

Louisiana Department of Health & Hospitals Medicaid & Louisiana Children's Health Insurance Program (LaCHIP) Eligibility e-Human Services Efforts

Introduction

The Louisiana Medicaid and LaCHIP Eligibility Division has made considerable progress in the past twelve years in integrating technology into our eligibility business processes to automate eligibility enrollment and renewal processes, resulting in administrative savings and improved customer service, and maximization of enrollment in Medicaid and Children's Health Insurance Program (CHIP). It is important to note that the Medicaid and LaCHIP mainframe eligibility system (MEDS) is a totally separate system from the TANF/SNAP (Food Stamp) system. While information is imported from TANF/SNAP into the Medicaid/Eligibility system, the two eligibility systems have been managed by separate State Departments for the past eighteen years.

The Medicaid /CHIP eligibility system and automated processes have been customized to meet eligibility needs and processes unique to public health care programs. The reality is that Medicaid and CHIP eligibility processes can be very different from Temporary Assistance for Needy Families (TANF)/Supplemental Nutrition Assistance Program (SNAP) and still maintain the integrity of eligibility decisions. Preciseness of actual income is far less important in public health programs. Policy options such as twelve months **continuous** eligibility in both Medicaid and CHIP are an additional factor which influences our business processes the progress we have been able to achieve.

Electronic Financial Eligibility Case Records

We believe that **totally paperless eligibility case records** are essential to maximizing enrollment and retention of eligible individuals in Medicaid and CHIP. In May of 2004, we rolled out implementation of our Medicaid Eligibility Electronic Case Record (ECR), which is a web-based system that contains images of all incoming documents (scanned) as well as outgoing documents (system created and sent to the ECR) as well as the Case Activity History. Importantly, every Medicaid employee with web access and a “need to know,” regardless of their physical location, can create, scan documents into, and access any electronic eligibility case record.

Some benefits we have experienced from electronic records:

- elimination of file rooms and associated rental cost , file room staffing costs, and filing systems hardware (shelving, cabinets) costs
- no longer a problem of lost or misfiled case records
- with time stamps no longer possible to falsify records through back dating
- elimination of cost of file jackets, postage, toner, paper, printing
- portability and preservation/availability of records in the event of flooding and other natural disasters
- immediate access to case record improves customer service; activity gets recorded in the record; facilitates our highly successful telephone renewal process
- automated eligibility processes (notice of review, extension of eligibility, Express Lane Eligibility enrollment) result in automatic update of the case activity log without the need for caseworker making entries.
- makes telecommuting by eligibility caseworkers possible

- any documents submitted to any of our eligibility offices is **permanently available** regardless of where in the State someone may move and does not need to be requested again
- supervisory reviews process is streamlined

Web-Based Medicaid and LaCHIP Application

Beginning in 2004 certified Medicaid Application Centers in Louisiana began submitting electronic applications for persons who applied for public coverage at one of the more than 500 Medicaid Application Centers throughout the State. Effective November of 2007, we began accepting Medicaid and CHIP applications electronically submitted by individuals via the web. While CHIP regulations allowed for electronic signatures, it appeared that Medicaid did not. We learned that another state that had implemented electronic signatures for Medicaid applications by advising their Centers for Medicare & Medicaid Services (CMS) Regional Office via a letter than they intended to do so, their justification, and stating that unless they were explicitly told not to, they would proceed with their intent. We did the same thing, further using as justification that the other state had implemented electronic signatures for Medicaid eligibility. The lack of standards for electronic signatures and guidance on the allowability is an area that needs to be addressed going forward. Applications that are submitted electronically are directly importable into the Electronic Case Record without the need for scanning.

Last month, Michael Perry from Lake Research conducted focus groups throughout Louisiana to help in analyzing existing business processes and identify areas for further improvement. The feedback on the online application from the attendees was overwhelmingly positive. At the same time, we obtained valuable insights into how the wording of questions and screens themselves

can be improved. Information from Louisiana and other states with online applications can be helpful in creating standards for Medicaid, CHIP, and Exchange web-based applications.

Inquiry Rights to Information from Other Systems

We have always had inquiry rights (only) to the TANF, Food Stamp, and Child Support Enforcement eligibility systems maintained by our Department of Social Services, Workforce Commission quarterly earnings as reported by employers for tax purposes, and birth information for individuals born in 1984 or after through our Louisiana Office of Vital Records. We also subscribe to a commercial service that reports weekly earnings for many employers throughout the United States. However, currently each system must be separately queried by the caseworker which results in keystrokes and time that could be saved through use of a “dashboard” which we are actively working to implement.

Our Medicaid *ex parte* renewal process consists of the caseworker accessing and viewing the SNAP (Food Stamp case) to determine income reported to the SNAP agency and then copying that information and inputting it into the Medicaid eligibility electronic “budget”. The manual entry increases the possibility of data entry errors and transposed numbers. A file of individuals due for Medicaid renewal is sent to the SNAP agency and they return a file indicating those individuals in an active SNAP case to identify cases that qualify for an *ex parte* renewal using State Pharmaceutical Assistance Program (SPAP) data.

Administrative Renewal Process

We have analyzed historical eligibility renewal data to identify the characteristics of cases that are at a low risk of **ineligibility** at renewal and developed algorithms to select cases for a simplified renewal process. The question for us is not whether inconsequential changes have

occurred but to identify the cases that are not likely to be ineligible for Medicaid. (Louisiana eliminated the assets test for parents in 2003 and therefore has no test for either children or parents.) For administrative renewals, a letter is system generated advising the household that their continuing eligibility is being reviewed and that if information has changed, they must call a toll-free number or go to a local office. If no change is reported, the system automatically extends the eligibility for 12 months and generates a letter to the household advising that eligibility will continue. The Electronic Case Record Activity Log is annotated to show actions, and copies of actual letters mailed to the household are imported into the file.

Express Lane Eligibility—Enrollment and Renewal

Children's Health Insurance Program Reauthorization Act (CHIPRA) includes an option that allows states to use eligibility decisions for need based programs made by other entities, as well as federal tax data, to automatically enroll children into Medicaid or CHIP. Louisiana is the only state (to our knowledge) that has **automatically enrolled** children into public health coverage using this Express Lane Eligibility (ELE) option. As of June 11, 2010 a total of 13,349 children under 19 who are enrolled in SNAP have been determined eligible for Medicaid and automatically enrolled in Medicaid without submitting an application or other paperwork to our Agency. The myriad of issues that must be resolve to automatically enroll individuals by creating an interface and importing data from another system are immense...but they are not insurmountable. It took many hundreds of eligibility systems staff and contractor man hours as well as the cooperation and valuable time of systems staff with our Department of Social Services which administers the SNAP Program. External funding support is important and we used some of our MaxEnroll grant funding. Going forward we will be automatically **renewing the** eligibility for 12 months of any individual enrolled in SNAP, with ELE replacing the *ex parte* renewal and administrative renewal processes for those persons getting SNAP benefits. At this

point the ELE option is only available for children and will not be an available tool to enroll the half million or so adults we anticipate will become eligible for Medicaid in 2014.

Looking Ahead and Preparing for 2014

- We believe that our **standalone Medicaid/CHIP eligibility system** is ideally suited to be modified to add the Exchange
- Preliminary cost estimates have been obtained for three eligibility system upgrade options and we are ready to begin working on the required Advance Planning Document (APD) and budget request to begin this work in State Fiscal Year (SFY) 12 (July of 11).
- We are working to use middleware to allow for bi-directional data flow and customer self-service to determine the status of their application and case. (Funding through MaxEnroll as well).
- Upgrade to our web-based Medicaid and LaCHIP application, with added security to allow applicants to, for example, save and return later and enhancement needs identified through focus groups.
- Dashboard to allow for query of all systems with single input of Social Security Number rather than individually querying each system
- **Exploration of “pre-enrollment” option to begin collecting demographic and income data in early 2013 from individuals seeking services from safety net clinics to automatically “flip”/enroll them in Medicaid or Exchange effective 1/1/14**