

Kansas Department of Social and Rehabilitation Services

Janet Schalansky, Secretary

Integrated Service Delivery - Candy Shively, Deputy Secretary (785) 296-3271

Economic and Employment Support - Sandra Hazlett, Director (785) 296-3349

MEMORANDUM

To: EES Chiefs and Staff
HealthWave Clearinghouse Staff

Date: November 16, 2001

From: Jeanine Schieferecke

RE: Mass Change Instructions on January
2002 OASDI/SSI Cost-of-Living
Adjustments (COLA)

The purpose of this memo is to provide implementation instructions to staff concerning the January 2002 COLA mass change. As this information does not involve any change to policy and is entirely procedural in nature, we once again are releasing the instructions as a memorandum rather than a regular State Commissioner's Letter. In this way we can provide these finalized procedures in a timely fashion for staff. Please make sure all appropriate staff receive a copy of this material.

1. OASDI/SSI Cost-of-Living Adjustments - A 2.6% increase in the OASDI/SSI benefit levels will take effect beginning with the January 2002 payment. SSI maximum benefits will increase \$14.00 for an individual, \$21.00 for a couple, and \$7.00 for an essential person. The Medicare B premium will increase to \$54.00/month.

a. SSI Information - The new SSI benefits will be transmitted via the SDX interface for the month of January. The following is a listing of the new benefit amounts.

- | | |
|--|----------|
| (1) Eligible individual in own home. (Includes individuals in a public community-based facility serving 16 or less individuals.) | \$545.00 |
| (2) Eligible individual with eligible spouse in own home. | \$817.00 |
| (3) Eligible individual in Medicaid-approved institution. | \$ 30.00 |
| (4) Eligible individual with eligible spouse (both in Medicaid approved institution). | \$ 60.00 |
| (5) Eligible individual in household of another. | \$363.34 |
| (6) Eligible individual with eligible spouse (both in household of another). | \$544.67 |
| (7) Essential person increment (converted recipients only). | \$273.00 |

The new SSI benefit level for both an individual and an eligible couple exceeds the PIL for a one and two-person plan. These SSI recipients will continue, however, to be eligible for automatic medical and will not be subject to a spenddown other than a special spenddown as long as they remain in independent living.

- b. **OASDI Instructions** - The OASDI benefit will be determined by calculating the amount of increase rather than using BENDEX information. This means that the state will be able to update all OASDI recipients (not just those who have been accreted to BENDEX) and be able to take timely action to affect the changes. The calculation will be based on the SSA amount reflected on the prospective UNIN screen for the December benefit month. If SSA income is only on the medical UNIN screen, the calculation will be based on that amount. For this reason, there should be no local computations or other updating of the SSA amount on these screens on cases opened prior to 11-20-01 until after the mass run unless that amount needs to be changed so that the COLA computation is correct. All amounts will be multiplied by 2.6% so the SSA amount reflected on UNIN should be the benefit the person was eligible for prior to January 1. All calculated amounts will be truncated by dropping the cents.

The calculations are to be regarded as correct even though the amount may be different from the actual SSA amount due to truncation. This slight difference may be compounded by the recent adjustment in benefits to account for an error in computing the Consumer Price Index for this year only. However, staff are not required to update the amounts that are calculated until the next scheduled review. Staff are discouraged from correcting these calculated amounts from the BENDEX report or TPQY's as this will slow response time and create an unnecessary workload burden. Corrections should be handled at the next review.

SPECIAL NOTE - Because SSA benefit amounts will be updated for January the evening of 11-19-01, local staff will be responsible for manually calculating and entering the increased SSA benefit amount for the benefit month of January on all new cash, medical, and food stamp approvals processed after 11-19-01. The new SSA amount should be calculated as described in the previous two paragraphs. The case should be copied into January and benefits for January authorized with the new SSA amount entered on the appropriate UNIN screen(s).

2. **Mass Change Instructions for the Medical Programs** - A mass change run will be performed on the evening of 11-19-01 which will incorporate a benefit adjustment for OASDI recipients and the increase in the HCBS protected income level. The MA, MS, MP, and CI programs will be affected. The amount of the OASDI benefit will be automatically calculated by multiplying the benefit currently reflected in KAECSES by the 2.6% increase. Benefits will be adjusted for all individuals in active status including those with a "DI" SEPA code. This new benefit will then be processed for the MS and CI programs for the January benefit month with rollover the night of 11-21-01 and spenddown and patient liability amounts will be adjusted accordingly. SSA income records on cases which are not authorized for January at the time of the mass run will be updated but not processed and will require further action on the part of staff.

NOTE: For the MA and MP programs the new SSA benefit amount will be calculated and entered on UNIN on current cases but no further processing of this amount will occur. For MP programs, both Medicaid and HealthWave 21 eligibles will be impacted. This action may help prevent changes of coverage between Medicaid and HealthWave 21. Staff need to be cautioned the next time they access the MPID screen on these cases, income will be recalculated to incorporate the new SSA amount and a new poverty level percent will be determined. For MA programs, all program subtypes will be impacted. This action will prevent a large number of potential 'unable to process'

errors, apparently related to the elimination of the resource determination for MA CM programs. Because changes in income may impact eligibility for MA programs, all cases with changes in OASDI income must be rebudgeted to reflect any changes in eligibility.

To assist with this, a printout identifying all open MA programs with OASDI or SSI income currently listed for at least one individual coded IN or DI. There are currently less than 200 cases statewide with OASDI or SSI income listed. Staff must review this list and make any resulting changes in the spenddown amount for children or pregnant women where applicable or adjust eligibility for any MA CM programs. For spenddown cases, both MAID and SPEN must be accessed to correctly reflect the spenddown amount. The printout is sorted by area and reflects the location of case as of 11-07-01. Coordination between local office staff and Health Wave Clearinghouse staff may be necessary if a case has been transferred since that date. The printout is included with this material.

Cases copied past January will have the OASDI amount calculated and placed on UNIN for January but not for February or any later month. The case will not otherwise be processed or authorized and will not appear on the mass change report. Any changes would have to be done manually by the worker. These cases may be identified by checking the current benefit month on the CR300, Active Listing-Case Level.

For MS and CI programs, an automated mass change notice will be sent to all affected clients informing them of changes in their eligibility and/or spenddown/patient liability amounts. Mailing of MS notices will be delayed as indicated in item 11 below. A mass change detail report (MR330) will also be provided to field staff on SAR following the mass run listing all cases impacted by the change along with the old and new spenddown amounts if appropriate.

The cost-of-living adjustments may have an impact on the amount of income being made available to a community spouse through the spousal impoverishment provisions of KEESM 8144.2 and 8244.2 and the amount of any income allocation occurring under the provisions of KEESM 8143(4) and 8243(3). The adjustment could lower the amount being made available if the community spouse is also an OASDI recipient and the maximum permitted income allowance amount has not been reached. To assist in the review process, a report listing all cases with an AI or AI/DI code on EXNS will be provided. See item 13 below. These codes reflect all cases in which income is being allocated. This information is to also be used in reviewing spousal impoverishment allowances as described in KEESM Revision No. 8.

- 3. Special Instructions for Long Term Care Cases (NF and HCBS)** - The LOTC screen will be automatically updated to incorporate the new patient liability or monthly HCBS obligation amount and the 01-01-02 effective date. This update will occur the evening of 11-21-01 and will affect all adult care home and HCBS cases in which there is a facility number or HCBS living arrangement code, an effective date that is prior to 01-01-02, and a patient liability/HCBS obligation reflected different from the amount appearing on the SPEN screen for January. The LOTC screen must be updated manually if all three of these conditions are not met. If the LOTC screen is updated manually, a facility or case manager notice must be sent as well.

In addition to the update, staff will be provided with two copies of a notice for each individual whose liability/obligation amount was updated giving the client name, case number, old and new liability amounts with effective dates, the client's address, the worker number and for NF cases, the facility number. One copy of the notice is to be put in the case file for documentation purposes and one sent to the facility or HCBS case manager to inform them of the change. The individual notices will be mailed out to the area offices on or about 11-26-01. Notices are also available for viewing on SAR by entering report ID SWY03873-R17.

For control purposes, a separate report will also be provided on SAR listing those cases which had LOTC data that was not updated either because a 01-01-02 effective date had already been inserted or the patient liability/obligation had not changed. Staff are to briefly review these cases to make sure all changes have been reflected. This report titled Exceptions to LOTC Update will be available by entering SAR report ID SWY03873-R25 on or about 11-26-01.

4. **Effect of OASDI Benefit Increases on Cash Assistance** - At the time of the COLA mass run described above, OASDI amounts reflected on cash cases will also be automatically updated either prospectively or retrospectively based on the calculation process described above.

For prospectively budgeted cases, the new calculated OASDI amount will be automatically incorporated and the cash benefit level recalculated for January. Mass change notices will be produced on prospectively budgeted cases whose January grant amounts decrease. However, if the SSA increase results in a \$0 grant amount, the worker will need to manually close or suspend the program and send their own notice. The mass change detail report (MR 330) will be provided following the mass run which lists all cases.

For retrospectively budgeted cases, the new SSA benefit amount will automatically be incorporated in the retrospective screen for budgeting the grant amount for March. A mass change notice will be produced following rollover in January regarding any grant changes for March.

5. **Effect of the OASDI Benefit Increase on Food Stamps** - At the time of the COLA mass run as described above, OASDI amounts will be automatically updated either prospectively or retrospectively based on the calculation process as previously described. SSI amounts reflected on food stamp cases will also be automatically updated either prospectively or retrospectively based on the January SDX COLA tape in a separate process the evening of 11/28/01, but will be handled in the same way as OASDI.

SSA benefits for January will then be processed for all FS cases depending on the budgeting process for the case as follows:

- a. **January benefits determined prospectively** - The mass change process in November will incorporate the new calculated OASDI amount and recalculate the food stamp benefit level for January. The mass change process will result in a mass change notice being sent to recipients. If the OASDI increase results in a \$0 benefit amount, the worker will need to manually close or suspend the case and send their own notice unless the household also receives SSI and is categorically eligible. See item number 6.
- b. **January benefits determined retrospectively** - For retrospectively budgeted cases, the increased OASDI amount will be automatically incorporated in the retrospective screen for budgeting the issuance amount for March. Since January benefits are based on November's retrospective income and expenses, a mass change notice will not be produced. Then, in January, the monthly mass change with rollover will recompute March benefits based on the updated amounts. A mass change notice will then be produced regarding any benefit changes for March. The mass change detail report issued with rollover in January will also need to be carefully reviewed to determine if any cases that failed the mass change are categorically eligible as noted above.

For both types of budgeting processes, if a case is not authorized for January as of the date of the mass change, the OASDI amounts will be updated but will not be processed until the case is authorized. Any case copied past January will not be mass changed. Cases copied past January

2001 will have the OASDI amount calculated and placed on UNIN for January but not for February or any later month. Staff should also review the mass change detail report for unexpected changes to food stamp benefit amounts which may signify cases needing correction.

6. **Effect of the SSI Benefit Increase on Food Stamps** - A separate mass change will be processed the evening of 11/28/01 using the January SDX COLA tape to update SSI amounts reflected on food stamp cases. SSI amounts will be updated, both prospectively and retrospectively.

It should be noted that the gross SSI benefit from the SDX COLA tape is used to compute food stamp benefits in the mass change in December. However, it is recognized that there are some SSI cases in which the benefit has been reduced due to an overpayment recovery. Per KEESM 6410(35), if that overpayment is not a result of fraudulent activity, the recovery is to be taken into consideration and only the net benefit counted. As the SDX tape identifies benefits reduced due to overpayment recovery, a report will be provided listing all FS cases in which the gross SSI benefit has been reduced for this reason. The net benefit amount will also be provided. Staff must then review these cases to determine which recoveries result from nonfraudulent overpayments and adjust the food stamp calculation accordingly. See item 14 below.

The mass change detail report needs to be carefully reviewed to determine if any cases failed the mass change. If the household is categorically eligible, the procedures in KEESM 2512(2)(b) must be followed to insure that the household receives the correct amount of benefits to which it is entitled. In prior years, some categorically eligible cases had to be reprocessed to insure the continuation of the \$10 minimum benefit. These same cases should be affected again this year. It will therefore be necessary to carefully monitor the mass change detail report, reviewing all cases that fail the mass change for potential categorical eligibility.

7. **Impact on Pickle Eligibility** - Those medical recipients who may now qualify for Pickle status when the OASDI/SSI increases go into effect must be reviewed and have a determination completed in accordance with KEESM 2681. A revision to the Pickle Worksheet (ES-3104.6) which includes the new SSI benefit levels and COLA ratios has been included with KEESM Revision No. 8.

- a. **Persons Who Lose SSI Eligibility Solely Because of the OASDI Increase** - This group will qualify for Pickle status without a formal determination. Information to help identify these individuals will be available on the SSI Interface in December. Based on the prospective budgeting methodology used by Social Security, individuals will become ineligible for SSI as of January 1, 2002. This information is projected by SSA and will be made available through the Interface. The "SDX (Client SSN) SSI Begin/End" alert will appear on or about 11/29/01 for all potentially affected individuals.

Medical eligibility for this group will continue without a spenddown. The case must be transferred from the SI program to MS with the appropriate Pickle coding. It may be necessary to request the completion of a new application if a current one is not already on file. Notices will also need to be sent by staff informing the client of his or her Pickle status and the need to report any changes in circumstances. Pickle eligibility will be retained in the future for this group barring any financial changes (i.e. increases in income other than OASDI, increased resources, etc.).

- b. **Persons With Excess Income** - Persons who failed to qualify for Pickle status during the year because of excess income but who retain eligibility for medical must be redetermined for Pickle eligibility as a result of the COLA. To aid in implementation, a report will be provided of all individuals with a "PP" code on the PICK screen. See item 13 below.

A worksheet is to be completed on each individual identified. For those who qualify, Pickle status will begin as of January 1, 2002 and notice of approval is to be sent by staff. Pickle coding will also need to be revised accordingly. No notice is required for persons who continue to have excess income.

If approved, the case is to be retained on the MS program with the applicable Pickle code (EP) reflected. If denied due to excess income, the Pickle code "PP" is to be reflected.

- c. Pickle Determinations on Medical Applications Processed After Mass Change - For all medical applications processed after mass change on the evening of 11/19/01, Pickle determination will be required on both the old and new worksheet if the person meets all of the screening criteria. The appropriate previous version of the worksheet is to be used to determine eligibility for all months prior to January 2002. The 01-02 worksheet is to be used for January 2002 forward. The reason for doing so is that the individual may have excess income prior to the January COLA but be eligible thereafter.

As noted in item 10 below, current Pickle eligibles will end up getting a mass change spenddown notice unless the worker takes action to delete the notice. A case with no other changes should not receive a notice and the worker should take action to delete the notice as referenced in item 11.

HealthWave Clearinghouse staff are responsible for identifying potential Pickle eligibility for cases currently under their management and communicating the information to the appropriate local SRS office for a final determination. Coordination will be required in these instances. Persons meeting the Pickle criteria will be retained by the local office for case management. It may be necessary to obtain a new case number when this occurs. Cases screened for Pickle and found ineligible will be returned to the Clearinghouse if other Family Medical programs are open.

8. **Mass Change for HCBS Protected Income Level Increase** - As noted in KEESM Revision No. 8, the protected income level for all HCBS cases will be increased to \$716/month effective January 1. This increase will also be processed with rollover the evening of 11/21/01 for HCBS cases only.
9. **QMB/LMB Issues** - MS cases which are processed in the SSA COLA mass run will also be processed for QMB eligibility. Those persons who meet the QMB criteria will automatically be authorized for QMB status effective January 1 as part of the mass change. The worker will need to send a follow-up notice to those clients who become eligible informing them of the QMB benefits. These cases will be identified by a worker alert, "Eligible for QMB."

In addition, there may be some current QMB recipients who lose QMB eligibility during the mass run if the COLA amount takes them over the poverty level standard. As reflected in KEESM 2671.3, the amount of the SSA COLA must be disregarded in determining QMB eligibility. Those cases which fail due to the COLA will be identified on the mass change detail report (MR330) as having "failed mass change." However, the fail message is not specific to these QMB cases as indicated in item 12 and a case by case review will likely be required.

If the individual is otherwise QMB eligible except for the COLA increase, field staff will be required to reauthorize QMB status on the case. The client's full income should still be reflected on the system. The QMB determination would then need to be overridden by using a QE or QS code on the Pickle screen. These codes were previously used for QMB eligibility and are still functional. The QE code would be used where there is no spenddown or where spenddown has been met (including long term care cases) and the QS code used if a spenddown is still in place or if the client

is receiving QMB-only benefits. These codes would need to be removed if the client is ineligible for QMB with the SSA COLA budgeted when the new QMB poverty levels are implemented in May.

No mass change processing will occur in regard to LMB status. These cases will need to be manually reviewed for eligibility based on the COLA increase. As with QMB, the COLA amount is to be disregarded until the 2002 poverty level standards are implemented (in May).

QMB and LMB only eligibles with a program subtype of QO or LO will not be mailed a mass change spenddown notice. Persons without a QO or LO program subtype will be mailed a notice. Persons on cases without the QO or LO subtype who are not attempting to meet spenddown should not receive a notice and the worker should take action to delete the notice as referenced in item 11 below.

- 10. Changes in Other Benefits and Expenses** - It is recognized that changes in other benefits, primarily VA, Railroad Retirement, and Civil Service Retirement, may also take effect January 1. These changes can further affect eligibility and benefit amounts in all programs. Staff should take action to reflect the income increases no later than the benefit month of February 2002. If the client reports the change in time to affect benefits for the month of January, staff must act on the change when it is reported. If such a change is not reported, staff must obtain the information during the month of January so that the new amount can be reflected no later than the benefit month of February. Any assistance provided in January because of these guidelines would not be regarded as an overpayment. A report will be provided listing all cases with VA, Railroad Retirement, or Civil Service retirement income as noted in item 13 below.

The Medicare Part B premium increase will impact food stamp benefits for some households. Medicare expenses will be automatically updated with the new standard Part B premium amount for the month of January. On the night of 11/19/01 all ME MC expenses listed on EXNS which are greater than 0 will be updated with the new premium amount. Medicare premiums listed on MEEEX are not included and must be manually reviewed and updated.

It is also recognized that premium amounts for Blue Cross/Blue Shield Plan 65, Disability and Step plans may also increase January 1 and this can impact the amount of spenddown for medical purposes as well as the amount of food stamp benefits for certain households. For medical and prospectively budgeted food stamp cases, once again staff should take action to reflect any changes no later than the benefit month of February. If the client reports the increase in time to affect benefits for the month of January, staff must act on the change when it is reported. If such change is not reported, staff should attempt to obtain the information from the client during the month of January so that the amount can be reflected no later than the benefit month of February.

Blue Cross will notify EES Central Office when the new rates are approved and available. The new rates will be disseminated to the field as quickly as possible. This information is to be considered reliable so it will not be necessary to contact BC/BS to verify individual premium amounts. If the new premium amount is questionable, the new premium amount may be verified by the client.

For medical purposes, if the increase was not budgeted in time for January, the amount of the increase for that month is to be reflected in computing the February patient obligation for long term care cases or reflected in the remainder of the 6 month base period for independent living cases.

To help identify cases with Blue Cross coverage, a report will be provided identifying persons who have Blue Cross listed on the EXNS screen in KAECSES, or the MMIS Third Party Liability screen and those matched by SSN with Blue Cross/Blue Shield Plan 65 and Disability Plan files as indicated in item 13 below.

11. **Delay of MS Mass Change Notices** - Because of the possibility that other benefit changes besides Social Security and increases in Blue Cross rates will affect a number of MS and FS cases, MS notices created as a result of the SSA COLA and PIL mass change will not be printed after the mass run. This will help prevent two or more notices being sent to the client during the month of December (one for mass change purposes and one for reflecting other changes).

Following rollover, the notice history on each MS case will have the name of the notice produced but no mail date. One of the following notices will appear:

MS Mass Change/Change in Unmet Spenddown
MS Mass Change/Change in Met Spenddown
MS Mass Change/Results in Spenddown
MS Mass Change/Change in Patient Liability/HCBS Obligation

If the worker takes action to make other changes to the case following the mass runs which will also take effect January 1, the worker would then delete the mass change notice on the system and send a notice which describes the COLA and other related changes as well as the additional action being taken. Notice update should not be used on the notices created by mass change. Because the effective dates and spenddown/patient liability amounts are driven by notice keywords, these fields cannot be changed through a notice update on NOHS. If changes are necessary, the original notice created by mass change must be deleted.

If no further changes are made and/or the mass change notice is not deleted, the system generated notice will be printed and mailed beginning 12/18/01. This mailing delay gives the worker up till the close of business on 12/17/01 to make any necessary changes and/or delete the mass change notice. It will only be applicable to MS cases, as these cases are the ones most likely affected by other benefit or insurance changes.

The delay also allows staff to delete inappropriate notices. As indicated earlier, Pickle, QMB-only, and LMB-only eligibles should not receive the spenddown notice produced by the mass change. Also, other clients receiving special medical benefits such as Disabled Widow/Widowers or Adult Disabled Children should also not receive a mass change notice. Except for cases with medical program subtypes of QO and LO, spenddown-related notices will be produced for all of these cases and sent unless the worker deletes the notice. To aid in identifying these individuals, a report of cases with special medical indicators (e.g DW, EW, DC, etc.) on the PICK screen will be provided as noted in item 13 below.

12. **Note Concerning Mass Change Reports** - There will be two sets of mass change reports produced in November, one for SSA and rollover and one for SSI. A description of these reports, the programs affected, and dates of each are as follows:

a. MR330 - Mass Change Detail

(AF/FS/Medical) - Regular monthly mass change with rollover lists all cases. Changes listed will be a result of standard monthly processing based on child support or income changes, as well as SSA COLA increases. PA and FS cases for the entire state will be listed first, followed by medical cases for the state.

Date of report: On or about 11/23/01

SAR Report ID: SWM03828-159

- b. MR330 - Mass Change Detail (FS Only) - Lists all cases with SSI income processed in December mass run.
Date of report: On or about 11/28/01
SAR Report ID: SWY0382P-R22
- c. Exceptions to LOTC Update(Medical Only) - List all nursing facility and HCBS cases in which LOTC screen was not updated.
Date of report: On or about 11/23/01
SAR Report ID: SWY03873-R25

A listing of all reports connected with mass change is attached for ease of reference with instructions on how to process reports on SAR. These reports will be available on SAR the first work day after the dates listed above.

Listed below are the messages which may appear on the mass change reports and what they indicated in the last mass change.

1. FAILED (DEAUTHORIZED)

- The COLA increase caused the case to have excess income for the indicated program. Worker action is needed and categorically eligible FS needs to be determined.

2. NO SELECT, NOT AUTHED

- The cases were not authorized at the time of the mass change.
- The override spenddown field on SPEN was set to "Y" for independent living cases. The override is valid only for certain LTC situations.

3. UNABLE TO PROCESS

- January may be the second month for postpartum status. The worker must review the case.
- The MS household size reflected more than two participation codes including DI, LN, and LA codes. The worker can process the case correctly on line. LN and LA participation codes are to be removed.
- The case may have more than one SSA amount reflected. The worker must review the case and update the amounts.

13. Cases That May Require Manual Processing - As mentioned in several items above, a report will be provided identifying several pieces of case information including special medical indicators, income types, Blue Cross/Blue Shield coverage, and Medicare expense on EXNS. One report will be provided incorporating all this information. Separate columns will identify:

- Any "PP" indicator as well as other special medical indicators for deleting notices.
- If there is any VA, VC, RR, or CR income.
- Whether there is BC/BS Plan 65 or Plan D coverage.
- Medicare expense on EXNS.

- HCBS clients with a patient obligation.

This report is being e-mailed to the EES Chief with this memo.

14. **FS Cases Where an SSI Overpayment Recovery Is Occurring/Review for Proper Use of Net or Gross SSI Amount on UNIN** - This report lists all clients with an FS participation code other than CO, CN, or OU where an SSI overpayment recovery is occurring determined by the presence of an amount in the SDX overpayment recovery field on the SDX file. This report is being produced to help staff identify cases in which countable income needs to be adjusted to reflect a net SSI benefit amount.
15. **Errors or Problems Identified** - Any errors found or other problems identified with the COLA mass change process are to be reported to Help Desk. It is also important that the problems be reported and documented by running screen prints of appropriate items before making corrections.

This covers all of the pertinent mass change issues for January 1. Please let me know if you have any questions.

JS:jmm

cc: Area Directors	Kathy Valentine	Chris Swartz
Sandra C. Hazlett	Cheryl Woods	Ann Hinkle
Dennis Priest	Lauri Corcoran	Darin Bodenhamer
Mike Sweeney	Ed Forbes	Joan Schultz
Mona Waltmire	Vickie Radford	Janet Hund-Bigley
Pam Jacob	Kim Radell	Truman Brown
Phil Anderson	Tim Long	EES Program Trainers
Debra Wiley	David Best	Robert Day
Margretta Fosse		

LISTING OF REPORTS CONNECTED WITH MASS CHANGE

REPORT NAME	REPORT DATE	SAR ID	MAIL DATE
MR330 (PA/FS and Medical)	SAR 11/23/01	SWM03828-B59	NA
<p>Lists cases affected by standard monthly processing as well as all cases with SSA income processed for January. Cash and FS cases for all will be listed first with medical cases at the end of the report. Review each case where message indicates mass change was not completed. When reviewing cases which failed mass change:</p> <ol style="list-style-type: none"> 1. Determine if QMB continues with COLA exempted and if so, reauthorize QMB status. 2. Manually close cash cases with excess income and send notice. 3. Review \$0 benefit FS cases for categorical eligibility. If categorically eligible, reprocess to provide \$10 benefit. If not categorically eligible, manually close case and send notice. 			
LTC Notices	SAR 11/24/01	SWY03873-R17	11/26/01
<p>Two copies for each LTC case where liability/obligation was updated on LOTC. One to go to the NF or the HCBS case manager and the other for the case file. If changes in BC/BS rates or other income changes, make pen and ink changes on notice before sending to NF/case manager or filing. Mass change notice must be deleted and new notice sent.</p>			
Exceptions to LOTC Updates	SAR 11/23/01	SWY03873-R25	NA
<p>Lists NF and HCBS cases where LOTC was not updated because a 01-01-02 effective date already existed or patient liability did not change. Also lists cases which have two individuals in NF which must be processed manually. Staff need to review these cases and take appropriate action.</p>			
MR 330 (FS Only)	SAR 11/28/01	SWY0382P-R22	NA
<p>List cases with SSI income processed for January. Review "Failed" FS cases for categorical eligibility. If categorically eligible, reprocess to provide \$10 benefit. If not categorically eligible, manually close case and send notice.</p>			
<p>FS CASES WHERE AN SSI OVERPAYMENT RECOVERY IS OCCURRING</p> <p align="center">Hard Copy ON OR AROUND 12/12/01</p> <p>This report lists all clients with an "IN" participation code for FS when an SSI overpayment recovery is occurring based on an amount in the SDX overpayment recover field on the SDX file. In previous years this information was provided as part of the "CASES THAT MAY REQUIRE MANUAL PROCESSING" report. The amount shown in the NET-SSI column reflects the GROSS benefit amount minus the RECOUP (recoupment) amount.</p> <p>Report Format:</p> <p>CASE: Case Number CASE NAME: Case Name CLIENT: Client Name GROSS: Gross SDX SSI Amount RECOUP: SDX SSI Recoupment Amount NET: Gross SDX SSI Amount Minus the SDX SSI Recoupment Amount</p>			

MA Cases with OASDI/SSI Income attached

Electronic copy

Not on SAR

Electronic Copy

Lists all cases with open MA programs and at least one person coded IN or DI on the MA program has OASDI or SSI income on UNIN.

For MA spenddown cases, rebudget by accessing MAID and SPEN. Send appropriate NOA.

For MA CM cases, rebudget through the MA CM worksheet and adjust eligibility if necessary.

LISTING OF REPORTS CONNECTED WITH MASS CHANGE

Cases That May Require Manual Processing For 2002

Hard Copy

Not on SAR

Attached

Lists all cases with special medical indicators on the PICK screen, VA, VC, RR, or CR coded on the UNIN screen, Blue Cross/Blue Shield coverage, and Medicare coded on the EXNS screen.

Column Titles and Definitions:

- NAME:** Case Name.
CASE: Case Number.
CLIENT: Client Name.
MED: Medical program for which the person has an "IN" participation code.
FS: FS if the person has an "IN" participation code for the FS program.
SMI: Any special medical indicator on the PICK screen or QMB/LMB indicators. Cases should be reviewed to see if PICKLE eligibility is met or to delete mass change notices.
AI: Cases with AI or AI/DI codes on EXNS. To help staff identify cases where income allocation may need to be adjusted.
VA-VC: VA or VC income appears on UNIN. To help staff identify cases where benefit levels may need to be adjusted due to annual increases.
RR: RR income appears on UNIN. To help staff identify cases where benefit levels may need to be adjusted due to annual increases.
CR: CR income appears on UNIN. To help staff identify cases where benefit levels may need to be adjusted due to annual increases.
MC-EX: Medicare coverage is listed on EXNS. To help staff identify cases in which premium amounts may need to be adjusted due to annual increases.
BC-EX: BCBS insurance coverage is listed on EXNS. To help staff identify cases in which premium amounts may need to be adjusted due to annual increases.
BC-TP: This column displays last digit of the TPL carrier code, 3 or 8, for active MMIS TPL segments showing a Medicare supplement type of coverage. To help staff identify cases in which premium amounts may need to be adjusted due to annual increases.
BC-PC: The BCBS plan code per BCBS files, identified by matching KAECSES clients by SSN with BCBS Plan 65 and disability plan files. Codes reflect the plan type. 01-01-02 premium information will be received and distributed as soon as it becomes available.

NODT LIST NOTICE DEFINITION TABLE

TITLE: MS MASS CHANGE/CHANGE IN UNMET SPENDDOWN

There has been a change in the amount of your spenddown for the period of &&MCELBSTA&& through &&MCELBEND&&. Your new spenddown amount is &&MCNEWSPN&&.@@

>>

We figure the amount of your spenddown by looking at your income and your medical expenses. After taking off any medical expenses you have already given us the amount of your spenddown is &&MCUNMSPD&&. Let your SRS worker know when you have more medical expenses.@@

>>

Your spenddown is changing because of changes in your income or expenses. One or more of the following reasons apply to you:@@

>>

- 1. Social Security benefits have increased by 2.6% in 2002.@@
We have used your new Social Security benefit to determine@@ your new spenddown amount.@@

>>

- 2. If you receive home care through Home and Community Based@@ Services (HCBS) the amount of your protected income level@@ changed from \$696 to \$716 per month. WE have used the new@@ amount to figure the amount of your spenddown.@@

>>

- 3. Other changes in your income or medical expenses.@@

>>

*****IMPORTANT INFORMATION*****@@

If you receive other income, such as VA, Railroad Retirement or other pension benefits, you need to report any change(s) in the amounts to your SRS worker.@@

>>

If you have other health insurance through Blue Cross/Blue Shield or another carrier, you need to report any changes in your premium amount to your SRS worker.@@

>>

These changes need to be reported within ten days to make sure we figure your spenddown correctly.@@

*****@@

>>

This action is based on KEESM sections 6100, 6200, 7300, 7210, 7240, 7330, 7430, 7530, 7530(3), 8231, 8260, 8271 and 8272.@@

>>

Please read the back of this letter. It has important information. It tells about your right to a fair hearing. Item 6 tells about changes you must report.@@

>>

If you have any questions about this change contact your SRS worker.@@

>>

INSTRUCTIONS FOR ACCESSING REPORTS ON SAR

1. Log on to SAR as follows:
 - a. From Welcome screen enter "SAR1."
 - b. On User Definition Panel screen, enter Top Secret User ID and password.
 - c. On Primary Selection screen, enter SAR report ID.
 - d. On Report Selection List, enter an "S" in the SEL field to the left of the report.
 - e. On the View Selection screen, enter an "S" in the SEL field to selected the Native Browse Description. Areas may also choose their own customized view if one is listed.
 - f. Pressing enter on View Selection will result in SAR PAGE 1 of the selected report being displayed.

2. Locate your section, unit or caseload of the report as follows:
 - a. In the COMMAND field in the top left corner of your screen, type F 'SECTION: 271' substituting your section number and press enter. When using the find (F) command, you must type the string of characters you want to find exactly as it appears on the report.
 - b. When the report for your section is displayed, the scroll keys (PF8=down, PF7=up, PF11=right, and PF10=left) or the find (F) command can be used to locate the report for your unit or caseload.

SPECIAL NOTE: When accessing the MR330 Mass Change Detail Report for cash, FS and medical programs, cash and FS cases will be listed first for all Areas in the State followed by medical programs which were mass changed for all Areas in the State. Because all cash/FS cases are listed first, it is necessary to use the find (F) command first to locate cash/FS cases listed for your section, then use the find (F) command a second time to locate medical cases for your section.

3. To print pages of reports for your section, unit or caseload:
 - a. Note the first and last SARPAGE numbers on the left side of screen which includes the part of report to be printed.
 - b. Return to Report Selection List by pressing PF3.
 - c. Enter a "J" in the SEL field for the report selected.
 - d. On the Deliver Re-Print Attributes screen in the PAGE field enter individual page numbers separated by a comma (like 1,3,5) to print specific pages, or enter first page number and last page number separated by a colon(1:5) to print a range of pages like pages 1 thru 5. Press enter.

- e. On the View Selection screen, enter an “S” in the SEL field for Native Browse or the view for your Area. Press enter.
- f. Type “SUB” to submit print job on the COMMAND line of the Report Selection screen and press enter.
- g. On the Batch Job JCL screen, press enter to submit print request, or enter “End” on command line to cancel.
- h. The message ***Job Submitted*** will appear and the designated pages of the report will begin printing.
- i. Press enter until you return to the Report Selection List screen.
- j. Press PF3 to return to the Primary Selection screen to enter another Report ID, or press PF3 twice to log off SAR.