CSR 496 – Medicaid Reform (HF841)

Overview

HF841 is an Act relating to health care reform. Part of this legislation expands eligibility for the Medicaid population into four new coverage groups.

The first group is called IowaCare and becomes effective July 1, 2005. These recipients cannot be eligible for Medical Assistance and will not have other insurance as a condition of eligibility. Member could have MCARE - ? (nj) This group is divided into 200% above poverty level and 300% above poverty level; and hardship vs. non-hardship. There are four new aid types that have been assigned to identify these groups:

60P – 300%; non-hardship
60E – 200%; non-hardship

IowaCare recipients pay the same co-pays as full Medicaid coverage groups. Hardship declaration only impacts premium payments.
Recipients in IowaCares will be locked into a provider network and can only receive services from the in-network providers. These providers include the University of Iowa Hospitals and Clinics; Broadlawns; and the four mental health institutes (MHIs) – Independence, Cherokee, Mt. Pleasant and Clarinda.

The services covered for the IowaCares recipients include the following:

Inpatient (DRG and other inpatient reimbursement methodologies)
Outpatient (APG and other non-inpatient reimbursement methodologies)
Physician and registered nurse practitioner
Pharmacy (hospital pharmacy within the provider network)
Dental
Transportation

****Question:** What is meant by transportation? Ambulance, cab, etc? Paid through the MMIS or the county?

The network providers listed above bill Medicaid with the following provider numbers:

U of I (inpatient and outpatient services)	: 0601013
(physician services)	: 0040246
(dental)	: 0007567 (college of dentistry)
	: 0177832 (U of IHC-dental plan)
(pharmacy)	: 5600071 (NABP)
Broadlawns (inpatient and outpatient)	: 0601013
(physician)	: 0427476

(dental)	: 0066068
(pharmacy)	: 1604885 (NABP)
Independence (inpatient)	: 0640037
Cherokee (inpatient)	: 0640029
Mt. Pleasant (inpatient)	: 0640045
Clarinda (inpatient)	: 0640052

****Question:** Physician services rendered in the four MHIs are billed by independently practicing physicians and are not tied to the MHIs. How will physician services be limited?

The in-network providers have a sum of money appropriated to them for FY 06 by the legislature. They will be paid 1/12 of their appropriation each month through a lump sum payment (gross adjustment). They will then be required to submit claims for services rendered to IowaCares recipients much like an HMO submitting an encounter claim or a pseudo claim. These claims must be submitted within 20 days from the last date of service on the claim. There is NO penalty if the claim is not submitted within 20 days from the last date of service. The claims will go through the normal adjudication cycle within the MMIS and will adjudicate to either a paid or denied status. However, no check will actually be generated for these pseudo claims since the providers will be getting their money through the gross adjustment. The pseudo claims must show what Medicaid would have reimbursed for the claim.

The pseudo claims will be excluded from any MARs or SURs reporting.

The second new coverage group is called MHI Adult Residents and is also effective July 1, 2005. Normally Medicaid only pays for recipients in a Mental Health Institute (MHI) under the age of 21 or over the age of 65. This new coverage group expands the age limits to 19 – 64. How these coverage groups will be identified to MMIS is still to be determined. There will be an eligibility group that has full Medicaid (involuntary patients) – for this group claims from MHI must be handled like claims for the IowaCare group. Claims from non-IowaCare providers will be paid as fee for service Medicaid. The second eligibility group will be under IowaCare, and can only see IowaCare providers.
****Question**: Is this the indicator that is passed in the eligibility record in the nursing home eligibility segments? If so, the value of 'R' is already being used for RCF. Design for eligibility systems is not complete. Meeting scheduled for 5/10/05 .

These recipients will be locked into one of the four MHIs and the MHI will be paid in the same manner as the IowaCares group through a gross adjustment. Again, the MHI will have to submit pseudo claims for services rendered to MHI Adult Residents.

****Question:** Again we have the same problem with not being able to tie physician services to the MHI.

The other two new coverage groups are Family Planning Waiver and CMH Waiver (children's mental health). Eligibility for these groups will begin effective 7/1/05. Implementation of modifications necessary for these new groups (identified by aid type or waiver code) will need to be coordinated with any changes ACS makes.

System Modifications Overview

Eligibility

The eligibility update program will need to be modified to accept the new aid types, Part A, B, C, and D codes.

A new plan type 400 will need to be created to identify these recipients to the POS. POS will be paying the pharmacy claims if submitted by an in-network provider.

****Question:** Is the new POS vendor going to use the same interface eligibility record that is currently passed to the fiscal agent POS?

Claims Editing

A new edit will be needed to post to all claims with aid types 60E, , 60P and MHI Adult Residents. These claims will be suspended until all the system changes have been implemented to handle the two new coverage groups.

A new valid value will need to be added to adjustment reason code – Medicaid Expansion - to identify the gross adjustments that are paid to the in-network providers.

A new edit will be needed to post to claims when the provider is not an in-network provider. The provider numbers will be hard coded.

Claims that are submitted more than 20 days after the last date of service will need to be identifiable for reporting later.

Payment

The payment process will need to be modified to not cut a check for the 'paid' pseudo claims.

MARs/SURs

The claims input programs for each of these subsystems will need to be modified to exclude the pseudo claims.

REVS (voice response system)

Since the new vendor will be using a new voice response system, the new vendor will need to program the appropriate response to eligibility verification for IowaCares and MHI Adult Residents.

Federal Reporting

We assume this means MSIS reporting for eligibility. This cannot be programmed until the MAS-BOE codes are received from CMS. DHS is in the process of obtaining the MAS/BOE codes and Part A, B, C and D codes.

Other Reporting

Needs to be defined.

What Can Be Programmed by July 1, 2005?:

If the assumptions listed in this document are correct, then we can begin programming the acceptance of the new aid types for the eligibility update, and the new exception to suspend all claims for the two new coverage groups for a July 1, 2005, implementation.

As of 06/08/05

Eligibility Changes for MMIS/CORE relating to new coverage groups - 7/1/2005

IowaCare (2 groups)
Family Planning waiver
CMH waiver
MHI adult residents

1. **IowaCare OB/newborn - 300% pov**
   - aid type = 60P (new)
   - not enrolled in the Iowa Plan or Medical Managed Care

Federal reporting codes are:

AID	Fund	PART A	PART B	PART C	PART D	MAS-BOE
60P	1	FAB	BCT	ABO	BCB	55
60P	2	FAC	BCT	ABO	BCB	54
60P	3	DHF	DEO	ACA	DBA	55
60P	4	DHG	DEO	ACA	DBA	54
60P	A	FAB	BCT	ABO	BCB	55
60P	C	FAC	BCT	ABO	BCB	54
60P	R	FAC	BCT	ABO	BCB	54

2. **IowaCare - 200% pov**
   - aid type = 60E (new)
   - not enrolled in the Iowa Plan or Medical Managed Care

Federal reporting codes are:

AID	Fund	PART A	PART B	PART C	PART D	MAS-BOE
60E	1	FAA	BCS	ABN	BCB	55
60E	2	FAA	BCS	ABN	BCB	55
60E	3	DHF	DEO	ACA	DBA	55
60E	4	DHF	DEO	ACA	DBA	55
60E	A	FAA	BCS	ABN	BCB	55
60E	C	FAA	BCS	ABN	BCB	55
60E	R	FAA	BCS	ABN	BCB	55

3. **Family Planning Waiver**
   - aid type = 906 (new)
   - not enrolled in the Iowa Plan or Medical Managed Care.
   - When Family Planning coverage is concurrent with the IowaCare 200% or 300% eligibility, the recipient exception indicator will be passed as "P" to the fiscal agent, (new value in this field) and aid type will be 60E or 60P.

- insurance override indicator will be set to "Y" in the TPL-HIPP-FLAG field if ther is an insurance override in effect for Family Planning. Any other value will indicate no insurance override for Family Planning.

Federal reporting codes are:

AID	Fund	PART A	PART B	PART C	PART D	MAS-BOE
906	1	BEX	BCN	ABD	BBE	45
906	2	BEX	BCN	ABE	BBE	44
906	3	DHF	DEO	ACA	DBA	XX
906	4	DHG	DEO	ACA	DBA	XX
906	A	BEX	BCN	ABD	BBE	45
906	C	BEX	BCN	ABE	BBE	44
906	R	BEX	BCN	ABE	BBE	44

4. CMH waiver (children's mental health)

- existing aid types: 372, 308, 920, 640, 642, 643, 409
- Waiver flag will be set to "H" (this is a new value in this field)
- enrolled in the Iowa Plan. The Iowa Plan codes (restricted-svc-ind) that will be used are existing codes VF, VM, WF, WM, XF, and XM.
- not enrolled in Medical Managed Care.

5. MHI adult residents

-- Involuntary committed MHI adult residents covered under Medicaid.

- existing aid types: 308, 920, 640, 642, or 643
- age 21-64
- not enrolled in the Iowa Plan or in Medical Managed Care
- recipient exception indicator will be passed as "R" (new value in this field) to the fiscal agent

The fiscal agent has requested that a new field not be defined for this process.

- LTC record will be sent to indicate any CP amounts, the dates of stay and the MHI vendor nbr

-- Voluntary or involuntary MHI adult residents covered under IowaCare.

- aid type 60E or 60P (new - see federal codes above)
- age 19-64
- not enrolled in the Iowa Plan or in Medical Managed Care
- recipient exception indicator will be passed as "R" (new value in this field) to the fiscal agent.

The fiscal agent has requested that a new field not be defined for this process.

- LTC record will be sent to indicate any CP amounts, the dates of stay and the MHI vendor nbr.

Changes for MMIS/CORE relating to new coverage groups

IowaCare
Family Planning waiver
CMH waiver
MHI adult residents

1. IowaCare OB/newborn group - 300% pov

aid type 60P is non-hardship
aid type 60T is hardship (no premiums or copays)
These members are not enrolled in the Iowa Plan or Medical Managed Care.

Federal reporting codes are: (mas-boe codes are still pending from CMS)

AID	Fund	PART A	PART B	PART C	PART D	MAS-BOE
60P	1	FAB	BCT	ABO	BCB	
60P	2	FAC	BCT	ABO	BCB	
60P	3	DHF	DEO	ACA	DBA	XX
60P	4	DHG	DEO	ACA	DBA	XX
60P	A	FAB	BCT	ABO	BCB	
60P	C	FAC	BCT	ABO	BCB	
60P	R	FAC	BCT	ABO	BCB	
60T	1	FAB	BCT	ABO	BCB	
60T	2	FAC	BCT	ABO	BCB	
60T	3	DHF	DEO	ACA	DBA	XX
60T	4	DHG	DEO	ACA	DBA	XX
60T	A	FAB	BCT	ABO	BCB	
60T	C	FAC	BCT	ABO	BCB	
60T	R	FAC	BCT	ABO	BCB	

2. IowaCare group - 200% pov

aid type 60E is non-hardship
aid type 60H is hardship (no premiums or copays)
These members are not enrolled in the Iowa Plan or Medical Managed Care.

Federal reporting codes are: (mas-boe codes are still pending from CMS)

AID	Fund	PART A	PART B	PART C	PART D	MAS-BOE
60E	1	FAA	BCS	ABN	BCB	
60E	2	FAA	BCS	ABN	BCB	
60E	3	DHF	DEO	ACA	DBA	XX
60E	4	DHF	DEO	ACA	DBA	XX
60E	A	FAA	BCS	ABN	BCB	
60E	C	FAA	BCS	ABN	BCB	

60E	R	FAA	BCS	ABN	BCB	
60H	1	FAA	BCS	ABN	BCB	
60H	2	FAA	BCS	ABN	BCB	
60H	3	DHF	DEO	ACA	DBA	XX
60H	4	DHF	DEO	ACA	DBA	XX
60H	A	FAA	BCS	ABN	BCB	
60H	C	FAA	BCS	ABN	BCB	
60H	R	FAA	BCS	ABN	BCB	

3. Family Planning group

aid type 906

Members eligible in this group will be enrolled in the Iowa Plan.

The Iowa Plan codes (restricted-svc-ind) that will be used are existing codes VF, VM, WF, WM, XF, and XM.

When Family Planning coverage is concurrent with the IowaCare 200% or 300% eligibility, the special processing indicator will be passed as "P". The aid type will be 60E, 60H, 60P, or 60T with an active fund code (1,2,3,4,A,C,R).

The insurance override indicator will be sent in the TPL-HIPP-FLAG field. "Y" is the value that will indicate insurance override for Family Planning. Any other value will indicate no insurance override for Family Planning.

Federal reporting codes are:

AID	Fund	PART A	PART B	PART C	PART D	MAS-BOE
906	1	BEX	BCN	ABD	BBE	45
906	2	BEX	BCN	ABE	BBE	44
906	3	DHF	DEO	ACA	DBA	XX
906	4	DHG	DEO	ACA	DBA	XX
906	A	BEX	BCN	ABD	BBE	45
906	C	BEX	BCN	ABE	BBE	44
906	R	BEX	BCN	ABE	BBE	44

4. CMH waiver (children's mental health)

The aid types that will be assigned to CMH waiver members are not new.

Medical aid types are 372, 308, 920, 640, 642, 643, 409.

The Waiver flag value is "H".

NOTE - There is a concern due to the fact that these CMH waiver members can also have concurrent eligibility for PMIC (facility). Will a different waiver flag need to be sent for these members with PMIC and CMH eligibility, or will the facility record that is sent over for the PMIC be sufficient to identify these members?

5. MHI adult residents

The aid types that will be assigned to MHI adult residents are not new. This group will be distinguished by an 'R' in the PMIC-MHI indicator on the eligibility file. This group will have claims processed but not paid – the same as the

IowaCares group --- the difference is that the aid type may be broader than IowaCares

	IowaCare 200% 05-067	IowaCare 300% 05-067	Family Planning Wvr 04-056
Aid Type	60E	60P	906
Eligibility Factors			
Age Check	19 - 64	None	13 - 44
Resources	No	No	No
Fund Code	A or 3	A or 3; C or 4	A or 3; C or 4
Household Size	Number of individuals with a medical status of A,B, or C. (Unborns are not counted in HH Size). jw	Number of individuals with a medical status of A,B, or C. (Unborns are not counted in HH Size). jw	Value of the HH SIZE field on the TD05
Income (Earned + Unearned)	**Test1**: Gross Inc minus 20% earned ded equal/under 200% Pov – No deductions	**Test1**: Gross Inc under 300% Pov; **Test2**: Gross Inc minus 20% earned ded minus Med Expenses equal/under 200% Pov	**Test1**: Gross Inc minus 20% of earned and minus child care for next countable. Net countable income equal/under 200% poverty
Retro	Yes - one month prior to month of application	Yes - one month prior to month of application	No
Premium Factors			
Premium Calc	Calculate Percentage of Poverty ((Gross Earned Income minus 20% earned income deduction + Gross unearned income)/ 100% Poverty) ; use POV against Elaines Table to get premium. Subtract HAWKi deduction to get Net premium.	Calculate Percentage of Poverty ((Gross Earned Income minus 20% earned income deduction + Gross unearned income)/ 100% Poverty) ; use POV against Elaines Table to get premium. Subtract HAWKi deduction to get Net premium.	No premium
Changes after intial Calc	Can go down; Cannot go up	Can go down; Cannot go up	N/A
Newborn	N/A	No premium for newborns. Newborn determined by birthday (under 1 year)	N/A
Hardship Indicator	Sets Premium to Zero	Sets Premium to Zero	N/A
System Entries			

Household Members	TD03 Entries for all household members - Active and Considered	TD03 Entries for all household members - Active and Considered	TD03 entries for one person only.
Household Size	Determined by the system based on number of individuals with a status of A,B, or C.	Determined by the system based on number of individuals with a status of A,B, or C.	HH SIZE field on the TD05 to be used to determine number of people for calc
Fund Code	A, 3, or S	A, 3 or S; C, 4 or S	A or 3; C or 4
Unborn	No	No	No
Retro	No	No	No
Income /Deductions	BCW2 - will not include medical expense deductions, will include 20% earned income deduction jw	BCW2 - will include a deduction for medical expenses for reduction of countable income to 200% or below, will include 20% earned income deduction jw	BCW2
Resources	Yes. (Will be entered but there will not be a resource limit) jw	Yes. (Will be entered but there will not be a resource limit) jw	No
New Reasons	Yes	Yes	Yes

System Processing			
Next Review	12 month	12 month	12 month
Auto Shutdown	Close at Cutoff when NEXT REV is equal to current month plus one (No NOD)	Close at Cutoff when NEXT REV is equal to current month plus one (No NOD)	Close at timely notice when current month equal to TD05 NEXT REV with NOD
Age Shutdown	Yes - Turning 65	No	Yes - Turning 45
Review Forms	No	No	Yes. (Donna has designed this form already) jw
Align w/other programs	No	No	No
Program Indicator	/ (backward slash)	\ (forward slash)	

NOD Processing			
Grant Explanation	53 - 200% Eligibility 54 - Premium	53 - 200% eligiblity 53 - 300% eligiblity, 54 - Premium	53 - Eligibilty
NOD Calc	Show only premium when approved and only eligibilty calc when denied/canceled	Show only premium when approved and only eligibilty calc when denied/canceled	Show only eligibilty calc

SR 05-067 PROJECT PHASE 1 REQUIREMENTS

1. OVERVIEW.

On July 1, 2005 the new medical IowaCare Act will go into effect. This program will allow members of an expanded population group to be eligibile for medical services. In order to support the new medical services being provided, the IABC system will need to be globally changed to accommodate 2 new Aid Types.

2. PURPOSE.

The purpose of this Requirements document is to define a complete set of business rules needed to successfully complete **Phase 1** of the SR 05-067 project.

3. DATA.

3.1 New Data.

3.1.1 New Data – Mandatory Premium Period Indicator.

A new 1-position Mandatory Premium Period Indicator data element will be added to each of the following:

- Medical Premium History record of the ***Medical Premium History*** file
- Medical Premium Billing record of the ***Medical Premium Billing*** file.

This data element is used to indicate a mandatory premium payment period is starting. A valid value set for this data element will be:

- "*Y*" – Meaning a mandatory premium payment period **is** starting.
- "*N*" – Meaning a mandatory premium payment period **is not** starting.

3.1.2 New Data – Mandatory Premium Start Date.

A new 4-position *MMYY* format Mandatory Premium Start Date data element will be added to each of the following:

- Medical Premium History record of the ***Medical Premium History*** file
- Medical Premium Billing record of the ***Medical Premium Billing*** file.

This data element is used to represent the month and year of when the mandatory premium payment period was started.

3.1.3 New Data – IowaCare Premiums.

The ***Eligibility And Benefits*** data table will have the following new entries **added** for the required IowaCare premium data elements:

HOUSEHOLD INCOME	PREMIUM AMOUNT
10% of FPL	$ 0.00
20% of FPL	$ 1.00
30% of FPL	$ 3.00
40% of FPL	$ 4.00
50% of FPL	$ 6.00
60% of FPL	$ 7.00
70% of FPL	$ 9.00
80% of FPL	$ 11.00
90% of FPL	$ 12.00
100% of FPL	$ 14.00
110% of FPL	$ 39.00
120% of FPL	$ 43.00
130% of FPL	$ 47.00
140% of FPL	$ 51.00
150% of FPL	$ 55.00
160% of FPL	$ 59.00
170% of FPL	$ 63.00
180% of FPL	$ 67.00
190% of FPL	$ 71.00
200% of FPL	$ 75.00

3.2 Existing Data.

3.2.1 Existing Data – Aid Type & Medical Aid Type.

For these 3-position data elements in the IABC system - starting with the Case Information transaction record of the ***Update Transaction*** file and propagating as normal throughout the entire system, the following values will be **added** to the valid value set of each data element:

- "**60E**" – representing the IowaCare 200% FPL Medical assistance program.
- "**60P**" – representing the IowaCare 300% FPL Medical assistance program.

3.3 Conversion/Initialization.

3.3.1 Conversion/Initialization – Case Master File.

On each Case Master record of the *Case Master* file the following existing data element will be:

- **Medical Premium** – Initialized to a value of **Zero** when the field **does not** contain a valid numeric value.

3.3.2 Conversion/Initialization – Medical Premium History File.

On each Medical Premium History record of the *Medical Premium History* file the following new data elements will be:

- **Medical Premium Period Indicator** – Initialized to a value of "**N**".
- **Mandatory Premium Start Date** – Initialized to a value of "**0000**".

4. IABC ONLINE SYSTEM.

4.1 TD00 Screen.

4.1.1 TD00 Screen - Format.

Under the OPTIONS column on the right side of the screen, the following new option *literal* will **added**:

- *"MIPC = IOWACARE PREMIUM CHANGE"*

4.1.2 TD00 Screen - Edits.

- ENTER OPTION field. A screen error will **not** be generated when a value of "**MIPC**"is entered.

4.1.3 TD00 Screen – New Navigation.

When a value of "**MIPC**"is entered in the ENTER OPTION field and a valid IABC case number is entered in the CASE # field, the ***MIPC*** screen will be displayed.

4.2 TD01 Screen.

4.2.1 TD01 Screen - Edits.

- AID field. A screen error will **not** be generated when a value of "**60E**", or "**60P**" is entered.

- MED AID field. A screen error will **not** be generated when a value of "**60E**", or "**60P**" is entered.

- AID field + MED AID field. Unless an invalid entry is made in the MED AID field or the MED AID field already contains a value of "**60E**", whenever the AID field contains a value of "**60E**", the MED AID field will be automatically set to a value of "**60E**".

- AID field + MED AID field. Unless an invalid entry is made in the MED AID field or the MED AID field already contains a value of "**60P**", whenever the AID field contains a value of "**60P**", the MED AID field will be automatically set to a value of "**60P**".

4.3 TXNE Screen.

4.3.1 TXNE Screen – Transaction Edit Errors.

By using the PF5 key from the TXNS screen, the system will set the following transaction edit errors with a fatal severity:

4.3.1.1 TXNE Screen – Transaction Edit Errors – 497 Error.

This new transaction edit error will occur when **any** of the following conditions are true:

- Condition #1. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60E**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**A**", "**B**", "**C**", "**D**", "**F**", or "**I**".
  - Individual MED FUND CODE is **not equal** to "**A**", "**S**", or "**3**".

- Condition #2. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60E**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**F**", or "**I**".
  - Individual MED FUND CODE is **not equal** to "**S**".

- Condition #3. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60E**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**A**", "**B**", "**C**", "**D**", "**F**", or "**I**".
  - Individual is **younger than 19** or **older than 64** years old.
  - Individual MED FUND CODE is **not equal** to "**S**".

- Condition #4. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**A**", "**B**", "**C**", "**D**", "**F**", or "**I**".
  - Individual MED FUND CODE is **not equal** to "A", "C", "S", "3" or "4".

- Condition #5. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**F**", or "**I**".
  - Individual MED FUND CODE is **not equal** to "S".

- Condition #6. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**A**", "**B**", "**C**", "**D**", "**F**", or "**I**".
  - Individual is either **1 through 18** years old or **older than 64** years old.
  - Individual MED FUND CODE is **not equal** to "S".

- Condition #7. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**A**", "**B**", "**C**", "**D**", "**F**", or "**I**".
  - Individual is **19 though 64** years old.
  - Individual MED FUND CODE is **not equal** to "A", "S", or "3".

- Condition #8. This condition is true when **all** of the following occur:
  - Case MED **AID** TYPE is equal to "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**A**", "**B**", "**C**", "**D**", "**F**", or "**I**".
  - Individual is **younger than 1** year old.
  - Individual MED FUND CODE is **not equal** to "C", "S", or "4".

4.3.1.2 TXNE Screen – Transaction Edit Errors – 498 Error.

This new transaction edit error will occur when **any** of the following conditions are true:

- Condition #1. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**A**", "**B**", "**C**" or "**D**".
  - Individual is **younger than 5 months** old.
  - Individual MED FUND CODE is **equal** to "C", or "4".
  - Individual MED LIMIT DATE is **not equal** to the *MMYY* date value representing 60 days after the Individual's birth date.

4.3.1.3 TXNE Screen – Transaction Edit Errors – 614 Error.

This new transaction edit error will occur when **any** of the following conditions are true:

- Condition #1. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60E**", or "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**" or "**D**".
  - A **non-Zero** value is entered in the TD05 RETRO field.

- Condition #2. This condition is true when **all** of the following occur:

  - Case MED AID TYPE is equal to "**60E**", or "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**" or "**D**".
  - An entry is **not made** in the TD05 RETRO field.
  - Case MED RETRO is **not equal** to **Zero or Blank**.

4.3.2 TXNE Screen – Display Information.

For the new transaction edit errors, the *TXNE* screen will display the following information:

4.3.2.1 TXNE Screen – Display Information – 497 Error.

- Severity: **F**
- Program: **C**
- Error Code: **497**
- State ID: **State ID of individual in error.**
- Screen ID: **TD03**
- Field: **FUND**
- Data Entered: **The data value in the FUND field on the TD03 screen.**

4.3.2.2 TXNE Screen – Display Information – 498 Error.

- Severity: **F**
- Program: **C**
- Error Code: **498**
- State ID: **State ID of individual in error.**
- Screen ID: **TD03**
- Field: **LIMIT DATE**
- Data Entered: **The data value in the (Med) LIMIT DATE field on the TD03 screen.**

4.3.2.3 TXNE Screen – Display Information – 614 Error.

- Severity: **F**
- Program: **C**
- Error Code: **614**
- State ID: **Blank**
- Screen ID: **TD05**
- Field: **RETRO**
- Data Entered: **The data value entered in the RETRO field on the TD05 screen.**

4.4 TXNH Screen.

4.4.1 TXNH Screen – Information Displayed.

For the new transaction edit errors, the *TXNH* screen will display the following information:

4.4.1.1 TXNH Screen – Information Displayed – 497 Error.

- Error Code: **497**
- Severity: **F**
- Description:
  ON A 60E OR 60P MEDICAL AID TYPE CASE, THE FUND CODE WAS FOUND TO BE IN ERROR. THIS RESULTS FROM ONE OF THE FOLLOWING SITUATIONS:

  1. FOR 60E CASES, ONLY "A", "S", OR "3" CAN BE USED. A "S" MUST BE USED FOR INDVIDUALS YOUNGER THAN 19, OLDER THAN 64, OR WITH "F" OR "I" MEDICAL STATUS.
  2. FOR 60P CASES, ONLY "A", "C", "S", "3", OR "4" CAN BE USED. AN "A", "S", OR "3" MUST BE USED FOR INDIVIDUALS 19-64 YEARS OLD. A "S" MUST BE USED FOR INDIVIDUALS 1-18 YEARS OLD, OLDER THAN 64, OR WITH "F" OR "I" MEDICAL STATUS. A "C", "S", OR "4" IS FOR A NEWBORN.

  REVIEW THE FUND CODE FIELD ON THE TD03 SCREEN.

4.4.1.2 TXNH Screen – Information Displayed – 498 Error.

- Error Code: 498
- Severity: **F**
- Description:
  ON A 60P MEDICAL AID TYPE CASE, INDIVIDUALS 4 MONTHS OLD OR YOUNGER ARE LIMITED TO 60 DAYS OF ELIGIBILITY. THE INDIVIDUAL MEDICAL LIMIT DATE MUST BE SET TO A DATE REPRESENTING 60 DAYS AFTER THE INDIVIDUALS BIRTH DATE. IT IS RECOMMENDED THAT YOU REVIEW THE (MED) LIMIT DATE ON THE TD03 SCREEN.

4.4.1.3 TXNH Screen – Information Displayed – 614 Error.

- Error Code: **614**
- Severity: **F**
- Description:
  ON A 60E OR 60P MEDICAL AID TYPE CASE, ONLY A "0" MAY BE ENTERED IN THE MEDICAL CARD RETROACTIVE FIELD. IT IS RECOMMENDED THAT YOU REVIEW THE RETRO FIELD ON THE TD05 SCREEN. IF THERE IS A VALUE OTHER THAN ZERO OR A BLANK, ENTER A ZERO OVER THE VALUE.

5. IABC BATCH SYSTEM

5.1 Edit Process.

5.1.1 Edit Process - WARS.

The system will set the following WARS with a fatal severity:

5.1.1.1 Edit Process – WARS – 497 Error.

This new WAR will occur when **any** of the following conditions are true:

- Condition #1. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60E**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**A**", "**B**", "**C**", "**D**", "**F**", or "**I**".
  - Individual MED FUND CODE is **not equal** to "A", "S", or "3".

- Condition #2. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60E**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**F**", or "**I**".
  - Individual MED FUND CODE is **not equal** to "S".

- Condition #3. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60E**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**A**", "**B**", "**C**", "**D**", "**F**", or "**I**".
  - Individual is **younger than 19** or **older than 64** years old.
  - Individual MED FUND CODE is **not equal** to "S".

- Condition #4. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**A**", "**B**", "**C**", "**D**", "**F**", or "**I**".
  - Individual MED FUND CODE is **not equal** to "**A**", "**C**", "**S**", "**3**" or "**4**".

- Condition #5. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**F**", or "**I**".
  - Individual MED FUND CODE is **not equal** to "**S**".

- Condition #6. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**A**", "**B**", "**C**", "**D**", "**F**", or "**I**".
  - Individual is either **1 through 18** years old or **older than 64** years old.
  - Individual MED FUND CODE is **not equal** to "**S**".

- Condition #7. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**A**", "**B**", "**C**", "**D**", "**F**", or "**I**".
  - Individual is **19 though 64** years old.
  - Individual MED FUND CODE is **not equal** to "**A**", "**S**", or "**3**".

- Condition #8. This condition is true when **all** of the following occur:
  - Case MED **AID** TYPE is equal to "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**A**", "**B**", "**C**", "**D**", "**F**", or "**I**".
  - Individual is **younger than 1** year old.
  - Individual MED FUND CODE is **not equal** to "**C**", "**S**", or "**4**".

5.1.1.2 Edit Process – WARS – 498 Error.

This new WAR will occur when the following condition is true:

- Condition #1. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**", or "**D**".
  - Individual MED STATUS is equal to "**A**", "**B**", "**C**" or "**D**".
  - Individual is **younger than 5 months** old.
  - Individual MED FUND CODE is **equal** to "**C**", or "**4**".
  - Individual MED LIMIT DATE is **not equal** to the *MMYY* date value representing 60 days after the Individual's birth date.

5.1.1.3 Edit Process – WARS – 614 Error.

For this existing WAR, the following new conditions will be **added** to the definition of this error.

- Condition #1. This condition is true when **all** of the following occur:
  - Case MED AID TYPE is equal to "**60E**", or "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**" or "**D**".
  - A **non-Zero** value is entered in the TD05 RETRO field.

- <u>Condition #2.</u> This condition is true when **all** of the following occur:

  - Case MED AID TYPE is equal to "**60E**", or "**60P**".
  - Case MED STATUS is equal to "**A**", "**B**", "**C**" or "**D**".
  - An entry is **not made** in the TD05 RETRO field.
  - Case MED RETRO is **not equal** to **Zero or Blank**.

5.2 Update Process.

5.2.1 Update Process – Eligibility.
The following factors will be used to determine individual level and case level eligibility for the new IowaCare programs:

5.2.1.1 Update Process – Eligibility – Individual Age.

- **60E Med Aid Types**. All eligible individuals must be 19 – 64 years of age.

- **60P Med Aid Types**. All eligible individuals must be either less than 1 year old or 19 – 64 years of age.

5.2.1.2 Update Process – Eligibility – Individual FUND Code.

- **60E Med Aid Types**. All eligible individuals must be have a Medical Participation Fund Code of "**A**" or "**3**".

- **60P Med Aid Types**. All eligible individuals must have a Medical Participation Fund Code of "**A**", "**C**", "**3**", or "**4**".

5.2.1.3 Update Process – Eligibility – Household Size.

- **60E Med Aid Types**. All individuals with an Individual Medical Status of "**A**", "**B**", "**C**", "**F**", or "**I**" and their unborn children will determine household size.

- **60P Med Aid Types**. All individuals with an Individual Medical Status of "**A**", "**B**", "**C**", "**F**", or "**I**" and their unborn children will determine household size.

5.2.1.4 Update Process – Eligibility – Income.

- **60E Med Aid Types**. For these cases to be considered income eligible, the following Test must be successfully passed:
    - **TEST1**. To successfully pass this Test of income eligibility, the result of taking (Total Gross Income of all individuals on the case with an individual medical status of "A", "B", "C", "F", or "I") **minus** (20% Earned Income Deduction) must be **equal to or under** 200% of the FPL.

- **60P Med Aid Types**. For these cases to be considered income eligible, both of the following Tests must be successfully passed:
    - **TEST1**. To successfully pass this Test of income eligibility (Total Gross Income of all individuals on the case with an individual medical status of "A", "B", "C", "F", or "I") **minus** (20% Earned Income Deduction) must be **under** 300% of the FPL.
    - **TEST2**. To successfully pass this Test of income eligibility, the result of taking (Total Gross Income of all individuals on the case with an individual medical status of "A", "B", "C", "F", or "I") **minus** (20% Earned Income Deduction) **minus** (Medical Expenses) must be **equal to or under** 200% of the FPL.

5.2.1.5 Update Process – Eligibility – Length.

When approved the initial length of eligibility for both a "**60E**" and "**60P**" Med Aid Type case will be 12 months starting from the Medical Positive Action Date.

For an individual **less than 5** months old being approved on a "**60P**" Med Aid Type case, the initial length of eligibility will be limited to 2 months from the individual's date of birth.

5.2.1.6 Update Process – Eligibility – Change.

When approved the initial length of eligibility for both a "**60E**" and "**60P**" Med Aid Type case will be 12 months starting from the Medical Positive Action Date.

After Eligibility is established for a "**60E**" and "**60P**" Med Aid Type case, Eligibility **will not** be denied because of a change in income or household size.

5.2.2 Update Process – Premiums.

5.2.2.1 Update Process – Premium – Newborns.

- **60E Med Aid Types**. Does not apply.

- **60P Med Aid Types**. The Premium for an eligible individual on the case that is less than 1 year old will be **ZERO**.

5.2.2.2 Update Process – Premium – Calculation.
The Premium for each eligible non-newborn individual will be calculated as follows:

- **60E Med Aid Types**. The resulting percentage obtained by taking the (Gross Earned Income of all individuals on the case with an individual medical status of "A", "B", "C", "F", or "I") **minus** (20% Earned Income Deduction) **plus** (Gross Unearned Income of all individuals on the case with an individual medical status of "A", "B", "C", "F", or "I") **divided by** 100% of the FPL - is compared to the IowaCare Premium entries of the *Eligibility And Benefits* Data Table to get the gross Premium amount. Afterward the hawk-i deduction is **subtracted** from the gross Premium resulting in the final net Premium.

- **60P Med Aid Types**. The resulting percentage obtained by taking the (Gross Earned Income of all individuals on the case with an individual medical status of "A", "B", "C", "F", or "I") **minus** (20% Earned Income Deduction) **plus** (Gross Unearned Income of all individuals on the case with an individual medical status of "A", "B", "C", "F", or "I") **minus** (Medical Expenses) **divided by** 100% of the FPL - is compared to the IowaCare Premium entries of the *Eligibility And Benefits* Data Table to get the gross Premium amount. Afterward the hawk-i deduction is **subtracted** from the gross Premium resulting in the final net Premium.

5.2.2.3 Update Process – Premium – Changes.
After a Premium is initially established for an individual at the start of a 12-month eligibility period, the Premium amount **will not** be allowed to **increase** because of an increase in income or a decrease in household size. By converse, the Premium amount **will** be allowed to decrease because of a decrease in income, or an increase in household size.

5.2.3 Update Process – Alignment.
Both "**60E**" and "**60P**" Med Aid Type cases, **will not** align with other programs for reviews.

5.3 NOD Process.

5.3.1 NOD Process – New Legal Reference.
NOD Reason Codes 065, **200**, **201**, **202**, **203**, **205**, **206**, **209**, **244**, **305**, **313**, **319**, **333**, **460**, 480, **600**, **613**, and **617** will have the following legal reference added to its verbiage:

- 441 IOWA ADMIN. CODE 92

5.3.2 NOD Process – Case Approvals.

5.3.2.1 NOD Process – Case Approvals - Grids.
For both a "**60E**" and "**60P**" Med Aid Type case, when the case is approved, the NOD **will not** show the Eligibility Calculation grid but **will** show the Premium Calculation grid. The format of the Premium Calculation grid is:

```
IOWACARE STANDARD PREMIUM TEST

NUMBER OF PERSONS CONSIDERED                    99

GROSS UNEARNED INCOME                     ZZZZ9.99
GROSS EARNED INCOME                       ZZZZ9.99
     EARNED INCOME DEDUCTION            ZZZZ9.99
     OTHER DEDUCTIONS                   ZZZZ9.99
TOTAL COUNTABLE INCOME                    ZZZZ9.99

PERCENTAGE OF POVERTY LEVEL                   999%

AMOUNT OF INDIVIDUAL PREMIUM              ZZZZ9.99
     HAWKI DEDUCTION                    ZZZZ9.99
ADJUSTED INDIVIDUAL PREMIUM               ZZZZ9.99
```

5.3.2.2 NOD Process – Case Approvals – 065 Reason Code.
For both a "**60E**" and "**60P**" Med Aid Type case, when the case is approved, a new 065 reason code header will be used. The verbiage on the NOD for this new reason code will be:

- YOUR APPLICATION FOR IOWACARE HAS BEEN APPROVED FOR MM/DD/YY THROUGH MM/DD/YY BECAUSE YOU MEET ALL ELIGIBILITY CRITERIA. THE AMOUNT OF THE MONTHLY PREMIUM FOR EACH ELIGIBLE PERSON IS SHOWN AT RIGHT OF THIS NOTICE. IF THE PREMIUM IS NOT PAID BY THE DUE DATE ON YOUR BILLING STATEMENT, YOUR ELIGIBILITY WILL BE CANCELED EFFECTIVE THE LAST DAY OF NEXT MONTH.

  EACH ELIGIBLE PERSON WILL RECEIVE A BILLING STATEMENT EACH MONTH. THE BILLING STATEMENT TELLS YOU HOW MUCH TO PAY, WHEN TO PAY IT BY, AND WHERE TO MAIL YOUR PAYMENT. YOU HAVE AGREED TO PAY PREMIUMS FOR AT LEAST THE MONTHS OF MM/YY THROUGH MM/YY.

5.3.3 NOD Process – Case Cancellations.

5.3.3.1 NOD Process – Case Cancellations - Grids.
For both a "**60E**" and "**60P**" Med Aid Type case, when the case is canceled, the NOD **will not** show the Premium Calculation grid but **will** show the Eligibility Calculation grid. The format of the Eligibility Calculation grid is:

```
                 XXXXXXXX  CCYY
MEDICAL ELIGIBILITY INCOME CALCULATION
NUMBER IN HOUSEHOLD                         99
     INCOME LIMIT                     ZZZZ9.99

GROSS UNEARNED INCOME                 ZZZZ9.99
GROSS EARNED INCOME                   ZZZZ9.99
     EARNED INCOME DEDUCTION        ZZZZ9.99
     OTHER DEDUCTIONS               ZZZZ9.99
TOTAL COUNTABLE INCOME                ZZZZ9.99
```

5.3.3.2 NOD Process – Case Cancellations – 066 Reason Code.
For both a "60E" and "60P" Med Aid Type case, when the case is canceled, a new **066** reason code header will be used. The verbiage on the NOD for this new reason code will be:

- YOUR IOWACARE IS CANCELED BEGINNING XX/XX/XX BECAUSE

5.3.4 NOD Process – Case Denials.

5.3.4.1 NOD Process – Case Denials - Grids.
For both a "**60E**" and "**60P**" Med Aid Type case, when the case is denied, the NOD **will not** show the Premium Calculation grid but **will** show the Eligibility Calculation grid. The format of the Eligibility Calculation grid is:

```
                XXXXXXXX  CCYY
MEDICAL ELIGIBILITY INCOME CALCULATION
NUMBER IN HOUSEHOLD                          99
     INCOME LIMIT                      ZZZZ9.99

GROSS UNEARNED INCOME                  ZZZZ9.99
GROSS EARNED INCOME                    ZZZZ9.99
     EARNED INCOME DEDUCTION         ZZZZ9.99
     OTHER DEDUCTIONS                ZZZZ9.99
TOTAL COUNTABLE INCOME                 ZZZZ9.99
```

5.3.4.2 NOD Process – Case Denials – 067 Reason Code.
For both a "**60E**" and "**60P**" Med Aid Type case, when the case is denied, a new **067** reason code header will be used. The verbiage on the NOD for this new reason code will be:

- YOUR APPLICATION FOR IOWACARE HAS BEEN DENIED BECAUSE

5.3.5 NOD Process – Case Reinstatements.

5.3.5.1 NOD Process – Case Reinstatements - Grids.
For both a "**60E**" and "**60P**" Med Aid Type case, when the case is reinstated, the NOD **will not** show the Eligibility Calculation grid but **will** show the Premium Calculation grid *if the premium amount decreased*. The format of the Premium Calculation grid is the same as for a case approval.

5.3.5.2 NOD Process – Case Reinstatements – 460 Reason Code.
For both a "**60E**" and "**60P**" Med Aid Type case, when the case is reinstated, a new **460** reason code header will be used. The verbiage on the NOD for this new reason code will be:

- YOUR IOWACARE HAS BEEN REOPENED BECAUSE YOU MEET ALL ELIGIBILITY REQUIREMENTS ONCE AGAIN.

5.3.6 NOD Process – Premium Changes.

5.3.6.1 NOD Process – Premium Changes - Grids.
For both a "**60E**" and "**60P**" Med Aid Type case, whenever the premium amount changes, the NOD **will not** show the Eligibility Calculation grid but **will** show the Premium Calculation grid. The format of the Premium Calculation grid is the same as for a case approval.

5.3.6.2 NOD Process – Premium Changes – 480 Reason Code.
For both a "**60E**" and "**60P**" Med Aid Type case, whenever the premium amount changes, a new **480** reason code header will be used. The verbiage on the NOD for this new reason code will be:

- YOUR IOWACARE MONTHLY PREMIUM HAS CHANGED EFFECTIVE XX/XX/XX. YOU WILL RECEIVE A SEPARATE BILLING STATEMENT IF YOU OWE A PREMIUM PAYMENT. IF THE PREMIUM PAYMENT IS NOT PAID BY THE DUE DATE ON YOUR BILLING STATEMENT, YOUR IOWACARE ELIGIBILITY WILL BE CANCELED.

5.4 WAR Reporting Process.

5.41 WAR Reporting Process – S470C421 ABCWAR Report

The new WARS generated by the Edit Process will be added to the S470C421 ABCWAR report. The descriptive message that will be used for each WAR will be as follows:

- 497 - *"FUND CODE INVALID FOR MED AID TYPE"*
- 498 - *"INDV LIMIT DATE INVALID FOR MED AID TYPE"*

5.5 Medical Premium Billing Process.

The Medical Premium Bill process will be changed to process "**60E**" and "**60P**" MED AID TYPE cases.

5.5.1 Medical Premium Billing Process – New Data Elements.

The Medical Premium Billing process will **add** the following new data elements to both the Medical Premium History record of the *Medical Premium History* file and the Medical Premium Billing record of the *Medical Premium Billing* file:

- **Medical Premium Period Indicator**. – Set to a value of "**N**" or set to a value of "**Y**" when both of the following conditions are true:
    - Case Master MED ENTRY REASON **changes** to a value of "**A**".
    - Case Master MED STATUS **changes** to a value of "**A**".
- **Mandatory Premium Start Date**. – Set to a value of "**0000**" or set to the *MMYY* value of the Case Master MED POSITIVE ACT DATE when both of the following conditions are true:
    - Case Master MED ENTRY REASON **changes** to a value of "**A**".
    - Case Master MED STATUS **changes** to a value of "**A**".

5.6 Summary Management Reporting Process.
A new detail line will be added to the S470C609 *Monthly Eligibility Management Report* that will include totals information for both "**60E**" and "**60P**" Med Aid Type cases. The descriptive literal for this new line will be:

- *"IOWACARE"*

SR 05-067 PHASE 1 SCREEN SHOTS

```
   !!!!v!!!!1!!!!v!!!!2!!!!v!!!!3!!!!v!!!!4!!!!v!!!!5!!!!v!!!!6!!!!v!!!!7!!!!v!!!!8
01 TD00                         IOWA ABC SYSTEM MENU
02            OPTIONS                                     OPTIONS
03     TD00 = SYSTEM MENU                      TD04 = SEC VI  (FOSTER CARE)
04     TD01 = SEC I   (IDENTIFICATION)         MHC1 = MANAGED HEALTH CARE DISPLAY
05            SEC II  (NAME/ADDRESS)           BH01 = BENEFIT HISTORY
06     TD02 = SEC III (FOOD ASSISTANCE)        LF01 = REQUEST LOST FORM
07            SEC IV  (FIP)                           TICKLER MESSAGES
08     RSCF = FS RESOURCES                     MRT1 = MONTHLY REPORTING TRACKING
09     RSCA = FIP RESOURCES                    ST01 = STATE ID GENERATOR
10     TD05 = SEC V (MED/FAC/ST SUPP/WAIV)     TXNS = TRANSACTION ACTIVITY LOG
11     RSCM = MED RESOURCES                    WAR1 = WAR BY CASE
12     RSCS = FAC/ST SUPP/WAIV RESOURCES       WAR2 = WAR BY COUNTY/WORKER
13     TD03 = SEC VII (PERSON INFO)            WAR3 = WAR BY COUNTY/WORKER
14     TD06 = SEC IX (SPECIAL ISSUANCES)       IVER = INFO VERIFICATION MENU
15     ADOM = ALTERNATE DELIVERY ENTRY         AUTO = MOTOR VEHICLE RESOURCES
16     ICSC = CS ABSENT PARENT CASE NO         TRAC = CASE FOLDER TRACKING
17     BCW1 = SPECIAL ALLOW/FS DEDUCTIONS      INFO = CASE INFORMATION SUMMARY
18     BCW2 = INDIVIDUAL INCOME                TD07 = INDIVIDUALS ON THE CASE
19     CALC = CALCULATION TRANSACTIONS         LINK = ACCESS TO OTHER SYSTEMS
20     MEPC = MEPD PREMIUM CHANGE              MIPC = IOWACARE PREMIUM CHANGE
21
22     ENTER OPTION: xxxx
23            CASE #: xxxxxx xx x x   STATE ID: xxxxxxxx   BEN DT: xx xx   PRG: x
24
   !!!!v!!!!1!!!!v!!!!2!!!!v!!!!3!!!!v!!!!4!!!!v!!!!5!!!!v!!!!6!!!!v!!!!7!!!!v!!!!8
```

AID	FC	SD	PR	MP	CASE AID	SP	INS	AGE	POV	PART A	PART B	PART C	PART D	2082	COMMENTS
60E	1									FAA	BCS	ABN	BCB		IowaCare
60E	2									FAA	BCS	ABN	BCB		IowaCare
60E	3									DHF	DEO	ACA	DBA	XX	IowaCare
60E	4									DHF	DEO	ACA	DBA	XX	IowaCare
60E	A									FAA	BCS	ABN	BCB		IowaCare
60E	C									FAA	BCS	ABN	BCB		IowaCare
60E	R									FAA	BCS	ABN	BCB		IowaCare
60P	1									FAB	BCT	ABO	BCB		IowaCare
60P	2									FAC	BCT	ABO	BCB		IowaCare
60P	3									DHF	DEO	ACA	DBA	XX	IowaCare
60P	4									DHG	DEO	ACA	DBA	XX	IowaCare
60P	A									FAB	BCT	ABO	BCB		IowaCare
60P	C									FAC	BCT	ABO	BCB		IowaCare
60P	R									FAC	BCT	ABO	BCB		IowaCare
60H	1									FAA	BCS	ABN	BCB		IowaCare, hardship
60H	2									FAA	BCS	ABN	BCB		IowaCare, hardship
60H	3									DHF	DEO	ACA	DBA	XX	IowaCare, hardship
60H	4									DHF	DEO	ACA	DBA	XX	IowaCare, hardship
60H	A									FAA	BCS	ABN	BCB		IowaCare, hardship
60H	C									FAA	BCS	ABN	BCB		IowaCare, hardship
60H	R									FAA	BCS	ABN	BCB		IowaCare, hardship

AID	FC	SD	PR	MP	CASE AID	SP	INS	AGE	POV	PART A	PART B	PART C	PART D	2082	COMMENTS
60T	1									FAB	BCT	ABO	BCB		IowaCare, hardship
60T	2									FAC	BCT	ABO	BCB		IowaCare, hardship
60T	3									DHF	DEO	ACA	DBA	XX	IowaCare, hardship
60T	4									DHG	DEO	ACA	DBA	XX	IowaCare, hardship
60T	A									FAB	BCT	ABO	BCB		IowaCare, hardship
60T	C									FAC	BCT	ABO	BCB		IowaCare, hardship
60T	R									FAC	BCT	ABO	BCB		IowaCare, hardship