
Cleaning up Medicaid Eligibility

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The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. A thin blue horizontal line is positioned between "Health" and "Authority".

Oregon
Health
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Medicaid eligibility overview

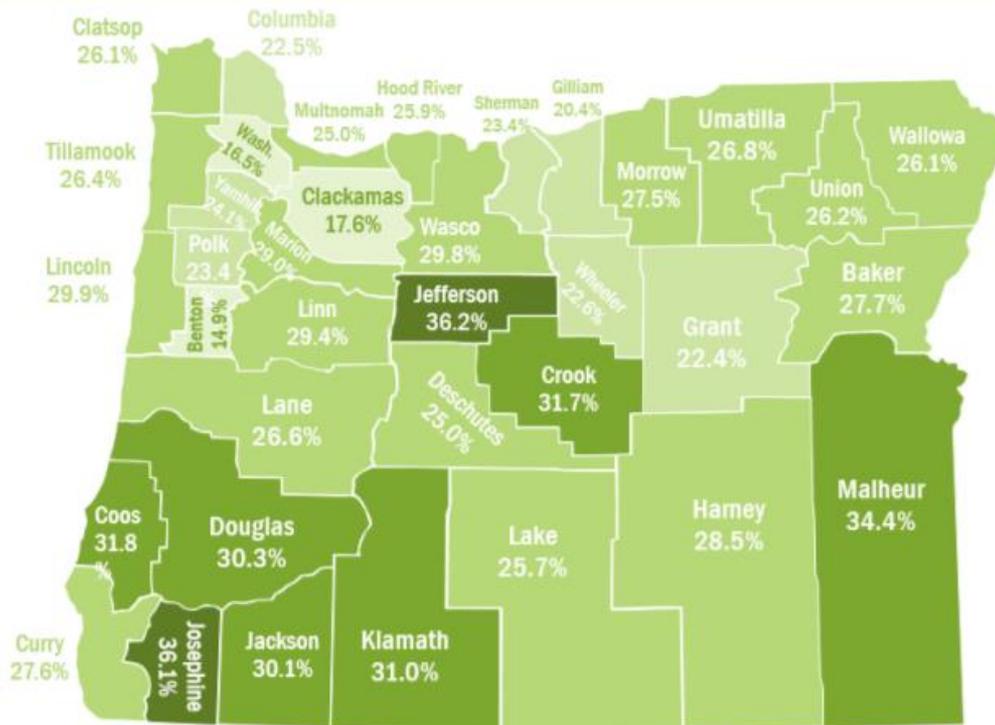
- **We are on track:**
 - 90 percent of renewals complete and 733,695 enrolled in ONE system in 12 month plan
 - 10 percent to clean-up as anticipated (115,236 individuals)
- **Clean-up cases are already in spring forecast**
- **We have an action plan to cross the finish line on August 31, 2017.**

“ 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

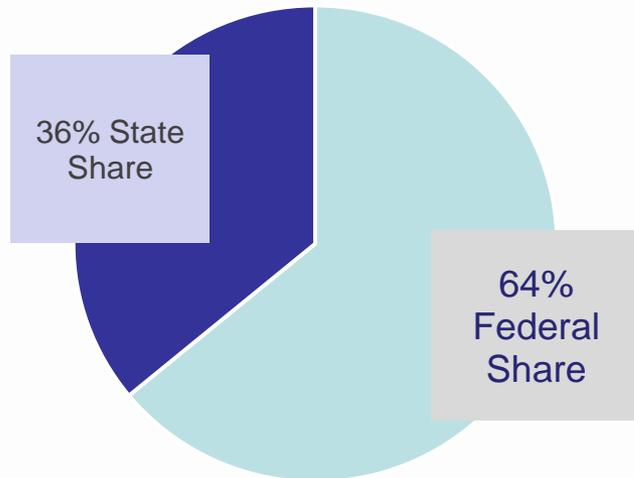
Percent of Oregon's population enrolled in OHP, by county
September 2016



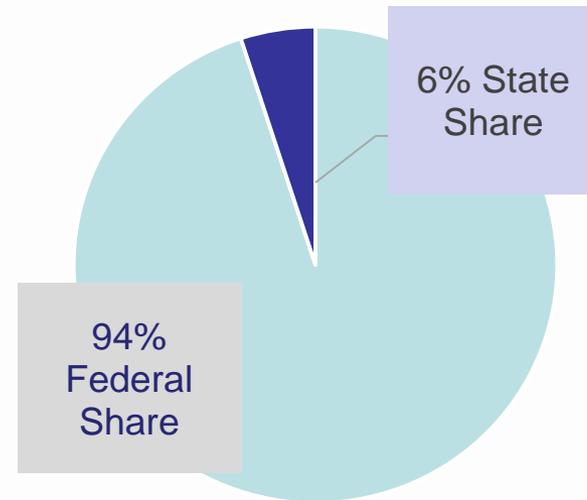
- **Enrollment:** Serves more than 1 million Oregonians (1 in 4 state residents).
- **Coordinated Care:** 90 percent of OHP members enrolled in a CCO.
- **Cost savings:** Medicaid reforms have saved state and federal taxpayers \$1.3B since 2013.
- **Employment:** 4 in 10 adults under 65 are employed.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

Medicaid: federal-state partnership

Federal/State Medicaid Participation (Traditional)



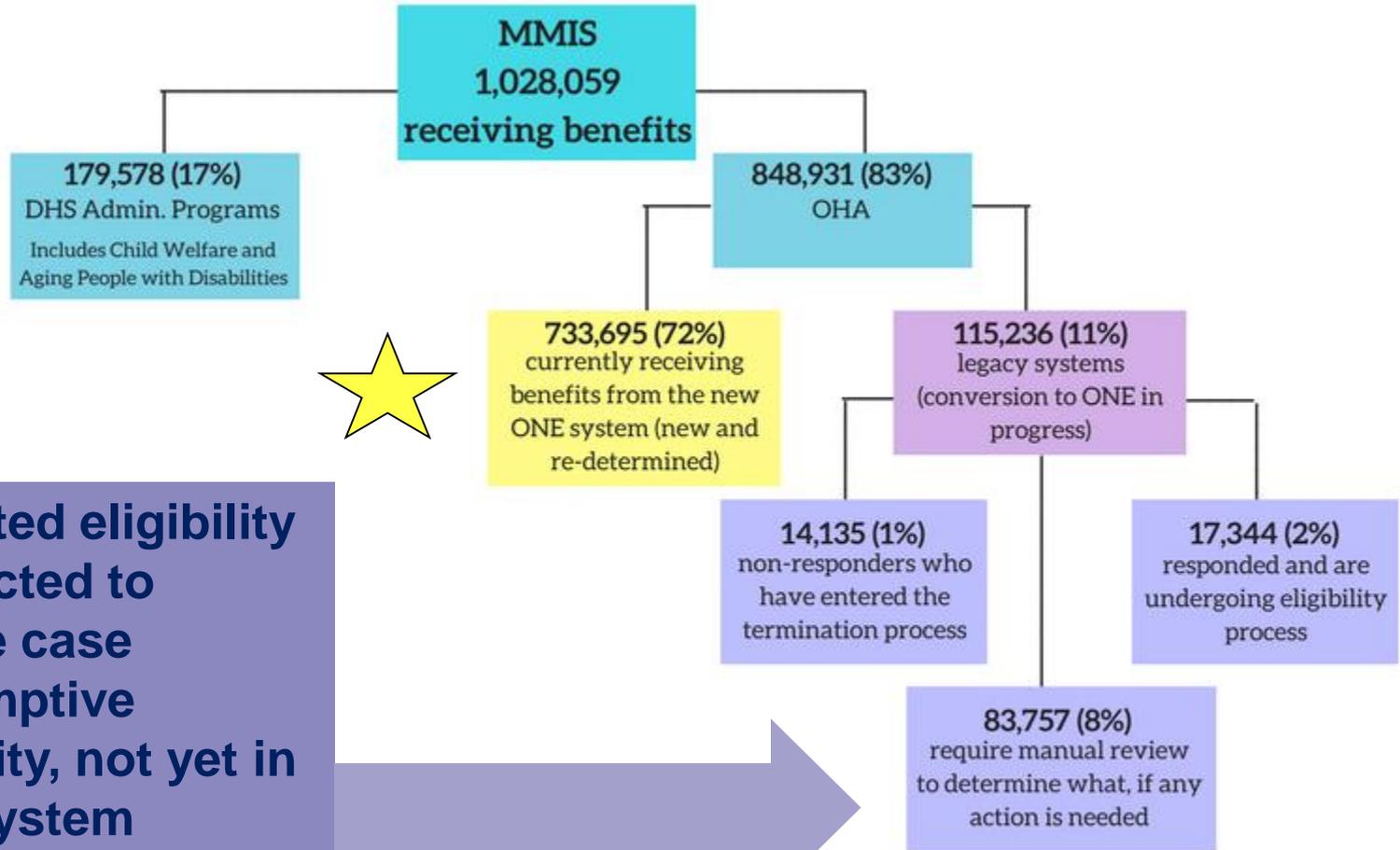
Federal/State Medicaid Participation (Expansion)



- **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 financial reports:** 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

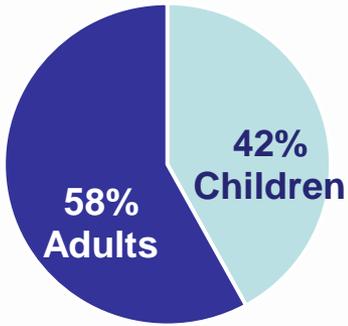


Who are these clean up cases?

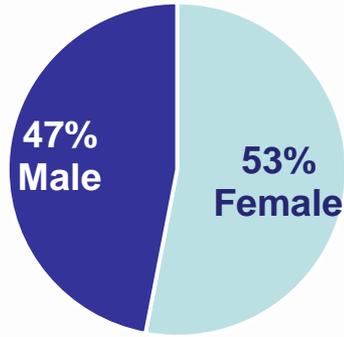
- **Excluded due to protected eligibility**
 - Pregnant women
 - Children under age 1
- **Non-responder who is connected to an eligible case**
 - (e.g. child hasn't responded but parent is eligible)
- **Presumptive eligibility, not yet included in new eligibility system**
 - Breast and Cervical Cancer 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?

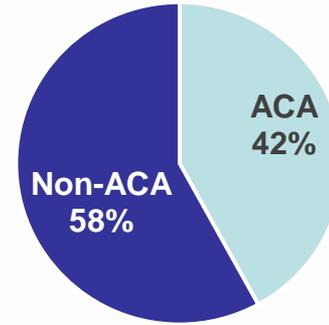
Age



Gender

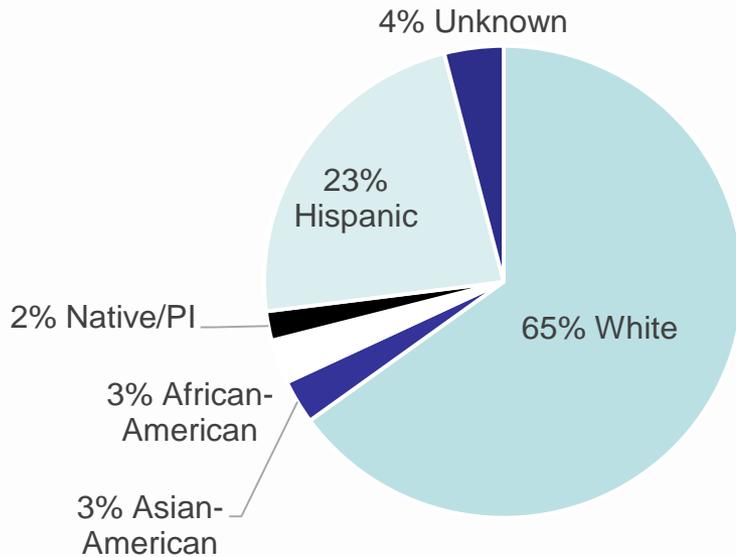


ACA vs. Non-ACA

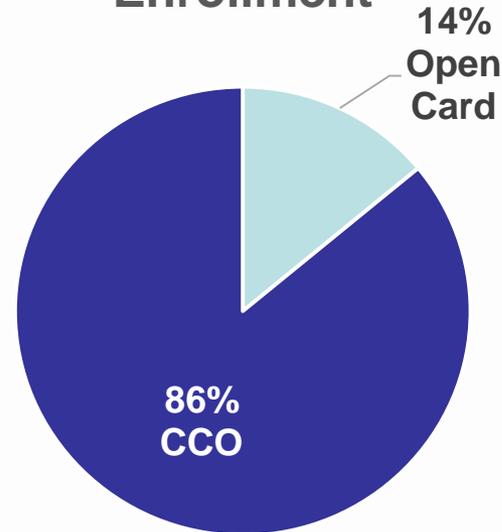


Medford

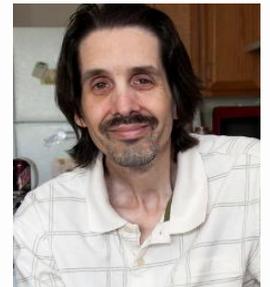
Race/Ethnicity



Enrollment



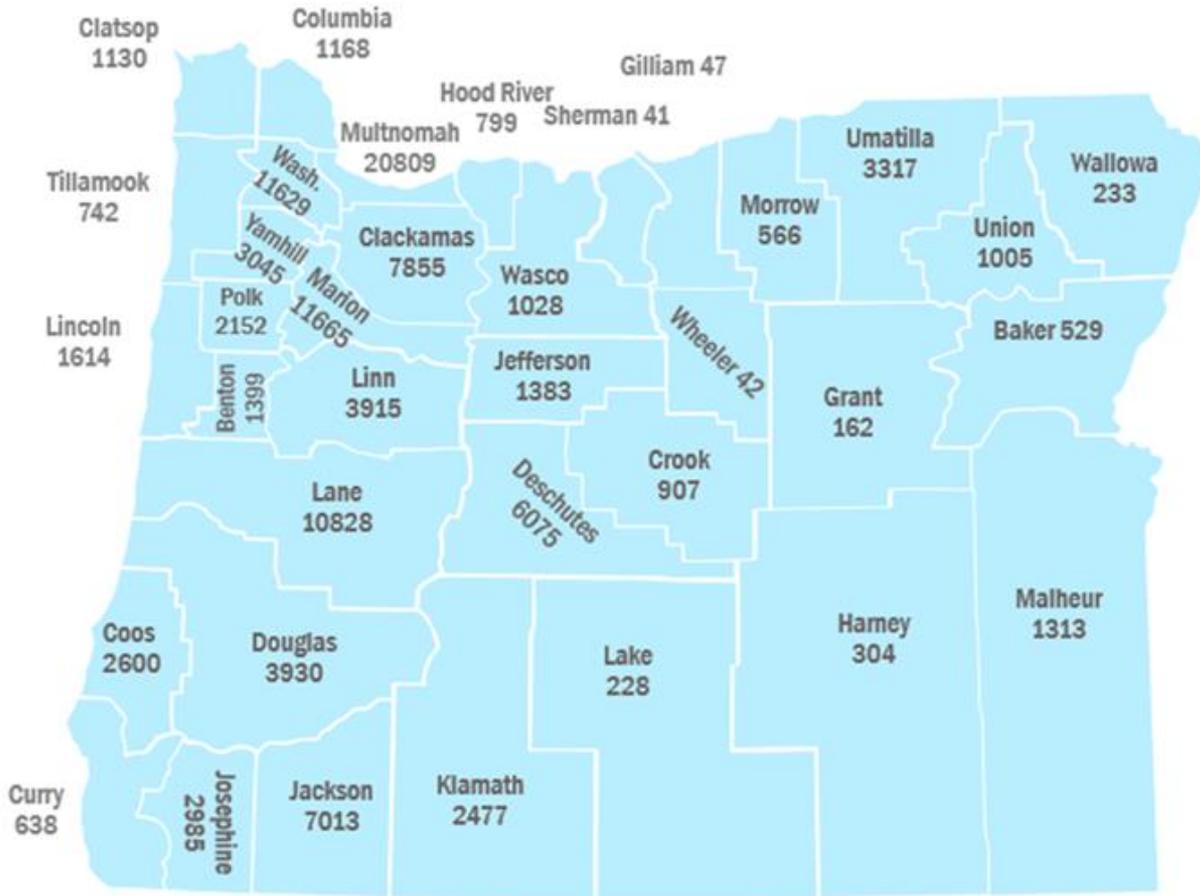
Coos Bay



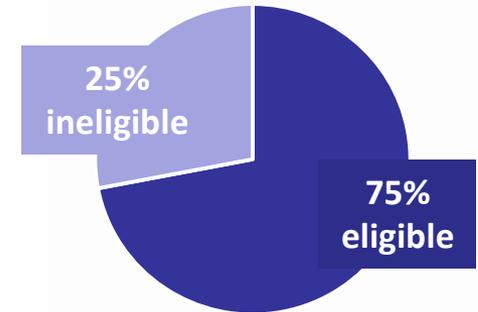
Medford

Where they live...

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



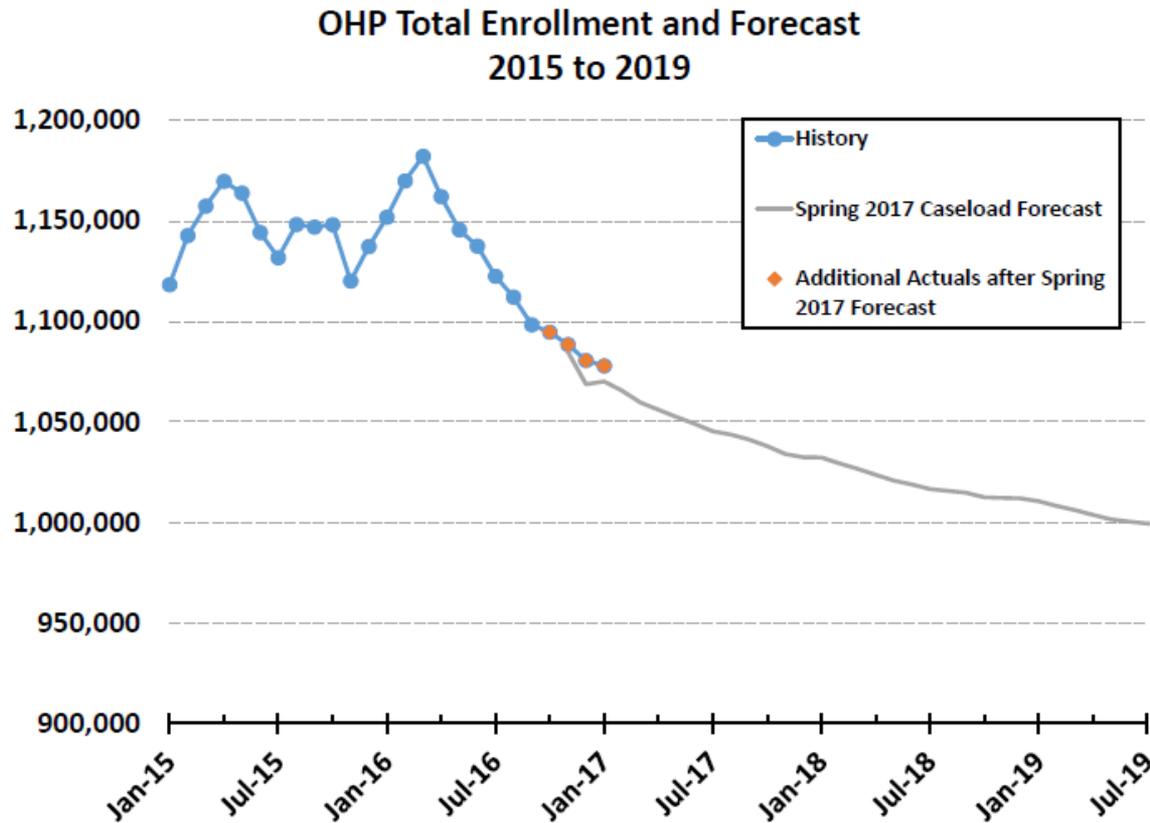
Eligibility after renewal process: historic trend*



■ Renewed ■ Ineligible

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

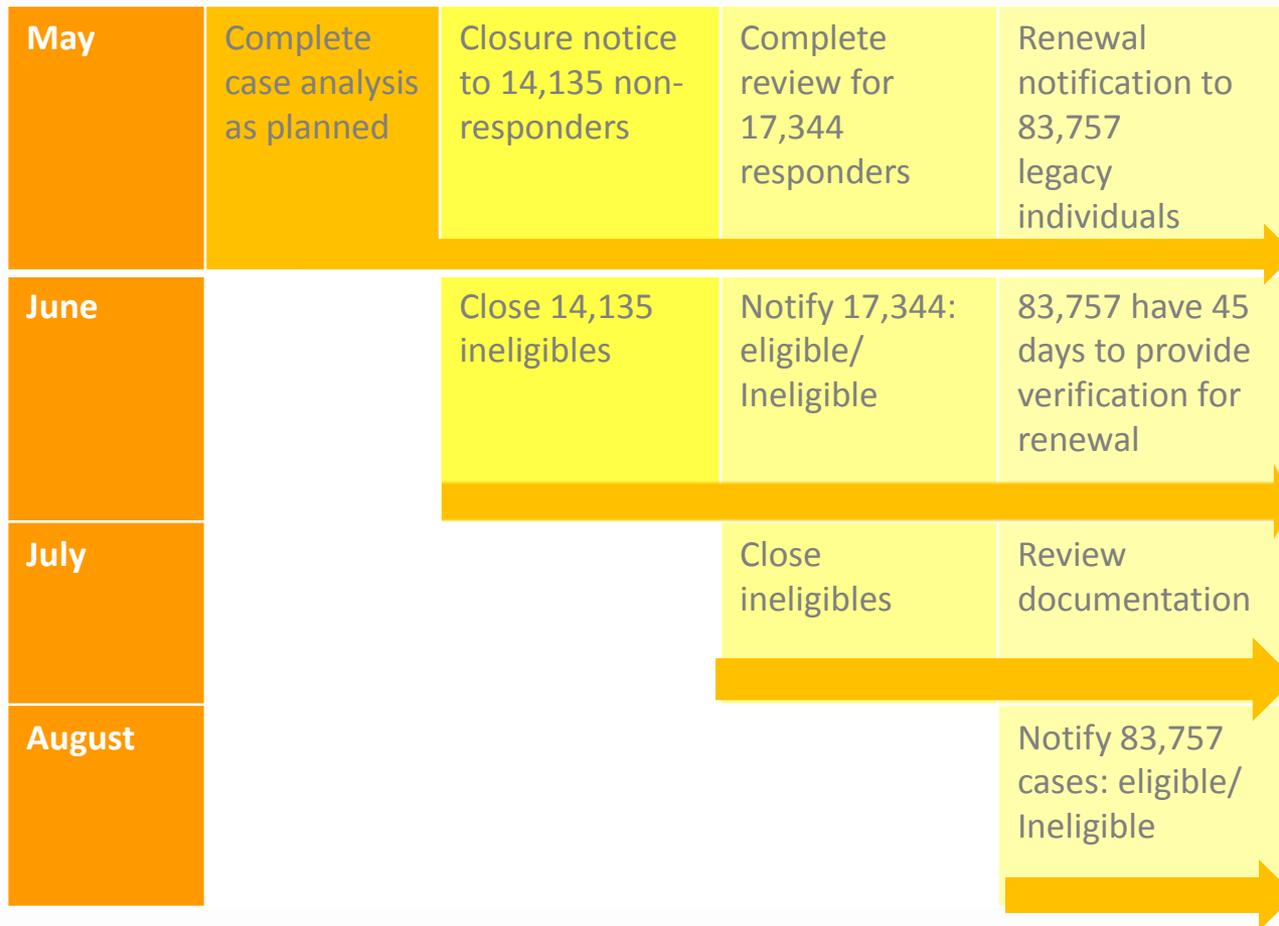
OHP enrollment and forecast



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.

ACTION PLAN: Final legacy case renewals

90-day plan to complete 83,757 legacy individuals renewals by 8/31/17



Appendix

The logo for the Oregon Health Authority is centered within a light blue, curved banner. It features the word "Oregon" in a smaller, orange, serif font positioned above the "Health" portion of the word "Health Authority". The word "Health" is in a large, dark blue, serif font, and "Authority" is in a smaller, orange, serif font positioned below it. A thin blue horizontal line is located beneath the "Health" text.

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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

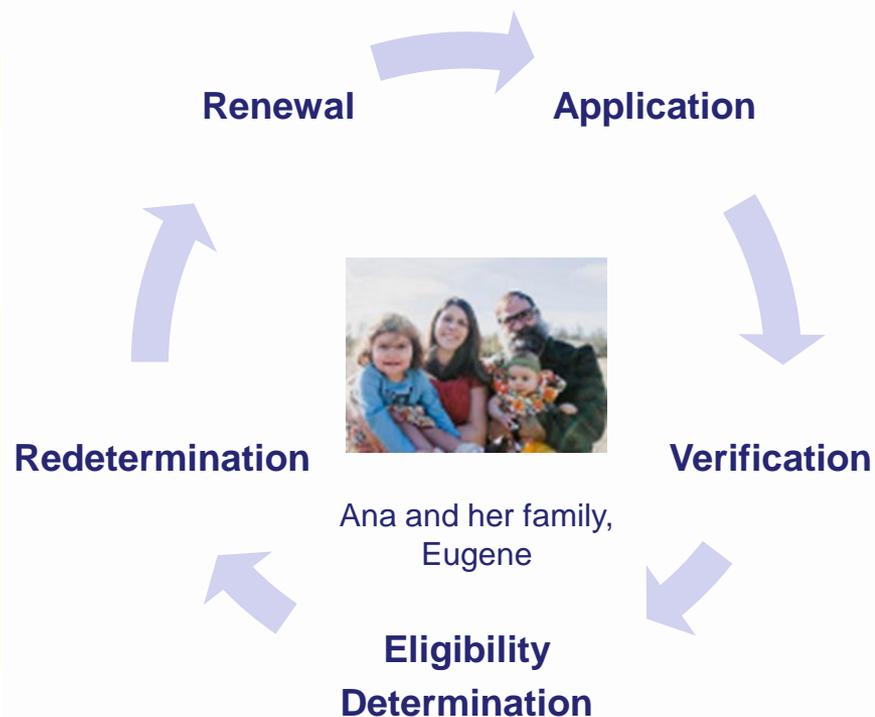
- **Complete first cycle of renewals** in ONE System.
- **Complete data clean-up:** Finalize analysis by May 31, 2017.
- **Finish legacy renewals:** Allocate 115,000 legacy cases by August 30, 2017.
- **IE/ME planning & preparation:** Re-deploy key staff from ME to centralize processing.

Medicaid eligibility process

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

Medicaid eligibility is renewed once a year

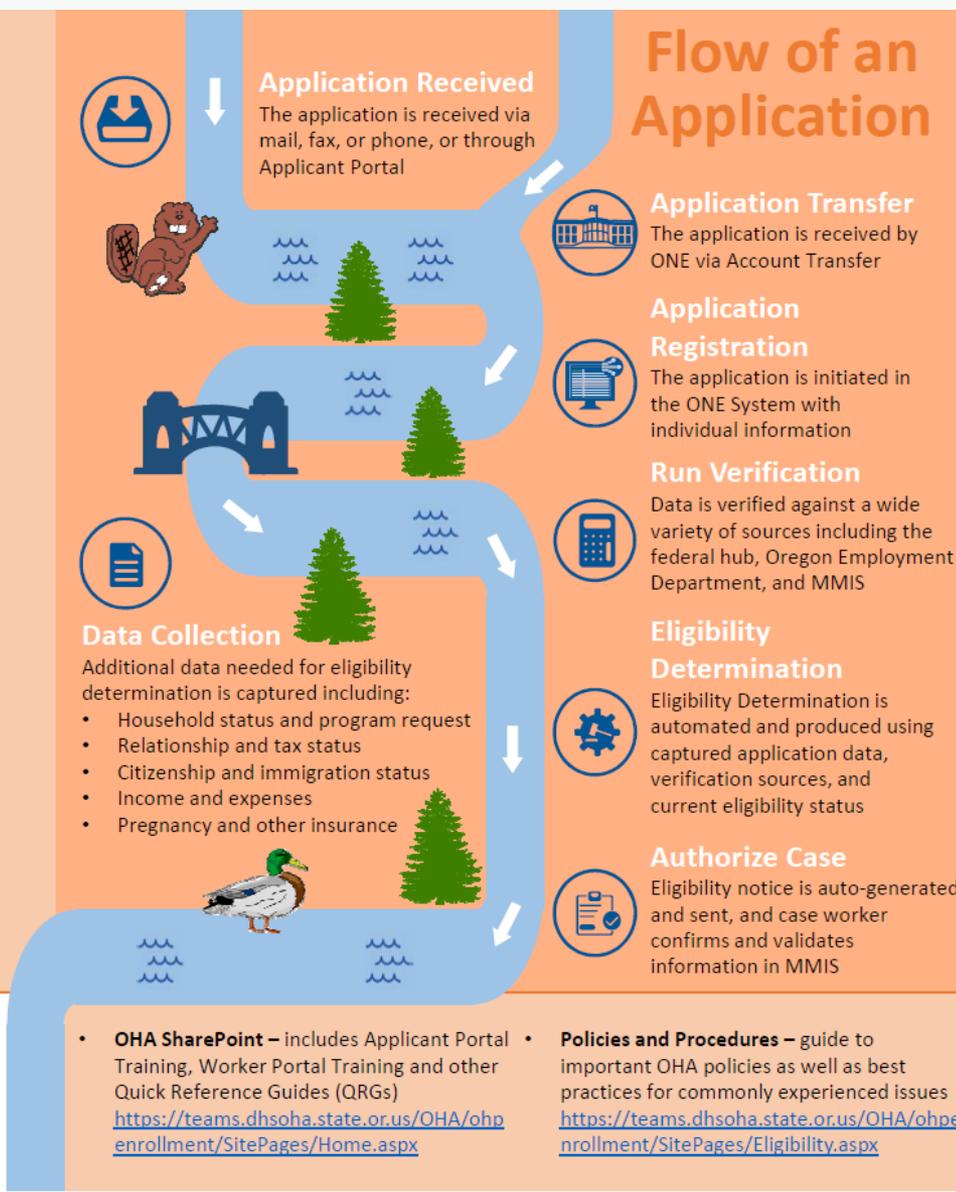
Length of eligibility	12-month annual review cycle.
Application	<p>Verify income, household and residency status, etc.</p> <ul style="list-style-type: none"> About 80,000-100,000 people per month
Renewals: Annual verification of continued eligibility	<p>Notification: 45 days notice of renewal.</p> <p>Response: OHP enrollee have 30-95 days to respond. <i>Remain eligible until determination.</i></p> <p>Closure: 45 day notification before closure.</p> <ul style="list-style-type: none"> OHA has processed 1.2 million renewals since Feb. 2016
Redetermination: Closure during 12-month eligibility cycle due to changing circumstances	<p>Self-reported changes in income, family status and other factors</p> <ul style="list-style-type: none"> Average 6,200 case closures per month.



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



OHP eligibility timeline

Date	Event
Jun. 2013	CMS grants waiver to defer renewals to facilitate ACA implementation.
Jan. 2014	ACA takes effect. Cover Oregon fails. OHA finds major data quality issues in Medicaid cases.
Feb. 2014 & Apr. 2014	CMS grants waivers to defer renewals for enrollees originally scheduled for renewal in late 2013 and early 2014.
Jan. 2015	Closures paused due to legal issues. Caseload temporarily rises 5 percent (1.16M) by April.
Feb. 2015	Oregon adopts ONE as eligibility platform to replace Cover Oregon and legacy systems.
May 2015	Closures/expedited renewals resume. Caseload begins to drop.
Aug. 2015	Manual transfer of Medicaid cases to ONE from legacy systems. Oregon requests CMS approval for 12-month plan complete manual documentation and processing.
Sep. 2015	CMS grants waiver to suspend renewals until 2016 and approves Oregon's plan. 
Dec. 2015	CMS agrees to waiver revisions. Agreement revises schedule and removes reference to requirement that Nov.-May 2016 renewals be completed by June 2016.
Dec. 2015	ONE launches. OHA eligibility workers begin entering new applications and processing backlog.
Jan. 2016	CMS provides verbal extension of waiver. 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	OHA reports to legislature on Cover Oregon failure and plans to correct data across systems.
Feb. 2016	Medicaid renewals resume for Cover Oregon cases. Closures scheduled for March. <i>Success rate for renewals conducted between Mar.-Aug. 2016 is 67 percent.</i>
Sep. 2016	OHA plans for post-March 2017 renewal clean-up. Caseload drops by 68,000 since renewals resume in Feb. 2016.
Oct. 2016	OHA launches ONE applicant portal which allows OHP members to apply for/renew online.
April 2017	Deloitte reconciles Medicaid databases and identifies 115,000 remaining cases. OHA provides information to SOS
May 2017	OHA adds capacity to complete outstanding renewals.

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

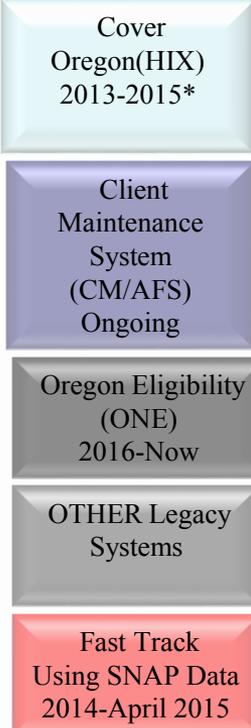
May 5, 2017 - Update meeting with SOS Auditors to review accurate and actionable Deloitte Information.

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

How the 115, 236 were identified: 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

