

Select originating cluster

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Authorized Signature

Number: SS-IM-08-012

Issue Date: 03/17/2008

Topic: Medical Benefits

BED Coding for medical program clients

Subject: Revisions to the 462A and 462C

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): CAF SSP
transmittal group only |

Message: Eligibility workers are required to meet federal “due process” requirements. Due process includes reviewing for all medical programs and sending legal notice prior to ending or reducing medical benefits whenever a medical program client:

- Reports a change timely that affects their current eligibility.
- Establishes a date of request (DOR) verbally, in writing or by turning in an application at the time of a scheduled redetermination or recertification.

Revisions to DHS 462A and DHS 462C

Revisions were made to the DHS 462A and DHS 462C to clarify that the notices may be used for denials and closures. It is not a change from our current process, just a clarification to make the notices more understandable.

Both were also given new names: the DHS 462A is now named the *Notice of Medical Assistance Program Eligibility Decision* and the DHS 462C’s new name is *Notice of Self Sufficiency Medical Program Eligibility Decision*. The English and Spanish versions have been posted to the Forms server.

The NoticeWriter versions are also available. On NoticeWriter, the DHS 462A and DHS 462C are both two-part notices: the CM462A1 & CM462A2, and the CM462C1 & CM462C2.

The Spanish translations are available as the SP462A1 & SP462A2, and the SP462C1 & SP462C2.

Bypass end date (BED)

Adding BED coding to a CM case may be required to prevent the medical from automatically ending because a redetermination, including an OHP recertification, is due. Enter a BED code to prevent the case from automatically closing when:

- More information is necessary for the eligibility determination.
- The client is no longer eligible for any medical benefits and there is not enough time to send a 10-day closure notice.
- The client is still eligible, but with a reduction in benefits and there is not enough time to send a 10-day reduction notice.

Once the case is restored with the BED coding, the CM system will keep the case open until the BED need/resource end date expires. The BED need/resource end date is the month/year that includes a 10-day notice period (in case you need to close or reduce benefits). For example, if the DOR is July 10, the 45th day is August 25. If the pended information has not been returned before August 25, there would not be time for 10-day notice in August and so the BED end date is September.

Note: When the client establishes a DOR after CM compute deadline but before benefits end, enter a "Restore" action on UCMS and add the BED need/resource item. The UCMS effective date is the first of the month after closure. You should not need to add a "C" in the OHP Update field on UCMS or update the CHP need/resource end date once the BED code is added. However, if it is necessary to manipulate the OHP cert end date on the UCMS screen, use the "W" OHP Update code. Be careful the "W" code is what you want to use. If the "W" update code is used, the CM system will not send an approval notice.

Notice issues for BED'd cases

- The notices and reapplication packet required for children turning age 19 and losing their medical eligibility will still be mailed, but otherwise the only notice that the CM system will automatically send on a BED'd case is the BED close notice.
- If the client does not return the pended verifications, no further worker action is needed. The CM system will automatically send a 10-day BED close notice based on the BED end date. (The BED close notice is the 77B notice, which is exactly the same as the CR notice.)
- If the client does return the pended verifications, further worker action is needed. Remove the BED coding and update the CM case. If not eligible for ongoing medical benefits, send a 10-day notice stating specifically why the client is no longer eligible and send the DHS 462A.
- If eligible, but with reduced benefits, remove the BED coding and update the CM case. Send a 10-day notice of reduction stating specifically why the client is not longer eligible for the higher benefits. Also send the DHS 462A.

Never “BED on a BED”

Often, the client contacts their eligibility worker after the 45th day but before their benefits actually end. The client’s contact about their medical benefits establishes a new DOR. Honor the new DOR and redetermine eligibility. However, since the client has already had their 45th days due process to provide verification, we do not have to keep the case open. Allow the medical benefits to end during the new 45th day pend period.

If the branch is extending the 45th day processing time period, narrate the reason for the extension, revise the BED end date and resend a pend notice with the new due date. An extension of the original 45th days is allowed; it is not the same as “BED on a BED.”

NOTE: Although we do not BED on a BED, for OHP-OPU, if the client establishes a new DOR before their benefits end, but after the 45th day, they may still be eligible for OHP-OPU. For example, if the client’s BED’d OHP-OPU benefits are scheduled to end February 29 and the client calls and establishes a DOR on February 29, let the benefits remain closed while redetermining ongoing medical eligibility. However, the client is not a new applicant per 461-135-1102 and may still be eligible for OHP-OPU benefits.

If you have any questions about this information, contact:

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