Medicaid and CHIP
MAC
Learning Collaboratives

The Coverage Learning Collaborative

Integrating Non-MAGI Medicaid Populations and Functionality in Modernized Eligibility and Enrollment Systems

August 24, 2017
3:00 pm – 4:30 pm (ET)

Agenda

- Setting the Stage
- Potential Benefits of Integration
- State Experiences: Lessons Learned and Best Practices
- Appendix

Setting the Stage

Our Goals for Today

Explore the **requirements** around integrating non-MAGI populations into modernized eligibility and enrollment systems and **benefits** that can be achieved.

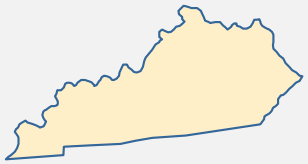
Review states' experiences integrating non-MAGI populations to identify **key planning considerations** and **lessons learned**.

Highlight **lessons learned** and **best practices** states can adopt as they continue or begin integrating non-MAGI populations into modernized eligibility and enrollment systems.

Approach

State Interviews

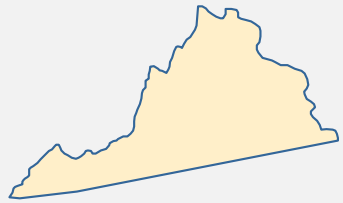
Idaho



Kentucky

New Jersey

Ohio



Virginia

State selection criteria: States that have completed or made significant progress toward integrating non-MAGI populations and functionality into their modernized eligibility and enrollment systems. Interviewed states included a geographic mix of SBM and FFM states, Medicaid expansion and non-expansion states, and states with different vendors.

Two rounds of interviews focusing on:

- Planning for integration
- System design and development strategies
- Approaches to testing and training
- Benefits of integration
- Key challenges and lessons learned
- Best practices

June 2015 Learning Collaborative

"Streamlined eligibility and enrollment for non-MAGI populations"

Accessible at: https://www.medicaid.gov/state-resource-center/mac-learning-collaboratives/downloads/non-magi-populations.pdf

Who Are Non-MAGI Populations?

Common Eligibility Categories and Populations

AGED, BLIND & DISABLED

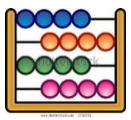
- ✓ Individuals eligible for SSI assistance
- ✓ Individuals > 65 at or below 100% FPL
- ✓ Institutionalized individuals
- ✓ Working disabled
- ✓ Individuals eligible for Medicare Shared Savings Program (including QMB, SLMB, QI)
- ✓ Children eligible under the Family Opportunity Act for children with disabilities

OTHER

- ✓ Medically needy individuals
- ✓ Children receiving foster care, adoption assistance, or kinship guardianship assistance under title IV
- ✓ Former foster care children up to age 26
- ✓ Individuals eligible for home and community-based waiver services
- ✓ Women needing treatment for breast and cervical cancer

Source: 42 CFR 435.603

Key Differences May Impact System Integration



Different household composition and income counting rules apply (e.g., use of disregards, types of countable income)

Some applicants may need a disability determination or level of care assessment

Many non-MAGI groups are subject to an asset test and asset verification

Post-eligibility requirements apply to many non-MAGI groups, including treatment of income, spousal impoverishment provisions, and transfer of asset restrictions

These distinctions led many states to keep non-MAGI eligibility and enrollment separate when they implemented new systems, but states are increasingly leveraging modernized eligibility systems and the ongoing availability of enhanced federal match to re-integrate eligibility processes as much as possible.

The Case for Integration

As part of state system transition and retirement plans, states should identify existing duplicative system services within the state and seek to eliminate duplicative system services if the work is cost effective, such as lower total cost of ownership over the long term.

42 CFR 433.112(b)(13)

CMS Medicaid IT Supplement Version 1.0

Reuse of functionality between MAGI and non-MAGI programs should foster improved systems integration with the enrollment and eligibility environment, as well as ease of eligibility/enrollment data consolidation and analysis for improved Medicaid program management and oversight.

State solutions must promote sharing, leverage, and reuse of Medicaid technologies and systems within and among states

The Case for Integration

Integration enables states to implement and operationalize MAGI simplifications and requirements that also apply to non-MAGI populations, and to create new functionalities unique to non-MAGI populations

Application requirements related to submission modes, application types, and limits on information
42 CFR 435.907

Verification requirements regarding the use of electronic data sources and reasonable compatibility
42 CFR 435.945(k), 435.948(b), 435.949(b), 435.952(b)

Timeliness and performance standards for determining eligibility
42 CFR 435.912(a) and (b), 435.912(c)(3)

Ex parte renewals
42 CFR 435.916(b)

Use of **electronic notices**
42 CFR 435.917, 435.918

Asset verification
Social Security Act §1903(i)(24), §1940

Non-MAGI rules engine

States Can Access Enhanced Match to Support System Integration

Integrating non-MAGI populations into modernized systems supports program compliance and allows states to access 90-10 match

90% Federal Funding

States are encouraged to access enhanced federal funding for Medicaid eligibility and enrollment systems to support automated systems

10% Non-Federal Funding

75% Federal Funding

Enhanced funding is available for maintenance and operation of systems that were built using enhanced 90/10 funding

25% Non-Federal Funding

December 2015 Final Rule made permanent the enhanced match for eligibility and enrollment projects that satisfy seven conditions and standards

- Are modular
- Advance the Medicaid Information Technology Architecture principle
- Meet specified industry standards
- Promote sharing, leverage, and reuse of Medicaid system technologies within and among states
- Support business results
- Meet program reporting standards
- Ensure seamless coordination and integration with the exchanges and allow interoperability with exchanges, public health agencies, human services programs, and community organizations

Sources: 42 CFR 433.112
https://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/downloads/efr-seven-conditions-and-standards.pdf

Potential Benefits of Integration

States Can Leverage Functionalities Built into Modernized Systems

Functionalities required for non-MAGI are made possible by more nimble modernized systems, increasing efficiencies and streamlining processes

Application

Modernized systems support dynamic, online applications for non-MAGI applicants (rather than a fillable PDF or paper application)

- May streamline application process for states and applicants

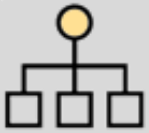
Verification

Modernized verification platforms can leverage electronic data sources prior to requesting paper documentation from non-MAGI consumers

- Automated or worker-initiated electronic asset verification is made feasible using electronic data sources

Innovative functionality built into modernized systems may allow non-MAGI consumers to upload documentation as needed

Determination



An integrated eligibility hierarchy can determine eligibility across all MAGI and non-MAGI bases of Medicaid/CHIP eligibility and facilitate coordination and transfer of information between Medicaid, CHIP, and the Marketplace

States Can Leverage Functionalities Built into Modernized Systems

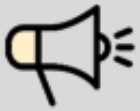
Renewals

Ex parte functionality in modernized systems can be leveraged for non-MAGI groups

- Facilitates implementation of streamlined renewal requirements for non-MAGI populations and simplifies processes for states and beneficiaries

Can use modernized system's pre-populated renewal form functionality to streamline processes for non-MAGI beneficiaries when ex parte is not possible

Notices



A modernized system creates a more nimble platform for notice generation and for updating or improving notices

Integration Can Streamline Non-MAGI Eligibility and Enrollment

More Efficient for States

- Embedded verifications allow workforce to work in a single system, rather than toggle between systems
- Automated rules engine increases the accuracy of eligibility decisions

Better Consumer Experience

- Modernized and intuitive online application improves overall experience and increases likelihood of complete application submission
- Embedded electronic verifications simplify application process and lead to faster and more accurate determinations
- Enhanced ability to conduct ex parte renewals requires fewer consumers to actively complete renewals and promotes continuity of coverage

State Experiences:
Lessons Learned and Best Practices

Key Takeaways from Leader States

Integration is a complex task that will take time

- You will want to move fast, but will need to move slowly, particularly with testing

Incremental integration brings less risk

- Designing, testing, migrating data, and implementing functionality incrementally decreases the risk of failure

Organizational challenges will influence project timeline and success

- Agency decision-making structure, IT/policy coordination, resources, and staffing levels will impact project outcome

Integration is labor intensive

- Project will require multiple contractors and multiple layers of staff
- Consider having dedicated state staff with policy and operations experience
- Include both supervisor and worker-level policy, IT, and vendor representatives on integration team

Key Takeaways from Leader States

Modernizing non-MAGI eligibility and enrollment processes will require a culture shift

- Modernized systems change long-standing operations and processes
- Leadership and staff buy-in is an essential element of success

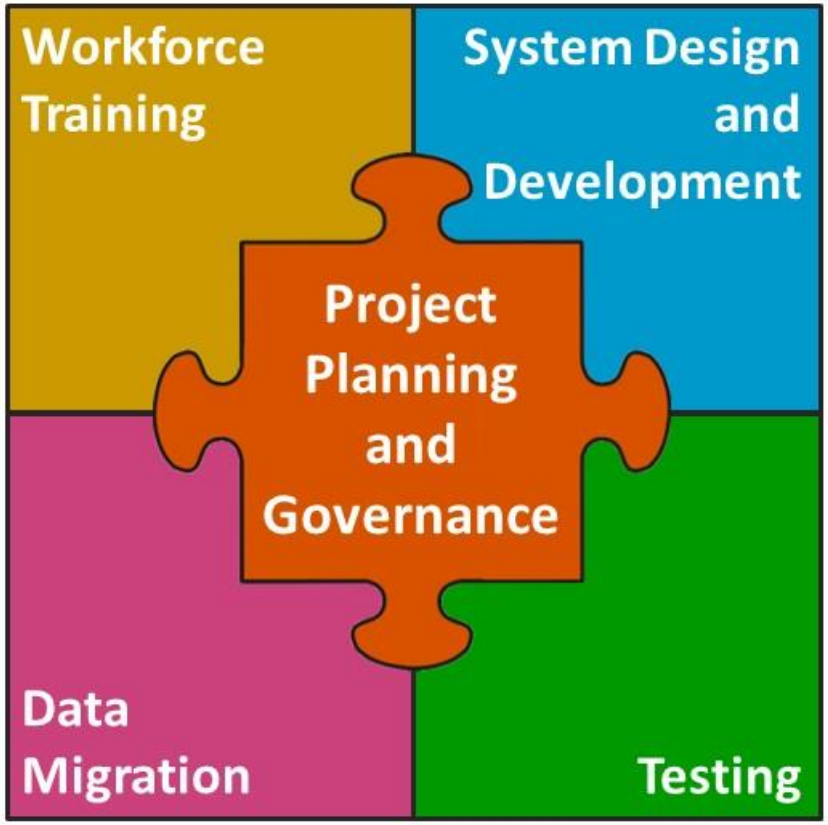
Be prepared to make deliberate, policy-driven system design decisions

- Design decisions should be driven by state needs and consumer experience not the vendor; automate with purpose to support policy and operations goals
- You will have to make tough functionality decisions, possibly delaying—or excluding—desirable functionality

Investing time in testing and data migration is critical

- Testing is critical to ensure that established business processes and system interactions can continue post-integration
- A modernized system that relies on incomplete/inaccurate data will fail—take time to clean and migrate data

Key Pieces of the System Integration Puzzle

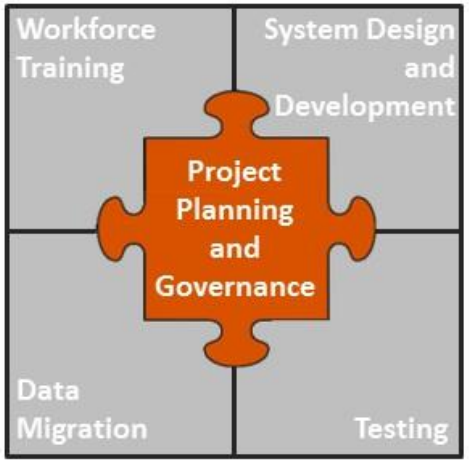


What have leader states learned?

What are the best practices states can adopt going forward?

There is no one-size-fits-all approach

Project Planning and Governance: Key Considerations



Project Scope

- Will integration incorporate MAGI and non-MAGI only, or will it include other human service programs?
  - ↳ Do eligibility workers work across human services programs or Medicaid only?

Oversight and Management

- Who are the decision makers and what criteria drive decision making?
- Who controls access to vendor contracts?

Vision, Culture and Values

- How can automation be used to improve state operations and beneficiary and worker experiences?

IT Capacity and Strategy

- What is your in-house IT capacity? How much reliance on vendors is anticipated?
- How do IT and policy shops work together?

Project Budget and Timeline

- What is the timeline for key components of integration?
- How should the project be structured in light of IT and policy team resources?

Project Planning and Governance: Lessons Learned and Best Practices

Lessons Learned

- Multi-benefit (non-MAGI and human services) "big bang" integration projects can delay non-MAGI integration and also increase risk
- Project can suffer if there is not a strong governance structure to support decision making
- Existing IT staff and vendors may be insufficient (in size and skill) to support an integration project
- Expect delays and changes in direction

Best Practices

Buy-in from Secretary and Governor offices is essential to establish a common vision and motivate workforce

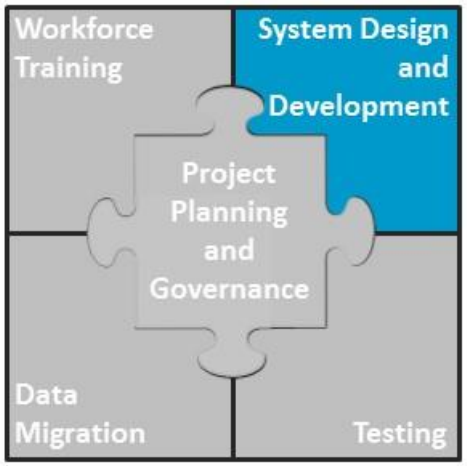
Use support from the Executive to identify and break down silos between different agencies and among IT and policy staff; particularly important if integrating multiple benefit programs

Establish a governance structure that includes all relevant parties. Incorporate staff and field-based feedback

Budget for staffing needs – IT, policy, and vendors (DDI, testing, IV&V, etc.)

Bring functionality online incrementally; don't plan "big bang" rollouts

System Design and Development: Key Considerations



Selecting a Contractor

- What strengths are you seeking in a contractor?
  - ↳ Experience? Rules integration? Intuitive design?
- Will the contractor have responsibility for design only or ongoing operation, too?

Worker Portal

- What is the desired worker experience?

Consumer-Facing Tools and Functionalities

- What is the desired consumer experience?

Back-End System Interfaces

- Are the parameters for back-end logic clear?
- What planning is necessary to ensure interoperability with non-MAGI verification sources and business partners?
- How will system modifications affect transactions between the eligibility system and MMIS?

System Design and Development: Lessons Learned and Best Practices

Deliberate system design and incremental implementation mitigates risk while supporting consumer-centric functionality

Lessons Learned

- "Out-of-the-box" solutions may not address state needs
- Over-customization creates delays and increases complexity
- A change to a single eligibility rule can adversely impact an entire rule set and related data, so integrated planning/testing is key

Best Practices

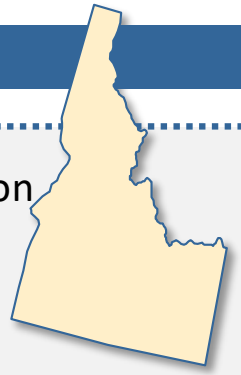
- **Maximize worker efficiency**
- **Aim for intuitive, consumer-centric design, which is particularly important for complex Medicaid categories**
  Non-MAGI consumers must navigate additional application points due to additional non-MAGI requirements
- **Focus on building an integrated rules engine to ensure accurate and timely determinations**
- **Make eligibility rule components small and discrete so that a single rule change does not impact an entire rule set**

Project Planning and System Design: State Examples

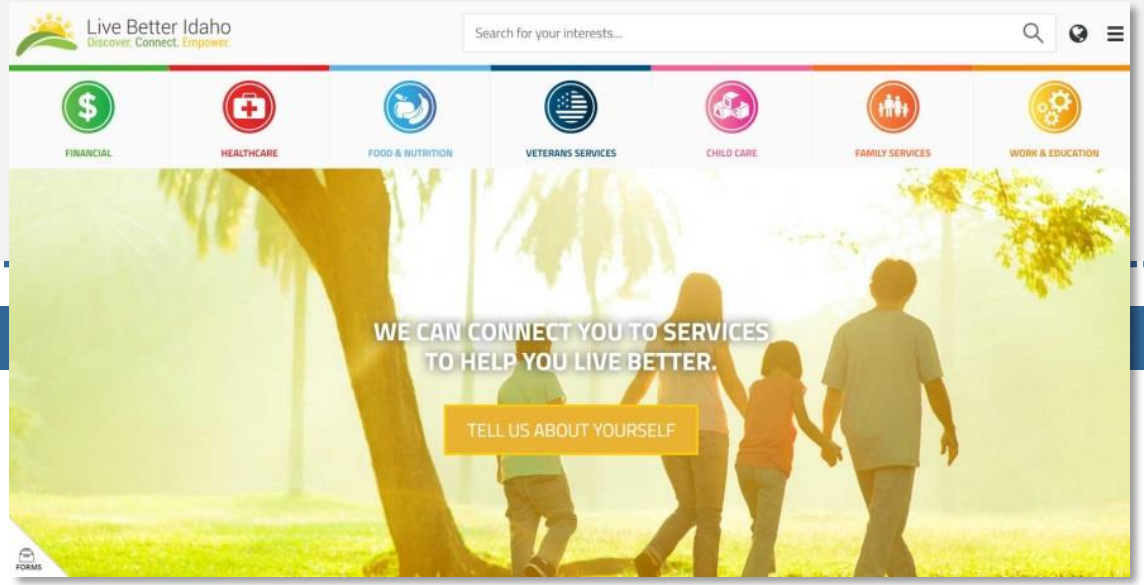
- Established centralized senior leadership group for planning and implementation, and a program management office to ensure cross-department collaboration
  - Also engaged business partners that interact with the eligibility and enrollment system (e.g., MMIS)
- Determinations for LTSS, ABD, and Qualified Disabled Working Individuals moved from manual to automated
- Medical disability determinations moved from paper-based process to a worker-initiated electronic process
- An Asset Verification Solution (AVS) automation process was introduced
- Modernized system creates single household cases; SSI and MAGI enrollees within the same household were previously in separate cases
  - Workers are now required to know eligibility requirements for both groups

- Building platform modularly; each piece is tested with counties prior to launch
- IT and policy staff coordinate closely on each piece of functionality to confirm the policy before the IT build
  - State created and tested new non-MAGI application in paper form prior to system build
- Focusing on engineering the system for ease of governance; ensure integration between SNAP, TANF and Medicaid is done such that each agency can proceed on its required schedule and meet its regulatory requirements (e.g., provide for separate required notifications where CMCS and FNS notifications are not harmonized; provide separate data structures where shareable elements are shared)

Best Practices for Project Planning and System Design: Idaho

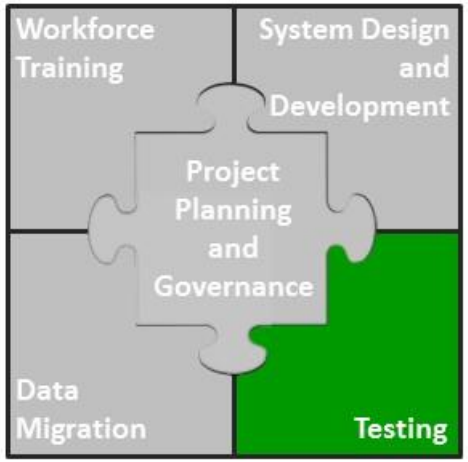


- Initiated project with "cultural conversations" between leadership and staff to share vision
- Framed system integration through a business and cultural perspective and focused on consumer experience
  - Applications are "conversations" between the consumer and the eligibility worker
  - Goal: Connect consumers to services, not programs
  - De-silo benefit programs from consumer perspective
- All benefit programs use a single source of applicant data to ensure all programs have access to the most accurate and up-to-date information
- Eligibility rule components are small and discrete
- Applicant web portal is a one-stop shop with a user-friendly design



Online integrated portal:
www.livebetteridaho.org

Testing: Key Considerations and Lessons Learned



Key Consideration: Testing Timeline

- Does testing plan accommodate ongoing and adequate testing during system build, data migration, and ahead of launch?
- Is testing schedule reactive to project delays?
- Are testing resources sufficient?

Key Consideration: Testing Partners

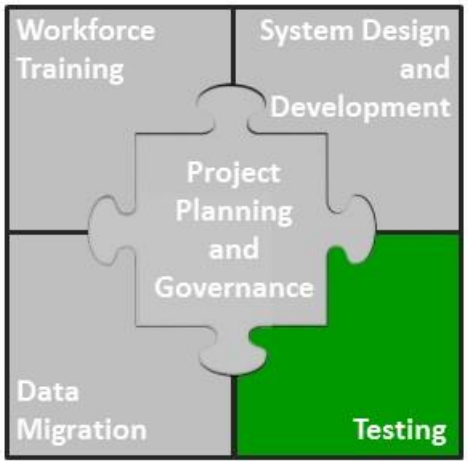
- How to include business partners in testing?

Lessons Learned

- More extensive testing would have surfaced key issues (e.g., erroneous data in legacy system) and prevented problems at rollout
- Testing protocol failed to identify issues because it lacked field-based testing and had an insufficient mix of eligibility scenarios
- Retesting only discrete resolved issues—instead of retesting the whole case—obscured other issues; a change to fix one part of the system can impact a different part of the system
- Identify defects you can "live with" because some may not be resolved prior to launch; have clear rules for assessing the severity of defects

Testing: Best Practices

Thorough, comprehensive testing is key – "fail small and fail often"



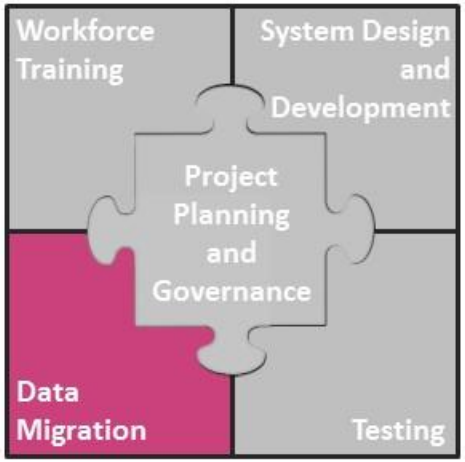
Do end-to-end system testing with <u>real data and cases</u> after data migration
Also test individual system components independently

Include all business partners in testing (i.e., MMIS) because eligibility and enrollment systems touch many interfaces

<u>REMINDER</u>: Bring functionality online incrementally; don't plan "big bang" rollouts
Pilot functionalities either regionally (by county) or by subset of the non-MAGI population

"Avoid the 6 o'clock news."

Data Migration: Key Considerations and Lessons Learned



Key Consideration: Approach

- Will data be migrated incrementally or all at once?

Key Consideration: Data Quality

- What is the quality of data in legacy system?
- What strategies will the State employ to ensure correct data is migrated?

Key Consideration: Schedule and Timing

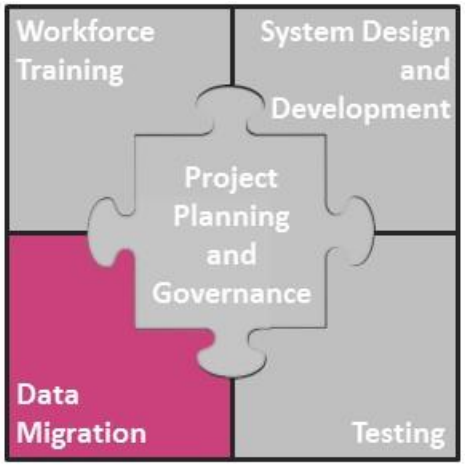
- What factors may influence the timing and schedule for data migration?
- How might staff and contractor resources be used to assist with migration?

Lessons Learned

- Data cross-walk between old and new systems is time-consuming but essential, and often requires human—not only computer—touches
- Failure to clean data prior to migration expended resources on migrating bad data, duplicate data, or data that should not have been migrated
- Data that is migrated incrementally by eligibility group split households with multiple eligibility groups and cases had to be manually re-merged
- Prevent newer data in modernized system from being overwritten by legacy system data during phased migration

Data Migration: Best Practices

Poor data quality can derail a system launch, but careful planning for data migration ensures data integrity



For integrated Medicaid and human services systems: Don't assign data to specific programs – use the same income data for Medicaid, SNAP, TANF, etc. and then apply program-specific rules

Migrate data incrementally to allow for a testing and resolution cycle

Consider and plan around times of high E&E system volume (renewals, Marketplace open enrollment)

Don't let arbitrary deadlines rush migration.

Rigorously test data integrity prior to migration to minimize errors during migration and data cleanup in modernized system

Clean the data, test migration, clean the data again, and test migration again; repeat as needed

Carefully map legacy data fields to modernized system to prevent orphan data

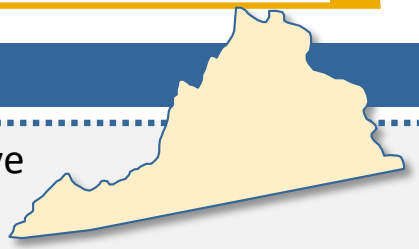
Make data components small and discrete; this also helps when looking toward human services integration

Data Migration: State Examples

- Certain coverage categories were coded into modernized system using a "fake" code to avoid premature redeterminations after migration
- Multi-beneficiary households were split during migration; workers manually re-merged these cases post migration to facilitate unified eligibility determinations and combined notices for a household
- Legacy system is now owned by SNAP/TANF and is used by Medicaid for historical reference

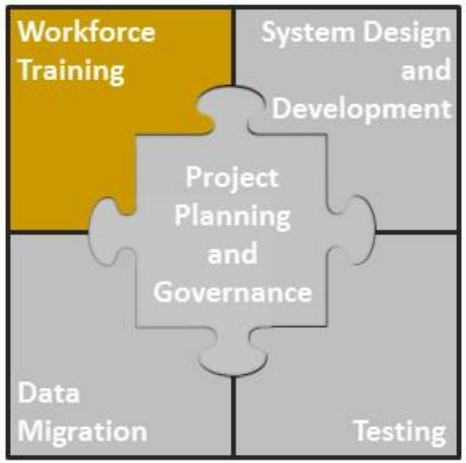
- Migrated data in small increments with high level of "human judgment" to confirm data cross-walk
- Used technology to load data at a high volume while workers later cleaned and merged cases as needed
- Kept data elements small and discrete so that rules engine could use same data for different human services programs

Best Data Migration Practices: Virginia



- Non-MAGI cases were converted/migrated in two waves: cases that did not have an overdue renewal, and cases that failed the first conversion attempt
- Cases were cleaned up in the legacy system manually by workers prior to conversion
  - Workers were encouraged to compare case names in VaCMS and MMIS; combine paper files; check Aid Categories; and verify that case and mailing addresses matched in both systems
- Special attention was paid to cases overdue for renewal; workers were required to complete the renewals prior to conversion
- After conversion, a shell case was created due to all data not being available in the legacy system
  - Encouraged workers to work shell cases and enter data on-screen within set timeframes
  - Users were allowed to wait until next renewal or change before touching the case
  - A shorter turnaround time would have ensured cases were in the proper ongoing status and able to handle automatic updates that may occur on annual timeline
- Special conversion/migration notes: performed mock conversion; spend down cases had to be converted manually; a special file was needed to add patient pay amount during conversion; extend Medicaid cases were difficult as interim reviews were important; workers had to determine the correct Aid Categories
- Non-MAGI cases migrated incrementally ahead of other human services programs (modernized system includes Medicaid, SNAP, TANF, and Child Care)
- New system enables MAGI and non-MAGI members of household to be included in same case file to simplify handling of case files

Workforce Training: Key Considerations



Training Timeline

- When will training occur relative to rollout?
- Will training be multi-phased? Virtual and/or in-person?

Training Content

- How will training on policy, operations, and IT be integrated?
- Workforce structure influences training plan
  - ↳ Are workers county-based or state-based?
  - ↳ Do they handle Medicaid only or other human services programs?
  - ↳ Will some staff need more intense training on particular non-MAGI populations?
  - ↳ Will they have to use multiple systems until Medicaid and human services are fully integrated?

Workforce Training: Lessons Learned and Best Practices

Preparing agencies is as important as preparing the system; workforce structure will influence training strategy

Lessons Learned

- Retraining is needed if system launch delays create a gap between training and launch
- Separating IT training from policy training was "ineffective"
- Plan sufficient time for training
- Train early, but also make sure that training (and trainers) reflect last-minute changes to functionality

Best Practices

Integrate policy, operations, and IT/systems training content so workers have a full view of the process – can answer all "why" questions
In addition, train policy and IT staff together

Provide multiple training opportunities and formats, including ongoing re-trainings, so workers can apply training in real-time
- Post training modules and webinars online for workers to access as needed
- Minimize time between training and system launch

Ensure vendor trainers are fully trained on functionality unique to your state

Workforce Training: State Examples

- Leadership sets the stage for training – explains the reason for the training and responds to questions (a "cultural conversation")
- Training was incremental and on-demand to avoid disrupting regular work
- Built 10-15 minute learning blocks and a series of webinars to "connect the blocks"
  - Webinars walk through the progression of what workers see on their screens
- Training is supplemented with process documents
- Final training stages rely on a statewide videoconferencing system

- State trained workforce on-site both before and during system rollout
- Also established a centralized team called "Operation Field to Frankfort"
  - Was staffed with eligibility workers, IT staff, and vendor staff
  - Also served as a training center where eligibility workers functioned alongside vendor and IT staff to troubleshoot difficult cases while becoming more comfortable with system functionality
  - Was the predecessor to a now-permanent 50-person troubleshooting and training state team that focuses on backlogs, difficult cases, and other pressing needs

- Workers are trained on each system enhancement as they are released, either through webinars or in-person if the enhancement is complicated
- Worker portal training conducted on-site over 6-8 months
- County-level supervisors are trained to become trainers for their county at a central location
  - Supervisors are familiar with enhancements prior to training because of the worker feedback loop used during system build
- All past trainings are available to workers online

Discussion

THANK YOU!

Let us know if you have any updates to your contact information or would like more information on Coverage LC meetings.

Archived products and tools produced by the Collaborative are available online at: www.medicaid.gov/state-resource-center/mac-learning-collaboratives/coverage/index.html

Contact: MACLC@mathematica-mpr.com

Medicaid and CHIP MAC Learning Collaboratives

Appendix

Contact Information for Leader States

Several states that have completed or made significant progress toward integrating non-MAGI populations into their modernized eligibility and enrollment systems are available to offer guidance and answer your questions about topics covered in this presentation, including: project planning and governance; system design; IT/systems development; data migration; testing; and workforce training.

Agency: Idaho Department of Health and Welfare
Contacts: Greg Kunz, Deputy Administrator, Division of Welfare/Self Reliance Programs, Greg.Kunz@dhw.idaho.gov, (208) 863-2044; Shannon Brady, Deputy Administrator, Division of Welfare/Self Reliance Programs, Shannon.Brady@dhw.idaho.gov, (208) 334-4954
Topic Areas: Project planning and governance; system design; IT/systems development; workforce training

Agency: New Jersey Department of Human Services
Contact: Meghan Davey, Director, Division of Medical Assistance and Health Services, Meghan.M.Davey@dhs.state.nj.us
Topic Areas: System design; IT/systems development; testing; workforce training

Agency: Ohio Department of Medicaid
Contact: Jenni Langlois, Ohio Benefits M&O, Jennifer.Langlois@medicaid.ohio.gov, (614) 752-3591
Topic Areas: Data migration; testing

Agency: Kentucky Cabinet for Health and Family Services
Contact: Jennifer Harp, Deputy Executive Director, Office of Administrative and Technology Services, Jennifer.harp@ky.gov; LeAnne Mullins, Director, Division Eligibility Systems, Office of Administrative and Technology Services, LeAnne.Mullins@ky.gov, 502-564-0105 ext. 2847
Topic Areas: Project planning and governance; system design; IT/systems development; data migration (Mullins); testing (Mullins); workforce training (Harp)

Other Tools and Resources

December 2015 final rule extending enhanced 90-10 match

- https://www.federalregister.gov/documents/2015/12/04/2015-30591/medicaid-program-mechanized-claims-processing-and-information-retrieval-systems-9010

State Medicaid Director Letters regarding 90-10 rule implementation

- https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16004.pdf
- https://www.medicaid.gov/federal-policy-guidance/downloads/smd16009.pdf
- https://www.medicaid.gov/federal-policy-guidance/downloads/smd16010.pdf

OMB A-87 waiver to allow use of 90-10 Medicaid match for human service integration

- https://www.medicaid.gov/federal-policy-guidance/downloads/SMD072015.pdf
- https://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-01-23-12.pdf