

Knowledge Base Article

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Overview

This article describes how agencies can enroll and dis-enroll children into a managed care plan. Effective January 1, 2017, all children in out of home care must be enrolled into a managed care plan. New functionality is being added in SACWIS so agencies can easily enroll children. The agency must have a SACWIS generated Medicaid span in place to add an enrollment. Once an enrollment has been entered in SACWIS, a nightly batch job will transmit the enrollment or disenrollment information the Automated Health Systems (AHS).

Note: The User must have MCP Coordinator security to enroll children in managed care plans.

If the user currently has 'Agency System Administrator' or 'Agency Info- Read Only' security, these securities do not permit access to enter Agency Config information. These securities must be removed in order to Add Configuration information in the system.

Navigating to the OIES Data Inquiry Screen

- 1. From the SACWIS Home screen, click the Financial tab.
- 2. Click the Eligibility tab.
- 3. Click the CRIS-E/OIES Inquiry link on the Navigation menu.

	OHIO SACWIS	5						A Home →	🕑 Recent 👻	Q Search +	🕄 Help 👻
	Home	e	li	ntake		Case	Provider	Financia		Administra	ation
	Workload	Services	Eligibility	Payment	Benefits	Statistical & Expe	enditure Reports				
<	CRIS-E/OIES Inquiry	t <u>v</u>									
	Adoption Subsidy										
	Medicaid Eligibility CRIS-E/OIES Inquiry H	<u>iistory</u>									
	Medicaid Card History										



The CRIS-E/OIES Data Inquiry screen appears as shown below.

- 4. Select the **Public** or **Private** Button.
- 5. If you know the child's **Person ID**, enter the number in the **Person ID** field.
- 6. Or, click the **Person Search** button to locate the appropriate child.
- 7. Click the **Go** button.

<u>CRIS-E/OIES Inquiry</u> <u>Eliqibility/Reimbursability</u> Adoption Subsidy	CRIS-E/OIES Data Inquiry Public O Private		
PASSS Medicaid Eligibility	Person Search	- or -	Person ID: Co
CRIS-E/OIES Inquiry History	Name:	Title IV-E #:	
Medicaid Mailing Info	Person ID:	Initial Custody Date:	
Medicaid Card History	DOB:	CRIS-E Recipient ID:	
	Gender:	CRIS-E Last Query Date:	
	SSN:	OIES Person ID:	
		OIES Last Query Date:	
	Clear Form		

The search results appear in the **OIES Data Inquiry** screen.

Important:

- If the **Public** button was selected, the system enables the **Initial Custody Date** field drop-down list so you can choose a date as shown below.
- If the **Private** Button was selected, the system displays a calendar and you will enter a date for the initial custody. However, to launch the OIES interface, a pending adoption subsidy record is needed.



Launching OIES Information

1. Select a date in the Initial Custody Date field.

Important: This date will be used to determine IV-E FCM eligibility.

2. Once a date has been entered, click the Launch OIES Information button.

CRIS-E/OIES Inquiry	CRIS-E/OIES Data Inquiry			
Eliqibility/Reimbursability	Public Private			
Adoption Subsidy				
PASSS	Person Search		- OF -	Person ID: Go
Medicaid Eligibility				
CRIS-E/OIES Inquiry History	Name:		Title IV-E #:	
Medicaid Mailing Info	Person ID:		Initial Custody Date:	
Medicaid Card History	DOB:		CRIS-E Recipient ID:	
	Gender:		CRIS-E Last Query Date:	
	SSN:		OIES Person ID:	
			OIES Last Query Date:	
	Confidentiality Statement: By	licking either Launc	h Information button, I affirm and acknowledge that the following is true and accurate: that I am an	employee of an Ohio county public children services
	agency (PCSA), that as of this d	te the above-name	d child is in the initial legal custody of my employer, that the search I am conducting is part of my jo	ob duties for my employer, and that the data being
	requested from CRIS-E/OIES IS	essentiar to providin	g services/benefits for the child in the county agency's legal custody.	
	Launch CRIS-E Information	aunch OIES Inform	ation C ear Form	
II.				

The **OIES Potential Matches** screen appears displaying the search results.

Note: Potential match results are based on an exact match and then "Fuzzy logic" in order of the following criteria: SSN, Recipient ID, First and Last Name, Gender, and DOB.



3. Click the **View** link in the appropriate row.

← 🕀 🖶 https://sacwis.ohio.	.gov/sacwis/criseInquiry.do	오 - 음 C 😁 SACWIS - Adminis	stration - Ag 🤭 SACWIS	- CRIS-E Potential ×			
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DHID SACWIS Financial > Eligibility > OIES I	Inquiry					A Home 👻 🛇 R	ecent • Q Search • Help •
Child in Custody	Person ID	DOB		Gender		SSN	Custody Date
				Female			08/18/2016
OIES Potential Matches							
OIES Person ID	Name	SSN	DOB	Gender	Race	County	Match
View				Female	Unknown	County	
Close Search Sacwis Case	Members						

The OIES Case History screen appears.

4. Click the **View** link in the appropriate row.

DHOSACWIS	quiry				A Ho	ome 👻 🔘 Recent 👻	Q Search + Help +
Child in Custody	Person ID		DOB	Gender Female	SSN	Custod 08/18/20	y Date 016
OIES Case History							
OIES Case ID	Case Status	Effective Date		Case Address	Case Phone	Worker	Worker Phone
view	Active	06/01/2014					
Close Exit							
HELP & TRAINING PRIVAC	CY & SECURITY AGENCY SE	EARCH ROM REPORTING	BIC REPORTING	Ì			<u>3.06.5</u>

The Selected OIES Case Member screen appears displaying the Selected OIES Case Member in the top grid and the related SACWIS Case Members in the bottom grid.



5. Click the **Select** link next to the child's name.

,	Person ID	DOB	Gender Female	SSN	Cus 08/1	tody Date 8/2016
lected OIES Case Member						
0	ES Person ID	Name	2	DOB	Age	Gender
					1 Fe	male
wis Case Members						
	OIES Person ID	Person ID	Name	DOB	Age	Gender
elect						Male
elect					74	Female
SIGNAL STREET,					23	Male
lect					23	Male
elect			4		19	Female
elect					4	Female
					1	Female
elect						

The Medicaid type that exists in OIES will be transferred to SACWIS.

Begin Date		End Date	M	ledicaid #	Medicaid Type				
07/01/2016					Medicaid MAGI Deemed Infant				
06/01/2016	06/30/2016				Medicaid MAGI Deemed Infant				
08/01/2015	05/31/2016				Medicaid MAGI Deemed Infant				
07/01/2015	07/31/2015				MAGI Child Under 1				
Eligibility									
SC MCHIDCI	MITS Number Begin Date								
SC MCHIDCI	MITS Number								

6. Click Transfer Data to SACWIS button.

Note: The data needs to be transferred into SACWIS. This is imperative because the Medicaid type information must be sent to MITS as part of the eligibility process. Once the data has been transferred to SACWIS from OIES, the information can be transmitted to MITS with the SACWIS generated span.

All new children entering custody on or after 1/3/2017, SACWIS will generate Medicaid eligibility span if all of the following eligibility criteria have been met:



- The child is the custody of a Title IV-E agency
- The child is in an out of home care setting
- The placement setting has been marked complete
- The citizen requirement has been met
 - a. This requirement can be met once the child's citizenship has been verified and entered in the child's person record, or if this has been verified within any historical Title IV-E eligibility record for the child

If any of these elements are missing it will be apparent to the user.

Note: The following screenshot is what it looks like when those elements are missing.

+ ttp://sacwisdev.odjfs.state.oh.us	/sacwis/medicaidEligibilityHistory.do 🏾 🔎 🕶 🖒	😂 SACWIS - Financial - Eligibil ×	i si		
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Adoption Subsidy					 ^
PASSS	Person ID:	DOB:			
label.kpipInit.do	Person Name:	Title IV-I	E #:) Child has private insura	ance
Medicaid Eligibility	Primary Information Person:				
CRIS-E/OIES Inquiry History					
Medicaid Mailing Info	Current Medicaid Card Mailing Details				
Medicaid Card History	Describes ID:	// Ocisis -			
	C/O Name:	A Ongin o	or information:		
	Cio Name.	Autres	5.		
	Authorized Representative History				
	Filter : Active				
	Person ID	Name	DOB Effe	ective Date End I	Date Type
	Add Provider Members Add Other Me	mbers			
	Non IV-E Eligible Indicators				
	Custody Start Date	Placement	Begin Date	Placement State	U.S. Citizen
	03/01/2016	Not Available	Not Available	No	
	Medicaid Eligibility History				
	Medicaid Type	Medicaid Number	Effective Date	e Termination Date	Status
	MCP Enrollment History				
	Created in Error Exclude Include				
	MCP Name	MCP ID/Number	Enrollment Date	Disenrollment Date	Notification Sent



Note: When all elements are present, SACWIS will generate a Non IV-E Medicaid eligibility span. The screenshot below serves as an example.

	Custody Start Date	Placement Begin	Date	Placement State	<u>U.S. Citizen</u>
11/01/2016		11/01/2016	ОН		Yes
Medicaid Elig	igibility History				
	Medicaid Type	Medicaid Number	Effective Date	Termination Date	Status
view NC report	ON-IV-EFCM		11/01/2016		Active - SACWIS
MCP Enrollm Created in E	nent History Error				
MCP Enrollm Created in E	nent History Error © Exclude ○ Include MCP Name	MCP ID/Nur	mber Enrollment	Date Disenrollmen	nt Date Notification S
MCP Enrolln Created in E	Error Error Error Error Cultude Include MCP Name United Healthcare Community	MCP ID/Nur	mber Enrollment 11/01/2016	Date Disenrollmen	nt Date Notification St No
MCP Enrollm Created in E view edit	Error Er	MCP ID/Nu	mber Enrollment 11/01/2016	Date Disenrollmen	nt Date Notification Sr No
MCP Enrollin Created in E view edit Add MCP E	Thent History	MCP ID/Nu	mber Enrollment 11/01/2016	Date Disenrollmen	nt Date Notification S No

Note: Unless the child is placed out of state, the span will not be sent to MITS until the user has selected a managed care plan.

The system will account for changes in IV-E eligibility, as well as changes to AA or SAMS. When these records are created in the system, SACWIS will end date the existing Non IV-E Medicaid span and will send an update to MITS to end the non-IVE span and open an IV-E Medicaid and vice versa.

Additional system derived indicators will be transmitted to MITS for:

- Deemed Newborns
- SSI Recipients
- Children in receipt of State Adoption Maintenance Subsidy (SAMS) who meet the special needs criteria identified in OAC rule 5101:2-44-06
- Children in receipt of **State Adoption Maintenance Subsidy (SAMS**) who meet the expanded special needs criteria identified in **OAC rule 5101:2-44-05.1**



Adding Managed Care Enrollment

1. From the SACWIS Home screen, click the financial tab.

<i>Ohio</i> sacwis	/ UAT1			🔒 Home 👻 🔍 Sea	rch 👻 🛛 🗣 Help 🛛 Log off				
Home	Intake	Case	Provider	Financial	Administration				
Workload Court (Workload Court Calendar Placement Requests								
Case Workload									
Caseworker:		Sort By:	Case Name Ascending 🔽 Filter						
 Sacwis, Susie 	[<u>1234567</u>] - Open	- Ongoing							
Ð									

2. Click the **Eligibility** tab.

	Home	Intake	Case	Provider	Financial	Administration
	Workload Services	Eligibility Payment	Benefits Statistical & Expe	nditure Reports		
	<>					
	CRIS-E/OIES Inquiry					
	Eliqibility/Reimbursability					
	Adoption Subsidy					
(Medicaid Eliqibility CRIS-EFORES Inquiry History					
	Medicaid Mailing Info					
	Medicaid Card History					

3. Select the Medicaid Eligibility link.

The Child Selection screen appears.

CRIS-E/OIES Inquiry	Child Selection		
Eligibility/Reimbursability	Person Search	- OF -	Person ID:
Adoption Subsidy			
PASSS	Person ID:	DOB:	
Medicaid Eligibility	Person Name:	Title IV-E #:	Child has private insurance
CRIS-E/OIES Inquiry History	Primary Information		
Medicaid Mailing Info	Person:		
Medicaid Card History	(

4. Enter the **Person ID** or use the **Person Search** button to locate the appropriate Child. (Shown in green above)

5. Click the **Go** button.



The Person Results page appears.

Person Search Kesuits											
	Result(s) 1 - 15 of 120 / Page 1 of 8										
		Person ID	Name	Street		City	State/Zip	Gender	Age	DOB	Active Case
	select										
\langle	<u>select</u>	>									
	select										
	select										

6. Click the **Select** Link.

The Child Selection Screen Appears.

Child Selection								
Person Search		- OF -					I	Person ID: Go
Person ID:		DOB:						
Person Name:		Title IV-E	#:			Child ha	s private insuranc	ce
Primary Information Person:								
Non IV-E Eligible Indicators								
Custody Start Date	•	Placement Begi	n Date		Placement S	itate	<u>!</u>	U.S. Citizen
09/10/2014	09/10/20	114		ОН			Yes	
Medicaid Application History								
Medicaid Type	Medicaid #	Applicatio	on Type	Applicatio	on Date	Requeste	d Effective Date	Status
Add Application								
Medicaid Eligibility History								
Medicaid Type	Medica	aid Number	Effect	tive Date	Ten	mination Date	:	Status
view IV-EFCM			09/01/2014				Active - SACV	vis
MCP Enrollment History								
Created in Error Exclude In	clude							
MCP Name	MCP ID/Nu	mber	Enrollmer	nt Date	Di	senrollment Date		Notification Sent
Add MCP Enrollment/MCP Disenr	oliment							
Has were entrolled and bisching								

7. Click the Add MCP Enrollment/MCP Disenrollment button.



Note: If the button is grayed out, it's because enrollment is not available if a child is placed out of state, a child is currently enrolled, or they don't have Medicaid eligibility span.

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	Person ID	Name DOB	Eff	ective Date	End Date	Туре
	Add Provider Members Add Other Members	5				
	Non IV-E Eligible Indicators					
	Custody Start Date	Placement Begin	Date	Placement State	U.S. Citizen	
	09/10/2014	09/10/2014	ОН		Yes	
	Modicaid Eligibility History					
	Medicaid Type	Medicaid Number	Effective Date	Termination Date	Status	
	view IV-EFCM		09/01/2014		Active - SACWIS	
	MCP Enrollment History					
	Created in Error Exclude Include MCP Name	MCP ID/Number	Enrollment Date	Disenrollment Date	Notification Se	•nt
	view edit CareSource	11	/01/2016		No	
	Add MCP Enrollment/MCP Disenrollment					
	Stop Span History					
	Stop S	pan Effective Date		Stop Span End Date	Comments	
	Add Stop Span Restart Span					
	Restart Spart]



The MCP Enrollment Information screen appears.

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OHIOSACWIS Financial > Eligibility > Medicaid Eligibility	, <u> </u>		A Home → O Receiption	ent ∞ 🛛 Q Search ∞ 💭 🛛 Help ∞
Name:	Person ID:	DOB:	Last Modified Date/Time:	
MCP Enrollment Information				
Medicaid Number:		_		
MCP Name: *		MCP ID/N	umber:	
MCP Enrollment Date: *	235 Buckeye Community Health Plan 236 CareSource	MCP Dise	nrollment Date:	
MITS Reported Disenrollment Reason:	238 Paramount Advantage 239 United Healthcare Community Plan of Ohio. Inc			
MCP Disenrollment Reason:				
Comments				
Created In Error				
Created In Error Comments				
	✓ ABC 500			
Save				
HELP & TRAINING PRIVACY & SECURITY AGENCY SEARCH	ROM REPORTING BIC REPORTING			3.07-SNAPSHOT

- 8. On the **MCP Enrollment Information** screen, select a **MCP name** from the drop down list. (shown in green above)
- 9. Choose the name of the plan being selected for each child from the dropdown list.

10. Click Save.



Note: The enrollment date defaults to the beginning of the current month. The enrollment date cannot precede the Medicaid eligibility date or birthday. (Shown in blue below)

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DHIOSACWIS Financial > Eligibility > Medicaid Eligibility				A Home → O Recent → C	Search 👻 🛛 Help 👻
Name:	Person ID:	DOB:	Last Modified	Date/Time:	
MCP Enrollment Information					
Medicaid Number:					
MCP Name: *	236 CareSource	\checkmark	MCP ID/Number:		
MCP Enrollment Date: *	11/01/2016		MCP Disenrollment Date:		
MITS Reported Disenrollment Reason:					
MCP Disenrollment Reason:	[×			
Comments					
Created In Error					
Created In Error Comments					
	✓ ABC 500				
Save Cancel					
HELP & TRAINING PRIVACY & SECURITY AGENCY SE	ARCH ROM REPORTING BIC REPORTING				3.07-SNAPSHOT



The Child Selection Screen appears.

Note: Once record is created in error, the system generates a duplicate record which must be completed by the user. This is done because the child must be enrolled in a managed care plan.

11. Click Edit to Create to Edit or Dis-enroll in Error.

	Custody Start Date	PI	lacement Begin Date		Placement State		U.S. Citizen
09/	10/2014	09/10/2014		он		Yes	
Medi	icaid Eligibility History						
	Medicaid Type	Medicaid Num	ber Effec	tive Date	Termination I	Date	Status
vies	W IV-EFCM		09/01/2014			Active - S	SACWIS
МСР	Enrollment History						
Crea	ated in Error O Exclude Include			D: 11			6 (1) 5
vier	edt CareSource	MCP ID/Number	11/01/2016	Disenroll	nent Date	Notrication Sent	
view	CareSource		11/01/2016	11/01/2016	No	,	Yes
Add	d MCP Enrollment/MCP Disenrollment						
Stop	Span History						
	Stop S	pan Effective Date		Sto	p Span End Date		Comments
Ad	d Stop Span Restart Span						
Medi	icaid Application History						



Editing Managed Care Enrollment

- 1. On the **MCP Enrollment Information** screen, select a **MCP Name** from the drop down list.
- 2. Select the correct plan from the drop down list.(shown in blue below)

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Name:	Person ID:	DOB:	Last Modified Date/Tin	ne:	
MCP Enrollment Information					
Medicaid Number:					
MCP Name: *		мср	ID/Number:		
MCP Enrollment Date: *	235 Buckeye Community Health Plan 236 CareSource 237 Molina Healthcare of Ohio Inc.	МСР	Disenrollment Date:		
MITS Reported Disenrollment Reason:	238 Paramount Advantage 239 United Healthcare Community Plan of Ohio, Inc	2			
MCP Disenfoliment Reason:					
Comments					
Created In Error	L				
Created In Error Comments					
	500				
Save					
HELP & TRAINING PRIVACY & SECURITY AGENCY SEARCH	CH ROM REPORTING BIC REPORTING				3.07-SNAPSHOT

3. Click Save.



Adding Managed Care Contact

Note: The user must have Agency Information MCP Coordinator Security.

- 1. From the SACWIS home screen, click the **Administration** tab.
- 2. Click the **Maintenance** tab.
- 3. Click on Agency Information.

// SALWIS				A Home → O Rec	cent - Q Search - O H
Home	Intake	Case	Provider	Financial	Administration
Staff Maintenance	Reports Training Uti	ities			
ancy Information	Agency Search Criteria				
	Name:	Adams%	🗌 Private Agency		
	Sort Results By:	Name (Ascending)			
	Search Clear Form				
	Agency Search Results				
	Result(s) 1 to 1 of 1 / Page 1 of 1				
	ID.		Name		Status
	edit	County Children Services Board			Active
	·				

The Agency Search Criteria Screen appears.

Agency Information	Agency Search Criteria		
Unit & Supervisor	Name:		Private Agency
Court Information			
	Sort Results By:	Name (Ascending)	
	Search Clear Form		

- 4. Enter the Agency Name followed by %.
- 5. Click Search.



The Agency Configuration Results Page appears.

Agency Configur	jency Configuration Results									
	Name		Value	Effective Date	End Date					
	Levy County	tr	rue	01/01/2008						
edit	BulkMCPFlag	tr	rue	01/11/2016	12/31/9999					
edit	McpContactName	6	3714	11/01/2016						
	Alternative Response Live	tr	rue	06/16/2014						
Add Configuration										
CWLA										
СОА										
NASW										
Apply Save Ca	ncel									
HELP & TRAINING	PRIVACY & SECURITY AGENCY SEARCH ROM REPORTING	BIC REPORTING			3.07-SNAPSHO					

6. Click Add Configuration.

The Agency Configuration Details page appears

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0HIOSACWIS						🔒 Home 👻	🛈 Recent 👻	Q Search 👻	🔁 Help 👻
Config Details		_							
Туре:	McpContactName 🗸								
Start Date:				End Date:					
Person Search - or - Person ID:									
OK Cancel									
Agency Configuration History									
	Configuration Key			Value		Effective Date		End Date	
McpContactName				11575473	11/25/2016				

- 7. In the dropdown, choose **MCP Contact Name**.
- 8. Click **Person Search.**



The Person Search Criteria screen appears.

ØSACWIS						A Home	• O Recent •	Q Search 🐨 🕄 Help
son Search Criteria								
fix:								
st Name:	(sacwis ×	AKA	Sounds Like					
st Name:	susie	[HINT: AKA / 'Sour only. Wildcard (%) together 1	nds Like' applies to last/ search & 'Sounds Like'	irst/middle name cannot be used				
fix:								
Idle Name:								
3:		or	From Age:	То	Age:			
der:		Race:		~	Hispar	ic /Latino:		~
son ID:								
dvanced Search Criteria								
t Results By:	Last Name Ascending 🔽							
arch Clear Form Return								
on Search Results								
ult(s) 1 - 1 of 1 / Page 1 of 1								
	ID Name			State/Zip	Gender	Age		
ect 1099144	Sacwis, Susie Related Persons							

- 9. Select Person.
- 10. Enter the **Start Date**.
- 11. Click OK.



The Agency Configuration Results page appears.

Agency Configu	ration Results				
		Name	Value	Effective Date	End Date
edit	Levy County		true	01/01/2008	
edit	Alternative Response Live		true	03/03/2014	
<u>edit</u>	McpContactName		1099144	12/01/2016	
Add Configurati	ion				
Accreditations					
CWLA					
COA					
NASW					
Inactive Ager	псу				
Comments:					
		Spell Check Clear 200			

12. Select Save.

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McpContactName		11575473	11/25/2016			

The **MPC Contact** is added.

Note: This person's name will display as the Primary Information Person on all child Medicaid eligibility records for the agency.



Adding Bulk Managed Care Plan Flag

- 1. From the SACWIS home screen, click the **Administration** tab.
- 2. Click the Maintenance tab.
- 3. Click on Agency Information.

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	Result(s) 1 to 1 of 1 / Page 1 of 1				
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The Agency Search Criteria Screen appears.

Agency Information	Agency Search Criteria		
Unit & Supervisor	Name:		Private Agency
Court Information	Sort Results By:	Name (Ascending)	
	Search Blear Form		

- 4. Enter the Agency Name followed by %.
- 5. Click Search.



The Agency Configuration Results Page appears.

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6. Click Add Configuration.



The Agency Configuration Details page appears.

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7. From the dropdown list, select **Bulk MCP Flag**.

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- 8. Enter the Start Date.
- 9. Enter True in Value Field.
- 10. Click **OK**.



Adding Authorized Representatives

Note: An agency can add up to two authorized representatives. The authorized representative will be communicated as an individual. The plans can communicate with on behalf of children they are serving.

An agency can add an Applicant I or Applicant II from a provider record as and Authorized Representative.

- 1. From the SACWIS Home screen, click the financial tab.
- 2. Click the **Eligibility** tab.
- 3. Click the **Medicaid Eligibility** link on the **Navigation** menu.

<i>Ohio</i> sacwis				A Home ▼ O Recent ▼	Q Search 👻 😧 Help 👻
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Adoption Subsidy					
Medicaid Eligibility CRIS-EFORES Inquiry History					
Medicaid Mailing Info					
Medicaid Card History					



The **Child Selection** page appears.

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4. To add a provider member, click the Add Provider Member button.

The Add Provider Members screen appears.

Adoption Subsidy	Adult	Adult Provider Members								
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Medicaid Mailing Info))		() 🛍	Placement			
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(Save	Cancel								

- 5. Select the **Adult Provider Member** to designate as an authorization representative.
- 6. Click Save.



The Child Selection page appears.

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CRIS-EXCLES InsulnY EligibilityRelmbursability Adoption Subaidy PASSS label kolonit do Medicaid Eligibility CRIS-EXCLES InsulnY History Medicaid Card History	Your data has been saved Child Selection Person Search Person ID: Person Name: Primary Information Person: Current Medicaid Card Mailing D Provider ID:	- or - DOB: Title stalls Origi	: V.E #: n of Information:	Child has private insurat	× Person ID:Go
	C/O Name: Authorized Representative Histor Filter : Active V Person ID edit Add Provider Members Add Oth Non IV-E Eligible Indicators	Addr Name	DOB	Effective Date End Date	Type Placement

7. To add another person as an authorized representative, select the **Add Other Members** button.

Author	rized Representative History					
Filter	: Active					
	Person ID	Name	DOB	Effective Date	End Date	Туре
edit				11/09/2016		Placement
Add F	Provider Member Add Other	r Members				



The Other Persons screen appears.

CRIS-E/OIES Inquiry	Financial > Eligibility > Medicaio	Eligibility >Add Authorized Representative		
Eliqibility/Reimbursability	Name:	Person ID:	DOB:	
Adoption Subsidy	Other Persons			
PASSS Medicaid Eligibility	Person Search or	G 0		
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	Representative Type :			
	Save Cancel			

8. Click Person Search.

Person Search Criteria								
Prefix:								
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First Name:		[HINT: AKA / 'Sounds Like' ap name only. Wildcard (%) searc	olies to last/first/middle h & 'Sounds Like' cannot					
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Middle Name:								
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Advanced Search Criteria								
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Person Search Results								
Result(s) 1 - 15 of 120 / Page 1 of 8 Person ID	Name	Street	City	State/Zip	Gender	Age	DOB	Active Case
select	1		Canton		Female	24		
select			Lima	OH 45801-2709				

- 9. Enter the **Person's Name**. (shown in red above)
- 10. Click the **Select** Link. (shown in green above)



The Other Persons Screen appears.

CRIS-E/OIES Inquiry	Financial > Eligibility >	Medicaid Eligibility	>Add Authorized Representative		
Eliqibility/Reimbursability	Name:		Person ID:	DOB:	
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	DOB :				
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(Save				

- 11. Enter the Effective Date.
- 12. From the dropdown list, choose a **Representative Type**.
- 13. Click Save.



The **Child Selection** screen appears.

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If you need additional information or assistance, please contact the SACWIS Help Desk.

