

AF MED CASE HANDLING

Generally speaking, clients should not be set to OU on SEPA for any months where they received a paid med benefit. Sysops has seen lots of cases like this. It is not necessary to set clients to OU most of the time. The only time it may happen is when a client is moving to another med case number.

DO NOT ROUTINELY CHANGE THE SEPA TO 'OU' for med clients. It is not necessary to change clients to OU when a case closes.

Three scenarios when a change may be needed to the Continuous Eligibility (COE) period:

- (a) a client's case is closing before the end date
- (b) client is going to a new med category or
- (c) client has not been determined eligible

Take a look at the COE for the client. Two places to see the COE are MIBW and MIAU.

(a) **CLIENT'S CASE IS CLOSING & MEDS HAVE NOT BEEN PAID THROUGH THE END DATE**---worker should change the end date to the LAST PAID MED MONTH AND YEAR.

Note: Policy would like the workers to attempt to retrieve the card.

(b) **CLIENT IS GOING TO A NEW MED CATEGORY**---worker should change the end date to the LAST PAID MED MONTH AND YEAR

(c) **CLIENT'S ELIGIBILITY HAS NOT BEEN DETERMINED YET or CLIENT WAS THOUGHT TO BE ELIG BUT CHANGES WERE MADE**--make sure the COE is DE-AUTHORIZED, USE THE PF4 CLEAR KEY to get rid of the unpaid COE record.

Continuous Eligibility (COE) is displayed on the following screens:

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EIS MIBW                MEDICAL INSURANCE BUDGET WORKSHEET                100103 09:03
                                WORKER B
CASE NAME: MEDICAID , ALLANNA                CASE NUMBER: 00032393 MONTH: 0703
CLIENT ##: 03      NAME      : MEDICAID, ALLANNA                AGE      : 1
CATEGORY : KIDS      SUBTYPE: CP                FROM MO : 0703   THRU MO : 0903
MED INS  : N                                EIS CASE: 00032393
                                ( Authorized by WERK on 030306 )
      NAME  REL PAR AUTH GET  CATG TYPE      AMOUNT  TEST
01 ALLY  M  PI  OU      FR      COUNTABLE RESOURCES : 0.00
02 ALISA M  CH  OU      FR      GROSS EARNED INCOME : 3800.00
03 ALLAN M  CH  IN  P Y  CH  KIDS CP  TOTAL UNEARNED INCOME : 0.00
04 ASHON M  CH  IN  P Y  CH  KIDS CP  NET DEEMED INCOME   : 0.00
                                TOTAL GROSS INCOME   : 3800.00
                                WORK EXPENSE              : 90.00
                                EARNED INCOME DEDUCTIONS: 0.00
                                DEPENDENT CARE EXPENSES : 0.00
                                NET EARNED INCOME        : 3710.00
SWITCH MODE : PF2 Trial Mode                CHILD SUPPORT DEDUCTION : 0.00
                                NET COUNTABLE INCOME      : 3710.00 Pass
                                STD  HH  GROSS  NEED/NET
                                TYPE SIZE AMOUNT  AMOUNT  DESCR
                                n/a  04  n/a    3834   T99 200%
                                NEXT-->

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EIS MIAU                MEDICAL INSURANCE AUTHORIZATION                100103 09:04
                                WORKER B
CASE NAME: MEDICAID , ALLANNA                CASE NUMBER: 00032393 MONTH: 0703

      HSEHOLD  SUB-  PASSED  ELIGIBLE
CLIENT NAME  CATG  REL TYPE SZ  TYPE  ELIG  FROM  THRU  PCN
ALLANNA     M  KIDS  CH    04  CP   Pass  0703  0903  WERK
ASHONA      M  KIDS  CH    04  CP   Pass  0703  0903  WERK

AUTH PCN   :                               BENEFIT ISSUANCE:       REVIEW MONTH 0903
DENY/CLOSE :                               ALERT DATE:

                                NEXT-->

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SE001-I MORE PAGES EXIST
EIS MEBH ME BENEFIT HISTORY 100103 09:11
WORKER B

CASE NAME: MEDICAID , ALLANNA CASE NUMBER: 00032393

BENEFIT MONTH	HOUSEHOLD MEMBERS	BENEFIT CREATED DATE	GROSS CNTBL INC	WORK DED	DEP CARE	ISS IND
0703	MEDICAID , ALLANNA	030306	0.00	0.00	0.00	P
0603	MEDICAID , ASHONA	060105	0.00	0.00	0.00	P
0503	MEDICAID , ALISA	060105	0.00	0.00	0.00	P
0403	MEDICAID , ALLANNA	060105	0.00	0.00	0.00	P
0303	MEDICAID , ASHONA	060105	0.00	0.00	0.00	P
0203	MEDICAID , ALISA	060105	0.00	0.00	0.00	P

NEXT-->

SE001-I MORE PAGES EXIST
EIS MEIH ME MEDICAL ISSUANCE HISTORY 100103 09:11
WORKER B

CASE NAME: MEDICAID , ALLANNA CASE NUMBER: 00032393

BENEFIT MONTH	HOUSEHOLD MEMBERS	MED ELIG	CLIENT ID	MED SUB TYPE	DOC NUMBER	AUTH PCN	DOC TYPE	ISS DATE
0703	MEDICAID , ALLA	50	600075588	CP	Z0010744	WERK	MIMI	030306
		50		CP		WERK	Card	030104
	MEDICAID , ASHO	50	600075589	CP		WERK	MIMI	030306
		50		CP		WERK	Card	030104
0603	MEDICAID , ALIS	50	600075587	HC	M0161599	INIT	Card	050105
	MEDICAID , ALLA	50	600075588	HC		INIT	Card	050105
	MEDICAID , ASHO	50	600075589	HC		INIT	Card	050105
0503	MEDICAID , ALIS	50	600075587	HC	M0161598	INIT	Card	050105
	MEDICAID , ALLA	50	600075588	HC		INIT	Card	050105
	MEDICAID , ASHO	50	600075589	HC		INIT	Card	050105
0403	MEDICAID , ALIS	50	600075587	HC	M0161597	INIT	Card	050105
	MEDICAID , ALLA	50	600075588	HC		INIT	Card	050105
	MEDICAID , ASHO	50	600075589	HC		INIT	Card	050105
0303	MEDICAID , ALIS	50	600075587	HC	M0161596	INIT	Card	050105
	MEDICAID , ALLA	50	600075588	HC		INIT	Card	050105

NEXT-->