

Phase II - Module 1

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Explanation & Importance

The North Carolina Department of Health and Human Services (NCDHHS) uses the ex-parte process to determine Medicaid eligibility. This process involves reviewing available information without requiring additional verification from the beneficiary.

Here's a brief overview of how it works:

Automatic Review: The caseworker attempts to verify eligibility using existing data from various sources, such as state and federal databases.

No Beneficiary Action Needed: If sufficient information is available, the beneficiary does not need to provide any additional documents.

Notification: The beneficiary is notified of the outcome. If eligibility is confirmed, Medicaid coverage continues without interruption.

Follow-Up: If the caseworker cannot verify eligibility through available data, they will contact the beneficiary for further information.

Example of the caseworker part of the process

The Process

Ex-Parte Process:

- Eligibility is determined based on available records before contacting or requesting information from the client.
- All recertifications (MAGI & Traditional) must first use electronic data sources (OVS/OLV, ACTS, Dept of Commerce, SOLQ, TWN, SAVE, active/pending FNS, and/or WFFA) and available agency records to determine continued eligibility.

Caseworker Role:

- Conduct all OVS and other electronic data matches.
- Check agency records and other available program records.
- While encouraged, it is not required to verify or clarify information with a collateral contact if verification is not available.

Step-by-Step Instructions

Processing Medical Forced Eligibility Evidence Insurance Affordability Application

Caseworker Steps:

1. **Supervisor Confirmation:** Ensure supervisors confirm the use of Medical Forced Eligibility and verify determinations and policy adherence before proceeding.
2. **Navigate to Application:** Go to the Insurance Affordability Application and click the **Evidence** tab.
3. **Check Evidence:** On the Evidence Dashboard, ensure the following evidence is present for each household member:
 - Residency (check Intent to Remain)
 - Address
 - Applicant Details
 - Birth and Death Details
 - Gender
 - SSN Details
 - Citizen Status
 - Member Relationship
 - Tax Filing Status
 - Primary Care Provider-NC Medicaid Direct (if known)
 - Pregnancy (if applicable)
 - Emergency (if applicable)
 - DHSID Details (if applicable)
4. **Add Medical Forced Eligibility:** In the Household evidence section, hover over Medical Forced Eligibility evidence and click the + sign. Enter/select the evidence, program type, and reason. Add comments if necessary.
5. **Verify Evidence:** Click the **Verifications** folder, then the **Verify** hyperlink. Select the applicable verification and case participant, then save.

6. **Check Eligibility:** Go to the **Eligibility Checks** tab and click the **Check Eligibility** hyperlink. Ensure the correct decision is displayed.

Note: Supervisors must complete the remaining steps for the Insurance Affordability Application.

Supervisor Steps for Processing an Insurance Affordability Application

Confirm Medical Forced Eligibility: Supervisors ensure Medical Forced Eligibility is necessary, determinations are correct, and policy is followed. Caseworkers must consult their Supervisors before authorizing the Medical Forced Eligibility Insurance Affordability Application case.

1. **Authorize Application:** From the Insurance Affordability case, click the Tab Actions Menu, then select Authorize.
2. **Select Option:** Choose to create a new case or add to an existing case.
3. **Check Status:** After the Insurance Affordability Application shows a status of Closed, click the Related Cases tab.
4. **Review Related Cases:** Click the applicable reference number hyperlink.
5. **Verify Certification:** Review and verify the Product Delivery Case certification, then click the Determinations tab.
6. **Navigate to Person Page:** Once the review is complete, go to the applicable Person page.
7. **View Benefit History:** Click the Benefit History tab on the Person page to view Benefit History.

Caseworker Steps for Processing Medical Forced Eligibility Evidence

1. **Navigate to Evidence Tab:** Go to the Insurance Affordability Case and click the Evidence tab.
2. **Add Missing Evidence:** Ensure the following evidence is present for each Household Member, and add if missing:
 - Residency (check Intent to Remain box)
 - Address
 - Applicant Details
 - Birth and Death Details
 - Gender
 - SSN Details

- Citizen Status
 - Member Relationship
 - Tax Filing Status
 - Primary Care Provider-NC Medicaid Direct (if known)
 - Pregnancy (if applicable)
 - Emergency (if applicable)
 - DHSID Details (if applicable)
3. **Add Medical Forced Eligibility:** In the Household evidence section, hover over Medical Forced Eligibility evidence and click the + sign.
 4. **Enter Evidence Details:** In the New Medical Forced Eligibility pop-up, enter/select the evidence, program type, and reason. Refer to Table 1 for Aid Program/Category/Classification types.
 5. **Apply Changes:** Click the Page Actions Menu, then select Apply Changes to all evidence.
 6. **Check Eligibility:** If applicable, check eligibility. Refer to the MAGI Check Eligibility on an Insurance Affordability Integrated Case How to Guide.
 7. **Review Determinations:** In the Product Delivery case, click the Determinations tab to review the result.
 8. **Navigate to Person Page:** Once the review is complete, go to the applicable Person page.
 9. **View Benefit History:** Click the Benefit History tab on the Person page to view Benefit History.

MAGI Medical Forced Eligibility Ex-parte/Admin Recertification

1. **Add New Evidence:** Add new Forced Eligibility evidence with a Start Date one day after the End Date of the previous evidence.
2. **Apply Changes:** Click the Page Actions Menu and select Apply Changes.
3. **Review Determinations:** Navigate to the Product Delivery Case and click the Determinations tab to review the result.
4. **Verify Decision:** Ensure the decision is correct, then go to the applicable Person page.
5. **View Benefit History:** Click the Benefit History tab on the Person page to view Benefit History.

Review of Phases I & II

Ensure that all students grasp the concepts from both phases. They should be able to:

- Complete the application-to-case process for the FNS and MAGI programs.
- Complete an Energy Assistance application.
- Search for a person in the NC FAST system.
- Navigate the NC FAST system effectively.
- Utilize available resources.
- Understand the importance of documentation.
- Use forms, notices, and job aids efficiently.

Cited Sources

NC FAST Phase I Training Curriculum

NCDHHS Website [NC DHHS: North Carolina Department of Health and Human Services](https://www.ncdhhs.gov/)

Buncombe County Department of Social Services Training Curriculum

NC FAST HELP

https://ncfasthelp.nc.gov/FN_B/FN_B/server/general/projects/FAST_Help/FAST_Help.htm