



# Medicaid Information Technology System

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**State & Local Government Solutions  
Medicaid Information Technology System (MITS)**

## **Recipient Eligibility and Enrollment Participant Guide**

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# Course Overview

## Overview

The goal of this course is to provide you with the skills required to perform tasks associated with recipient eligibility and enrollment in Ohio MITS.

Actual eligibility determination is outside the scope of MITS and is provided by external eligibility systems. MITS must interface with the state eligibility systems - current and future. The eligibility systems will be the systems of record for entering, maintaining and determining all eligibility.

## Objective(s)

After completing this course, you should be able to:

- View recipient eligibility information
- Update recipient eligibility information
- View recipient eligibility for a buy-in covered group
- View Medicare eligibility
- Check for long term care residency
- Check for waiver enrollment
- Verify recurring or delayed spenddown
- View recipient eligibility-related information
- Update recipient eligibility-related information
- View recipient case/category/sequence information
- Update recipient case/category/sequence information
- Add a recipient link request
- Add a recipient unlink request
- Add comments to document recipient actions taken

## Agenda

Topic	Time
<b>Day 1</b>	
Welcome and Introductions	10 minutes
Course Overview	5 minutes
Recipient Overview	30 minutes
Benefit Plans and Group Types	15 minutes
Viewing Recipient Eligibility Information	30 minutes
Viewing Buy-In Covered Group Eligibility	30 minutes
Break	15 minutes
Viewing Medicare Eligibility	30 minutes
Checking for Long Term Care Residency	30 minutes
Checking for Waiver Enrollment	30 minutes
Lunch	60 minutes
Verifying Spenddown	30 minutes
Viewing Recipient Eligibility-Related Information	45 minutes
Break	15 minutes
Updating Recipient Eligibility-Related Information	45 minutes
<b>Day 2</b>	
Viewing Recipient Case/Category/Sequence Information	30 minutes
Updating Recipient Case/Category/Sequence Information	45 minutes
Adding a Recipient Link Request	45 minutes
Break	15 minutes
Adding a Recipient UnLink Request	45 minutes

Topic	Time
Adding Recipient Comments	45 minutes
Review	15 minutes

# Recipient Overview

## Introduction

The primary purpose of the Recipient subsystem in MITS is to:

- Accept and maintain an accurate, current, and historical source of eligibility and demographic information on individuals eligible for medical assistance
- Support analysis of the data contained within the Recipient subsystem

The maintenance of recipient data is required to support claim processing in both batch and online mode (near real-time), reporting functions, and eligibility verification.

## Medicaid

Medicaid became law in 1965 as a cooperative venture jointly funded by the Federal and State governments (including the District of Columbia and the Territories) to assist states in furnishing medical assistance to eligible needy persons. Medicaid is the largest source of funding for medical and health-related services for America's poorest people.

## Eligibility

Medicaid does not provide medical assistance for all persons. To be eligible for Medicaid, a person must be a member of a covered group.

States generally have broad discretion in determining which groups their Medicaid programs will cover and the financial criteria for Medicaid eligibility. Eligibility in Ohio Medicaid is determined at the county level by county case workers.

## Enrollment

The county case worker processes all the necessary eligibility data and paperwork through the appropriate system:

- CRIS-E (Client Registry Information Systems-Enhanced) or
- SACWIS (Statewide Automated Child Welfare Information System)

MITS accepts multiple, unique data feeds from different agencies and applies that data according to ODJFS-specific business rules. Because the recipient data comes from a variety of sources, MITS weaves this information together to form a cohesive repository of consumer eligibility and demographic information.

## System Communication

CRIS-E and SACWIS share their eligibility data with MITS. They send data by batch or in near real-time to MITS.

- **Batch processing** is when large amounts of data are sent to another system at a specified time. Typically, this sharing occurs at night when demands on the computer systems are significantly less.
- **Near real-time** communicates small data streams to another system as it becomes known.

It is important to understand what data is being sent by batch and what is being shared in near real-time in order to accurately respond to questions. Potential misinformation could be given if assumptions are made about the timeliness of the data.

## Interfaces

An interface is any system that supplies data to MITS. MITS has multiple system tools that are used by both county and state employees to help deliver high quality health services to Ohio residents. MITS stores and tracks the eligibility data received from CRIS-E and SACWIS and applies that data according to ODJFS-specific business rules.

Interface	Acron ym	Description
Client Registry Information Systems-Enhanced	CRIS-E	The database maintained by Ohio Department of Job and Family Services (ODJFS). Eligibility and enrollment are performed for many recipients through CRIS-E.
Family and Children Services Information System	FACSI S	A database that maintains information for use in foster care and adoptions in Ohio.
Statewide Automated Child Welfare Information System	SACWI S	A comprehensive automated case management tool that meets the needs of all staff (including social workers and their supervisors, whether employed by the state, county, or contracted private providers) involved in foster care and adoption assistance case management.
Vital Statistics Date of Death	NA	The interface from the Department of Health (DOH) that supplies death records of Ohio residents.

## Reports

Reports provide multiple departments and bureaus with information, trends, and errors. Supervisors assign reports to be reviewed by staff members. It is important to know what reports are available in MITS, their frequency of production, and the information they contain.

Listed below are the most commonly-used reports for recipient eligibility and enrollment:

Report ID	Report Name	Frequency	Report Description
ELG-0006-D	Recipients Without SSN	Daily	Displays recipients without a Social Security number.
ELG-0008-D	CRISE Error Count	Daily	Displays a summary of the daily error code failures. It includes the error number, the number of times the error occurred, the action taken when the error fails, and a description of the error.
ELG-0010-D	Daily Date of Death	Daily	Displays all recipients who had a date of death change during the eligibility interface update process from CRIS-E and SACWIS. If the recipient is added to the system initially with a date of death, the recipient is not reported because the date is not a change to pre-existing information. However, if the date of death is changed or set to zero, the recipient is reported.
ELG-0011-D	Potential Duplicate Recipient Report	Daily	Displays all recipients who were identified as a potential duplicate during the update processing for PS/2 transactions received from CRIS-E and SACWIS. The report shows the recipient ID, name, Social Security number, and date of birth for both the recipient on the PS/2 transaction and the recipient in MITS. Research these recipient IDs further to determine if a duplicate actually exists or not. The report is sorted by source code, PS/2 recipient ID, and transaction date.

Report ID	Report Name	Frequency	Report Description
ELG-0012-D	CRIS-E Transaction Count	Daily	Displays the total number of CRIS-E transactions received, processed with no errors, processed with non-fatal errors, and not processed due to fatal errors.
ELG-0013-D	CRIS-E Error	Daily	Displays all errors that occurred during the daily update process for CRIS-E transactions.
ELG-0016-D	SACWIS Error Count	Daily	Displays a summary of the error code failures for the day. This report lists the error number, the number of times the error occurred, the action taken when the error fails, and a description of the error.
ELG-0018-D	SACWIS Transaction Count	Daily	Displays the total number of SACWIS transactions received, processed with no errors, processed with non-fatal errors, and not processed due to fatal errors.
ELG-0019-D	SACWIS Error	Daily	Displays all errors and the description of the errors that occurred during the daily update process for SACWIS transactions.
ELG-0020-M	Vital Statistics Transaction Count	Monthly	Displays the total number of vital statistics transactions received, processed with no errors, processed with non-fatal errors, and not processed due to fatal errors.
ELG-0021-M	Vital Statistics Error Count	Monthly	Displays a summary of the error code failures for the day. This report lists the error number, the number of times the error occurred, the action taken when the error fails, and a description of the error.
ELG-0022-M	Vital Statistics Error	Monthly	Displays all errors that occurred during the daily update process for vital statistics transactions. This report lists the fields in error, the invalid data and a brief message explaining each error.

Report ID	Report Name	Frequency	Report Description
ELG-0032-D	Link Requests Processed	Daily	Displays all recipient link requests that were processed successfully. The report includes types of information that the system was not able process. This report identifies recipients who have been linked, as well as information that needs to be reviewed to see if manual unlinking is required.
ELG-0033-D	Unlink Requests Processed	Daily	Displays all recipient unlink requests that were processed successfully. The report includes types of information that the system was not able process. This report identifies recipients who have been unlinked, as well as information that needs to be reviewed to see if manual unlinking is required.
ELG-0034-M	Monthly Link Requests Processed	Monthly	Displays all recipient link requests that were processed successfully for the previous month. The report includes types of information that the system was not able process. This report summarizes all of the daily reports during the specified month. Most instances of 'data not linked' will have been corrected. This report identifies recipients who have been linked, as well as information that needs to be reviewed to see if manual unlinking is required.
ELG-0035-M	Monthly Unlink Requests Processed	Monthly	Displays all recipient unlink requests that were processed successfully for the previous month. This report includes the types of information that the system was not able to determine how to handle. This report is a summary of all of the daily reports and shows each of the unlinks that were performed during the specified month. Most instances of 'data not unlinked' will have been corrected. This report identifies recipients who have been unlinked, as well as information that needs to be reviewed to see if manual unlinking is required.
ELG-0050-D	Unlinking Transaction Count	Daily	Displays a summary of all the recipient unlinking transactions that were processed in the cycle.

Report ID	Report Name	Frequency	Report Description
ELG-0052-D	Unlinking Error Count	Daily	Displays a summary of the unlinking errors for the day. The report includes the error number, the number of times the error occurred, the action taken in response, and a description of the error.
ELG-0055-D	Unlinking Error	Daily	Displays all errors that occurred during the daily update process for user transactions. The information includes the transaction type, recipient information, and the error code, description, and source.
ELG-0060-D	Linking Transaction Count	Daily	Displays a summary of all the recipient linking transactions that were processed in the cycle.
ELG-0062-D	Linking Error Count	Daily	Displays a summary of the transaction failures for the day. The report includes the error code, the number of times the error occurred, the action taken in response, and a description of the error.
ELG-0065-D	Linking Error	Daily	Displays all errors that occurred during the daily update process for MITS eligibility update transactions. The information includes the transaction type, the recipient's identity, and the location, code, and description of the error.
ELG-0075-M	Newborns Added	Monthly	Displays the newborns added to the system during the reporting month.
ELG-0077-M	CRIS-E PACT Card Issuance Request	Monthly	Displays recipients sent to CRIS-E on the monthly file for the Primary Alternative Care and Treatment Program (PACT). These recipients are considered "lock-ins," a status that restricts them to certain benefits from a single, identified source. PACT is a subset of the Medicaid program for recipients who have used medical services without necessity, and are therefore restricted to the oversight of a designated physician and pharmacy.

Report ID	Report Name	Frequency	Report Description
ELG-0079-M	Adopted Recipients With Current Eligibility	Monthly	Displays the recipients that have been adopted but have open eligibility in MITS.
ELG-0134-M	Monthly Date of Death Report	Monthly	Displays recipients who have died during the month. This information is received from CRIS-E and SACWIS, and includes recipient ID, Social Security number, date of death, and name. The report also provides a total for all deceased recipients.
EVS-0002-W	EVS Transaction Counts by Provider and Provider Type	Weekly	Displays the total number of Eligibility Verification System (EVS) inquiries for each transaction type by individual provider and by access method. It also displays the total number of EVS inquiries for each transaction type by provider type. A summary at the end of the report gives grand totals for all EVS transaction type inquiries.

## Check Your Understanding

This activity contains questions to assess your understanding of key concepts in this topic. Review the topic if your score is below your standards.

What are the primary goals of the Recipient subsystem in MITS? Select all that apply.

- A. Accept and maintain an historical source of eligibility and demographic information on individuals eligible for medical assistance.
- B. Support analysis of the data in MITS.
- C. Provide medical assistance to all people.
- D. Accept and maintain an accurate, current source of eligibility and demographic information on individuals eligible for medical assistance.

MITS accepts multiple, unique data feeds from different agencies and applies that data according to ODJFS-specific business rules.

- A. True
- B. False

Which type of data processing communicates small data streams to another system as it becomes known?

- A. Overnight
- B. Near real-time
- C. Batch

## Summary

In this topic, you learned the purpose of the Recipient subsystem in MITS and information about eligibility, enrollment and MITS interfaces.

# Benefit Plans

## Introduction

MITS uses benefit plans to configure how services are covered and claims are processed.

## Benefit Plans

Services (procedure codes, revenue codes, diagnosis codes, and drugs) are grouped into logical units called benefit plans. A benefit plan is assigned to a recipient who is eligible for the services the benefit plan represents. A recipient must be enrolled in at least one benefit plan and may be enrolled in multiple benefit plans.

Within a single benefit plan, authorized MITS users can configure how the individual services will be covered. The various member populations within Medicaid are then given eligibility to one or more of these benefit plans, and their claims are adjudicated based on these user-configured plans.

Examples of Ohio benefit plans are Ohio Department of Alcohol/Drug Addition Services, Medicaid, MRDD Targeted Case Management, and Ohio Mental Health.

## Eligibility Spans

Medicaid eligibility spans related to a specific benefit plan and aid category are converted and used to populate the corresponding eligibility tables in MITS.

## Check Your Understanding

This activity contains questions to assess your understanding of key concepts in this topic. Review the topic if your score is below your standards.

A recipient may be enrolled in multiple benefit plans.

- A. True
- B. False

What does a benefit plan define?

- A. A waiver
- B. An aid category
- C. Service coverage

## Summary

In this topic, you learned how MITS uses benefit plans to configure service coverage and claims processing.

# Viewing Recipient Eligibility Information

## Overview

### What

In this topic, you learn how to view recipient eligibility information on the Recipient Information panel.

### Who

OHP staff members perform this task.

### When

You perform this task when you receive a request to verify recipient eligibility information.

### Relevance

You can view this information to verify recipient eligibility. Without verifying eligibility, incorrect actions could be taken.

### Requirements

To successfully complete this task, you must have the recipient ID or last name.

## How To

Follow these steps from the MITS home page to view recipient eligibility:

Step	Action
1	Point to <b>Recipient</b> and click <b>Search</b> .
2	Search for and select the recipient for which you want to verify eligibility information.
3	View the following eligibility fields on the Recipient Information panel to verify recipient eligibility: <ul style="list-style-type: none"> <li>• Medicare Coverage</li> <li>• Medicare Buy-in</li> <li>• Benefit Plan</li> <li>• Assignment Plan</li> <li>• Managed Care</li> </ul>

## Success

You have successfully completed this task when recipient information displays on the selected panel.

## Next Steps

For more detailed eligibility information, view recipient eligibility-related information from the Recipient Maintenance panel set.

## Practice

View recipient eligibility information on the Recipient Information panel using the recipient ID you were provided at the beginning of class.

When you complete the practice, be prepared to discuss the recipient's eligibility by viewing the following fields:

- Medicare Coverage
- Medicare Buy-in
- Benefit Plan
- Assignment Plan
- Managed Care

# Viewing Buy-In Covered Group Eligibility

## Overview

### What

In this topic, you learn how to determine if an individual is currently eligible for a category of assistance that is considered a buy-in covered group. Examples of a buy-in covered group include Medicaid for the aged, disabled or blind without a spenddown.

### Who

OHP staff members perform this task.

### When

You perform this task when you receive a request to verify Medicare buy-in eligibility.

### Relevance

You must successfully view this information to verify Medicare buy-in eligibility.

### Requirements

To successfully complete this task, you must have the recipient ID or last name.

## How To

Follow these steps from the MITS home page to view Medicare buy-in covered group eligibility:

Step	Action
1	Point to <b>Recipient</b> and click <b>Search</b> .
2	Search for and select the recipient for which you want to verify eligibility for a buy-In covered group.
3	Click <b>Medicare</b> .
4	Click <b>Medicare A Buy-In Coverage</b> , <b>Medicare B Buy-In Coverage</b> , <b>Medicare Buy-In A Combined</b> , or <b>Medicare Buy-In B Combined</b> , depending on the type of coverage you wish to verify.
5	View the <b>Effective Date</b> and <b>End Date</b> columns to determine if a buy-in eligibility exists.

## Success

You have successfully completed this task when recipient information displays on the selected panel.

## Next Steps

For additional information on benefit plans, select **Benefit Aid Category** in Recipient Maintenance.

## Practice

View buy-in covered group eligibility information on the Benefit Plan panel using the recipient ID you were provided at the beginning of class.

When you complete the practice, be prepared to discuss whether your recipient has buy-in covered group eligibility.

# Viewing Medicare Eligibility

## Overview

### What

In this topic, you learn how to verify Medicare eligibility, using the Medicare Coverage panels to view eligibility span(s).

### Who

OHP staff members perform this task.

### When

You perform this task when you receive a request to verify Medicare eligibility.

### Relevance

You must successfully view this information to verify coverage.

### Requirements

To successfully complete this task, you must have the recipient ID or last name.

### How To

Follow these steps from the MITS home page to view Medicare eligibility:

Step	Action
1	Point to <b>Recipient</b> and click <b>Search</b> .
2	Search for and select the recipient for which you want to verify eligibility for Medicare.
3	Click <b>Medicare</b> .
4	View recipient Medicare information by accessing the following panels: <ul style="list-style-type: none"> <li>• Medicare A Coverage</li> <li>• Medicare B Coverage</li> <li>• Medicare C Coverage</li> <li>• Medicare D Coverage</li> </ul>
5	View the <b>Effective Date</b> and <b>End Date</b> fields for each Medicare panel to determine coverage.

**Success**

You have successfully completed this task when recipient information displays on the selected panel.

**Practice**

View Medicare eligibility information using the recipient ID you were provided at the beginning of class.

When you complete the practice, be prepared to discuss whether your recipient has Medicare eligibility.

# Checking for Long Term Care Residency

## Overview

### What

In this topic, you learn how to check for long term care (LTC) residency. Valid recipient LTC types include nursing facilities, ICF-MRs, and hospitals (if the stay is over 30 days).

### Who

OHP staff members perform this task.

### When

You perform this task when you receive a request to check for long term care residency.

### Relevance

You must successfully view this information to check for long term care residency.

### Requirements

To successfully complete this task, you must have the recipient ID or last name.

### How To

Follow these steps from the MITS home page to check for long term care residency:

Step	Action
1	Point to <b>Recipient</b> and click <b>Search</b> .
2	Search for and select the recipient for which you want to check for long term care residency.
3	On the Recipient Information panel, view the <b>Living Arrangement</b> field.
4	Click <b>Recipient LTCF Payment Authorization</b> .
5	View the <b>Admission Date</b> and <b>Discharge Date</b> fields to determine residency, if any.

**Success**

You have successfully completed this task when recipient information displays on the selected panel.

**Practice**

View long term care residency information using the recipient ID you were provided at the beginning of class.

When you complete the practice, be prepared to discuss whether your recipient is a resident in a long term care facility.

# Checking for Waiver Enrollment

## Overview

### What

In this topic, you learn how to check for waiver enrollment using the Waiver Information panel.

### Who

OHP staff members perform this task.

### When

You perform this task when you receive a request to verify waiver enrollment.

### Relevance

You must successfully view this information to verify waiver enrollment.

### Requirements

To successfully complete this task, you must have the recipient ID or last name.

### How To

Follow these steps from the MITS home page to check for waiver enrollment:

Step	Action
1	Point to <b>Recipient</b> and click <b>Search</b> .
2	Search for and select the recipient for which you want to verify waiver enrollment.
3	In the Recipient Maintenance panel, click <b>Waiver Information</b> .
4	View the <b>Effective Date</b> and <b>End Date</b> fields in the Waiver Information panel to determine waiver enrollment status.

**Success**

You have successfully completed this task when recipient information displays on the selected panel.

**Practice**

Check for waiver enrollment on the Waiver Information panel using the recipient ID you were provided at the beginning of class.

When you complete the practice, be prepared to discuss whether your recipient has a waiver enrollment.

# Verifying Spenddown

## Overview

### What

In this topic, you learn how to determine if a recipient has a recurring or delayed spenddown. You use the Case/Cat/Seq Spenddown panel to view this information.

### Who

OHP staff members perform this task.

### When

You perform this task when you receive a request to verify spenddown.

### Relevance

You must successfully view this information to verify spenddown.

### Requirements

To successfully complete this task, you must have the recipient ID or last name.

### How To

Follow these steps from the MITS home page to verify spenddown:

Step	Action
1	Point to <b>Recipient</b> and click <b>Case Search</b> .
2	Search for and select the recipient for which you want to verify recurring or delayed spenddown.
3	Click <b>Case/Cat/Seq Spenddown</b> in the Case/Cat/Seq Maintenance panel.
4	View the <b>Spenddown Type</b> field to determine whether there is a recurring or delayed spenddown.

**Success**

You have successfully completed this task when recipient information displays on the selected panel.

**Practice**

Verify spenddown information using the recipient ID you were provided at the beginning of class.

When you complete the practice, be prepared to discuss whether your recipient is on a spenddown.

# Viewing Recipient Eligibility-Related Information

## Overview

### What

In this topic, you learn how to view recipient eligibility-related information.

### Who

OHP staff members perform this task.

### When

You perform this task when you receive a request to verify recipient eligibility information.

### Relevance

You can view this information to verify recipient eligibility.

### Requirements

To successfully complete this task, you must have the recipient ID or last name.

## How To

Follow these steps from the MITS home page to view recipient eligibility-related information:

Step	Action																																						
1	Point to <b>Recipient</b> and click <b>Search</b> .																																						
2	Search for and select the recipient for which you want to view recipient eligibility-related information.																																						
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**Success**

You have successfully completed this task when recipient information displays on the selected panel.

**Practice**

View recipient eligibility-related information on any of the panels listed using the recipient ID you were provided at the beginning of class.

When you complete the practice, be prepared to discuss what types of information you viewed.

# Updating Recipient Eligibility-Related Information

## Overview

### What

In this topic, you learn how to update information in MITS about recipient eligibility.

### Who

OHP staff members perform this task.

### When

You perform this task when you receive a request to update recipient eligibility information.

### Relevance

You can update this information as necessary to maintain recipient information.

#### Notes:

- It is preferable to make updates in the source system, which feeds to MITS.
- Only users with appropriate security rights have access to make updates.

### Requirements

To successfully complete this task, you must have the following information:

- Recipient ID or last name
- Information to be updated

## How To

Follow these steps from the MITS home page to update recipient eligibility-related information:

Step	Action
1	Point to <b>Recipient</b> and click <b>Search</b> .
2	Search for and select the recipient for which you want to update recipient information.
3	Select the appropriate panel on which to update recipient information.
4	Select the row of the record you want to update, and make any necessary updates. <b>Note:</b> To mark a record invalid, select <b>History</b> in the <b>Status</b> field, if available. However, an update to an existing record is preferred if possible. Once a benefit plan is in History status, you cannot update it.
5	Click <b>save</b> .

## Success

You have successfully completed this task when a system message displays that the save was successful.

## Practice

Practice updating recipient eligibility-related information on any of the panels listed using the recipient ID you were provided at the beginning of class.

When you complete the practice, be prepared to discuss what types of updates you made.

# Viewing Recipient Case/Category/Sequence Information

## Overview

### What

In this topic you learn how to view recipient case/category/sequence information.

This task enables you to view information about associations between recipients in MITS. A case/category/sequence is generally made up of family members who reside within the same household and are eligible for Medicaid.

### Who

OHP staff members perform this task.

### When

You perform this task when you receive a request to verify case/category/sequence information.

### Relevance

You can view this information to verify case/category/sequence information.

### Requirements

To successfully complete this task, you must have the recipient ID or last name.

## How To

Follow these steps from the MITS home page to view recipient case/cat/seq information:

Step	Action										
1	Point to <b>Recipient</b> and click <b>Case Search</b> .										
2	Search for and select the recipient for which you want to view case/category/sequence information.										
3	View recipient case/category/sequence information by accessing the following panels: <table border="1" data-bbox="347 720 1399 999"> <thead> <tr> <th>TO view:</th> <th>THEN select:</th> </tr> </thead> <tbody> <tr> <td>Case/category/sequence information</td> <td>Case/Cat/Seq Base Information</td> </tr> <tr> <td>Case/category/sequence income</td> <td>Case/Cat/Seq Income</td> </tr> <tr> <td>Case/category/sequence recipients</td> <td>Case/Cat/Seq Recipients</td> </tr> <tr> <td>Spenddown</td> <td>Case/Cat/Seq Spenddown</td> </tr> </tbody> </table>	TO view:	THEN select:	Case/category/sequence information	Case/Cat/Seq Base Information	Case/category/sequence income	Case/Cat/Seq Income	Case/category/sequence recipients	Case/Cat/Seq Recipients	Spenddown	Case/Cat/Seq Spenddown
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Case/category/sequence income	Case/Cat/Seq Income										
Case/category/sequence recipients	Case/Cat/Seq Recipients										
Spenddown	Case/Cat/Seq Spenddown										

## Success

You have successfully completed this task when recipient information displays on the selected panel.

## Practice

View recipient case/category/sequence information on any of the panels listed using the recipient ID you were provided at the beginning of class.

When you complete the practice, be prepared to discuss whether your recipient is part of a case/category/sequence.

# Updating Recipient Case/Category/Sequence Information

## Overview

### What

In this topic, you learn how to view and update information about case/category/sequence associations between recipients in MITS. A case/category/sequence is generally made up of family members who reside within the same household and are eligible for Medicaid.

### Who

OHP staff members perform this task.

### When

You perform this task when you receive a request to update case/category/sequence information.

### Relevance

You must update this information as necessary to maintain accurate recipient information.

### Requirements

To successfully complete this task, you must have the following information:

- Recipient ID or last name
- Information to be updated

## How To

Follow these steps from the MITS home page to update recipient case/category/sequence information:

Step	Action										
1	Point to <b>Recipient</b> and click <b>Case Search</b> .										
2	Search for and select the recipient for which you want to update case/category/sequence information.										
3	Update recipient case/category/sequence information by accessing the following panels: <table border="1" data-bbox="347 751 1399 1033"> <thead> <tr> <th>TO view:</th> <th>THEN select:</th> </tr> </thead> <tbody> <tr> <td>Case/category/sequence information</td> <td>Case/Cat/Seq Base Information</td> </tr> <tr> <td>Case/category/sequence income</td> <td>Case/Cat/Seq Income</td> </tr> <tr> <td>Case/category/sequence recipients</td> <td>Case/Cat/Seq Recipients</td> </tr> <tr> <td>Spenddown</td> <td>Case/Cat/Seq Spenddown</td> </tr> </tbody> </table>	TO view:	THEN select:	Case/category/sequence information	Case/Cat/Seq Base Information	Case/category/sequence income	Case/Cat/Seq Income	Case/category/sequence recipients	Case/Cat/Seq Recipients	Spenddown	Case/Cat/Seq Spenddown
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Case/category/sequence income	Case/Cat/Seq Income										
Case/category/sequence recipients	Case/Cat/Seq Recipients										
Spenddown	Case/Cat/Seq Spenddown										
4	Type information or make a selection from the drop-down lists in the field(s) you want to update.										
5	Click <b>save</b> .										

## Success

You have successfully completed this task when a system message displays that the save was successful.

## Practice

Update recipient case/category/sequence information on any of the panels listed using the recipient ID you were provided at the beginning of class.

When you complete the practice, be prepared to discuss the type(s) of updates you made.

# Adding Recipient Link Request

## Overview

### What

In this topic, you learn how to combine key data from two active recipients under one recipient identification number (ID).

### Who

OHP staff members perform this task.

### When

You perform this task when you receive a request to link data from two recipients into the same recipient ID.

### Relevance

You must update this information as necessary to prevent duplicate data from existing in MITS under two different recipient IDs.

### Requirements

To successfully complete this task, you must have all recipient IDs and a request to link IDs from an appropriate source.

### Guidelines

OHP will determine which recipient ID to use as the primary ID.

## How To

Follow these steps from the MITS home page to add a recipient link request:

Step	Action
1	Point to <b>Recipient</b> and click <b>Search</b> .
2	Search for and select the recipient to which you want to link another recipient's data.
3	Select <b>Recipient Link Request</b> .
4	Click <b>add</b> .
5	In the <b>Link ID From</b> field, type the <b>recipient ID</b> of the recipient to which you want to link. <b>Notes:</b> <ul style="list-style-type: none"> <li>• The <b>Linked To ID</b> field defaults to the recipient number of the current record.</li> <li>• The <b>Linked From ID</b> field is the recipient number you want to link to another ID.</li> </ul>
6	Click <b>save</b> . <b>Notes:</b> <ul style="list-style-type: none"> <li>• MITS links the recipients during nightly batch processing.</li> <li>• MITS retains all information about the linked, non-primary ID.</li> </ul>

## Success

You have successfully completed this task when a system message displays that the save was successful.

## Next Steps

You can verify that the link was successful the following day by viewing the **Linked ID** and **Primary ID** fields on the **Recipient Information** panel.

When the link request is complete, MITS consolidates claims for both recipient IDs. You must then analyze the claims. Other subsystems (Managed Care, TPL, Claims, etc.) also process the link request and update data accordingly.

## Practice

Practice adding a link recipients request using the information provided by your instructor.

# Adding Recipient Unlink Request

## Overview

### What

In this topic, you learn how to unlink recipients when they have been combined in error.

### Who

OHP staff members perform this task.

### When

You perform this task when you receive a request to unlink two recipients after it is determined that the recipients are mistakenly linked.

### Relevance

You must update this information as necessary to accurately maintain recipient information.

### Requirements

To successfully complete this task, you must have the recipient ID of the recipient incorrectly linked and a request from a reliable source to unlink the recipient IDs.

## How To

Follow these steps from the MITS home page to add a recipient unlink request:

Step	Action
1	Point to <b>Recipient</b> and click <b>Search</b> .
2	Search for and select the recipient which you want to unlink from another recipient's data.
3	Select <b>Recipient Unlink Request</b> .
4	Select the row of the recipient data that you want to unlink.
5	Click <b>save</b> . <b>Note:</b> The actual unlink occurs during nightly batch processing.

## Success

You have successfully completed this task when a system message displays that the save was successful.

## Next Steps

You can verify that the unlink was successful the following day by viewing the **Linked ID** and **Primary ID** fields on the **Recipient Information** panel.

## Practice

Practice adding an unlink recipients request using the information provided by your instructor.

# Adding Recipient Comments

## Overview

### What

In this topic, you learn how to document recipient information concerning a case (i.e., phone calls, updates, etc.).

### Who

OHP staff members perform this task.

### When

You perform this task to keep a record of actions you take for a recipient.

### Relevance

You can document actions taken so there is more detail of updates to recipient information.

### Requirements

To successfully complete this task, you must have the following information:

- Recipient ID or last name
- Information about the case to add as a comment

## How To

Follow these steps from the MITS home page to document recipient actions taken:

Step	Action
1	Point to <b>Recipient</b> and click <b>Search</b> .
2	Search for and select the recipient for which you want to add a comment.
3	Select <b>Recipient Comments</b> .
4	Click <b>add</b> .
5	Type information in the <b>Note</b> field. <b>Note:</b> The Date field defaults to current date.
6	Click <b>save</b> .

## Success

You have successfully completed this task when a system message displays that the save was successful. The new comment displays in the Recipient Comments panel.

## Practice

Add a comment using the recipient ID you were provided at the beginning of class.

When you complete the practice, verify that your comment displays on a row with today's date.

## Review

### Objectives

In this course, you learned how to:

- View recipient eligibility information
- Update recipient eligibility information
- View recipient eligibility for a buy-in covered group
- View Medicare eligibility
- Check for long term care residency
- Check for waiver enrollment
- Verify recurring or delayed spenddown
- View recipient eligibility-related information
- Update recipient eligibility-related information
- View recipient case/category/sequence information
- Update recipient case/category/sequence information
- Add a recipient link request
- Add a recipient unlink request
- Add comments to document recipient actions taken