

ACCESSNebraska and Medicaid Eligibility

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Medicaid Eligibility Overview

- The Nebraska Division of Medicaid and Long-Term Care (MLTC), under the Nebraska Department of Health and Human Services (DHHS), is the designated Single State Agency tasked with administration of the Nebraska Medicaid program.
- The Nebraska Medicaid program currently serves approximately 238,000 recipients.

Medicaid and the Affordable Care Act

- The Affordable Care Act (ACA) requires integration between the state Medicaid agency and the new Federally Facilitated Marketplace (FFM).
- NE Medicaid and the FFM will use the same federally mandated, single streamlined application for Medicaid eligibility determinations and federal tax subsidy.
- The FFM open enrollment period began October 1, 2013. NE Medicaid was ready to coordinate with the FFM and accept the new applications on October 1, 2013.

FFM Interaction

- Nebraska provided its Medicaid rules to the FFM to ensure accurate Medicaid information is provided.
- Medicaid Eligibility Staff are provided both ACA and FFM training to accurately answer questions.

Single Streamlined Application

- Clients applying for Medicaid after January 1 will need to use the new application.
- Clients will apply “once” for healthcare coverage.
- Clients can apply on-line, in person, by phone or by mail.

No Wrong Door

- Individuals may apply at FFM or Medicaid Agency.
- FFM will perform Medicaid assessment for applications received at the FFM. If assessment shows potential Medicaid eligibility, the application is passed to State for Medicaid determination.
- Applicants *must first* be determined ineligible for Medicaid to qualify for any insurance tax subsidies.
- All applicants determined not Medicaid eligible will be passed to the FFM.
- Applicants are sent notices at each step to keep them informed of their application status.

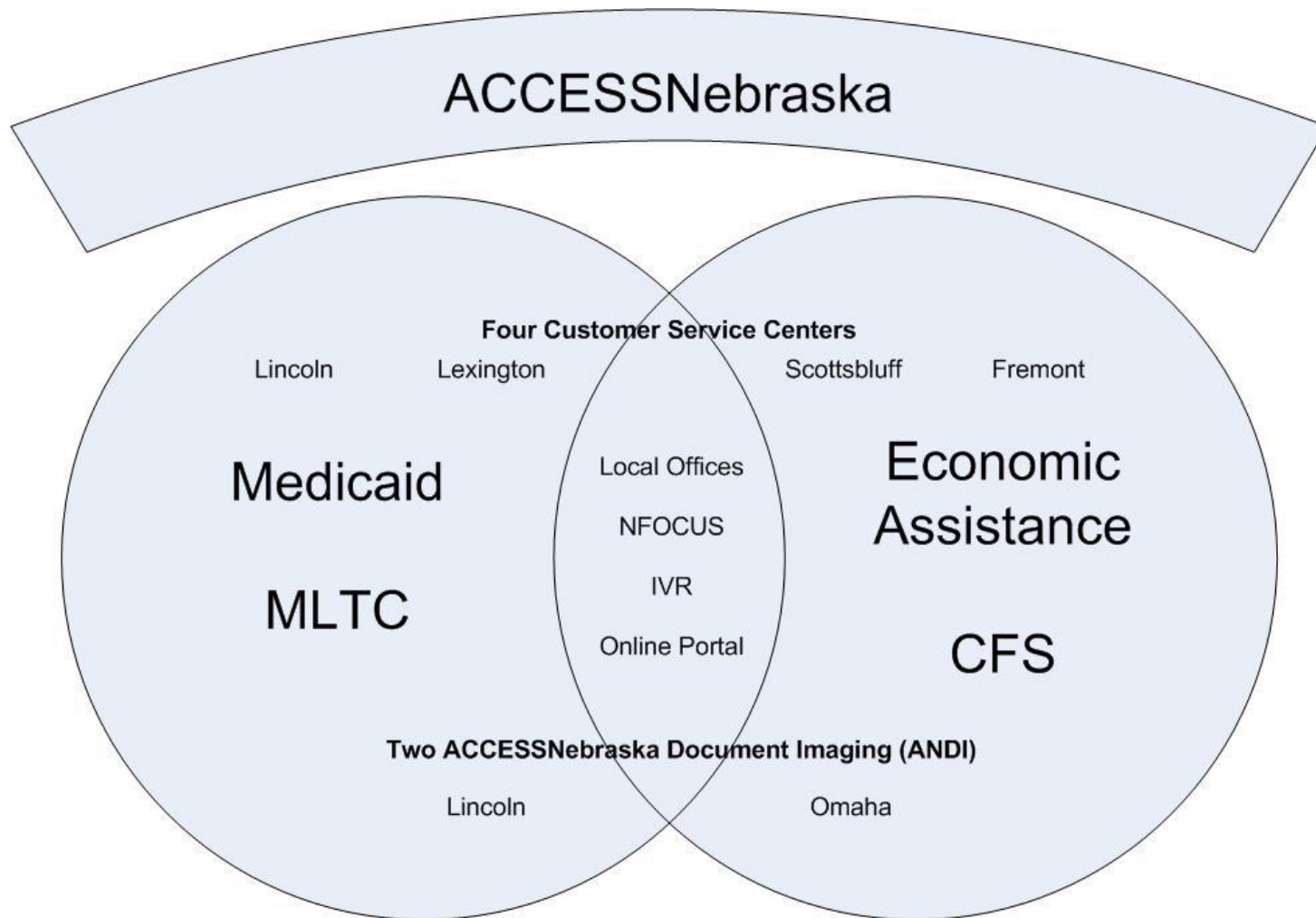
Medicaid System

- Medicaid currently uses the NFOCUS system for Medicaid eligibility determinations.
- New eligibility and enrollment system will be required to meet CMS regulations and remain eligible for federal funding.
- NFOCUS could not be replaced by 10/1/13. Therefore, NFOCUS was modified to meet initial operational requirements.
- New system development will start 2014 and is expected to be completed by Jan 1, 2016.
- The system will be Medicaid-specific to leverage federal funding within the established timeframe.

Medicaid Eligibility moved to MLTC

- Due to these changes within the Medicaid environment, the decision was made to move Medicaid eligibility:
 - From the Division of Children and Family Services
 - To the Division of Medicaid and Long-Term Care
- Medicaid will interact with Economic Assistance programs within the current ACCESSNebraska system and share:
 - Local Offices
 - Eligibility system (NFOCUS)
 - Interactive Voice Response (IVR)
 - Online Portal

MLTC and ACCESSNebraska



Medicaid Eligibility Transition

- Medicaid eligibility staff began reporting through MLTC on 7/1/2013.
- Workflow is directed to either Economic Assistance or Medicaid workforce as appropriate on 10/1/2013.
- MLTC has total of 403 staff in Medicaid Field Operations.
- Part-time staff hired to support Customer Service Center peak periods.
- New phone numbers were activated for Medicaid clients distinct from Economic Assistance phone numbers.
- Additional staff and focus added to program accuracy and training.

Medicaid Eligibility Transition

- Specialized Case Management instituted for:
 - Those in Alternate Living Arrangements such as Nursing Homes and Assisted Living Facilities;
 - Clients utilizing Waiver services and Personal Assistance Services; and
 - Clients who have Presumptive Eligibility through a hospital or other Medicaid Service Provider.

MLTC Objectives

- Ensure timely and accurate benefits to all clients.
- Maintain balance between phone wait times and work tasks.

Integration and Customer Support Between Divisions

- One call resolution whenever possible to maximize efficiency.
- Warm call transfers between Customer Service Centers will support streamlined customer support.
- Medicaid and Economic Assistance utilize the same document imaging system.
 - Clients only submit the document once.
 - Documents are viewable to staff throughout the agency.
 - Alerts and Work Tasks are created for involved programs upon the document uploading into the system.

ACA Implementation

- Medicaid will utilize Modified Adjusted Gross Income (MAGI) Federal Tax Information to determine eligibility starting January 1 for children, caretaker adults and pregnant women.
- The Federal Data Hub will load directly into the Medicaid system to be compared to application data.
- Verification of Data through the Federal Data Hub began 10/1/2013
 - Social Security Administration
 - IRS Tax Information
 - Department of Homeland Security
- For non-tax filing clients, income and tax deduction information will be obtained directly from client and through electronic data sources. System calculates the income and compares to eligibility limits.

New Renewal Process

- Renewal Process has been simplified.
 - Medicaid sends a pre-populated form to clients to complete the renewal.
 - Form can be completed via telephone.
 - Data is verified utilizing Federal Data Hub, State Interfaces and Client.
- The pre-populated renewal form is shorter for clients.