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# Cleaning up Medicaid Eligibility

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**June 1, 2017**

**Senate Health Care Committee**



# Medicaid eligibility overview

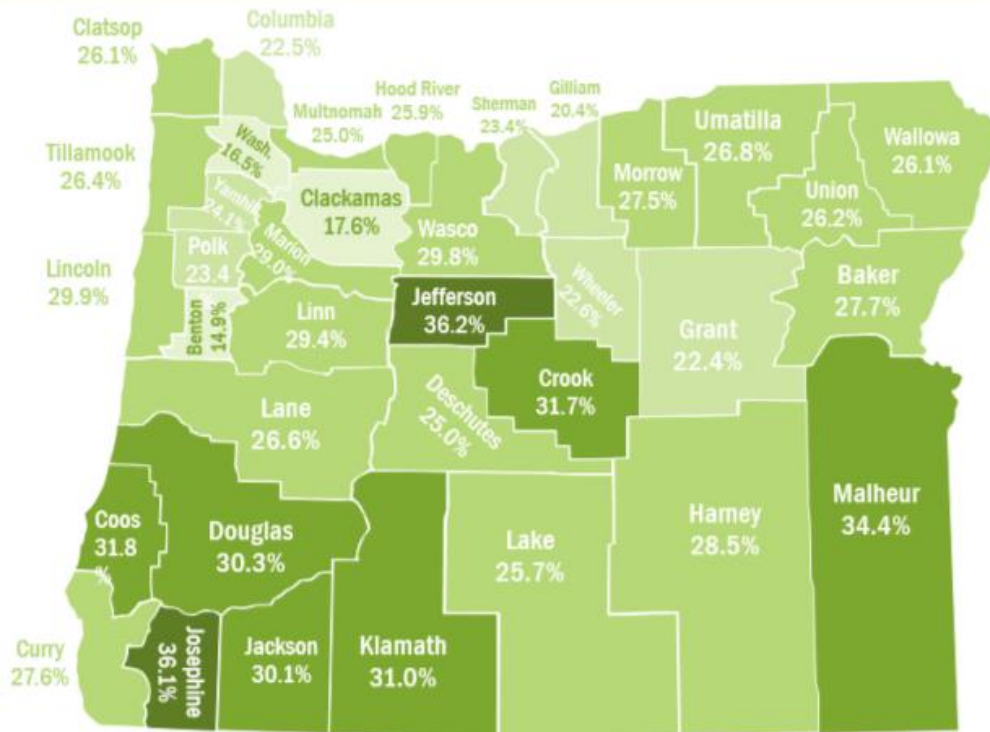
- **We are on track:**
  - 90 percent of renewals complete and 733,695 enrolled in ONE system in 12 month plan
  - 10 percent to clean-up as anticipated (115,236 individuals)
- **Clean-up cases are already in spring forecast**
- **We have an action plan to cross the finish line on August 31, 2017.**

“ The forecasts are up primarily because redeterminations have been delayed several times over the past year, all with approval from the Centers for Medicare and Medicaid Services (CMS). The latest delay results from bringing the new eligibility system, ONE, into production between December 2015 and February 2016. Redeterminations will resume in March, although the agency is trying to speed

Oregon Health Authority  
*Rebalance Report, Jan. 2016*

# Oregon Health Plan: key facts

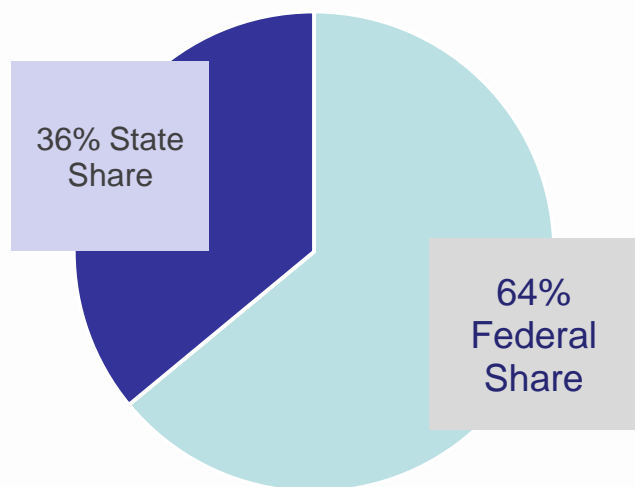
Percent of Oregon's population enrolled in OHP, by county  
September 2016



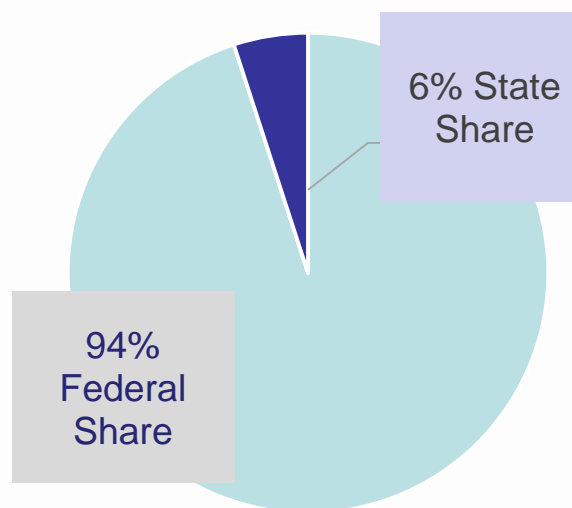
- **Enrollment:** Serves more than 1 million Oregonians (1 in 4 state residents).
- **Coordinated Care:** 90 percent of OHP members enrolled in a CCO.
- **Cost savings:** Medicaid reforms have saved state and federal taxpayers \$1.3B since 2013.
- **Employment:** 4 in 10 adults under 65 are employed.
- **Economic impact:** Medicaid expansion has generated \$2.75 billion in federal funds for Oregon.

# Medicaid: federal-state partnership

## Federal/State Medicaid Participation (Traditional)



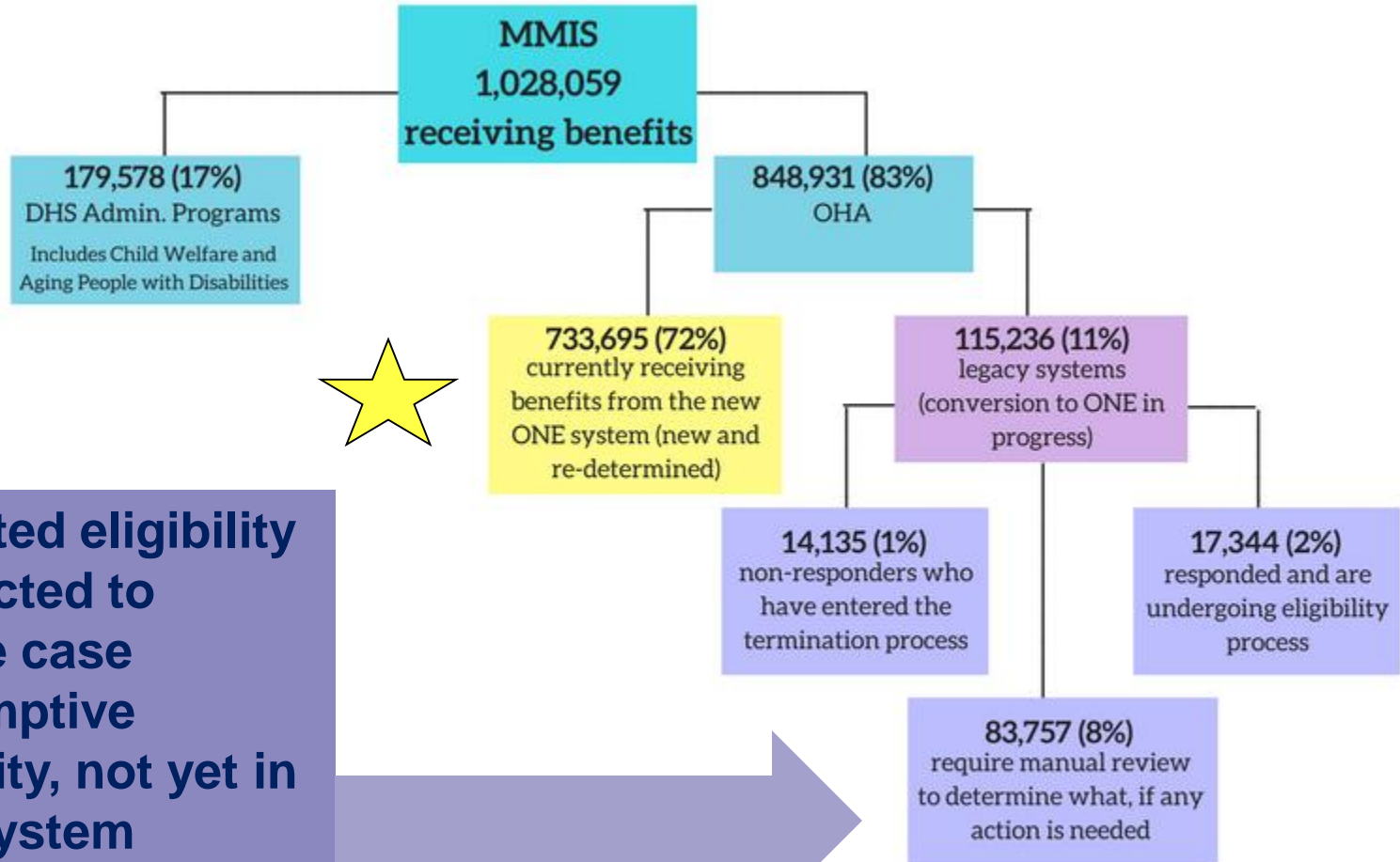
## Federal/State Medicaid Participation (Expansion)



- **Principal investor/funder:** Federal Government pays more than 90% of cost for Oregon's new eligibility system
- **Documentation of CMS approval** of Oregon's eligibility renewal plans.
- **Shared decision-making** for policy and operations.
- **Regular communication:** Weekly operations and technical assistance meetings.
- **Quarterly Reporting:** Projected Expenditures & Actual Expenditures

# Medicaid eligibility

Medicaid Recipients as of May 1, 2017



- Protected eligibility
- Connected to eligible case
- Presumptive eligibility, not yet in ONE System
- Eligible but stuck in legacy system
- Application not finished

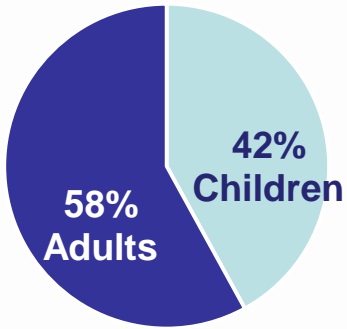


# Who are these clean up cases?

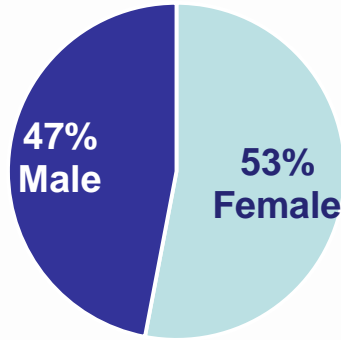
- **Excluded due to protected eligibility**
  - Pregnant women
  - Children under age 1
- **Non-responder who is connected to an eligible case**
  - (e.g. child hasn't responded but parent is eligible)
- **Presumptive eligibility, not yet included in new eligibility system**
  - Breast and Cervical Cancer program, Extended Medical, Hospital Presumption
- **Eligible but stuck in old legacy system**
  - Individual remains in legacy enrollment system
- **Application started in ONE but not finished**
  - due to procedural and system issues

# Who are the Medicaid eligibility clean-up cases?

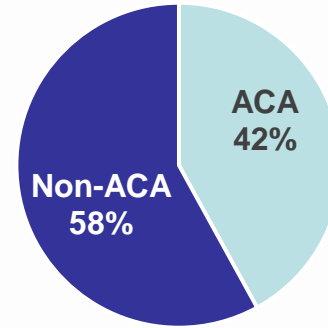
Age



Gender

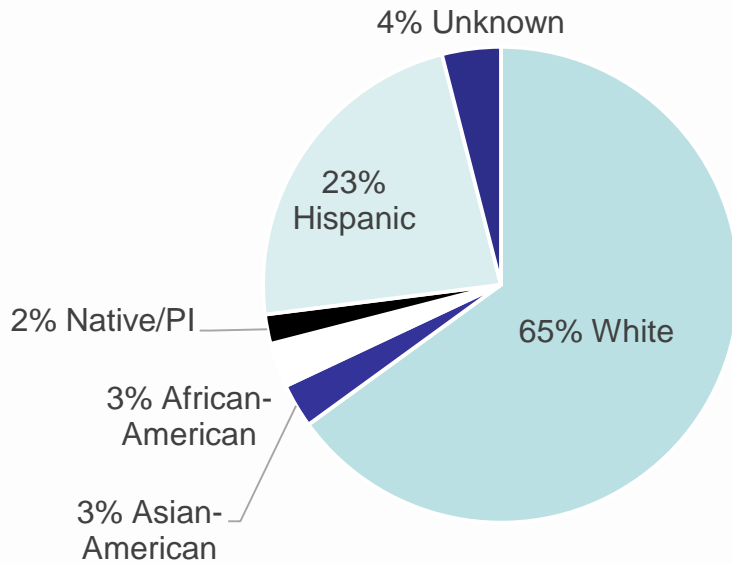


ACA vs. Non-ACA

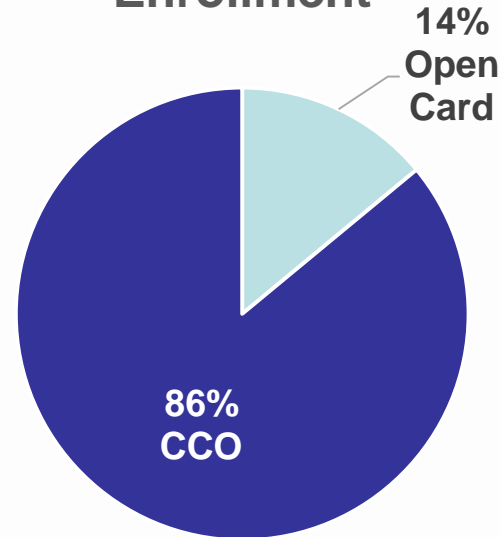


Medford

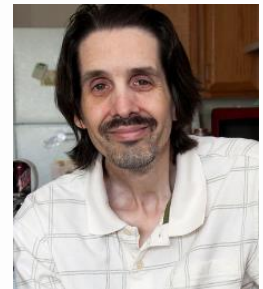
Race/Ethnicity



Enrollment



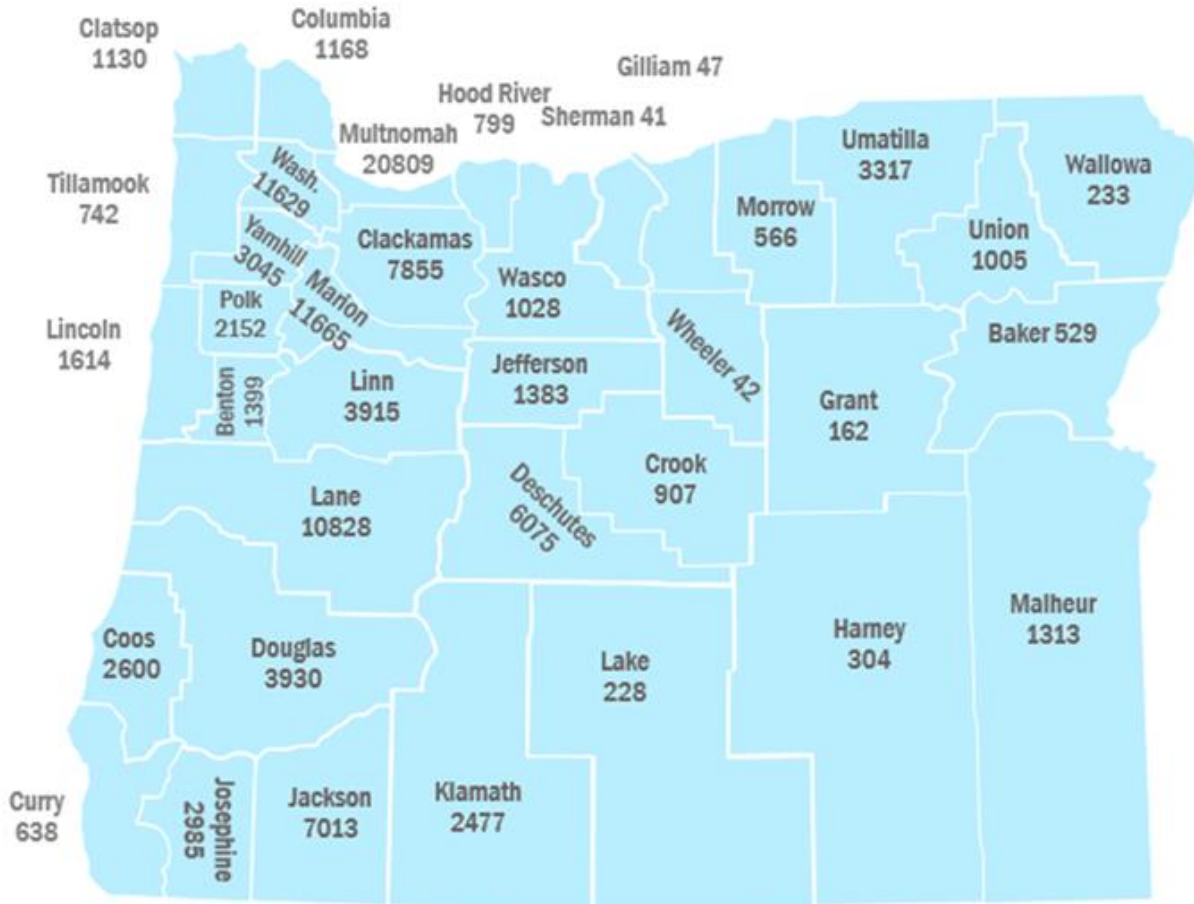
Coos Bay



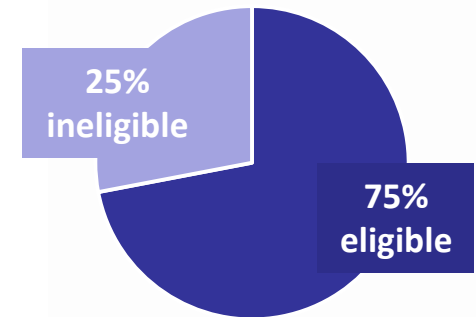
Medford

# Where they live.....

Count of Individuals whose conversion to ONE is in progress (115,000 people)



Eligibility after renewal process: historic trend\*

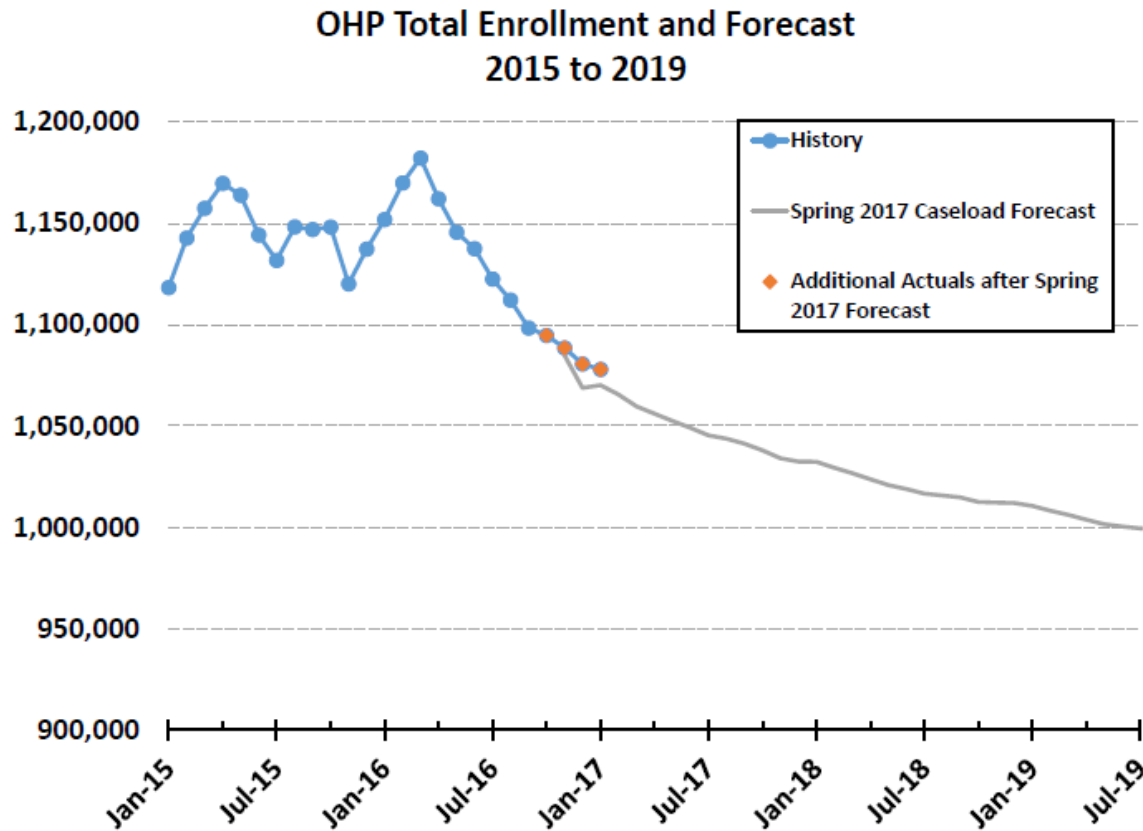


■ Renewed ■ Ineligible

\* Historic Medicaid renewal rate is 72 percent. OHA will determine rate of renewals for legacy cases as renewal process is complete.



# OHP enrollment and forecast



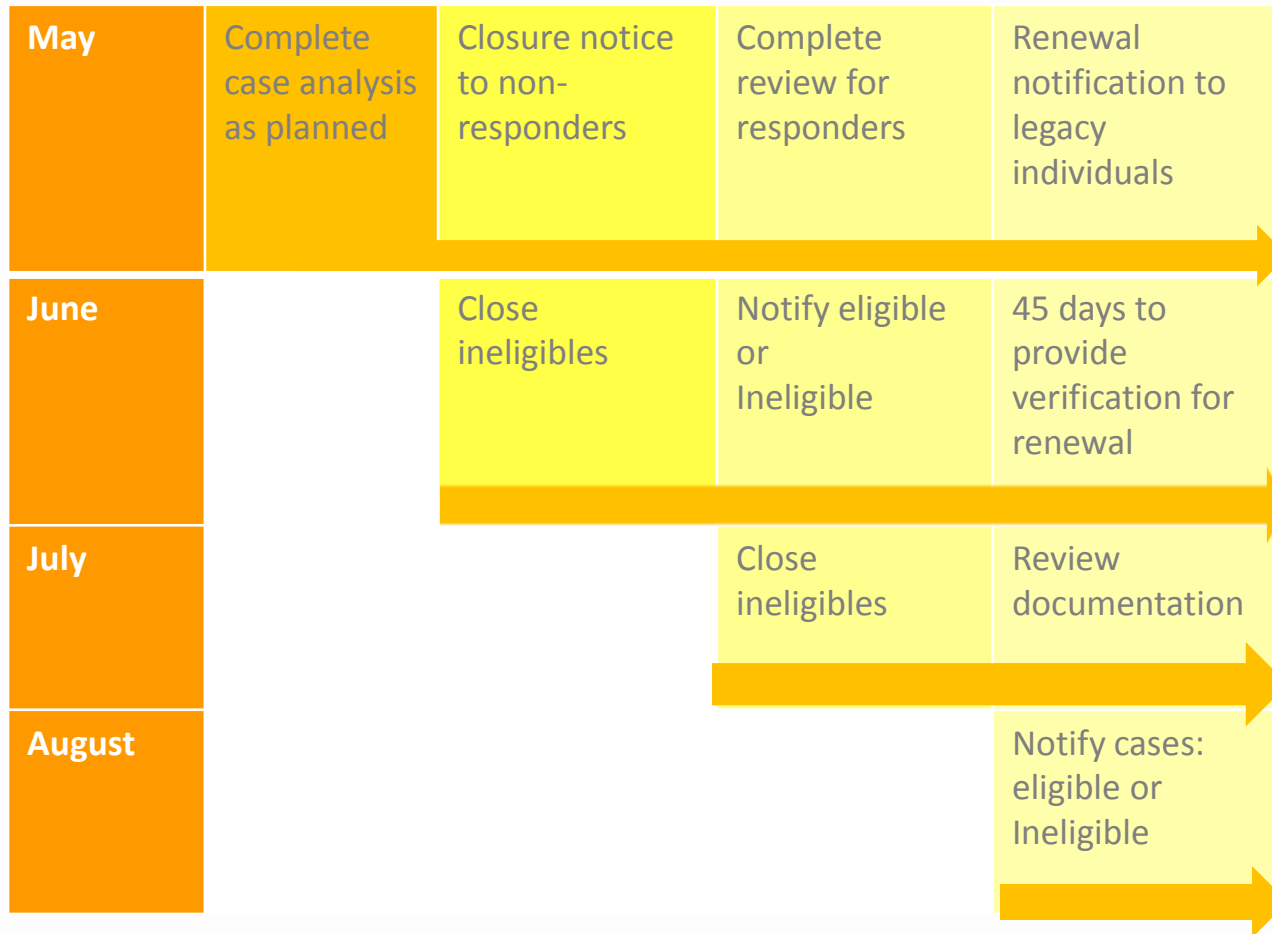
The **115,235 currently on the caseload** are included in the base for the caseload forecast for 2017-19 biennial budget. The caseload forecast projects that all members are renewed annually and incorporates the appropriate renewal rate.

# May 31 Analysis of “Clean-up” Cases

- Sample of programming needs to resolve renewal eligibility issues between old legacy system and new ONE System for eligibility:
  - OHP Members that are still in a legacy system and did not renew eligibility into the ONE System; but live with an individual that has already renewed his or her eligibility into the ONE System
  - OHP Members that successfully renewed via the ONE System; but update was made to their old legacy system file, causing benefits to appear in old system.
  - Members who started the renewal process in the ONE System but are still missing information
  - Members that submitted renewal applications both on paper and electronically, and require a manual reconciliation of the two applications
  - Members that meet multiple eligibility criteria in a household with members that meet only a single criteria or different criteria
  - Legacy households that have an individual that is no longer part of a household that renewed into the ONE System

# ACTION PLAN: Final legacy case renewals

90-day plan to complete legacy individuals renewals by 8/31/17



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# Appendix

The logo for the Oregon Health Authority is centered within a light blue, rounded rectangular background. The word "Oregon" is written in a smaller, orange, serif font above the "Health" portion of the word "Health Authority". The word "Health" is written in a large, dark blue, serif font. The word "Authority" is written in a smaller, orange, serif font below the "Health" portion. A thin blue horizontal line is positioned just above the "Authority" text.

Oregon  
Health  
Authority

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# ONE System Launch Timeline

## Cover Oregon Failure

2014

- **Replace failed system:** Former OHA & DHS staff purchase new system to replace Cover Oregon.
  - **Enrollment surge:** ACA Medicaid expansion adds 400k new OHP members & new eligibility criteria.
  - **Enrollment paused** for transition to new system.
- **Stand-up basic system:** Begin ONE development.
  - **Assess limitations:** Identify nine known enhancement phases.
  - **Leadership change:** New team appointed to lead OHA. OHA assumes ONE System management.
  - **Clean up plan approved:** CMS approves plan to clean OHP data in 2016.

## ONE System

Dec 2015

## Begin Data Clean-up

2016

- **Launch new ONE eligibility system**
- **Data clean up:** Manually convert current OHP members via full paper applications
- **Restart renewals:** Resume Eligibility renewals in ONE

## Complete First ONE Renewal Cycle

2017

- **Complete first cycle of renewals** in ONE System.
- **Complete data clean-up analysis.**
- **Finish “clean-up” cases for legacy renewals:** August 31, 2017.
- **IE/ME planning & preparation:** Re-deploy key staff from ME to centralize processing.

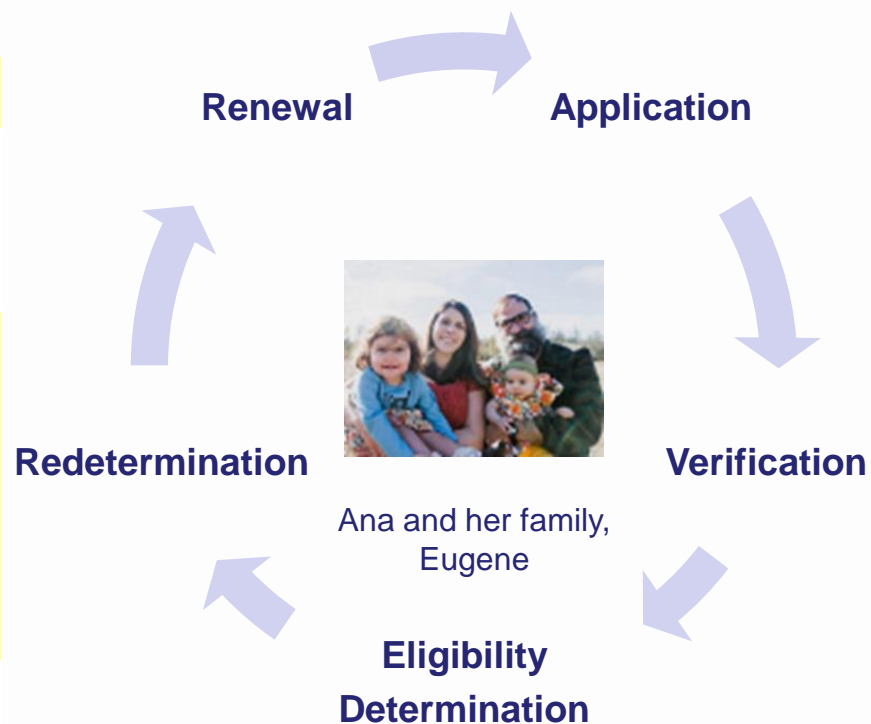
# Medicaid eligibility process

**Federal law presumes eligibility after enrollment** until deemed ineligible during renewal or redetermination.

Medicaid eligibility is renewed once a year

<b>Length of eligibility</b>	12-month annual review cycle.
<b>Application</b>	Verify income, household and residency status, etc. <ul style="list-style-type: none"> <li>• About 80,000-100,000 people per month</li> </ul>
<b>Renewals:</b> Annual verification of continued eligibility	<p><b>Notification:</b> 45 day notice of renewal.</p> <p><b>Response:</b> OHP enrollee have 30-95 days to respond. <i>Remain eligible until determination.</i></p> <p><b>Closure:</b> 10 day termination notice</p>

<b>Redetermination:</b> Closure during 12-month eligibility cycle due to member's changing circumstance	Self-reported changes in income, family status and other factors <ul style="list-style-type: none"> <li>• Average 6,200 self-reported case closures per month.</li> </ul>
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# Application Processing Checklist

- 1. Pull app and review for completeness (create task/letter if incomplete)
- 2. Search CI, CM and MMIS to identify and resolve existing benefits, duplicate primes, and duplicate applications
- 3. Perform a CCI and non-CCI Individual Quick Search for all individuals on the application
- 4. Initiate the application processing
- 5. Identify the DOR
- 6. Complete Application Registration (make note of Case #)
- 7. Complete Data Collection
- 8. Run eligibility and review the eligibility outcome (EDG Summary screen)
- 9. Check RFI (and clear if possible) and utilize tools to resolve RFIs
- 10. Complete Authorization
- 11. Confirm approved benefits in MMIS
- 12. Check Correspondence, deleting if applicable
- 13. Send manual notices if applicable
- 14. Narrations in TRACS/ONE
- 15. Re-Index application to Case #
- 16. Mark task as "complete"



# Flow of an Application



## Application Received

The application is received via mail, fax, or phone, or through Applicant Portal



## Application Transfer

The application is received by ONE via Account Transfer



## Application Registration

The application is initiated in the ONE System with individual information



## Data Collection

Additional data needed for eligibility determination is captured including:

- Household status and program request
- Relationship and tax status
- Citizenship and immigration status
- Income and expenses
- Pregnancy and other insurance



## Run Verification

Data is verified against a wide variety of sources including the federal hub, Oregon Employment Department, and MMIS



## Eligibility Determination

Eligibility Determination is automated and produced using captured application data, verification sources, and current eligibility status



## Authorize Case


Eligibility notice is auto-generated and sent, and case worker confirms and validates information in MMIS

• **OHA SharePoint** – includes Applicant Portal Training, Worker Portal Training and other Quick Reference Guides (QRGs)  
<https://teams.dhsoha.state.or.us/OHA/ohpenrollment/SitePages/Home.aspx>

• **Policies and Procedures** – guide to important OHA policies as well as best practices for commonly experienced issues  
<https://teams.dhsoha.state.or.us/OHA/ohpenrollment/SitePages/Eligibility.aspx>



# OHP eligibility timeline

Date	Event
Jun. 2013	<b>CMS grants waiver</b> to defer renewals to facilitate ACA implementation.
Jan. 2014	<b>ACA takes effect. Cover Oregon fails.</b> OHA finds major data quality issues in Medicaid cases.
Feb. 2014 & Apr. 2014	<b>CMS grants waivers to defer renewals</b> for enrollees originally scheduled for renewal in late 2013 and early 2014.
Jan. 2015	<b>Closures paused</b> due to legal issues. Caseload temporarily rises 5 percent (1.16M) by April.
Feb. 2015	<b>Oregon adopts ONE</b> as eligibility platform to replace Cover Oregon and legacy systems.
May 2015	<b>Closures/expedited renewals resume.</b> Caseload begins to drop.
Aug. 2015	<b>Manual transfer of Medicaid cases to ONE from legacy systems.</b> Oregon requests CMS approval for 12-month plan complete manual documentation and processing.
Sep. 2015	<b>CMS grants waiver to suspend renewals until 2016</b> and approves Oregon's plan. 
Dec. 2015	<b>CMS agrees to waiver revisions.</b> Agreement revises schedule and removes reference to requirement that Nov.-May 2016 renewals be completed by June 2016.
Dec. 2015	<b>ONE launches.</b> OHA eligibility workers begin entering new applications and processing backlog.
Jan. 2016	<b>CMS provides verbal extension of waiver.</b> Removes previously approved methods that no longer work with the ONE System; and approve eligibility leveling plan over 12 month period beginning in March 2016.
Jan. 2016	<b>OHA reports to legislature</b> on Cover Oregon failure and plans to correct data across systems.
Feb. 2016	<b>Medicaid renewals resume for Cover Oregon cases.</b> Closures scheduled for March. <i>Success rate for renewals conducted between Mar.-Aug. 2016 is 67 percent.</i>
Sep. 2016	<b>OHA plans for post-March 2017 renewal clean-up.</b> Caseload drops by 68,000 since renewals resume in Feb. 2016.
Oct. 2016	<b>OHA launches ONE applicant portal</b> which allows OHP members to apply for/renew online.
April 2017	<b>Deloitte reconciles Medicaid databases</b> and identifies 115,000 remaining cases. OHA provides information to SOS
May 2017	<b>OHA adds capacity to complete outstanding renewals.</b>



# Medicaid eligibility reports to legislature, MAC and stakeholders

2015 Interim Legislative Session	2016 Interim Legislative Session	2015 Interim Legislative Session	OTHER STAKEHOLDER MEETINGS
<p>9/30/15: Joint Committee on Information Management and Technology</p> <ul style="list-style-type: none"> <li>• <a href="#">MAGI Project Overview</a></li> <li>• <a href="#">MAGI Project 10 Things to Know</a></li> </ul>	<p>5/23/16 &amp; 5/24/16 – Senate &amp; House Health Care</p> <ul style="list-style-type: none"> <li>• <a href="#">OHP Enrollment &amp; Renewals Update</a></li> </ul>	<p>2/9/17 &amp; 2/13/17 – Joint Subcommittee on Human Services– <a href="#">HSD Budget Presentation</a></p>	<p><a href="#">MEDICAID ADVISORY COMMITTEE</a> (Please specifically see 9/30/16)</p> <p>Monthly Meetings as required <b>ORS 414.211 to 414.227</b></p>
<p>1/13/16 – House Health Care</p> <ul style="list-style-type: none"> <li>• <a href="#">ONE Go-Live</a></li> </ul>	<p>12/12/16 &amp; 12/13/16 – Senate &amp; House Health Care (Lynne &amp; Dr. Chauhan)</p> <ul style="list-style-type: none"> <li>• OHP Enrollment &amp; Eligibility Status (<a href="#">Presentation</a>)</li> <li>• OHP Enrollment &amp; Eligibility Status (<a href="#">Handout</a>)</li> </ul>	<p>3/15/2017 – House Health Care – <a href="#">Impact of Retroactivity on Medicaid Enrollment</a></p>	<p><a href="#">Monthly OHP Enrollment &amp; Renewal Updates for Stakeholders</a> in 2016</p>
<p>1/15/16 – Joint Committee on Information Management and Technology</p> <ul style="list-style-type: none"> <li>• <a href="#">ONE Go-Live</a></li> </ul>		<p>4/20/17 – Joint Committee on Legislative Information Management and Technology – <a href="#">Integrated Eligibility/Medicaid Eligibility Project Update</a></p>	

**Medicaid Advisory Committee Charter:**  
 “Oregon is required by federal law (42 CFR 431.12) to have a committee that advises the Oregon Health Authority (OHA) about the health and services offered through Medicaid.”

# MMIS Audit Related Meetings with SOS Auditors

**Jan 8, 2016** – Entrance Conference

**Jan 19, 2016** – MMIS Overview

**Feb 16, 2016** – Overview of Eligibility & Enrollment Process

**Mar 1, 2016** – SOS MMIS Audit (Proposed Scope & Additional Questions)

**March 28, 2016** – Audit Update

**June 13, 2016** – Audit Update

**Oct 5, 2016** – Audit Update

**Jan 10, 2017** – Audit Exit Conference

**Mar 2, 2017** – MMIS/ONE Audit Exit Conference

**April 6, 2017** - Initial meeting with SOS Auditors to review initial Deloitte Information.

**April 12, 2017** - Update meeting with SOS Auditors to review draft Deloitte Information.

**April 19, 2017** - Update meeting with SOS Auditors to review draft Deloitte Information.

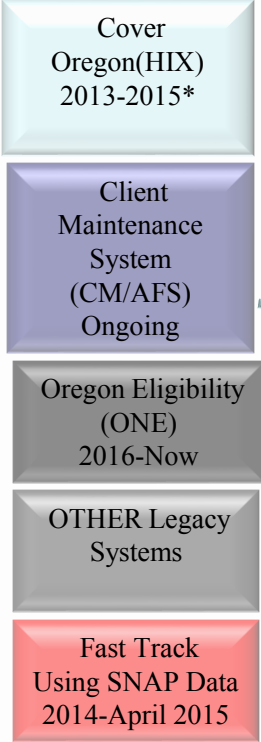
**May 5, 2017** - Update meeting with SOS Auditors to review accurate and actionable Deloitte Information.

**May 11, 2017** - Meeting with SOS Auditors to provide responses to the nine questions posed by SOS Kip Memmott.

- SOS Kip Memmott and Ian Green declined the meeting on the day of the meeting

# Final clean-up of legacy databases

Systems Used To Determine If Members Are Eligible For Coverage



Challenges with legacy cases:

- **Conflicting data:** Multiple manual closure delays causing adjustments to end dates in legacy system
- **Vulnerable/Disabled:** Continued use of legacy systems for special and vulnerable populations
- **Issues with ONE at go live** that forced the use of legacy systems for several months for some populations being renewed or determined.

System Used To Enroll Members And Distribute Benefits

