Minnesota Department of Human Services
HIV/AIDS Division

Title: NEW APPLICATION PROCESSING POLICY

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AUTHORITY: DHS HIV/AIDS Division Program Administrator

PURPOSE: Establish policies and procedures for processing new Program HH applications

POLICY: To ensure all clients receive immediate medical coverage, all new applications to Program HH will be processed within fifteen (15) business days from the date the completed application is received. In order to process the application within the fifteen (15) business days, all required forms and the documentations accompanying the applications must be received and completed.

KEY STAFF: Intake Specialist, Eligibility Specialist, Insurance Specialist, Consumer Services & Data Specialist, Accounting Officer

DEFINITIONS:

New Application—a first-time application to Program HH

PROCEDURES:

INTAKE SPECIALIST:

The Intake Specialist is responsible:

1. for all data entry related to application submission and must ensure all application is legible for accurate information entry in to the systems
2. Date-stamping every page of the application and all the documents submitted on the date that it is received at Program HH.
3. create PMI and Program HH case number in MMIS and MAXIS if an applicant has never been on other Minnesota Healthcare Programs,
4. Scanning all applications received into EDMS;
5. Verifying that all faxed applications are compete. If complete, date stamp on the date received and scan the application into EDMS. If incomplete, notify the sender on the same date the faxed application is received and request for new, complete application to be submitted;
6. Assign the new applications to the designated Eligibility Specialist.

ELIGIBILITY SPECIALIST

The Eligibility Specialist is responsible for:

1. Verifying the received applications is complete. If missing information, request missing information or documentations from applicant or case manager,
2. Tracking receipt of all information needed for determining Program HH eligibility;
3. Determining applicant's eligibility to Program HH within fifteen (15) business days after reviewing the complete application. Please refer to Application Timeline Policy for details;
4. If applicant is determined eligible, enroll client into the Drug Program and the Basic Program HH (mental, dental, and nutrition programs);
5. Calculating cost-share amounts, if applicable;
6. Sending enrollment letters to applicants within 30 days of application processing;
7. Forwarding client applications to an Insurance Specialist to review client eligibility for Program HH insurance, if applicable.

INSURANCE SPECIALIST

The Insurance Specialist is responsible for:

1. Reviewing client eligibility to Program HH insurance program;
2. if applicant is employed, EIIF forms must be completed and eligibility for insurance program must be determined based on the EIIF,
3. Determining the most cost-effective insurance program and enrolling the client, if applicable;
4. Entering Third Party Liability (TPL) information, if client has an existing policy for benefit coordination;
5. Preparing insurance premium payment information to Minnesota Accounting Procurement System (MAPS) and MMIS.

ENROLLMENT GUIDLINES

Intake Specialist

1. **Create a Personal Medical Identification (PMI) number.**

   First, verify if the applicant has an existing PMI number (as a consequence of utilizing other state medical services) on MMIS and MAXIS:

   - On MMIS search for the applicant using their social security number;
   - In the MAXIS Person Search (PRS) screen, key in the applicant FIRST NAME, LAST NAME, date of birth (DOB) and navigate through (3) screens using the ENTER button screening for the applicant (s) name;
   - If the applicant is listed, then the applicant has a PMI number and one does not need to be created.
   - If the applicant is not listed, then the applicant does not have a PMI number and therefore one needs to be created:
     a. Use the F3 button to exit to the main MAXIS screen.
     b. Select the Person Master Index Number (PMIN) field to create a unique PMI number.
     c. Insert applicant information from received documentation into designated fields. The Intake Specialist is responsible for accurately recording applicant FIRST NAME, LAST NAME, SOCIAL SECURITY NUMBER, DOB, GENDER, SPOKEN LANGUAGE, INTERPRETER NEEDS, MARITAL STATUS, and ETHNICITY. Click ENTER button.
     d. Verify information accuracy on screens using the F5 key.

e. Select YES when prompted to create a new PMI number. The created PMI number is a seven digit number. The intake specialist is responsible for transcribing an 8-digit PMI number by adding -0- ahead of the created seven digit number.

2. **Create and process a Program HH case number (or S-number).** Case numbers (S-numbers) are created in MMIS. A case number is required to enter a Program HH span in MMIS.
   a. Log into MMIS. Go to the MMIS RECIP KEY PANEL—RKEY screen. Fill out the fields:
      - ACTION: "A" = Add;
      - CASE TYPE: "H" = Program HH
   b. Go to next screen using "ENTER" on the numeral keyboard.
   c. MMIS CASE ADDRESS—RCAD screen. This screen displays the created CASE NUMBER on the upper left corner. Write the number down. Complete RESIDENTIAL ADDRESS and MEDICAL MAILING ADDRESS fields (refer to Medical Mailing Address Policy). Go to next screen "ENTER".
   d. RREP screen. Do nothing on this screen. ENTER = Next screen.
   e. The MMIS CASE INFO—RCIN screen is the case information page. Select an empty field on the ASSOCIATED RECIPIENT DATA section with an "x"; press TAB key to RECIP ID field and insert consumer "PMI-numbers"; press TAB key to REL * field and insert "01"; ENTER.
   f. RCIN screen continued. Do nothing on this screen. ENTER.
   g. The MMIS MANAGED HEALTH—RSL screen is the RISK CATEGORY and MDH code screen page. Under the RSL PROGRAM section, insert RISK CATEGORY number. These numbers correspond to the mode of HIV-transmission. They are: ##########. To create a unique MDH code with the corresponding alpha-numerical designator using the consumer first, last, and middle name initials, and numerical month and day of birth:

      For example, JOHN DOE, born 06/02/1966 has an MDH Code: 1000040602

J	/	D	June	second
10	00	04	06	02

FIRST NAME INITIAL—MIDDLE NAME INITIAL—LAST NAME—MONTH BIRTH—DAY BIRTH

   h. Press ENTER when completed.
   i. RMIG Screen. Do nothing. ENTER.
   j. The MMIS ELIGIBILITY—RELG screen is the Minnesota Health Care Programs eligibility page. Complete the following fields:
      - PRG: " * " * = H
      - ELIG TP: " * " * = HI or WHAT ARE THE OTHER designators? And what do they mean?
      - ELIG BEGIN: " * " * = Date eligibility approved
      - ELIG END: " * " * = Date eligibility ending (one year from eligibility approval date for annuals and 6-months for bi-annuals)
      - STATUS: " * "
      - REASON: " * "
   k. Press ENTER when completed.

l. Initiate the F4 function key. The CASE NOTE screen should be on your screen. Then, initiate the F11 function key to be able to write your case notes. All case notes should be completed according to the Case Notes Policy.
m. When completed, initiate the F3—save function key.
n. Press ENTER.
o. MMIS will prompt you to issue the new Program HH consumer an Insurance Program Card. Select "Y"—yes.
p. ENTER.

3. **Assemble information for data conversion.** The Intake Specialist is responsible for scanning all submitted information into File Tracker. The Intake Specialist separates the application, supplemental information and third party materials into sections using colored scanning paper. This alerts the scanner when a new document is next for electronic conversion Under the created profile on File tracker, the Intake Specialist designates specific titles to the scanned documents. The Intake Specialist is responsible for ensuring document(s) clarity on File Tracker.

4. **Forward application to the eligibility process.** The Intake Specialist is responsible for forwarding the checklist with any additional documentation to the designated Eligibility Specialist. The Eligibility Specialist has access to the submitted new application through File Tracker.

Eligibility Specialist
This section follows the guidelines in the Eligibility for Program HH Policy. It is important that a new application is complete. Whether an application is complete determines the time it takes to approve a potential consumer as eligible for Program HH services. The Eligibility Specialist has the primary role in the eligibility process.

5. **Verify application completion.** The Eligibility Specialist receives the submitted application from File Tracker. A complete application includes:
   - All eleven (11) pages of the application form;
   - Legible application fields;
   - Medical mailing address;
   - Signed and dated Physician Referral Form;
   - Two (2) most recent pay stubs for all jobs and tax form

6. **Review the application.** Verify completed application fields including: demographics, addresses, contact information, income, assets, marital, employment, and disability status. The Eligibility Specialist should list the potential consumer's stated social worker/ case manager, doctor (and cost share amount) under the NOTES section on MMIS.

7. **Create a list of missing information.** If a new application is incomplete or missing required materials, then the Eligibility Specialist sends a letter requesting for all the information needed for processing. When the Eligibility Specialist receives all the required information, then the eligibility process can continue. *Important: Eligibility Specialists shall use the date when all REQUIRED information is received to determine the applicant's anniversary date and annual application due date.*

8. **Verify income and employment information.** The Eligibility Specialist requests a Department of Employment and Economic Development (DEED) report from Consumer

Services & Data Specialist. The applicant's name, PMI number, and social security number are all needed to run an economic income evaluation.

9. **Determine net income and premium cost.** Using the applicant's employment information, the Eligibility Specialist determines income using the Income Verification Sheet(Note: If for any reason the financial information used to determine cost share changes, a new Income Verification Form should be used):

- Open a new Income Verification Sheet on the S:/
- Net income is the gross income minus medical out-of-pocket expense.
- Email the potential consumer's name, PMI number, case number, and determined income to the Accounting Officer. Based on the net income, the Accounting Officer generates an invoice for premium costs. The 1st month's coverage is complementary.
- Save the created Income Verification Sheet on EDMS

10. **Verify enrollment in any other state/ federal programs.** The Eligibility Specialist verifies that applicant is not on Medical Assistance (MA), GAMC, and/ or Minnesota Care. Enrollment in other state and/ or federal programs determines which programs within Program HH the applicant is eligible for. If applicant is on other programs, they are only eligible for basic services from Program HH (nutrition, dental, and mental health).

11. **Review consumer eligibility to elected programs.** All applicants are auto-enrolled to Program HH Dental, Mental Health, and Nutrition Programs. The Eligibility Specialist verifies which Program HH services the applicant is applying for and verifies eligibility to those programs and forward application to Insurance specialist

✓ **Program HH Insurance Program**:

a. The Insurance Specialist verify insurance request and determine Insurance eligibility.
b. If a client has an existing insurance, determine, if existing coverage is cost effective and comprehensive and if client pays more than 50% in premium payments, request for TPL information to take over the premium. If client pays less than 50% in premium payment, client is not eligible for Program HH insurance benefit.
c. If the applicant does not have any insurance, request client complete MCHA application for MCHA/Medica insurance coverage.
d. If client has Medicare eligibility, determine if client is eligible for program HH insurance benefit.

✓ **Program HH Drug Program Eligibility:**

a. Determine current insurance coverage. Eligibility Specialist verifies if the applicant has a private insurance listed on the application.
b. If not, the application should be forwarded to the Insurance Specialist to evaluate which insurance the applicant is eligible for. Drug program eligibility is based on insurance information, especially when determining whether drug co-pay premiums are needed.

12. **Document actions on MMIS.** The Eligibility Specialist will write a case note on MMIS stating case events and procedures including:

- General information about the consumer and case;

- Coverage the consumer was approved for;
- Specifics on challenges/ any additional action taken to clarify applicant information

13. **Draft appropriate letter(s) to consumer and third party representative.** The Eligibility Specialist will create a letter to inform the applicant that Program HH:

- received their application;
- the services available to the consumer;
- their PMI number;
- any cost-share amount;
- who else is receiving copies of the notification into Program HH letter

If the new application did not include supplemental materials, the Eligibility Specialist would draft a letter requesting the missing information. The Eligibility Specialist will provide copies of the letter to the consumer and the consumer's case manager/ social worker.

14. **Update saved record on File Tracker**. The Eligibility Specialist scans and saves any supplemental application information, including notification letter(s) into EDMS. In File Tracker, the Eligibility Specialist will enter eligibility completion information under the applicant's profile. These fields include the eligibility completion date, information type, and NOTE 1 (forward to assigned Insurance Specialist). The completion date HAS TO BE FILLED OUT.

15. **Alert Insurance Specialist on additional information about new case.** When the Eligibility Specialist completes and saves the eligibility information into File Tracker, the Insurance Specialist is automatically notified about the new consumer. The Eligibility Specialist alerts the assigned Insurance Specialist to cases that need additional follow-up.

INSURANCE SPECIALIST:
This section has general guidelines to insurance processing. It is important to note that insurance procedures can vary from case to case. If the potential consumer needs insurance coverage, an additional application to the Program HH may be required. Application legibility and response accuracy to questions in the application is crucial to expediting insurance coverage. The Insurance Specialist has the key role in this process.

16. **Verify Program HH eligibility status.** The Insurance Specialist will verify the eligibility status of the applicant on MMIS (determined by the Eligibility Specialist). Using the applicant PMI number and action code: (*i)nquiry*, verify cost-share payment receipt and check case notes before opening the applicant. If applicant has cost-share balance, request for payment confirmation from the Accounting Officer.

17. **Review received documents.** The Insurance Specialist reviews the Program HH application for attached insurance information. This information may consist of a COBRA election form, a MCHA application, a selected insurance field on the application, whether the applicant is a smoker or not, and/or applicant's social security number. Usually, the Intake Specialist separates insurance applications from the Program HH application.

18. **Create list of missing insurance information.** If the consumer checked yes for Program HH insurance but did not include any insurance information, the Insurance Specialist will call the applicant to verify whether the applicant has no insurance or if applicant receives insurance coverage through their employer.

A. Insurance coverage through an employer.

If the consumer is employed and has access to Employer Sponsored Insurance (ESI) the Insurance Specialist must require client enroll in ESI and the insurance specialist. If the consumer pays 50% or more on their insurance premium, Program HH can pick up payment of those premiums).

1) Request for proof of insurance payment. This procedure applies to consumers who are receiving insurance through their employer and incurring premium costs greater than or equal to 51%. The Insurance specialist will request the consumer to submit proof of insurance payment from their employer (which can be in a form of a letter) describing the amount paid monthly.
2) Organize premium payment plan. Upon receiving the proof of insurance payment from the consumer, the Insurance Specialist will begin the process to set-up a payment to the individual in MMIS. The Insurance Specialist will get in touch with the Benefit Recovery Unit (BRU) to set up a vendor number for the individual so that the individual can be reimbursed.
3) Verify insurance payments made by consumer. Every month, the consumer needs to send in proof of insurance payment to the Insurance Specialist in order to continue receiving insurance reimbursement. Pay-stubs with insurance deductible information constitute as proof of insurance payment.
4) Send notification letter(s).

Note: In all letters to vendors, consumers, and third parities, use the Minnesota Department of Human Services letterhead.

B. No insurance coverage.

If the consumer has no insurance coverage and failed to submit an MCHA application, the Insurance Specialist will send an MCHA application to the consumer to fill out. If the consumer is not eligible for any other insurance program coverage, including COBRA, and has been without insurance coverage for 6 months, then the Insurance Specialist can begin processing the MCHA application once it is completed by the applicant:

- **New MCHA (Medica) Application:**

1) **Review application**. The Insurance Specialist ensures that all the fields on the application are filled, including:

    a. Name, age, date of birth, tobacco designation (difference in rates);
    b. Physicians statement of presumptive conditions (automatic eligibility for MCHA);
    c. Social security number;
    d. Physician and applicant signed and dated application;

e. ***Important***: Insurance specialist fills out the medical address of the MCHA application with Program HH/ DHS Box number.

2) **Determine MCHA premium rate.** Premium rates found on MCHA Premium Rate Determination sheet and are based on applicant information, their tobacco use, and their age.

3) **Verify funding source from the physician referral form.** Access the applicant's Program HH application on EDMS. Using the Physician referral form, verify selected fields under *5. Work status. (HC), (UW), and (EC)* are state-funded and *(FT) and (OT)* are federally funded.

4) **Prepare insurance payment.**
   a. Fill out the DHS Vendor's Invoice & Payment Request form with MCHA/ Medica information. Payment amount should reflect the quarterly premium amount and any additional months. Refer to attached sample to complete required fields.
   b. Request for special handling using the Warrant Special Handling Request form. In the Invoice & Payment Request form, you must select *yes* to pull warrant and *with enclosures* to use the Warrant Special Handling Request Form. Complete the Vendor zip code, number, name and payment amount.
   c. Compose Program HH 1st Payment/ new consumer notification letter to MCHA. **Use the Minnesota Department of Human Services letterhead.** ***Letter Writing****: Fill in the applicant's name, start payment date, Premium quarterly amounts (Rates found on Rate Sheet under $500 Deductible Plan and based on age and tobacco use)*

5) **Compile Program HH 1st Payment to Vendor letter, Payment Request Form and Warrant Special Handling Request Form to the MCHA application.** Staple Vendor letter to application and paper clip warrant requests and send them to Jane Ramstad in Accounts Payable to requisition the check and send it to Finance.

6) **Update case information on**:
   - **File Tracker to confirm the application is complete** (check the Complete Application field) and
   - **MMIS to complete the Third Party Liability (TPL) information (after 1 month)**:

   a. Add record. TPL RESOURCE FILE SCREEN. Use action code "a". Next screen.
   b. MMIS POLICY INFO SCREEN –TPOL. Under COVERAGE INFORMATION *Type:* MCHA Specific codes usually (*05*) prescription drug with co-payment and (*06*) HMO; Exclusions *by COS: 032;* and *PLCY Type: (i)ndividual*. Next screen.
   c. MMIS POLICYHOLDER INFO—TPHO. Insert applicant PMI number and (*s)*tate or (*f)*ederal funding. Next screen.
   d. MMIS PLCY CVRD INDIV—TPIN. *Rel Code: 01 (self)*. Next screen.
   e. MMIS CASE NOTES—TPNT. Insert case note: *032 exclusion for program hh remove if new program eligibility attn brs: program h record contact Gerry Soder if changes to record program h (insurance specialist first name last initial and date)*. Next screen.
   f. MMIS TPL COST EFF--TPCO. Insert *Begin date, Prem app/prorated amt, Reason code, NBR covered by policy, NBR covered by prorated, NH care (Y/N), Prem Provider Number, PLCY premium amt, PLCY FREQ: q, and OBLIG Recipient ID (PMI number).* Save—F3.

7) After TPL information is loaded and approved by the vendor, compile payment information and give the Intake Specialist the Vendor letter, Payment Request Form, and Warrant Special Handling Request Forms to scan into File Tracker.

Note: In all letters to vendors, consumers, and third parities, use the Minnesota Department of Human Services letterhead.

C. In the process of loosing insurance coverage through an employer.

***If a consumer is eligible for COBRA but has not submitted a COBRA election form, they have to send it into Program HH. This general procedure applies to the COBRA election form premium amounts and services available are individualized based on consumer lifestyle. Maintaining COBRA coverage is advantageous for Program HH consumers because there will be a greater chance that one will not have to change medical providers*. Important: check the date on the COBRA election form because the application has a 60 day window before the consumer is disqualified for COBRA and 45 days to receive first payment.**

- **New COBRA Application:**

1) Check COBRA election form date.
2) Look at COBRA election form for details of insurance coverage.
3) The Insurance Specialist locates vendor information. If it is a new vendor, the Insurance Specialist should find the federal tax ID and State Tax ID numbers to search within MAPS. Using MAPS, the Insurance specialist checks vendor name activity. The Insurance Specialist makes the first payment to the COBRA vendor through the MAPS system so vendor information is important. If it is a new vendor, the Insurance Specialist will create a new vendor profile in MAPS.
4) To apply future payments, the Insurance Specialist needs to fill out a payment request form. The Insurance specialist sends a cover letter to the vendor and saves a paper copy in the Insurance Paper Record.

5) WE = With enclosures (to the vendor)
6) PW = Pull Warrant (to Program HH)
7) EFT = Electronic Fund Transfer (must clarify in MAPS and with DHS financial)

8) The Insurance specialist sends payment notifications to the consumer and the consumer's case manager. The Insurance Specialist may also call the consumer or case manager to notify them of payment. The Insurance Specialist may ask consumer if they want a hard copy of the payment notification. Program HH has payment records through DHS financial that provide financial proof of payment.
9) The Insurance Specialist loads application and payment information into MMIS. The Insurance Specialist gives copies of all letter notifications, insurance applications, and other supporting documents to the Intake Specialist to scan into EDMS.

10) Note: In all letters to vendors, consumers, and third parities, use the Minnesota Department of Human Services letterhead.

REVIEW: Yearly

REFERENCES:

Complete applications Policy, Case Notes Policy, Medical Address Policy,

ATTACHMENTS:

STATE OF MINNESOTA—DHS VENDOR'S INVOICE & PAYMENT REQUEST FOR INSURANCE PREMIUMS FORM, MCHA Sample letter, WARRANT SPECIAL HANDLING REQUEST FORM, MMIS INSURANCE SCREENS