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MEDICAID COMMUNICATION NO. 17-02 DATE: January 26, 2017

TO: County Welfare Agency Directors
Statewide Eligibility Determination Agencies
Institutional Services Section (ISS) Area Supervisors

SUBJECT: Processing of Active Case Transfers
*****Clarification of Medicaid Communication 12-02 previously issued on January 9, 2012*

This Medicaid Communication is intended to update the previously issued Medicaid Communication 12-02, regarding the transfer of active NJ FamilyCare cases between Eligibility Determining Agencies (EDAs). For clarification purposes, a transfer shall be defined as a case that is undergoing supervision changes whereas an EDA terminates their supervision and transfers such responsibility to another EDA. The term transfer case may also include referrals or courtesy applications which relate to a situation where an EDA takes a new application, processes it accordingly, and transfers the supervision to another EDA. Cases may be transferred for reasons such as: relocation to another county, coordination of family members, or as a result of eligibility where the countable income has exceeded the Medicaid limit; therefore, the child is eligible for the Children's Health Insurance Program (CHIP). Since these reasons do not result in ineligibility from the NJ FamilyCare program, there is no need for re-application by the recipient. Furthermore, **transferred cases may NOT be refused by the new or receiving county.**

Transfer procedures will remain the same as those outlined in Medicaid Communication 12-02, with some exceptions. In general, it is no longer necessary for EDAs to alter or re-assign a recipient's case number when a case is transferred for any reason other than a change in program eligibility that would require a new program number (i.e. 20, 30, 70, etc.). As a result, cases generally **shall not be closed** during the transfer process. Instead there shall be coordination between the EDA's designated Transfer Liaisons. The Transfer Liaison(s) will be responsible for ensuring that their agency is following the correct transfer procedure here within and will be the point of

contact for other EDAs, as well as the Division, to resolve any transfer issues. The Division will maintain the list of Transfer Liaisons which will be distributed as necessary.

Another revision, which applies to County Welfare Agencies' case transfers, is the use of the Document Imaging Management System known as DIMS. Each case must be scanned and indexed by the sending or previous county. The information from the case record that is required to be sent for case transfers via DIMS must include the following:

- initial application
- last completed redetermination
- necessary supporting documentation (electronic verifications, paper verifications, MAGI determination output page, county worksheets, etc.),
- relevant cross-reference sheet information (i.e. TANF, SNAP and/or General Assistance related case information).

Regarding case transfers that occur between a County Welfare Agency and the State's vendor, DIMS is not available, therefore the necessary information from the case record as outlined above should be sent via US Postal Service or interoffice mail (if available). Additionally, <u>for the State's vendor only</u>, information concerning TANF, SNAP and/or General Assistance programs need not be transferred.

The designated Transfer Liaison for each EDA is responsible for using the transfer capability in DIMS (see Appendix A) and/or coordinating the paper transfer of the above listed documents via the US Postal Service or interoffice mail if the transfer involves the State's vendor. The Transfer Liaison(s) must keep a record of all outgoing and incoming transfers. The sending agency's worker must send an email to the appropriate EDA's Transfer Liaison(s) notifying them of the case in DIMS, or appropriate mailing(s) when the transfer involves the State's vendor, as part of the transfer process.

The sending EDA is required to complete any redeterminations due within 90 days of the transfer request. In the event that a recipient was terminated for failure to complete their redetermination packet less than 90 days ago, and is now seeking coverage, the sending EDA is responsible for completing the redetermination and transferring the case to the receiving EDA. It is important to note that the recipient should not have their processing delayed or be inconvenienced in any way due to the coordination of the transfer process.

Since the transfer case will not be closing there should not be any disruption to the recipient's managed care enrollment. However, in the event that a recipient is enrolled in a managed care plan that is not available in their new county of residence, the recipient must select a new plan. It is best to coordinate the recipient's new managed care selection as soon as possible to avoid a lapse in coverage. Selection of managed care coverage can be accomplished by contacting the State's health benefits coordinator.

There shall be no additional determination of eligibility based on Modified Adjusted Gross Income (MAGI) methods outside of the normal redetermination period per 42 CFR 435.916(a) unless a recipient's

circumstances change that may affect eligibility (i.e. change in household composition or income). It is the responsibility of the sending agency to ensure that the eligibility determination was made correctly prior to the transfer. In these cases, Quality Control will continue to hold the EDA making the original determination responsible for any errors related to the initial eligibility determination.

The receiving EDA must send a notice to the recipient advising of the case transfer process. This notice must include the receiving EDA's contact information, reason for the transfer and any applicable managed care information, if needed. As a reminder, when a recipient permanently moves outside of the State of New Jersey and no longer has an intent to stay, the recipient is required to be terminated accordingly and sent an adverse action notice to his or her new home address. Accordingly, the recipient's new contact information should be updated in the Medicaid Eligibility System.

For your convenience, attached is a quick guide (see Appendix B) to provide assistance while transferring cases. If you have any questions regarding this Medicaid Communication, please refer them to the Division's Office of Eligibility field staff representative for your agency at 609-588-2556.

MD:jm

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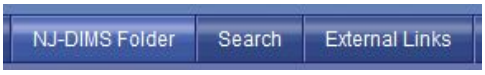
Appendix A
DIMS: CWA to CWA Case Transfer Instructions

These instructions are intended to guide DIMS users through the steps of electronic case transfer. The sending county will still need to contact the receiving county in order to identify the need for emergency assistance and to coordinate the time of the transfer.

The Case Transfer tool in OpenWorkDesk provides users (with the appropriate access and permissions based on the DIMS security model) the capability to electronically transfer a recipient's case to another county. After logging into OpenWorkDesk, please follow these steps:

1. Click on the **External Links** tab. 

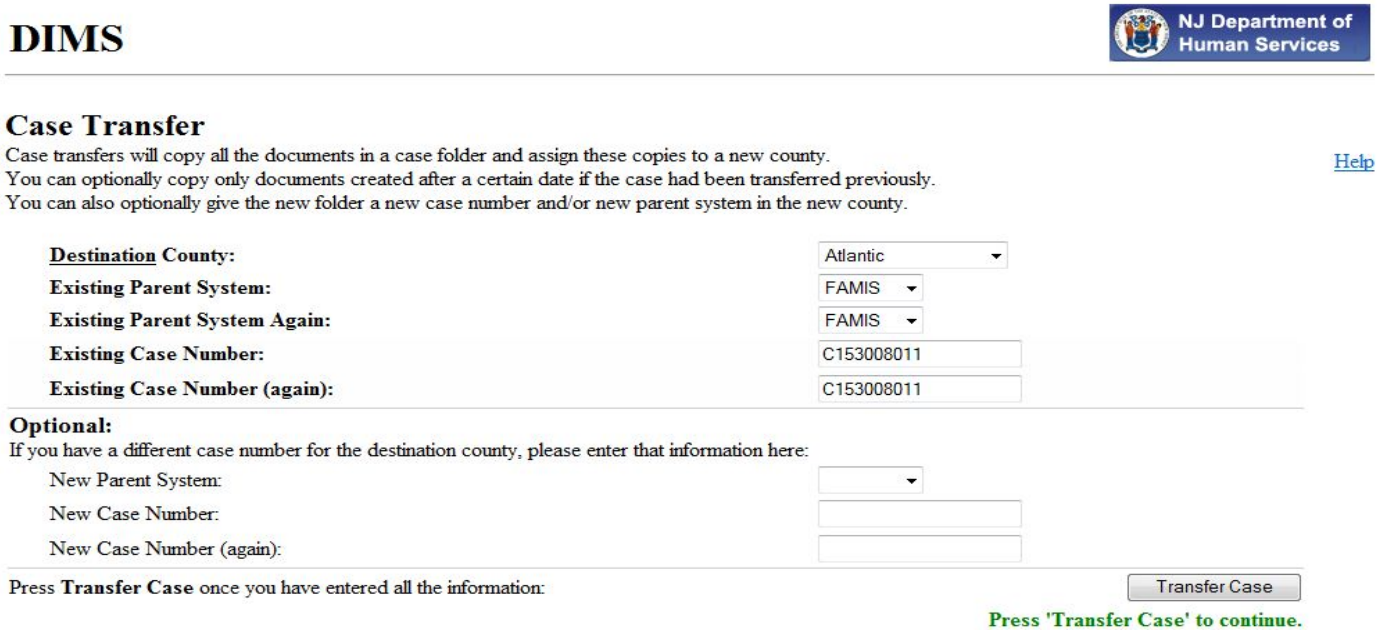
2. Click on the **Case Transfer** link to open the utility. A new window will open.

← **Please click on "Case Transfer" text to open utility.**

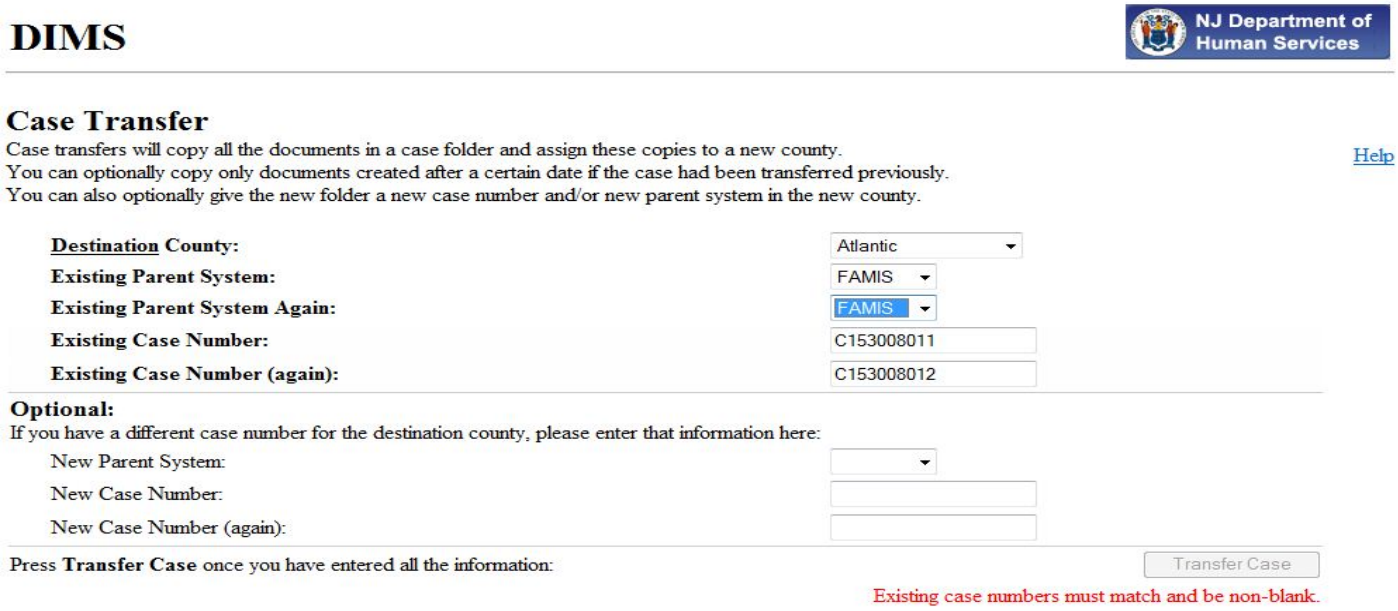
3. Select the **Destination County**.

NOTE: If the destination county is incorrectly selected, the county which the case was erroneously transferred to must be informed in order to follow proper deletion procedures. It is vital that the correct county be selected when transferring a case.

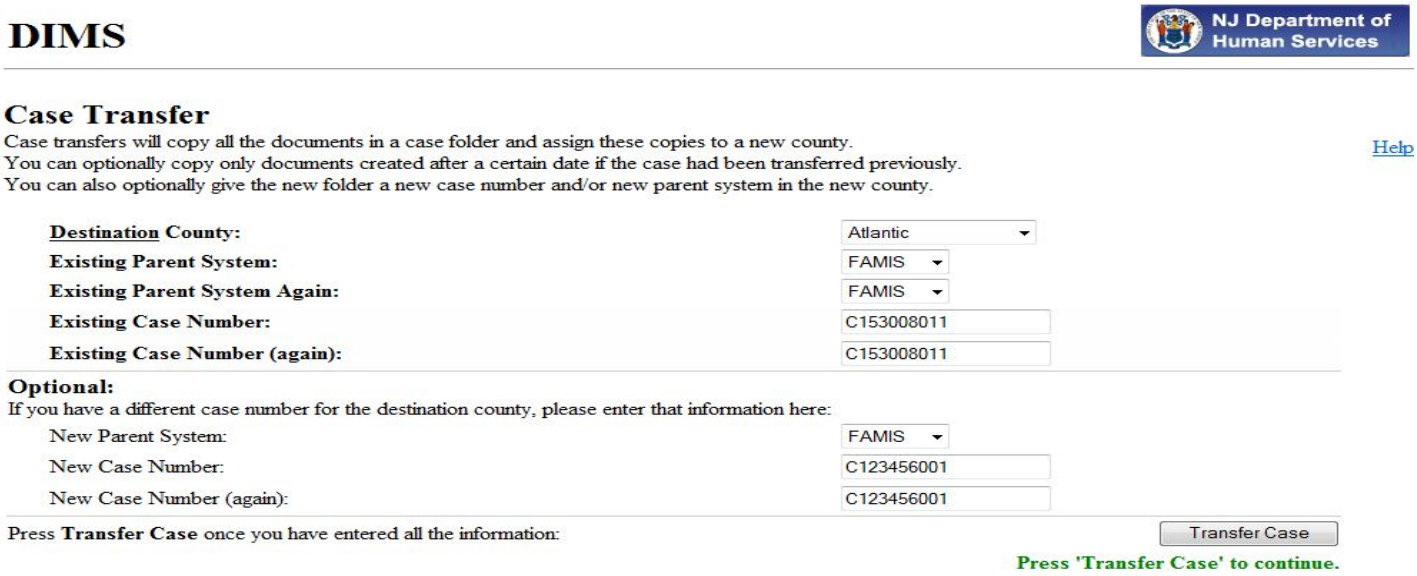
4. Enter and confirm **Existing Parent System** and **Existing Case number** of the case to be transferred. ***Please be sure to enter the full case number, including the three digit county code.*** If the incorrect case number was transferred, please contact the receiving county in order to follow proper deletion procedures.



NOTE: Please be sure to enter the correct Parent system and Case number. The system is unable to verify that the Case number or Parent system was entered incorrectly. The utility will display a message that the Parent system or case number do not match, therefore graying out the Transfer Case button.

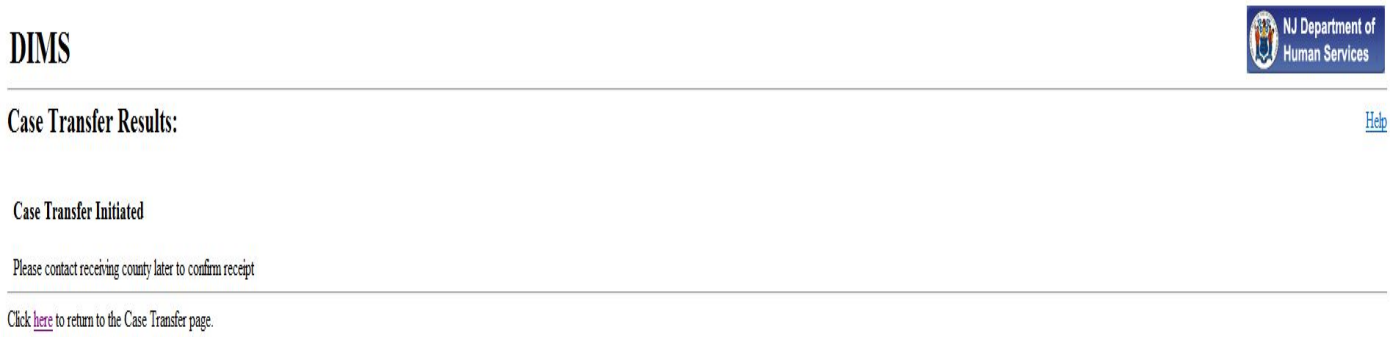


5. If transferring the case with a different Parent System or Case Number, complete the **Optional** fields.



NOTE: The Transfer Case button will be disabled when the Parent System and the Case numbers match in both the Existing and Optional fields.

6. Press **Transfer Case** to send the case to the receiving county. During the transfer, you should see the following message on the screen:



7. After receiving the "Case Transfer Initiated" message, you may exit the window by clicking the red "X".

8. Case(s) should only be transferred by the county case Transfer Liaison. Once the case has been transferred, please email the receiving county's case transfer liaison with the following information:

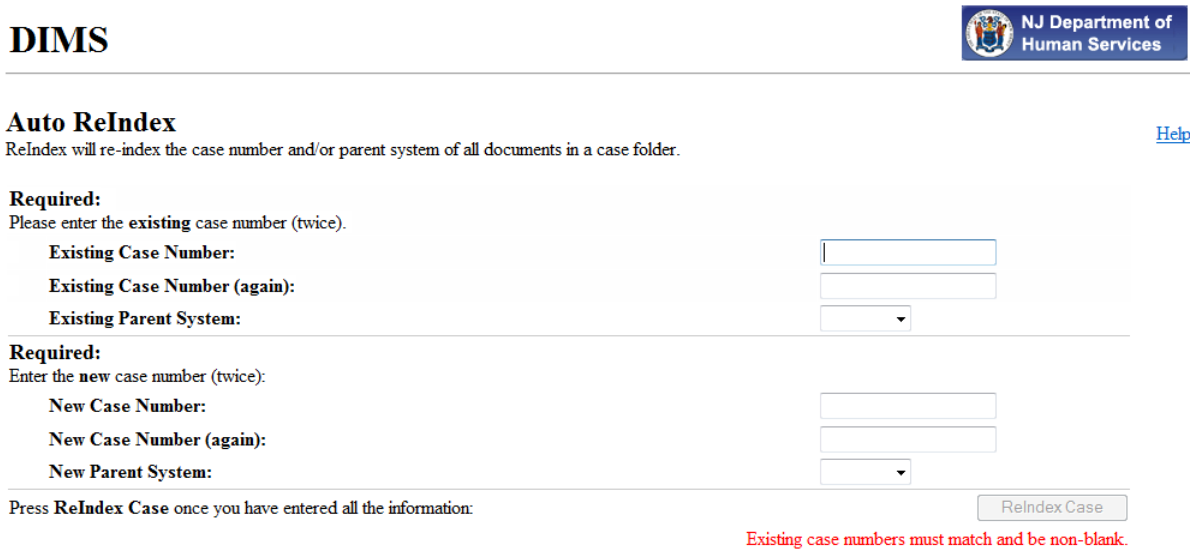
A) Case Number being transferred.
B) Parent System.
C) Total Number of Documents. (Optional)
D) Date/Time Sent.
E) If the case being transferred utilizes the cross-reference form, please transfer the case that is being referenced. Example: MES case references a FAMIS case, please transfer both cases.

9. Once confirmed that the case has been received, if it does not match your county case number, you should immediately auto re-index the case to your county specific case number using the following steps:

1. Click on the **External Links** tab.

2. Click on the **Auto Re-index** link to open the utility. A new window will open.

3. Enter in **Existing Case number** and **Existing Parent System** of the temporary case documents, then enter the desired **New Case Number** and **New Parent System.**



4. Click **Re-Index Case** to assign the case a permanent case number.

5. A results window will be displayed.

NOTE: Regarding the re-indexing process, it is important to verify the number of documents displayed as re-indexed in the results message.

10. If you are not already doing so, the case transfer contact in each county should keep a log of all outgoing and incoming transfers. Minimum data maintained should be Name, Case Number and Date of Transfer.

Note: If you need assistance with any of the DIMS case transfer steps, please contact the DFD Help Desk.

Appendix B
Quick Guide for Transferring Cases

Transfer between County Welfare Agencies (CWAs):

❖ The county that the recipient previously resided in (herein referred to as the "sending county") must take the following actions:

- In the Document Imaging Management System (DIMS):
  - The case must be scanned and indexed properly.
  - Include any necessary cross-reference sheets (TANF, SNAP and/or General Assistance).
  - CWA worker must email the Transfer Liaison(s) with DIMS information.

- In the Medicaid Eligibility System (MES) on screen 061:
  - Update the recipient's address and phone number.
  - Add a Termination Date for the end of the next month, using **Termination Code 06** to signal that the case is being transferred to another county.
  - Add a new eligibility segment for the month following the termination date, using **Add Code 02** to signal the transfer, and using the receiving county's codes for the County of Supervision and County of Residence fields.

    Example:

    ELIGIBILITY SEGMENTS :

EFFECT DATE	TERM DATE	ADD CDE	TRM CDE	PGM STA	CTY SUPVN	CTY RESID
05012016		02		762	003	03
11012015	04302016	01	06	762	010	10

  - Change the Supervisor and Worker codes to **TR** and **99** accordingly.

- Coordination between designated Transfer Liaison(s) shall occur as follows:
  - Facilitate communication among the appropriate CWA workers via email.
  - Maintain a record of the transfer.
  - Utilize the transfer capability in DIMS to send the case to the new county.
  - Coordinate to ensure that the transfer goes through effectively and that there is no disruption to benefits.

❖ The new county that the recipient is moving to (herein referred to as the "receiving county") shall take the following actions:

- Email should be received by the sending county's Transfer Liaison(s) notifying of the case transfer in DIMS and ensuring a seamless transition.

- A notice must be sent to the recipient advising them of the transfer of their eligibility record to the receiving county.
  - This notice must indicate the change in supervision, the receiving county's contact information, reason for the transfer, and any applicable managed

care information (i.e. if the managed care plan is not available in the receiving county then a new plan must be selected).

- **There should be no mention of termination of benefits.**

- In MES:
  - On the case modified by the sending county per above, the receiving county's appropriate Supervisor and Worker codes should be added to the eligibility screen 061.
  - On the redetermination screen 066, only the Supervisor and Worker codes should be updated. ***NOTE: The redetermination date should <u>not</u> be changed.***

Reminders!

- Accept the previous eligibility determination completed by the sending EDA. The receiving EDA will conduct the next determination at the next scheduled redetermination or with a reported change in circumstances.

- Should the program number need to be changed as a result of eligibility determination (for example – aging out from program 30 to program 20) the case will need to be terminated accordingly and reopened with a new case number.

- Make sure eligibility is continued so as to not create a "gap" for the recipient. If a recipient is enrolled in a managed care plan that is not available in their new county of residence, the recipient must select a new plan by notifying the State's health benefits coordinator.