

DRA Phase II Training Frequently Asked Questions (FAQs)

	Question	Answer
1.	Should MA sites process Presumptive Eligibility (PE) or regular eligibility and allow Reasonable Opportunity Period (ROP)?	<p>PE should only be processed if the client is requesting PE. If a client is only missing citizenship and/or identity verification, please process the regular application instead of PE and allow ROP.</p> <p>This process is applicable to MA sites that process both PE and ongoing eligibility. This process would not apply to PE only sites.</p>
2.	What is the profile number that includes “Authorized User” access to the Individual DRA Information page?	Profiles and user types are two separate things. However, the II update profile, 062, is necessary because the system enforces the most restrictive security, but the user type is really what allows them to update the window.
3.	Will the DRA Met record be accepted in an audit without verification included within the case file?	Yes, the DRA Met record will be accepted in an audit. Per rule 8.100.3.C.3, “If the household is transferring the current Medical Assistance case, the receiving eligibility site cannot mandate a new application, verification, or an office visit to authorize the transfer. The receiving eligibility site can request copies of specific case documents to be forwarded from the originating eligibility site to verify the data contained in CBMS”
4.	Records posted by DMV and SCHIP are causing all financial cases to pend. Is this a known issue?	If a financial program is not accepting the DMV or SCHIP records and it is causing a financial case to pend, please submit a State help desk ticket.
5.	Can an ROP benefit span be granted more than once?	Yes, an ROP benefit span can be granted more than once.
6.	What happened to the Good Faith report that was going to be implemented? This report was supposed to track all of the cases that were pending for Good Faith.	The Good Faith report was replaced with the Detailed Timely Processing of Medical Applicants Determination and the Detailed Timely Processing of Medical Applicants Redetermination report. The two reports show all pending cases and the pending reason. For more information on these two reports, please review the Case Assignment and CBMS Reports PowerPoint located on the HCPF website.
7.	If a new person is added to a CHP+ or a FM case and they should be granted ROP, what will the begin date be for their ROP benefit span?	The begin date for the ROP benefit span will be the date of the Special Action. For example, if a client is added to a CHP+ case on 5/16/2012 and special action occurs as of 6/1/2012, the ROP

DRA Phase II Training Frequently Asked Questions (FAQs)

		benefit span begin date will be 6/1/2012.
8.	Can a client request retroactive coverage after their ROP benefit span has been terminated for not providing citizenship or identity documents?	No, the client cannot request retroactive coverage after their ROP benefit span has been terminated for not providing citizenship or identity documents. Retroactive coverage shall only be approved if all documentation has been provided.
9.	Will a newborn be considered a needy newborn if they were born to a mother during their ROP benefit span?	The newborn will be granted 12 months of guaranteed coverage only if the newborn was born to a mother receiving Medicaid/Child Health Plan <i>Plus</i> at the time of birth.
10.	Can a recovery be completed for those clients that are denied for failure to submit citizenship and /or identity documents and were granted a ROP benefit span?	No, a recovery shall not be done if the client is denied for failure to provide. The client must be given a reasonable opportunity period (ROP) to provide the required citizenship and/or identity documentation and shall be granted medical benefits, per rule 8.100.3.H.9.a. Unless the site suspects fraudulent actions from the client, then sites shall still follow their recovery process.
11.	If a pregnant client is granted an ROP benefit span and is denied for not submitting her citizenship and/or identity documents, will the newborn be granted 12 months of guaranteed coverage?	The newborn will be granted 12 months of guaranteed coverage only if the newborn was born to a mother receiving Medicaid/Child Health Plan <i>Plus</i> <u>at the time of birth</u> .
12.	Is the Redetermination Notice going to be updated to NOT include request for citizenship and identity information?	If at Redetermination, CBMS identifies that there is an invalid source entered for citizenship and/or identity and DRA Met status is No, CBMS is programmed to generate a verification checklist and grant ROP.
13.	Will a Good Faith record take the case off the EPG reports?	Cases that are pending due to a Good Faith record should not be included within the EPG reports. If they are, please send examples for further research.
14.	During the mass update, will cases close if the Acceptable Doc field for birth certificate was inadvertently changed to “no” during web expansion?	The mass update does not include re-running EDBC on cases; therefore cases will not be closed. The mass update sets the Citizenship Met DRA and Identity DRA Met to Yes for clients who have a valid citizenship and identity record for an open CHP+, FM, AM or LTC.
15.	If a client is pending for citizenship and/or identity prior to 06/24/12, will they be granted an ROP benefit span once this project is	If EDBC is run back on ongoing applications dated 3/1/10 or greater, the system will grant an ROP benefit span to clients when it is

DRA Phase II Training Frequently Asked Questions (FAQs)

	implemented?	determined that there are invalid verification or source types for DRA.
16.	Will there be an exception report once this project is implemented?	No new reports were created within this project. Please continue to use the exception report that is currently available.
17.	How is foster children's DRA Met status captured?	A weekly file is sent from CBMS to Trails. Trails will process the file received from CBMS and send an interface back to CBMS. CBMS will update the Individual Benefits page for all clients with DRA Met if they were assigned any of the following "Type of Benefits" code of: Trails SSI, TR FC/Sub Other, TRAILS IV-E Vol FC, TRAILS w/o Reg Income or TR Med Eligibility.