

Processing instructions for Alert 383 -Medicare Info Updated

This alert is generated anytime the SSA data exchange updates the Medicare page.

- 1) Review the Medicare Page to ensure that the information is accurate.
- 2) If the member is a new Medicare enrollee and requesting healthcare, update the Medicare Savings Program request from No to Yes for the member.
- 3) For new Medicare enrollees, review the assets on the case and pend for verification if appropriate. If there are no assets on file, the worker initiates an AVS request (see PH 50.4.2.1) and pends the “Other” liquid assets field on the Asset Gatepost page. The best practice is to attempt to contact the member to obtain the asset information.

Asset Gatepost Cancel Reset

Effective Period
Last Updated: 09/20/2021

ACP Asset Information
Has the asset information from the latest ACP application PDF been processed?

Liquid Asset
Does anyone in your household have any of the following Liquid assets?

* Cash:	<input type="text"/>	* Tax Shelter Account:	<input type="text"/>
* Savings Account:	<input type="text"/>	* Christmas Club:	<input type="text"/>
* Savings Certificate:	<input type="text"/>	* IRA Account:	<input type="text"/>
* Checking Account:	<input type="text"/>	* Keogh Plan:	<input type="text"/>
* Prepaid Debit Card:	<input type="text"/>	* Credit Union:	<input type="text"/>
* Trust Funds:	<input type="text"/>	* Tax Refund:	<input type="text"/>
* Stocks and Bonds:	<input type="text"/>	* Escrow Account for Home Sale:	<input type="text"/>
* EBD Medicaid Annuity:	<input type="text"/>	* Money Owed:	<input type="text"/>
* US Savings Bond:	<input type="text"/>	* Child Support DEFRA Disregard:	<input type="text"/>
* Money Market:	<input type="text"/>	* Excess Over Life of Grant:	<input type="text"/>
* Monthly Excess Over Grant:	<input type="text"/>	* Other:	<input type="text" value="? - Doesn't know or que"/>
* Special Resource:	<input type="text"/>		

- 4) Add the following worker text to the VCL to notify the member that another letter with more information will be sent:
Please see the letter that will be sent separately for more information about why asset information is now required for your healthcare benefits.
- 5) The worker sends a free format IM letter using the Client Correspondence Manual Letter Selection in CWW the same day that the VCL is sent. The worker copies each section of the text below, pastes it to the appropriate section in the free format IM letter template and updates the bolded fields (member name, due date and remove “or your spouse” when not applicable).

Free Format Letter Generation Cancel Reset

Free Format Letter Details			
Case/RFA/PIN:		Letter Code:	FFIM
Document Type:	C-CASE	Letter Description:	FREE FORMAT IM LTR
Mailing Address		Agency Contact Information	
Recipient Name:		Agency Contact Line 1:	IM Central Consortium
Recipient Address Line 1:		Agency Contact Line 2:	Toll-Free Phone Number: 1-888-445-1621
Recipient Address Line 2:		Agency Contact Line 3:	Langlade, Marathon, Oneida, Portage
Recipient City:		Agency Contact Line 4:	Worker: <input type="text"/>
Recipient State:		Agency Contact Line 5:	Fax Number: 1-855-293-1822
Recipient Zip Code:			
Additional Information			
* Intro Paragraph:			
<input type="text"/>			
Current Size = 0 characters (1000 characters max.)			
Additional Paragraph (Optional):			
<input type="text"/>			
Current Size = 0 characters (1000 characters max.)			
Bullets (Optional):			
• <input type="text"/>			
• <input type="text"/>			
• <input type="text"/>			
• <input type="text"/>			
• <input type="text"/>			
Closing Paragraph (Optional):			
<input type="text"/>			
Current Size = 0 characters (1000 characters max.)			
Mail Management			
Would you like to mail this letter overnight? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Cancel

1. <MEMBER NAME>, our records show that you had a change in your life that may change your health care benefits. For example, you may have turned 65 years old or started getting Medicare. We need more information from you to find out if you can still get health care benefits. Please let us know if you **or your spouse** have any assets by <DUE DATE>. To provide this information, use the contact information at the top of this letter to call your agency, fax the information, send the information by mail, or go online at access.wi.gov.
2. Please let us know about assets you **or your spouse** own or jointly own with another person. We do not need to know about personal and household items (for example, clothing, televisions, furniture, and appliances). Assets can be cash, property, or other holdings that can be converted to cash. The following are examples of assets:
 3. Cash, checking or savings accounts, Direct Express card, prepaid debit cards, certificates of deposit (CDs), trust funds, stocks, retirement accounts, Keogh plans, annuities, or U.S. savings bonds
 4. Life insurance, burial insurance, burial trust, burial spaces, or other burial assets
 5. Automobile, motorcycle, moped, camper, recreational vehicle, boat, snowmobile, farm tractor, or other motor vehicles

6. House, land, rental property, mobile home, timeshare, life estate, land contracts, or promissory notes
7. Personal property of great value such as collectibles and gems/jewelry purchased as an investment
8. If you do not provide this information by <DUE DATE>, you may lose your health care benefits. We may ask for proof of some of your assets later. If you provide proof now, it may take less time to find out if you can still get health care benefits. Examples of proof include a copy of your bank statement showing the value of your bank account within the last 30 days, property tax bill, or a document that shows the face value and current cash value of your life insurance policy. If you have questions about what type of proof to provide, you can contact your agency by calling the number at the top of this letter.

Free Format Letter Generation

Cancel Reset

Free Format Letter Details	
Case/RFA/PIN:	Letter Code: FFIM
Document Type: C-CASE	Letter Description: FREE FORMAT IM LTR
Mailing Address	
Recipient Name:	Agency Contact Line 1: IM Central Consortium
Recipient Address Line 1:	Agency Contact Line 2: Toll-Free Phone Number: 1-888-445-1621
Recipient Address Line 2:	Agency Contact Line 3: Langlade, Marathon, Oneida, Portage
Recipient City:	Agency Contact Line 4: Worker:
Recipient State:	Agency Contact Line 5: Fax Number: 1-855-293-1822
Recipient Zip Code:	
Additional Information	
<p>* Intro Paragraph:</p> <p>our records show that you had a change in your life that may change your health care benefits. For example, you may have turned 65 years old or started getting Medicare. We need more information from you to find out if you can still get health care benefits. Please let us know if you or your spouse have any assets by 10/01/2021. To provide this information, use the contact</p> <p>Current Size = 526 characters (1000 characters max.)</p>	
<p>Additional Paragraph (Optional):</p> <p>Please let us know about assets you or your spouse own or jointly own with another person. We do not need to know about personal and household items (for example, clothing, televisions, furniture, and appliances). Assets can be cash, property, or other holdings that can be converted to cash. The following are examples of assets:</p> <p>Current Size = 330 characters (1000 characters max.)</p>	
<p>Bullets (Optional):</p> <ul style="list-style-type: none"> - Cash, checking or savings accounts, Direct Express card, prepaid debit cards, certific - Life insurance, burial insurance, burial trust, burial spaces, or other burial assets - Automobile, motorcycle, moped, camper, recreational vehicle, boat, snowmobile, farm - House, land, rental property, mobile home, timeshare, life estate, land contracts, or p - Personal property of great value such as collectibles and gems/jewelry purchased as 	
<p>Closing Paragraph (Optional):</p> <p>If you do not provide this information by 10/01/2021, you may lose your health care benefits. We may ask for proof of some of your assets later. If you provide proof now, it may take less time to find out if you can still get health care benefits. Examples of proof include a copy of your bank statement showing the value of your bank account within the last 30 days, property tax bill, or a</p> <p>Current Size = 616 characters (1000 characters max.)</p>	
Mail Management	
<p>Would you like to mail this letter overnight? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Cancel

Processing instructions for Alert 503 –Adult Turning 65

This alert is generated when an individual on the case turns 65 years old.

- 1) The worker reviews the case. If the member that turned 65:
 - is *not* requesting healthcare, no further action is needed.
 - *is* requesting healthcare, the worker initiates an AVS request and pends the case for asset information by pending the “Other” liquid assets field on the Asset Gatepost page. The worker then follows the instructions for steps 4-5 from the 383 - FYI MEDICARE INFO UPDATED alert processing instructions above to add worker text to the VCL and send the free format IM letter to the member.