
NFOCUS Major Release

MLTC

April 10, 2022

A Major Release of the NFOCUS system is being implemented on April 10, 2022. This document provides information explaining new functionality, enhancements, and problem resolutions made effective with this release. This document is divided into four main sections:

General Interest and Mainframe Topics: All NFOCUS users should read this section.

ACCESSNebraska: NFOCUS users responsible for case activity received through the Web-based Electronic Application should read this section.

Developmental Disabilities Programs: NFOCUS users who work directly with DD programs and those who work with the related Medicaid cases should read this section.

Note: This section will only appear when there are tips, enhancements, or fixes specific to Development Disabilities Programs.

Expert System: All NFOCUS workers with responsibility for case entry for AABD, ADC Payment SNAP, LIHEAP, LIHWAP, CC, FL, MED, Retro MED should read this section.

Note: When new functionality is added to NFOCUS that crosses multiple topics (i.e. General Interest and Mainframe, Alerts, Correspondence, Expert System etc.) the functionality will be described in one primary location. This location will usually be the General Interest and Mainframe section or the Expert System section. Alerts, Work Tasks and Correspondence that are part of the new functionality may be documented in both the primary location that describes the entire process in addition to being in the Alerts, Work Tasks and Correspondence sections.

Interfaces, Document Imaging and NFOCUS Tips sections will be added as appropriate for the release.

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General Interest and Mainframe

Retro Medical Program Case Representative (Change)

A Case Representative may now be added to a Retro Medicaid Program Case

US Citizenship/Immigration (Change)

From the US Citizenship/Immigration window, when a worker clicks the "Submit for Verification" button or the "Submit to DHS/SAVE Interface" button for an individual that does not have a Date of Birth, a validation message will display. The validation message will read, "Date of Birth is required to submit a HUB request".

Previously, if worker clicked "Submit to DHS/SAVE Interface" button for an individual that does not have a Date of Birth, no validation message would display and the submission would not go through because of the missing Date of Birth. With this change, we are notifying the worker that the submission will not be sent until a Date of Birth is entered.

Previously, if worker clicked "Submit for Verification" button for an individual that does not have a Date of Birth, a validation message would not display, but the submission would still go through. This was causing issues with the HUB being unable to send a response because the HUB is expecting a Date of Birth to be sent in the request.

The screenshot displays the N-FOCUS - US Citizenship/Immigration application window. The window title is "N-FOCUS - US Citizenship/Immigration". The menu bar includes "File", "Actions", "Goto", and "Help". The toolbar contains various icons for file operations and help. The main content area shows the following details:

- Master Case ID: 107
- Name: JIMMY HOFFA
- ADD button
- Medicaid Persons table:

Last Name	First Name	M	Ext	Birth Date	SSN
HOFFA	JAMIE			12/01/2000	000-11-
HOFFA	JIMMY				
- Attested US Citizen (radio button)
- Documented Non-Citizen (radio button)
- Undocumented Non-Citizen (radio button)
- Determine As Of Date: 12-22-2021
- Document Details:
 - Type: I-551 (Permanent Resident Card)
 - Attested Cuban/Haitian (checkbox)
 - Expire Date: 12-31-2022
 - Alien Number: 216963595
 - Card Number: MSC1291156700
- Response Status: No Previous ACA Save Requests Exist
- Buttons: Submit to DHS/SAVE Interface, Submit for Verification, SAVE Request History

An "N-FOCUS Edit Errors" dialog box is open, displaying the error message: "NFO2WU1C - Date of Birth is required to submit a HUB request." The dialog box has "OK" and "Clear" buttons.

At the bottom of the window, there is a status bar with the text "Submits the Request to DHS/SAVE Interface" and a timestamp "01-13-2022 10:43".

MLTC - Presumptive Eligibility Expansion Hospital (Update):

Presumptive Eligibility HHA Hospital has been renamed to Presumptive Eligibility Expansion Hospital. With this release, any previous determination of Presum HHA Hosp will now display as Presump Exp Hosp.

N-FOCUS - New Programs

Master Case Person

Name SARA BAYSIDE

Person Number 0 Birthdate 06-17-1992 Sex FEMALE

Programs

Select the Programs the person is requesting

- FORMER WARD
- JUVENILE COURT
- LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
- MEDICAL ASSISTANCE ONLY
- PRESUMPTIVE ELIGIBILITY MEDICAID
- PRESUMPTIVE ELIGIBILITY HOSPITAL
- PRESUMPTIVE ELIGIBILITY EXPANSION HOSPITAL**
- PERSONAL ASSISTANCE SERVICES
- SOCIAL SERVICES AGED/DISABLED
- SOCIAL SERVICES CHILDREN AND FAMILY
- SUBSIDIZED ADOPTION MEDICAID ONLY
- SUBSIDIZED ADOPTION PAYMENT ONLY
- SUBSIDIZED ADOPTION/MEDICAID
- SUBSIDIZED GUARDIANSHIP MEDICAID ONLY

OK Cancel Help

N-FOCUS - Detail Program Case

File Actions View Goto Detail Help

Program Information

Program MEDICAID **PRESUM EXP HOSP** ID 30489514

Master Case ID 8566 Mode ASSIGNED

Status Active Status Begin Date 05-01-2022

Program Case Persons

Last	First	M	Ext	MMIS #	Role	St	Begin	End	Status	Rez
BAYSIDE	SARA			0	PARTICIPAN	AC	05-01-2022			

03-11-2022 15:50:11

AccessNebraska

Medicaid Healthcare Application (Fix):

It was discovered that the MAGI expansion population was not added to the Employer Sponsored Insurance Question within the Screening on the Healthcare application. This has been resolved and they will now be included as expected.

Alerts

MCE Medically Frail Approval Alert 631 (Change)

With this release, the MCE Medically Frail Approval Alert (631) will no longer be generated.

Medically Frail Approval Alert 634 (Change)

With this release, the Medically Frail Approval Alert (634) will no longer be generated.

Medically Frail Denied Alert 635 (Change)

With this release, the Medically Frail Denied Alert (635) will no longer be generated.

Medical Review Due Date Alert 426 (Change)

With this release, the Medical Review Due Alert (426) will no longer be generated for Medically Frail reviews as Medically Frail is no longer a valid Medical Impairment type. Alert 426 will generate as it does currently for all other Impairment types that have a review date entered.

HIPP Alert 643 (New)

The Health Insurance Premium Payment Program (HIPP) Alert is a new alert being added to inform the worker when a Medicaid participant is receiving this premium reimbursement from the State of Nebraska and any changes that occur within the policy. Currently there are two TPL alerts-TPL Correspondence Alert #0075 and FPL Kids with TPL Alert #0376 that will remain unchanged.

This alert is created for Non-MAGI and Combined Cases when the coverage insurance payor is HIPP. TPL alert #75 will be created for MAGI cases with regards to HIPP.

One of the following text lines below will be in the alert description:

- HIPP Policy Added
- HIPP Policy/Coverage Terminated
- HIPP Policy Begin Date Changed/Policy Reinstated
- HIPP Premium Amount Changed
- HIPP Policy End Date Changed

- Premium Payor is now HIPP
- Premium Payor is no longer HIPP

Note: PREMIUM will display as PREM due to character limitations.

In addition, the long description in the alert message will include:

- Carrier Name
- HIPP Policy Number
- HIPP Premium Amount



Age 21 Alert (Update):

With this release, the Age alert for age 21 will no longer be generated for Medicaid participants.

Narrative

Benefit Tier and Medically Frail Narratives (Change)

Benefit Tier Narrative and Medically Frail Narrative are no longer options listed in new narrative subheadings for Approval, Change Management and Review/Recert/Renewal. Benefit Tier and Medically Frail narratives that were previously created prior to 4/10/2022 will remain under the search option of Approval, Change Management and Review/Recert/Renewal.

Correspondence

Retro-Medicaid Notice Incorrect Closure Reason (Partial Fix)

The Notice of Action for a Retro Medicaid determination will now display the correct Closure/Denial Reason when cases are approved for Retro Medicaid and denied for the month of application.

Note: Issues still exist when a Retro Med case is pended in Expert and the case checked in without processing budgets. A NOA is incorrectly generated showing the retro applicants as ineligible "closed retro MED" effective the end of the retro period, even though budgets were not yet processed.

Notice of Action When There is A Failed Medical Impairment (Issue)

When processing a budget that fails due to the incorrect Medical Impairment, the Notice of Action does not list a NAC reference and gives a reason of "Reason Found Below or in Comment Section".

Workaround: MLTC workers will need to include a NAC reference and the reason for the failed budget in the Comment Section. Anticipated fix will come with an interim or August release.

Notice Issue when moving from full Medicaid with Buyin or from one Buy In category to another Buy in Category(Issue)

When moving a currently active client from full Medicaid with Buy in or from one Buy in Category to another Buy in Category the notice is confusing, displaying an ending and approval of Buy in, and a Medicaid closure all for the same month.

Workaround: Delete NFOCUS generated NOA and create a Generic Notice indicating end of eligibility in one category and approval for Buy In only as of the month of closure with the change in level of benefits.

NOA Generated Showing Retro Applicants as Ineligible "closed retro MED" (Issue)

When a Retro Med case is pended in Expert and the case is checked in without processing budgets, a NOA is generated showing the retro applicants as ineligible "closed retro Med" effective the end of the retro period, even though budgets were not yet processed.

Workaround: Contact Production Support to complete workaround

Interface

SEW Interface Wages Field (Change)

With this release, we have increased the field length for quarterly wages to \$999,999,999.99 to accommodate some wages being dropped off after the 10th million amount.

IUC Interface (Change)

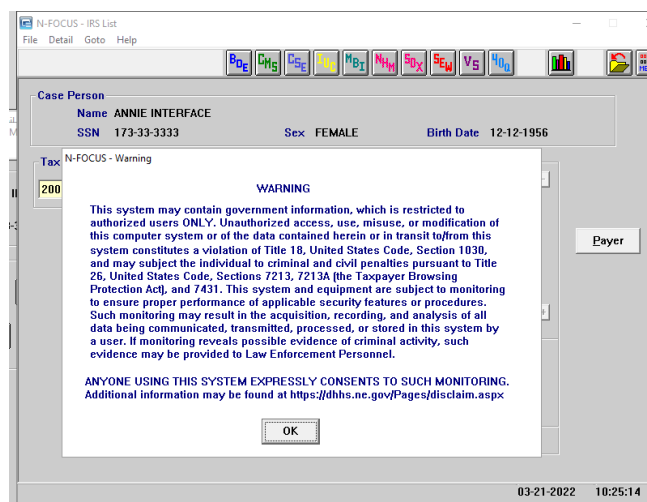
The Nebraska Department of Labor on occasion provides data where multiple Unemployment checks are received within the same benefit week. This update will allow multiple checks received during the same benefit week to be displayed through the Interface and in the Unearned Income area of Expert System.

IRS and Tax Interface (Change)

The following warning message has been added to the IRS and TAX Interface:

This system may contain government information, which is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to criminal and civil penalties pursuant to Title 26, United States Code, Sections 7213, 7213A (the Taxpayer Browsing Protection Act), and 7431. This system and equipment are subject to monitoring to ensure proper performance of applicable security features or procedures. Such monitoring may result in acquisition, recording and analysis of all data being communicated, transmitted, processed, or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel.

ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING. Additional information may be found at <https://dhhs.ne.gov/Pages/disclaim.aspx>



Expert System

MAGI Expansion Category –Previously Heritage Health Adult (New):

With this release the Heritage Health Adult (HHA) program is moving to the single category MAGI Expansion. The same eligibility rules will continue to apply to those being determined as MAGI Expansion.

The HHA Categories of HHA Basic and HHA Med Frail will no longer be new determinations for April 2022 forward, following this release. Both HHA Basic and HHA Med Frail will continue to be allowed for any budgets that are between October 2020 and March 2022.

Example: A single adult age 27 applies on 3/31/2022 and the application is processed in April, after the April release. For 3/2022 they will be determined as HHA Basic and for 4/2022 onward they will be determined as MAGI Expansion.

Note: All previously determined HHA Basic or HHA Med Frail participants will remain under those categories until a new budget is authorized under MAGI Expansion. If a configuration override is in place for any category it will need to be removed, and a new budget authorized.

HHA Prime has been renamed to MAGI Expansion. With this release, any previous determination of HHA Prime will now display MAGI Expansion. April 2022 forward, all participants being processed for Expansion will be under the single category of MAGI Expansion.

MAGI Expansion Fund Codes (Update):

Both fund codes HHA Federal/State and HHA Enhanced have been renamed. Any previous or ongoing determinations with these associated fund codes will now display Exp Federal/State and Exp Enhanced.

Assistance	Fund
MAGI EXPANSION	Exp Federal/State

Assistance	Fund
MAGI EXPANSION	Exp Enhanced Funding

MAGI Expansion Benefit Summary Window (Update):

The three HHA/Expansion tests in the benefit summary window have been renamed to Exp Depndnt Insurance Test, Exp Medicare Test and Exp Age Test.

SEA, HEATHER		MAGI Expansion		Regular	
Unearned Income	0.00	Unit Size		1	
Earned Income	1480.00	Net Countable Income		1426.00	
Gross Income	1480.00	Medical Income Level		1429.00	
MAGI Allowable Deductions	0.00				
Total Income Before Disreg	1480.00				
5% FPL Disregard	54.00				
Resource Test:	Exempt	Creation Date		02-03-2022	
Income Test:	Pass				
Income Compatibility Test:	Fail				
*IRS Data Not Received					
Income Verification Test:	Pass				
Exp Depndnt Insurance Test	Exempt				
Exp Medicare Test:	Pass				
Exp Age Test:	Pass				
		*This information may contain Federal Tax Information (FTI)			

OK Help

Non-MAGI Former Foster Care Age Out (Fix):

The issue involving Non-MAGI Former Foster Care budgets not stopping the month after an individual's 26th birth month, or the birth month if the date of birth is on the first, when running budgets through the come-up month, has been fixed. N-FOCUS will display a Medicaid Configuration Message when an individual has aged out and needs to be reconfigured away from Non-MAGI FFC when running budgets and the age-out month is a come-up month.

Medicaid Configuration Message!

AMANDA LAKE born 06-01-1996 has aged out of Non-MAGI Former Foster Care. The maximum age is 25. Canceling budgeting.

OK

Non-MAGI Adult and Parents in same Master Case (Partial Fix):

With this release for an adult who is disabled and configured Non-MAGI, and is in the same Master Case as his parents that are not Medicaid participants, the system will no longer pull the parents into the adults AABD Medicaid budget.

Note: This will fix a defect that was previously pulling in the parents into the AABD budget and looking at them as financially responsible and adding them to the unit size and using any income that they had in the budget. However, this issue may still exist in combined program cases when an adult HHA participant is in a program case with his/her Non MAGI parents who are Medicaid participants

New Override Reason – Public Health Emergency (Update):

A new override reason of Public Health Emergency has been added to the Override Reason options in Expert.

The screenshot shows a dialog box titled "Update Role/Med Category". It contains the following fields and values:

- Program Case:** SEA HEATHER MEDICAID 54579352
- Person:** SEA HEATHER 06-1992 Participant MAGI Expansion Active
- Role Code:** (empty dropdown)
- Role Reason:** (empty dropdown)
- MED Category:** (empty dropdown)
- Override Reason:** A dropdown menu is open, showing the following options: Other, Policy Not Yet Implemented in System, Public Health Emergency (highlighted in blue), System Error, and Other.

Overrides for HHA Basic and HHA Med Frail (Update):

Starting April 2022, HHA Basic and HHA Med Frail will no longer be options for MED Category on the OverrideActions tab.

For current determinations that have been overridden to HHA Basic or HHA Med Frail, the override needs to be removed then budgets re-run through the come up month. If more than one month needs to be run, the override will need to be lifted for each month individually.

Example: Override for HHA Basic, being lifted starting in April. If a worker is taking this action in the month of April, the override will need to be lifted for April AND May.

Note: If an override is not lifted before budgets are run, HHA Basic or HHA Med Frail will continue to be determined past April 2022. N-FOCUS cannot change the determination category to MAGI Expansion until the override is lifted.

MIWD – Medically Improved Medical Impairment (Fix)

When processing an MIWD Medically Improved Budget, the worker needed to add an SSA/SSI medical impairment in addition to the MIWD – Medically Improved medical impairment. That has now been fixed and the MIWD – Medically Improved med impairment can be added alone.

This medical impairment is only valid for the MIWD Medically Improved Group (MIG) for individuals 16 through 64 years old. If a worker attempts to approve an AABD budget using this Medical Impairment, they will receive a failed budget.

MIWD CHIP (Fix)

Previously, when an uninsured 16 – 18 year old with a disability fails AABD and CHIP eligibility, MIWD was not being offered as a budgeting option. This has been fixed.

MIWD Recalculated Budget (Fix)

MIWD budgets were not able to be recalculated in the previously issued months. This issue has been fixed.

5% Disregard Not Applying to 599 CHIP (Fix)

The 5% disregard not applying to 599 CHIP cases over the FPL level has been fixed. The 5% disregard is now applying correctly.

New applicant receiving PW during 60 days Post-Partum (Issue)

A new applicant who had a newborn prior to the application month but within the past 60 days and was not enrolled in Medicaid on the date their pregnancy ended is being incorrectly budgeted under PW. In order for a pregnant woman to be eligible for the post-partum period, she must have been eligible for and enrolled in Medicaid on the date the pregnancy ended (477 NAC 19-002.01 A).

Workaround: Call Production Support.

Note: If the applicant requests retro and is determined eligible for the month of their newborns birth, the PW category would then be correct.

Pregnant US Citizens or Qualified Non-Citizens over 19 Not Eligible for Medicaid (New)

NFOCUS is not allowing pregnant US Citizens or qualified non-citizens over age 19 who fail Medicaid due to income to be determined under 599 CHIP.

Workaround: When an adult who is a citizen or qualified non-citizen fails the pregnant women category for being over income, and the income is between 199% and 202% FPL, or if the unit size for the unborn in 599 CHIP would be different than that of the pregnant individual and results in different countable income, the following

steps must be taken to process eligibility and produce the correct NOA.

- Process and deny the Medicaid case in the Expert system for reason of *Income Exceeds Standards*.
 - **Note:** The system will not allow a 599 CHIP case to be registered in Expert prior to checking the case in.
- Check in the case.
- Pend the 599 Children's Health Insurance Program case in the Mainframe under the unborn as the participant.
- Check out the case.
- Process and approve the 599 CHIP budget.
- Check the case back in.
- NOA produces the correct language.

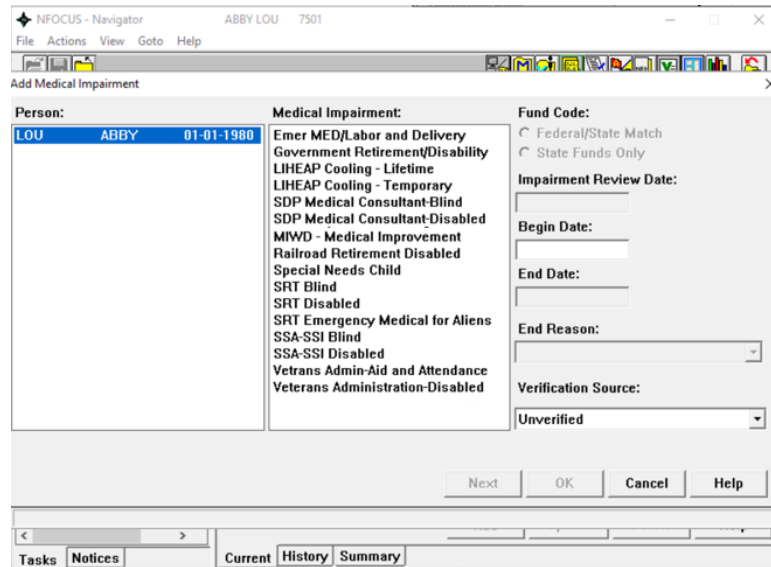
Add Medical Impairment: Medically Frail – Pending and Medically Frail - Approved (Change)

With this release, on the Add Medical Impairment screen the option to add Medically Frail – Pending and Medically Frail – Approval will no longer appear in the pick list. Due to this, the following values will be removed from the End Reason dropdown list for add functionality:

- Medically Frail Approved
- Beneficiary not Medically Frail
- Failure to Provide
- No Longer Medically Frail and Invalid Referral

The following values will also be removed from the Verification Source dropdown list:

- MCE Referral
- Clinical Review
- Eligibility Worker
- Prior SRT Decision



Note: Update Medical Impairment functionality remains the same.

[Tax Dependent age 19+ and parent\(s\) are MAGI \(New\)](#)

When an AABD adult tax dependent age 19+ is in the same Program Case as their parents and they all file taxes together, the AABD budget is including the parent(s) in the AABD budget unit size and also including their income.

Workaround: Call Production Support.

[AABD Parent with MAGI HHA Spouse and 18 Year Old Dependent Child Turning 19 in the Budget Month \(New\)](#)

When an AABD parent with a MAGI spouse and dependent child (18 turning 19 in the same month the budget is run) are in the same program case, the AABD budget is not including the Dependent Child in the unit size when they are age 18 (turning 19) in the same month of the budget. It will allow them in the budget for the month prior but not the month in which they turn 19.

Workaround: Call Production Support.

[AABD Budgets are miscalculating the Unit Size \(New\)](#)

The AABD budgets are miscalculating the unit size of individuals age 18 and older when parents and or siblings are also in the program case. It is incorrectly counting the individual's parent(s) and or siblings in the unit size when the parents and or siblings are also active Medicaid participants in a combined program case.

Workaround: No workaround is needed at this time if the individual is an SSI recipient. If the individual is eligible in any other ABD category, they will need to be in a separate Medicaid program case.

Non-MAGI Adult and Parents in same Master Case (Partial Fix)

With this release for an adult who is disabled and configured Non-MAGI, and is in the same Master Case as his parents that are not Medicaid participants, the system will no longer pull the parents into the adults AABD Medicaid budget.

Note: This will fix a defect that was previously pulling in the parents into the AABD budget and looking at them as financially responsible and adding them to the unit size and using any income that they had in the budget. However, this issue may still exist in combined program cases when an adult HHA participant is in a program case with his/her Non MAGI parents who are Medicaid participants.

NFOCUS Tips

Citizenship/Immigration

When requesting Citizenship/Immigration information, in the Determine As of Date field, always enter the first of the month that they are requesting MED. If Retro MED is being requested, be sure to enter the first day of the month of the Retro, not the Application Month or Current Date

Birth of Child Reported

When the birth of a child is reported do the following:

- Check for an unborn
 - You may need to scroll or check the pregnancy of the mother
- If there is an unborn and the EDD is close to the DOB:
 - Update the pregnancy with the Date of Birth , name and sex of the child

Note: Be cautious of updating a pregnancy. If the EDD is not close to the birth, that could be because a terminated pregnancy was never end dated or the birth could be for a pregnancy that was never reported.

Avoid adding a pregnancy and updating the unborn at the same time. Complete in two separate actions. Adding pregnancy and updating to birth prior to saving causes errors messages and sometimes the child is added twice.

Pregnancy Reported

When the pregnancy is reported do the following:

- Check to make sure there is not an active pregnancy
 - If there is already an active pregnancy
 - Check the EDD – if old pregnancy, end this pregnancy
- Add pregnancy of the mother
- Save the pregnancy

If there are duplicate newborns, call Production and Support to assist PRIOR to approving budgets.

Copay Notices during the Public Health Emergency

As part of the March batch release, the HHA categories were added to the copay indicator logic, since these were missed as part of initial HHA work. The March batch run on 3/28 was able to flip copays to Y for HHA individuals who do not meet an exception.

Copay notices continue to not be sent to the print shop, as part of the PHE process to not allow copays during PHE. N-FOCUS continues to create indicators based on information in the case. Notices created during the PHE, excluding those that were printed local or reprinted local, will be deleted as part of the end of PHE when copays restart.

VPN Users

If you have been switched to a VPN Laptop NFOCUS runs very, very slow using VPN. Please try the following options:

- Open NFOCUS through Citrix and it will run at normal speed
- If you do not have CITRIX, call the Level One Help Desk (402-471-9069) and ask for CITRIX

NFOCUS Production Support Hours

NFOCUS Production Support hours are 7:00 AM CST to 6:00 PM CST.

On Tuesday and Thursday of each week we have a Conference call from 8:30-9:30 am Central Time.