The day began with a discussion of FamilyCare Issues, which gave us a peak at the future for some of the represented counties that will be going on to FamilyCare shortly.

Workload issues require additional staff to handle the batches of new SSI/Waivers cases and cases loaded from the waiting list. These, added to the new applicants that are now discovering the benefits of the FamilyCare program, have caused the need for additional workers. There was some indication that some additional money is being allocated from the State to handle the additional workload, but that money may or may not be used to hire additional ESS staff.

The ADRC or Cop Waivers Manager communicates which cases are ready to enroll. Monthly Batch Enrollments of cases, built by Sarah Edmonson at CAPO, are sent back to the ADRC, which are then assigned to ESS staff. These are all cases that are currently unknown to CARES. Sarah enters the basic information and builds a FamilyCare screen. There is a problem when the SSI ends. CARES automatically gives Cop Waiver Eligibility, which is not always correct. The batch enrollment also includes open FS cases.

The SSI/Waivers cases need a review, but it is a fake review and is just to maintain eligibility on CARES. It is a handy tool to drill down the case directory to show review dates and addresses only for mailing out reviews. Dane and Chippewa mail out all of their EBD reviews.

There is also an issue with the Enrollment dates with Batch Enrollment. All of them have start dates as of the first of the month. This causes problems with the CMO's and the time limits that they have to visit the clients. Communication here is essential to set a workable timetable with the CMO and the ADRC.

Jeff Ulanski, DHFS Medicaid Policy Analyst

Medical/Remedial Allowance for Institutional MA Cases

Jeff went into a little more detail about the Medical/Remedial Expense allowance for Institutional Medicaid cases. Attendees expressed concern that the family will not pay the bill even though we allow it from the patient liability or cost share. That, thankfully, is not ours to track. It is up to the provider to collect the expense. We just have to make sure that the bill is only allowed once. This policy aligns the Cop-Waivers rules and the Institutional MA rules and is overdue.

The other concern, of course, is the fact that some of our clients incur large nursing home bills because they did not lower their assets to obtain MA coverage. Those bills will now be allowed to be claimed as a Medical Expense, can be allowed from the recipient's income, and be paid that way.

Revised Vehicle and Personal Property Policy

This should come out in the next MA Handbook Release. There was a little delay because the State was hoping to get some CWW support, but it will not be happening. The work around will be to enter "Needed for Medical Transportation".

There is nothing new to add regarding the Deficit Reduction Act Policy. Nothing is decided yet.

Heads Up on Trusts

Irrevocable no longer means "Unavailable". For example, if the wording in a trust states that a portion of the trust money can be used for any future need, (i.e. \$50000 trust includes a clause that allows \$10000 for a heart transplant) the entire trust is an available asset. If there is **any distribution available, the whole trust is available**. Jeff states, "The trust policy that you are describing only applies to self-funded trusts and not third party funded trusts. A self-funded trust is one in which the resources of the Medicaid applicant/recipient, or their spouse were used to fund the trust."

Reminder on Disability Denial Reversals (Subsequent Approvals)

Be sure and check policy when a notification comes from DDB that a previous denial has been reversed (Approved Disability). The initial application date for Medical Assistance is preserved and a redetermination needs to be made on the original application and all months between the original application and the current month.

Disability Reconsiderations

Only maintain a disability reconsideration diary date if the recipient **does not** receive Social Security Disability. Social Security handles the disability reconsiderations for

persons receiving Social Security Disability. Call DDB for a diary date if you can't find one.

SSI/MA

If you become aware of an instance where an SSI recipient is not being certified for MA, contact can be made to the local SSA Office and request that a SSID form be submitted to EDS. That is what the Social Security Administration calls the Manual Certification form.

Negative Actions—Patient Liability

A patient liability or cost share starting on an ongoing Medical Assistance case is always a negative action and ten days should always be allowed between the notice and the effective date of the negative action. For example, an ongoing Cop Waivers case entered the Nursing home for a long-term stay on the 22nd of July and you were notified by the Cop worker on the 23rd of September. The patient liability starts on November 1st.

Next meeting: October 24-25 Madison Job Center

All are welcome to attend

See the attached meeting schedule, committee goals and membership.

Send minutes corrections to Ann Oven at aoven@waukeshacounty.gov.