

## BENEFICIARY MANAGEMENT BUSINESS AREA BENEFICIARY MANAGEMENT (BE) CHECKLIST

<b>STATE:</b>	<b>DATE OF REVIEW:</b>	<b>REVIEWER:</b>
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## BENEFICIARY MANAGEMENT (BE) CHECKLIST

### BENEFICIARY MANAGEMENT CHECKLIST BACKGROUND

*Background for this checklist:*

1. The criteria in this checklist are mainly based on the MMIS requirements in the State Medicaid Manual (SMM). The MMIS requirements in the SMM have been used for decades of MMIS certification. The language used in the criteria has been modernized to reflect 21<sup>st</sup> century terminology. Additional criteria have been added to align with Industry Best Practices (IBP). Many of these IBP have become standards in most States. If a State requests an IBP function in its RFP or System Requirements Document, it will be considered a requirement to be reviewed during MMIS certification.
2. The Medicaid Buy-In process and the Medicaid Part D data exchange are required, but they are not required to be done in the MMIS as of 02-08-07. Therefore, the business objective BE5 and associated criteria shown below in the Business Objectives section are optional. However, if the MMIS is used for either of these functions, the related criteria apply and are not optional.
3. See Managed Care checklists for Beneficiary Management requirements associated with enrollment in managed care programs.
4. Some States accept the Federal (SSA) determination of eligibility for Supplemental Security Income (SSI) automatically as eligibility for Medicaid. These are called Section 1634 States. Non-Section 1634 States make their own Medicaid eligibility determinations for SSI recipients.
5. SDX is a data exchange by which SSA provides information to the State regarding the eligibility of SSI applicants and recipients.

*Sources for the criteria in this checklist are as follows:*

SMM – State Medicaid Manual, MMIS Section, available from <http://www.cms.hhs.gov/Manuals/PBM/list.asp>, Document 45

IBP – Industry Best Practices. Items are selected from RFPs for MMISs developed by states and approved by CMS.

PRI - HIPAA privacy rule. This rule is available at <http://www.hhs.gov/ocr/hipaa/finalreg.html>

CFR – Code of Federal Regulations, available from <http://www.access.gpo.gov/uscode/title42/title42.html>

HIPAA – HIPAA act, available from

[http://www.cms.hhs.gov/TransactionCodeSetsStandards/02\\_TransactionsandCodeSetsRegulations.asp#TopOfPage](http://www.cms.hhs.gov/TransactionCodeSetsStandards/02_TransactionsandCodeSetsRegulations.asp#TopOfPage)

SMDL – State Medicare Director Letter of July 6, 2006

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BUSINESS OBJECTIVES		
Reference #	Business Objectives	Comments
BE1	Collect and manage information about the Beneficiary population from diverse sources.	
BE2	Maintain information on each Beneficiary's Medicaid benefits to support claims payment and other financial processes.	
BE3	Allow verification of Beneficiary Medicaid eligibility information by external entities.	
BE4	Comply with HIPAA requirements.	
BE5	Manage the Medicare Buy-In and Part D data exchange processes (optionally supported by MMIS).	
BESS1	<i>Add State-specific business objectives for this business area here.</i>	

BE1 – COLLECT AND MANAGE INFORMATION ABOUT THE BENEFICIARY POPULATION					
Ref #	System Review Criteria	Source	Yes	No	Comments
BE1.1	Supports a Beneficiary data set that contains all required data elements.	SMM			
BE1.2	Processes all transactions that update the Beneficiary data set on a timely basis as determined by the State, edits fields for reasonableness, and controls and accounts for transactions with errors.	SMM			

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**BE1 – COLLECT AND MANAGE INFORMATION ABOUT THE BENEFICIARY POPULATION**

Ref #	System Review Criteria	Source	Yes	No	Comments
BE1.3	Supports management of Beneficiary information, including archives, with reports, transaction and transaction error tracking, etc.	SMM			
BE1.4	Generates notification when Beneficiary information is received from external sources (such as through the State's Integrated Eligibility System or SSA's State Data Exchange) to update Beneficiary records.	IBP			
BE1.5	Receives and processes Beneficiary eligibility information from external sources (such as through the State's Integrated Eligibility System or SSA's State Data Exchange) for a given period of time; produces total and details information that supports error correction and synchronization. Applies reconciliation changes to master file. Produces a file of changed records to be sent to originating source.	SMM			
BE1.6	Archives Beneficiary data sets and updates transactions according to State provided parameters.	IBP			
BE1.7	If the EPSDT reporting process is performed by the MMIS, provides Beneficiary data to support case identification, tracking, and reporting for the EPSDT services covered under Medicaid (optional).	SMM			
BE1.8	Provides an indicator to suppress generation of documents containing Beneficiary identification for confidential services or other reasons.	SMM			

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**BE1 – COLLECT AND MANAGE INFORMATION ABOUT THE BENEFICIARY POPULATION**

Ref #	System Review Criteria	Source	Yes	No	Comments
BE1.9	Maintains clinical, utilization and other indicators of special population, special needs status for such programs as lock-in, disease management, outcomes, and high dollar case management files.	IBP			
BE1.10	Maintains record/audit trail of a Beneficiary's requests for copies of personal records (including time/date, source, type, and status of request).	PRI			
BE1.11	Maintains record/audit trail of errors during update processes, accounting for originating source and user.	IBP			
BE1.12	Allows for authorized users to update Beneficiary records online.	IBP			
BE1.13	Supports and tracks the identification of duplicate recipient records based on State-defined criteria.	IBP			
BE1SS.1	<i>Add State-specific criteria for this business objective here. Example: Maintains current and 10 years of historical date-sensitive Beneficiary enrollment information. Example: Maintains Beneficiary related data elements defined in the X12N Implementation Guides for the 270, 271, 834, and 837 transactions. Example: Maintains interfaces to external systems to support the citizenship verification requirements of the Deficit Reduction Act (DRA).</i>				

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**BE2 – MAINTAIN INFORMATION ON BENEFICIARY’S MEDICAID BENEFITS**

Ref #	System Review Criteria	Source	Yes	No	Comments
BE2.1	Provides data storage and retrieval for Third Party Liability (TPL) information; supports TPL processing and update of the information.	SMM			
BE2.1	Supports the assignment of Beneficiaries to Medicaid benefits/benefit packages based on Federal and/or State-specific eligibility criteria.	IBP			
BE2.2	Maintains record of benefit assignment(s) for Beneficiaries.	IBP			
BE2.3	Applies appropriate benefit limitations for Beneficiaries based on Federal and/or State-specific criteria.	IBP			
BE2.4	Maintains record of Beneficiary benefit limitation information.	IBP			
BE2.5	Calculates and applies Beneficiary cost-sharing (including premiums and co-pays) for particular benefits based on Federal and/or State-specific criteria.	IBP			
BE2.6	Maintains record of Beneficiary cost-sharing.	IBP			
BE2.7	Maintains record/audit trail of any notice of benefit(s) sent to Beneficiaries (including time/date, user/source, and reason for notice).	IBP			
BE2SS.1	<i>Add State-specific criteria for this Business Objective here.</i>				

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**BE3 – PROVIDE/ALLOW VERIFICATION OF MEDICAID ELIGIBILITY INFORMATION TO EXTERNAL USERS**

Ref #	System Review Criteria	Source	Yes	No	Comments
BE3.1	In response to an eligibility inquiry made through the MMIS, provides eligibility status for the date(s) queried, and tracks and monitors responses to the queries (SMM 11281.1B).	SMM			
BE3.2	In response to an eligibility inquiry made through the MMIS, provides notification of third-party payers who must be billed prior to Medicaid (SMM 11281.1B).	SMM			
BE3.3	In response to an eligibility inquiry made through the MMIS, provides notice of participation in a managed care program (SMM 11281.1B).	SMM			
BE3.4	In response to an eligibility inquiry made through the MMIS, provides notification of program and service restrictions, such as lock-in or lock-out (SMM 11281.1B).	SMM			
BE3.5	Maintains record/audit trail of responses to eligibility inquiries.	IBP			
BE3SS.1	<p><i>Add State-specific criteria for this business objective here.</i></p> <p><i>Example: Supports Beneficiary ID verification 24/7.</i></p> <p><i>Example: Support the routine production of Medicaid Beneficiary ID cards and track ID cards produced by Beneficiary.</i></p> <p><i>Example: Support the production of individual Medicaid Beneficiary ID card upon user request, including emergency ID cards, and track ID cards produced by Beneficiary and user.</i></p>				

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<b>BE4 – COMPLY WITH HIPAA REQUIREMENTS</b>
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Ref #	System Review Criteria	Source	Yes	No	Comments
BE4.1	Supports system transmission and receipt of all current version X12N and NCPDP eligibility verification transactions.	HIPAA			
BE4.2	Supports production of X12N 270 transactions to query other payer eligibility files and ability to process responses.	IBP			
BE4SS.1	<i>Add State-specific criteria for this business objective here.</i>				

<b>BE5 – MANAGE THE MEDICARE BUY-IN PROCESS (OPTIONAL)</b>
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Ref #	System Review Criteria	Source	Yes	No	Comments
BE5.1	Identifies and tracks potential Medicare Buy-In Beneficiaries according to State and CMS-defined criteria.	CFR			
BE5.2	Transmits State-identified Buy-In Beneficiary information for matching against CMS-specified Federal Medicare Beneficiary database(s).	CFR			
BE5.3	Accepts Buy-In Beneficiary response information from CMS-specified Federal Medicare Beneficiary database(s).	SMM			

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**BE5 – MANAGE THE MEDICARE BUY-IN PROCESS (OPTIONAL)**

Ref #	System Review Criteria	Source	Yes	No	Comments
BE5.4	Processes change transactions to update Buy-In Beneficiary information. Identify and track errors or discrepancies between State and Federal Buy-In Beneficiary information.	SMM			
BE5.5	Provides Buy-In Beneficiary information for program or management use, including: <ul style="list-style-type: none"> <li>- transactions processed</li> <li>- errors identified</li> <li>- error correction status</li> <li>- Medicare premiums to be paid by Beneficiary</li> </ul>	IBP			
BE5.6	Tracks Buy-In exceptions for those Beneficiaries who are identified as eligible, but whose premiums have not been paid	IBP			
BE5.7	Supports automated data exchange process(es), as specified by CMS, in order to identify and track Medicare Part D dual-eligible and Low Income Subsidy (LIS) eligible Beneficiaries for the purposes of cost-avoidance on prescription drug claims and calculating spend-down payments.	SMDL			
BE5SS.1	<i>Add State-specific criteria for this business objective here. Example: Supports Medicaid premiums for Medicare Part D for dual eligibles</i>				



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<b>BESS1 – FIRST STATE-SPECIFIC OBJECTIVE</b>					
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Ref #	System Review Criteria	Source	Yes	No	Comments
BESS1.1	Add criteria based on the APD, RFP, etc., that are relevant to this State-specific objective.				