



Medical Insurance and Community Assistance Administration

RENEWAL STATUS FILE

May 14, 2012



Renewal Status (RS) File

- Weekly file developed to help managed care plans work with their consumers to renew their Medicaid coverage



Overview of Renewal Process

- Renewal notice is printed and mailed 3-4 months prior to end of Medicaid authorization period
- Renewals are due back (“respond by date”) in month preceeding end of authorization period
- When renewal is received, the information is recorded in HRA’s Mail Renewal Tracking System (MRT). This prevents the case from closing due to failure to respond.
- Case is processed. If information/documents are missing, deferral will be sent requesting additional information. Client is given 10 calendar days to respond.
- If no renewal is received the case is subject to closure.



Mail Renewal Process

■ Example:

- Medicaid authorization 1/1/12 – 12/31/12
- Renewal will be mailed to consumer in September, 2012.
- Renewal response will be due from consumer in November, 2012.



Renewal Status File

- In conjunction with Maximus, HRA has developed the Renewal Status (RS) File to assist plans in their renewal outreach efforts to their members by providing them with updated information re:
 - Renewal due dates
 - Whether or not consumers have returned their renewal
 - Whether or not the case was deferred for additional information
 - Renewal Outcomes



Renewal Status File

- Information for Renewal Status File is extracted from HRA's Mail Renewal Tracking (MRT) system which tracks consumer renewal status
- File extract sent from MRT to Maximus with on-going, updated status of health plan members' renewal activities (e.g., renewal package received, renewal deferred for additional information, etc)



File Transfer Process

HRA sends MAXIMUS current renewal status data every week. MAXIMUS adds plan enrollment information and posts renewal status information for plans on Bulletin Board

- Weekly files are posted by Wednesday AM each week
- Plans retrieve data from bulletin board
- Plans use data to help members renew
- For technical questions on the renewal file transfer process, call your MAXIMUS Plan Liaison



Weekly File Information

- Only those consumers for which Maximus has an updated managed care segment will be defined as enrolled (there will be times Maximus has not yet received an updated segment from CSC)
- For those consumers in the process of transferring plans, current plan enrollment will be determined based on the most recent managed care segment.
- The weekly files will be replaced every week. Old files will not be retained on the BBS and will not be archived.

Important Data Fields

| Fields | Definition | |
|--------------------------|---|---|
| Case Number | Case number | |
| CIN | Consumer Identification Number | |
| Reason Code | Individual Reason Code | Reason for renewal or closing |
| App Date A1 | Respond by date | Date renewal package due |
| App Date D1 | Deferral date | Date additional information due if deferred |
| App Date D2 | 2 nd deferral date (if deferred twice) | 2 nd date additional information due if deferred a second time |
| Phone – no | Phone number | |
| Close-Trans-Date | Closing date assigned | Date case will close |
| Renewal Status Indicator | Status | Summary of renewal status (e.g., renewal package received) |

File Layouts

Header Records

| No | Data Item | Size | Type | Position | Format |
|----|---------------------|------|------|----------|-----------------------------|
| 1 | Filler | 10 | A/N | 1-10 | Blanks |
| 2 | MCO Plan Name | 30 | A | 11-40 | Left justified – Blank fill |
| 3 | MCO Medicaid Number | 8 | A/N | 41-48 | 8 digits |
| 4 | Run Date | 10 | A/N | 49-58 | MM/DD/YYYY |
| 5 | Batch Type | 2 | A | 59-60 | RS |
| 6 | Filler | 15 | A | 61-75 | Blanks |

Trailer Records

| No | Data Item | Size | Type | Position | Format |
|----|--------------|------|------|----------|--|
| 1 | Filler | 10 | A/N | 1-10 | ‘9999999999’ |
| 2 | Record Count | 7 | N | 11-17 | Total number of records including Header and Trailer |
| 3 | Filler | 58 | N | 18-75 | Blanks |

File Layout – Data Records

| No | Field Name | Size | Type | Position | Note |
|----|--------------------------|------|------|----------|--|
| 1 | Case No | 12 | A/N | 1-12 | Case ID given by HRA |
| 2 | CIN | 8 | A/N | 13-20 | |
| 3 | Reason Cd | 3 | A/N | 21-23 | Reason for closing |
| 4 | APP Date A1 | 6 | A/N | 24-29 | Respond by date in YYMMDD format |
| 5 | APP Date D1 | 6 | A/N | 30-35 | Deferral date in YYMMDD format |
| 6 | APP Date D2 | 6 | A/N | 36-41 | 2 nd deferral date (if deferred twice) in YYMMDD format |
| 7 | Phone No | 10 | A/N | 42-51 | |
| 8 | Close Trans Date | 6 | A/N | 52-57 | Closing date assigned |
| 9 | Renewal Status Indicator | 1 | N | 58-58 | 1 – 6 (See next slide for descriptions) |
| 10 | Plan ID | 2 | A/N | 59-60 | Plan ID 92, KP, MO etc |
| 11 | Filler | 15 | A/N | 61-75 | Blanks |

Summary of Renewal Status

| Renewal Status Indicator | Definition |
|--------------------------|--|
| 1 | No renewal package yet received |
| 2 | Renewal package received by HRA; No additional information needed from consumer at this time. (When processed need for additional information may be determined). No decision available. |
| 3 | Renewal package received by HRA; deferred for additional information from consumer; due date in future |
| 4 | Renewal package received by HRA; deferred for additional information from consumer; due date in past. Case is in 5 day grace period. Has not yet been selected for closing. |
| 5 | Coverage renewed. |
| 6 | Case has been closed or has been selected for closing and is in the 14 day “clock down” period (can differentiate based on closing date). |



Timeframes

- Weekly file will be fully replaced with current information each week
 - Members that need to be reviewed will be added to file in the month following the mailing of renewal packet.
 - Enrollees will appear in the file approximately 2 weeks after the mailing of the renewal packet .
 - Renewals are typically due the following month.
 - Members remain on file for four months
- .



Timeframes (cont'd)

- File contains members in various stages of renewal process.
 - Plan should identify stage through appointment date and renewal status code
- It is anticipated most consumers will have their renewal processed within the four months their information is on file— but this may not be true for all consumers.



Use of Renewal Status File

- Renewal Status file is intended for assisting consumers in the renewal process ---- NOT FOR DETERMINING ELIGIBILITY
- If eligibility questions arise during discussions with consumer, direct consumer to Medicaid Helpline
- Plans should continue to determine consumer eligibility for plan services based on roster --- not information contained on renewal status file