

<b>MMIS User's Guide for DSS</b>	<b>C-1</b>
<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

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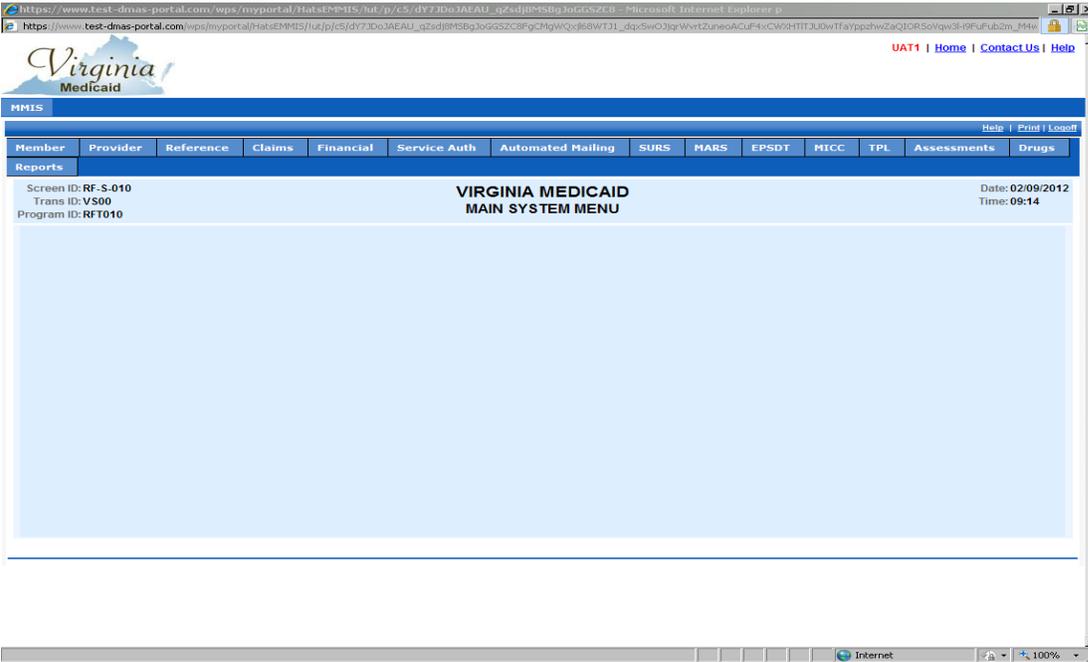
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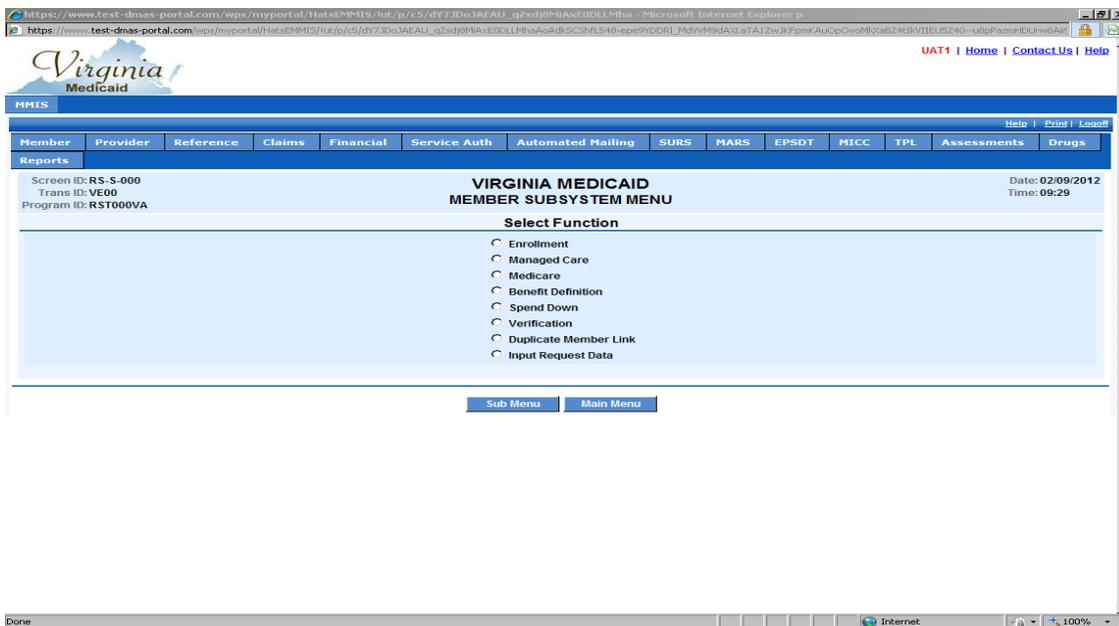
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## Accessing the Enrollment Menu

- From the MMIS Main Systems Menu choose the Member Sub-System tab.



- From the Member Subsystem Menu click in the Enrollment radio button.



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- The Enrollment Menu screen allows for Inquiry, Add, and Update functions for case and member data.

### **Enrollment Menu Field Definitions**

- Select Enrollment Type:** Allows selection of type of record to be accessed.
- Select Function:** Allows selection of a function. Cancel, Retro Cancel Reinstatement, and ID Card Request are only valid with enrollment type of member. The Add function may only be used with enrollment type Case and Enrollee.
- Reissue Reason:** The reason code explaining why a plastic card is being reissued to a member. Required when ID Card Request function is chosen. See table below for values.

C	Change of Demographic Information (only system entered)
D	Destroyed
I	Initial Card
L	Lost
S	Stolen

- Case ID:** Member case ID number; the member case ID number uniquely identifies the family or group of individuals in the same case entity.
- Member ID:** Member's unique 12 digit ID number.
- SSN:** Member's Social Security number.
- VACIS/ADAPT ID:** Member client ID number in the ADAPT system if applicable. ADAPT is a LDSS system used for LDSS administered programs.
- VaCMS Member ID:** Member client ID number in the VaCMS system if applicable. VaCMS is a LDSS system used for LDSS administered programs.
- Last Name:** Member's last name.
- Suffix:** Member's suffix if any.

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<b>First Name:</b>	Member's first name.
<b>Middle Initial:</b>	Member's middle initial if any.
<b>DOB:</b>	Member's date of birth.
<b>Gender:</b>	A code indicating the gender of the member. "M" = Male, "F" = Female, and "U" = Unknown.
<b>Telephone Number:</b>	Member telephone number.
<b>HIPP:</b>	A unique number assigned to each HIPP/HIV case.
<b>New TDO Enrollee?:</b>	"Yes" or "No" radio buttons allowing entry for TDO (Temporary Detaining Order) entry.
<b>Enter:</b>	Command to edit data entered.
<b>Clear Form:</b>	Clears all user data from the screen and returns blank fields.
<b>Member:</b>	Branches to the Member Demographics screen. Member number must be present. Can only be used with Update and Inquiry functions.
<b>Eligibility:</b>	Branches to the Eligibility Data Screen. Member number must be present. Can only be used with Update, Inquiry, Retro Cancel Reinstate, and Cancel functions.
<b>TDO:</b>	Branch to the Temporary Detaining Order screen. Member number must be present. Can only be used with Update and Inquiry functions.
<b>Financial:</b>	Branch to Member Financials screen. Member number must be present. Can only be used with Update and Inquiry functions.
<b>Case:</b>	Branch to the Case Data maintenance screen. Case number must be present. Can only be used with Update and Inquiry functions.
<b>TPL Sum:</b>	Branch to the TPL Summary screen. Member number must be present. Can only be used with Update and Inquiry functions.

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- ID X-Ref:** Branch to the ID X-Ref screen. Member ID must be present. Not applicable when a function is chosen.
- Override:** Branches to VA Medicaid Duplicate Member screen. Access restricted to DMAS use only.
- Sub Menu:** Return to the Member Subsystem Menu.
- Main Menu:** Return to the Main System Menu.
- Dup Mem:** Branches to the VA Medicaid Duplicate Member screen. Can only be used with Inquiry function. Access is restricted to authorized DMAS and DSS users.

## Inquiry Function

### Inquiry by Case Number

- From the Enrollment Menu select Case and Inquiry. Next, enter the case number in the Case ID field and then press Enter.
- The Case Data Screen will display the case data and all attached members. From this screen inquire on any of the members displayed by choosing the radio button to the left of the member ID and then selecting the screen to view.

[https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/fU85DoJQFDwLJ3iP\\_YN-IrAEUAHZGo](https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/fU85DoJQFDwLJ3iP_YN-IrAEUAHZGo) - Windows Internet Explorer pro  
[https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/fU85DoJQFDwLJ3iP\\_YN-IrAEUAHZGo/R.CYSTICT804uxs:KZcjIbHbWqreurdunuoBaiYKuZRM114m2REHRjWdR.CzLQwUMVAr\\_gOKZWOP1IEpinuyBPua-8zYkp7d9lCp2WpSFIQ6](https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/fU85DoJQFDwLJ3iP_YN-IrAEUAHZGo/R.CYSTICT804uxs:KZcjIbHbWqreurdunuoBaiYKuZRM114m2REHRjWdR.CzLQwUMVAr_gOKZWOP1IEpinuyBPua-8zYkp7d9lCp2WpSFIQ6)

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<b>Member</b>	<b>Provider</b>	<b>Reference</b>	<b>Claims</b>	<b>Financial</b>	<b>Service Auth</b>	<b>Automated Mailing</b>	<b>SURS</b>	<b>MARS</b>	<b>EPSDT</b>	<b>MICC</b>	<b>TPL</b>	<b>Assessment</b>	<b>Drugs</b>
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**Reports**

Screen ID: RS-S-010  
 Trans ID: VE10  
 Program ID: RST050VA

**VIRGINIA MEDICAID  
CASE DATA - INQUIRY**

Date: 01/05/2014  
 Time: 15:22

Case ID: 250-461349-109	ADAPT ID:	VaCMS ID:	Comments: Y
Last Name: TEST	First Name: CASE	Middle Initial:	Suffix:
Address: 555 TEST CASE WAY			
City: TEST	State: VA	Zip Code: 55555	
Case SSN: 999 01 0150			
Caseworker: M000	Case FIPS: 250	FIPS End Rsn:	FIPS Date: 01 05 2014
Review Date: 10 01 2014	Follow-Up Code:	Follow-Up Date:	

View Previous FIPS       View Previous Zip Codes

Attach Member ID to Case Enter ID:      Relationship:

**Case Members and Relationship to Case Head:**

Select	Member	Relationship	A/P	Select	Member	Relationship	A/P
<input type="radio"/>	250-461348-111	00		<input type="radio"/>	250-461367-115	02	

[Scroll Up](#)    [Scroll Down](#)

**DATA DISPLAYED.**

<a href="#">Enter</a>	<a href="#">Update</a>	<a href="#">Member</a>	<a href="#">Eligibility</a>	<a href="#">TDO</a>	<a href="#">Financial</a>	<a href="#">Comments</a>	<a href="#">TPL Sum</a>	<a href="#">Case Sum</a>	<a href="#">Sub Menu</a>	<a href="#">Main Menu</a>
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### Inquiry by Member ID Number

- From the Enrollment Menu select Member and Inquiry. Next, enter the Member ID number in Member ID field and press Enter. The Member Demographics Screen will display the demographic data for the member.

Screen ID: RS-S-018  
 Trans ID: VE18  
 Program ID: RST010VA

**VIRGINIA MEDICAID**  
**MEMBER DEMOGRAPHICS - INQUIRY**

Date: 01/05/2014  
 Time: 15:23

Member ID: 250-461348-111	Last Name: CHANGES	First Name: MMIS SCREEN	MI:	Suffix:
Case ID: 250-461349-109	VaCMS ID:	Caseworker: M000	Case FIPS: 250	Comments: Y
Aid Category: 051	Benefit Plan: MEDICAID FFS	More BP: N	Exception Indicator:	Absent Parent: N
HIPP:	HIPP Status:	TPL: N		

Relationship to Case Head: 00  
 Gender: M DOB: 01 01 1950  
 SSN: 999 01 0150  
 Marital Status: S Primary Language: 1  
 Cit Status: C  
 Cit Level: 1A Identity: V9  
 Cit / ID Date:  
 SSA Cit Ind: Country: US  
 Entry Date:  
 Same as Case Address Y  
 Same as Case FIPS: Y  
 Mem FIPS: 250 EDD:  
 Mother ID: Vet/Dep Ind: NRF:  
 Phone: Disability Code:  
 Disability Onset Date: Special Ind: DOD:  
 Race: 1  
 Ethnicity:  
 Incr Type: Incr Begin Date: Incr End Date: Incr Status:

Member Address: 555 TEST CASE WAY  
 City: TEST State: VA Zip Code: 55555

Suppress ID Card: N	Card Date	Reissue Reason	Sequence #	Request #: 0

View Member FIPS  
  View Previous Names  
  View Previous Address  
  View Aliases  
  View Health Conditions

Pend Claims:      Begin Date:      End Date:      Pend Source:

**SELECT AN OPTION AND CHOOSE ENTER.**

Enter	Update	MC Assign	Eligibility	TDO	Financial	Comments	Case	TPL Sum	ID X-Ref	Sub Menu	Main Menu
ID/CID	Dup Mem	BENDEX	MICC	Absent Parent	VALTC Sum	Cost Eval	Case Sum	Incarceration			

### Inquiry by Member Name

An inquiry by name can be performed from the Enrollment Menu by the member's last name, first and last names, or by entering a partial name (at least the first three letters of the first and last name followed by %).

- Input member name
- Select Enter after member data is input
- All matches for the criteria entered is displayed. Select the radio button beside the correct member.
- Select the button for the screen to be viewed for that member.

https://www.test-dmas-portal.com/awps/myportal/HatsEMMIS/!ut/p/c5/fU9LDolwFDwLJ3gPKIKWRYy105oUFb - Windows Internet Explorer pro

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/fU9LDolwFDwLJ3gPKIKWRYy105oUFbohNRoCEX8650zpbhWJTPLyfxAw6TOJHvHrrvzANy0MSueJFq3TbgluFU-CaY1eshx0odix\_AcM4d1lwg:0WpGvrcv4z8Z1d1t1tkc-MHw

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs
<b>Reports</b>													

Screen ID: RS-S-019  
Trans ID: VE19  
Program ID: RST013VA

**VIRGINIA MEDICAID**  
**SEARCH RESULTS: SELECT THE MEMBER**

Date: 01/05/2014  
Time: 15:24  
Page: 001 of 001

<input checked="" type="radio"/>	Member ID: 250-461348-111 ADAPT/VACIS ID: Last Name: CHANGES DOB: 01/01/1950 VaCMS Member ID:	Cancel Date: 00/00/0000 Case: 250-461349-109 First Name: MMIS SCREEN SSN: 999-01-0150	Reason: 000 FIPS: 250 MI: SEX: M	HIPP: Worker: M000 Suffix: Phone:
<input type="radio"/>	Member ID: ADAPT/VACIS ID: Last Name: DOB: VaCMS Member ID:	Cancel Date: Case: First Name: SSN:	Reason: FIPS: MI: SEX:	HIPP: Worker: Suffix: Phone:
<input type="radio"/>	Member ID: ADAPT/VACIS ID: Last Name: DOB: VaCMS Member ID:	Cancel Date: Case: First Name: SSN:	Reason: FIPS: MI: SEX:	HIPP: Worker: Suffix: Phone:

[Scroll Up](#) [Scroll Down](#)

**NEW SEARCH**

SSN:

ADAPT/VACIS ID:

Last Name:

DOB:

HIPP:

First Name:

Phone:

VaCMS Member ID:

MI:

SEX:

Suffix:

**END OF ENROLLEE DETAILS.**

Enter	Member	Eligibility	TDO	Financial	Case	TPL Sum	ID X-Ref	Sub Menu	Main Menu
-------	--------	-------------	-----	-----------	------	---------	----------	----------	-----------

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## Add Function

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### Adding a New Case and a New Member

- From the Enrollment Menu select Case and Member and Add
- Next, key in the following fields and select Enter
  - First 11 digits of the Case ID\*
  - First 11 digits of the Member ID\*
  - SSN\*
  - VACIS/ADAPT ID
  - Last Name\*
  - Suffix
  - First Name\*
  - Middle Initial
  - DOB\*
  - Gender\*
  - Telephone Number
  - HIPP

**\*These are mandatory fields and data must be input when using this function.**

- The Case Data Screen will display. Key in the member's data in the following fields:
  - ADAPT ID
  - Last Name\*
  - First Name\*
  - Middle Initial
  - Suffix
  - Address\*\*
  - City\*
  - State\*
  - Zip Code\*
  - Case SSN\*
  - Caseworker\*
  - Case FIPS\*
  - Review Date\*
  - Follow-Up Code
  - Follow-Up Date

**\*These are mandatory fields and are required to add case data.**

**\*\*If the member's mailing address is out of state the member's mailing address should be entered here.**

- Next, select Enter, verify the data is correct, and then select Member.

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https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c/5/fU9JCoNAEHyLL-h2H4-jBnVwzKJxu4jBIBobSRD09THkFosOha1QQ4bh3JuevLWJEPZQq5VoQ5rZ1LUURH3g59UJWNgB0kdHHTM63AP6C45zYQEKhrKckWTHxSpf5qzVg7hcel5u5

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs
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Reports

Screen ID: RS-S-010  
Trans ID: VECO  
Program ID: RST050VA

**VIRGINIA MEDICAID  
CASE DATA - ADD**

Date: 01/05/2014  
Time: 11:39

Case ID: 250-461349-109      ADAPT ID:       VaCMS ID:       Comments:

Last Name: TEST      First Name: CASE      Middle Initial:       Suffix:

Address: 555 TEST CASE WAY

City: TEST      State: VA      Zip Code: 55555

Case SSN: 999010150

Caseworker: M000      Case FIPS: 250      FIPS End Rsn:       FIPS Date:

Review Date: 10012014      Follow-Up Code:       Follow-Up Date:

[View Previous FIPS](#)      [View Previous Zip Codes](#)

Attach Member ID to Case Enter ID: 250 461348 111      Relationship:

**Case Members and Relationship to Case Head:**

Select	Member	Relationship	A/P	Select	Member	Relationship	A/P
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			

[Scroll Up](#)      [Scroll Down](#)

CHOOSE DEMOGRAPHICS TO CONTINUE.

Enter	Update	Member	Eligibility	TDO	Financial	Comments	TPL Sum	Case Sum	Sub Menu	Main Menu
-------	--------	--------	-------------	-----	-----------	----------	---------	----------	----------	-----------

- On the Member Demographics screen input the member data. Mandatory fields on this screen are:
  - Relationship to Case Head
  - Race
  - Marital Status
  - Primary Language
  - Cit Status
  - Cit Level
  - Identity
  - Country
  - Same as Case Address\*
  - Same as Case FIPS\*

\*If the member address is the same as the Case Address and/or the Case FIPS a “Y” for “Yes” should be entered. If either address is different a “N” for “No” should be entered and the appropriate additional data (Mem FIPS and/or Member Address) should be entered on this screen. **If the member’s mailing address is out of state, the member’s mailing address should be entered on this screen.**

- After all data has been input select Enter to validate information and then select Eligibility.

- In the Eligibility Data screen enter the member's aid category, application date, and begin date. If a closed period of coverage is being entered an end date should be input.
- Select Enter to view the Member Benefits screen and validate eligibility information.
- Select Update to save data. "Data Added" will appear at bottom of screen after successful update.





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### Add a New Member to an Existing Case

- From the Enrollment Menu select Member and Add.
- Enter the case number, the first 11 digits of the member ID number, and required member information.
- Select Enter.
- On the Member Demographics screen input the member data. Mandatory fields on this screen are:
  - Relationship to Case Head
  - Race
  - Marital Status
  - Primary Language
  - Cit Status
  - Cit Level
  - Identity
  - Country
  - Same as Case Address\*
  - Same as Case FIPS\*

\*If the member address is the same as the Case Address and/or the Case FIPS a "Y" for "Yes" should be entered. If either address is different a "N" for "No" should be entered and the appropriate additional data (Mem FIPS and/or Member Address) should be entered on this screen. **If the member's mailing address is out of state the member's mailing address should be entered on this screen.**

- After all data has been input select Enter to validate information and then select Eligibility.

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/RU9HDoJQFDwL3iP\_ILSDCXwVUDaho - Windows Internet Explorer pro

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/ut/p/c5/RU9HDoJQFDwL3iP\_ILSDCXwVUDahoAaAqEIEAycXowLVzknEyDDHb2xvJXcVwPfdFCAprmJByxyhu4LrMkTgnYg9pLThxauOuplOMfqHkVhBISFDlg4aM3jon7qYyYbNdy8sNs-4c75f

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs	Reports
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Screen ID: RS-S-018  
Trans ID: VEC8  
Program ID: RST010VA

**VIRGINIA MEDICAID**  
**MEMBER DEMOGRAPHICS - ADD**

Date: 01/05/2014  
Time: 11:56

Member ID: 250-461348-129  
Case ID: 250-046134-202

Last Name: NEW  
First Name: MEMBER  
MI:   
Suffix:   
VaCMS ID:   
Caseworker: M000  
Case FIPs: 250  
Comments:   
ADAPT ID:   
Benefit Plan:   
More BP:   
Exception Indicator:   
Absent Parent:   
HIP:   
HIP Status:   
TPL:   
CMM Restriction Period:   
CMM Restriction Status:   
Relationship to Case Head: 01  
Gender: F  
DOB: 01 01 1940  
SSN: 999 01 0140  
Marital Status: M  
Primary Language: 1  
Cit Status: C  
Cit Level: 1A  
Identity: V9  
Cit / ID Date:   
SSA Cit Ind:   
Country: US  
Entry Date:   
Same as Case Address: Y  
Same as Case FIPs: Y  
Mem FIPs:   
EDD:   
Mother ID:   
Vet/Dep Ind:   
NRF:   
Phone:   
Disability Code:   
Disability Onset Date:   
Special Ind:   
DOD:   
Race:   
Ethnicity:   
Incr Type:   
Incr Begin Date:   
Incr End Date:   
Incr Status:   
Member Address:   
City:   
State:   
Zip Code:   
Suppress ID Card: N

Card Date	Reissue Reason	Sequence #	Request #:

View Member FIPs  
View Previous Names  
View Previous Address  
View Aliases  
View Health Conditions

Pend Claims:   
Begin Date:   
End Date:   
Pend Source:   
**KEY DATA AND CHOOSE ENTER.**

Enter	Update	MC Assign	Eligibility	TDO	Financial	Comments	Case	TPL Sum	ID X-Ref	Sub Menu	Main Menu
ID/CID	Dup Mem	BENDEX	MICC	Absent Parent	VALTC Sum	Cost Eval	Case Sum	Incarceration			



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### **Entering Members with Out of State Mailing Addresses**

Managed care pre-assignment and assignment letters are mailed to the address located on the Case Data screen. This is unlike other mail that is driven to the address located on the Member Demographic screen. As a result, members who have out of state mailing addresses must have address data input into the MMIS in a specific way to prevent DMAS cancellation of the member's eligibility. Members who reside in the state of Virginia, but have mailing addresses that are in another state should have addresses entered into the MMIS as follows:

- Member mailing address (out of state) is entered on the Case Data screen
- On the Member Demographic screen enter "Y" for Yes in the "Same as Case Address" field. This will populate the out of state mailing address on the Member Demographic screen.
- The member's physical address (where the member resides in the state of Virginia) should be entered in the Comments section of the Member Comments screen. This is done by selecting the Comments button on the Case Data screen while in Update mode. The member's physical address showing that the residence is in the state of Virginia must be noted on the Member Comments screen or DMAS will close the member's eligibility with temporary cancel reason 012 as it will appear the member does not live in the state.

**The following three screen shots show an example of a member whose mailing address is in West Virginia, however, the member's physical address is in the state of Virginia.**

<https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/!U85DoJQFDyLJ3gPEPIUbGERvsrObw> - Windows Internet Explorer pro  
[https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/!U85DoJQFDyLJ3gPEPIUbGERvsrObwgGJRq2gKdG9GsrG5mmMwGD0Z25F5sy\\_HZd2UDIGTCpCdnkDT04cpZACDqKcJUNxm0cdNzqCA\\_UHHP5GKkOGxCP98Jcx81Z9l7rdfGjcd](https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/!U85DoJQFDyLJ3gPEPIUbGERvsrObwgGJRq2gKdG9GsrG5mmMwGD0Z25F5sy_HZd2UDIGTCpCdnkDT04cpZACDqKcJUNxm0cdNzqCA_UHHP5GKkOGxCP98Jcx81Z9l7rdfGjcd)


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MMIS

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[Member](#) | [Provider](#) | [Reference](#) | [Claims](#) | [Financial](#) | [Service Auth](#) | [Automated Mailing](#) | [SURS](#) | [MARS](#) | [EPSDT](#) | [MICC](#) | [TPL](#) | [Assessment](#) | [Drugs](#)

Reports

Screen ID: RS-S-010  
 Trans ID: VE10  
 Program ID: RST050VA

**VIRGINIA MEDICAID**  
**CASE DATA - INQUIRY**

Date: 01/05/2014  
Time: 13:59

Case ID: 250-046134-202  
 Last Name: MMIS  
 Address: 555 STATE LINE ROAD  
 City: COUNTY  
 Case SSN: 999 01 0150  
 Caseworker: M000  
 Review Date: 10 31 2014

ADAPT ID:  
 First Name: NEW CASE  
 State: WV

VaCMS ID:  
 Middle Initial:  
 Zip Code: 55555

Comments: Y  
 Suffix:

Case FIPS: 250  
 Follow-Up Code:  
 FIPS End Rsn:  
 Follow-Up Date:

FIPS Date: 01 05 2014

View Previous FIPS     View Previous Zip Codes

Attach Member ID to Case Enter ID:                      Relationship:

**Case Members and Relationship to Case Head:**

Select	Member	Relationship	A/P	Select	Member	Relationship	A/P
<input type="radio"/>	250-461348-111	00		<input type="radio"/>	250-461348-129	01	

[Scroll Up](#)    [Scroll Down](#)

DATA DISPLAYED.

[Enter](#) | [Update](#) | [Member](#) | [Eligibility](#) | [TDO](#) | [Financial](#) | [Comments](#) | [TPL Sum](#) | [Case Sum](#) | [Sub Menu](#) | [Main Menu](#)

The member's out of state mailing address is now placed on the Case Data screen. Managed care pre-assignment and assignment letters are mailed to this address.

<b>MMIS User's Guide for DSS</b>	<b>C-20</b>
<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/RU\_JCoJQFP0WPYDudX5vaSo06KucdS - Windows Internet Explorer pro

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**MMIS**

Screen ID: RS-S-018  
Trans ID: VE18  
Program ID: RST010VA

**VIRGINIA MEDICAID**  
**MEMBER DEMOGRAPHICS - INQUIRY**

Date: 01/05/2014  
Time: 14:01

Member ID: 250-461348-111  
Case ID: 250-046134-202  
Aid Category: 051  
CMM Restriction Period:

Last Name: CHANGES  
First Name: MMIS SCREEN  
MI: M000  
Case FIPS: 250  
Comments: Y

ADAPT ID:  
Benefit Plan: MEDICAID FFS  
More BP: N  
Exception Indicator:  
CMM Restriction Status:

Gender: M  
DOB: 01 01 1950  
Cit Level: 1A  
Identity: V9  
SSN: 999 01 0150  
Cit / ID Date:  
Mem FIPS: 250  
EDD:

Relationship to Case Head: 00  
Cit Status: C  
Same as Case Address: Y  
Phone:  
Race: 1  
Incr Type:

SSA Cit Ind:  
Country: US  
Vet/Dep Ind:  
Mother ID:  
Special Ind:  
Disability Onset Date:  
Ethnicity:  
Incr Status:

Member Address: 555 STATE LINE ROAD  
City: COUNTY  
State: WV  
Zip Code: 55555

Suppress ID Card: N	Card Date	Reissue Reason	Sequence #	Request #: 0

View Member FIPS  
 View Previous Names  
 View Previous Address  
 View Aliases  
 View Health Conditions

Pend Claims:      Begin Date:      End Date:      Pend Source:

**SELECT AN OPTION AND CHOOSE ENTER.**

Enter	Update	MC Assign	Eligibility	TDO	Financial	Comments	Case	TPL Sum	ID X-Ref	Sub Menu	Main Menu
ID/CID	Dup Mem	BENDEX	MICC	Absent Parent	VALTC Sum	Cost Eval	Case Sum	Incarceration			

Select "Y" for Yes for "Same as Case Address" data field to allow the member's mailing address to also populate on the Member Demographic screen.

<b>MMIS User's Guide for DSS</b>	<b>C-21</b>
<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

<https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/fU9LDohwFDwLJ3hPK7YsixhqA1VpVe> - Windows Internet Explorer pro  
<https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/fU9LDohwFDwLJ3hPK7YsixhqA1VpVe/qz/Ff8ExdNGvWL1IT9otN>

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**MMIS**

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs
<b>Reports</b>													

**VIRGINIA MEDICAID**  
**MEMBER COMMENTS - INQUIRY**

Screen ID: RS-S-023 Date: 01/05/2014  
 Trans ID: VE23 Time: 14:09  
 Program ID: RST023VA

Member ID: 250-461348-111	Name: CHANGES MMIS SCREEN	Case FIPS: 250
Case ID: 250-046134-202	Caseworker: M000	

Authorized Representative: Eff Date:

Address 1:

Address 2:

City: State:

Phone: Zip Code:

User ID: E6GEGQ Change Date: 01/05/2014

Comments: 10/22/2013: MEMBER RESIDES AT 555 STATE LINE ROAD COUNTY, VA 55555

DATA DISPLAYED.

[Enter](#) | [Update](#) | [Return](#) | [Sub Menu](#) | [Main Menu](#)

The member's residential or physical address is placed in the comments section of the Member Comment screen. This will notify DMAS that the member does reside in the VA and prevent the case from being closed out by DMAS staff.

<b>MMIS User's Guide for DSS</b>	<b>C-22</b>
<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

### Attach an Existing Enrollee to an Existing Case

- From the Enrollment Menu select Case and Update
- Enter the Case ID
- Select Enter.

- In the Case Data screen enter the member ID number in the Attach Member ID to Case field
- Input the member's relationship code in the Relationship field
- Select Enter to validate information
- Select Update to save



<https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/U9LDotwFDyLJ3gPK1CWBYy1ofVT5L> - Windows Internet Explorer pro  
[https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/U9LDotwFDyLJ3gPK1CWBYy1ofVT5LchGA2BILgwGdm9GBeu7MxyM80YGZfJU1dP2qhrzrIoHbKbeEYD14ra0Moxa22afEeokCz2135vwDhia3hSPChqtSt\\_QuY48smoLxbqfDS8](https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/U9LDotwFDyLJ3gPK1CWBYy1ofVT5LchGA2BILgwGdm9GBeu7MxyM80YGZfJU1dP2qhrzrIoHbKbeEYD14ra0Moxa22afEeokCz2135vwDhia3hSPChqtSt_QuY48smoLxbqfDS8)



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**MMIS**

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<b>Member</b>	<b>Provider</b>	<b>Reference</b>	<b>Claims</b>	<b>Financial</b>	<b>Service Auth</b>	<b>Automated Mailing</b>	<b>SURS</b>	<b>MARS</b>	<b>EPSDT</b>	<b>MICC</b>	<b>TPL</b>	<b>Assessment</b>	<b>Drugs</b>
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**Reports**

Screen ID: RS-S-010  
 Trans ID: VEU0  
 Program ID: RST050VA

**VIRGINIA MEDICAID  
CASE DATA - UPDATE**

Date: 01/05/2014  
Time: 14:23

Case ID: 250-461349-109      ADAPT ID:       VaCMS ID:       Comments: Y

Last Name: TEST      First Name: CASE      Middle Initial:       Suffix:

Address: 555 TEST CASE WAY

City: TEST      State: VA      Zip Code: 55555

Case SSN: 999010150

Caseworker: M000      Case FIPS: 250      FIPS End Rsn:       FIPS Date: 01 05 2014

Review Date: 10012014      Follow-Up Code:       Follow-Up Date:

View Previous FIPS       View Previous Zip Codes

Attach Member ID to Case Enter ID:       Relationship:

**Case Members and Relationship to Case Head:**

Select	Member	Relationship	A/P	Select	Member	Relationship	A/P
<input type="radio"/>	250-461348-111	00					

[Scroll Up](#)      [Scroll Down](#)

**DATA UPDATED.**

<a href="#">Enter</a>	<a href="#">Update</a>	<a href="#">Member</a>	<a href="#">Eligibility</a>	<a href="#">TDO</a>	<a href="#">Financial</a>	<a href="#">Comments</a>	<a href="#">TPL Sum</a>	<a href="#">Case Sum</a>	<a href="#">Sub Menu</a>	<a href="#">Main Menu</a>
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<b>MMIS User's Guide for DSS</b>	<b>C-25</b>
<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

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## **Update Function**

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### **Changing Case Data**

- From the Enrollment Menu select Case and Update
- Enter the Case ID number
- Select Enter
- In the Case Data screen input any case changes such as the case name, address\*, worker number, or review date
- Select Enter to validate
- Select Update to save

**\*See page C-18 for entering members with out of state mailing addresses.**

<b>MMIS User's Guide for DSS</b>	<b>C-26</b>
<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

### Changing Member Data

- From the Enrollment Menu select Member and Update
- Input the member ID number
- Select Enter
- In the Member Demographics screen input new member information\*
- Select Enter to validate changes
- Select Update to save.

**NOTE: Never overlay a member's information with another member's information in this screen. If a change is being made on permanent member information such as DOB or SSN an explanation should be placed in the Comment screen for reference.**

\*See page C-18 for entering members with out of state mailing addresses.

The screenshot displays the 'VIRGINIA MEDICAID MEMBER DEMOGRAPHICS - UPDATE' form. Key fields include:

- Member ID:** 250-461348-111
- Last Name:** CHANGES
- First Name:** MMIS SCREEN
- SSN:** 999010150
- Address:** 555 TEST CASE WAY, TEST, VA, 55555
- Case FIPS:** 250
- Benefit Plan:** MEDICAID FFS
- Relationship to Case Head:** 00
- Gender:** M
- DOB:** 01011950
- Marital Status:** S
- Primary Language:** 1
- City:** TEST
- State:** VA
- Zip Code:** 55555

Navigation buttons at the bottom include: Enter, Update, MC Assign, Eligibility, TDO, Financial, Comments, Case, TPL Sum, ID X-Ref, Sub Menu, Main Menu, and ID/CID. A 'KEY DATA AND CHOOSE ENTER.' message is visible at the bottom left.

<b>MMIS User's Guide for DSS</b>	<b>C-27</b>
<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

### **Changing Member Aid Category Code**

Aid Categories are used to determine:

- What services are covered by Medicaid for the member,
- To determine managed care organization (MCO) assignment and capitation payment amounts, and
- To categorize types of enrollments for reporting

Aid categories are not changed retroactively unless there is an increase in the member's benefit level or when moving between long-term care and auxiliary grant aid categories. Decreases or termination of a member's benefit level are never changed retroactively – only prospectively. Changes in aid categories that do not affect the member's benefit level are only made prospectively.

If the aid category is changing but the benefit level is staying the same or if the aid category is changing and the benefit level is decreasing the existing coverage should be cancelled at the end of the month or the following month if change is being made after cut-off. The new aid category should then be entered beginning the first of the month following the closure.

Changes in aid categories that increase a member's benefit level are made by using the Retro Cancel Reinstatement function or, for closed spenddown eligibility segments, sending a Coverage Correction Request Form to the DMAS Eligibility and Enrollment Unit. (See Chapter A for contact information or the SPARK Page for forms.)

<b>MMIS User's Guide for DSS</b>	<b>C-28</b>
<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

## Cancel Function

### Cancelling Eligibility

- From the Enrollment Menu select Member and Cancel
- Input the member ID number
- Select Enter

Screen ID: RS-S-001  
Trans ID: VE01  
Program ID: RST005VA

Date: 01/05/2014  
Time: 14:26

**VIRGINIA MEDICAID  
ENROLLMENT MENU**

Select Enrollment Type :  Case  
 **Member**  
 Case and Member  
 (ADD FUNCTION ONLY)

Select Function :  Add  
 Update  
 Inquiry  
 **Cancel**  
 Retro Cancel Reinstate  
 Void  
 CID Request  
 Re-set ID Card  
 ID Card Request

Re-Issue Reason:

Case ID:   
 Member ID:   
 SSN:   
 VACIS/ADAPT ID:   
 Last Name:   
 First Name:   
 DOB:   
 Telephone Number:

VaCMS Member ID:   
 Suffix:   
 Middle Initial:   
 Gender:   
 HIPP:

New TDO Enrollee?  Yes  No

ENTER SELECTION AND FUNCTION.

Enter Clear Form Member Eligibility TDO Financial Case TPL Sum ID X-Ref Override Sub Menu Main Menu  
Dup Mem

- In the Eligibility Data screen input the Cancel Reason code (see Help for valid values) and the cancel date
- Select Enter to validate
- Select Update to save; “Data Added” will appear at bottom of screen after successful update.

Two cancel reason codes of importance:

- Cancel Reason 070: Allows the LDSS to void coverage that was added in error on the same day.

- Cancel Reason 071: Allows the LDSS to void future coverage that has a begin date more than four days in the future.

The screenshot displays the Virginia Medicaid MMIS portal interface. At the top, there is a navigation bar with the Virginia Medicaid logo and links for UAT1, Home, Contact Us, and Help. Below this is a menu bar with various report categories: Member, Provider, Reference, Claims, Financial, Service Auth, Automated Mailing, SURS, MARS, EPSDT, MICC, TPL, Assessments, and Drugs. The main content area is titled "VIRGINIA MEDICAID ELIGIBILITY DATA - CANCEL" and includes the following information:

- Screen ID: RS-S-015, Trans ID: VEX5, Program ID: RST016VA
- Member ID: 250-111223-315, Name: ENROLLMENT ENROLLEE, Case ID: 250-111223-340, Caseworker: M000, Case FIPS: 250
- Consent Date: NO CONSENT, Income less than or = 100% FPL: Y, HIPP: (blank), FPL Begin Date: 02 2012, HIPP Status: (blank)
- Comments: N

A table displays the eligibility data with the following columns: Select, Aid Category, Application Date, Begin Date, End Date, Cancel Reason, Cancel Date, Extension Reason, Reinstatement Reason, and Status. The table contains one row of data:

Select	Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Extension Reason	Reinstatement Reason	Status
	080	02 01 2012	02 01 2012	12 31 9999	042	02292012	000	000	A

Below the table, there are "Scroll Up" and "Scroll Down" buttons. A red message "DATA DISPLAYED." is visible. At the bottom of the page, there is a navigation bar with buttons for Enter, Update, Refresh, Member, TDO, Financial, Case, TPL Sum, Comments, Sub Menu, and Main Menu. The status bar at the very bottom shows "Done" and "Internet" with a 100% zoom level.



<b>MMIS User's Guide for DSS</b>	<b>C-31</b>
<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

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### **Retro Cancel Reinstatement Function**

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The Retro Cancel Reinstatement function allows for the retroactive entry of a new aid category with greater ongoing benefit coverage (Reason 024) or for the entry of a change from auxiliary grant to long-term care (or vice versa) aid categories (Reason 032). The retroactive cancellation date cannot be more than one year in the past. Changes greater than one year in the past require entry by DMAS staff. Send a Coverage Correction form to the DMAS Eligibility and Enrollment Unit at [Enrollment@dmavirginia.gov](mailto:Enrollment@dmavirginia.gov).

The Retro Cancel Reinstatement function should never be used for entry of closed periods of coverage as this function does not allow for entry of an end date. For closed spenddown eligibility segments, send a Coverage Correction Request Form to the DMAS Eligibility and Enrollment Unit. (See Chapter A for contact information or the SPARK Page for forms.)

Using Retro Cancel Reinstatement Reason Code 024

- From the Enrollment Menu select Member and Retro Cancel Reinstatement
- Input the Member ID number
- Select Enter
- Select the line of eligibility that is being replaced by clicking in the radio button to the left of the eligibility segment
- Enter cancel reason code 024
- On the top line enter the new covered group information
- Select Enter to validate data
- Select Update to save



[https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/tut/p/c5/dY7JDoIwFEU\\_6T3G1mUZQIFSDUWGbg](https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/tut/p/c5/dY7JDoIwFEU_6T3G1mUZQIFSDUWGbg) - Microsoft Internet Explorer p  
[https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/tut/p/c5/dY7JDoIwFEU\\_6T3G1mUZQIFSDUWGbgGQ0CnR1KRxd9rxmf84FBTtybZVbTTWPdQgLIrqaHuuYmpBQalGEL0J115EJFQgWcmOzvF7KY6bu6bdJIF4T](https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/tut/p/c5/dY7JDoIwFEU_6T3G1mUZQIFSDUWGbgGQ0CnR1KRxd9rxmf84FBTtybZVbTTWPdQgLIrqaHuuYmpBQalGEL0J115EJFQgWcmOzvF7KY6bu6bdJIF4T)

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**MMIS**

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<b>Member</b>	<b>Provider</b>	<b>Reference</b>	<b>Claims</b>	<b>Financial</b>	<b>Service Auth</b>	<b>Automated Mailing</b>	<b>SURS</b>	<b>MARS</b>	<b>EPSDT</b>	<b>MICC</b>	<b>TPL</b>	<b>Assessments</b>	<b>Drugs</b>
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**Reports**

Screen ID: RS-S-011  
 Trans ID: VEU1  
 Program ID: RST011VA

**VIRGINIA MEDICAID**  
**MEMBER BENEFITS - CAN/REI**

Date: 02/15/2012  
Time: 14:47

Member ID: 250-111223-111  
 Name : ENROLLMENT HUSBAND  
 Case ID : 250-111223-340  
 Caseworker : M000  
 Case FIPS: 250

Comments: N  
Income Less Than Or = 100% FPL: Y  
FPL % ST Begin Date: 02 2012

Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Status	Extension Reason	Reinstate Reason
081	02/01/2012	02/01/2012	12/31/9999	000		A		003

Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-01-3002		PLAN FIRST	0000000000	02/01/2012	02 01 2012	DF	097	A	02/09/2012
01-01-0100		MEDICAID FF	0000000000	02/01/2012	02 01 2012	DF	097	A	02/09/2012
01-01-0100		MEDICAID FF	0000000000	02/01/2012	12 31 9999		000	A	02/15/2012
01-01-0300		MED PREMIUM	0000000000	02/01/2012	12 31 9999		000	A	02/15/2012
01-01-0400		MED CO & DE	0000000000	02/01/2012	12 31 9999		000	A	02/15/2012

[Scroll Up](#) | [Scroll Down](#)

**CHOOSE UPDATE TO ADD/UPDATE DATA.**

<a href="#">Enter</a>	<a href="#">Update</a>	<a href="#">Prov Loc</a>	<a href="#">Comments</a>	<a href="#">VALTC Sum</a>	<a href="#">Return</a>	<a href="#">Sub Menu</a>	<a href="#">Main Menu</a>
-----------------------	------------------------	--------------------------	--------------------------	---------------------------	------------------------	--------------------------	---------------------------

Done

Internet 100%

### Using Retro Cancel Reinstatement Reason Code 032

- From the Enrollment Menu select Member and Retro Cancel Reinstatement
- Input the Member ID number
- Select Enter
- Select the line of eligibility that is being replaced by clicking in the radio button to the left of the eligibility segment
- Enter cancel reason code 032
- On the top line enter the new AG or LTC benefit information
- Select Enter to validate data
- Select Update to save

Screen ID: RS-S-015  
 Trans ID: VEU5  
 Program ID: RST016VA

**VIRGINIA MEDICAID**  
 ELIGIBILITY DATA - CAN/RE

Date: 02/15/2012  
 Time: 14:58

Member ID: 250-111223-111  
 Name: ENROLLMENT HUSBAND  
 Case ID: 250-111223-340  
 Caseworker: M000  
 Case FIPS: 250

Consent Date: NO CONSENT  
 Income less than or = 100% FPL: Y  
 HIPP:

Comments: N  
 FPL Begin Date: 02 2012  
 HIPP Status:

Select	Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Extension Reason	Reinstatement Reason	Status
<input type="radio"/>	060	02152012	03012012					003	
<input checked="" type="radio"/>	052	02 15 2012	03 01 2012	12 31 9999	032		000	003	A
<input type="radio"/>	080	02 01 2012	02 01 2012	12 31 9999	042	02 29 2012	000	000	C

DATA DISPLAYED.

Buttons: Enter, Update, Refresh, Member, TDO, Financial, Case, TPL Sum, Comments, Sub Menu, Main Menu, Cost Eval, Case Sum

The Member Benefits screen will now reflect the new aid category.

Screen ID: RS-S-011  
 Trans ID: VEU1  
 Program ID: RST011VA

**VIRGINIA MEDICAID**  
**MEMBER BENEFITS - CANIREI**

Date: 02/15/2012  
 Time: 15:15

Member ID: 250-111223-111  
 Name: ENROLLMENT HUSBAND  
 Case ID: 250-111223-340  
 Caseworker: M000 Case FIPS: 250

Comments: N  
 Income Less Than Or = 100% FPL: Y  
 FPL % ST Begin Date: 03 2012

Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Status	Extension Reason	Reinstate Reason
060	02/15/2012	03/01/2012	12/31/9999	000		A		003

Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-01-0100		MEDICAID FF	0000000000	03/01/2012	12 31 9999	DF	000	A	02/15/2012
01-01-0300		MED PREMIUM	0000000000	03/01/2012	12 31 9999	00	000	A	02/15/2012
01-01-0400		MED CO & DE	0000000000	03/01/2012	12 31 9999	00	000	A	02/15/2012

DATA UPDATED.

Enter Update Prov Loc Comments VALTC Sum Return Sub Menu Main Menu

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<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

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### **Case Numbering**

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For new applications or when a member becomes eligible for Supplemental Security Income (SSI), the member is placed in the same case with other family members.

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### **Member Numbering**

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Once a member is assigned a member ID number, that number remains with that member even when it is necessary to change the case number under which the member was initially enrolled. The number that is assigned to the member is used for all subsequent enrollments regardless of the leading digits, program, or aid category the member was previously assigned to. This includes State and Local Hospitalization (SLS), Temporary Detention Orders (TDO), and special screening aid categories (those that begin with a prefix of "975").

**The only exception to this rule is in the event a foster care child is adopted AND assigned a new SSN.** When an adopted child receives a new SSN the existing enrollment should be closed and a new member ID number should be assigned for the child in the adoptive parent's case. If the child does not receive a new SSN and the adoptive parent has a Medicaid case, the same member ID should continue to be used, attach the existing number to the new adoptive parent's case number.

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### **Duplicate Member Process**

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Prior to enrolling a member into the MMIS, system searches should be performed to ensure the duplicate is not already enrolled. Searches should be performed by Social Security Number and by member name.

Assigning duplicate member ID numbers results in issues with the member's enrollment and benefits. Service limits are linked to the member's ID number, therefore, assigning a new number to a member starts a new service history. Duplicate ID numbers can cause complications with managed care services as well as client medical management. Duplicate member numbers may result in duplicate capitation payments to the provider.

In the event the LDSS discovers that a member has been assigned two member ID numbers, the LDSS should determine which member ID is the member's permanent ID and which number should be the associate ID. A MMIS Duplicate Member ID Link Request Form should be completed and submitted to the Eligibility and Enrollment Unit at DMAS to [Enrollment@dmass.virginia.gov](mailto:Enrollment@dmass.virginia.gov). The member ID numbers will be linked together in order to have a complete record of the member's eligibility.

### **Duplicate Review Requests**

If a "Possible Duplicate" is identified and the LDSS does not believe the duplicate is the same person that is being added or changed, a Duplicate Member Review should be requested by taking the following steps:

#### **When Duplicate is Identified in ADAPT**

- Log in to the MMIS
- Enter the Member ID number
- Select Dup Mem
- In the Duplicate Member Review screen enter "Y" in the Req Review field
- Select Enter
- Select Update to save the request

#### **When Duplicate is Identified in MMIS**

- Select Dup Mem from the Enrollment Menu or the Demographics screen to view the possible duplicates
- If the possible duplicate is not the same member that is being added or changed request a review by entering "Y" in the Req Review field
- Select Enter
- Select Update to save the request

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<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

DMAS will then review the request to determine if a duplicate member exists. DMAS will take one of the following actions on the request:

- “A” – Approve the review; indicating the two members are not duplicates
- “D” – Deny the review; member is a duplicate to an existing member.
- Link the member ID number if it is in an update/change transaction and the possible duplicate is the same person.

Note: DMAS will never approve a duplicate on the same SSN. In the event the two members have the same SSN the LDSS will need to run a SOLQ search to determine which SSN is correct. If the “possible duplicate” member’s SSN is incorrect and the eligibility status is still ongoing, contact the LDSS for that member to correct the SSN.

For additional information regarding duplicate members in the MMIS please refer to Broadcast 6645.

### **Reporting FPL Status**

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The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 established a prescription drug benefit, Part D. As a result of this legislation, Medicaid no longer provides prescription drug coverage for full-benefit Medicaid members who are also enrolled in Medicare Part A and/or Part B (dually eligible members). Dually eligible Medicaid Members are required to receive their prescription drug coverage under Medicare Part D. Medicaid members do not pay a premium for Part D coverage; however, a co-payment is required for members except those in nursing facilities and ICF-MRs. The co-payment amount is based upon whether the member’s income is equal to or less than 100% of the Federal Poverty Limit (FPL) or above 100% of the FPL.

The FPL status indicator, which is found on the Member Benefits screen has two values for the data field:

- “Y” = “Yes” Income is Less Than or = 100% FPL
- “N” = “No” Income is Not Less Than or = 100% FPL

Non-Medicaid aid categories such as FAMIS are not reported and therefore no FPL status is displayed. The FPL status will be automatically entered by the MMIS for those aid categories where the income is known to be above or below 100% of the FPL with a “Y” or a “N”. For those aid categories where the FPL status is unknown the indicator will be a “U” for unknown and the worker will need to change the status to either “Y” or “N” to complete the enrollment in the new aid category.

The Eligibility Data screen reflects the FPL status that is associated with the aid category that is currently active. The date to the right of the FPL status reflects the month and year that this FPL status became effective.

Screen ID: RS-S-015  
 Trans ID: VER5  
 Program ID: RST016VA

**VIRGINIA MEDICAID  
 ELIGIBILITY DATA - REIN**

Date: 02/10/2012  
 Time: 15:40

Member ID: 250-111223-315  
 Name: ENROLLMENT ENROLLEE  
 Case ID: 250-111223-340  
 Caseworker: M000  
 Case FIPS: 250

Consent Date: NO CONSENT  
 Income less than or = 100% FPL: Y  
 HIPP: \_\_\_\_\_

Comments: N  
 FPL Begin Date: 02 2012  
 HIPP Status: \_\_\_\_\_

Select	Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Extension Reason	Reinstate Reason	Status
<input type="checkbox"/>									
<input checked="" type="checkbox"/>	081	02 01 2012	03 01 2012	12 31 9999	000		000	003	A
<input checked="" type="checkbox"/>	080	02 01 2012	02 01 2012	12 31 9999	042	02 29 2012	000	000	C
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									

DATA DISPLAYED.

Buttons: Enter, Update, Refresh, Member, TBD, Financial, Case, TPL Sum, Comments, Sub Menu, Main Menu, Cost Eval, Case Sum

The Member Benefit screen reflects the FPL status associated with the selected eligibility segment. The date to the right of the FPL status shows the date the status became (or will become) effective.

### Request an ID Card

- At the Enrollment Menu select Member and ID Card Request
- Key in the reissue reason

C	Change of Demographic Information (only system entered)
D	Destroyed
I	Initial Card
L	Lost
S	Stolen

- Input the Member ID number
- Select Enter
- At the Member Demographics screen confirm member information and choose ID/CID to complete request.

Note: Verify that the Suppress ID Card field is not set to "Y" for yes on the Member Demographic screen. If this field is set to "Y" a card will not be mailed to the member.

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**Virginia Medicaid**

MMIS

Screen ID: RS-S-018  
Trans ID: VED8  
Program ID: RST010VA

**VIRGINIA MEDICAID**  
MEMBER DEMOGRAPHICS - ID REQ

Date: 01/05/2014  
Time: 14:30

Member ID: 250-461348-111  
Case ID: 250-461349-109  
Aid Category: 051

ADAPT ID:  
Benefit Plan: MEDICAID FFS  
More BP: N  
Exception Indicator:  
CMM Restriction Status:

Last Name: CHANGES  
VaCMS ID:  
SSN: 999 01 0150

First Name: MMIS SCREEN  
Caseworker: M000  
Absent Parent: N  
HIPP:  
HIPP Status:

MI: M  
Case FIPs: 250  
Comments: Y  
TPL: N

Relationship to Case Head: 00  
Cit Status: C  
Same as Case Address: Y  
Phone:  
Race: 1  
Incr Type:

Gender: M  
DOB: 01 01 1950  
Cit Level: 1A  
Identity: V9  
Same as Case FIPs: Y  
Disability Code:  
Disability Onset Date:  
Ethnicity:  
Incr Begin Date:

SSN: 999 01 0150  
Cit / ID Date:  
Mem FIPs: 250  
EDD:  
Special Ind:  
Incr End Date:  
Incr Status:

Marital Status: S  
Country: US  
Vet/Dep Ind:  
Primary Language: 1  
Entry Date:  
NRF:  
DOD:

Member Address: 555 TEST CASE WAY  
City: TEST State: VA Zip Code: 55555

Suppress ID Card: N	Card Date	Reissue Reason	Sequence #	Request # 0

View Member FIPS    View Previous Names    View Previous Address    View Aliases    View Health Conditions

Pend Claims:   Begin Date:   End Date:   Pend Source:

**CHOOSE ID/CID TO CONFIRM REQUEST.**

Enter   Update   MC Assign   Eligibility   TDO   Financial   Comments   Case   TPL Sum   ID X-Ref   Sub Menu   Main Menu

ID/CID   Dup Mem   BENDEX   MICC   Absent Parent   VALTC Sum   Cost Eval   Case Sum   Incarceration

If a message is received stating that a card cannot be issued until the count is reset an email should be sent to the Eligibility and Enrollment Unit of DMAS requesting a reset at [Enrollment@dmas.virginia.gov](mailto:Enrollment@dmas.virginia.gov).

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<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

## Viewing Previous Member Information

From the Member Demographics screen previous FIPS codes, names, addresses, and aliases can be viewed.

- Enter the Member Demographics screen in Inquiry mode
- Click the radio button of the history to be viewed
- Select Enter.

The screenshot displays the 'MEMBER DEMOGRAPHICS - INQUIRY' screen for a Virginia Medicaid member. The interface includes a navigation menu at the top with tabs for Member, Provider, Reference, Claims, Financial, Service Auth, Automated Mailing, SURS, MARS, EPSDT, MICC, TPL, Assessment, Drugs, and Reports. The main content area shows the following details:

- Screen ID:** RS-S-018, **Date:** 01/05/2014, **Time:** 14:31
- Trans ID:** VE18
- Program ID:** RST010VA
- Member ID:** 250-461348-111, **Last Name:** CHANGES, **First Name:** MMIS SCREEN
- Case ID:** 250-461349-109, **VaCMS ID:** [blank], **Caseworker:** M000
- Aid Category:** 051, **Benefit Plan:** MEDICAID FFS, **More BP:** N, **Exception Indicator:** [blank], **Absent Parent:** N, **HIPP:** [blank]
- Relationship to Case Head:** 00, **Gender:** M, **DOB:** 01 01 1950, **SSN:** 999 01 0150, **Marital Status:** S, **Primary Language:** 1
- Cit Status:** C, **Cit Level:** 1A, **Identity:** V9, **Cit / ID Date:** [blank], **SSA Cit Ind:** [blank], **Country:** US, **Entry Date:** [blank]
- Same as Case Address:** Y, **Same as Case FIPS:** Y, **Mem FIPS:** 250, **EDD:** [blank], **Mother ID:** [blank], **Vet/Dep Ind:** [blank], **NRF:** [blank]
- Phone:** [blank], **Disability Code:** [blank], **Disability Onset Date:** [blank], **Special Ind:** [blank], **DOD:** [blank]
- Race:** 1, **Ethnicity:** [blank]
- Incr Type:** [blank], **Incr Begin Date:** [blank], **Incr End Date:** [blank], **Incr Status:** [blank]
- Member Address:** 555 TEST CASE WAY, **City:** TEST, **State:** VA, **Zip Code:** 55555
- Suppress ID Card:** N
- Request #:** 0

At the bottom of the screen, there are radio buttons for viewing history:  View Member FIPS,  View Previous Names,  View Previous Address,  View Aliases, and  View Health Conditions. Below these are fields for 'Pend Claims', 'Begin Date', 'End Date', and 'Pend Source'. A red instruction reads: 'SELECT AN OPTION AND CHOOSE ENTER.'

The bottom navigation bar contains buttons for: Enter, Update, MC Assign, Eligibility, TDO, Financial, Comments, Case, TPL Sum, ID X-Ref, Sub Menu, Main Menu, ID/CID, Dup Mem, BENDEX, MICC, Absent Parent, VALTC Sum, Cost Eval, Case Sum, and Incarceration.

Member history as well as the beginning and end dates of that history are shown.

The screenshot shows a web browser window displaying the Virginia Medicaid Member Address History page. The browser's address bar shows the URL: [https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/dy65DoJAFEU\\_6T0YrEcGM15Qclgyz...](https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/dy65DoJAFEU_6T0YrEcGM15Qclgyz...)

The page header includes the Virginia Medicaid logo and navigation links: [UAT1](#) | [Home](#) | [Contact Us](#) | [Help](#). Below the header is a blue navigation bar with the text "MMIS" and a "Reports" menu. The main content area is titled "VIRGINIA MEDICAID MEMBER ADDRESS HISTORY" and includes the following information:

- Screen ID: RS-S-002
- Trans ID: VE02
- Program ID: RST015VA
- Date: 02/13/2012
- Time: 11:27
- Page 001 of 001

Member information is listed as follows:

- Member ID: 250-111223-315
- Name: ENROLLMENT ENROLLEE
- Case ID: 250-111223-340
- Caseworker: M000
- Case FIP: 250

The address history is presented in a table with the following columns: Street Address #1, Street Address #2, City, St, Zip Code, Begin Date, End Date, and Type. The first row of data shows:

Street Address #1	Street Address #2	City	St	Zip Code	Begin Date	End Date	Type
555 ENROLLMENT WAY		ENROLLEE	VA	55555	02/09/2012	02/09/2012	C

At the bottom of the table area, there are "Scroll Up" and "Scroll Down" buttons. Below the table, the text "END OF ENROLLEE ADDRESS HISTORY." is displayed in red. At the very bottom of the page, there are navigation buttons: "Enter", "Return", "Sub Menu", and "Main Menu".

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<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

### Power of Attorney/Authorized Representative Statements

Due to HIPPA privacy regulations LDSS and DMAS staff are only able to speak to Members, case heads, or authorized representatives regarding a member's Medicaid coverage. All authorized representative or power of attorney information that is on file at the LDSS must be documented in the comment section of the Member Demographics screen.

- Enter the Member Demographics screen in Update mode
- Select Comments
- Input the Authorized Representative information
- Select Enter to validate data
- Select Update to save.

The screenshot shows a web browser window displaying the Virginia Medicaid MMIS system. The page title is "VIRGINIA MEDICAID MEMBER COMMENTS - UPDATE". The screen displays the following information:

- Screen ID: RS-S-023, Trans ID: VE24, Program ID: RST023VA
- Member ID: 250-111223-315, Name: ENROLLMENT ENROLLEE, Date: 02/13/2012
- Case ID: 250-111223-340, Caseworker: M000, Case FIPS: 250, Time: 11:47
- Authorized Representative: John Q. Authorized, Eff Date: 01012012
- Address 1: 125 Authorized Way
- Address 2: [Redacted]
- City: Authorize, State: VA, Zip Code: 55555
- Phone: 5556643
- User ID: E6GEQ, Change Date: 02/13/2012
- Comments: Authorized Rep. documentation on file.

At the bottom of the screen, there are buttons for "Enter", "Update", "Return", "Sub Menu", and "Main Menu". The status "DATA DISPLAYED." is shown in red text.

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<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

The Comments indicator in the Member Demographics screen is now changed to “Y” for Yes alerting workers that comments are present regarding this member. The Comments indicator can be seen in the Member Demographic, Case Data screen, Eligibility Data and Member Benefits screens.

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/fU9LDolwFDwLJ3hPEanLFo21aatSUG - Windows Internet Explorer pro

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/fU9LDolwFDwLJ3hPEanLFo21aatSUGBDMp4wak00Gdm9GBeu7McyMj8oo001aupD9ajttTpDBsWwIND3s5f5N4D3v6hODMBP5U0fFOXZ6PiezDy63COENWQ4kM2J3NTrck2apJTu3ypl

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs	Reports
--------	----------	-----------	--------	-----------	--------------	-------------------	------	------	-------	------	-----	------------	-------	---------

Screen ID: RS-S-018  
 Trans ID: VE18  
 Program ID: RST010VA

**VIRGINIA MEDICAID**  
**MEMBER DEMOGRAPHICS - INQUIRY**

Date: 01/05/2014  
 Time: 14:34

Member ID: 250-461348-111 Case ID: 250-461349-109	ADAPT ID:	Last Name: CHANGES VaCMS ID:	First Name: MMIS SCREEN Caseworker: M000	MI:	Suffix:
Aid Category: 051	Benefit Plan: MEDICAID FFS More BP: N	Exception Indicator:	Absent Parent: N	HIPP:	HIPP Status:
CMM Restriction Period:	-	CMM Restriction Status:			
Relationship to Case Head: 00 Cit Status: C	Gender: M DOB: 01 01 1950	SSN: 999 01 0150	Marital Status: S	Primary Language: 1	
Same as Case Address Y	Cit Level: 1A Identity: V9	Cit / ID Date:	SSA Cit Ind:	Country: US	Entry Date:
Phone:	Same as Case FIPS: Y	Mem FIPS: 250	EDD:	Mother ID:	NRF:
Race: 1	Disability Code:	Disability Onset Date:	Special Ind:		DOD:
Incr Type:	Incr Begin Date:	Ethnicity:			
		Incr End Date:	Incr Status:		

Member Address: 555 TEST CASE WAY  
 City: TEST State: VA Zip Code: 55555

Suppress ID Card: N	Card Date	Reissue Reason	Sequence #	Request #: 0

View Member FIPS  
  View Previous Names  
  View Previous Address  
  View Aliases  
  View Health Conditions

Pend Claims:      Begin Date:      End Date:      Pend Source:

**SELECT AN OPTION AND CHOOSE ENTER.**

Enter	Update	MC Assign	Eligibility	TDO	Financial	Comments	Case	TPL Sum	ID X-Ref	Sub Menu	Main Menu
	ID/CID	Dup Mem	BENDEX	MICC	Absent Parent	VALTC Sum	Cost Eval	Case Sum	Incarceration		

### Enrolling a Member in Emergency Services Medicaid

- Input the member demographics as usual
- Indicate that the member is an alien by entering an **“A”** (Undocumented/Illegal Alien or Legal Alien Eligible for Emergency Services Only) for the citizenship code

Screen ID: RS-S-018  
 Trans ID: VEC8  
 Program ID: RST010VA

**VIRGINIA MEDICAID**  
**MEMBER DEMOGRAPHICS - ADD**

Date: 01/05/2014  
 Time: 14:37

Member ID: 250-461367-115  
 Case ID: 250-461349-109  
 Last Name: EMERGENCY  
 First Name: ENROLLEE  
 MI:   
 Suffix:   
 VaCMS ID:   
 Caseworker: M000  
 Case FIPS: 250  
 Comments:

Aid Category:   
 Benefit Plan:   
 More BP:   
 Exception Indicator:   
 Absent Parent:   
 HIPP:   
 HIPP Status:   
 TPL:   
 CMM Restriction Period:   
 CMM Restriction Status:

Relationship to Case Head: 02  
 Gender: F  
 DOB: 01 01 1960  
 SSN: 999 01 0160  
 Marital Status: S  
 Primary Language: 5  
 Cit Status: A  
 Cit Level:   
 Identity:   
 Cit / ID Date:   
 SSA Cit Ind:   
 Country:   
 Entry Date:   
 Same as Case Address: Y  
 Same as Case FIPS: Y  
 Mem FIPS: 250  
 EDD:   
 Mother ID:   
 Vet/Dep Ind:   
 NRF:   
 Phone:   
 Disability Code:   
 Disability Onset Date:   
 Special Ind:   
 DOD:   
 Race: 3  
 Ethnicity:   
 Incr Type:   
 Incr Begin Date:   
 Incr End Date:   
 Incr Status:

Member Address: 555 TEST CASE WAY  
  
  
 City: TEST State: VA Zip Code: 55555

Suppress ID Card:	Card Date	Reissue Reason	Sequence #	Request #:
N				

View Member FIPS    View Previous Names    View Previous Address    View Aliases    View Health Conditions

Pend Claims:     Begin Date:     End Date:     Pend Source:

**CHOOSE ELIGIBILITY TO CONTINUE.**

Enter	Update	MC Assign	Eligibility	TDO	Financial	Comments	Case	TPL Sum	ID X-Ref	Sub Menu	Main Menu
ID/CID	Dup Mem	BENDEX	MICC	Absent Parent	VALTC Sum	Cost Eval	Case Sum	Incarceration			

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<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

- Input the member's eligibility in the Eligibility screen. The beginning and end dates of approved Emergency Services must be entered. The Member Benefits screen will reflect the beginning and end dates of the Emergency Services Medicaid (XIX FFS EME). If this line is not present **DO NOT** select Update to save the enrollment. This indicates that an "A" was not entered for the citizenship code. This must be done prior to entering the eligibility for the member or the member benefits will reflect full Medicaid coverage.

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/RU-5DoJAFPwWPsC8J4csJYcBNrlqy7 - Windows Internet Explorer pro

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/RU-5DoJAFPwWPsC8J4csJYcBNrlqy7H9QvCJuaAgP6MRZWMN05giBMSyuf3L\_LY25QMjEJUCrIFz7FBduwhohHMMRjdyjhrOebAv\_Ax:CW3gZBChm676QLxj7bTYQ3

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs
--------	----------	-----------	--------	-----------	--------------	-------------------	------	------	-------	------	-----	------------	-------

Reports

Screen ID: RS-S-011  
Trans ID: VEC1  
Program ID: RST011VA

**VIRGINIA MEDICAID**  
**MEMBER BENEFITS - ADD**

Date: 01/05/2014  
Time: 14:41

Member ID: 250-461367-115  
Name : EMERGENCY ENROLLEE  
Case ID : 250-461349-109  
Caseworker : M000 Case FIPS: 250

Comments:  
Income Less Than Or = 100% FPL:   
FPL % ST Begin Date: 10 2013

Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Status	Extension Reason	Reinstate Reason
058	10/01/2013	10/01/2013	10/03/2013	020	10/03/2013	C		000

Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-01-0100		MEDICAID FF	0000000000	10/01/2013	10 03 2013		097	A	01/05/2014
01-01-0300		MED PREMIUM	0000000000	10/01/2013	10 03 2013		097	A	01/05/2014
01-01-0400		MED CO & DE	0000000000	10/01/2013	10 03 2013		097	A	01/05/2014
01-01-3000		XIX FFS EME	0000000000	10/01/2013	10 03 2013		097	A	01/05/2014

Scroll Up | Scroll Down

CHOOSE UPDATE TO ADD/UPDATE DATA.

Enter	Update	Prov Loc	Comments	VALTC Sum	Return	Sub Menu	Main Menu
-------	--------	----------	----------	-----------	--------	----------	-----------



### Enrolling a Member in Dialysis Medicaid

- Input the member demographics as usual
- Indicate that the member is an alien by entering a **“D”** (Undocumented/Illegal Alien or Legal Alien Eligible for Dialysis Services Only) for the citizenship code.

Screen ID: RS-S-018  
Trans ID: VEU8  
Program ID: RST010VA

**VIRGINIA MEDICAID**  
**MEMBER DEMOGRAPHICS - UPDATE**

Date: 01/05/20  
Time: 14:44

Member ID: 250-461367-115  
Case ID: 250-461349-109  
Aid Category: 058  
Benefit Plan: MEDICAID FFS  
More BP: N  
Exception Indicator:  
CMM Restriction Period:

Last Name: EMERGENCY  
First Name: ENROLLEE  
MI:   
Suffix:   
VaCMS ID:   
Caseworker: M000  
Case FIPS: 250  
Comments: N  
Absent Parent: N  
HIPP:  
HIPP Status:  
TPL: N

Relationship to Case Head: 02  
Gender: F  
DOB: 01011960  
SSN: 999010160  
Marital Status: S  
Primary Language: 5  
Cit Status: D  
Cit Level:   
Identity:   
Cit / ID Date:   
SSA Cit Ind:  
Country: MX  
Entry Date: 01012013  
Same as Case Address: Y  
Same as Case FIPS: Y  
Mem FIPS: 250  
EDD:   
Mother ID:   
Vet/Dep Ind:   
NRF:   
Phone:   
Disability Code:   
Disability Onset Date:   
Special Ind:   
DOD:   
Race: 3  
Ethnicity:   
Incr Type:  
Incr Begin Date:  
Incr End Date:  
Incr Status:

Member Address: 555 TEST CASE WAY  
City: TEST  
State: VA  
Zip Code: 55555

Suppress ID Card: N	Card Date	Reissue Reason	Sequence #	Request #: 0

View Member FIPS   
 View Previous Names   
 View Previous Address   
 View Aliases   
 View Health Conditions

Pend Claims:     Begin Date:     End Date:     Pend Source:

**DATA UPDATED.**

Enter	Update	MC Assign	Eligibility	TDO	Financial	Comments	Case	TPL Sum	ID X-Ref	Sub Menu	Main Menu	ID/CID
		Dup Mem	BENDEX	MICC	Absent Parent	VALTC Sum	Cost Eval	Case Sum	Incarceration			

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<b>Chapter C-Enrollment</b>	<b>5/12/2014</b>

- Input the member's eligibility in the Eligibility Data screen; include the beginning and end dates of approved dialysis coverage.

The Member Benefits screen will reflect the beginning and end dates of the Emergency Dialysis Medicaid (XIX FFS DIA). If this line is not present **DO NOT** select Update to save the enrollment. This indicates that a "D" was not entered for the citizenship code. This must be done prior to entering the eligibility for the member or the member benefits will reflect full Medicaid coverage.

Screen ID: RS-S-011  
 Trans ID: VER1  
 Program ID: RST011VA

**VIRGINIA MEDICAID**  
**MEMBER BENEFITS - REIN**

Date: 01/05/2014  
 Time: 15:04

Member ID: 250-461367-115  
 Name: EMERGENCY ENROLLEE  
 Case ID: 250-461349-109  
 Caseworker: M000 Case FIPS: 250

Income Less Than Or = 100% FPL:   
 FPL % ST Begin Date: 04 2013

Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Status	Extension Reason	Reinstatement Reason
058	04/01/2013	04/01/2013	09/30/2013	011	09/30/2013	C		003

Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-01-0100		MEDICAID FF	0000000000	04/01/2013	09 30 2013		097	A	01/05/2014
01-01-0300		MED PREMIUM	0000000000	04/01/2013	09 30 2013		097	A	01/05/2014
01-01-0400		MED CO & DE	0000000000	04/01/2013	09 30 2013		097	A	01/05/2014
01-01-3001		XIX FFS DIA	0000000000	04/01/2013	09 30 2013		097	A	01/05/2014

CHOOSE UPDATE TO ADD/UPDATE DATA.

Enter Update Prov Loc Comments VALTC Sum Return Sub Menu Main Menu

In the event a member is incorrectly enrolled for Emergency Dialysis Medicaid and Coverage Correction form will need to be sent to the Eligibility and Enrollment Unit at DMAS at [Enrollment@dmass.virginia.gov](mailto:Enrollment@dmass.virginia.gov). Note: ID cards are not generated for members enrolled in Emergency Dialysis Medicaid. The paper approval form is used by the member and provider for billing and claims purposes.

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### **Enroll a Qualified Individual (QI)**

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An individual enrolled as a QI will have their Medicare Part B premium paid for by the Medicaid program as long as funds are available. Coverage as a QI is not an entitlement; states receive a capped allocation each calendar year. Enrollment is only for the calendar year in which an application is filed. The application date, begin date, and end date all must be within the same calendar year.

#### **Begin Date**

The Begin Date of coverage must be in the calendar year for which the application was filed and cannot be any earlier than January 1. Retroactive eligibility is allowed as long as it is within the calendar year that the application was filed.

On the initial enrollment of a member in AC 056 the Medicare premium benefit plan automatically default to a "P" (pending) status. At cutoff, around the 16<sup>th</sup> of each month, the MMIS checks to see if funds are available. If funds are available, the status will change from a "P" to an "A". If funds are not available, a system generated letter is sent to the member. Funds are only available for payment of the Medicare Part B premium for AC 056 for the current calendar year and the previous calendar year. The MMIS cannot process payment of premiums for a year prior to the previous year. Example: today's date is 2/1/12; the payment of premiums cannot be processed for an individual enrolled in AC 056 for calendar year 2010.

#### **End Date**

If coverage is added without an end date the MMIS will default the end date to December 31<sup>st</sup>. At cutoff in December of each calendar year the MMIS will cancel coverage effective December 31<sup>st</sup>, for all AC 056 members for that calendar year with cancel reason 027 (QI – Automatic cancellation end of calendar year). A system generated letter is sent notifying the member of the closure action and advising the member that they must reapply the next calendar year for coverage in this group. (Note: The wording in the system generated letter has remained unchanged, although per Medicaid Manual [M1520.200.F.9](#), ABD renewal form #032-03-0186 may now be used to renew QI coverage provided there is no break in Medicaid eligibility.) Workers will continue to be required to reinstate QI coverage until MMIS system changes can be made.

#### **Coverage Added after December Cutoff**

If coverage for the current year is added after cut-off in December, that coverage will not close or be evaluated for funds until cut-off in the month that the eligibility was entered in the MMIS. This will keep you from being able to enter a January enrollment for the following year until after January 16<sup>th</sup>. If a December application is being processed in January, and a January application has also been received, cancel the enrollment entered for the previous year with a cancel reason 024. This will allow the entry of the next years application with a January begin date. At January cut-off both the new and older segment

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will be evaluated for funds and processed accordingly. If funds are available the segments will be included in the monthly Buy-In processing.

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### **Plan First Coverage**

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Applicants may be eligible for Plan First if they have income less than or equal to 200% of the FPL, meet nonfinancial requirements, and are not eligible in any other Medicaid or FAMIS covered group. Members who are losing Medicaid benefits, or apply for but do not meet another eligibility category, should be evaluated for Plan First coverage.

Applicants may request up to three months of retroactive Plan First coverage. Enroll applicants approved for Plan First in the MMIS under AC 080. Plan First members are eligible for family planning services only, including transportation to a family planning visit or pharmacy to pick up their prescription for contraception.

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### **Refugee Medical Assistance**

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Refugee Medical Assistance (RMA) is a short-term, federally funded program designed to ensure refugees receive needed medical care while they transition to life in the United States. As a result of hardships in their homeland many refugees have had limited, if any, access to medical care so RMA provides access to care in order to reduce the risk of health issues that will delay self-sufficiency.

RMA is a program of last resort to be utilized after an individual has been determined ineligible for Medicaid or FAMIS. Refugee enrollments consist of two aid categories:

- 078 - Refugee Other or Refugee Medicaid Other
- 079 - Refugee Medicaid Unaccompanied Minor

The following information must be entered in the Member Demographics screen to enter Refugee Medicaid eligibility:

- The citizenship code must be an "R" (Refugee).
- Input the country and the U.S. date of entry.

Aid category 078 allows coverage for up to eight months after the U.S. entry date. The month of entry begins the first month. The MMIS will automatically close the member's enrollment in AC 078 with cancel reason code 021 (Refugee in AC 078 Reached Eight Month Eligibility Limitation). Members can continue in aid category 079 until the member reaches age 19. The MMIS will automatically cancel coverage the month the member turn age 19 with cancel reason code 009 (Foster Care/Adoption Child Age 21 or Refugee "UM"; LIFC Related Child Age 19).

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## Extended Medicaid

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### Overview

The 12 month extended Medicaid process relies upon the use of the follow-up code. The follow-up code allows for:

- Identifying cases where the extension is due to expire
- Automatically generating earning notices
- Automatically cancelling coverage if the extension code is not updated correctly and timely.

### Extended Medicaid Workflow

- A follow-up code is entered by the LDSS
- The MMIS automatically generates notification letters and earning reports for the recipient to complete and return to the LDSS.
- When eligibility reports are returned timely and all requirements are met, the LDSS is responsible for updating the follow-up code in the MMIS in order for the extension to continue.
- In the event the earnings report is not received time the MMIS automatically cancels the member's coverage and generates and Advances Notice of Cancellation. It is not necessary for the LDSS to take any action.
- In the 12<sup>th</sup> month of the extension, the MMIS automatically cancels the member's coverage if it is still open.

Month	LDSS Action	MMIS Action
1	Enter follow-up code <b>X1</b> and date	None
2	None	None
3	None	<ol style="list-style-type: none"> <li>1. Send first report on the second of the month.</li> <li>2. Follow up code will reflect <b>XA</b> indicating report has been sent.</li> </ol>
4	<p>If report is received from the member by the 21<sup>st</sup> the LDSS will confirm ongoing eligibility with the following information:</p> <ol style="list-style-type: none"> <li>1. Is the child(ren) still in the home?</li> <li>2. Is the earnings report complete?</li> <li>3. Are paychecks attached?</li> <li>4. Has day care been verified?</li> </ol>	None

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	<p>If yes to questions one through three, the LDSS will update the follow-up code to <b>X2</b> by the end of the 5<sup>th</sup> month.</p> <p>If no to any of the above or not if report was not received, request current income verification.</p>	
5	<p>If no to any of questions one through three in month four or the report was not received and income was verified determine if the member is eligible in another covered group.</p> <p>If report was not received and income was not verified, take no action.</p> <p>System closure will occur in month six.</p>	None
6	<p>Change enrollment for any members eligible by cut-off to prevent erroneous closures.</p>	<p>Sends second report on the second of the month (Coded <b>X2</b> to indicate the first report was received). The follow-up code is updated to <b>XB</b> to indicate the report was sent.</p> <p style="text-align: center;">OR</p> <p>If code <b>XA</b> has not been updated prior to the end of the fifth month, coverage is cancelled with a reason code 025 at cut-off and Notice of Closure is sent.</p>
7	<p>If the report is received by the 21<sup>st</sup> of the month the LDSS will determine ongoing eligibility with the following information:</p> <ol style="list-style-type: none"> <li>1. Is the child(ren) still in the home?</li> <li>2. Is the income verified for all three months?</li> </ol> <p>If yes to both of the above questions, the LDSS should use the following formula:</p> <p>The months gross income – 3 months verified daycare/3 = monthly amount.</p> <p>The monthly amount should then be compared to the income limits. If the member remains eligible, update the follow-up code to <b>X3</b> prior to cut-off in the 8<sup>th</sup> month. If the member is</p>	None

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	ineligible or the report was not received, request income verification.	
8	If ineligible or not received and the income was verified, determine eligibility in another covered group. Prior to cut-off update enrollment for anyone eligible or close any members who are no longer eligible.	If follow-up code remains <b>XB</b> coverage will be closed with a cancel reason of 025 and a Notice of Closure will be sent.
9	None	The third report is sent on the second of the month. Follow-up code is updated to <b>XC</b> to indicate the report was sent.
10	If report is received by the 21 <sup>st</sup> of the month the LDSS will determine ongoing eligibility with the following information: 1. Is the child(ren) still in the home? 2. Is the income verified for all three months? If yes to both of the above questions, the LDSS should use the following formula: The months gross income – 3 months verified daycare/3 = monthly amount. The monthly amount should then be compared to the income limits. If the member remains eligible, update the follow-up code to <b>X3</b> prior to cut-off in the 8 <sup>th</sup> month. If the member is ineligible or the report was not received, request income verification.	None
11	If ineligible or not received and the income is verified, determine eligibility in another covered group. Prior to cut-off change enrollment for anyone eligible or close to anyone ineligible.	None
12	Conduct full redetermination of case. Prior to cut-off update the aid category as needed and delete the <b>X4</b> follow-up code for any eligible members.	At cut-off, close coverage with a cancel reason 026 and send Notice of Closure if the follow-up code is <b>X4</b> .

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## **Cancellation Codes and Error Correction**

### **Cancel Reason 025:**

- If the Eligibility Worker does not change the Follow-up code by cutoff, the MMIS, at cutoff in the 6th, 8th, or 11th month will automatically cancel coverage of each recipient with AC 081, or 083 effective the last day of the month
- Generates an Advance Notice of Medicaid Cancellation
- MMIS reports all recipients canceled for this reason on the Families and Children 12-Month Extended Cancellation List, RS-O-160.

### **Cancel Reason 026:**

- When the code is X4, the MMIS will automatically cancel coverage of recipients with AC 081, or 083 at cutoff in the 12th extension month for Cancel Reason 026
- Generates an Advance Notice of Medicaid Cancellation
- MMIS reports all recipients canceled for this reason on the Families and Children 12-Month Extended Cancellation List, RS-O-160.

## **Error Correction**

If the agency received the earnings report on time but failed to update the code before cut-off in the 6th, 8th, or 11th month, the MMIS cancels coverage for Reason 025. The LDSS must:

- Manually notify the member of the agency's error and subsequent reinstatement
- Reinstatement the member's coverage
- Correct the follow-up code (will depend upon in which month the case was erroneously canceled)

If erroneously canceled in the:  
6<sup>th</sup> Month:

- If the code is X1, or XA; and the member has not received the second earnings request manually send the second earnings request as soon as possible
- If the second earnings report and verifications are not received timely or if it is determined the member is not entitled to the third quarter of coverage, change the code to X2 by cutoff of the 8<sup>th</sup> month
- If the second report and verifications are received timely and the member remains entitled to the third quarter of coverage, change the code to X2 and then immediately after to X3 by cutoff of the 8<sup>th</sup> month to prevent the MMIS from performing an automatic cancellation.

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#### 8<sup>th</sup> Month:

- The code of X2 or XB must be changed to X3 before the start of the 9<sup>th</sup> extension month (MMIS will send the third notice/earnings report)
- If updating the code after the start of the 9<sup>th</sup> month, manually send the third notice/report
- Update the code to X4 by cutoff of the 11<sup>th</sup> month if you receive the report/verifications on time and determine the member remains entitled to the 12<sup>th</sup> month of the extension coverage

#### 11<sup>th</sup> Month:

- If erroneously cancelled at the end of the 11<sup>th</sup> month, change the code to X4.
- If the extended coverage data was not entered into the MMIS within the first two months of the extended coverage period, the follow-up code must be set manually by the LDSS. This is due to edits on the follow-up code. The code X1 can only be entered within two months of the current month as the MMIS generates the letter on the second day of the third month. If the allowable time for entering an X1 has already passed the coverage can be entered with follow-up code X2 provided it is within five months of the current date as the letter will be generated on the second day of the sixth month.

### **View of the Process**

The MMIS generates letters and earning reports automatically. The MMIS cancels coverage only for members whose aid category is an 081 or 083. The letter and report process typically runs on the second business day of the month, however, this may vary depending on scheduling changes as a result of weekends or holidays.

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### **Limited Coverage Groups Requirements**

#### **Qualified Medicare Beneficiaries (QMB)**

- Aid categories 023, 043, 063
- Eligible for payment of Medicare Part A and Part B premiums, deductibles, and co-payments.
- Must have Medicare coverage on file

#### **Special Low-income Medicare Beneficiaries (SLMB)**

- Aid category 053
- Eligible for payment of Medicare Part B premiums
- Must have Medicare coverage on file.

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### **Qualified Individuals (QI)**

- Aid category 056
- Eligible for payment of Medicare Part B premiums
- Must have Medicare coverage on file
- Entry of eligibility is only allowed for current and previous calendar year
- Application date and begin date must be within same calendar year

### **Qualified Disabled Working Individuals**

- Aid category 055
- Eligible for payment of Medicare Part A premiums
- Must have Medicare coverage on file

### **Plan First**

- Aid category 080
- Plan First members are eligible for family planning (pregnancy prevention) services only, including transportation to a family planning visit or pharmacy to pick up their prescription for contraception.