Appendix M – ImpaCT Screenshots

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ask Management Search Interface	Application Registration	Data Collection	Eligibility Determination
ister Application Search/Withdraw	Hartford	•	CASE INFO
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SCREENS FOR HUSKY C AND MSP REFERRALS

ADDRESS	INFORMATION		STATUS:
Mailing address	different than residential address?		APPLICATION REC DATE:
RESIDENT	TAL ADDRESS INFORMAT	TION	09/29/2016
No Home Addre	:55:		Last Update
Address Format		🖲 US 🔍 Foreign 🔍 Military	😨 Print (w/ Pr 🕜 Page Help
Address Line 1:			Q View Docum
Address Line 2:	:		
City:*		•	SEARCH
State/Province:	:*	Connecticut T	APPLICATION ID
Zip/Postal Code			
In Care Of:			Thu October 06, 201
🖒 reset	Previou	is Continue 🖫	
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Re	gister Application Search/Withdraw		
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•••	Register Individual ©14000: No records found for this search criteria. Please of SEARCH INDIVIDUAL INFORMATION SSN: Client ID:	hange the search criteria and try again.	APPLICATION INFO STATUS: APPLICATION RECEIVED DATE: Last Updated By Print (w/ Preview) Page Help View Documents
	INDIVIDUAL NAME First: Middle: Last:* Suffix: DEMOGRAPHIC INFORMATION Gender:* Date of Birth: Estimated: SSN: Unconfirmed SSN: Spoken Language: Interpreter Needed?:	Daisy Duck MM / DD / YYYY English	SEARCH

OTHER INFORMATION			
Do you want to create an alias or does an alias exist?	NO		
Does the individual have Social Security Claim Number (SSCN) or Railroad Retirement Number (RRN)?	NO		
Does the individual have an impairment?*	NO		
Is this individual requesting an accommodation?	▼		
Is there an authorized representative/SNAP shopper?	YES 🔻		
¢ mark			
Creset			
Previous	cel Continue		
File Clearance - Res	ulte		APPLICATION INFO
File Clearance - Kes	uits		<u>T01124888</u>
Potential matches for Joseph Brown 33M , 155-44	-1300 (SSN), 05/23/1983	(DOB)	STATUS:
SSN Match - Review other demographic information	on.		Registration Pending
Name Gender SSN Verified By	Date of Date of EMPLID Birth Death	Score 🗘 SSN Match Co	APPLICATION RECEIVED DATE:
	i/23/198 10000320	2 46 YES I	10/11/2016
wn 1300 Statement 3	9		
ra 🛹 Page 1] of 1 → → 1 10 ▼	View 1 - 1 of 1	 Print (w/ Preview) Page Help
Do you wish to establish as a new individual?		NO T	Q View Documents
Previous	Next		SEARCH
			SEARCH
			APPLICATION ID
			Go
Register Application Search/Withdraw			
File Clearance - Resu	lta		APPLICATION INFO
AR12011: No potential matches found.			<u>T01119663</u>
Potential matches for Daisy Duck 45F , 140-14-5555	(SSN), 07/01/1971 (DOB)		STATUS: Registration Pending
SSN Date	of Date of	Score 🗘 SSN Match Co	APPLICATION RECEIVED
Verified By Birt	th Death EMPTID	Empty records	DATE: 08/23/2016
Do you wish to establish as a new individual?	· · · · · <u>· · · · · · ·</u>	YES T	
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			Tue August 23, 2016

HOH	Name	SSN	Date Of Birth	Gender	Alias Name(s)	Client ID			<u>T01119663</u>
۲	Daisy Duck 45F	140-14-5555	07/01/1971	Female		<u>101017843</u>		/	status: Registration Pendir
•								Þ	APPLICATION RECEIVED
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avings Programs:												
ire Program for Elders	(M03):										SEAR	СН
Services:												
n Received Date:		08	3/23/2016	5							APPL	ICATION ID
Start Date:*		C	08 / 2	3 /	2016							
											Tue Au	gust 23, 2016
									d Co			
Individual Name	Individual Form Type *	Presumptive Group Type	Cove	rage	Reque	st Date	Month Prior	Mont				
Daisy Duck 45F	W-1E	•	• 08	1	23 /	2016	-					
1 1 1	stance: pplying for ahCT progra vings Programs: re Program for Elders Services: • Received Date: itart Date:*	stance: pplying for ahCT program: vings Programs: re Program for Elders (M03): Services: Received Date: itart Date:* Individual Name Individual Form Type *	ne: stance: plying for ahCT program: re Program for Elders (M03): Services: Received Date: Received Date: Individual Name Individual Persumptive Form Type * Presumptive Form Type *	ne: stance: pplying for ahCT program: vings Programs: vings Programs: services: Received Date: Received Date: 08 / 2 Individual Name Individual Presumptive Group Type Cove	ne: stance: pplying for ahCT program: vings Programs: vre Program for Elders (M03): Services: Pteceived Date: Pteceived Date: Individual Name Individual Poresumptive Form Type * Presumptive Group Type Coverage Group Type	ne: stance: pplying for ahCT program: vings Programs: re Program for Elders (M03): Services: Received Date: Received Date: 08 / 23 / 2016 itart Date:* 08 / 23 / 2016	ne: stance: stance: pplying for ahCT program: vings Programs: vings Programs: vinge Program for Elders (Mo3): Services: PReceived Date: PReceived Date: Individual Name Individual Name Individual Porm Type * Presumptive Group Type Coverage Request Date Coverage Request Date	ne: stance: stance: pplying for ahCT program: vings Programs: vings Programs: vinge Program for Elders (MO3): Services: PReceived Date: PReceived Date: vings Program for Elders (MO3): Presumptive itart Date:* NO OS/23/2016 Retro-N 1 Individual Name Individual Presumptive Form Type * Group Type Coverage Request Date Month Prior	ne: stance: stance: stance: stance: no stance: stance: no stance: start Date:* ndividual Name ndividual Presumptive coverage Request Date ndividual Name start Date: start Da	ne: stance: stance: stance: plying for ahCT program: NO vings Programs: Services: Received Date: 08/23/2016 start Date:* 08/23/2016 Retro-Medicaid Cd ndividual Name Presumptive Group Type Coverage Request Date Months Prior Prior Prior	ne: stance: stance: stance: stance: no stance: no stance: stance: stance: stance: stance: sta	ne: stance: stance: pplying for ahCT program: vings Programs: vings Programs: vings Programs: vinge Program for Elders (M03): services: PReceived Date: 08/23/2016 start Date:* 08/23/2016 Retro-Medicald Coverage 1 2 3 Individual Name Form Type * Presumptive Group Type Coverage Request Date Month Months Months Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior Prior

Program Medical Assistance	Requested 08/23/2010	Start Date Indivi 5 Daisy Duc 14 44 Page 1	iduals D sk 45F 08/23/20 of 1 ▷ ▷ 10 ▼	e Request ate	ed SNAP	APPLICATION IN T01119663 STATUS: Registration Per APPLICATION RECE DATE: 08/23/2016 SEARCH APPLICATION ID
						Tue August 23, 2016
		ication	- Sumr	nary		APPLICATION INF T01119663 STATUS:
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Registe APPLICATIO Current Head of Ho Expedited:	er Appl N SUMMARY ^{usehold:}	Client ID 101017843	Daisy Duck 45F N/A	nary Program Medical Assistance	Alias Name(s	TO1119663 STATUS: Registration Per APPLICATION RECEIV DATE:

SCREENS FOR PREMIUM SUPPORT

HIX/Tier-1 Training ImpaCT HUSKY B screen flows



HIX/Tier-1 Training ImpaCT – HUSKY B Plan Search

First:									
Last:									
Client ID:					4020067	13		9	
Case #:								G,	
EDG #:									
Plan ID:									
Logical Plan	ID:								
Plan Start D	Aate:				MM /	DD / mm	r 🚍		
						DD / YYYY			
Plan End Da	ite:				MM /	/ 111			
Creset	EARCH F	RESULTS	5	S	earch				
Creset	EARCH F	RESULT: Case #	S EDG#	Se Plan ID		Program	J -	Plan End Date	

 It is possible to search for a member's plan directly and then drill into it to see other members, and from there their financial details.

				etails			
PLAN IN	FORMAT	ION					
Plan ID:				3130			
Logical Plan I	D:			3130			
Start Date:				10/01/2017	,		
End Date:				01/31/2018	3		
Premium Liab	ility:•			\$30.00			
Initial Max Ou	it of Pocket:•			\$3000.00			
Max Out of Po	cket Met:						
Max Out of Po	cket Met Dat	e:					
Initial Premiu	m Status (Pla	n):		Delinquent			
ENROLL!	MENT IN		ION			Initial	
		EDG #	Program Code	Enrollment Start Date •	Enrollment End Date	Premium Required	Enrollm Statu
Name	Client ID						

HIX/Tier_1 Training

- The plan details screen showing members, etc.
- Notice how it is possible to click on "Plan Balance" and flow into the financial details.

HIX/Tier-1 Training ImpaCT – Premium Balance Search

SEARCH CRITERI	4		
Type of Assistance:+		\$05	V
Head of Household/Client ID		402006920	9
First Name:			
last Name:			
Plan ID:			G.
logical Plan ID:			
Creset			
Premium Balance Sear		arch	
Type of Assistance	Head of Household/Client ID	Name	

- An alternative approach is to open the Premium Balance Search screen.
- Clicking the edit icon will open the HUSKY B payment details for the head of household.

68

HIX/Tier-1 Training ImpaCT – HUSKY B HoH Balance Summary

Head of Household	Client ID:		402006712		
lead of Household	Name:		James Skywalker	28M	
HUSKY B HoH I	Balance Summary	l l			
Logical Plan ID	Plan ID	Amount Due	Plan Start Date	Plan End Date	
3129	3129	\$0.00	10/01/2017	09/30/2018	
3130	3130	\$0.00	10/01/2017	01/31/2018	1
	14	Page	1 of 1	10 💌	View 1 - 2

- This shows the different plans and balances for the person.
- The plans in the example show that there are 3 logical plan streams. One plan is a renewal of another (same logical plan ID).
 - The data is test data and doesn't make as much sense as real production data.
- Clicking on the pencil edit icon opens the balance details for that plan.

HIX/Tier-1 Training ImpaCT – HUSKY B Balance Summary

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Bitlet Bitlet Bitlet ne not dissue 0.01/31/2018 0.01/31/2018 scienta futura, Malaka Matine Marci No 1 Staf Premium Respire(2/Rac): Yes - Staf Premium Respire(2/Rac): Collinguestic - Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): - Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Drace Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac): Staf Premium Respire(2/Rac):	In Start Date: 16/12/2017 In ford Game: 2012/2018 Intercal Data / Aldak Matter Ran? NO Alda Prenium Regured/Plan?: Yes Alda Prenium Regured/Plan?: Yes Alda Prenium Regured/Plan?: 500 ar Amount Plan ar Amount Plan?: 500 ar Amount Plan?: 500 CONTHLY BALANCE Exercise Marks: 100 Exercise Marks: 100 Exercise Marks: 100 Exercise Marks: 100 100 100 100 100 100 100 100	fan 10:			3130			
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REMIUM PAYMENTS		Service Month 02/2018 01/2018 12/2017 11/2017 10/2017	Amount \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Premium \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Service Month \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
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	Premium Payments	Service Month 02/2018 01/2018 12/2017 11/2017 10/2017 PREMIUM	Amount \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 PAYMENT:	Premium \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Service Month \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00
		Service Month 02/2018 01/2018 12/2017 11/2017 30/2017 REMIUM President Part	Amount \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 PAYMENT: ymeents	Premium \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Service Month 50.00 50.00 50.00 50.00 90.00 Page 1 of	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 View 1 - 5 of

- This shows the details of the payments and balances for this plan.
- Clicking "View Plan" will open the HUSKY B Plan viewing screen, i.e., members.

70

HIX/Tier-1 Training ImpaCT — Payment Search

SEARCH	CRITER	17.6						
and the second	Charles							
Payment ID1								
Check Numb								
Payment Gal	e Promi				1/01/2			
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Type of Assis							*	
Payment Typ							×	
First Name:								
Last Name:	ehdil / Ger	4.00-					-	
Plan ID:							÷.	
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Payment	Search	-		-		-		
	Check	Parment	Type of			Head of		
Payment ID	Number			Tupe				
		Date	Assistance		Name	Household /	Pier D	
		Dute	Assistance		bdipruciel	Client ID	Parto	
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112117					bdipruciel	Chent ID 40200776		
		01/01/203 7	HUSKY B	Payment	bdipruGH HSJACK ORUWBJH OZ 39H BgitvBOEK	Clent ID 40200/776 9	3501	-
112117		01/01/201			bdipruciel HEJACKY ORIXWEJIH C/2 39H Bgetv8DEK R. ejnuzbu	Clent ID 40200/776 9		1
		01/01/200 7 05/01/200 7	HUSKY B	Payment	bdipruGH HSJACK ORUWBJH OZ 39H BgitvBOEK	Chent ID 40200776 9 40200774 9	3501	1
		01/01/203 7 05/01/203	HUSKY B	Payment	bdipruGH Htjacov OkuwBJH OZ 39H BgstvBDEK R ejnazOU V 33F BegloyECK Parv kog0	Client ID 40200/776 9	3501	1
112136		91/91/200 7 95/91/200 7	HUSKY B	Payment Payment	bdipruGH HSXXY ORUWEJH OZ 39H BptHDEK R ejnuzOU Y 33F BegloyHCK PRY kog0 MVZ 39H	Clent ID 40200776 9 40200774 9 40200777	3501	1 1 1
112136		21/01/201 7 25/01/201 25/01/201 7 05/01/201	HUSICY B HUSICY B HUSICY B	Payment Payment Payment	bdilprudie rejacty okuw83W 02 36W bget-806K R ejnaz00 V 33F begloyHCK Paty kng0 MUV2 39H cheyCDFGI H bfegtal	Clent ID 40200776 9 40200774 9 40200777 1 40200777	3501 3492 3495	1
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1121136 1121136 1121136		e1/01/200 7 05/01/200 7 05/01/200 7 05/01/200 7	HUSICY B HUSICY B HUSICY B	Payment Payment Payment	bdipsuGH HEIRCY okswiitik BeptHIDEK R. ejsschutz V 309 BeptHIDEK Rury kap BeptHIEK Parr kap BeptHIEK Parr kap Mittel Rury kap H. bitel Be Rury Lang H. Bitel Be Rury Lang Be Rury Lang Rury Lang Rury La	Clent ID 40200.776 9 40200.774 40200.777 1 40200.777 9	3501 3492 3495	1 1 1 1
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- It is possible to check explicitly whether a premium payment has been received and processed.
- This screen is typically good enough to reassure a caller that their payment was received.
- Clicking the edit symbol opens the details of the payment.

HIX/Tier-1 Training ImpaCT — Payment Search

Payr	nent	: Se	arch							
SEARCH	CRITER	UA.								
Payment ID Check Numb Payment Dat	eri		Apply	Trans	action/	Payment				
Payment Gal Tope of Assis	in Tec		TRANSACTI	ON / PAYM	ENT DETAILS	5				
Payment Typ First Name:	H.		Payment ID:			I12117				
Last Name:			Check Number:							
Head of Hou Flan 101	sehold / Cier	4.801	Payment Date:			01 / 01 / 2017				
Creek			Payment Amount:	•		\$35.00				
			Type:			Payment	V			
Payment	Search		Mode:			Cash in Office	V			
Payment ID	Check Number	Pays	Bounce Status:			NO	~			
112117		01/01 7	Comments:				$\hat{}$			
112116		05/01. 7								
		05/01	Allocate Paym	ent						
112136		,	Type of Assistance •	Plan ID	Client ID/Head of Household	Name Amour				
112136		2				bdllpruGHMSWX Y		٦.		
112116		05/01 7	HUSKY B	3501	402007769	cekuwBJMOZ 3 9M	a	1		
			+ Add		14 <4 Pi	age 1 of 1 10 💌		View 1 - 1		
112115	12345	05/01 7			Canad	Save				
					Cancel	Save				

- Clicking the edit symbol opens the details of the payment.
- This shows how a single check could be allocated across multiple months and even plans.
- The magnifying glass icon opens up the HUSKY B plan search screen.

72

SCREENS FOR SPEND-DOWN EXPENSE SUPPORT

MEDICAL EXPENSE SCREEN

		Interfaces		ation Regist		Data Collec		ibility Deter	minacion	Third Party Functions
al Expense	Insurar	nce Policy In	formation							
Med	ical	Eyne	nse	s - S	um	nary	/			CASE INFO
neu	icai		.1150.	<u> </u>	unn	nar y	,			67F
CSCD	Individual incurring expense	Date of Service	Туре	Source	Frequency	Amount Due per Frequency	Bill Status	Expense Terminatio n Date		CLIENT ID:
03/01/2017	GTENTON 67F	03/16/2016	Medical/Ho spital Care	AMERICAN MEDICAL R ESPONSE	One-Time Only	\$ 1,294.68	Unpaid	03/31/2017		CASE STATUS: Approved
03/01/2017	67F	07/06/2016	Medical/Ho spital Care	СНS	One-Time Only	\$ 300.00	Unpaid	03/31/2017		CASE ACTION:
			14 <4 F	age <mark>1 o</mark> f	1 🗠 🖂 1	0 💌		View 1	- 2 of 2	R Case Notes-View
				Add M Expe						 Print (w/ Previe Page Help View Documents

SPEND-DOWN MEDICAL EXPENSE OVERRIDE SCREEN

MA - Spend-down Override - Details

EDG INFORMATION

Case#:	
EDG #;	5305.04.00
Head of Household:	IN THE REPORT OF
Program Category:	Medical Assistance
Program:	MA-S99-ABD Spend-down
Eligibility Status:	Approved
Authorization Status:	Authorized
Renewal Due Date:	06/30/2019
Certification Period:	07/01/2018-06/30/2019

DETAILS

Spend-down Start Date:	07/01/2018
Spend-down End Date:	12/31/2018
Spend Down Amount:	\$2141.95
Projected Facility Rate :	\$0.00
Remaining Spend-down Amount:	\$2141.95
Spend-down Status:	Inactive
Effective Date of Coverage :	MM / DD / YWY

BILLS USED TO ACTIVATE SPEND-DOWN

	Medical Expense Type	Source	Date Of Service	Date Bill Paid	Total Bill Amount	Bill Status	Payable by Medicaid
Hame	Expense Type			1of 0 => =			Empty record

BILLS NOT USED TO ACTIVATE ANY SPEND-DOWN

			Apply Bills Spend-dov		Submit			
			ia ka Page	1 of 1 🕞	10 💌		View 1	- 2 of 2
ENTON	Medical/Hospi tal Care	сня	07/06/2016	07/06/2016	300.00	Unpaid	YES	
5	Medical/Hospi tal Care	AMERICAN MEDICAL RESPONSE	03/16/2016	03/16/2016	1294.68	Unpaid	YES	
Individual Name	Medical Expense Type	Source	Date Of Service	Date Bill Paid	Total Bill Amount	Bill Status	Payable by Medicaid	Select Bill