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# Procedural Standard 99-16

**January 9, 2017**

TO: All DES Staff

FR: Frank Joyce, R.N., Acting Senior Director, Disability Evaluation Services (DES)

By: Sherry Campanelli, Program Compliance Manager, Disability Evaluation Services (DES)

**RE: The Role and Uses of Medicaid Management Information System (MMIS) in the disability determination process**

**Purpose:** The purpose of this memo is to explain the use of MMIS in the processing of disability determinations in Massachusetts.

***Reminder to DES staff regarding accessing and using MMIS information:*** *Disability Evaluation Services, as a Business Associate of a HIPAA covered entity (MassHealth) is required to protect the privacy and security of Personally Identifiable Information (PII) that it* ***creates, receives, uses, discloses, stores,*** *or has* ***access*** *to in MMIS and also must comply with federal and state laws mandating such protections. DES staff must make all reasonable efforts to safeguard the PII they receive or maintain from MMIS on behalf of clients, including limiting the use and disclosure of PII to the* ***minimum necessary*** *to accomplish the intended purpose, and not using the PII for any purpose other than that which is authorized.*

DES responsibilities and uses for **MMIS in Massachusetts[[1]](#footnote-1)** are as follows:

MassHealth:

* To determine if a supplement can be processed by verifying there is an open MassHealth application in the Health Insurance Exchange system (HIX).
* To determine if the DES disability determination process can be curtailed because the client has already been found disabled, e.g., receiving federal disability benefits or eligible for Massachusetts Commission for the Blind (MCB SSI) services.
* To obtain/verify case specific information (e.g., DOB, SSN, proper spelling of name).
* To verify current address information if a question arises.

DTA:

* To clarify whether a case has been closed by DTA for administrative reasons during DES processing of the case. Cases are opened and closed frequently by DTA for a variety of administrative reasons (e.g., moved out of state; failure to keep an appointment with a DTA caseworker). When an applicant’s case is closed, a disability determination by DES may no longer be necessary.
* To determine if the DES disability determination process can be curtailed because the client has already been found disabled, i.e., receiving federal disability benefits.
* To obtain/verify case specific information (e.g., DOB, SSN, proper spelling of name).
* To verify current address information if a question arises.

**Procedure:** Procedures for the various uses of MMIS include consideration of the MMIS Aid Categories defined below and dates of opening and closing. An Aid Category is considered “open” if the “end date” displays 12/31/2299.

Since MMIS retains historical data, it is possible to see multiple entries. Staff is cautioned to be sure “ID Status” is “Active” for the “Member ID” selected under “Search Results,” and also, that they are considering the relevant Aid Category (ies) for the contract(s) of origin. Any questions about what information to consider should be referred to a supervisor.

The Aid Categories below are relevant for determining if an incoming supplement should be opened for processing (MassHealth) or whether the disability review can be stopped due to the applicant already being found ‘disabled’ and/or the case being closed for administrative reasons.

**02 TA** Transitional Aid to Families with Dependent Children (TAFDC)

**03 SSI**  MassHealth Standard, Supplemental Security Income Disabled

**04** **EA** Emergency Aid to the Elderly, Disabled, and Children (EAEDC)  **06** → MassHealth Standard, TAFDC

**07** →MassHealth Standard, Disabled

**14** **MCB**  MassHealth Standard, Massachusetts Commission for the Blind SSI

At any point in the disability review process, an open case should be strategically checked by the Disability Reviewer (DR) to determine if the disability review even needs to continue (e.g., prior to requesting a Consultative Examination). MMIS “checks” are also done by other designated staff as triggered by certain procedures/case events or as planned MMIS “sweeps.”

**MassHealth Originated Cases**

1. **Determining if an incoming MassHealth supplement can/needs to be processed:**

This function is typically limited to designated DES administrative support staff who receive incoming supplements. To determine if an incoming supplement may be properly processed, they proceed as follows:\*

1. Check the Member Information screen for notation of “HIX” in the “Agency Affiliation” field accompanied by a closing date at any time in the future *or* with no closing date (12/31/2299). These two elements signify an “OPEN HIX” which can be processed unless the situations in b. below apply.2
2. If the case is found to have a code “03” or “14” open in the “Aid Category” field (whether or not there is an “OPEN HIX”), the supplement is closed **immediately.** The Tracking Form is coded as a “502” for “SSI” and signed/dated by the Disability Coordinator (DC). Physician Advisors (PA) are not required to sign the Tracking Form for these cases.

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2 Somesupplements that do not have these findings in MMIS are able to be processed by DES through a special procedure with MassHealth.

1. When processing a MassHealth supplement, MMIS is also used to obtain/verify case   
    specific information that may be missing, illegible, or otherwise unclear in the disability   
    supplement.

\* Note: staff must be certain that they are accessing the best applicable “Active” “Member   
 ID” entry – if any question, see the lead Disability Coordinator and/or Client Service   
 Manager.

**2. Determining if an open MassHealth case can be closed because a DES disability   
 determination is not necessary:**

All cases in process (including MassHealth child cases) verified in MMIS as an open “03” or “14” can be closedimmediately.The Tracking Form is coded as a “502” for “SSI” and signed/dated by the staff member closing the case. Physician Advisors (PA) are not required to sign the Tracking Form for these cases.

An 07 open can also potentially be closed as a “502” – a call must be made to the MEC liaison   
 and only closed if instructed by the liaison that the disability review is no longer needed.

**3. Verify Client’s Current Address/Phone:**

The MMIS Member Information screen is a resource to obtain applicant address and phone information. If DES has reason to question the address in DEScovery (e.g., returned mail) the following steps are taken:

1. The applicant/ARD is called to verify the address.
2. If the applicant/ARD cannot be contacted by phone and MMIS shows a recent change of address, the disability review proceeds with the new address in MMIS.
3. If the applicant cannot be contacted by phone and the MMIS address is the same as the DES address of record, the DES staff person contacts the designated MassHealth liaison to verify the address.

All verified changes of address are recorded by DES staff in DEScovery including a progress   
 note reflecting the current and previous address in order to preserve a history for general and   
 appeals purposes.

**DTA Originated Cases**

1. **Determining if an open DTA case can be closed because a DES disability determination is not necessary:**

**Relevant MMIS “Aid Categories” for EAEDC originated cases:**

**03** open – can be closed immediately as a “502”

**04** closed with an end date at least 30 days prior to the date DES reviews the MMIS data –   
 can be closed immediately as a “502”

**04** closed but with an end date less than 30 days prior to the date DES reviews the MMIS   
 data – case cannot be closed as a “502” until the case has been closed in MMIS at least   
 30 days (see above). For DRs, see specific guidance in “DR Guidance DTA Cases   
 closed in MMIS less than 30 days.”  
 **07** open– call the DTA caseworker or liaison to inquire whether or not the disability   
 review can be stopped; if instructed by the caseworker or liaison that the disability   
 review is no longer needed, the case can be immediately closed as a “502.”   
   
 When closing an EAEDC originated case as a “502,” the Tracking Form is coded “502”   
 for EAEDC and signed/dated by the staff member closing the case. PAs are not required   
 to sign the Tracking Form.

**Relevant MMIS “Aid Categories” for TAFDC originated cases:**

**02** closed with an end date at least 30 days prior to the date DES reviews the MMIS data   
 – if no exception\*, can be closed immediately as a “502”

**02** closed but with an end date less than 30 days prior to the date DES reviews the   
 MMIS data – case cannot be closed as a “502” until the case has been closed in   
 MMIS at least 30 days (see above). For DRs, see specific guidance in “DR Guidance   
 DTA Cases closed in MMIS less than 30 days.”

**03** open **-** can be closed immediately as a “502”

**07** open– call the DTA caseworker or liaison to inquire whether or not the disability   
 review can be stopped; if instructed by the caseworker or liaison that the disability   
 review is no longer needed, the case can be immediately closed as a “502.”

\***TAFDC** *Exceptions –* if either exception applies, continue with the review:

1) There is an 06 *open* in MMIS and the DTA caseworker has entered a 0 [zero] on   
 the Tracking Form in “15. Status” following the phrase “*Number of months of   
 time-limited benefits remaining for individual named in #1*”.

2) If the “Closing Action Reason” is failure to comply with work program   
 requirements (please see the Client Service Manager or your supervisor re: where   
 to find this information in MMIS).  
   
 When closing a TAFDC originated case as a “502,” the Tracking Form is coded “502”   
 for TAFDC and signed/dated by the staff member closing the case. PAs are not   
 required to sign the Tracking Form.

**2. Verify Client’s Current Address/Phone:**

The MMIS Member Information screen is a resource to obtain applicant address and phone information. If DES has a reason to question the address in DEScovery (e.g., returned mail) the following steps are taken:

1. The applicant is called to verify the address.
2. If the applicant cannot be contacted by phone and MMIS shows a recent change of address, the disability review proceeds with the new address in MMIS.
3. If the applicant cannot be contacted by phone and the MMIS address is the same as the DES address of record, the DES staff person contacts the DTA caseworker or designated liaison to verify the address.

All verified changes of address are recorded by DES staff in DEScovery including a progress   
 note reflecting the current and previous address in order to preserve a history for general and   
 appeals purposes.

**Additional Instructions (MassHealth and DTA):**

If one of the two applications in a dual MassHealth/DTA episode can be closed as a “502,” seek assistance from the Operations Manager or their designee to “split” the case.

If there is any uncertainty about whether the disability review process should continue, the DR contacts the DTA caseworker or liaison or the MassHealth liaison, as appropriate, for clarification.

**Summary:** MMIS is a key source of information to facilitate disability case processing. Consistent use of MMIS as noted above can prevent unnecessary time, effort and resources being spent on cases that no longer need a disability determination. DES staff use MMIS to determine if a case should be opened for disability review, if the disability process should continue, and to verify demographic and client contact information.

1. DES works at times with our UMMS partners via MMIS to consider clinical information for various MassHealth programs. In addition, DES disability review staff and physician/psychologist advisors assigned to the New Hampshire project have secure access to the NHDHHS MMIS for clinical case review and disability determination. [↑](#footnote-ref-1)