

TO: Local District Commissioners, Medicaid Directors

FROM: Judith Arnold, Director
Division of Health Reform and Health Insurance Exchange Integration

SUBJECT: Assignment of Client Identification Numbers (CIN)

ATTACHMENT: November 20, 2007, WMS/BICS Coordinator Letter

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Support Unit
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The purpose of this General Information System (GIS) message is to remind local departments of social services (LDSS) of the importance of Client Identification Number (CIN) assignment and the avoidance of duplicate/multiple CINs.

The existence of multiple CINs for the same recipient causes problems across all districts, including incurring additional Medicaid costs for both State and local governments. Examples of these extra costs include concurrent managed care capitation payments and fraudulent use of a second benefit card by a person other than the eligible recipient.

Individuals should have one active CIN for the entire time that they are in receipt of benefits. It is important that the correct demographic and social security number (SSN) information is entered in the Welfare Management System (WMS) at the time of application to ensure that the appropriate CIN matches are retrieved and selected.

Clearance Report

The Clearance Report is the primary tool which should be utilized when assigning a CIN, as it indicates whether or not the applicant is known to the WMS system. The Clearance Report is used to determine CIN assignment at Full Data Entry, Application Denial and Undercare Maintenance. Upstate districts should refer to the WMS Clearance Desk Guide (LDSS-4959) and New York City, MAPDR-48, CIN Selection Desk Guide.

The greater the detail and more accurate demographic information and SSN entered during Application Registration, the better the quality of information produced on the Clearance Report and the greater the possibility of matches between the applicant and individuals known on the WMS database. Applicants applying for multiple programs appear as a pending case on the clearance report should be closely reviewed and handled appropriately.

For New York City, please refer to the HRA Journal dated March 2011. Clearance results that are less than a score of 102 (match on demographics but not SSN) must be considered and evaluated to avoid duplicate CINs. If no higher level (102-106) match is found, the lesser match must be evaluated before accepting the spawned CIN. When there is a 101 match (a match on Last Name, First Name, DOB, Sex, but no match on SSN) for a child under the age of

one, who has a SSN, a further investigation is to be made as most newborns already in WMS do not have an SSN; and, therefore, clearance results will appear as a 101 match.

Reports

The State Department of Health issues a monthly report (Recipient Duplicate Report-PCP Only) to assist districts in reconciling duplicate CINs. This report identifies duplicate CINs with more than one Medicaid managed care enrollment. The report is also available on the NYSDOH Health Commerce System (HCS). There are additional Mobius reports that are available to identify existing recipients with duplicate CINs. They are: BMWP4004-Eligible Multiple Client IDs; BOWP4001-Error Report-Multiple CIN; BOWP4011-Suspected Multiple ID; BOWP4012-Suspected Multiple ID DSS Case; BOWP4021-Multiple Current Client Eligibility Update; and BOWP4022-Multiple Original Client Eligibility. Once a recipient is identified with a duplicate CIN, districts must reconcile the CINs pursuant to the instructions provided in a November 20, 2007, WMS/BICS Coordinator letter (See Attached).

eMedNY Duplicate Client Search

The Multiple (Duplicate) Client Search function in eMedNY is another tool to identify recipients who have multiple CINs. The client search function allows authorized users to enter criteria to determine Suspected Multiple Client IDs and/or Linked Multiple Client IDs. Based on the search criteria entered, the appropriate entries are retrieved and displayed. This may be done at the individual, district, unit or worker level.

There are several common situations that increase the probability of assigning a duplicate CIN. These situations include cross-county relocation, conversion of an unborn to a newborn and foster care/adoption applicants/recipients (A/Rs).

Active in Multiple Counties

Districts are reminded of the capabilities of WMS cross-county inquiry screens (screen 12, WMS Case & Individual Inquiry) to identify Medicaid/Temporary Assistance A/Rs who have relocated and already have a CIN. Inquiries may be researched in WMS through the A/R's SSN and through the name search function for A/Rs who do not have, or have not produced, a SSN. Use of this search function will also verify and prevent concurrent coverage in one or more district. This function is required when an A/R has indicated that he or she has moved within the last three months from an upstate district to New York City or visa-versa.

Newborns

The name search function should also be utilized when converting an unborn to newborn as they will not have a SSN on WMS. Duplicate CINs can also occur when newborns are added to Medicaid through the newborn automation process (via the hospital reports). If the mother has reported the birth of the child to the district, the Medicaid clearance or conversion from an unborn may not see the baby as active already, due to no SSN known. Workers are reminded to check the case for an unborn when adding a newborn to a case at the request

of the mother. Workers are reminded that pregnant women in receipt of SSI should not have an unborn on the SSI case.

Foster care/Adoption

Foster care and adoption cases pose a unique challenge due to the inherent confidentiality aspects of Services cases. Where an adopted child is not issued a new SSN following finalization of the adoption, social services districts are advised that an adopted child's original (pre-adoption) SSN must not be entered on WMS. A copy of the SSN is to be maintained in the case record. The clearance report may match on the name or date of birth (lower than a 101 match for NYC) which would require the worker to investigate further before assigning a new CIN. Case information on an adopted child is considered part of the confidential adoption record and must be protected to prevent exposure of any identifying information to anyone other than the worker authorized by law to access such information.