

MMIS User's Guide for DSS	B-1
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Overview

Chapter B reviews four screens; the Case Data Screen, the Member Demographics Screen, Eligibility Data Screen, and the Member Benefits Screen. The MMIS uses the data in these four screens for member eligibility data, claims processing, and member letters. It is important to understand the fields, definitions, and layouts of these four screens to ensure accurate member benefits, processing, and correspondence.

Case Data Screen Layout

The Case Data screen displays general case information. This screen can be accessed using the Inquiry, Update, and Add functions. The Case Data screen reflects all members that are associated with the case as well as their relationship to the case head. Member screens can be accessed from the Case Data screen by selecting the member and button for the information type to be viewed. Existing members that need to be moved to a case are added in the Case Data screen.

The screenshot displays the Virginia Medicaid MMIS Case Data - Inquiry screen. 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 options like Member, Provider, Reference, Claims, Financial, Service Auth, Automated Mailing, SURS, MARS, EPSDT, MICC, TPL, Assessment, and Drugs. The main content area shows the following details:

- 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: First Name: CASE
- VaCMS ID: Middle Initial: , Suffix: Y
- Last Name: TEST, 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:

Below the details, there are radio buttons for "View Previous FIPS" and "View Previous Zip Codes". There is also a field for "Attach Member ID to Case" and a "Relationship:" field. A table titled "Case Members and Relationship to Case Head" is shown below:

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

At the bottom of the table, there are "Scroll Up" and "Scroll Down" buttons. Below the table, it says "DATA DISPLAYED." At the very bottom, there is a navigation bar with buttons for Enter, Update, Member, Eligibility, TDO, Financial, Comments, TPL Sum, Case Sum, Sub Menu, and Main Menu.

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Case Data Screen Field Definitions

Case ID:	Member case ID number; the member case ID number uniquely identifies the family or group of individuals in the same case entity.
ADAPT:	Member client ID number in the ADAPT system if applicable. ADAPT is a LDSS system used for LDSS administered programs.
VaCMS ID:	Member client ID number in the VaCMS system if applicable. VaCMS is a LDSS system used for LDSS administered programs.
Comments:	Displays comments indicator "Y" (Yes) if comments are present or "N" (No) if comments are not present.
Last Name:	Displays the last name of the individual who is the case head of the household, family, or group of individuals in the same case entity.
First Name:	Displays the first name of the individual who is the case head of the household, family, or group of individuals in the same case entity.
MI:	Displays the middle initial of the case head, if any.
Suffix:	Displays the suffix of the case head, if any.
Address:*	Line 1 = additional case address name. Line 2 = street address for the case.
City:*	Name of the city for the case mailing address.
State:*	State abbreviation for the case mailing address.
Zip Code:*	Zip code for the case mailing address.
Case SSN:	The Social Security number of the case head.
Caseworker:	Displays the identification code of the eligibility worker assigned to the case at the LDSS office.
Case FIPS:	Displays the FIPS code of the LDSS office that administers the case. For Temporary Detention Orders (TDO) the FIPS code will be the locality where the TDO warrant was issued.

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FIPS End Reason: The reason an administrative FIPS code was changed for a member. See table below for values:

001	Moved (default)
002	Administrative re-assignment
003	Institutionalized

FIPS Date: Displays date the FIPS code was entered.

Review Date: Date selected for next review of eligibility.

Follow-Up Code: Indicates if the case is receiving Extended Medicaid coverage or Diversionary Assistance. It is used by the system for the generation of notification letters and cancellations.

Follow-up Code: Indicates that the case is receiving Extended Medicaid coverage. It is used by the system for the generation of notification letters and cancellations. See table below for values:

X0	No Extended Medicaid extension in effect
X1	First Extended Medicaid period in effect
X2	First Extended Medicaid period in effect
X3	Second Extended Medicaid period in effect
X4	Third Extended Medicaid period in effect
X9	Extended Medicaid period prior to 5/1/90
XA	First Extended Medicaid period in effect and notification letter has been sent
XB	Second Extended Medicaid period in effect and notification letter has been sent
XC	Third Extended Medicaid period in effect and notification letter has been sent

Follow-up Date: The date the member in the case with Extended Medicaid coverage is to be sent (or was sent) notification letters.

View Previous FIPS: Selection field used to access the Case FIPS Code History screen.

View Previous Zip Codes: Selection field used to access the Case Zip Code History screen.

Attach Member ID to Case: Used to attach an existing member to the case. If entered, must be a valid member number. If an entry is made in this field, the Relationship field must also be entered.

Relationship: Used to describe the relationship of the member being attached to the case to the case head.

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Select: Selection field used to access details for the member chosen. Click in the radio button beside the member to be accessed and then choose the Demographics, Eligibility, TDO, Financial or TPL Summary button to view the desired detail screen.

Member: Displays the member's permanent identification number. All members associated with case are listed here.

Relationship: Displays the member's relationship to the case head. See table below for values:

00	Self
01	Spouse
02	Child
03	Grandchild
04	Stepchild
05	Parent
06	Grandparent
07	Stepparent
08	Brother/Sister (Sibling)
09	Step Sibling
10	Sibling In-law
11	Aunt/Uncle
12	Niece/Nephew
13	First Cousin
14	First Cousin, Once Removed
15	Other Relative
16	Foster Child
17	Alien Sponsor
18	Other - Not Related
99	Unknown

A/P: Indicator showing if a member's ID number is a Permanent "P" or an Associated "A" ID number. Permanent member ID numbers that do not have a corresponding Associated ID number will be blank.

*The address on the Case Data screen should be used for the member's mailing address, if different than the member's physical address. The address on the Case Data screen will receive the member's MCO pre-assignment letter (if assigned to an MCO) and action notices from DMAS. If the case is for a foster care child the address of the LDSS locality that has custody of child should be entered on this screen. The number of the social worker that the member is assigned to should be placed in address line one after the LDSS name.

Member Demographics Screen Layout

This screen displays the member's demographic information. The data on the top portion of this screen through the line starting CMM Restriction Period is a summary of data that has been input into other screens. This screen can be accessed through the Inquiry, Update, and Add functions. In addition to current member information, member history can also be accessed.

The screenshot displays the 'MEMBER DEMOGRAPHICS - INQUIRY' screen for a Virginia Medicaid member. Key information includes:

- Member ID:** 250-461348-111
- Last Name:** CHANGES
- First Name:** MMIS SCREEN
- DOB:** 01/01/1950
- SSN:** 999 01 0150
- Address:** 555 TEST CASE WAY, TEST, VA 55555
- Case FIPS:** 250
- Case Worker:** M000
- Relationship to Case Head:** 00
- Gender:** M
- Marital Status:** S
- Primary Language:** 1
- City:** TEST
- State:** VA
- Zip Code:** 55555

The screen includes a navigation menu at the top with options like Member, Provider, Reference, Claims, Financial, Service Auth, etc. At the bottom, there is a toolbar with buttons for Enter, Update, MC Assign, Eligibility, TDO, Financial, Comments, Case, TPL Sum, ID X-Ref, Sub Menu, and Main Menu.

Member Demographics Screen Field Definitions

- Member ID:** Member's unique 12 digit ID number.
- Link Indicator:** Displays a "P" if the member ID has other ID numbers linked to it. Displays an "A" if the member ID is linked to another member ID. If no duplicate member ID numbers exist a blank space is displayed.

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Last Name:	Member's last name.
First Name:	Member's first name.
MI:	Member's middle initial, if any.
Suffix:	Member's suffix, if any.
Case ID:	Member case ID number; the member case ID number uniquely identifies the family or group of individuals in the same case entity.
ADAPT:	Member client ID number in the ADAPT system if applicable. ADAPT is a LDSS system used for LDSS administered programs.
VaCMS:	Member client ID number in the VaCMS system if applicable. VaCMS is a LDSS system used for LDSS administered programs.
Caseworker:	Displays the identification code of the eligibility worker assigned to the case at the LDSS office.
Case FIPS:	Displays the FIPS code of the LDSS office that administers the case.
Comments:	Displays comments indicator "Y" (Yes) if comments are present or "N" (No) if comments are not present.
Aid Category:	Displays the member's current defined aid category.
Benefit Plan:	Displays the description of the member's most defining benefit plan.
More BP:	Displays a "Y" (Yes) if the member has more than one benefit plan.
Exception Indicator:	Displays the member's benefit plan exception indicator. (If there is more than one active EI for the member a plus sign (+) will be displayed.
Absent Parent:	Displays a "Y" (Yes) if the member has absent parent data present.
HIPP:	A unique number assigned to each HIPP/HIV case.
HIPP Status:	A code that identifies the member's current status in a HIPP/HIV case.
TPL:	Displays a "Y" (Yes) if TPL information is on file for the member.
CMM Restriction Period:	The begin date and the end date of the CMM restriction period established for a member.

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CMM Restriction Status: A code that identifies the restriction period as “A” (Active) or “P” (Pending) when a member appeals the decision by DMAS to restrict or void the member’s eligibility.

Relationship to Case Head: Member’s relationship to the case head. See table below for values:

00	Self
01	Spouse
02	Child
03	Grandchild
04	Stepchild
05	Parent
06	Grandparent
07	Stepparent
08	Brother/Sister (Sibling)
09	Step Sibling
10	Sibling In-law
11	Aunt/Uncle
12	Niece/Nephew
13	First Cousin
14	First Cousin, Once Removed
15	Other Relative
16	Foster Child
17	Alien Sponsor
18	Other - Not Related
99	Unknown

Gender: A code indicating the gender of the member. “M” = Male, “F” = Female, and “U” = Unknown.

DOB: Member’s date of birth.

SSN: Member’s Social Security Number.

Race: Member’s race code. See table below for values:

1	White
2	Black/African American
3	American Indian/Alaskan Native
4	Oriental/Asian
5	Spanish American/Hispanic
6	Native Hawaiian or Other Pacific Islander
7	Asian & White
8	Black/African American & White
9	Unknown
A	Asian & Black/African American
B	Other

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Ethnicity: Member's ethnicity code. See table below for values:

CH	Chicano/Chicana
CU	Cuban
MA	Mexican American
MX	Mexican
PR	Puerto Rican
OT	Other

Marital Status: Marital status of a member. See table below for values:

D	Divorced
I	Single
M	Married
S	Separated
U	Unreported
W	Widowed

Primary Language: Member's primary language code. See table below for values:

1	English
2	Spanish
3	Cambodian
4	Vietnamese
5	Farsi
6	Haitain-Creole
7	Laotian
8	Chinese
9	Korean
A	Somali
B	Kurdish
C	Arabic
F	French
G	German
J	Japanese
O	Other

Cit Status: Member's citizenship. See table below for values:

A	Undocumented/Illegal Alien or Legal Alien eligible only for emergency services
C	US Citizen
D	Undocumented/Illegal Alien or Legal Alien eligible only for dialysis services
E	Entrant
I	Grandfathered Alien
N	Naturalized US Citizen
P	Full-benefit Qualified Alien
R	Refugee
V	Visitor, Temporary Visa eligible only for

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emergency services

Cit Level: Member's documented citizenship level. See table below for values:

1A	DSS Verified – Level 1 Document
1B	Other Entity Verified – Level 1 Document
2A	DSS Verified – Level 2 Document
2B	Other Entity Verified – Level 2 Document
3A	DSS Verified – Level 3 Document
3B	Other Entity Verified – Level 3 Document
4A	DSS Verified – Level 4 Document
4B	Other Entity Verified – Level 4 Document
5	SSI, Medicare, SSDI, all Foster Care, Adoption Assistance (IV-E)
GF	Member is making good faith effort to provide citizenship verification.
NB	Member whose mother was enrolled in Medicaid/FAMIS on member's DOB.

Identity: Member's documented identification status. See table below for values:

GF	Client is making a good faith effort to provide verification
NB	Member whose mother was enrolled in Medicaid/FAMIS on member's DOB
OT	Other acceptable document proving identity
PV	Pending verification
V1	Certificate of Naturalization
V2	Certificate of Citizenship
V3	Driver's license with a person's photo or description
V4	School or work ID with a person's photo or description
V5	U.S. military ID or draft card or military dependent ID
V6	U.S. American Indian/Alaska Native Tribal Doc with person's photo or description
V7	Native American tribal document
V8	U.S. Coast Guard/Mariner card
V9	Written Affidavit of ID for child under age 16
VE	Individual exempt from verifying identity
VP	US Passport

CIT/ID Date: Date when the member's citizenship status was updated. Only applicable when entering "GF" (Good Faith) in Citizenship Level or Identity.

SSA Cit Ind: Displays the SSA citizenship indicator that is derived from the SSA response file. See table below for values:

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1	SSN not on SSA Master
2	Name and DOB match, sex does not match
3	Name and sex match, DOB does not match
4	Name matches, DOB and sex do not match
5	Name does not match, DOB and sex were not checked
7	Name, DOB, and sex match, SSN is correct
E	SSN has not been verified and must be sent to SSA
space	SSN has not been verified and must be sent to SSA

- Country:** Displays the country of the member's origin.
- Entry Date:** The year and month residence began in the U.S. Required if citizenship status is not "C" (U.S. Citizen) or "N" (Naturalized U.S. Citizen).
- Same as Case Address:** Indicates if member's address is the same as the case address. "Y" = Yes and "N" = No.
- Same as Case FIPS:** Indicates if the member's FIPS is the same as the case FIPS. "Y" = Yes and "N" = No.
- Mem FIPS:*** Member's FIPS code.
- EDD:** The expected or actual delivery date of a pregnant member.
- Mother ID:** The member ID number of the mother of an infant member.
- NRF:** Newborn Recycle Flag; a flag to identify a newborn whose mother is assigned to a MCO. Not for LDSS use.
- Phone:** Member telephone number.
- Disability Code:** An indicator of the type of disability associated with a member. See table below for values:

100	Permanent
200	Temporary, Long Term
300	Temporary, Less than 6 months

- Disability Onset Date:** The date of the onset of the member's disability.
- Special Ind:** Code used to indicate special eligibility conditions associated with a member. See table for values below:

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AA	Adoption Assistance
FC	Foster Care
HC	Hospitalized Child
ST	Student
UM	Unaccompanied Minor

DOD: The date of a member's death.

Member Address:* Street address where member resides.

City:* Name of city in which the member resides.

State:* State abbreviation in which the member resides.

Zip Code:* Zip code of the area in which the member resides.

Suppress ID Card: Indicator that allows the suppression of the member's ID card production. "N" = No and "Y" = Yes. Leave blank or enter "N" to allow ID card to generate. Enter "Y" to suppress generation of member ID card.

Card Date: Displays the last date an ID card was issued for a member.

Reissue Reason: Displays the reason the last ID card was issued for a member. See table below for values:

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

Sequence #: Displays the sequence number of the last ID card issued for a member. This number increases by one with each reissue of a member's plastic ID card.

Request #: Displays the number of ID cards reissued in a year for the trigger reason "L", "S", or "D". This field resets to zero every January.

View Member FIPS: Displays the member's FIPS and case association screen. Click on the radio button and choose Enter to access this screen.

View Previous Names: Allows access to the member's Names History screen. Click on the radio button and choose Enter to access this screen.

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View Previous Addresses: Allows access to the member's Address History screen. Click on the radio button and choose Enter to access this screen.

View Aliases: Allows access to the Member Aliases screen. Click on the radio button and choose Enter to access this screen.

View Health Conditions: This field is currently not in use.

Pend Claims: Code identifying the unit that will review the member pends. Only DMAS authorized representatives have access to this field.

Begin Date: Begin date used to suspend all claims for a member for manual reviews prior to adjudication. Only DMAS authorized representatives have access to this field.

End Date: End date used to suspend all claims for a member for manual reviews prior to adjudication. Only DMAS authorized representatives have access to this field.

Pend Source: Displays the operator ID of the person that entered the pend reason code. Only DMAS authorized representatives have access to this field.

*The address on the Member Demographic screen should reflect the physical address of the member, if different from the address on the Case Data screen. The Member FIPS field should reflect the FIPS in which the member resides as this is the FIPS in which a member is assigned to an MCO, if any. The member's MCO and Medicaid ID card are mailed to the address on the Member Demographic screen. If the member is a foster care child the first line of the address field should reflect the member's social worker number as well as the case FIPS as this allows the MCO to know who the social worker is that has authority to act on the case.

Eligibility Data Screen Layout

The Eligibility Data screen displays a member's eligibility data by aid category. This screen is accessible through the Inquiry, Update, Cancel, and Retro Cancel Reinstate functions. Member eligibility history is displayed in reverse chronological order. If history is longer than first page, older eligibility segments are viewed by using the scroll down button. The Eligibility Data screen reflects the beginning and ending date of all eligibility segments for the member as well as the reason for cancellation of that segment, if any.

Screen ID: RS-S-015
 Trans ID: VE15
 Program ID: RST016VA

**VIRGINIA MEDICAID
 ELIGIBILITY DATA - INQUIRY**

Date: 02/01/2012
 Time: 15:23

Member ID: 760-114236-114
 Name: EXAMPLE PERFECT
 Case ID: 760-114236-106
 Caseworker: M000
 Case FIPS: 111

Consent Date: NO CONSENT
 Income less than or = 100% FPL: Y
 HIPP: _____
 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
C	058	02 01 2012	02 01 2012	12 31 9999	000		000	000	A

DATA DISPLAYED.

Buttons: Enter, Update, Refresh, Member, TD0, Financial, Case, TPL Sum, Comments, Sub Menu, Main Menu, Cost Eval, Case Sum, Scroll Up, Scroll Down

Eligibility Data Screen Field Definitions

- Member ID:** Displays member's unique 12 digit ID number.
- Comments:** Displays comments indicator "Y" if comments are present or "N" if comments are not present.
- Name:** Displays the Member's name.

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Consent Date: The maximum service consent date for a member with a consent type of hysterectomy or sterilization is displayed. "No Consent" is displayed here if neither consent type is present.

Case ID: Member case ID number; the member case ID number uniquely identifies the family or group of individuals in the same case entity.

Income Less than or = 100% FPL: Displays the FPL status for a member which is effective on the current date. If FPL is not required for the member or there is not an active FPL segment present there will not be any data displayed.

N	Income greater than 100% FPL
U	Unknown
Y	Income less than or equal to 100% FPL

FPL Begin Date: Displays the FPL status begin date which is effective on the current date. A date will not be displayed if FPL is not required for the member or there is not an active FPL segment present.

Caseworker: Displays the identification code of the eligibility worker assigned the case at the LDSS office.

Case FIPS: Displays the FIPS code of the LDSS office that administers the case. For Temporary Detention Orders (TDO) the FIPS code will be the locality where the TDO warrant was issued.

HIPP: A unique number assigned to each HIPP/HIV case.

HIPP Status: A code that identifies the member's current status in a HIPP/HIV case.

Select: A selection field used to view a member's benefits for a chosen eligibility segment. Choose the radio button beside the segment to be accessed and choose enter to display the Member Benefits screen.

Aid Category: The program category code under which a member is eligible for Medicaid. The aid category also identifies a member's eligibility for certain benefit plans. See MMIS Help for valid values.

Application Date: The date the member applied for Medicaid benefits.

Begin Date: The date the member's Medicaid benefits began.

End Date: The end date for the member's Medicaid eligibility.

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Cancel Reason: The reason code associated with the termination of a member's eligibility under an aid category. See MMIS Help for a listing of valid values.

Cancel Date: The date an eligibility period was cancelled.

Extension Reason: A code indicating the reason a member's eligibility has been extended beyond the previous cancellation date. This field is not currently in use.

Reinstate Reason: The code indicating why a member's eligibility was reinstated. See table below for values:

001	Member coverage reopened due to timely appeal
002	Member coverage reopened due to appeal decision
003	Member coverage reopened, cancelled in error

Status: A code indicating the status of the associated eligibility period. "A" = Active, "C" = Cancelled, and "V" = Voided.

Member Benefits Screen Layout

The Member Benefit Screen displays the benefit packages that are associated with the member's aid category. Upon completion of adding eligibility data on the Eligibility Data Screen the Member Benefits Screen is automatically updated and displayed to allow the user to view the results of the entry. The Member Benefits Screen can also be accessed in Inquiry mode by choosing the eligibility segment to be viewed and selecting Enter. The disposition status of each benefit line can be viewed here as well as the date the disposition change took place. The Federal Poverty Level (FPL) indicator is located in the Member Benefit Screen at the field "Income Less Than or = 100% FPL". This data field is accessible in certain modes and may need to be changed depending on the member's circumstances.

Screen ID: RS-S-011
 Trans ID: VE11
 Program ID: RST011VA

VIRGINIA MEDICAID
MEMBER BENEFITS - INQUIRY

Date: 02/02/2012
 Time: 10:02

Member ID: 760-114236-114
 Name: EXAMPLE PERFECT
 Case ID: 760-114236-106
 Caseworker: M000
 Case FIPS: 111

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	Reinstatement Reason
058	02/01/2012	02/01/2012	12/31/9999	000		A	000	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	02/01/2012	12 31 9999	DF	000	A	02/01/2012
01-01-0300		MED PREMIUM	0000000000	02/01/2012	12 31 9999	00	000	A	02/01/2012
01-01-0400		MED CO & DE	0000000000	02/01/2012	12 31 9999	00	000	A	02/01/2012

DATA DISPLAYED.

Buttons: Enter, Update, Prov Loc, Comments, VALTC Sum, Return, Sub Menu, Main Menu

Member Benefit Screen Field Definitions

Member ID: Displays member's unique 12 digit ID number.

Comments: Displays comments indicator "Y" (Yes) if comments are present or "N" (No) if comments are not present.

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Name: Displays the member's name.

Income Less than or = 100% FPL: Displays the FPL status for a member which is effective on the current date. If FPL is not required for the member or there is not an active FPL segment present there will not be any data displayed.

N	Income greater than 100% FPL
U	Unknown
Y	Income less than or equal to 100% FPL

Case ID: Member case ID number; the member case ID number uniquely identifies the family or group of individuals in the same case entity.

FPL % ST Begin Date: Displays the FPL status begin date which is effective on the current date. A date will not be displayed if FPL is not required for the member or there is not an active FPL segment present.

Caseworker: Displays the identification code of the eligibility worker assigned to the case at the LDSS office.

Case FIPS: Displays the FIPS code of the LDSS office that administers the case. For Temporary Detention Orders (TDO) the FIPS code will be the locality where the TDO warrant was issued.

Aid Category: The program category code under which a member is eligible for Medicaid. The Aid Category also identifies a member's eligibility for certain benefit plans. See MMIS Help for valid values.

Application Date: The date the member applied for Medicaid benefits.

Begin Date: The date the member's Medicaid benefits began.

End Date: The end date for the member's Medicaid eligibility.

Cancel Reason: The reason code associated with the termination of a member's eligibility under an aid category. See MMIS Help for a listing of valid values.

Cancel Date: The date an eligibility period was cancelled.

Status: Displays the status for the associated period of eligibility. "A" = Active, "C" = Cancelled, and "V" = Voided.

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Extension Reason: A code indicating the reason a member's eligibility has been extended beyond the previous cancellation date. This field is not currently in use.

Reinstate Reason: The code indicating why a member's eligibility was reinstated. See table below for values:

001	Member coverage reopened due to timely appeal
002	Member coverage reopened due to appeal decision
003	Member coverage reopened, cancelled in error

Benefit Plan: An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Up to three plans are displayed per page. Use the Scroll Up and Scroll Down buttons to access additional plans. See MMIS Help for valid values.

Exception Indicator: A code used as a modifier to the benefit plan code, indicating the level of care (LOC) that the member is receiving in a nursing home facility or waiver service. See table below for values:

1	ICF
2	SNF
4	CMM Physician*
5	CMM Pharmacy*
6	CMM Transportation*
7	Out of State Provider
9	Elderly or Disabled Waiver with Consumer Direction
A	Technology Assisted Waiver
D	Hospice
E	AIDS Waiver
EI	Early Intervention*
F	Regular Assisted Living*
J	Intensive Assisted Living*
L	Long Stay Hospital
M	Children's Mental Health Waiver*
MP	Money Follows Person*
MW	Medicaid Works*
PP	PACE
Q	CDPAS Waiver (no longer used)
R	IFDDS Waiver
S	Day Support Waiver
T	Alzheimer's Assisted Living Waiver
Y	MR/ID Waiver
*	*Non-LTC Exception Indicators

Plan Description: Displays a brief description of the associated benefit plan.

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Provider ID: The Provider Identification Number of the provider assigned by the benefit plan to the member, especially related to managed care, CMM Lock-in, and PACE

Begin Date: The begin date of enrollment in the benefit plan. For managed care, this represents the begin date of an assignment between a provider and a member. If the member moves from Medicaid to FAMIS, then the FAMIS MCO benefit plan should not begin until the first of the month following the month of entry.

End Date: The end date of enrollment in the benefit plan. For managed care, this represents the end date of an assignment between a provider and a member.

Change Source: Source that provided the information resulting in a change of benefit data (specifically, nursing home, community based care or mental retardation information); or a specific type of benefit. See table below for values:

00	No Change Source
01	Provider
02	Member
03	Utilization Review Analyst
04	Other MSS Staff
05	Department of Social Services
06	DBHDS
07	DMAS- Managed Care
08	DMAS – CMM
86	Vent
87	AIDS
88	System Generated (manual entry not allowed)
89	Complex
91	TBI
92	Rehab
99	Unknown
CD	Converted Data (used only during conversion)
DF	Default benefit which may not be modified manually

End Reason: A code indicating the reason that the member's benefit period was ended. See the MMIS Help for valid values.

Disposition Ind: A code that indicates the disposition of the associated benefit. See table below for values:

A	Assigned/Approved
P	Pended or Pre-assigned
V	Void

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Disposition Date: The date in which the member benefit disposition code was entered either by the system via the managed care pre-assignment/assignment process or online by a user.