DMA ADMINISTRATIVE LETTER NO. 01-12, PREMIUM PAYMENT SCREEN

DATE: **January 5, 2012**

SUBJECT: **PREMIUM PAYMENT SCREEN**

DISTRIBUTION: **COUNTY DIRECTORS OF SOCIAL SERVICES**
                     INCOME MAINTENANCE DIRECTORS
                     MEDICAID CASEWORKERS AND SUPERVISORS
                     NCHC CASEWORKERS AND SUPERVISORS

I.   BACKGROUND

Effective January 17, 2012, the NC Health Choice Premium Payment Screen will be available in the Eligibility Information System (EIS) for the caseworker to determine if the premium payments for NC Health Choice Optional Extended Coverage (MIC-L) have been made. The caseworker will be able to view the premium payment date and verify premium payments for recipients who were approved for MIC-L with benefit months beginning with October 1, 2011.

The NC Health Choice Premium Payment Screen is located on the EIS Menu (Inquiry). To access the screen, enter the selection as "PP" and key the Medicaid Individual Number (MID).

The Division of Medical Assistance (DMA) will begin manually terminating all Extended Coverage cases and/or individuals who failed to make premium payments by the established deadline. DMA will continue to automatically terminate cases and/or individuals at the end of the 12 month certification period who are approved for Optional Extended Coverage and continue making premium payments for the entire 12 months. Notices will be sent to recipients to inform them of the reason for termination.

Refer to Family and Children Medicaid 3255 (NC Health Choice) for additional policy information.

II. RESPONSIBILITIES OF THE INCOME MAINTENANCE CASEWORKER

A. The caseworker must verify whether premiums were paid for all individuals who were approved for Optional Extended Coverage and who has now reapplied and found eligible to receive in another aid program. 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.

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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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    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.

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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.

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

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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.

5. If the caseworker enters an Medicaid Individual Number (MID) for a recipient who was not approved for Optional Extended Coverage, the Premium Payment Screen will list the individual information at the top of page but the message "Individual Is Not In Extended Coverage Group" will display.

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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
 123456789P    EASTER    M BUNNY    08/03/1993 12345678    63
CERTIFICATION PERIOD:             PYMT DATA CREATED

PREMIUM PYMT DTE     MTHLY PYMT AMT    DATE PYMT POSTED  UPDATED BY




       PAY CLAIMS IND:
INDIVIDUAL IS NOT IN EXTENDED COVERAGE GROUP
 SELECTION        KEY
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B. Key "PF2" to Exit.

If you have any questions regarding this information, please contact your Medicaid Program Representative.

Sincerely,

Craigan L. Gray, MD, MBA, JD
Director

(This material was researched and prepared by Brenda Gooch, EIS Program Consultant, DMA/EIS Unit.)