



INFINITY SOFTWARE DEVELOPMENT, INC.

3522 Thomasville Road ∞ Tallahassee, FL 32308-3488

Phone: (850) 383-1011 ∞ Fax: (850) 383-1015 ∞ www.infinity-software.com

DEPARTMENT OF HEALTH
CHILDREN'S MEDICAL SERVICES

Headquarters Enrollment

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GLOSSARY

The following glossary terms specifically apply to this document. An understanding of these terms is necessary in order to understand the concepts set out in this document. For a complete glossary of CMS terms, please refer to document CMS-PD-GLOS.

<i>Agency for Healthcare Administration (AHCA)</i>	A government agency working to improve access to affordable, quality healthcare to all Floridians. The state Agency for Health Care Administration administers Florida's \$7 billion Medicaid program; licenses and regulates nearly 19,000 health care facilities and 35 health maintenance organizations; addresses complaints for more than 550,000 healthcare practitioners statewide; oversees the Community Health Purchasing Alliances (CHPAs); and publishes health care data and statistics.
<i>Applicant</i>	A referral, or a client who has lost his/her funding source, and who engages in the formal applicant screening process, beginning with medical screening.
<i>Area Office</i>	A physical location other than a referral center where CMS Network services are authorized, scheduled, and/or delivered. Each office reports to a medical director. Headquarters provides policy procedures, direction, and administrative support (functional authority).
<i>Behavioral Health Specialty Care Network (BHSCN)</i>	An organization in DCF responsible for mental health services, including some groups of children covered under KidCare. Data is exchanged in both directions although DCF Behavioral Health is a stand-alone system.
<i>Capitation (Cap)</i>	A stipulated dollar amount established to cover the cost of health care delivered for a person. The term usually refers to a negotiated per capita rate to be paid periodically, usually monthly, to a health care provider. The provider is responsible for delivering or arranging for the delivery of all health services required by the covered person under the conditions of the provider contract. Capitation is a method used in managed care.
<i>Dental Health Administrative and Consulting Services, Inc. (DHACS)</i>	A contracted provider for Florida Healthy Kids. DHACS determines non-medical eligibility, enrollment, and premiums collected for Florida KidCare. DHACS' system also contains data on Title XXI enrollment and registration. The information is sent in flat file format to the CMS Network.
<i>Eligibility and Enrollment</i>	A business function that involves all events and processes related to determining financial and medical eligibility of CMS applicants and clients; gathering and recording applicant and client demographic, medical, and financial information; and enrolling applicants and disenrolling clients.



<i>Enrollment/Disenrollment List for CMS/Medicaid Network</i>	A list of children from Medicaid that states whether the child is currently enrolled in the CMS Network.
<i>Fiscal Administrator (or Fiscal Agent)</i>	A company contracted by the government to perform fiscal duties for Medicaid, such as handling claims and enrolling individuals in the program.
<i>Florida Healthy Kids</i>	A nonprofit organization created by the Florida Legislature to administer health insurance for children ages 5 to 18 qualified for Florida KidCare. Although only one of four insurance plans under Florida KidCare, Florida Healthy Kids has greater significance because the organization carries TPA functions for all programs under Florida KidCare.
<i>Florida KidCare</i>	The State of Florida Title XXI program. It consists of four insurance plans: <ul style="list-style-type: none"> ➤ MediKids (Zero to 5 years of age). ➤ Healthy Kids (5 to 18 years of age). ➤ CMS Network ➤ Medicaid
<i>Florida Medicaid Management Information System (FMMIS)</i>	The complete Medicaid management system for Florida. CMS Area Offices use FMMIS to verify Medicaid eligibility; the system is read-only for the CMS Network, with no software interaction. Automated third party billing to FMMIS is accomplished through WinSAP 2000 (Windows Accelerated Admissions and Processing 2000).
<i>Headquarters Enrollment</i>	A business function pertaining to coordination of the Title XXI enrollment process between Florida Kid Care and CMSN.
<i>Medicaid (Title XIX)</i>	The name for Title XIX of the federal Social Security Act, a benefit program for low-income individuals and children. Each state sets its own income eligibility standards.
<i>Potential Eligibility List for Title XIX and Title XXI</i>	A list from Florida Healthy Kids to headquarters, which is distributed to the area offices. The list consists of children who have applied for KidCare and have indicated they are a CSHCN.
<i>Provider</i>	A health care professional, health care facility or entity licensed or certified to provide health services in this state that meets the criteria as established by DOH. CMS recognizes several types of provider: <ul style="list-style-type: none"> ➤ <u>Contracted Service Provider</u>: A business entity with which CMS contracts to provide services to children with special health care needs. Business entities include individuals, private



	<p>companies, and public entities (local governments).</p> <ul style="list-style-type: none">➤ <u>Integrated Care Systems Provider (ICS)</u>: A corporate entity contracted with CMS to implement and manage an ICS.➤ <u>Non-Physician Provider</u>: Non-physician service and/or product suppliers credentialed by the area offices. A non-physician provider may be any non-chronic care hospital, outpatient clinic, diagnostic center, or any other treatment center that may render services to CMS clients. This includes providers of one-time exception-based services.➤ <u>Out-of-State Provider</u>: Any provider licensed or certified outside the State of Florida.➤ <u>Physician Provider</u>: A physician credentialed by CMS to serve as a physician consultant and primary care physician to CMS clients.
<i>Referral</i>	An event wherein an individual not currently enrolled in the CMS Network is referred to the CMS Network by an outside source. (The individual can be either a first-time applicant, or a previous, closed client who is joining again.) Alternately, used as a noun, "an individual recommended to CMSN as a potential applicant."
<i>Referral Source</i>	A person, facility, or program that refers CHSCN to CMSN.
<i>Region</i>	A collection (grouping) of area offices.
<i>Safety Net</i>	A program within CMS for CHSCN for children who do not qualify for CMSN under Title XIX or Title XXI.
<i>TEARS</i>	A DOH CMS intranet application that allows area offices to access the list of children in their respective areas referred to CMSN by Florida KidCare. Area offices can also use TEARS to indicate which children were screened for CMSN medical eligibility and which children were referred to BHSCN.

PROCESS FLOW SYMBOLS

The following key details the symbols used in the business process flow diagrams and their meaning.

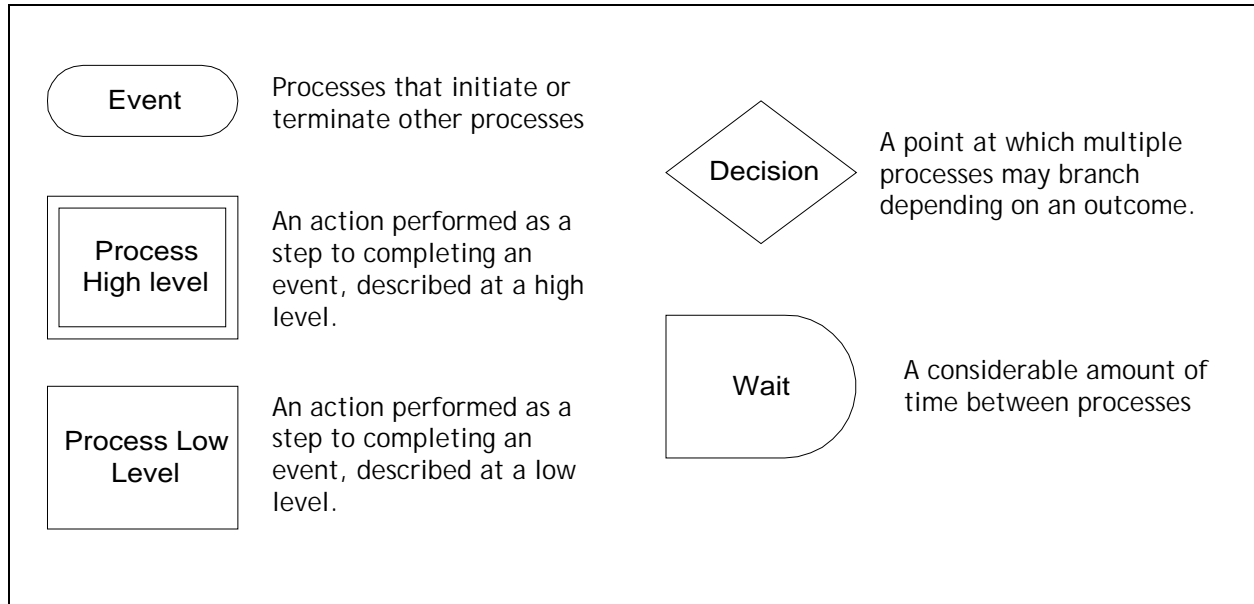




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5. Function: Headquarters Enrollment

Function Description

The Headquarters Enrollment (HQ Enrollment) function exists primarily to coordinate the Title XXI enrollment process between CMS and Florida KidCare (FKC or KidCare are used interchangeably). KidCare is the state program responsible for managing the Title XXI enrollment. The Headquarters Enrollment function includes all events and processes related to the following:

- (1) Receiving and distributing the Title XXI potential list, enrollment/termination list, and supplemental list from Florida KidCare to CMS area offices.
- (2) Preparing, forwarding, and tracking Title XXI fund release requests to Fiscal Headquarters.
- (3) Title XXI slot management (in the case of greater demand than available Title XXI funds).

To be eligible for Title XXI, children must meet the following criteria:

- Between the age of zero to 19
- Not eligible for Medicaid
- United States Citizen or qualified Alien
- Not the dependent of a state employee
- Not covered by major medical health insurance

Statutory, Rule, & Other References

This section lists relevant State and County law, Department policies and procedures and other documents that serve as authoritative source material for the CMS Business Model.

Name / Description	Reference
Children's Medical Services Act	1998 Statute Chapter 391

Entities Connected to the Headquarters Enrollment Business Model

This section lists entities relevant to the Headquarters Enrollment Business Model. An entity is a person, place, object, event, or concept for which CMS wishes to maintain data and upon which processing occurs.

- *Address*
An address associated with a child.
- *Child*
A child associated with CMS by virtue of being or having been a referral, applicant, or client.

- *County*
Counties are associated with a region and an area office.
- *Medical Screening*
The occurrence of and outcome of a CMS medical eligibility screening for a child.
- *Office*
A CMS area office and organizational codes associated with the office.
- *Parent/Guardian*
A parent or guardian associated with a child or any person outside CMS associated with a child (i.e., a family friend).
- *Region*
A region is a group of associated offices.

Events Connected to the Headquarters Enrollment Business Model

This section lists events connected to the HQ Enrollment Business Model. Events are processes outside the HQ Enrollment Business Model that initiate or terminate procedures within the HQ Enrollment Business Model. The resulting outcome may or may not initiate other processes. *EX* events refer to processes outside the CMS Business Model that may or may not initiate other processes.

E6 Title XXI Enrollment/Termination List from Headquarters Enrollment to Area Office Eligibility & Enrollment

This event occurs when Headquarters Enrollment receives and processes the FK C Enrollment/Termination List. The enrolled/terminated children are sorted by area office so that each area office may begin processing the referral (see the Area Office Eligibility and Enrollment business model, CMS-BM-AOEE).

EX13 Screening List from Headquarters Enrollment to FK C

This event occurs when Headquarters Enrollment sends the screening results (the updated Potential Eligibility List) to FK C.

EX14 Notification of Waiting List from Headquarters Enrollment to Applicant

This event occurs when Headquarters Enrollment places the enrollee on the CMS Title XXI waiting list.

E42 Title XXI Potentially Eligible List from FK C to Headquarters Enrollment

This event occurs when the monthly list of children potentially eligible for CMS arrives from FK C. These children indicated they were "children with special health care needs" on the KidCare application.

E43 Notification of Title XXI Potentially Eligible List from Headquarters Enrollment to Area Office Eligibility & Enrollment

This event occurs when the Headquarters Enrollment receives and processes the FK C's Title XXI Potentially Eligible List. The potentially eligible children are sorted by area office so that each area office may begin processing the referral (see the Area Office Eligibility and Enrollment business model, CMS-BM-AOEE).



E44 Enrollment List from FKC to Headquarters Enrollment

This event occurs when the FKC Title XXI Enrollment/Termination List arrives at CMS headquarters.

E45 Notification of Supplemental List from Headquarters Enrollment to Area Office Eligibility & Enrollment

This event occurs when Headquarters Enrollment enters the FKC supplemental details sorted by area office.

E46 Supplemental List from FKC to Headquarters Enrollment

This event occurs when the Title XXI Supplemental List arrives from FKC.

E47 BHSCN Confirmation List from BHSCN to Headquarters Enrollment

This event occurs when the monthly BHSCN enrollment list arrives from BHSCN at CMS Headquarters.

E48 Notification of Monthly Title XXI Funds Released Request from Headquarters Enrollment to Headquarters Fiscal

This event occurs when Headquarters Enrollment records the "Title XXI funds released" request information and sends it/makes it available to HQ Fiscal.

E49 Notification of Monthly Title XXI Fund Released List from Headquarters Enrollment to Area Offices

This event occurs when Headquarters Enrollment sends the "Title XXI funds released" information to the area offices.

E54 Title XXI Fund Released List from Headquarters Fiscal to Headquarters Enrollment

This event occurs when Headquarters Fiscal sends the Title XXI Fund Released List to Headquarters Enrollment (this event occurs in Headquarters Fiscal).

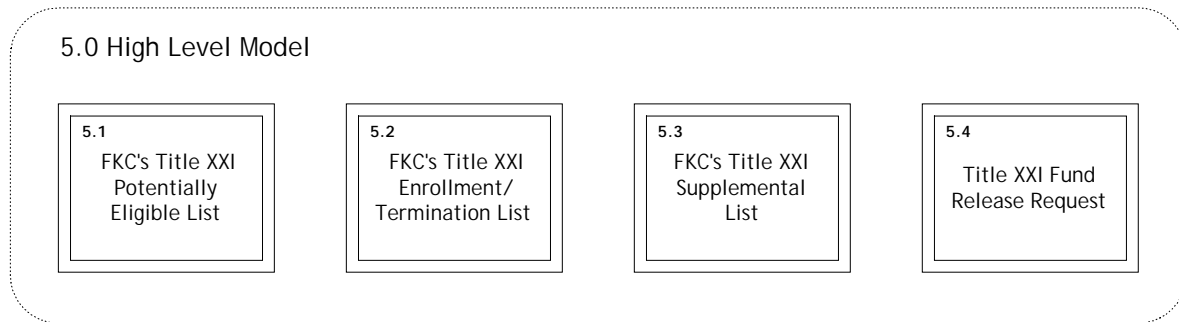
E59 Notification of Medical Screening Results from Area Office Eligibility & Enrollment to Headquarters Enrollment

This event occurs when Area Office Eligibility & Enrollment records the medical screening results from the Title XXI Potentially Eligible List referrals and notifies CMS headquarters (this event occurs in the area office).

E67 Title XXI Supplemental List from Headquarters Enrollment to Area Office Eligibility & Enrollment

This event occurs when Headquarters Enrollment receives and processes the FKC Title XXI Supplemental List. Children on the supplemental list have been previously terminated and are being re-enrolled. The children on the list are sorted by area office so that each area office may begin the re-enrollment process (see the Area Office Eligibility and Enrollment business model, CMS-BM-AOEE).

Overview of the Business Model



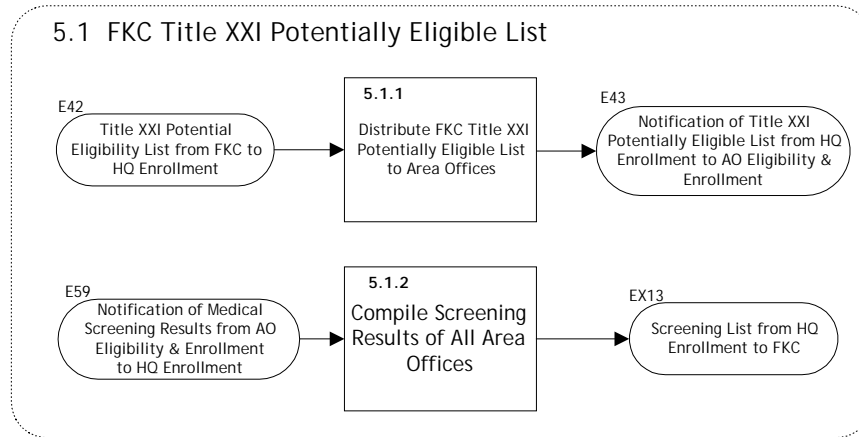
5.1. FKCs Title XXI Potentially Eligible List

Description: On a monthly basis, FKC sends a list of children who have applied for Florida KidCare and may be eligible for enrollment in CMS (i.e., the “child with special health care needs” checkbox was marked on the FKC application). This is called the Title XXI Potentially Eligible List. Headquarters Enrollment sorts the records (potentially eligible children) by area office.¹ Each area office processes each referral accordingly (see CMS-BM-AOEE, *Area Office Eligibility and Enrollment*). The area office conducts the medical screening of the referral and sends back the screening results to CMS Headquarters. In turn, CMS sends the screening results to FKC.²

Purpose: To identify and screen children who have applied for FKC and are eligible for enrollment in CMS.

¹ Currently, the list is imported into the CMS TEARS intranet application (at Headquarters Enrollment). Area offices use TEARS as a reference rather than “download” the list or receive a paper copy. Area Offices also update the list via the TEARS application.

² FKC sends the screening results to Dental Health Administrative and Consulting Services (DHACS) for enrollment in Title XXI. DHACS is a contracted provider for FKC. DHACS determines non-medical eligibility and enrollment. It also collects premiums for FKC and manages data from Title XXI enrollment. DHACS sends screening results received from FKC to the Medicaid fiscal agent and the Comprehensive Personnel Employment System (COPES) to ensure that children otherwise eligible for Title XXI are *not* eligible for Title XIX and are not children of a state of Florida employee. As set out in the Title XXI eligibility conditions, a child cannot be covered by Medicaid or be a dependent of a state employee. Finally, based on the CMS screening list, Medicaid confirmation, and COPES confirmation, DHACS enrolls the child under Title XXI. DHACS sends the enrollment list to FKC. Whenever a change occurs in an enrolled child’s status (e.g., premium not paid, the child’s name appears on the Medicaid list, and/or on the COPES list), DHACS terminates that child from Title XXI.



5.1.1. Distribute FKC Title XXI Potentially Eligible List to Area Offices

Description: Initiated by *E42, Title XXI Potential Eligibility List from FKC to Headquarters Enrollment*, Headquarters Enrollment updates each referred child's record with the designated area office for that child. The area office assigned is based on the child's home county (each area office is responsible for a specific group of counties). In this way, the Title XXI Potentially Eligible list is distributed by area office.³ The process terminates with *E43, Notification of Potentially Eligible List from Headquarters Enrollment to Area Office Eligibility & Enrollment*.

Purpose: To distribute the FKC potential list to area offices.

5.1.2. Compile Screening Results of All Area Offices

Description: Initiated by *E59, Notification of Medical Screening Results from Area Office Eligibility & Enrollment to Headquarters Enrollment*, HQ Enrollment generates the "Eligibility Form" for each child on the Title XXI Potentially Eligible list (refer to the "Documents Connected to the Headquarters Enrollment Model" section for details on the eligibility form). HQ Enrollment then compiles the screening results for each child. A paper copy of each Eligibility Form is forwarded to FKC and the Title XXI Potentially Eligible list updated with medical screening results is sent to FKC electronically. The process terminates with *EX13, Screening List from Headquarters Enrollment to FKC*.

Purpose: To compile the medical screening results of the children potentially eligible for Title XXI from all area offices in order to forward the results to FKC.

³ Currently, the updated list is imported into the CMS TEARS intranet application (at Headquarters Enrollment). Area offices use TEARS as a reference rather than "download" the list or receive a paper copy. Area Offices also update the CMSN Title XXI list via the TEARS application.

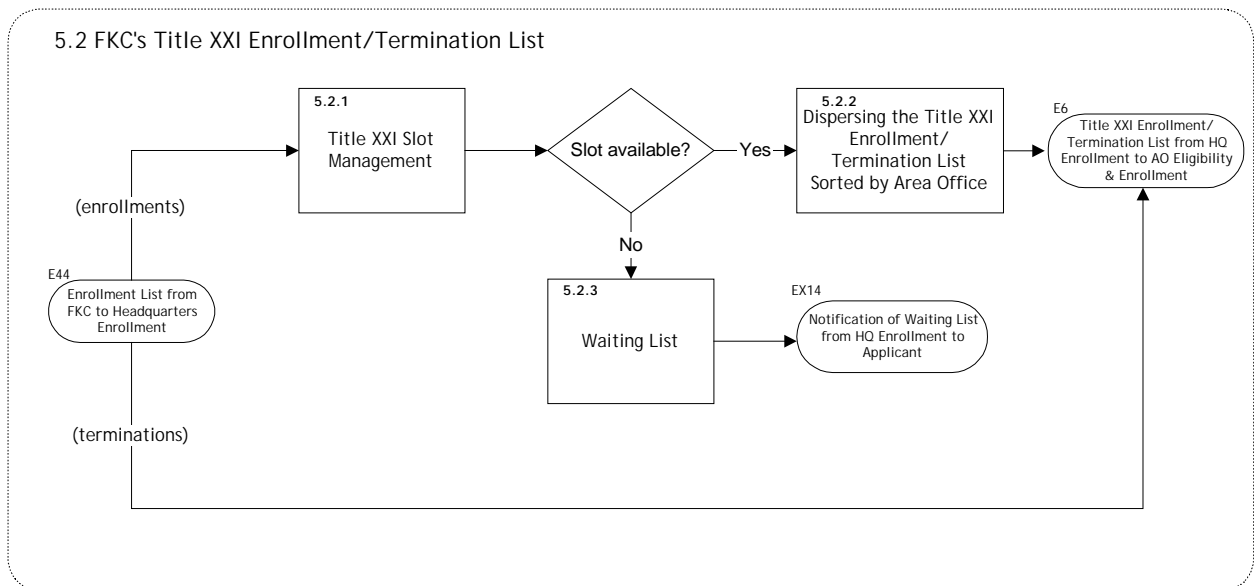
5.2. FKC's Title XXI Enrollment/Termination List

Description: On a monthly basis, FKC sends the Title XXI Enrollment/Termination list to Headquarters Enrollment in the form of an electronic list. The list consists of a record for each child enrolled in and/or terminated from Title XXI. The area office assigned is based on the child's home county (each area office is responsible for a specific group of counties). The records contain data related to the enrollment or enrollment termination details of each child. After checking for available slots for newly enrolled Title XXI children, the list is dispersed to the area offices.

If a child's record includes an enrollment date but no termination date, then the child is currently enrolled in Title XXI. Therefore, if a CMS Title XXI slot is available, CMS can enroll the child in CMS with a client funding class of "Title XXI". If the child is already enrolled in CMS, the area office simply verifies the continued enrollment of the client in Title XXI.

However, a termination date for a child means the child is no longer enrolled in Title XXI effective from the given termination date forward. If the child is currently enrolled in CMS, then the area office must terminate the child's CMS enrollment and re-evaluate the child's financial eligibility. If the child is currently an applicant of CMS, the child will not be enrolled and the child's financial eligibility must be re-evaluated (i.e., the child will not be financially eligible for CMS with a client funding classification of Title XXI, so alternative financial eligibility must be determined, if possible). All of the decisions and processing for CMS Title XXI terminations described above occur at the area office level after the list has been dispersed (see the Area Office Eligibility and Enrollment Business Model, CMS-BM-AOEE).

Purpose: To evaluate the Title XXI enrollment status of CMS clients or applicants and forward the information to the appropriate area office for processing.



5.2.1. Title XXI Slot Management

Description: Initiated by *E44, Enrollment List from FKC to Headquarters Enrollment*, Headquarters Enrollment checks the availability of slots⁴ for the enrollees. Annually, CMS receives a finite number of Title XXI slots from the State Agency for Health Care Administration (AHCA). Based on available slots, CMS sends a request to AHCA for release of funds under Title XXI. Title XXI funds are not distributed at the start of the fiscal year but are instead released based on monthly CMS requests.

Purpose: To enroll a child in CMS with a client funding classification of Title XXI, based on slot availability.

Detailed Processing

- Is a Title XXI slot available for the child?
 - Yes. Proceed to Process 5.2.2 (Entering FKC Enrollment List Sorted by Area Office).
 - No. Proceed to Process 5.2.3 (Waiting List).

5.2.2. Dispersing the Title XXI Enrollment/Termination List Sorted by Area Office

Description: Headquarters Enrollment assigns the appropriate area office to each child. The area office assigned is based on the child's home county (each area office is responsible for a specific group of counties). In this way, the Title XXI Enrollment/Termination List is distributed by area office.⁵ The process terminates with *E6, Notification of Title XXI Enrollment/Termination List from Headquarters Enrollment to Area Office Eligibility & Enrollment*.

Purpose: To provide CMS area offices with an efficient method of receiving and processing enrollment updates from FKC's Title XXI enrollment process.

5.2.3. Waiting List

Description: Headquarters Enrollment places the Title XXI enrolled child on a CMS waiting list until a Title XXI slot for CMS becomes available. As soon as the slot is available, the area office enrollment process resumes with Process 5.2.1. The process terminates with *EX14, Notification of Waiting List from Headquarters Enrollment to Applicant*.

Purpose: To provide a mechanism for CMS-eligible children to receive CMS services and Title XXI benefits based on the fairest possible distribution of a finite number of Title XXI slots.

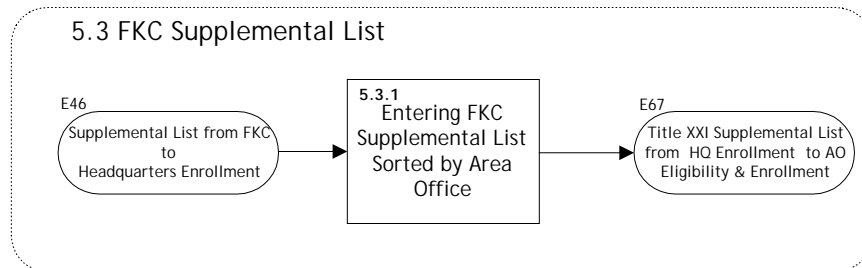
⁴ Detailed process modeling and system specifications for Title XXI slot management (e.g., will they be distributed state-wide only or distributed and tracked by area office?) and the Title XXI applicant waiting list have not determined by CMS. These issues will remain open until CMS finalizes policies and procedures regarding Title XXI slot management (see 8/27/99 minutes).

⁵ Currently the list is imported into the CMS TEARS intranet application (at Headquarters Enrollment). Area offices use TEARS as a reference rather than "download" the list or receive a paper copy. Area Offices also update the list via the TEARS application.

5.3. FKC Supplemental List

Description: On a monthly basis, FKC sends the supplemental record of the children who had been terminated but have been re-enrolled in Title XXI (see the Area Office Eligibility and Enrollment business model, CMS-BM-AOEE). The supplemental list only documents the enrollment beginning date for the child. The area office is notified and, in turn, the area office again enrolls the child in CMS. In this case, slot management is unnecessary because the child's slot is already available, having been assigned at the time of enrollment.⁶

Purpose: To re-enroll Title XXI children in CMS.



5.3.1. Entering FKC Supplemental List Sorted by Area Office

Description: Initiated by E46, Supplemental List from FKC to Headquarters Enrollment, children, terminated and then re-enrolled in Title XXI will be placed on the Title XXI Supplemental List. This list is sent to HQ Enrollment. HQ Enrollment enters the child's area office based on the county in which the child lives. The area office is notified, the list is dispersed, and the process terminates with E67, Notification of Title XXI Supplemental List from Headquarters Enrollment to Area Office Eligibility & Enrollment.

Purpose: To re-enroll in CMS Title XXI children terminated within the last 60 days.

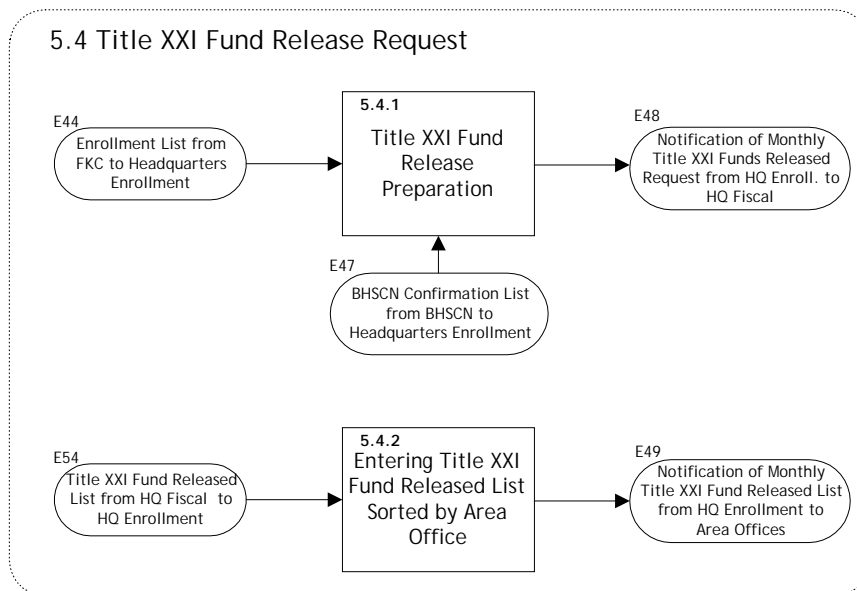
⁶ Pending the final policies and procedures for CMS Title XXI slot management.

5.4. Title XXI Fund Release Request

Description: Based on the current level of CMS Title XXI enrollment, Headquarters Enrollment prepares a “fund release request” for AHCA. This is a request for a lump sum payment but is based on the yearly capitation rate (Title XXI dollars per child). To determine the capitation rate, CMS uses the annual list of the fixed number of slots allocated to CMS under Title XXI. CMS then determines the capitation rate per slot for each *region* (a region is defined as a collection of area offices). For each child with a client funding classification of Title XXI, based on the child’s assigned region (derived from the child’s assigned area office), Headquarters Fiscal uses the capitation rate for that child’s slot when creating the fund release request.

Two types of capitation rates may apply: the medical capitation rate (med cap rate) that varies according to the region and the BHSCN capitation rate (BH cap rate), which is a fixed rate that does not vary according to the region. If a child is enrolled in BHSCN and CMS, then both cap rates will be requested for that child. Headquarters Enrollment sends this request to Headquarters Fiscal, which in turn sends it to AHCA.

Purpose: To release funds from AHCA for Title XXI-enrolled children so that CMS can provide services to these children.



5.4.1. Title XXI Fund Release Preparation

Description: Initiated by *E44, Enrollment List from FKC to Headquarters Enrollment*, Headquarters Enrollment prepares a fund request list (also known as the Title XXI invoice/capitation summary) for each slot to be filled by a Title XXI-enrolled CMS child. On a monthly basis, CMS prepares a request list that contains the details of the requested slot amount. Input is also taken from the BHSCN enrollment list, which also arrives at Headquarters Enrollment on a monthly basis (*E47, BHSCN Confirmation List from BHSCN to Headquarters Enrollment*). Finally, Headquarters Enrollment prepares a list based on region and the total amount (med cap and BH cap) required for that region. Note that the med cap and BH cap are



determined on a yearly basis and the rates are entered into the new system by HQ Enrollment (see the CMS Entity Relationship Diagram business model, CMS-DM-ENRD). The process terminates with *E48, Notification of Monthly Title XXI Fund Released Request from Headquarters Enrollment to Headquarters Fiscal*.

Purpose: To release funds from AHCA for Title XXI-enrolled children so that CMSN can provide services to these children.

5.4.2. Entering Title XXI Fund Released List Sorted by Area Office

Description: Initiated by *E54, Title XXI Fund Released List from Headquarters Fiscal to Headquarters Enrollment* (a Headquarters Fiscal event), Headquarters Enrollment selects the child's region on the basis of the child's assigned area office and enters the capitation details. The area office is notified and the process terminates with *E49, Notification of Monthly Title XXI Fund Released List from Headquarters Enrollment to Area Offices*.

Purpose: To provide the area offices with a summary of capitation funds released by AHCA to CMS.



Documents Connected to the Headquarters Enrollment Business Model

This section lists all forms, worksheets, and documents other than reports connected to the Business Model. Worksheets (optional forms used only to supplement decision making) may be maintained within the new system as printable Microsoft Word templates or as individual worksheet screens. Documents that require signed hardcopies may be maintained within the new system as printable Microsoft Word templates. CMS will determine the format of all templates.

Document Name	Description	Source of Data	Enter in New System?	Connected to Process #
Eligibility Form	CMSN medical screening results in a form with the following data: CMS eligibility (CMSN eligible or CMSN not eligible), child's name, child's date of birth, child's social security number, parent's name, parent's social security number	Area Office Eligibility & Enrollment	Yes	5.1.2 Compile screening results from all Area Offices
CMS Title XXI Enrollment File (includes the Title XXI Enrollment / Termination list and the Title XXI Supplemental list). This is provided in hard copy and electronically.	A list containing referral, supplemental records, or enrollment/termination. Fields are as follows: type of record, child's social security number, parent's security number, child's last name, child's first name, child's middle initial, name of parent paying premium, first street address, second street address, city, state, zip code, child's date of birth, child's gender, county code, enrollment beginning date, enrollment termination date, home telephone number, work telephone number, FKC identification number, date referred to CMS by FKC, date referred to Medicaid by FKC, field offices medical screening results (Y/N), termination code	Florida Kid Care	No, but is used to update status in new system.	5.1 FKC's Title XXI Potentially Eligible List 5.2 FKC's Title XXI Enrollment/Termination List 5.3. FKC Supplemental List

Reports Connected to the Headquarters Enrollment Business Model

This section lists reports connected to the Headquarters Enrollment Business Model.

Report Name	Description	Connected to Process #
Title XXI funds release request (invoice/capitation summary)	A list of the amount required by each region for the Title XXI fund. Fields include region, medical capitation, BHSCN capitation and total capitation for the region.	5.4.1 Title XXI funds release preparation



System Interfaces Connected to the Headquarters Enrollment Business Model

This section lists external information systems connected to the Headquarters Enrollment Business Model that must communicate with the new system in order to access, retrieve, or upload data required by the model.

System Name	Possible Interface
DHACS System (specific software name(s) unknown)	DHACS provides, on the behalf of KidCare, the Title XXI Enrollment/Termination and Supplemental Lists. Currently, the interface is via email, from which the attached lists are manually imported into TEARS. The new system should be able to import the DHACS file directly, provided appropriate co-ordination with DHACS is possible.

System Design Requirements for the Headquarters Enrollment Business Model

This section lists all system design issues required for the Headquarters Enrollment Business Model. System design issues are requirements relating specifically to the physical implementation of software to support a business model.

1. The existing record of clients identified in the Title XXI Supplemental List should be available during processing of the Title XXI Supplemental List.
2. Area Offices should be electronically notified when the Title XXI Enrollment/Termination and Supplemental lists have been received by HQ Enrollment and are ready for processing.
3. The data in the lists should be processed by the system automatically in such a way that CMS staff is responsible only for verifying and accepting /rejecting the updates to their clients' Title XXI status.
4. When the area offices are finished processing the Title XXI lists, the new system should compile the updated information for HQ Enrollment and automatically prepare the file for transfer to DHACS.