



October 2011

# On Target

## October '11 Contributors

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## Revision of 7210 Medical Application Packet Materials

The 7210 application packet - including the 7210 Medical Application and the 9025 Green Booklet - has been updated to reflect recent policy and process changes.

### Main revisions to the 7210 Medical Application:

1) The 7210 will no longer ask for proof of citizenship and identity for U.S. citizens applying for benefits.

- Citizenship still needs to be documented. Workers should attempt to verify the client's citizenship and identity prior to pending the client. See [SS-IM-11-005](#) for more information.
- Everyone applying for benefits will still be instructed to provide their SSN and DOB.
- Non-citizens will still be instructed to provide copies of any immigration legal papers.

2) Extra Form E once again has an "Office Use Only" box. Additionally, HIG will now process the Extra Form E and the form has changed based on HIG's informational needs for processing.

Every DHS/AAA branch office and outreach facility was mailed a box of 50 English application packets the week of October 10, 2011. Please recycle all old stock once your branch receives the updated version.

If your branch did not receive a box of updated 7210 application packets, or if you would like to order stock in Spanish, Russian and Vietnamese, please use the new online ordering form found here: <https://apps.state.or.us/Forms/Served/oe6625.pdf>

The revised online version is in the final stages of production and is scheduled to be available in late October. The online application can be found at: <https://apps.state.or.us/mbs/>

Thank you, as always, for your help in making this a smooth and positive transition!

*Maggie Weller, Office of Healthy Kids*

Click here to link to the Family Services Manual



## Hot Topic - Pursuing Unemployment Compensation (UC)

We really try to bring you original material each month, but this month we want to keep attention on one thing; how to reduce the number of QC errors for non-pursuit of UC. Doesn't sound very exciting, does it? Well, did you know that 47.3% (not a typo) of our medical QC errors are related to UC? Put another way, our statewide medical error rate would be cut in *half* if we had no UC related errors!

Checking and understanding our employment screens are key to reducing these errors. If screens aren't your thing, ask a lead or HSS4 to walk you through this.

When determining if a client has a UC asset to pursue, there are two places to look. The first is EPC2 (F22 from the WAGE screen). If this screen shows a non-valid claim (maybe due to not enough income in the necessary quarters) then the next step is to look at the ECLM claim list (F5 from ECLM).

Review the claim list screen for the following: Are there any active claims? If yes, look at the BYE (Benefit Year End) date of the claim(s). The BYE is listed as WW/YY -- the week and year that the claim ends. Do any of the active claims have a future BYE date? If yes, this is a claim from which the client may be able to start claiming benefits. Whether or not they are eligible for benefits from this claim will be determined based upon their job separation.

Don't forget to determine whether the client has good cause not to pursue a claim. Either way, narrate your decision!

For more information, see IM-11-016 dtd 4/15/11 or the FSM Chapter 8, Medical Assistance Programs, D,7, Pursuing Assets.

*SSP Medical Policy Analysts*



## Pre-natal CAWEM Expansion (CWX) Program Tidbits

- The CWX program is for pregnant CAWEM clients and is available in 14 counties: Multnomah, Deschutes, Benton, Clackamas, Hood River, Jackson, Lane, Columbia, Crook, Douglas, Jefferson, Morrow, Union and Wasco.
- CWX is a CAWEM Plus benefit and covers almost all OHP Plus medical services during pregnancy.
- CWX ends the day after the baby is born.
- Once the CWX coding is added, the client is automatically sent an approval notice. The notice informs the client they have been approved for CWX benefits and tells them the benefits will end the day after the baby is born. No additional notice is required to reduce to CWM after the baby is born if DHS/OHA is notified timely of the pregnancy end date.
- If DHS/OHA is not notified timely of the pregnancy end date the case will be automatically reduced or closed based on the CWX need/resource date.
- In the 8<sup>th</sup> month of pregnancy the client is sent a notice reminding the mother her benefits will be reduced to CAWEM the day after the baby is born.
- When the baby is added to the case, the CWX coding should be removed from the mother. The mother remains on CWM after the baby is born for her 60-day protected eligibility period.
- Babies born to CWX mother's are AEN.
- There is a powerpoint available which includes examples, screen shots with coding and other helpful information. It can be found on the Medical Staff Tools website or by going to the following link: [http://www.dhs.state.or.us/caf/caf\\_ss\\_medical/pre-natal\\_14\\_counties\\_cawem\\_Lane.pdf](http://www.dhs.state.or.us/caf/caf_ss_medical/pre-natal_14_counties_cawem_Lane.pdf)



*SSP Medical Policy Analysts*



## Some Thoughts on the New Three Day x Three Week Medical Training Model

Setha (*say-tuh*) Nhoung, an HSS3 with the North Processing Center, is comfortable with the number, three. This is reflected in a family tradition of state service: three members of his family work for Self Sufficiency. Setha, the third in his family to join the ranks of DHS employees, recently encountered another set of three: the three-day-per-week, three-week course in SSP medical programs.

The Self Sufficiency Training Unit (SSTU) implemented the new training format over the summer. Classes longer than three days are spread out over consecutive weeks. All prior medical courses have now been combined into one, three-week course covering OHP, MAA/MAF, EXT and OSIPM.

In my recent interview with Setha, he shared his experience in the SSP Medical Eligibility class, and his views on the benefits of this new training model.

“The content was well put together,” Setha said, when asked about the sequence and content of the information. “The training unit did a good job of spacing it out, as well as making sure that we understood the nuances of each, individual (medical) program. They made it simple, concise, and provided excellent examples, especially coding, which helped a lot of us new workers. By the time we finished we had a really good grasp of our medical programs.”

I asked Setha what he felt about the pace of the longer medical course.

“I took TANF; that was five days. If you asked me for specifics about anything that happened there, even a week after, I couldn’t tell you. But being in the three day model really helped me because it allowed (my) mind to process the information. And it also helped a lot because on Monday and Friday I could apply the information at my actual branch.”

How did Setha see the new three-day model affecting management’s concerns for coverage?

“The old way was really inefficient, I heard, because there were individual trainings for OHP, MAA... which means (staff) would be out of the office longer, technically. And, one might be in Salem, one might be in Beaverton. This way you know where they’re going to be and you are in the office on Mondays and Fridays. This is definitely a better model and a *pro* for managers I would assume.”

When asked if he thought the nine-day medical course would be appropriate for veteran staff, as a refresher, Setha said, “No, not the whole three weeks. This medical training was really well laid out for people who had really no idea of anything about medical. For someone who is already seasoned, the whole three weeks might not be as valuable to them.”

One note from SSTU, the three-week medical training is definitely *not* for veteran staff who have had previous medical training and practical experience. While SSTU is in a period of using all of its trainers to train new staff, the unit will get back to doing refresher trainings for experienced staff as soon as they can!

*Michael McDaniel, D2 Trainer*

### Avoiding Lost Files

Quality Control (QC) and the Self-Sufficiency Program Accuracy Team (SSPAT) moved to our new location on Fairview Industrial Drive in August, yet we are still having instances where files have been sent to our old address.

If you have labels or address lists which show our old address, please destroy them ASAP!  
Our post office box and our 1-800 number have not changed.

**Our new physical address is: 3541 Fairview Industrial Dr, Salem OR 97302**



# September 2011 Targeted SNAP Reviews

## 100% Accuracy Honor Roll

0310 Canby SPD	1505 Rogue Family Center	1911 Woodburn ADS
0411 Warrenton ADS	1603 Warm Springs SSP	2101 Newport SSP
0501 St. Helens SSP	1611 Prineville SPD	2111 Toledo ADS
0913 LaPine SPD	1612 Madras SPD	2202 Lebanon SSP
1002 South Umpqua Center	1717 Grants Pass DSO	2911 Tillamook ADS
1202 Condon SSP	1802 Lakeview SSP	3102 Enterprise SSP
1311 Burns SPD	1811 Klamath Falls SPD	3112 Enterprise SPD

## 90% or Better

98.00 D8 Processing Center	1503	93.33 Redmond SPD	0914	91.84 North Clackamas SSP	0303
97.50 Corvallis SSP	0201	93.33 Cottage Grove SSP	2003	91.67 SE Portland ADS	1418
96.67 Astoria SSP	0401	93.33 Eugene LCOG ADS	2011	91.67 South Salem ADS	2412
96.43 Albany SSP	2201	93.33 Cottage Grove ADS	2019	91.67 West Portland ADS	2518
96.00 Medford SSO	1513	93.33 Ontario SPD	2311	90.91 LaGrande SPD	3111
96.00 Medford DSO	1517	93.33 Keizer SSP	2405	90.48 The Dalles SSP	3301
96.00 North Salem ADS	2411	93.33 Dallas ADS	2711	90.00 SE Portland SSP	1401
96.00 Hillsboro SPD	3411	93.33 Hermiston SPD	3013	90.00 Medford SSP	1501
96.00 Beaverton SPD	3417	93.33 Florence ADS	3211	90.00 South Valley SSP	1502
96.00 Ptld Mid-Area ADS	3515	93.33 The Dalles SPD	3311	90.00 Cave Junction SSP	1702
95.56 Klamath Falls SSP	1801	93.33 McMinnville ADS	3617	90.00 North Salem SSP	2402
95.00 Milton-Freewater SSP	3004	92.86 Baker City SPD	0111	90.00 Tillamook SSP	2901
94.74 Bend SPD	0911	92.86 W. Medford Ext Office	1504	90.00 Pendleton SSP	3001
94.12 Integrated Srvs SSP	0702	92.00 Albany ADS	2211	90.00 Florence SSP	3201
93.88 D4 Processing Center	2203	92.00 NE Processing Center	2803	90.00 McMinnville SSP	3601

### Out of State Benefits - Contact List

Our SNAP and Medical Policy Analysts are very aware of the challenges of verifying potential out of state benefits. As a result, they update the Out of State benefits contact list in the FSM regularly. Because (duplicate) out of state benefits is such a common cause of QC errors, the Program Integrity Steering Committee requested the link be shared this month in the On Target newsletter. Consider saving this link to your favorites. <http://apps.state.or.us/cf1/EligManual/EMnlFrame.htm?Page+ID=13-toc>.



The e-mail address for SNAP questions is now Policy, SNAP ([SNAP.Policy@state.or.us](mailto:SNAP.Policy@state.or.us)).



# September 2011 Targeted Medical Reviews

## 100% Accuracy Honor Roll

0101 Baker City SSP	1601 Prineville SSP	2203 D4 Processing Center
0401 Astoria SSP	1603 Warm Springs SSP	2901 Tillamook SSP
0701 Alberta SSP	1702 Cave Junction SSP	3004 Milton-Freewater SSP
0702 Integrated Services SSP	1802 Lakeview SSP	3102 Enterprise SSP
1201 John Day SSP	2101 Newport SSP	3201 Florence SSP
1301 Burns SSP	2201 Albany SSP	3301 The Dalles SSP
1404 Multnomah Refugee Branch	2202 Lebanon SSP	3302 Hood River SSP
1502 South Valley SSP		3401 Beaverton SSP

## 90% or Better

97.14 West Eugene SSP	2002	94.29 Springfield SSP	1101	91.43 North Clackamas SSP	0303
96.55 McKenzie Center	2001	93.33 St. Helens SSP	0501	90.00 Corvallis SSP	0201
96.55 Gresham SSP	3502	93.33 Rogue Family Center	1505	90.00 South Umpqua Center	1002
95.00 Gateway Center	1102	93.33 Cottage Grove SSP	2003	90.00 New Market Theatre	1402
95.00 Medford SSP	1501	93.10 Woodburn SSP	1901	90.00 D8 Processing Center	1503
95.00 Keizer SSP	2405	92.00 Metro Processing Ctr	1403	90.00 W. Medford Extension Office	1504
95.00 Hillsboro SSP	3402			90.00 D2 ERDC Processing Center	3503

## Get Those Primes Merged

Duplicate prime numbers continue to be a problem, and can affect our client's ability to access care. Due to changes in some systems including MMIS and OR-Kids, the process of merging primes has changed.

The Client Maintenance Unit (CMU) will be merging all medical primes. If you contact the Service Desk to merge two prime numbers a ticket will be created and sent to CMU.

To speed things up please contact CMU directly: Phone: 503 378-4369, Fax: 503 373-0357 or email: [cmaint@dhs.state.or.us](mailto:cmaint@dhs.state.or.us).

Remember if there are open medical benefits on both prime numbers eligibility needs to be closed on one of the prime numbers before they can be merged.

More good news! Check out the new [MSC 0148](#) form. There is a new "button" at the top of the Pdf form, *Submit email*. You will now be able to complete the form, click the button, and an email with your 148 form attached is ready to go to CMU.



*Client Maintenance Unit*