

Achieving Real Time Eligibility Determinations

CMS All-State SOTA Call

June 25, 2015 1:30-2:30 p.m. ET

Agenda





Background and Project Overview



Vision for Real Time Eligibility

Medicaid and CHIP

Learning Collaborative.

CMS Vision



"Real time determination' means that there is no clearly perceivable delay between the submission of a complete and verifiable application and the response to the applicant."

("Real Time Eligibility Determinations for MAGI Populations" available at http://www.medicaid.gov/affordablecareact/provisions/downloads/real-time-determinations.pdf)

"We envision a streamlined, secure, and interactive customer experience that will maximize automation and real-time adjudication while protecting privacy and personally identifiable information... Individuals should be able to complete their online application and receive program placement quickly (for example, 15 to 20 minutes)."

(Guidance for Exchange and Medicaid Information (IT) Systems 2.0" (May 2011)

Achieving the Vision

Regulatory framework and systems/technology investments enable real time eligibility determinations

- Administratively efficient "no touch" processes for the State Medicaid and CHIP Agencies
- Improved experiences for the consumer

The Vision is Attainable



- Washington: 92% of applications processed in under 24 hours
- New York: 80% of applications processed in one sitting
- Rhode Island: 66% of applications processed without manual intervention or additional information being required



Measuring Progress

Regulations require states to include in their state plans timeliness and performance standards

States submit to CMS monthly Performance Indicator Data that tracks eligibility determination timeframes:

< 24 hours; 24 hours-7 days; 8 days-30 days; 31-45 days; or more than 45 days

States' own measures of real time eligibility vary:

- timeframes such as < 24 hours or < 7 days
- measures like "no touch" to the consumer or in one sitting





Review governing federal regulations and guidance related to single streamlined application, verification, IT systems builds and eligibility determination timeframes

Through interviews, learn from states that report being able to determine eligibility for high percentages of individuals in less than 24 hours and/or 7 days to understand their policies and procedures

Identify "best practice" verification policies, application design, system process flows, and consumer supports that enable states to determine eligibility in real time

Support and advance CMS' vision that states determine eligibility in real time when possible

This project focuses on MAGI Medicaid and CHIP applications



Regulatory Framework



Requirements Related to Timely Eligibility Determinations



Eligibility for Medicaid/CHIP must be determined "promptly and without undue delay." State must establish:

- Timeliness standards that reflect the maximum eligibility determination timeframe for each applicant
- Performance standards for determining eligibility in an efficient and timely manner across a pool of applicants

42 CFR §§ 435.912(a) & (b), 457.340



Medicaid/CHIP eligibility must be determined within 45 days (when not seeking a determination on the basis of disability)

- An individual is entitled to have their eligibility determined in no longer than 45 days
- The expectation is that eligibility determinations will be conducted in a shorter time period
 42 CFR §§ 435.912(c)(3)(ii), 457.340



Enhanced Funding for IT Contributes to Real Time

- In 2011, CMS authorized an enhanced matching rate for eligibility and enrollment systems
- Funding is intended to help support the adoption of integrated eligibility systems and modernize Medicaid/CHIP eligibility and enrollment processes



Federal Funding

- New eligibility and enrollment systems builds
- More efficient and effective Medicaid eligibility and enrollment systems

 Maintenance and operations of systems that were built using enhanced 90/10 funding



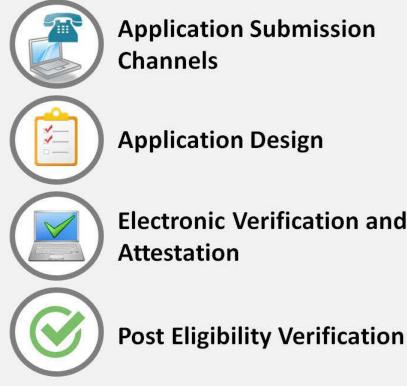
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State Funding

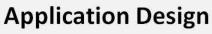
On April 16, 2015, CMS issued proposed regulations to make available permanently enhanced funding for eligibility and enrollment systems.



Medicaid Proposed Rule, CMS-2392-P, "Medicaid Program; Mechanized Claims Processing and Information Retrieval Systems (90/10)," (April 2015)



Application Submission Channels



Electronic Verification and Attestation



Reasonable Compatibility Standards

Reasonable Explanations

Documentation Submission



Application Submission Channels and Design



Application Submission Channels

- Accept applications online, by telephone, in person, by mail, or through other commonly available electronic means
- Accept electronic, including telephonically recorded, signatures



Application Design

- Regulations and Alternative Application Guidance create a framework for an application design that enables real time determinations
 - States should minimize requests for information to reduce burden on applicants
 - Online applications must be structured in a dynamic manner so that only the relevant questions are asked of the household

42 CFR §§ 435.907, 457.330 & Guidance on State Alternative Applications

ACA § 2201 42 CFR §§

435.907,

457.330



Verification Policies



Electronic Verification and Attestation

- Primary reliance on electronic data using the Federal Data Services Hub and state data sources
- Documentation only when electronic data is unavailable or inconsistent with attestation
- Acceptable to rely on self-attestation except as required by law (i.e., citizenship and immigration status)

State Flexibility:

 Determine which federal and state data sources to use and when to use them within federal guidelines 42 CFR §§ 435.945, 435.948, 435.949, 435.952(c)(2)(ii), 457.380



Post Eligibility Verification

State Flexibility:

 Accept attestation, determine eligibility, enroll applicant in coverage and conduct post eligibility verification



Reasonable Compatibility and Reasonable Explanations



Reasonable Compatibility Standards

- No additional information/documentation if attestation is reasonably compatible with data sources
- Income information is reasonably compatible if both attestation and data sources are above or at or below Medicaid/CHIP eligibility levels

State Flexibility:

- Establish a reasonable compatibility standard that applies a percent difference or other threshold such as a fixed dollar amount
- Develop a refined standard where comparison is by income type rather than in aggregate (e.g., comparing Title II attestation against Title II data)
- Accept attestation if attested income is above Medicaid eligibility levels (regardless of whether the income source is above or below Medicaid eligibility levels)



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Reasonable Explanations

State Flexibility:

 Accept a "statement that reasonably explains the discrepancy" between attestation and data sources instead of documentation

42 CFR §§ 435.952, 457.380

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Documentation

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Documentation Submission

 Require documentation only when electronic data is unavailable or inconsistent with attested information

State Flexibility:

- When there is an inconsistency, accept documents:
 - electronically (upload with application or by email)
 - by mail
 - in-person

42 CFR §§ 435.952, 457.380



State Interviews



State Interview Methodology



Marketplace Model

- Three State-Based Marketplaces
- Two Federally-Facilitated Marketplaces

Population

 Regional diversity with mix of large and small Medicaid populations

Medicaid Expansion

Mix of Medicaid expansion and non-expansion states

State Interviews

Selected states for interview that reported high percentages of eligibility determinations in less than 24 hours and in less than 7 days based on performance indicator data or other available information

Identified successful eligibility, verification and enrollment practices that contribute to real or near real time eligibility determinations



Notes: Delaware is a State Partnership State; Wisconsin was interviewed but is still in the process of refining its electronic verification process and therefore not included in the findings

Interviews Focused on Income Verification Policies and Application Processing Procedures

The interviews did not focus on:

Citizenship/Immigration Status: States are required to give applicants a 90 day reasonable opportunity period to submit documentation if attestation is not reasonably compatible with data sources

Residency: All states that were interviewed accept attestation of residency



Findings From State Interviews



States' Reported Processing Timeframes

Interviewed states report that the vast majority of Medicaid/CHIP applications are being processed in real time or in near real time*

Real to near real time

- Washington: 92% of applications processed in under 24 hours
- Alabama: 95% of applications received online are being completed in one sitting**
- New York: 80% of applications processed in one sitting
- Rhode Island: 66% of applications processed without manual intervention or additional information being required

One week or less

Applications processed with some manual "touches"

- Washington: 94% of applications
- Alabama: "Vast majority" of applications

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* Processing timeframes vary by channels of application submission

^{**} Alabama: Only 20% of Medicaid/CHIP applications are being submitted online so the universe of near ²⁰ real time eligibility determinations is small

States' Practices that Contribute to Real Time Eligibility

- Enhance the online consumer experience to obtain better quality/more complete application information
- Verify eligibility against a combination of federal and state data sources in real time while the consumer is completing the application
- Establish **strategic hierarchy** for electronic verification
- Accept attestation and conduct **post eligibility verification**
- Automate the application of reasonable compatibility and apply refined standards beyond federal requirements such as a 10% reasonable compatibility threshold
- Accept a **reasonable explanation** when there is a discrepancy between attestation and data and automate that process as part of the online application
- Allow for **documentation submission electronically**, either via upload or email
- Establish specialized eligibility units for vulnerable populations



Enhanced Online Application and Consumer Assistance Tools

The clearer the questions are on the application the more likely states will receive better quality eligibility information

Based on Call Center and application assister feedback, these states implemented (or plan to implement) the following changes:

- Better explanations of income, household composition, immigration status and "other insurance"
- MAGI income questions broken down by income type
- Improved hover text so the explanation is easily accessible to the applicant (Alabama, New York, Rhode Island)

Other Consumer Assistance Tools to Consider

- User-friendly terms, FAQs and help pages
- Consistent and user-friendly Call Center support during the application process
- Clear explanations of the purpose of providing sensitive information
- Language accessible application processes online, by phone, by mail, and inperson
- Web chat functionality



Federal and State Income Data Sources and Strategic Hierarchy

	Alabama	New York	Rhode Island	Washington	Delaware
First Wave*	 IRS (automated) TALX (automated) 	 IRS (automated) 	 SWICA/quarterly wage (automated) Unemployment insurance (automated) Title II (automated) IRS (only if state sources are unavailable) 	 Accept self- attestation and conduct post eligibility verification 	 Accept self- attestation and conduct post eligibility verification
Second Wave* (only if First Wave is not reasonably compatible)	 Quarterly wage data (manual) SNAP (manual) 	 Quarterly wage data (automated) Unemployment insurance (automated) Title II (automated) 			
Post Eligibility Verification Medicaid and CHI Medicaid and CHI	occurs during t	Second Waves: Autor he application proces		 IRS (automated) Quarterly wage data (automated) If data is not reasonably compatible: TALX (manual) Public assistance/SNAP (manual) Unemployment insurance (manual) 	 SWICA/quarterly wage (manual) Title II (manual) TALX (manual) SNAP (manual) Unemployment insurance (manual)

Most of the interviewed states automate the application of reasonable compatibility rules

(Alabama, New York, Rhode Island, Washington)



All of the interviewed states accept attestation if attested income is above Medicaid eligibility levels (regardless of whether the income source is above or below Medicaid eligibility levels) (Alabama, Delaware, New York, Rhode Island, Washington)

Most of the interviewed states use a more flexible reasonable compatibility threshold than required in the regulation – 10% threshold *(Alabama, Delaware, New York, Rhode Island)*

Other Reasonable Compatibility Strategies to Consider

- Apply a different percentage, e.g., 5% or 15% or fixed dollar threshold
- Develop a refined standard where comparison is by income type rather than in aggregate (e.g., comparing Title II attestation against Title II data)



A few of the interviewed states have taken up the option to:

- Accept a reasonable explanation without documentation when there is a discrepancy between attestation and data
- Automate reasonable explanations as part of their online application (check off box on the application) (Alabama and Rhode Island)

Examples of Automated Reasonable Explanations

- Lost job
- Decrease in hours
- Self employed
- Have not filed taxes
- Homeless
 - Divorce or marriage

- Victim of domestic violence
- Victim of natural disaster
- Fluctuating income
- Work on commission
- Seasonal worker
- Death in the family





Most of the interviewed states established electronic modalities for accepting documentation. These states:

- Allow applicants to upload documentation (New York, Rhode Island, Washington)
- Allow applicants to email documentation (*Delaware*)





Special Processes for Vulnerable Populations

Some of the interviewed states established eligibility units devoted to handling "special populations" for whom eligibility is difficult to verify:

- One state fast tracked eligibility determinations for the following special populations:
 - Refugees
 - Teenagers who are the head of their household (Washington)
- One state designated Call Center eligibility workers to assist vulnerable populations in getting through identity proofing (*New York*)





Verification Policies Also Support Ex Parte Renewal

Establishing verification systems and policies that enable real time/near real time eligibility will enhance a state's ability to accurately complete ex parte re-determinations



 66% of MAGI-based beneficiaries receive an ex parte redetermination using quarterly wage, Title II and unemployment insurance data; no further information is required from the beneficiary



 67% of MAGI-based beneficiaries receive an ex parte redetermination using IRS and quarterly wage data; no further information is required from the beneficiary



How to complete the verification process when federal and state data sources are down:

 One state allows the individual to complete the application to the end, collects as much eligibility information as possible, and puts the application in a "re-sequencing queue"

(New York)





State Spotlights and Discussion



State Spotlights and Discussion

- What is the states' vision for real time eligibility/no touch processing?
- What percentage of applications are being processed in real time?
- What are the most common reasons applicants fail to receive real/near real time eligibility determinations in your state?
- What data sources are most effective in achieving real/near real time eligibility determinations?
- How does your state's data verification hierarchy /use of reasonable compatibility facilitate determinations?
- In hindsight, would you design anything differently with respect to application and verification processes?
- What are other challenges/barriers that states are encountering with achieving real/near real time eligibility?



