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GOVERNMENT OF PUERTO RICO

Department of Health
Medicaid Program

Completed Evidence and Verification FDD Deliverable I.4.2.q.ii CR-171

PREE Project
Government of Puerto Rico

Version 3.1
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Document Revision History

Version Number	Date	Description
0.5	07/05/2019	QC Review
0.8	07/05/2019	Initial Draft for Review
0.9	08/19/2019	Final Draft for Review
0.9	09/06/2019	Final Draft for Review – CIM Revisions/Review Sessions
1.0	09/11/2019	Final Submission
1.1	10/21/2019	FDD updates based on CR-42: ▪ Added field level validations to the Forced Eligibility evidence to enable the manual Spenddown process. ▪ Added Development Consideration related to the creation of an Medically Needy PDC during the manual Spenddown process. ▪ Added Training Considerations related to the manual Spenddown process.
1.2	10/23/2019	FDD updates based on CR-42 CIM Comments Final Draft for Review
1.3	10/29/2019	FDD updates based on response to Action Item EE-AI01116: ▪ Updated definition of ROP Start Date FDD updates based on CR-42 CIM Comments Review Session. ▪ Final Submission
1.4	02/13/2020	Initial Draft for Review FDD updates based on CR-56: ▪ Added the 'Participant Details' cluster to the MCO/MAO evidence. ▪ Added the 'Participant Details' field to the MCO/MAO evidence. ▪ Added requirement FR-CM-002 and associated implementation details within the Requirements Matrix. FDD updates based on CR-58: ▪ Modified the Benefit evidence to be able to capture the policy number and Medical Insurance carrier information; included logic to ensure the policy

Version Number	Date	Description
		number and carrier information are only required for Medicare recipients. ▪ Added the Coverage Type evidence as a child evidence of the Benefit evidence. Evidence will capture the coverage type of Medicare recipients.
1.5	02/25/2020	<CR 56 and 58> Final Draft for Review
1.6	03/09/2020	<CR 56 and 58> Final Submission
1.7	12/04/2020	FDD updates based on CR-145: ▪ Added ROP Reminder Task
1.8	12/15/2020	<CR 145> Final Submission
1.9	12/22/2020	<CR147> Updates made to **Error! Reference source not found.** per. Initial Draft for Review
2.0	01/26/2021	<CR147> Final Submission
2.1	01/26/2021	FDD updates based on CR-154 ▪ Transferred the updated design of the Forced Eligibility from the approved Appeals FDD ▪ Added forced eligibility logic to define the type of PDC and associated category that should be created by each Transitional Program Type.
2.2	03/02/2021	Final Submission for CR-154
2.3	04/21/2021	Initial Draft for Review: Updates made to the following sections per CR157: • <CR157> Evidence Dashboard • <CR157> Add Evidence
2.4	04/30/2021	Final Submission for CR 157 – no comments received
2.5	12/29/2021	FDD updates based on PRMO-449, PRMO-452 and CR-170.
2.6	01/20/2022	PRMO-449, PRMO-452 and CR-170 Final Draft for Review
2.7	03/02/2022	Final Submission for Approval
2.8	04/22/2022	CR-171 Initial Draft for Review
2.9	05/24/2022	CR 171 Final Submission for Approval

Version Number	Date	Description
3.0	9/28/2022	PRMO-1518 – Alien Evidence PRMO-1530- Update to estimated delivery date calculations for pregnancy on retro applications
3.1	10/18/2022	PRMO-1517 Police Officer Relative Evidence: Added new screens and the process that is required when the evidence is activated/edited. State Benefit Continuation Evidence: Added new screens and the process that is required when the evidence is activated/edited.
3.1	12/02/2022	PRMO-2211 Added Medical Expense Indication evidence
3.1	01/25/2023	PRMO-1939 Removed "Irregular Income" checkbox from Earned Income Evidence
3.1	07/31/2023	PRMO-2983 Updates for MBI Validations PRMO-3850> Validations for Coverage Type

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1 Acronyms

Acronym/ Abbreviation	Definition
AC	Application Case
ADFAN	Administration for Families and Children
ADSEF	Administración de Desarrollo Socioeconómico de la Familia (Administration for Socioeconomic Development of the Family)
Apt	Apartment
ASUME	Administración para el Sustento de Menores (Child Support Administration)
CHIP	Children's Health Insurance Program
CoC	Change of Circumstance
CW	Case Worker
CMS	Centers for Medicare & Medicaid Services
EOB	Explanation Of Benefits
FDD	Functional Design Document
IBM	International Business Machines
IC	Integrated Case
ICD	Interface Control Document
IEG	Intelligent Evidence Gathering
IV&V	Independent Verification and Validation
JAD	Joint Application Design
MAGI	Modified Adjusted Gross Income
MAO	Medicare Advantage Organization
MCO	Managed Care Organization
N/A	Not Applicable
OCM	Organization Change Management
OOTB	Out of the Box

Acronym/ Abbreviation	Definition
PDC	Product Delivery Case
PMO	Project Management Office
PREE	Puerto Rico Eligibility and Enrollment
PRMP	Puerto Rico Medicaid Program
ROP	Reasonable Opportunity Period
RRV	Renewal and Redetermination Verification
RTM	Requirement Traceability Matrix
SI	System Integrator
SPA	State Plan Amendment
SQL	Standard Query Language
SSA	Social Security Administration
SSN	Social Security Number

Table 1: Acronyms

2 Introduction

2.1 Purpose

The purpose of the Evidence and Verification FDD is to present functional design details related to the verification of applicant/beneficia ry information in compliance with PRMP's Data Verification Plan. This document will also include the design modifications and additions made to PREE evidences to support functional decisions made during the Rules, Case Management, Conversion and Interface JAD sessions.

2.2 Scope

This FDD will include the design details of components related to PREE's evidence collection and data verification during the Application, Change of Circumstances (CoC) and Renewal processes.

2.3 Not in scope

Details related to any user interface other than Evidence screens, workflows, interfaces, notices and batch processes will be covered as part of separate FDD's. This FDD does not include database schemas, SQL queries, and other technical details required to fully implement Evidence configuration and verification.

2.4 Historical Team Members <PRMO-449>

This is a list of PRMP, NTT DATA Services (IV&V), Redmane (SI), BerryDunn (BD) and Intervoice PR (PMO) team members that participated in Evidence and Verification JAD sessions.

Attendees	Organization
Celines Echevarria	PRMP
Evelyn Santos	PRMP
Lourdes Torres	PRMP
Luisa Quinones	PRMP
Ralph Leask	PRMP
Juan Manzano	PRMP
Anabel Gutierrez	IV&V
Marjorie Figueroa	IV&V
Kristin Frey	PMO

Attendees	Organization
Magda Chavez	PMO
Jean Beaty	PMO
Blake Hansard	PMO
Alimari Ortega	SI
Jose Rodriquez	SI
Marilyn Edwards	SI
Ravi Patel	SI
Ryon Johnson	SI
Sachin Shah	SI
Ivan Galloza	SI
Christy Shilling	BerryDunn
Sarah Abbott	BerryDunn

Table 2: Team Members

3 Key Assumptions

Below are the Key Assumptions made during the Fit/Gap and Design processes related to this FDD:

- The evidence and verification design represented within this document is based on Cúram Version 7.0.5 and customizations from other Cúram implementations.

- The artifacts documented in this FDD serve as a direct input for the development effort. All documented design has been technically assessed for feasibility; however, there may be instances during the build process where new or conflicting information may force the design to be updated. In these instances, the updated proposed design will be presented for PRMP review and approval before any build activity commences.

- The acronym "OOTB" refers to the base system functionality that is being transferred from a prior implementation. This will be the base system that will be modified to meet PREE requirements. Existing evidences that have been updated to align to the Puerto Rico Medicaid Program's policy will be identified as "Modify" and newly added evidences as "New".

- OOTB and Donor system functionality, which meets the state's needs, will not always be documented in detail unless there is a business or development-related reason to do so.

  PRMP recognizes the practicality of accepting this assumption but conditions it on the features not documented within design documents being in compliance with regulations, the Puerto Rico Medicaid State Plan and Puerto Rico public policy.

- Development of all new and modified functionality should be done in both English and Puerto Rican Spanish language.

- The OOTB Software documentation for Cúram can be obtained at the International Business Machines (IBM) website.

- The electronic verification process using the electronic data source will be documented within the respective Interface ICD.

- A Verifiable Data Item can be defined as a piece of evidence that requires verification.

4 Business Processes

The business processes illustrated within this section provides an overview of the PREE Forced Eligibility and Reasonable Opportunity solutions. These business processes have been modified from OOTB to align to PRMP's procedure policies. This document contains screenshots that are modified based on PREE requirements and/or JAD discussions. There are two types of screenshots. The first is "Modify" - these are Cúram "Out of the Box" screens with modifications. Modifications are identified by a numbered red square that references the description in the text below the screen. The second is "New" – these are new screens created based on specific requirements which have been requested. The new screens include numbers which reference the description in the text below the screen.

4.1 Forced Eligibility

The Forced Eligibility process allows workers with specific security rights to bypass PREE program rules and issue specific program coverage to an applicant/beneficiary. This section will detail the functionality required to establish a forced eligibility time period, issue Medicaid, CHIP or Commonwealth coverage and the process required by PREE to enforce the forced eligibility.

4.1.1 Forced Eligibility Process

The Forced Eligibility process allows for the delivery of Medicaid, CHIP or Commonwealth coverage in situations where policy requires approval, but approval decision is prevented due to program rules or system limitations. This process will be used primarily to reverse a decision due to an appeal.
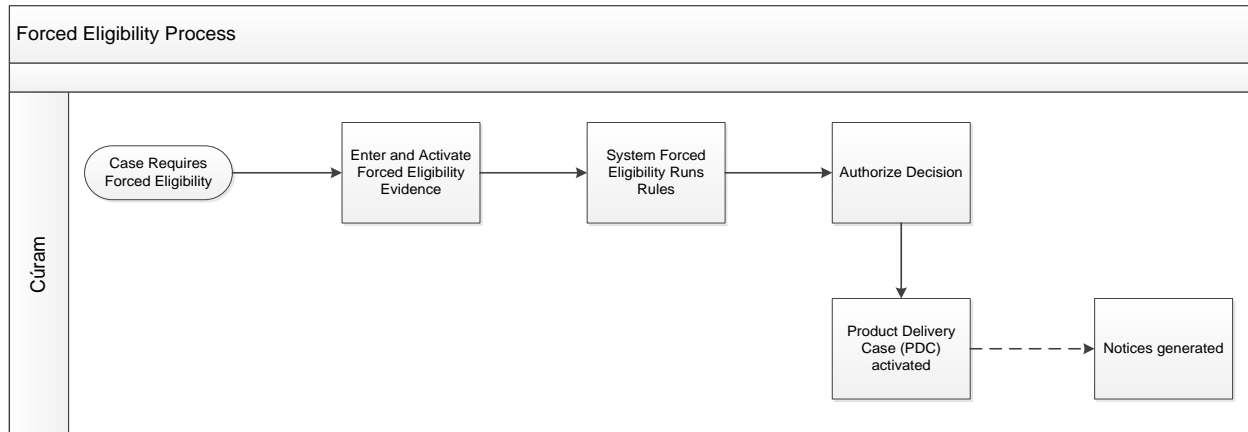
Figure 1: Forced Eligibility Process

Detailed below is a description of the Forced Eligibility process:

- Case worker would create the Forced Eligibility evidence at either the Integrated Case or the Application Case level. Once all required information is entered within the Forced Eligibility evidence, and the case worker will activate the evidence by applying the changes.

- PREE runs the Forced Eligibility rules to determine the applicant/beneficiary's eligibility for the coverage the case worker entered on the evidence. Eligibility decision would then be created on the Eligibility Checks tab.

- Case worker authorizes or denies applicant/beneficiary's eligibility decision.

    ♦ If the applicant/beneficiary is determined to be eligible, the a PDC is created. Once the PDC is activated a notice is generated and placed in the Notice Queue.
    ♦ If the applicant/beneficiary is determined to be ineligible a notice is generated and placed in the Notice Queue.

4.1.2   Forced Eligibility User Interfaces and Screen Flow

The following diagram illustrates the user interface screens and the process flow to create Medical Forced Eligibility evidence within PREE.
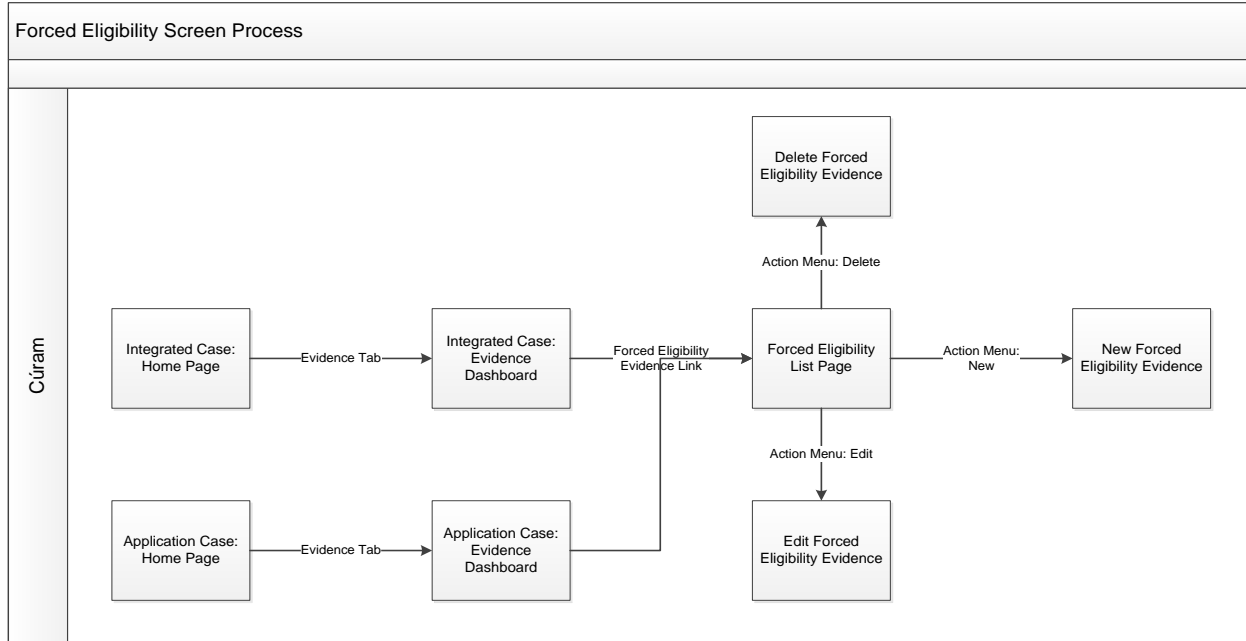
Figure 2: Forced Eligibility Screen Flow

4.1.2.1   Evidence Dashboard

The Medical Forced Eligibility evidence is included within the Evidence Dashboard on both the Application Case (AC) and the Integrated Case (IC). A Forced Eligibility evidence must be created for each applicant/beneficiary whose eligibility decision need to be overridden.
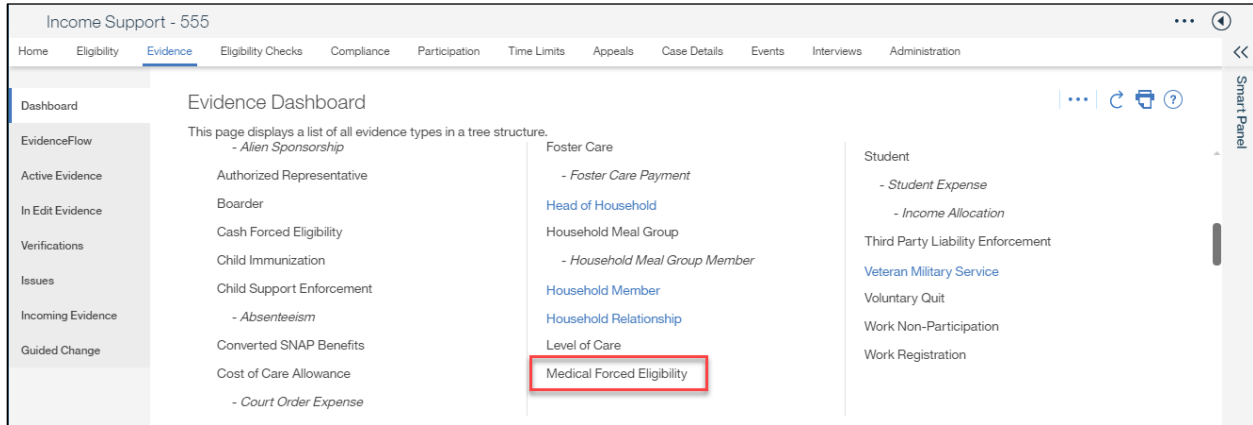
Figure 3: Integrated Case - Evidence Dashboard
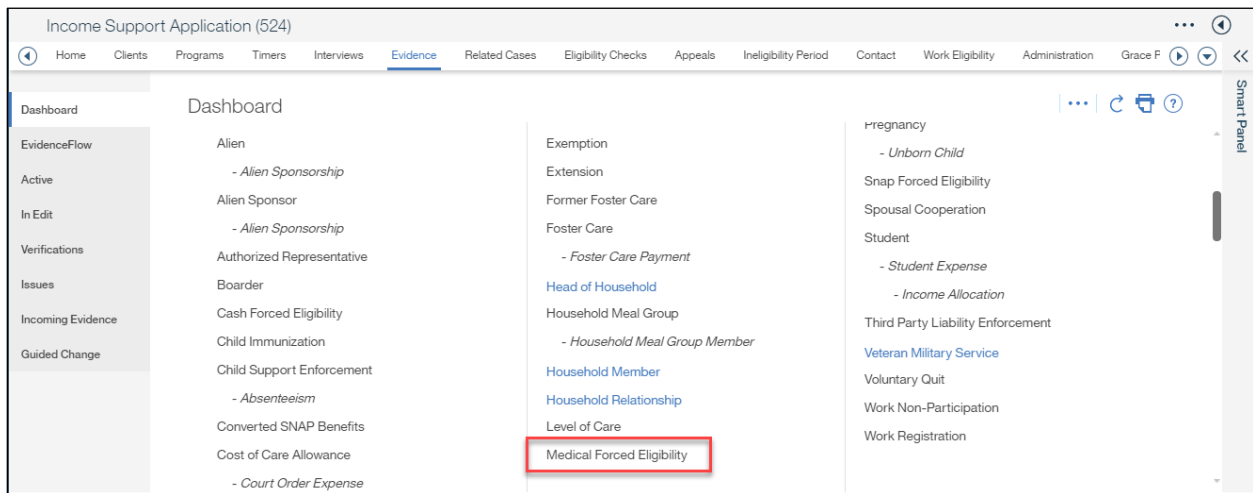
Figure 4: Application Case - Evidence Dashboard

4.1.3 Medical Forced Eligibility Evidence

The 'Medical Forced Eligibility' evidence allows workers with the correct security rights to create a Forced Eligibility decision at either the Integrated or the Application Case level. The Medical Forced Eligibility evidence can provide Medicaid, CHIP or Commonwealth coverage to an applicant who is not currently receiving coverage due to being assessed as ineligible; or can override current program coverage on an active PDC in situations where policy requires specific benefit coverage, but the eligibility decision is restricted due to rules or system limitations.

An applicant/beneficiary can have only one active 'Medical Forced Eligibility' evidence for a specific time period. If a 'Medical Forced Eligibility' evidence exists for a household member for a specific time period and a new 'Medical Forced Eligibility' evidence is being created for the same time period the following error message will be displayed "Medical Forced Eligibility – A Medical Forced Eligibility record already exists for this household member".

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

4.1.3.1   Medical Forced Eligibility Evidence Screenshot (Modify)

The following figure depicts the modified 'Medical Forced Eligibility Evidence' page to be used in situations where a level of coverage must be provided regardless of PREE determination.

Figure 5: Medical Forced Eligibility Evidence

4.1.3.2 Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Medical Forced Eligibility' evidence page.

1.New Medical Forced Eligibility Evidence

Page Name, OOTB

2.Received Date

Date, OOTB, Mandatory

The Received Date field will default to today's date and will be used by the case worker to reference the date the Medical Forced Eligibility evidence was initially created.

3. Household Member

Dropdown, OOTB, Mandatory

The Household Member dropdown field will display all the household members included on the case.

4. Reason

Dropdown, OOTB, Mandatory

The values within the Reason dropdown will list the reasons the Medical Forced Eligibility evidence is being created.

Technotes: Refer VIMAForcedEligReason code table for the list of valid values.

5. Aid Program / Category / Classification

Dropdown, Modify, Mandatory

The Aid Program / Category / Classification field will list the names of the Medicaid Programs.

Technotes: Refer PRMedAidPrgmCatClass code table for the list of valid values.

6. Coverage Code

Dropdown, New, Mandatory

The coverage code field will display the list of cost sharing coverage code of the Medicaid Programs.

Technotes: Refer PRCostSharingCoverageCode code table for the list of valid values.

7. Start Date

Date, OOTB, Mandatory

The Start Date field will be used to enter the start date of the coverage period related to the Medical Forced Eligibility.

8. End Date

Date, OOTB, Mandatory

The End Date field will be used to enter the end date of the coverage period related to the Medical Forced Eligibility.

- <CR-42> On SAVE, if the Aid Program / Category / Classification is selected as "Medically Needy ABD w/ Spenddown – Aged", "Medically Needy ABD w/ Spenddown – Blind", "Medically Needy ABD w/ Spenddown – Disabled", "Medically Needy Child w Spenddown", "Medically Needy Parent or Other Caretaker w Spenddown" OR "Medically Needy Pregnant Woman w Spenddown" AND the End Date is greater than 12 months from the 'Start Date', then the below error message will be displayed.

  The End Date cannot be more than one year from the Start Date, if assigning the beneficiary/applicant to a Spenddown category.

9. Authorized Date

Date, OOTB, Optional

The date the Medicaid Forced Eligibility evidence was authorized by the worker will be entered within this field.

<CR-154> 10. Copay Cap

Numerical money field with two decimal places, New, Mandatory

In order to continue a beneficiary's coverage without change, the Copay Cap must also be added to this screen; otherwise, the beneficiary's Copay cap will be calculated based on their income, which could result in a change to their existing coverage.

Type

Dropdown, Remove, Conditional

This field was requested to be removed.

Amount

Numeric, Remove, Conditional

This field was requested to be removed.

4.1.4 Forced Eligibility Rules

This section explains the forced eligibility rules run by PREE for the delivery of Medicaid, CHIP or Commonwealth coverage to an applicant/beneficiary.

4.1.4.1   Medical Assistance Forced Eligibility Rules

For the Assistance Unit, find a single applicant/beneficiary with:

- Active Household Member evidence record AND
- Active Living Arrangement evidence record AND
- Active Forced Eligibility person level record.

Show as ineligible any assistance unit member who:

- Fails residency rules

4.1.4.2   Medical Forced Eligibility Coverage

If Medical Forced Eligibility evidence exists and is 'Active', override any Authorized Eligibility decisions with the Forced Eligibility 'Aid Program / Category / Classification', coverage code, eligibility start and end date. <CR-154> Displayed below is the mapping that lists the type of PDC and the associated category that should be created if the Medical Forced Eligibility evidence is created with a Transitional Program code.

Code	Program Type	PDC	Category
TCM	Transition – Child Medicaid	Medically Needy	Child
TPM	Transition – Parent or Other Caretaker Medicaid	Medically Needy	Parent / Caretaker
TWM	Transition – Pregnant Woman Medicaid	Medically Needy	Pregnant Woman
TTM	Transition – Adult Medicaid	MAGI	Adult
TAM	Transition – Aged Medicaid	Medically Needy	Aged
TBM	Transition – Blind Medicaid	Medically Needy	Blind
TDM	Transition – Disabled Medicaid	Medically Needy	Disabled
TCC	Transition – Child CHIP	MAGI	Child CHIP
TCS	Transition – Child State	State	Child
TPS	Transition – Parent or Caretaker State	State	Parent / Caretaker
TWS	Transition – Pregnant Woman State	State	Pregnant Woman
TTS	Transition – Adult State	State	Adult
TAS	Transition – Aged State	State	Aged
TBS	Transition – Blind State	State	Blind
TDS	Transition – Disabled State	State	Disabled

Table 3: Transitional Program to PDC Mapping

4.2 Reasonable Opportunity Period (ROP)

The purpose of this section is to present the business process and design details related to the Reasonable Opportunity Period (ROP) and ROP Extension processes. The goal is to enable the system to accommodate PRMP's policy in providing temporary Medicaid coverage through the ROP process to their Medicaid applicants/beneficiaries who are attempting to verify citizenship or immigration status.

4.2.1   Reasonable Opportunity Period (ROP) Request
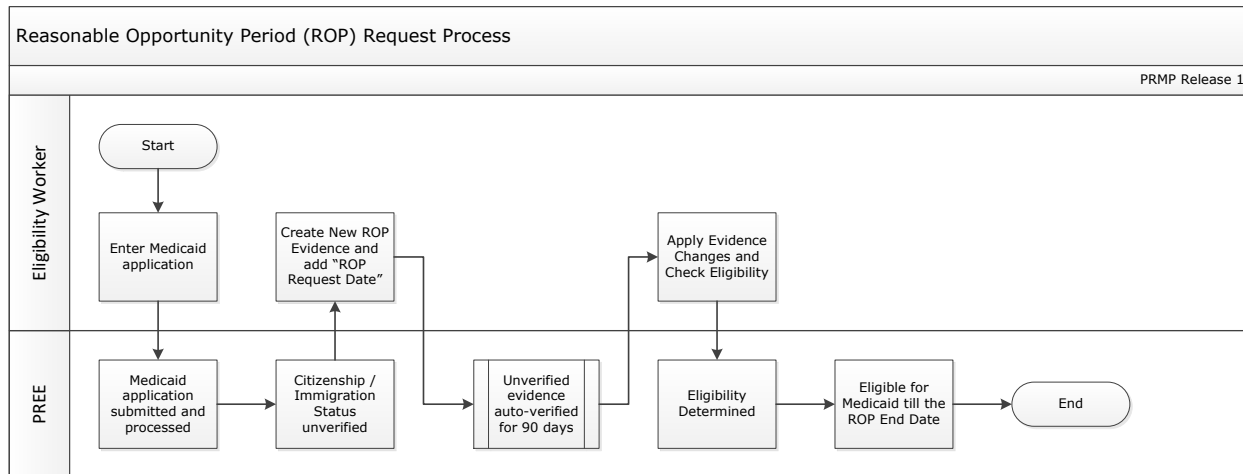
Figure 6: ROP Request Process

The ROP request process allows PREE to temporarily bypass the required verification of an applicant's Citizenship or Immigration status. This will allow recipients of ROP request to receive Medicaid, CHIP or Commonwealth coverage while they attempt to verify their Citizenship or Immigration status. Detailed below is a description of the ROP request process:

- Enter Medical Benefits Application.

  - Medical Benefits Application submitted by the applicant within the Citizen Portal or within the Case Worker (CW) portal by the Case Worker.

- Medical Benefits Application submitted and processed.

- Case worker verifies all outstanding information except for Citizenship / Immigration Status.

- Case Worker manually creates a new evidence for ROP at the Application Case level and enters the 'ROP Request Date'.

  - On SAVE, system auto-populates the 'ROP End Date'.
  - The ROP Start Date = <Action Item: EE-AI01116> ROP Request Date + Print Processing Period + CMS Delivery Period + 1 Day ~~Letter Date + CMS Delivery Period~~
  - The ROP End Date = ROP Start Date + 90 days

Technotes: Refer to the Notice/Forms FDD or the Central Print ICD for the definition of the Letter Date and the CMS Delivery periods.

- The unverified evidence related to the applicant Citizenship or Immigration Status is automatically verified by the system for the ROP period.
  - ♦ The Unverified citizenship or immigration status information will be automatically verified with a verification type "Reasonable Opportunity Period". The verification start date will be the ROP Request Date and verification expiry date will be the ROP End Date.
- Apply Evidence Changes and Check Eligibility.
  - ♦ Case worker will manually apply the evidence changes and check the Medical eligibility for the applicant/beneficiary.
- Eligibility Determined.
  - ♦ If the applicant is eligible for medical benefits, their eligibility period will begin on the applicable date based on coverage and will end on the ROP End Date. For Medicaid and CHIP eligibility coverage will begin on the 1st day of the application month and State eligibility coverage will begin on the date the determination was made.

4.2.2 New Reasonable Opportunity Period Evidence Screenshot (New)

The following figure depicts the 'New Reasonable Opportunity Period Evidence' page to be used in situations where temporary medical benefits coverage are provided to the applicants/beneficiaries who are attempting to verify citizenship or immigration status.

Figure 7: New Reasonable Opportunity Period Evidence

4.2.2.1   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to New Reasonable Opportunity Period evidence page.

1. New Reasonable Opportunity Period Evidence

Page name, New

2. Received Date

Date, New, Mandatory

Date when the system has received the information.

- On SAVE, if the 'Received Date' is in future, then the below error message will be displayed.

  The Received Date cannot be later than the current date.

- On SAVE, if the 'Received Date' is blank, then the below error message will be displayed.

  The Received Date must be entered.

3. Reasonable Opportunity Details

Cluster, New

4. Household Member

Dropdown, New, Mandatory

This field will allow the user to select from the list of applicants/beneficiaries.

5. ROP Request Date

Date, New, Mandatory

This field will allow the user to enter the date as when the request for ROP was made.

- On SAVE, if the 'ROP Request Date' is in future, then the below error message will be displayed.

  The ROP Request Date cannot be later than the current date.

- On SAVE, if the 'ROP Request Date' is blank, then the below error message will be displayed.

    The ROP Request Date must be entered.

6. Comments

Text, New, Optional

This field will allow the user to enter comments/details related to ROP.

7. SAVE

Button, New

This button will allow the user to save and create an In-Edit ROP evidence.

Upon hitting the SAVE button, system will calculate and auto-populate ROP End Date.

8. CANCEL

Button, New

This button will allow the user to cancel the unsaved changes made on the evidence.

4.2.3   Reasonable Opportunity Period (ROP) Extension
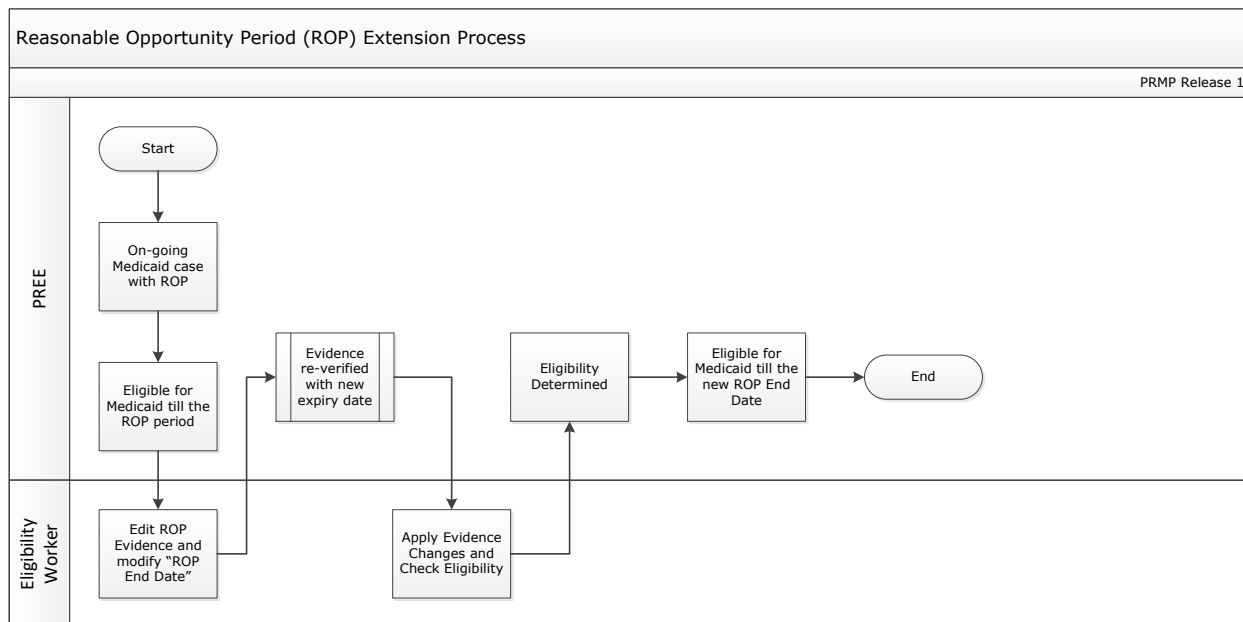
Figure 8: ROP Extension Process

The ROP extension process is to allow case workers to extend the functionality that bypasses the verification of the beneficiary's Citizenship or Immigration Status.

- Beneficiary has an on-going Medical Assistance case with ROP.

  ♦ Beneficiary is receiving Medical Assistance coverage through ROP till the ROP End Date.

- If the Beneficiary cannot provide proof of their Citizenship / Immigration Status by the ROP End Date they can requests an extension of the ROP period.

- To extend the ROP period, the case worker would manually edit an active evidence for ROP at the Integrated Case level and enter a new 'ROP End Date'.

  ♦ New ROP End Date should be later than the current ROP End Date.
  ♦ Case workers should ensure that the ROP Request Date is not updated.

- The evidence related to the beneficiary's Citizenship or Immigration Status gets re-verified by the system with the new expiry date set to the new ROP End Date.

  ♦ Verified citizenship or immigration status information will be re-verified automatically with a verification type "Reasonable Opportunity Period".

- Apply Evidence Changes and Check Eligibility.

  ♦ Case worker should then manually apply the evidence changes and check the Medicaid eligibility for the beneficiary.

- Eligibility Determined.

  ♦ If no other beneficiary information was updated, the beneficiary should continue to be eligible for Medical Assistance coverage until the New ROP End Date.

4.2.4 Edit Reasonable Opportunity Period Evidence Screenshot (New)

The following figure depicts the 'Edit Reasonable Opportunity Period Evidence' page to be used in situations where temporary Medical benefits coverage are provided to the applicants/beneficiaries who are attempting to verify citizenship or immigration status.


Figure 9: Edit Reasonable Opportunity Period Evidence

4.2.4.1   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Edit Reasonable Opportunity Period' evidence page.

1. Edit Reasonable Opportunity Period Evidence

Page name, New

2. Change Details

Cluster, New

3. Received Date

Date, New, Mandatory

Date when the system has received the change.

4. Change Reason

Dropdown, New, Optional

This field will allow the user to select the reason the evidence was updated.

5. Effective Date Of Change

Date, New, Optional

This field will allow the user to enter the date from which the evidence change is applicable.

6. ROP End Date

Date, New, Mandatory

This field will allow the user to modify the current ROP End date to a later date.This field will not be displayed on the New mode of the evidence. Upon hitting SAVE button, system will calculate and auto-populate the ROP End Date. Case worker can toggle and view the ROP End date. ROP End Date = ROP Request Date + 90 calendar days including the request date.

- On SAVE, if the new 'ROP End Date' is lesser than the current ROP End Date, then the below error message will be displayed.

  New ROP End Date must not be earlier than the current ROP End Date.

- On SAVE, If the ROP End Date is blank, then the below error message will be displayed.

  The ROP End Date must be entered.

5 Screen Modifications

This document contains screenshots that are modified based on PREE requirements and/or JAD discussions. There are two types of screenshots. The first is "Modify" - these are Cúram "Out of the Box" screens with modifications. Modifications are identified by a numbered red square that references the description in the text below the screen. The second is "New" – these are new screens created based on specific requirements which have been requested. The new screens include numbers which reference the description in the text below the screen.

5.1 Person Level Evidence

Evidence at the person level is used to capture and maintain standard applicant/beneficiary information that is relevant across all applications or programs. The information stored within the person level evidence include applicant/beneficiary's Name, Birth and Death Details, Gender, Gender Identity, Address, Social Security Number, etc.

5.1.1 Names Evidence

The Names evidence page allows the user to enter the full name of the applicant/beneficiary. Modifications to the Names evidence page are being made, due to the decisions made during the design of PREE Intake/Application Processing FDD to capture the applicant/beneficiary's second last name in the PREE Medical Assistance Intelligent Evidence Gathering (IEG) Application.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.1.1.1 Names Evidence Screenshot (Modify)

The following figure depicts the modified 'Names' evidence page to be used to enter the full name of the applicant/beneficiary.

Figure 10: Names Evidence

5.1.1.2 Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Names' evidence page.

1. Second Last Name

Text, New, Optional

This field will allow the user to enter the applicant/beneficiary's second last name.

5.1.2 Gender Evidence

The Gender evidence page will allow users to add the gender and gender identity of a registered applicant/beneficiary. Modifications to the Gender evidence page are being to collect the gender identity the applicant/beneficiary identities as.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.1.2.1   Gender Evidence Screenshot (Modify)

The following figure depicts the modified 'Gender' evidence page to be used to enter the gender and gender identity information of the applicant/beneficiary.

Figure 11: Gender Evidence

5.1.2.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Gender' evidence page.

1. Gender Identity

Dropdown, New, Optional

This field will allow the user to enter the Gender Identity of an applicant/beneficiary. Set default field to blank.

Technotes: Refer PRGenderIdentity code table for the list of valid values.

5.1.3   Addresses Evidence

The New Addresses evidence page allows the user to enter the address information of the applicant/beneficiary. Modifications to the Addresses evidence page are being made, due to the decisions made during the design of PREE Intake/Application Processing FDD.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.1.3.1   Addresses Evidence Screenshot (Modify)

The following figure depicts the modified 'Addresses' evidence page to be used to enter the address information of the applicant/beneficiary.

Figure 12: Addresses Evidence

5.1.3.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Addresses' evidence page.

1. Address Line 1

Textbox, Modify, Mandatory

Rename "Apt/Suite" to "Address Line 1". This field will allow the user to enter the Address Line 1 of the applicant/beneficiary's address.

2. Address Line 2

Textbox, Modify, Optional

Rename "Street 1" to "Address Line 2". This field will allow the user to enter the Address Line 2 of the applicant/beneficiary's address.

3. Neighborhood

Dropdown, New, Conditional

This field will allow the user to enter the Neighborhood of the applicant/beneficiary if the applicant/beneficiary lives in Puerto Rico. If the State is Puerto Rico, the Neighborhood will be Mandatory, otherwise it is optional.

Technotes: Refer PRNeighborhood Code table for the list of valid values.

4. Save & Exit / Save & Next

Button, Modify

When clicking on the Save button:

- If Puerto Rico is the selected State, then validate the entered City and Zip is a valid combination. If the City and Zip combination is invalid, then display error message "Invalid City and Zip Code combination."
- If Puerto Rico is the selected State AND Private is selected as Type, then validate the entered City and Neighborhood is a valid combination. If the entered City and Neighborhood combination is invalid, then display error message "Invalid City and Neighborhood combination. Please enter one of the following neighborhoods for <City>: <list of valid neighborhoods for entered city>".
- If Puerto Rico is the selected State AND Private is selected as Type AND Neighborhood is blank, then display error message "Invalid City and Neighborhood combination. Please enter one of the following neighborhoods for <City>: <list of valid neighborhoods for entered city>".

Street 2

Textbox, Remove

Field "Street 2" is being removed.

5.1.4 MCO/MAO Evidence

The MCO/MAO evidence page allows the user to enter the preferred MCO/MAO information of an applicant/beneficiary. The addition of MCO/MAO evidence page is being made, due to the decisions made during the design of PREE Case Management FDD.

5.1.4.1   New MCO/MAO Evidence Screenshot (New)

The following figure depicts the new mode of 'MCO/MAO' evidence page to be used to enter the MCO/MAO information of an applicant/beneficiary.

<CR-56>

Figure 13: New MCO/MAO Evidence

5.1.4.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'New MCO/MAO' evidence page.

1. New MCO/MAO

Page name, New

2. Received Date

Date, New, Mandatory

Date when the system has received the information.

3. MCO

Drop down, New, Optional

Add a new drop-down field to allow the caseworker to select the applicant/beneficiary's preferred MCO. This dropdown can be updated if the applicant is not currently receiving benefits. If the beneficiary is already receiving benefits, he/she is prevented from updating this field. Any changes to this evidence from the IEG should be rejected if the beneficiary is already receiving benefits.

Technotes: Refer PRManagedCareOrganization Code table for list of valid values.

4. MAO

Display, New, Optional

Add a new read only field 'MAO'. The business process and associated design details of this field will be documented within the Interface FDD.

5. Start Date

Date, New, Mandatory

This field will allow the user to enter the start date of the MCO/MAO assignment.

6. End Date

Date, New, Optional

This field will allow the user to enter the end date of the MCO/MAO assignment.

7. Comments

Textbox, New, Optional

This field will allow the user to enter comments/details related to MCO/MAO.

8. SAVE

Button, New

This button will allow the user to save and create a MCO/MAO evidence record.

- On SAVE, if the evidence is updated and the beneficiary is already receiving benefits, then the below error message will be displayed.

  MCO/MAO - Evidence cannot be updated as the applicant/beneficiary is a recipient of medical benefits.

- On SAVE, when the MCO field has a value selected and the MAO field already has a value, then the below error message will be displayed.

  MCO/MAO - MCO must not be selected when the MAO field is populated.

9. CANCEL

Button, New

This button will allow the user to cancel the unsaved changes made on the evidence.

<CR-56> 10. Participant Details

Cluster, New

Add a new cluster "Participant Details". This section will allow the case participant to be associated to the MCO/MAO evidence.

<CR-56> 11. Participant Details

Drop down, New, Mandatory

Add a new drop-down field to allow the caseworker to select the case participant associated with the MCO/MAO evidence being created.

5.1.4.3   Edit MCO/MAO Evidence Screenshot (New)

The following figure depicts the edit mode of 'MCO/MAO' evidence page to be used to enter the MCO/MAO information of an applicant/beneficiary.

<CR-56>

Figure 14: Edit MCO/MAO Evidence

5.1.4.4   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'New MCO/MAO' evidence page.

1. Edit MCO/MAO

Page name, New

2. Received Date

Date, New, Mandatory

Date when the system has received the information.

3. Change Reason

Dropdown, New, Optional

This field will allow the user to select the reason the evidence was updated.

4. MCO

Drop down, New, Optional

Add a new drop-down field to allow the caseworker to select the applicant/beneficiary's preferred MCO. This dropdown can be updated if the applicant is not currently receiving benefits. If the beneficiary is already receiving benefits it should be set as read only as the worker should not be updating this evidence. Any changes to this from the IEG should be rejected if the beneficiary is already receiving benefits.

Technotes: Refer PRManagedCareOrganization Code table for list of valid values.

- On SAVE, if the applicant/beneficiary is already receiving benefits, then the below error message will be displayed.

  MCO/MAO - Evidence cannot be updated as the applicant/beneficiary is a recipient of medical benefits.

- On SAVE, when the MCO field has a value selected and the MAO field already has a value, then the below error message will be displayed.

  MCO/MAO - MCO must not be selected when MAO has a value.

5. MAO

Display, New, Optional

Add a new read only field 'MAO'. The business process and associated design details of this field will be documented within the Interface FDD.

6. Start Date

Date, New, Mandatory

This field will allow the user to enter the start date of the MCO/MAO assignment.

7. End Date

Date, New, Optional

This field will allow the user to enter the end date of the MCO/MAO assignment.

8. Comments

Textbox, New, Optional

This field will allow the user to enter comments/details related to MCO/MAO.

9. SAVE

Button, New

This button will allow the user to save the changes made on the evidence.

10. CANCEL

Button, New

This button will allow the user to cancel the unsaved changes made on the evidence.

<CR-56> 11. Participant Details

Cluster, New

Add a new cluster "Participant Details". This section will display the case participant associated to the MCO/MAO evidence.

<CR-56> 12. Participant Details

Display, New, Mandatory

Add a new field that will display the case participant associated to the MCO/MAO evidence being edited.

5.1.5   Subsidy Evidence

The Subsidy evidence page allows the user to enter the Municipal Employee subsidy information of an applicant/beneficiary. The addition of Subsidy evidence page is being made, due to the decisions made during the design of ASES Interface.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.1.6   Identifications Evidence

The Identifications evidence page allows the user to Record different types of identification for the client such as passport.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.1.6.1   Identifications Evidence Screenshot (Modify)

Figure 15: Identifications Evidence

5.1.6.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Identifications' evidence page.

1. ID Reference

See Benefit Evidence Section of this document for details on the ID Reference Field as required by PRMO-2983

5.2   Case Level Evidence

Evidence that is captured on the integrated case at the case level and reused by any Product Delivery Case (PDC) within that integrated case.

5.2.1 <CR157> Evidence Dashboard

The Evidence Dashboard is being modified to remove Absent Parent Child Support Evidence and Alimony Expense Evidence from the list.

5.2.1.1 Screenshot (Modify)

Figure 16: Evidence Dashboard – Household
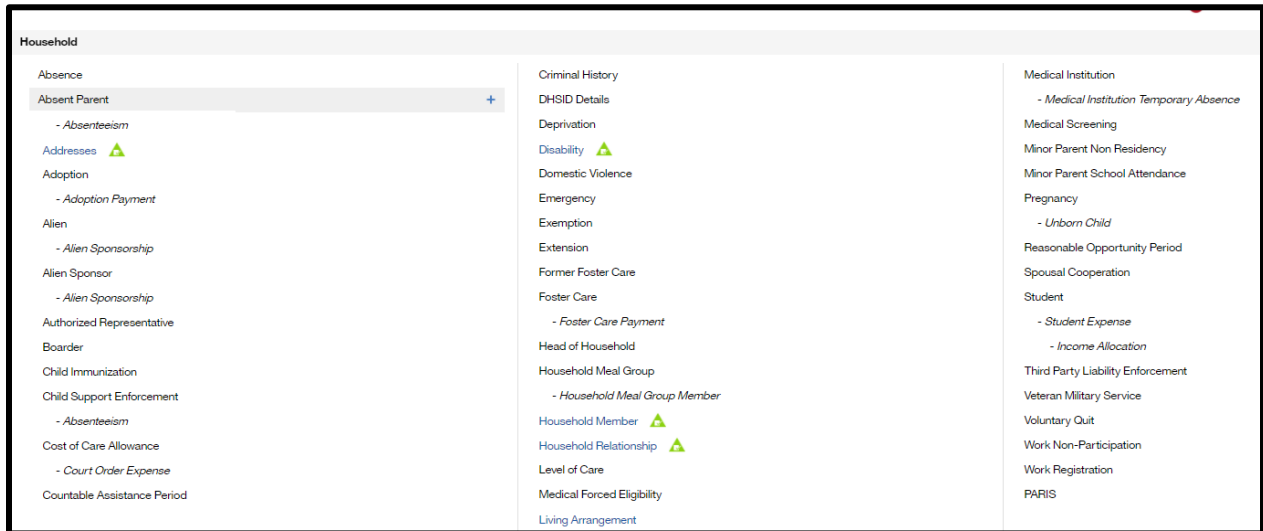
Figure 17: Evidence Dashboard – Expense
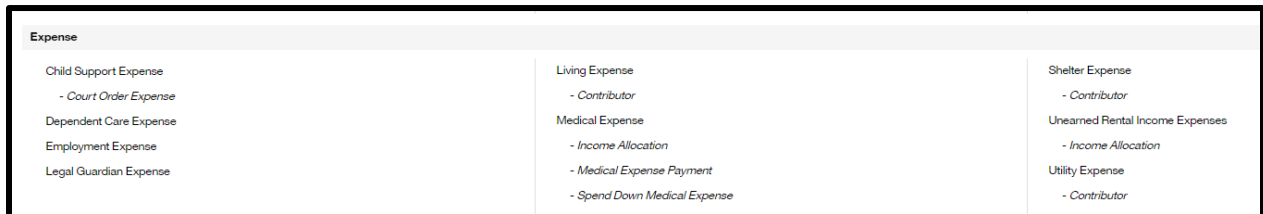
5.2.1.2 Description of Modifications and Additions

Absent Parent Child Support

Link, Remove

Remove Absent Parent Child Support from the Household Cluster.

Alimony Expense

Link, Remove

Remove Alimony Expense from the Expense Cluster.

5.2.2 <CR157> Add Evidence

The Add Evidence is being modified to remove Absent Parent Child Support Evidence and Alimony Expense Evidence from the list.

5.2.2.1   Screenshot (Modify)

Figure 18: Add Evidence

5.2.2.2   Description of Modifications and Additions

Absent Parent Child Support

Link, Remove

Remove Absent Parent Child Support from the Household Cluster.

Alimony Expense

Link, Remove

Remove Alimony Expense from the Expense Cluster.

5.2.3 Adoption Evidence

The Adoption evidence page allows the user to enter adoption information of an applicant/beneficiary who is receiving adoption assistance. Modifications to the Adoption evidence page are being made, due to the decisions made during the design of Intake/Application Processing FDD.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.2.3.1 Adoption Evidence Screenshot (Modify)

The following figure depicts the modified 'Adoption Evidence' page to be used enter adoption information of an applicant/beneficiary who is receiving adoption assistance.

Figure 19: Adoption Evidence

5.2.3.2 Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Adoption' evidence page.

Parent Name

Dropdown, Remove

This field is being removed from the page due to the parent(s) being identified within the Household Relationship evidence.

5.2.4   Absent Parent Evidence

The Absent Parent evidence page allows the user to enter the information about an absent parent. Modifications to the Absent Parent evidence page are being made, due to the decisions made during the design of PREE Residency rules.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.2.4.1   Absent Parent Evidence Screenshot (Modify)

The following figure depicts the modified 'Absent Parent Evidence' page to be used to enter the information of an absent parent.

Figure 20: Absent Parent Evidence

5.2.4.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Absent Parent' evidence page.

1. Child Name

Dropdown, New, Optional

This field will allow the user to select the child from the list of participants on the case.

2. If the absent parent is not registered on the system, complete the absent parent details below to register as a representative.

Text, Modify

Modify text from "If the absent parent is not a case participant but is registered on the system, please select from below" to "If the absent parent is not registered on the system, complete the absent parent details below to register as a representative."

3. Middle Name

Textbox, New, Optional

This field will allow the user to enter the applicant/beneficiary's middle name.

4. Last Name

Textbox, Modify, Optional

Rename "Sur Name" field to "Last Name". This field will allow the user to enter the applicant/beneficiary's first last name.

5. Second Last Name

Textbox, New, Optional

This field will allow the user to enter the applicant/beneficiary's second last name.

If the absent parent is registered on the system do not enter an SSN, Date Of Birth or Gender

Text, Remove

5.2.5 Alien Evidence <PRMO-1518>

Alien evidence allows the user to enter alien information about a household member. This is an OOTB screen that has been modified.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.2.5.1   Alien Evidence Screenshot (Modify)

The following figure depicts the modified 'Alien Evidence' page to be used to enter the Alien related information.

5.2.5.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to the 'Alien' evidence page.

<PRMO-1518>

1. Country/Region of Origin

Dropdown, Remove, Mandatory

Technote: This OOTB field should be removed from the Add, Edit, and View screen for this evidence.

<PRMO-1518>

2. Country/Region of Birth

Dropdown, Remove, Mandatory

Technote: This OOTB field should be removed from the Add, Edit, and View screen for this evidence.

5.2.6 Authorized Representative Evidence

The Authorized Representative evidence page allows the user to enter the information of the applicant/beneficiary who is going to act as the household members' representative. Modifications to the Authorized Representative evidence page are being made, due to the decisions made during the design of PREE Residency rules.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.2.6.1   Authorized Representative Evidence Screenshot (Modify)

The following figure depicts the modified 'Authorized Representative Evidence' page to be used to enter the information of an authorized representative.

Figure 21: Authorized Representative Evidence

5.2.6.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Authorized Representative' evidence page.

1. Additional Authorized Representative Details

Cluster, New

Add a new cluster "Additional Authorized Representative Details". This section will allow the user to enter any additional information related to the representative.

2. Reason for Authorization

Multi-Select Picklist, Modify, Mandatory

Update the dropdrown to a checkbox type multi-select picklist for the field "Reason for Authorization". This field will allow the user to indicate the case related activities the representative was authorized to perform.

Technotes: Refer AuthorizedRepReason Code table for the list of valid values.

3. Last Name

Textbox, Modify, Optional

Rename "Sur Name" field to "Last Name". This field will allow the user to enter the authorized representative's first last name.

4. Second Last Name

Textbox, New, Optional

This field will allow the user to enter the authorized representative's second last name.

5. Middle Name

Textbox, New, Optional

This field will allow the user to enter the authorized representative's middle name.

Representative Type

Multi-Select Picklist, Remove

The "Representative Type" field is being removed.

Disqualification

Checkbox, Remove

The "Disqualification" field is being removed.

Disqualification End Date

Date, Remove

The "Disqualification End Date" field is being removed.

5.2.7   < PRMO-2983> Benefit Evidence

The Benefit evidence page allows the user to enter the benefit information of the applicant/beneficiary. Modifications to the Benefit evidence page are being made, due to the decisions made during the design of ASES Interface.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well. <CR-58> If an application is submitted and the Benefit evidence is created with Benefit Type of 'Medicare Part A', 'Medicare Part B', 'Medicare Part C', or 'Medicare Part D', then an Issue should be created on the Application case. The Issue will identify the Policy Number and the Medical Insurance Carrier information as being required prior to applying the changes to the Benefit evidence.

5.2.7.1   Benefit Evidence Screenshot (Modify)

The following <CR-58> figures depicts the modified Benefit evidence page to be used to enter the benefit information of an applicant/beneficiary.

<CR-58>

Figure 22: Benefit Evidence (Part 1)

<CR-58>

Figure 23: Benefit Evidence (Part 2)

5.2.7.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Benefit' evidence page.

1. Subsidy Type

Drop down, New, Conditional

Add a new drop-down field to allow the caseworker to select the applicant/beneficiary's subsidy type.

Technotes: Refer PRSubsidyType Code table for list of valid values.

<CR-58> 2. Policy Number

Text Box, New, Conditional

Stores the Medicare policy number.

< PRMO-2983> A validation is required on the Policy Number field when the Benefit type of Medicare (Parts A, B, or D) is selected. The Policy Number field must be populated as noted below when save is selected or an error message should display:

- **11 alphanumeric characters (not case sensitive)**
- **No special characters**
- **Do not use letters S, L, O, I, B, Z**
- **MBI cannot start with 0/ zero**
- **No spaces**

-Additionally, this field must have certain value types in certain positions within the field.

- **Position 1 – numeric values 1 thru 9**
- **Position 2 – alphabetic values A thru Z**
- **Position 3 – alpha-numeric values 0 thru 9 and A thru Z**
- **Position 4 – numeric values 0 thru 9**
- **Position 5 – alphabetic values A thru Z**
- **Position 6 – alpha-numeric values 0 thru 9 and A thru Z**
- **Position 7 – numeric values 0 thru 9**
- **Position 8 – alphabetic values A thru Z**
- **Position 9 – alphabetic values A thru Z**
- **Position 10 – numeric values 0 thru 9**
- **Position 11 – numeric values 0 thru 9**

Example:

What positions hold numbers and letters?

C – Numeric 1 thru 9

N – Numeric 0 thru 9

A – Alphabetic Character (A…Z)

AN – Either A or N

MBI Format

Pos.	1	2	3	4	5	6	7	8	9	10	11
Type	C	A	AN	N	A	AN	N	A	A	N	N

-The error message below should display when the above conditions are not met:

> *"Please review Policy Number field below. The following formatting must be used:*
>
> - *11 alphanumeric characters*
> - *No special characters*
> - *Do not use letters S, L, O, I, B, Z*
> - *Cannot start with 0/ zero*
> - *No spaces"*

Spanish:

> *"Revise el campo Número de póliza a continuación. Se debe utilizar el siguiente formato:*
>
> - *11 caracteres*
> - *No caracteres especiales (! @ # $ %)*
> - *No utilizar las letras S, L, O, I, B, Z*
> - *No puede comenzar con 0/cero*
> - *No espacios"*

- These validation rules are applicable to all other instances of the Medicare Policy number, including Edit Benefit Evidence page.

- These validation rules are also applicable to the Health Insurance Details pages of the IEG.

- These validation rules are also applicable when Medicare Part C is selected. The following error message should display on the Policy number field:

> *"Please review Policy Number field below. The following formatting must be used:*
>
> - *Up to 20 alphanumeric characters*
> - *No special characters"*

Spanish:

"Revise el campo Número de póliza a continuación. Se debe utilizar el siguiente formato:

- *Hasta 20 caracteres alfanuméricos*
- *Sin caracteres especiales"*

These validation rules are also applicable to the ID Reference field of the New Identification Page and Edit Identifications Page. The following error message should display:

"Please review ID Reference field below. The following formatting must be used:

- *11 alphanumeric characters*
- *No special characters*
- *Do not use letters S, L, O, I, B, Z*
- *Cannot start with 0/ zero*
- *No spaces"*

Spanish:

"Revise el campo de referencia de ID a continuación. Se debe utilizar el siguiente formato:

- *11 caracteres*
- *No caracteres especiales (! @ # $ %)*
- *No utilizar las letras S, L, O, I, B, Z*
- *No puede comenzar con 0/cero*
- *No espacios"*

Integrated Case				
Evidence	**Field**	**Selection:**	**Field**	**Validation Message**
Benefit	**Benefit Type**	**Medicare Part A**	**Policy Number**	*"Please review Policy Number field below. The following formatting must be used:* • *11 alphanumeric characters* • *No special characters* • *Do not use letters S, L, O, I, B, Z* • *Cannot start with 0/ zero* • *No spaces"*

Benefit	Benefit Type	Medicare Part B	Policy Number	*"Please review Policy Number field below. The following formatting must be used:* • *11 alphanumeric characters* • *No special characters* • *Do not use letters S, L, O, I, B, Z* • *Cannot start with 0/ zero* • *No spaces"*
Benefit	Benefit Type	Medicare Part D	Policy Number	*"Please review Policy Number field below. The following formatting must be used:* • *11 alphanumeric characters* • *No special characters* • *Do not use letters S, L, O, I, B, Z* • *Cannot start with 0/ zero* • *No spaces"*
Benefit	Benefit Type	Medicare Part C	Policy Number	*"Please review Policy Number field below. The following formatting must be used:* • *Up to 20 alphanumeric characters* • *No special characters"*

Person				
Evidence	Field	Selection:	Field	Validation Message
Identifications	Type	Medicare Beneficiary Identifier Number	ID Reference	*"Please review ID Reference field below. The following formatting must be used:* • *11 alphanumeric characters* • *No special characters* • *Do not use letters S, L, O, I, B, Z* • *Cannot start with 0/ zero* • *No spaces"*

Application- Client				
Page	Field	Selection:	Field	Validation Message

Health Insurance Details	Who is the insurance provider?	Medicare Hosp Parte A	Policy Number	*"Please review Policy Number field below. The following formatting must be used:* • *11 alphanumeric characters* • *No special characters* • *Do not use letters S, L, O, I, B, Z* • *Cannot start with 0/ zero* • *No spaces"*
Health Insurance Details	Who is the insurance provider?	Medicare Ambulatorio Parte B	Policy Number	*"Please review Policy Number field below. The following formatting must be used:* • *11 alphanumeric characters* • *No special characters* • *Do not use letters S, L, O, I, B, Z* • *Cannot start with 0/ zero* • *No spaces"*
Health Insurance Details	Who is the insurance provider?	Medicare Farmacia Parte D	Policy Number	*"Please review Policy Number field below. The following formatting must be used:* • *11 alphanumeric characters* • *No special characters* • *Do not use letters S, L, O, I, B, Z* • *Cannot start with 0/ zero* • *No spaces"*

3. Amount

Text Box, Modify, Mandatory

Stores the monetary value of the benefit amount received. Modify to allow $0.00 to be entered.

4. Save

Button, New

This button will allow the user to save and create a Subsidy evidence record.

▪ On Save, if the Benefit Type is 'Municipal Subsidy' and the Subsidy Type is blank, then the below error message will be displayed.

Subsidy Type is required if the Benefit Type is 'Municipal Subsidy'

▪ On Save, if the Benefit Type is not 'Municipal Subsidy' and the Subsidy Type is not blank, then the below error message will be displayed.

The Subsidy Type should be blank as the Benefit Type is not 'Municipal Subsidy'

- <CR-58> On Save, if the Benefit Type is 'Medicare Part A' and the Insurance Company is blank, then the below error message will be displayed.

  The Insurance Company is required if the Benefit Type is 'Medicare Part A'

- <CR-58> On Save, if the Benefit Type is 'Medicare Part B' and the Insurance Company is blank, then the below error message will be displayed.

  The Insurance Company is required if the Benefit Type is 'Medicare Part B'

- <CR-58> On Save, if the Benefit Type is 'Medicare Part C' and the Insurance Company is blank, then the below error message will be displayed.

  The Insurance Company is required if the Benefit Type is 'Medicare Part C'

- <CR-58> On Save, if the Benefit Type is 'Medicare Part D' and the Insurance Company is blank, then the below error message will be displayed.

  The Insurance Company is required if the Benefit Type is 'Medicare Part D'

- <CR-58> On Save, if the Benefit Type is 'Medicare Part A' and the Policy Number field is blank, then the below error message will be displayed.

  The Policy Number is required if the Benefit Type is 'Medicare Part A'

- <CR-58> On Save, if the Benefit Type is 'Medicare Part B' and the Policy Number field is blank, then the below error message will be displayed.

  The Policy Number is required if the Benefit Type is 'Medicare Part B'

- <CR-58> On Save, if the Benefit Type is 'Medicare Part C' and the Policy Number field is blank, then the below error message will be displayed.

  The Policy Number is required if the Benefit Type is 'Medicare Part C'

- <CR-58> On Save, if the Benefit Type is 'Medicare Part D' and the Policy Number field is blank, then the below error message will be displayed.

  The Policy Number is required if the Benefit Type is 'Medicare Part D'

<CR-58> 5. Insurance Company Details

Cluster Header, New

Add a new cluster "Insurance Company Details". This section will allow the caseworker to select the insurance company providing the case participant with Medicare Part A, B, C or D coverage.

<CR-58> 6. If the insurance company is a case participant, please select from below.

Text, New, Optional

Add a new display text to indicate that the insurance company is a participant on the case.

<CR-58> 7. Insurance Company Participant

Dropdown, New, Optional

Add a new dropdown field "Insurance Company Participant". This field will allow the caseworker to select the insurance company from the list of participants on the case.

<CR-58> 8. If the insurance company is not a case participant but is registered on the system, please select from below.

Text, New, Optional

Add a new display text to indicate that the insurance company if not a participant on the case, can be selected from a list of insurance companies registered as service suppliers within PREE.

<CR-58> 9. Insurance Company

Search Look-up, New, Optional

Add a new search lookup field "Insurance Company". This field will allow the caseworker to search for the insurance company from the list of registered service suppliers in PREE.

5.2.8   <CR-58> Coverage Type Details Hyperlink

The Coverage Type Details link to the Coverage Type evidence page allows the user to enter the coverage type associated to the Medicare Benefit coverage. This is a new evidence and the child evidence of the Benefit evidence. This evidence will be required if the Benefit Type is 'Medicare Part A', 'Medicare Part B', 'Medicare Part C' or 'Medicare Part D'. The Coverage Type Details hyperlink design updates are being made, due to the decisions made during the design of PRMMIS and ASES interfaces.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well. This evidence will function similarly to the 'Coverage Type' evidence associated with the Medical Insurance evidence. If an application is submitted and the Benefit evidence is created with Benefit Type of 'Medicare Part A', 'Medicare Part B', 'Medicare Part C', or 'Medicare Part D', then an Issue should be created on the Application case.
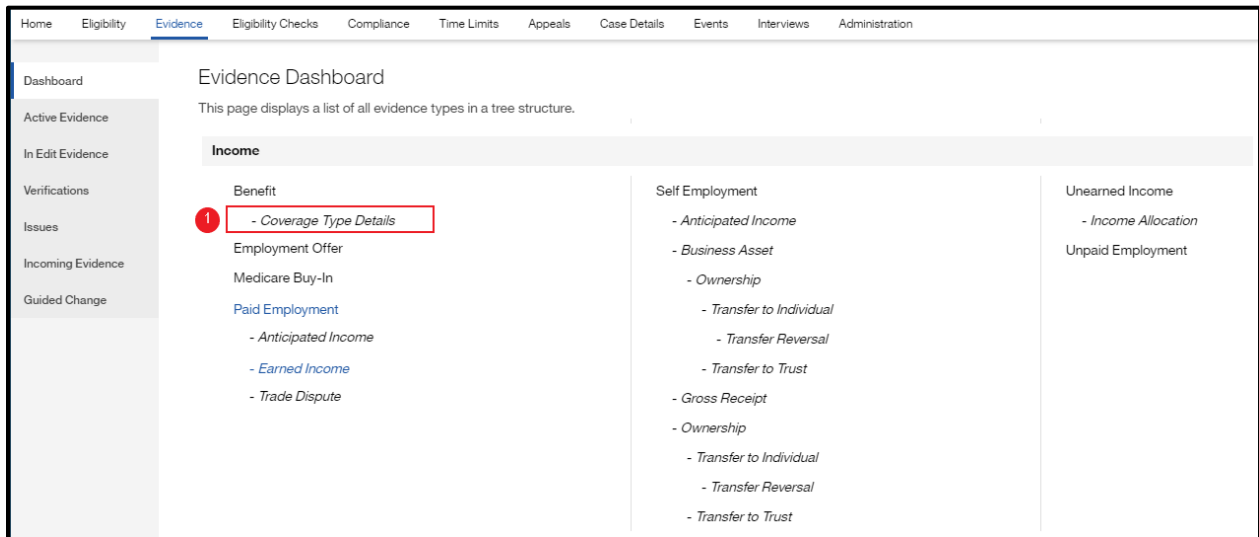
Figure 24: Evidence Dashboard - Coverage Type Details

5.2.8.1   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to Evidence Tab at the Integrated Case and Application Case level.

1. Coverage Type Details

Evidence, New, Conditional

The new 'Coverage Type' evidence is a child evidence of the Benefit evidence. This evidence will allow caseworkers to add the coverage type associated to the Benefit evidence. The Coverage Type evidence is required if the Benefit evidence is created with Benefit Type of 'Medicare Part A', 'Medicare Part B', 'Medicare Part C', or 'Medicare Part D'.

If a caseworker attempts to apply changes of a Benefit evidence with Benefit Type of 'Medicare Part A', 'Medicare Part B', 'Medicare Part C', or 'Medicare Part D' prior to creating an associated Coverage Type evidence then the following error: ERROR: Coverage Type evidence is required, if the Benefit Type is 'Medicare Part A', 'Medicare Part B', 'Medicare Part C', or 'Medicare Part D'.

Figure 25: New Evidence

5.2.8.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to Coverage Type evidence.

1. 1 Select Evidence

Tab Header, New, Display

Name of the first step in entering the coverage type evidence. The name will be highlighted when the user is on the first step of the process.

2. 2 New Coverage Type Evidence

Tab Header, New, Display

Name of the second step in entering the coverage type evidence. The name will be highlighted when the user is on the second step of the process.

3. Please select a Benefit from the following list.

Text, New, Mandatory

Add a new display text to indicate that the case worker should select the Benefit that will be associated to the Coverage Type evidence. The case worker is required to select a Benefit from the list in order to move to the next step of entering the Coverage Type.

4. Type

Column, New

This column will display 'Benefit' for each benefit that can be potentially associated to the Coverage Type evidence.

5. Participant

Column, New

This column will display the case participant associated with the benefit displayed within the list.

6. Description

Column, New

This column will display the following wording for each benefit displayed within the list: "Has the <Benefit Type> with <Insurance Company Name>".

Technotes: <Benefit Type> will be the same value as the Benefit Type field within the Benefit evidence. <Insurance Company Name> will be the same value as the Insurance Company field within the Benefit evidence.

7. Period

Column, New

This column will display the effective period as follows for each benefit displayed within the list: "<Start Date> - <End Date>".

Technotes: <Start Date> will be the same value as the Start Date field within the Benefit evidence. <End Date> will be the same value as the End Date field within the Benefit evidence, and if blank the end date will not be displayed.

8. Cancel

Button, New

This button will allow the caseworker to cancel the unsaved changes made on the evidence.

9. Next

Button, New

This button will allow the caseworker to save the Benefit selected and move to the next step of entering the Coverage Type. If a benefit is not selected from the list the below error message will be displayed.

A Benefit evidence record must be selected.

Figure 26: Coverage Type Evidence

5.2.8.3 Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to Coverage Type evidence.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

1. New Coverage Type Evidence

Page Name, New

Name of the coverage type evidence.

2. 1 Select Evidence

Tab Header, New, Display

Name of the first step in entering the coverage type evidence. The name will be highlighted when the user is on the first step of the process.

3. 2 New Coverage Type Evidence

Tab Header, New, Display

Name of the second step in entering the coverage type evidence. The name will be highlighted when the user is on the second step of the process.

4. Received Date

Date, New, Mandatory

Date when the system has received the information.

5. Coverage Type Details

Cluster Header, New

Add a new cluster "Coverage Type Details". This section will allow the coverage type associated to the Benefit Type of Medicare Part A, B, C or D to be entered.

6. Coverage Type

Drop down, New, Mandatory

Add a new drop-down field to allow the coverage type associated to the applicable benefit to be selected.

Technotes: Refer CoverageType code table for list of valid values.

<PRMO-3850> Validations for Coverage Type

The following error messages should be displayed when invalid coverage types are selected with select Benefit Type Evidence or Medical Insurance Evidence options and the user attempts to save the record.

If Benefit Type=	Then Coverage Type =	Else Validation Message=	Spanish Translation
Medicare Part A	Hospitalization	Benefit Type "Medicare Part A" requires Coverage Type "Hospitalization".	Tipo de beneficio "Medicare Parte A" requiere el tipo de cubierta "Hospitalización".
Medicare Part B	Ambulatory	Benefit Type "Medicare Part B" requires Coverage Type "Ambulatory".	Tipo de beneficio "Medicare Parte B" requiere el tipo de cubierta "Ambulatorio".
Medicare Part C	Hospitalization and Ambulatory	Benefit Type "Medicare Part C" requires Coverage Type "Hospitalization and Ambulatory" OR "Dental Care".	Tipo de beneficio "Medicare Parte C" requiere el tipo de cubierta "Hospitalización y Ambulatorio" o " Cuidado Dental ".
Medicare Part D	Prescription Drugs	Benefit Type "Medicare Part D" requires Coverage Type "Prescription Drugs".	Tipo de beneficio "Medicare Parte D" requiere el tipo de cubierta " Medicamentos recetados ".

7. Start Date

Date, New, Mandatory

This field will allow the caseworker to enter the start date of the Coverage Type.

8. End Date

Date, New, Optional

This field will allow the user to enter the end date of the Coverage Type.

9. Comments

Textbox, New, Optional

This field will allow the caseworker to enter comments/details related to Coverage Type.

10. Cancel

Button, New

This button will allow the caseworker to cancel the unsaved changes made on the evidence.

11. Back

Button, New

This button will allow the caseworker to cancel the unsaved changes made on the evidence and go back to the new evidence page.

12. Finish

Button, New

This button will allow the caseworker to save and create the Coverage Type evidence record.

- On Finish, if the Start Date is not entered, then the below error message will be displayed.

  The Start Date is required.

- On Finish, if the Coverage Type is not selected, then the below error message will be displayed.

  The Coverage Type is required.

5.2.9 Dependent Care Expense Evidence

The Dependent Care Expense evidence page allows the user to enter the information about the payment made by a household member, in respect of the care of a dependent. Modifications to the Dependent Care evidence page are being made, due to the decisions made during the design of PREE Non-MAGI Income rules.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.2.9.1   Dependent Care Expense Evidence Screenshot (Modify)

The following figure depicts the modified 'Dependent Care Expense Evidence' page to be used to enter the information about household members dependent care expense.

Figure 27: Dependent Care Expense Evidence

5.2.9.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Dependent Care Expense' evidence page.

1. Total Hours Per Week

Textbox, Modify, Optional

This field is now modified to be an optional field.

2. Care Recipient Details

Cluster, New, Optional

Add a new cluster "Care Recipient Details". This section will allow the user to enter the information about an individual who receives care.

3. If the recipient is a case participant, please select from below.

Text, New, Optional

Add a new display text to indicate that the care recipient is a participant on the case.

4. Care Recipient

Dropdown, New, Optional

Add a new dropdown field "Care Recipient". This field will allow the user to select the recipient from the list of participants on the case.

5. If the recipient is not a case participant but is registered on the system, please select from below.

Text, New, Optional

Add a new display text to indicate that the care recipient is not a participant on the case.

6. Care Recipient

Search Look-up, New, Optional

Add a new search lookup field "Care Recipient". This field will allow the user to search for the recipient from the list of applicants/beneficiaries registered on the system.

7. Address Line 1

Textbox, Modify, Mandatory

Rename "Apt/Suite" to "Address Line 1". This field will allow the user to enter the Address Line 1 of the applicant/beneficiary's address.

8. Address Line 2

Textbox, Modify, Optional

Rename "Street 1" to "Address Line 2". This field will allow the user to enter the Address Line 2 of the applicant/beneficiary's address.

Street 2

Textbox, Remove, Optional

5.2.10 <CR-171> Disability Evidence

The Disability Evidence page allows the user to enter disability and established disability mode information of an applicant/beneficiary who reports a disability. Modifications to the Disability evidence page are being made, due to the decision to make the Established Disability Mode a required field.

5.2.10.1   <CR-171> Disability Evidence Screenshot (Modify)

The following figure depicts the modified 'Disability Evidence' page to be used to enter Disability and Established Disability mode information of an applicant/beneficiary.

Figure 28: <CR-171> Disability Evidence

5.2.10.2   <CR-171> Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Disability' evidence page

1. **Disability Type**

Dropdown, Modify, Mandatory

This field allows the user to enter disability information of an applicant/beneficiary. New fields have been added per PRMP's decision.

Technotes: Refer DisabilityType Code table for list of values.

2. Established Disability Mode

Dropdown, Modify, Mandatory

This field allows the user to enter the entity that certifies the disability selected in the Disability Type field.

3. Save

If Save is clicked and Established Disability Mode is blank display error message: English: "An Established Disability Mode must be selected." Spanish: "Un Modo establecido de la discapacidad debe ser seleccionado"

Technote: If the evidence is created from the IEG and the Established Disability Mode is left blank then create an issue. Additionally, prevent the evidence from being activated. English: "Disability Evidence must have an Established Disability Mode selected." Spanish: "Evidencia de Discapacidad deben tener un Modo establecido seleccionado"

5.2.11 Foster Care Evidence

The Foster Care evidence page allows the user to enter foster care information of an applicant/beneficiary who is in a Foster Care placement. Modifications to the Foster Care evidence page are being made, due to the decisions made during the design of Auto Title IV-E Foster Care rules.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.2.11.1   Foster Care Evidence Screenshot (Modify)

The following figure depicts the modified 'Foster Care Evidence' page to be used to enter foster care information of an applicant/beneficiary.

Figure 29: Foster Care Evidence

5.2.11.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Foster Care' evidence page.

1. Foster Care Notification Type

Dropdown, New, Mandatory

This field will allow the caseworker to select Foster Care Notification type. This modification will allow the rules to assess if the Foster care placement is a 'Title IV-E' or a 'Non-Title IV-E' placement. This new field is referenced within the Auto Title IV-E Foster Care rules that are documented within the AUTO rules workbook.

Technotes: Refer PRFosterCareNotificationType Code table for list of valid values.

2. What state is Child receiving payments from?

Dropdown, New, Mandatory

This field will allow the caseworker to select the state from which the child receives foster care payments.

Technotes: Refer StateCodes code table for the list of valid values.

Parent Name

Dropdown, Remove

This field is being removed from the page due to PRMP's decision for the Foster Child to be on the case by themselves. This change is necessary as requiring the parent to be added to the evidence, will also require the parent to be included on the case.

5.2.12 Former Foster Care Evidence

The New Former Foster Care evidence stores information concerning when the individual is no longer in foster care. Modifications to the Former Foster Care evidence page are being made, due to the decisions made during the design of MAGI Former Foster Care rules.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.2.12.1   Former Foster Care Evidence Screenshot (Modify)

The following figure depicts the modified 'Former Foster Care Evidence' page to be used to enter information concerning when the individual is no longer in foster care.

Figure 30: Former Foster Care Evidence

5.2.12.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Former Foster Care' evidence page.

1. With ADFAN on 21st birthday

Checkbox, New, Optional

Add checkbox to allow the user to indicate if an applicant/beneficiary was 21 when they left the ADFAN foster care system.

2. Enrolled on Medicaid on 21st birthday

Checkbox, Modify, Optional

Modify checkbox from "Enrolled on Medicaid" to "Enrolled on Medicaid on 21st birthday".

h

Age When Leaving the Foster Care System

Remove

Field "Age when Leaving the Foster Care System" is being removed.

5.2.13 Household Member Evidence

The Household Member evidence is being modified to store additional information of an applicant/beneficiary who lives in the household. Modifications to the Household Member evidence page are being made, due to the decisions made during the design of PREE Intake/Application Processing FDD.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.2.13.1 Household Member Evidence Screenshot (Modify) <PRMO-1517>

The following figure depicts the modified 'Household Member Evidence' page to be used to enter the additional details of the applicant/beneficiary.

Figure 31: Household Member Evidence

5.2.13.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Household Member' evidence page.

1. Evaluation Type

Dropdown, New, Conditional

The Evaluation Type field will allow users to select what type of Medicaid evaluation the application is requesting.

Technotes: Refer PREvaluationType Code table for list of valid values.

2. Emancipated

Checkbox, Modify, Optional

Rename "Financially Independent" field to "Emancipated". This field will allow the user to indicate if the household member has been emancipated.

3. Active Police Officer of the Commonwealth Police

Checkbox, New, Optional

Add a new checkbox field "Active Police Officer of the Commonwealth Police". This field will allow the user to indicate if the household member is an active duty police officer.

4. Relative of Absent Police Officer

Drop down, New, Optional

Add a new drop-down field "Relative of Absent Police Officer". This field will allow the user to indicate the type of relationship of a household member with an absent Police officer relative.

Technotes: Refer PRPoliceRelative Code table for list of valid values.

5. Save / Save & New

Button, Modify

When clicking on the Save button:

- If the 'Applicant' is checked and 'Evaluation Type' is blank, then display an error message stating "Select an Evaluation Type."

<PRMO-1517>

- Check if the Participant has active Police Officer Relative evidence in effect (must be the case participant). If they do AND the 'Relative of Absent Police Officer' field is NOT
  - Spouse of Active Police

o Child/Stepchild of Active Police

Then display an error message "This participant has Police Officer Relative evidence that is in effect for the same period. The Relative of Absent Police Officer field can't be changed when this evidence is in effect for the same period".

<CR147>

6. Race

Check box, Modify, Conditional

The list of races to select from is being updated with the following:

Black or African American
Native Alaskan or American Indian
Asian
White or Caucasian
Native Hawaiian or Pacific Islander
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Asian Unknown
Native Hawaiian
Guamanian or Chamorro

Samoan
Other Pacific Islander
Other
Decline

7. Ethnicity

Dropdown, Modify, Conditional

Technotes: See EthnicOrigin Code table for list of valid values.

Household Member Details Cluster

This section is being removed since the applicant/beneficiary being added to the household should be registered using the Register Person process.

If the household member is not registered on the system, complete the household member details below.

Text, Remove

First Name

Textbox, Remove

Surname

Textbox, Remove

Apt/Suite

Textbox, Remove

Street 1

Textbox, Remove

Street 2

Textbox, Remove

City

Textbox, Remove

State

Dropdown, Remove

Zip

Textbox, Remove

Phone Area Code

Textbox, Remove

Phone Number

Textbox, Remove

Date of Birth

Date, Remove

Registration Date

Date, Remove

Gender

Dropdown, Remove

Marital Status

Dropdown, Remove

Country/Region of Birth

Dropdown, Remove

Nationality

Dropdown, Remove

5.2.14 Household Relationship Evidence

The Household Relationship evidence page allows the user to enter relationship details of the applicant/beneficiary. Modifications to the Household Relationship evidence page are being made, due to the decisions made during the design of MAGI Parent and Other Caretaker Relative rules.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.2.14.1   Household Relationship Evidence Screenshot (Modify)

The following figure depicts the modified 'Household Relationship' evidence page to be used to enter the relationship details of the applicant/beneficiary.

Figure 32: Household Relationship Evidence

5.2.14.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Household Relationship' evidence page.

1. Caretaker Relative

Checkbox, Modify, Optional

Rename "Primary Caretaker" to "Caretaker Relative". This field is referenced within the MAGI–Parent Caretaker rules that are documented within the MAGI rules workbook and will be used to identify household member (including parents) who state that he/she is a caretaker relative of at least one other household member.

Technotes: Remove the field validation "Primary Caretaker must not be selected if the Household Member has a relationship of type is the Parent of with the Related applicant/beneficiary."

2. Is a widow(er) or divorcee of a parent caretaker relative?

Checkbox, New, Optional

Add new checkbox to indicate if the household member is a widow(er) or divorcee of the parent caretaker of the dependent child with whom they are identifying a relationship. This field is referenced within the MAGI-Parent Caretaker rules that are documented within the MAGI rules workbook and will be used to identify household members who were previously married to the parent or caretaker relative of a household member who qualifies as a dependent child.

3. Financially Responsible

Checkbox, New, Optional

Add a new checkbox field to indicate if the household member is "Other Relative to Child" only if the relative has a legal obligation according with Puerto Rico laws and the obligation is determined and based on a court order".

5.2.15 Living Arrangement Evidence

The Living Arrangement evidence page allows the user to enter living arrangement details. Modifications to the Living Arrangement evidence page are being made, due to the decisions made during the design of PREE Non-Financial SSN, Residency and Citizenship rules.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.2.15.1   Living Arrangement Evidence Screenshot (Modify)

The following figure depicts the modified 'Living Arrangement Evidence' page to be used to enter the living arrangement details of the applicant/beneficiary.

Figure 33: Living Arrangement Evidence

5.2.15.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Living Arrangement' evidence page.

1. Placed in Living Arrangement By

Dropdown, New, Optional

This field will allow the user to select the State.

Technotes: Refer to StateCodes table for list of valid values.

5.2.16 Other Expenses Evidence

The Other Expenses evidence page allows the user to enter the Income deduction details of an applicant/beneficiary. The addition of Other Expenses evidence page is made to accommodate specific income deductions used within the calculation of the MAGI and Non-MAGI income rules.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.2.16.1   Other Expenses Evidence Screenshot (New)

The following figure depicts the modified 'Other Expenses' evidence page to be used to enter the Income deduction details.

Figure 34: Other Expenses Evidence

5.2.16.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Other Expenses' evidence page.

1. New Other Expenses

Page name, New

2. Received Date

Date, New, Mandatory

Date when the system has received the information.

3. Case Participant

Cluster, New

This cluster is used to visually group questions that are relevant to participant details.

4. Participant

Dropdown, New, Mandatory

This field will allow the user to select from the list of participants on the case.

5. Other Expenses Details

Cluster, New

This cluster is used to visually group questions that are relevant to expense details.

6. Type

Dropdown, New, Mandatory

This field will allow the user to select the type of payment made towards deduction. Addition of this field is being made with reference to deduction type within the Non-MAGI Income calculation rules that are documented within the Non-MAGI Income & Resource Rules workbook.

Technotes: Refer IncomeDeduction Code table for list of valid values.

7. Amount

Textbox, New, Mandatory

This field will allow the user to enter the amount of payment made towards deduction.

8. Frequency

Dropdown, New, Mandatory

This field will allow the user to select the frequency at which deduction payments are made.

Technotes: Refer FrequencyCode Code table for list of valid values.

9. Start Date

Date, New, Mandatory

This field will allow the user to enter the start date of the expense payment.

10. End Date

Date, New, Optional

This field will allow the user to enter the end date of the expense payment.

5.2.17 Medical Expense Evidence

The Medical Expense evidence page allows the applicant/beneficiary's medical expense information. Modifications to the Medical Expense evidence page are being made, due to the decisions made during the design of PREE Retroactive rules.

Technotes: Modifications to the Edit mode of this Evidence page as well.

5.2.17.1 Medical Expense Evidence Screenshot (Modify)

The following figure depicts the modified 'Medical Expense' page to be used to enter the Medical Expense details of the applicant/beneficiary.

Figure 35: Medical Expense Evidence

5.2.17.2 Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Medical Expense' evidence page.

1. Expense Payment Status

Display, New, Mandatory

This field will display the payment status of the medical expense. If the 'Amount Paid' on the Medical Expense Payment evidence associated to the Medical Expense is equal to $0, then "Un-paid" will be displayed. If the 'Amount Paid' on the Medical Expense Payment evidence associated to the Medical Expense is greater than $0 AND less than the 'Amount' on the Medical Expense evidence, then "Part-Paid" will be displayed. If the 'Amount Paid' on the Medical Expense Payment evidence associated to the Medical Expense is greater than or equal to the 'Amount' on the Medical Expense evidence, then "Paid in Full" will be displayed.

Technotes: Refer ISPSdMedlExpPmtStatus Code table for the list of valid values.

5.2.18 Medicare Insurance Evidence

The Medicare Insurance evidence page allows the user to enter the Medical Insurance details. Modifications to the Medical Insurance evidence page are being made, due to the decisions made during the design of the PRMMIS and the ASES interfaces.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

Figure 36: Medical Insurance Evidence

5.2.18.1   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Medical Insurance' evidence page.

If the insurance company is not registered on the system, complete the insurance company details below.

Text, Remove

Cluster removed to prevent case workers from registering an insurance company from the Medical Insurance evidence.

Insurance Company Name

Textbox, Remove

The "Insurance Company Name" field is being removed.

Address Line 1

Textbox, Remove

The "Address Line 1" field is being removed.

Address Line 2

Textbox, Remove

The "Address Line 2" field is being removed.

City

Textbox, Remove

The "City" field is being removed.

State

Dropdown, Remove

The "State" field is being removed.

Zip

Textbox, Remove

The "Zip" field is being removed.

5.2.19 <PRMO-2983>Medical Insurance Evidence- Policy Details

The Medical Insurance evidence page allows the user to enter the Medical Insurance details. Modifications to the Medical Insurance evidence page are being made, due to the decisions made during the design of the PRMMIS and the ASES interfaces.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

Figure 37: Medical Insurance Evidence- Policy Details

5.2.19.1   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Medical Insurance' evidence page.

Policy Number

-The following validation should be used on the Policy number field:

> *"Please review Policy Number field below. The following formatting must be used:*

- *Up to 20 alphanumeric characters*
- *No special characters"*

Spanish:

> *"Revise el campo Número de póliza a continuación. Se debe utilizar el siguiente formato:*
- *Hasta 20 caracteres alfanuméricos*
- *Sin caracteres especiales"*

This validation is also applicable for the Health Insurance Details pages of the IEG.

Integrated Case

Evidence	Field	Selection:	Field	Validation Message
Medical Insurance	Medical Insurance Type	Any	Policy Number	*"Please review Policy Number field below. The following formatting must be used:* • *Up to 20 alphanumeric characters* • *No special characters"*

Application- CW				
Page	**Field**	**Selection:**	**Field**	**Validation Message**
Health Insurance Details	What is the health insurance Type?	Any	What is the insurance policy number?	*"Please review Policy Number field below. The following formatting must be used:* • *Up to 20 alphanumeric characters* • *No special characters"*

Application- Client				
Page	**Field**	**Selection:**	**Field**	**Validation Message**
Health Insurance Details	Who is the insurance provider?	Any Other Provider	Policy Number	*"Please review Policy Number field below. The following formatting must be used:* • *Up to 20 alphanumeric characters* • *No special characters"*

5.2.20 Property Evidence

The Property evidence page allows the user to enter Property details. Modifications to the Property evidence page are being made, due to the decisions made during the design of PREE Non-MAGI Income & Resource rules.

Technotes: All Modifications to the New mode of this Evidence page applies to the Edit mode of this Evidence page as well.

5.2.20.1   Property Evidence Screenshot (Modify)

The following figure depicts the modified 'Property Evidence' page to be used to enter the Property details of the applicant/beneficiary.

Figure 38: Property Evidence

5.2.20.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Property' evidence page.

1. Real Estate Size (m²)

Textbox, New, Optional

This field will allow the case worker to enter the Real Estate Size.

Technotes: This field should only allow numeric values to be entered.

5.2.21 Withdraw Program Request

The Withdraw Program Request page will allow users to withdraw the program applications that have not been disposed. Modifications to this page are being made, due to the decisions made during the design of Notices FDD.

5.2.21.1 Withdraw Program Request Screenshot (Modify)

The following figure depicts the modified 'Withdraw Program Request' page to be used to enter the withdrawal information of an undisposed application.

Figure 39: Withdraw Program Request

5.2.21.2 Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Withdraw Program Request' page.

1. Requested By

Dropdown, Modify, Optional

This field will allow the user to select the applicant/beneficiary who has requested for the withdrawal. The mandatory field is now being made as an optional field. This modification will allow the caseworker to withdraw an application in case of an applicant/beneficiary's refusal to comply or duplicate application.

2. Withdrawal Reason

Dropdown, Modify, Mandatory

This field will allow the user to select the reason for withdrawing an application. This modification will accommodate the trigger for 'Application Withdrawn per your Request' notice generation.

Technotes: Refer ProgWithdrawalRequestReason code table for the list of valid values.

5.2.22 <PRMO-449> New Pregnancy Evidence

The New Pregnancy Evidence page is displayed when a user selects to add Pregnancy information on the Evidence page. Modifications to this page are being made, due to the decisions made during the design of <PRMO-449>.

5.2.22.1   Screenshot (Modify)

Figure 40: New Pregnancy Evidence

5.2.22.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'New Pregnancy Details' page.

1. Estimated Delivery Date

Date, Modify, Optional

This field will allow the user to select the applicant/beneficiary who is reporting their pregnancy to enter the estimated delivery date. This mandatory field is now being made as an optional field.

Technotes: Use the below to determine the Estimated Delivery Date ONLY IF the Estimated Delivery Date is not provided:

  a. *Calculation is "start date" + 9 months.*
      i. *Application: Start date is equal to the application date*
      ii. *COC: Start date is equal to the date the change is reported*
      iii. *Renewal: Start date is equal to the date the change is reported*
  b. *As with the 'Due Date', the 'Estimated Delivery Date' should be used to calculate the postpartum period.*

<PRMO-1530> Update to calculations for retro applications:

For retro applications (applicant indicates someone was pregnant during the last 3 months)

When applicant is currently pregnant, the estimated delivery date is equal to application date + 6 months when applicant is currently pregnant.

If pregnancy has ended, the estimated delivery date is the last day of the month prior to application date.

Dev Note: Est Delivery Date should be calculated after application submission. Do not show on application or PDF.

5.2.23 <PRMO-449> Edit Pregnancy Evidence

The Edit Pregnancy Evidence page is displayed when a user selects to add pregnancy information on the Evidence page. Modifications to this page are being made due to the decisions made during the design of <PRMO-449>.

5.2.23.1   Screenshot (Modify)

Figure 41: Edit Pregnancy Evidence

5.2.23.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Edit Pregnancy Details' page.

1. Estimated Delivery Date

Date, Modify, Optional

This field will allow the user to select the applicant/beneficiary who is reporting their pregnancy to enter or update the estimated delivery date instead of the due date. The mandatory field is now being made as an optional field.

Technotes: Once the pregnancy record is updated to add the end date OR revise the Estimated Delivery Date, postpartum period should be reassessed based on the new dates.

5.2.24 < PRMO-452 > New DHSID Evidence

The New DHSID Evidence page is displayed when a user selects to add Alien information on the Evidence page. Modifications to this page are being made due to the decisions made during the design of <PRMO-452>.

5.2.24.1   Screenshot (Modify)

Figure 42: New DHSID Evidence

5.2.24.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'New DHSID Details' page.

1. Alien Number

Text, Modify, Optional

This field will allow the user to enter the Alien number for the applicant/beneficiary.

Technotes: Alien Number field will need to capture all the formats. (A+7 digits, A+8 digits, A+9 digits, 9 digits only); The A+7, A+8, A+9 formats are all accounted for. The only format that needs to be added is the '9 digits only'.

2. Naturalization Number

Text, Modify, Optional

This field will allow the user to enter the Card/Receipt number for applicant/beneficiary.

3. Card/Receipt Number

Text, Modify, Optional

This field will allow the user to enter the Card/Receipt number for applicant/beneficiary.

5.2.25 <PRMO-452> Edit DHSID Evidence

The Edit DHSID Evidence page is displayed when a user selects to edit Alien information on the Evidence page. Modifications to this page are being made due to the decisions made during the design of <PRMO-452>.

5.2.25.1   Screenshot (Modify)

Figure 43: Edit DHSID Evidence

5.2.25.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Edit DHSID Details' page.

1. Alien Number

Text, Modify, Optional

This field will allow the user to enter the Alien number for the applicant/beneficiary.

Technotes: Alien Number field will need to capture all the formats. (A+7 digits, A+8 digits, A+9 digits, 9 digits only); The A+7, A+8, A+9 formats are all accounted for. The only format that needs to be added is the '9 digits only'

2. Naturalization Number

Text, Modify, Optional

This field will allow the user to enter the Naturalization number for applicant/beneficiary.

3. Card/Receipt Number

Text, Modify, Optional

This field will allow the user to enter the Card/Receipt number for applicant/beneficiary.

5.2.26 <CR-170> New Paid Employment Evidence

The New Paid Employment Evidence page is displayed when a user selects to add and/or update the Employment subtype on the Evidence page. Modifications to this page are being made due to the decisions made during the design of <CR-170>.

5.2.26.1   Screenshot (Modify)

Figure 44: New Paid Employment Evidence

5.2.26.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'New Paid Employment Evidence' page.

1. Employment Subtype

Dropdown, New, Optional

This field will allow the user to select the employment subtype for the applicant/beneficiary.

Technotes: See PREmploymentSubType Code table for list of valid values.

5.2.27 <CR-170> Edit Paid Employment Evidence

The New Paid Employment Evidence page is displayed when a user selects to add and/or update the Employment Subtype on the Evidence page. Modifications to this page are being made due to the decisions made during the design of <CR-170>.

5.2.27.1 Screenshot (Modify)

Figure 45: Edit Paid Employment Evidence

5.2.27.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Edit Paid Employment Evidence' page.

1. Employment Subtype

Dropdown, New, Optional

This field will allow the user to select the employment subtype for the applicant/beneficiary.

Technotes: See PREmploymentSubType Code table for list of valid values.

5.2.28 <CR-170> New Earned Income Evidence

~~The New Earned Income Evidence page is displayed when a user selects to add and/or update the Irregular Income on the Evidence page. Modifications to this page are being made due to the decisions made during the design of <CR-170>.~~

<PRMO-1939> Removes the irregular income checkbox due to a change in the back-end income calculations.

5.2.28.1 Screenshot (Modify)

Figure 46: New Earned Income Evidence

5.2.28.2 Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'New Earned Income Evidence' page.

<PRMO-1939> Remove irregular income calculations

~~1. Irregular Income~~

~~Checkbox, New, Optional~~

~~This field will allow the user to select if the income being entered is irregular.~~

5.2.29 <CR-170> Edit Earned Income Evidence

~~The New Earned Income page is displayed when a user selects to add and/or update the Irregular Income Checkbox on the Evidence page. Modifications to this page are being made due to the decisions made during the design of <CR-170>.~~

<PRMO-1939> Removes the irregular income checkbox due to a change in the back-end income calculations.

5.2.29.1   Screenshot (Modify)

Figure 47: Edit Earned Income Evidence

5.2.29.2   Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Edit Paid Employment Evidence' page.

1. Irregular Income

Checkbox, New, Optional

This field will allow the user to select if the income being entered is irregular.

5.2.30 <PRMO-1517> New Police Officer Relative Evidence

The New Police Officer Relative evidence page is displayed when a user selects to capture the relationship between a case participant and an active Police Officer that is not on the case (not in the household). The evidence is used by the rules to potentially provide safety net coverage to the spouse and/or child/stepchild of an active police officer that has coverage.

5.2.30.1   Screenshot (New)

Figure 48: New Police Officer Relative Evidence

5.2.30.2   Description of Modifications and Additions

This section explains the fields and design details for this new evidence page.

1. New Police Officer Relative Evidence

Page Heading, New

2. Received Date

Date, New, Mandatory

3. Relationship Details

Cluster Heading, New

4. Case Participant

Dropdown, New, Mandatory

Save Validation: Check the active household member evidence that is in effect for the selected case participant. The field 'Relative of Absent Police Officer' must be:

- Spouse of Active Police
- Child/Stepchild of Active Police

Validation Message: The case participant must be a spouse or child/stepchild of an active police officer. Check the Household Member evidence for the case participant selected to confirm.

Technote: The dropdown lists the case participants on the case. It is the same as the 'Household Member Participant' field on the New Household Member evidence screen.

5. If the police officer is not a case participant but is registered on the system, please select from below.

Instructions, New

6. Police Officer

Person Selection, New, Optional

Save Validation: A person must be selected when the first name and last name are not provided.

Technote: This opens the person search screen to find a registered person. It is the same as the 'Household Member' field on the New Household Member evidence screen.

7. If the police officer is not registered in the system, provide the details about the police officer below

Instructions, New

8. First Name

Text, New, Optional

Save Validation: Same validation as the New Absent Parent Evidence

The first name must be provided when a person has not been selected for the 'Police Officer' field. This is mandatory when a last name has been provided.

9. Middle Name

Text, New, Optional

Save Validation: Same validation as the New Absent Parent Evidence

10. Last Name

Text, New, Optional

Save Validation: Same validation as the New Absent Parent Evidence

Mandatory when the first name has been provided.

11. Second Last Name

Text, New, Optional

Save Validation: Same validation as the New Absent Parent Evidence

12. Date of Birth

Date, New, Optional

Save Validation: Same validation as the New Absent Parent Evidence

13. Contact Details

Cluster heading, new

14. Address Line 1

Text, New, Optional

Save Validation: Same validation as the New Absent Parent Evidence

15. Address Line 2

Text, New, Optional

Save Validation: Same validation as the New Absent Parent Evidence

16. City

Text, New, Optional

Save Validation: Same validation as the New Absent Parent Evidence

17. State

Dropdown, New, Optional

Save Validation: Same validation as the New Absent Parent Evidence

Technote: Use the code table with the list of states. The same list used on the New Absent Parent Evidence page.

18. Zip

Text, New, Optional

Save Validation: Same validation as the New Absent Parent Evidence

19. Neighborhood

Dropdown, New, Optional

Technote: Use the code table with the list of neighborhoods. The same list used on the New Absent Parent Evidence page.

20. Phone Area Code

Text, New, Optional

The textbox is for area code (3 digits)

Save Validation: Same validation as the New Absent Parent Evidence

21. Phone Number

Text, New, Optional

The textbox is for phone number (7 digits)

Save Validation: Same validation as the New Absent Parent Evidence

22. Start Date

Date, New, Mandatory

Save Validation: Same validation as the New Absent Parent Evidence

23. End Date

Date, New, Optional

Save Validation: Same validation as the New Absent Parent Evidence. End date cannot be before the start date when an end date has been entered.

24. Comments

Text Area, New, Optional

5.2.31 <PRMO-1517> Edit Police Officer Relative Evidence

The Edit Police Officer Relative Evidence page is displayed when a user needs to update a case participant's relationship to a Police Officer that is not on the case (not in the household). The evidence is used by the rules to potentially provide safety net coverage to the spouse and/or child/stepchild of an active police officer that has coverage.

5.2.31.1   Screenshot (New)

① Edit Police Officer Relative Evidence ⑦ ⊗

* required field

② Change Details

Received Date *	15/10/2022 📅
Change Reason	Case Audit ⌄
Effective Date of Change	leave blank if making a correction 📅

Relationship Details

③ Case Participant   Karen Burns (42)

If the police officer is not a case participant but is registered on the system, please select from below.

Police Officer   ◯ ⌧

If the police officer is not registered in the system, provide the details about the police officer below

First Name	Blake	Middle Name	
Last Name	Burns	Second Last Name	
Date Of Birth	📅		

Contact Details

Address Line 1	45 Main st.	Address Line 2	
City		State	⌄
Zip		Neighborhood	⌄
Phone Area Code		Phone Number	
Start Date *	📅	End Date	📅

Comments

[   ]

Save **Cancel**

Figure 49: Edit Police Officer Relative Evidence

5.2.31.2   Description of Modifications and Additions

This section explains the differences between the New Police Officer Relative Evidence and this screen.

1. Edit Police Officer Relative Evidence

Page Heading, New

2. Change Details

Cluster, New, OOTB

The OOTB change details cluster that is on edit evidence screens.

3. Case Participant

Text, Read only

The Case Participant cannot be changed.

Save Validation: Apply the same validation as indicated on to the 'New Police Officer Relative Evidence' screen.

5.2.32 <PRMO-1517> Police Officer Relative Evidence Activation

The Non-Magi rules need to be triggered for the case participant on the Police Officer Relative evidence when the evidence is activated. This will ensure that the Case Participant is re-evaluated to determine if they are eligible for Safety Net coverage based on the relationship to the selected police officer.

5.2.33 <PRMO-1517> New State Benefit Continuation Evidence

The New State Benefit Continuation evidence page is used to capture if the widow of a police officer with State Safety Net coverage would like to keep the coverage. The decision must be made within 90 days (+ 5 day grace period) after the police officer passes away. The evidence is used by the rules to ensure the widow has elected to continue with the coverage.

Tech Note: This evidence is created automatically when the "Change of Circumstance – Death of P.R. Police Officer" notice is generated (see Complete Notices – Forms FDD).

5.2.33.1   Screenshot (New)

Figure 50: New State Benefit Continuation Evidence

5.2.33.2   Description of Modifications and Additions

This section explains the fields and design details for this new evidence page.

1. New State Benefit Continuation Evidence

Page Heading, New

2. Created Date

Date, New, Mandatory

3. Participant and Response Details

Cluster Heading, New

4. Case Participant

Dropdown, New, Mandatory

Technote: The dropdown lists the case participants on the case. It is the same as the 'Household Member Participant' field on the New Household Member evidence screen.

5. Reason for Benefit Continuation

Dropdown, New, Mandatory

Technote: A new code table 'Benefit Continuation Reason' has been created for this. The only option identified so far is 'Widow of a police officer retaining Safety Net Coverage'.

6. Date Correspondence Sent

Date, New, Optional

Save Validation: The date correspondence sent cannot be in the future.

7. Date Response Received

Date, New, Optional

Save Validation:
- The date response received cannot be in the future.
- The date response received cannot be before the date correspondence sent.
- A Response must be selected when the date of response received is entered.
- The date response received must be entered when a Response has been selected.

8. Response

Dropdown, New, Optional

Technote: A new code table 'Benefit Continuation Response' has been created for this. Options include:

- No response received

- Elected to continue receiving coverage

- Coverage was rejected

Save Validation: The Date response received cannot be more than 95 days after the Date correspondence sent when the Response is 'Elected to continue receiving coverage'. The case participant must respond within 90 days + 5 day grace period (for the letter to be delivered) to continue receiving coverage.

9. Comments

Cluster heading / Text area, New, Optional

5.2.34 <PRMO-1517> Edit State Benefit Continuation Evidence

The Edit State Benefit Continuation evidence page is used to update information for this evidence (see new screen for description). This evidence is used by the rules so any chance to it must trigger a reassessment for the Case Participant.

5.2.34.1   Screenshot (New)

Figure 51: Edit State Benefit Continuation Evidence

5.2.34.2   Description of Modifications and Additions

This section explains the fields and design details that are different from the New State Benefit Continuation Evidence.

1. Edit State Benefit Continuation Evidence

Page Heading, New

2. Change Details

Cluster, New, OOTB

The OOTB change details cluster that is on edit evidence screens.

3. Case Participant

Text, Read only

The Case Participant cannot be changed.

5.2.35 <PRMO-2211> New Medical Expense Indication Evidence

The New State Medical Expense Indication evidence page is used to capture the months that an applicant has retroactive medical expenses. The evidence used to determine when the household member is eligible for retroactive medical expense benefits.

5.2.35.1   Screenshot (New)

Figure 52: New Medical Expense Indication Evidence

5.2.35.2   Description of Modifications and Additions

This section explains the fields and design details for this new evidence page.

1. New Medical Expense Indication Evidence

Page Heading, New

2. Received Date

Date, New, Mandatory

3. Medical Expense Indication Details

Cluster Heading, New

4. Household Member

Dropdown, New, Mandatory

Technote: The dropdown lists the household members on the case. It is the same as the 'Household Member' field on the New Medical Expenses evidence screen.

5. Please enter the month and year that the medical expense occurred

Text, New

6. Month

Dropdown, New, Mandatory

Save Validation: see Save button

Technote: Use the 'Month' code table

7. Year

Dropdown, New, Mandatory

Save Validation: See Save button validation.

Technote: Use the 'Year' code table

8. Comments

Cluster heading / Text area, New, Optional

9. Save

Button

Validation:

- The Month and Year combination must be within 3 months prior to an application date for the household member selected. *The system needs to find all application dates on the case for the household member and confirm that the month and year combination is within 3 months prior to any application date. For example, if there is an application for the household member on November 1, 2022 then the only valid combinations that can be entered are August 2022, September 2022, or October 2022. All other entries should fail validation.*

- The Month and Year combination already exists for the household member selected. *Cannot have 2 or more records with the same month and year combination on the case for the same household member.*

5.2.36 <PRMO-2211> Edit Medical Expense Indication Evidence

The Edit State Medical Expense Indication evidence page is used to update the months that an applicant has retroactive medical expenses.

5.2.36.1 Screenshot (New)

1 Edit Medical Expense Indication Evidence

* required field

2 Change Details

Received Date *	18/11/2022
Change Reason	Case Audit

Medical Expense Indication Details

3 Household Member   Vik Biggar (42)

Please enter the month and year that the medical expense occurred

Month *   September   Year *   2022

Comments

4   Save   Cancel

Figure 53: Edit Medical Expense Indication Evidence

5.2.36.2 Description of Modifications and Additions

This section explains the fields and design details that are different from the New Medical Expense Indication Evidence.

1. Edit Medical Expense Indication Evidence

Page Heading, New

2. Change Details

Cluster, New, OOTB

The OOTB change details cluster that is on edit evidence screens without the effective date of change.

3. Household Member

Text, Read only

The Household Member cannot be changed.

4. Save

Button

Validation: See validation captured on the New Medical Expense Indication evidence screen. The same validation applies to this screen.

6   Batch Modifications

The Batch Modifications section is not applicable to this FDD as there are no PREE batches that are being impacted by the implementation of PRMP Evidence and Verification functionality.

7   Tasks, Alerts, Work Queues

<CR-145> ~~The Tasks, Alerts, Work Queues section is not applicable to this FDD as no workflows are associated functionality were impacted as a result of design updates to the Evidence and Verification functionality.~~ The Tasks, Alerts, Work Queues section within this FDD will provide details of the ROP Reminder task that is being added per the CR-145.

7.1   <CR-145> ROP Reminder Task (New)

PRMP needs a way to remind case workers that a beneficiary's ROP status is expiring. This task will alert a caseworker to take the appropriate steps to remind the beneficiary of the need to provide verification of their citizenship or immigration status to continue receiving benefits.

Task ⊠ Notification ☐ Name: ROP Reminder Task		
Purpose: To notify the caseworker that a beneficiary's ROP status is expiring and they should take the appropriate steps to remind the beneficiary to provide verification of their citizenship or immigration status.		
Trigger(s): Generate this task after business hours for each beneficiary when the following criteria is met: ▪ 45 days from the ROP Start Date on an active ROP evidence ▪ 75 days from the ROP Start Date on an active ROP evidence		
Category	Application⊠ Renewal☐ COC☐ Other☐ Interface☐	
Allocation Type	User☐ Position☐ Job☐ Org Unit☐ Queue⊠	
Allocation Strategy	Based on the Primary Applicant's physical address, the task will be routed to the regional work queue associated to the region the physical address belongs to. Queue options are: ▪ Arecibo ▪ Bayamón ▪ Caguas ▪ Mayagüez ▪ Ponce ▪ Metropolitana ▪ Fajardo If the physical address is not in Puerto Rico, assign to any random queue.	
Links	Link	Yes ⊠ No ☐
	Primary Action Link	View Case
	Supporting Information Link	None

Subject	Subject Text	ROP Reminder for \<Primary Applicant Name> \<Integrated Case Number>
Task Details	Deadline Strategy	Yes ☒ No ☐
	Deadline Strategy Details	10 days after task is generated
	Escalation Strategy	N/A – No escalation strategy identified for this task
	Deadline Override Allowed	Yes ☐ No ☒
	Task Priority	Low ☐ Medium ☒ High ☐
	Manual Forwarding Allowed	Yes ☐ No ☒
Task/Notification Body Details	Message Body Text	The Reasonable Opportunity Period for Case \<Integrated Case link> is expiring on \<ROP Evidence End Date>. Please contact the applicant to remind them of the need to provide verification of their citizenship status to continue receiving benefits.
Other special processing instructions: This task should not be generated if the verification type of the Citizen status is not 'ROP Waiver'.		

Table 4: ROP Reminder Task

8 Development Considerations

1. The 'Evidence Verification Mapping' workbook is documented based on PRMP's Data verification Plan and JAD discussion. The workbook includes the eligibility factors that based on PRMP's policy need to be verified prior to PREE determining eligibility for Medicaid, CHIP or Commonwealth coverage. Detailed below is an explanation of each column within the 'Evidence Verification Mapping' workbook.

Column Title	Explanation
Change Log	New: PREE will need to be configured to flag this attribute as requiring verification and utilize the identified Proof of Verification to verify this attribute. OOTB: PREE OOTB is configured to verify this attribute using the identified Proof of Verification. OOTB New: The Proof of Verification exists OOTB but PREE needs to be configured to utilize this item to verify the identified attribute. OOTB Remove: The PREE OOTB configuration to verify this attribute should be removed.
Eligibility Factor	General description of the applicant/beneficiary provided information
Evidence	Name of the evidence where the applicant/beneficiary information is stored.
Attribute	Field name within the identified evidence.
Does Verification Expire?	Identifies whether the applicant/beneficiary information will require re-verification after a pre-defined period of time.
Applicable Program	Identifies which Medicaid, CHIP or Commonwealth program the Eligibility Factor is applicable to. This will ensure the case worker can authorize an applicant/beneficiary's eligibility decision if there is outstanding unverified information on the case that does not impact the applicant/beneficiary's eligibility decision.
Proof of Verification	Provides a description of the item that will be used to verify the applicant/beneficiary's provided information.

Column Title	Explanation
	Refer to the Interface Control Documentation, for a list of interfaces that can be used to verify the applicant/beneficiary provided information and the priority.
Type	Identifies if the Proof of Verification is a Conversion, Interface, Paper Doc or a Self-Attestation item.

Table 5: Evidence Verification Mapping Explanation

2. System should ignore the modifications made to ROP Request Date post the evidence activation. ROP Request Date will always remain the same post evidence activation.

8.1 <CR-42> Creating a PDC via Spenddown Forced Eligibility

If a Forced Eligibility evidence is created with the 'Aid Program / Category / Classification' as "Medically Needy ABD w/ Spenddown – Aged", then a Medically Needy ABD PDC will be created with the category of "Medicaid Medically Needy Aged w/ Spenddown". The design details of the Medically Needy Display rules should be utilized.

If a Forced Eligibility evidence is created with the 'Aid Program / Category / Classification' as "Medically Needy ABD w/ Spenddown – Blind", then a Medically Needy ABD PDC will be created with the category of "Medicaid Medically Needy Blind w/ Spenddown". The design details of the Medically Needy Display rules should be utilized.

If a Forced Eligibility evidence is created with the 'Aid Program / Category / Classification' as "Medically Needy ABD w/ Spenddown – Disabled", then a Medically Needy ABD PDC will be created with the category of "Medicaid Medically Needy Disabled w/ Spenddown". The design details of the Medically Needy Display rules should be utilized.

If a Forced Eligibility evidence is created with the 'Aid Program / Category / Classification' as "Medically Needy Child w/ Spenddown", then a Medically Needy Child PDC will be created with the category of "Medicaid Medically Needy Child w/ Spenddown". The design details of the Medically Needy Display rules should be utilized.

If a Forced Eligibility evidence is created with the 'Aid Program / Category / Classification' as "Medically Needy Parent or Other Caretaker Relative w/ Spenddown", then a Medically Needy Parent or Other Caretaker Relative PDC will be created with the category of "Medicaid Medically Needy Parent or Other Caretaker

Relative w/ Spenddown". The design details of the Medically Needy Display rules should be utilized.

If a Forced Eligibility evidence is created with the 'Aid Program / Category / Classification' as "Medically Needy Pregnant Woman w/ Spenddown", then a Medically Needy Pregnant Woman PDC will be created with the category of "Medicaid Medically Needy Pregnant Woman w/ Spenddown". The design details of the Medically Needy Display rules should be utilized.

9 Training Considerations

Policy documentation will need to be updated for the below training considerations. This effort is associated with Action Item EE-AI00673 and will be completed by the OCM team.

9.1 Identifying an applicant/beneficiary who lacks competency

If a caseworker verifies that an applicant/beneficiary identified as being capable of indicating intent as referenced in SPA 88, appears to be mentally disabled, the caseworker should require verification of the disability status. Once the verification is provided, the caseworker should enter the competency status as 'Competent' and enter the date the competency was determined. If the applicant/beneficiary appears to have no indication of lack of competency this also will suffice as having met the condition of being capable of indicating intent.

9.2 Verifying applicant/beneficiary Information

In PREE, interfaces should attempt to verify information reported as part of an ongoing case if the newly reported information requires verification. If the information cannot be verified using an interface, the case worker will have to request paper documentation proof from the applicant/beneficiary to verify the evidence that was not verified by the interface.

9.3 Updating Outdated Information in PREE

Caseworker should never delete active evidences; instead they should add the 'End Date' to an evidence, if that evidence is no longer required or valid.

9.4 Verifying Newborn SSN

If a request for coverage is submitted for a newborn child, the caseworker may use the letter from Demographic Registry to verify that an application for SSN has been completed for the child.

9.5   ROP Extension

When performing a ROP Extension, the case worker should not enter an 'Effective Date' when editing the ROP evidence and should always select "ROP Extension" as the Change Reason. The 'ROP Request Date' should not be updated and the 'ROP End Date' should be updated to the last day of the extension (this has to be greater than the current 'ROP End Date').

9.6   Adding a Person to an evidence

Prior to adding a person to an evidence, the caseworker should always perform a Person Search to determine if the person is registered in PREE. Once the caseworker confirms that the said person is not registered, the case worker should always attempt to gather enough information to register the person prior to adding them to the case via evidences such as the Absent Parent, and the Authorized Representative. If the case worker cannot register the person in PREE due to lack of information, the case worker can input the available information on the applicable evidence. The case worker should be made aware that this will register the person in the system as a representative and allow them to be added to the case.

9.7   <CR-42> Entering Forced Eligibility Evidence

1. When creating a Forced Eligibility evidence to assign a beneficiary/applicant Spenddown coverage, the caseworker should enter the Authorized Date on the evidence as the date the client met their spenddown obligations.

    If the spenddown is met after the Adequate Notice cutoff date, then the case worker should set the Forced Eligibility evidence End Date to the last day of the following month after the month of the Start Date, at the earliest.

2. If a client with an active Forced Eligibility Evidence reports a CoC, the caseworker must end-date the Forced Eligibility evidence as of the effective date of the reported changes AND leave it 'In-Edit' prior to checking eligibility for the newly reported changes. The changes to the Forced Eligibility evidence should however not be applied.

    If the client continues to be eligible for Spenddown and not eligible for regular Medical benefits, the caseworker can discard the 'In-Edit' Spenddown evidence and apply the evidence updates for the reported changes.

    If the client is no longer eligible for Spenddown but eligible for regular Medical benefits, then the caseworker can apply all the evidence changes and process the case as a regular CoC.

3. Mother is applying for coverage, with her newborn, in the same month of the newborn's birth. Mother is initially assessed as ineligible for Medical benefits due to high income. If the mother meets her Spenddown obligations for the month of the newborn's birth, the case worker will first activate the Forced Eligibility evidence with the applicable Medically Needy with Spenddown program and then activate the applicable Medically Needy PDC, for the mother and then re-check eligibility for the newborn. This will ensure the newborn is assessed for Deemed Newborn as the mother is now receiving Medicaid coverage at the time of the child's birth.

4. Mother is applying for coverage, with her newborn, in the same month of the newborn's birth. Mother is initially assessed as ineligible for Medical benefits due to high income and the newborn is assessed eligible for Medicaid coverage. If the mother meets her Spenddown obligations for the month of the newborn's birth, the caseworker will first activate the Forced Eligibility evidence with the applicable Medically Needy with Spenddown program and then activate the applicable Medically Needy PDC, for the mother and then re-check eligibility for the newborn. The newborn should then be assessed as eligible for Deemed Newborn and the caseworker closes the newborn's PDC and accept the Deemed Newborn decision.

9.8 Items pending PRMP Policy

9.8.1 Verifying Alien Statuses

Policy is needed to assist case workers in identifying the types of documents that can be used to verify the different Alien Status types.

9.8.2 Classification of Domestic Violence Victims for Citizenship requirements

PRMP stated that the policy guidance will need to be created for case workers to properly classify a battered spouse or child as a victim of domestic violence and eligible for coverage. A verification flag will also be placed on the Domestic Violence information to ensure this is verified prior to being used within the eligibility assessment process.

10 Reporting Considerations

There were no additional queries related to the implementation of the Evidence and Verification functionality that were identified during the JAD sessions.

11 Use Cases & Scenarios

This section contains use cases and description of scenarios with expected outcomes. Evidence Use Cases can be triggered via the Application, CoC or Renewal processes.

11.1 Use Cases

Use Case Number	Use Case Description	Expected Outcome
Evidence UC 1	Create Evidence during the Application Process	New evidence is available to the worker.
Evidence UC 2	Create Evidence during the Change of Circumstances process	New evidence is available to the worker.
Evidence UC 3	Create Evidence during the Renewal process	New evidence is available to the worker.
Evidence UC 4	Update Evidence during the Application Process	Modified evidence is available to the worker.
Evidence UC 5	Update Evidence during the Change of Circumstances process	Modified evidence is available to the worker.
Evidence UC 6	Update Evidence during the Renewal process	Modified evidence is available to the worker.

Table 6 : List of Use Cases

11.1.1 Evidence UC 1: Create Evidence during the Application Process

11.1.1.1 Description

Worker has completed an application submission and is in the process of entering the applicant's additional information.

11.1.1.2 Actors

Worker, PREE

11.1.1.3 Pre-Conditions

Worker is already logged into PREE, has submitted an application with the applicant's information and is currently on the Application Case home page.

11.1.1.4 Post-Conditions

New evidence is available to the worker.

11.1.1.5 Main Scenario

1) Worker goes to the 'Evidence' tab – 'Dashboard' section.

2) Worker goes to the respective 'Evidence Type' and clicks 'Create Evidence' icon.

3) Worker enters the applicant's information on the New Evidence page.

4) Worker then clicks on 'Save' button.

11.1.2 Evidence UC 2: Create Evidence during the Change of Circumstances Process

11.1.2.1 Description

Worker is in the process of entering the new information reported by the beneficiary.

11.1.2.2 Actors

Worker, PREE.

11.1.2.3 Pre-Conditions

Worker is already logged into PREE and is currently on the Integrated Case – Evidence Tab.

11.1.2.4 Post-Conditions

New evidence is available to the worker.

11.1.2.5 Main Scenario

1) Worker goes to the 'Dashboard' section.

2) Worker goes to the respective 'Evidence Type' and clicks 'Create Evidence' icon.

3) Worker enters the beneficiary's information on the New Evidence page.

4) Worker then clicks on 'Save' button.

11.1.3 Evidence UC 3: Create Evidence during the Renewal Process

11.1.3.1 Description

Worker has started the renewal procedure and is in the process of entering the new information reported by the beneficiary.

11.1.3.2 Actors

Worker, PREE.

11.1.3.3 Pre-Conditions

Worker is already logged into PREE, has initiated the renewal process and is currently on the Product Delivery Case home page.

11.1.3.4 Post-Conditions

New evidence is available to the worker.

11.1.3.5 Main Scenario

1) Worker goes to the 'Integrated Case – Evidence' tab.

2) Worker goes to the 'Dashboard' section.

3) Worker goes to the respective 'Evidence Type' and clicks 'Create Evidence' icon.

4) Worker enters the beneficiary information on the New Evidence page.

5) Worker then clicks on 'Save' button.

11.1.4 Evidence UC 4: Update Evidence during the Application Process

11.1.4.1   Description

Worker has completed an application submission and is in the process of updating the beneficiary's information.

11.1.4.2 Actors

Worker, PREE

11.1.4.3 Pre-Conditions

Worker is already logged into PREE, has submitted an application with the applicant's information and is currently on the Application Case home page.

11.1.4.4 Post-Conditions

Modified evidence is available to the worker.

11.1.4.5 Main Scenario

1) Worker goes to the 'Evidence' tab – 'Dashboard' section.

2) Worker selects respective 'Evidence Type' and navigates to the evidence page.

3) Worker toggles the evidence record.

4) Worker clicks 'List Actions' menu and selects 'Edit'.

5) Worker updates the applicant information on the Edit Evidence page.

6) Worker then clicks on 'Save' button.

11.1.5 Evidence UC 5: Update Evidence during the Change of Circumstances Process

11.1.5.1 Description

Worker is in the process of updating the changes reported by the beneficiary.

11.1.5.2 Actors

Worker, PREE.

11.1.5.3 Pre-Conditions

Worker is already logged into PREE and is currently on the Integrated Case – Evidence Tab.

11.1.5.4 Post-Conditions

Modified evidence is available to the worker.

11.1.5.5 Main Scenario

1) Worker goes to the 'Dashboard' section.

2) Worker selects respective 'Evidence Type' and navigates to the evidence page.

3) Worker toggles the evidence record.

4) Worker clicks 'List Actions' menu and selects 'Edit'.

5) Worker updates the beneficiary information on the Edit Evidence page.

6) Worker then clicks on 'Save' button.

11.1.6 Evidence UC 6: Update Evidence during the Renewal Process

11.1.6.1 Description

Worker has started the renewal procedure and is in the process of updating the changes reported by the beneficiary.

11.1.6.2 Actors

Worker, PREE.

11.1.6.3 Pre-Conditions

Worker is already logged into PREE, has initiated the renewal process and is currently on the Product Delivery Case home page.

11.1.6.4 Post-Conditions

Modified evidence is available to the worker.

11.1.6.5 Main Scenario

1) Worker goes to the 'Integrated Case – Evidence' tab.

2) Worker goes to the 'Dashboard' section.

3) Worker selects respective 'Evidence Type' and navigates to the evidence page.

4) Worker toggles the evidence record.

5) Worker clicks 'List Actions' menu and selects 'Edit'.

6) Worker updates the beneficiary information on the Edit Evidence page.

7) Worker then clicks on 'Save' button.

11.2 Scenarios

The scenarios listed within this section provide specific data points that will be used within a test script to determine if the configured verification items and evidences when developed are functioning as expected. These scenarios do not represent all possible scenarios to interpret the updates to the evidence and verification engine. This FDD documents several user scenarios, however it is not exhaustive of every possible scenario that will need to be covered during testing. It is expected that the test scripts will cover all possible updates to the evidence and evidence mapping defined within this FDD and the Evidence & Mapping worksheet.

11.2.1 Verification Scenarios

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
VER.01	This scenario is to validate the design modifications made to list of verification types related to the PREE 'Disability' evidence have been made. ▪ Disabled applicant has requested for medical assistance. ▪ Case worker has submitted an application with applicant's disability information. ▪ PREE creates an outstanding item for verification on disability evidence.	Application received from a disabled individual requesting medical assistance.	'Item' field displays the below proof of verification types as drop-down values for user selection: ▪ Veterans Administration Certification ▪ ADSEF Category B or D Certification ▪ Medical Review Board ▪ SSA Statement ▪ Self-Attestation

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
VER.02	This scenario is to validate the design modifications made to list of verification types related to the PREE 'Medical Expense' evidence have been made. ▪ Household reports a new medical expense on an on-going case. ▪ Case worker adds a new medical expense evidence. ▪ PREE creates an outstanding item for verification on medical expense evidence.	Household reports a new medical expense on an on-going case.	'Item' field displays the below proof of verification types as drop-down values for user selection: ▪ Bills or receipts ▪ Statements from Provider ▪ Pharmacy Computer Printouts ▪ Insurance Policies or Statements from Insurance Companies ▪ Explanation of Benefits (EOB) ▪ Self-Attestation
VER.03	This scenario is to validate the deletion of the PREE 'Liquid Resource Evidence' evidence and the associated verification item. ▪ Case worker enters the reported liquid resource information. ▪ PREE creates an In-Edit Liquid Resource evidence. ▪ PREE creates an outstanding item for verification on liquid resource evidence.	Case worker deletes an In-Edit liquid resource evidence that has been reported by the applicant in error.	PREE deletes the newly created outstanding item for verification on the liquid resource evidence.

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
	▪ Applicant confirms the removal of liquid resource information from the system. ▪ Case worker deletes In-Edit liquid resource evidence.		
VER.04	This scenario is to validate the design modifications made to list of verification types related to the PREE 'Earned Income' evidence have been made ▪ Household reports an increase in earned income on an on-going case. ▪ Case worker adds an end date to active earned income evidence and then adds a new income evidence with new income information. ▪ PREE creates an outstanding item for verification on earned income evidence.	Applicant reports an increase in earned income on an on-going case.	'Item' field displays the below proof of verification types as drop-down values for user selection: ▪ Wage Verification Form ▪ Clandestine Business ▪ Pay Stub/Earning Statement ▪ Written or Verbal Statement from Employer ▪ Self-Attestation
VER.05	This scenario is to validate the outstanding items for verification created on the 'PREE Addresses', 'Birth and Death Details', 'Household	Applicant reports birth of his/her child on an on-going case.	PREE creates an outstanding item for verification on the below evidences: ▪ Addresses

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
	Member', 'Household Relationship' and 'Participant Details' evidences. • Applicant reports birth of his/her child on an on-going case. • Case worker adds the new household member via guided change process.		▪ Birth and Death Details ▪ Household Member ▪ Household Relationship ▪ Participant Details

Table 7: Verification Scenarios

11.2.2 ROP Scenarios

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
ROP.01	This scenario is to validate the design additions made to 'New Reasonable Opportunity Period' evidence screen. • Applicant has requested for medical assistance who does not have proof to verify his/her citizen status. • Applicant makes a request for ROP.	Applicant has requested for ROP.	New Reasonable Opportunity Period evidence screen contains the below fields: ▪ Received Date ▪ Household Member ▪ ROP Request Date ▪ Comments

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
	▪ Case worker creates a new Reasonable Opportunity Period evidence.		
ROP.02	This scenario is to validate the design additions made to 'Edit Reasonable Opportunity Period' evidence screen. ▪ Applicant has received benefit through his/her initial ROP request. ▪ Applicant does not have proof to verify his/her citizen status and makes a request for ROP extension. ▪ Case worker edits an active Reasonable Opportunity Period evidence.	Applicant has requested for an ROP extension.	Edit Reasonable Opportunity Period evidence screen contains the below fields: ▪ Received Date ▪ Change Reason ▪ Effective Date Of Change ▪ Household Member ▪ ROP Request Date ▪ ROP End Date ▪ Comments
ROP.03	This scenario is to validate the 'ROP Request Date' field on the ROP evidence cannot be a future date. ▪ Applicant has requested for medical assistance who does not have proof to verify his/her citizen status.	Applicant has requested for ROP.	PREE displays the below error message, "The ROP Request Date cannot be later than the current date."

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
	▪ Applicant makes a request for ROP. ▪ ROP Request Date is in the future.		
ROP.04	This scenario is to validate the 'ROP End Date' field on the ROP evidence cannot be earlier than the current ROP End Date. ▪ Applicant has received benefit through his/her initial ROP request. ▪ Applicant does not have proof to verify his/her citizen status and makes a request for ROP extension. ▪ New ROP end date is lesser than the current ROP end date.	Applicant has requested for an ROP extension.	PREE displays the below error message, "New ROP End Date must not be earlier than the current ROP End Date."
ROP.05	This scenario is to validate the 'ROP Request Date' field on the ROP evidence is required. ▪ Applicant has requested for medical assistance who does not have proof to verify his/her citizen status.	Applicant has requested for ROP.	PREE displays the below error message, "The ROP Request Date must be entered ."

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
	▪ Applicant makes a request for ROP. ▪ ROP Request Date field is left blank on the evidence.		

Table 8: ROP Scenarios

11.2.3 Evidence Scenarios

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
EVD.01	This scenario is to validate the design modifications/additions made to PREE Addresses evidence. ▪ Applicant has requested for medical assistance. ▪ Case worker has submitted an application with applicant's detailed address information. ▪ PREE creates an In-Edit addresses evidence.	Application received from an individual with a detailed address information.	Addresses evidence contains the below modified/newly added fields: ▪ Address Line 1 ▪ Address Line 2 ▪ Neighborhood
EVD.02	This scenario is to validate the PREE Addresses evidence City and Zip Code combination validation. ▪ Applicant is a resident of Puerto Rico. ▪ Applicant has reported a change in address with wrong city and zip code combination. ▪ Case worker has updated the addresses evidence with new information.	Address change reported by an individual with an incorrect address information.	PREE displays the below error message, "Invalid City and Zip Code combination."

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
	▪ PREE validates the entered city and zip code combo.		
EVD.03	This scenario is to validate the design modifications/additions made to PREE Household Relationship evidence screen. ▪ Applicants have requested for medical assistance. ▪ Case worker has submitted an application with applicant's relationship information. ▪ PREE creates an In-Edit Household Relationship evidence.	Application received from a mother and her two children requesting for medical assistance.	Household Relationship evidence screen contains the below modified/newly added fields; ▪ Caretaker Relative ▪ Is a widow(er) or divorcee of a parent caretaker relative? ▪ Financially Responsible
EVD.04	This scenario is to validate the values added to the 'Withdrawal Reason' dropdown field on the Withdraw Program Request screen are visible. ▪ Applicant has requested for an application withdrawal. ▪ Case worker has entered the withdrawal information.	Applicant has requested for an application withdrawal.	Withdrawal Reason field on the Withdraw Program Request screen displays the below drop-down values for user selection: ▪ Duplicate Application ▪ Per applicant's request ▪ Refuse to Comply

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
	▪ Case worker selects a value from the dropdown for 'Withdrawal Reason' field.		
EVD.05	This scenario is to validate the modifications made to 'Reason for Authorization' multi-select field on the Authorized Representative evidence screen values are visible. ▪ Household has an authorized representative on their behalf. ▪ Case worker has entered the authorized representative information. ▪ Case worker selects a value from the dropdown for 'Reason for Authorization' field.	Application received from a household who have an authorized representative acting on their behalf.	'Reason for Authorization' multi-select field on the Authorized Representative evidence displays the values for user selection; ▪ Applying ▪ Continuity ▪ Guardian ▪ Institution with guardianship ▪ All matters related to Application

Table 9: Evidence Scenarios

12 Related Documents

This section lists any related documents associated with this FDD.

Document
PREE Code Tables Document
Evidence Verification Mapping Workbook

Table 10: Related Documents

13 Requirements Matrix

This section contains a Requirements Matrix that states the Requirement Description, if there is a Fit or Gap, and any Implementation Details. The Requirements Matrix only contains requirements pertaining to the implementation of the Evidence and Verification functionality within PREE. All requirements for the PREE project are maintained in JIRA. Below is an extract from JIRA of the requirements related to the Evidence & Verification FDD. The requirements and the implementations details listed below will also be included within the PREE Project Requirement Traceability Matrix (RTM). The 'Requirement Met OOTB Status' column represents PRMP's approval for the requirements SI has demonstrated have been met OOTB without modifications. If 'N/A' is displayed within this column then modifications had to be made to satisfy the applicable requirement.

For requirement traceability purposes, the following requirements are met and mapped to this design document.

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-INT-043	The Solution shall have the ability to accept Medical bills for Medically Needy applications.	Fit	This requirement is met OOTB. PREE is configured to accept a Medical Bill as a form of verification for Medical Expenses. These Medical Expenses can be used during the Spend down process.	Approved

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-ED-108	The Solution shall have the ability to verify all financial eligibility requirements for Non-MAGI programs, as defined by Puerto Rico.	Fit	PREE will be configured to verify the applicant/beneficiary provided income and/or resources information in accordance with PRMP's verification plan.	N/A
FR-ED-106	The Solution shall have the ability to verify all non-financial eligibility requirements for Non-MAGI programs, as defined by Puerto Rico.	Fit	PREE will be configured to verify the applicant/beneficiary provided SSN, residency, citizenship information in accordance with PRMP's verification plan.	N/A
FR-ED-105	The Solution shall allow user roles, as defined by Puerto Rico, to manually override an eligibility decision, eligibility category, eligibility start dates, or eligibility end dates, as defined by Puerto Rico.	Fit	This requirement is met OOTB. PREE is configured to allow specific user roles to manually override an eligibility decision using the OOTB Forced Eligibility process.	Approved

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-ED-100	The Solution shall have the ability to apply immediate eligibility for designated categories.	Fit	This requirement is met OOTB. PREE is configured to determine eligibility on the same day an application is submitted. This is possible if all the information provided within the application is verified then the applicant's eligibility can be determined.	Approved
FR-ED-094	The Solution shall automatically determine eligibility for a specific program when verifications are resolved.	Fit	The Solution shall automatically determine eligibility for a specific program when verifications are resolved.	N/A
FR-ED-078	The Solution shall have the ability to configure verification time frames and verifications by program.	Fit	PREE is configured to associate a timer to each piece of applicant/beneficiary data. The timer associated to each piece of data that requires verification will be configured based on PRMP data verification policy.	N/A

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-ED-056	The Solution shall notify users when additional verification documents are necessary to complete the eligibility determination process.	Fit	The Solution shall notify users when additional verification documents are necessary to complete the eligibility determination process.	N/A
FR-ED-052	The Solution shall have the ability to designate that verification information is missing.	Fit	This requirement is met OOTB. PREE is configured to identify what information on an Application or Case requires verification. PREE will also flag the items as unverified if they are entered on an application or case and have not been verified. The flags are visible within the Context Panel and the Evidence tab at both the Application and Integrated Case levels.	Approved

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-ED-050	The Solution shall have the ability to indicate which verification documents have already been provided within the allotted time period.	Fit	This requirement is met OOTB. PREE is configured to associate a timer to each piece of applicant/beneficiary data that requires verification based on PRMP policy. The date and time a verification was logged and the type of verified will be stored within the PREE automatically.	Approved
FR-ED-047	The Solution shall have the ability to designate individual medical records and/or medical bills have been verified.	Fit	This requirement is met OOTB. PREE is configured to allow the case worker to enter and verify individual medical expense records.	Approved
FR-ED-043	The Solution shall allow for self-attestation of certain eligibility criteria according to Puerto Rico's verification plan.	Fit	PREE will be configured to allow self-attestation of applicant/beneficiary's provided information based on PRMP's Data Verification plan.	N/A

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-ED-040	The Solution shall track and report on self-attestation of certain eligibility criteria according to Puerto Rico's verification plan.	Fit	PREE will be configured to allow self-attestation of applicant/beneficiary's provided information based on PRMP's Data Verification plan. Information will be stored and can be utilized for reporting purposes.	N/A
FR-ED-038	The Solution shall have the ability to verify all financial eligibility requirements for MAGI programs, as defined by Puerto Rico.	Fit	PREE will be configured to require verification for all financial information that will be used to assess an applicant/beneficiary's eligibility for the MAGI program. The configuration of the verification rules will be in accordance with PRMP's policy.	N/A

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-ED-031	The Solution shall have the ability to accept the self-attestation of citizenship or immigration, for the purpose of establishing a reasonable opportunity period.	Fit	PREE OOTB is configured to grant a Reasonable Opportunity Period (ROP) for applicants who are attempting to verify their citizenship or immigration status. The OOTB process will be configured to allow case workers to grant extensions to a ROP as well as being able to grant a single applicant multiple ROPs.	Approved
FR-ED-024	The Solution shall provide the ability to identify the appropriate verification items based on program criteria and application data.	Fit	PREE will be configured to identify applicant/beneficiary information that need to be verified based on PRMP's program policy. A list of unverified information will be listed on both the Context Panel and within the Evidence tab at the Application and Integrated Case levels.	N/A

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-ED-023	The Solution shall generate a configurable listing of verification proof documents for each type of verification.	Fit	This requirement is met OOTB. PREE provides a configurable list of document types that can be used to identify verification proof documentation.	Approved
FR-ED-014	The Solution shall have the ability to verify all non-financial eligibility requirements for MAGI programs, as defined by Puerto Rico.	Fit	PREE will be configured to verify the applicant/beneficiary provided SSN, residency, citizenship information in accordance with PRMP's verification plan.	N/A
FR-ED-013	The Solution shall automatically populate reciprocal relationships for both MAGI Medicaid Households and Non-MAGI Medicaid Households.	Fit	This requirement is met OOTB. PREE automatically populates the reciprocal relationship of case members during the application, change of circumstances and re-certification processes.	Approved

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-ED-012	The Solution shall have the ability to accept self-attestation of pregnancy and consider it verified when determining eligibility.	Fit	PRMP confirmed during the JADs that the act of reporting an applicant/beneficiary pregnancy serves as self-attestation and does not require additional verification.	N/A
<CR-56> FR-CM-002	The Solution shall have the ability to allow eligibility verification times to be extended, as defined by Puerto Rico.	Fit	PREE has been configured to allow case workers to extend the verification time of the Citizenship evidence via the ROP Extension process.	N/A
FR-CM-025	The Solution shall have the ability to capture information related to Itemized deductions within an Eligibility Case.	Fit	PREE will be configured to capture applicant/beneficiary information used to determine itemized deductions during the Application, Change of Circumstances and Re-certification processes.	N/A

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-CM-022	The Solution shall have the ability to store verification information received from external information sources, including but not limited to verification status, date of verification receipt, time of verification receipt, and external information sources	Fit	PREE will be configured to store verification information received from external sources.	N/A

Table 11: Requirements Matrix

14 Issue Register

This section contains any issues, resolutions, and resolution dates associated with this FDD.

Issue #	Issue	Resolution	Resolution Date
EE-AI00616	Track all potential instances of changing evidence names in PREE		
EE-AI00944	PRMP to confirm Physical Address/Facility Mapping Data/Logic. Will confirm final list of Neighborhoods once this is resolved		

Table 12: Issue Register

15 Deliverable Schedule

This section contains the dates of submissions, reviews, and revisions.

FDD Submission Schedule	
FDD Submission Date:	July 5, 2019
Acknowledge Receipt:	July 8, 2019
PRMP Draft Review and Comment Period:	July 15, 2019 – July 19, 2019

Table 13: Deliverable Schedule