

MA/MAGI DSS-8110 Your Medical Assistance Benefits are Changing/Terminating/Continuing

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Overview

This job aid describes the process for generating a DSS-8110 via the wizard after the user has reacted to changes and managed evidence appropriately.

In addition, this job aid also describes the process when a user must generate a DSS-8110 manually, such as when a changed decision is not generated and a new Pro Forma will be necessary. When generating a DSS-8110 notice in NC FAST, Reasons and Outcomes must be selected in the *Pro Forma* for the case participants impacted by the change requiring the notice.

The following circumstances, caseworker will need to generate the notice through New Pro Forma from the communications tab on the PDC:

- Unable to locate client.
- Terminating for reasons such as client requested termination.
- Failed to provide information, failed to apply for all benefits, did not anticipate meeting a deductible, and Transfer of Assets (Only on an Income Support Case).
- Medicare Covers Drugs.
- New/Changed Deductible
- Termination due to non-payment of Enrollment Premium for HCWD.
- Termination of Presumptive Pregnancy.
- COC No Change
- COC No Change MAGI

Step-by-Step Instructions

Note: Review the changed decision thoroughly prior to accepting the change.

Create 8110 Wizard When Accepting a Changed Decision:

1. Navigate to the Income Support or Insurance Affordability Case. Select the **Eligibility Checks** or **Eligibility** tab.

Note: For navigation steps to Income Support or Insurance Affordability Cases, refer to the *Searching for Cases* job aid.

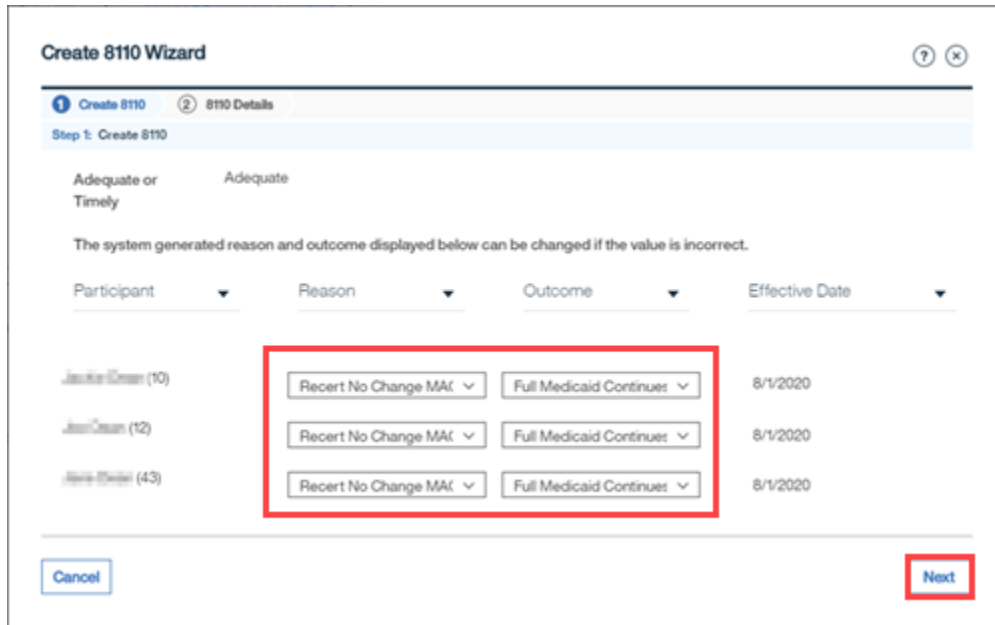
2. For an Income Support Case, the Eligibility Checks page displays. Click the **Changed Decisions** tab.

Note: For Insurance Affordability cases, the Changed Decisions page displays.

3. The Changed Decisions page displays. Review the changed decision thoroughly prior to accepting the change.
4. Click the applicable **List Actions Menu** then select **Accept w/Timely** or **Accept w/Adequate**.
5. When policy indicates that at least one case participant needs a timely notice, they must accept the change decision with timely. When the 8110 wizard displays, any members with the adequate Reason as **Recert No Change MAGI** or **Deceased**, the

Reason will be pre-populated. The timely Reasons will be pre-populated for the other case participants. When the caseworker selects save, the system will create two 8110 notices: an adequate 8110 with **Recert No Change MAGI** or **Deceased** and a timely 8110 notice for the other individuals.

6. The Create 8110 wizard appears for each case participant, with the system pre-populated Reasons and Outcomes. When the system is unable to determine the Reasons and Outcomes, they will not be pre-populated. In those situations, the caseworker should select the applicable Reason and Outcome from the drop menu for case participants then click **Next**.



Create 8110 Wizard

1 Create 8110 2 8110 Details

Step 1: Create 8110

Adequate or Timely Adequate

The system generated reason and outcome displayed below can be changed if the value is incorrect.

Participant	Reason	Outcome	Effective Date
Jackie Green (10)	Recert No Change MAGI	Full Medicaid Continues	8/1/2020
Jean Green (12)	Recert No Change MAGI	Full Medicaid Continues	8/1/2020
Jane Miller (43)	Recert No Change MAGI	Full Medicaid Continues	8/1/2020

Cancel Next

Notes:

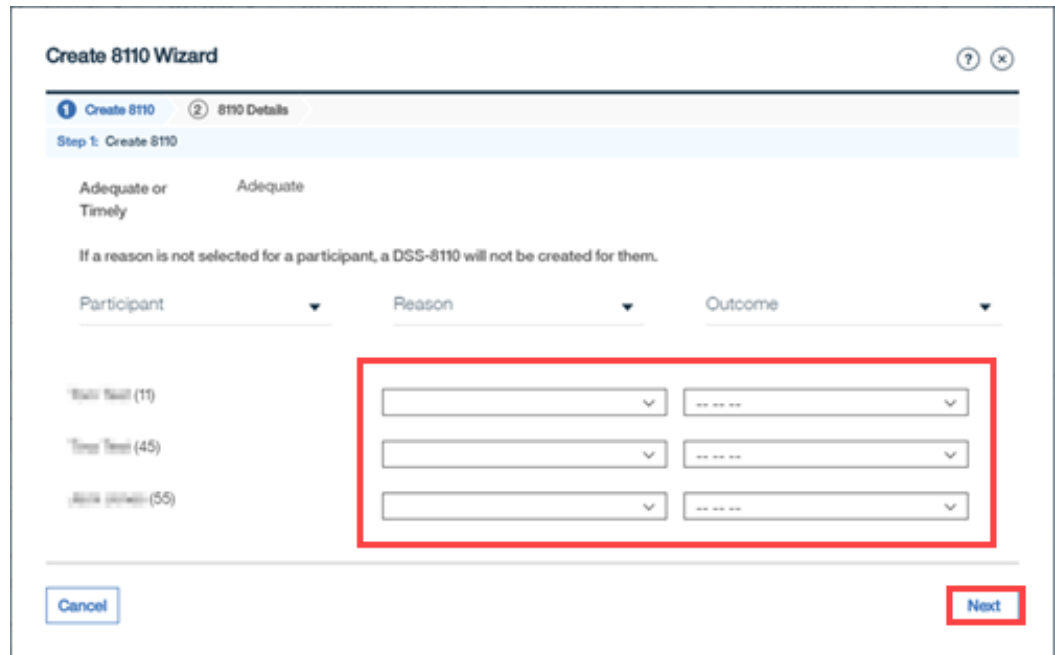
- When a change of circumstance occurs, the Reason, Outcome, and Effective Date are system pre-populated in the 8110 Details wizard.
- If the system pre-populated Reason and/or Outcome is incorrect, the Reason and Outcome can be changed by selecting the applicable options from the drop-down menus.
- When a recertification is completed and the client remains eligible for the same benefits, the Reason should be **Recert No Change** or **Recert No Change MAGI** and applicable Outcome.

- **Continued Eligibility** or **Continued Eligibility MAGI** Reason should only be used when the user enters continued eligibility evidence, such as for an un-timely recertification.
- Select the notice Reason and Outcome of **No Notice** for case participants that **do not** require a notice. Selecting **No Notice** will not generate a DSS-8110. The caseworker should not select **No Notice** on the create 8110 Wizard when there is a change or continuation in benefits for the client.
- If the notice is created outside of NC FAST, select the Reason **Sent-Outside NC FAST**. This is critical for audit purposes. **Caution:** sending a manual notice outside of the system should only be done as a last resort, upload to NC FAST, and add a case note for documentation purposes.
- On the second step of the wizard, 8110 Details, users can view the system and user selected Reasons and Outcomes.
- If the Create DSS-8110 wizard is canceled, the changed decision is NOT accepted.
- To view the created DSS-8110, navigate to the PDC that the individual is receiving benefits on. Click the **Case Details** tab then select the **Communication** folder. The Communication Status will be *Draft-Central Print*. Once the overnight batch is complete, the status will be changed to *Sent-Central Print*.
 - i. Caseworkers can review the content of the DSS-8110 by selecting the View/Print option on the List Action Menu.
- The Reason and Outcomes details are viewable when you open the toggle for the DSS-8110 notice on the Communication tab.
- If the DSS-8110 must be mailed the same day, change the status to *Sent* and print locally.

Create DSS-8110 via New Pro Forma:

1. Navigate to the Income Support or Insurance Affordability case. Click the applicable **case reference** hyperlink for the PDC.
Note: For navigation steps to the Income Support or Insurance Affordability case, refer to the *Searching for Cases* job aid.
2. The Product Delivery Case (PDC) Home page displays. Click the **Case Details** tab.
3. The Notes page displays. Click the **Communications** folder.

4. The Communication page displays. Click the **Page Actions Menu** then select **New Pro Forma**.
5. The first New Pro Forma Communication pop-up appears. Click the **Case Participant** drop-down menu then select the applicable case participant. Click **Next**.
6. The second New Pro Forma Communication pop-up appears. Click the **Type** drop-down menu then select **Notice**. Click **Search**.
7. The Notice options appear. Click the **Select** hyperlink for the DSS-8110.
8. The Adequate vs Timely pop-up appears. Select the applicable value then click **Next**.
9. The Create 8110 wizard appears for each active participant on the case. Select the applicable Reasons and Outcomes on Step 1 of the wizard then click **Next**. On Step 2 enter the effective date for each case participant then click **Save**.
 - a. 8110 Details Wizard Step 1.



Create 8110 Wizard

1 Create 8110 2 8110 Details

Step 1: Create 8110

Adequate or Timely Adequate

If a reason is not selected for a participant, a DSS-8110 will not be created for them.

Participant	Reason	Outcome
Participant (1)		
Participant (45)		
Participant (55)		

Cancel Next

- b. 8110 Details Wizard Step 2.

8110 Details Wizard

1 Create 8110 2 **8110 Details**

Step 2: 8110 Details

Adequate or Timely Adequate

If a reason is not selected for a participant, a DSS-8110 will not be created for them.

Participant	Outcome	Reason	New PM..	Effective Date
Time (11)	Full Medicaid Continues	Living Arrangement/ Household Composition Change	\$0.00	<input type="text"/>
Time (45)	Full Medicaid Continues	Living Arrangement/ Household Composition Change	\$0.00	<input type="text"/>
Time	Full Medicaid	Living	\$0.00	<input type="text"/>

Cancel Back **Save**

10. The Communications page displays the generated DSS-8110.

Notes:

- The Communication Status of the generated form is *Draft-Central Print*. Once the overnight batch is complete, the status changes to *Sent-Central Print*.
- If the DSS-8110 must be mailed the same day, change the status to *Sent* and print it locally.
- If the notice is created outside of NC FAST this requires DHB approval. Select the Reason Sent-Outside NC FAST. This is critical for audit purposes. Caution: sending a manual notice outside of the system should only be done as a last resort, upload to NC FAST, and add a case note for documentation purposes.

DSS-8110 Notice Details

1. Outcome – The Outcome drop-down menu defines what change is being made (terminating benefits, change in coverage category, etc.). On the DSS-8110 notice, the Outcome is populated under the THE **CHANGE WHICH WILL TAKE PLACE.**

Notes:

- Effective Date – The Effective Date field is the date when the change in benefits occurs. The effective date for a change in benefits is the first day of the month. The effective date for termination of benefits is the last day of the month.
 - When the DSS-8110 is for Continuing Benefits, the notice will show ***YOUR CURRENT MEDICAL ASSISTANCE BENEFITS WILL CONTINUE***
2. Reason – The Reason drop-down menu states why the change is being made (income increase, pregnancy coverage ending, etc.). Only applicable Reasons will be displayed for the PDC that the notice is being generated for. On the DSS-8110 notice, the Reason is populated under the **WHY THE CHANGE WILL BE MADE.**

When a DSS-8110 is generated

1. Clients with the same Reason, Outcome, and Effective Date are included on the same notice.
2. If a second DSS-8110 notice is generated on the same day for the same person, then NC FAST will cancel the first notice and the first 8110 notice will not be mailed. The newly generated (2nd notice) will be in draft-central print and will be mailed that night.

Note: If multiple DSS-8110s are generated for a client in the same case on the *same day*, only the most recent DSS-8110 is sent to Central Print. The DSS-8110s generated earlier that day for that client which are still in *Draft Central Print* status will be canceled and not mailed.

3. If any 8110 notices were updated to a status of *Sent* (to mail manually), cancel any invalid DSS-8110s that are in Draft-Central Print.

When Client Reports More Changes that Override the Changes Accepted Earlier in the Day

Example:

A DSS-8110 notice is generated in the morning with the following values for a mother, father, and child: Reason is *Income Decrease*, and the Outcome is *Full Medicaid*. Only one notice will be generated because all the individuals have the same Reason, Outcome, and Effective date.

1. Later in the day, we find out the father has moved out of the state. A new notice is generated for him with Reason of *Out of State* and an Outcome of *Termination*. A new notice is generated for the mother and child of *Household Composition Change* and Outcome of *Full Medicaid*.
2. Prior notice for all three individuals regarding the *Income Decrease* will be Cancelled (not displayed). A new timely notice is generated for the father informing him of his termination and a new notice is generated for the child and mother informing them of their *Household Composition change*.

When Client Reports Multiple Changes That Affect Different Benefit Months processed on the same day

Caseworkers **must** react to the adequate change **before** processing the timely change when multiple changes are reported in the same day that affect different months.

Example:

A Parent on an Active LTC case and has children on an Active Family and Children MAGI case reports an income decrease that started two months in the past. When caseworker was verifying the income decrease, the caseworker found that the parent is not cooperating with Child Support Enforcement. Caseworker should enter the income evidence, verifications, and apply changes to the case. The caseworker will accept the Changed Decision as Adequate to generate the DSS-8110 for the PML change. The caseworker must print and mail the DSS-8110 notice for PML change.

Then the caseworker should enter the Child Support Sanction and accept the Changed Decision as Timely to generate another DSS-8110 for the termination.

Important Reminders

- The DSS-8110 will be sent in the preferred language listed on the Person home page.
- Caseworkers accept the On-Hold Decision to generate the DSS-8110 for termination and then manually close the case.

Table for Reasons

The Reasons listed below are available in NC FAST

Age	Aged Begins	Asked that Medicaid be Stopped	BCC Coverage Ending
Blind Begins	Breast and Cervical Cancer	CAP Ended	Change in Law/Policy
CoC No Change	CoC No Change MAGI	Continued Eligibility	Continued Eligibility MAGI
Cooperate/Non-Disability	Deceased	Deductible Met	Disability Begins
Disenrolled Part A or B Medicare	Do not Acticipate Meeting Deductible	Do not Acticipate Meeting Deductible Family	Elible for Pregnancy Coverage
Enrolled Part A or B Medicare	Enrollment Fee/ Preimum	Enrollment Fee	Failed to Apply for All Benefits Adult MA
Failed to Apply for All Benefits Family MA	Failed to Apply for All Benefits MAGI	Failed to Provide Info/Proof Adult MA	Failed to Provide Info/Proof Family MA
Failed to Provide Info/Proof MAGI	Failed to Provide Info for CAP/PACE/LTC	Health Insurance/Medicare	Household Composition Change
Incarceration/IMD Discharge	Income Decrease	Income Increase	Living Arrangement Change
MA COLA	Medicare Covers Drugs	Minor Child Medicaid/Health Insurance	Minor Child No Medicaid/Health Insurance
MQB-B Ending	MQB-E Ending	MQB-Q Ending	MWD Ending
New/Changed Deductible	No Minor Child	NO NOTICE	Non-coop Child Support
Out of State	PACE Disenrollment	PML Change	Pregnancy Coverage Ending
Presumptive Pregnancy	Recert No Change	Recert No Change MAGI	Resource Decrease

Resource Increase	Sent Outside NC FAST	Suspended Medicaid	Transfer of Assets
Unable to Locate Client			

Tabel for Outcomes

The Outcomes listed below are available in NC FAST			
Breast and Cervical Cancer	Breast and Cervical Cancer Continues	CAP	CAP Changed Deductible
CAP Continues	Family Planning	Family Planning Continues	Four Months Transitional Medicaid
Full Medicaid	Full Medicaid Continues	Full Medicaid Ends, MQB-B Continues	Full Medicaid Ends, MQB-Q Continues
HCWD	HCWD Continues	LTC Continues/PML	Medicare Covers Drugs
MQB-B/E Continues	MQB-Q Continues	MWD Continues	New/Changed Deductible
PACE Continues	PML Change	Pregnancy	Qualified Beneficiaries Medicare - B
Qualified Beneficiaries Medicare - M-WD	Qualified Beneficiaries Medicare - Q	Qualified Beneficiaries Medicare - Q1/E	Suspended
Suspended Family Planning	Termination	Termination Deductible Not Met	Termination MQB-B/E
Termination MQB-Q	Termination MWD	Twelve Months Transitional Medicaid	Twelve Months Transitional Medicaid Continues