

County/Eligibility Partner Informational Session

Topic: RRR Redesign Project

#	Questions Received
1	How to address: Homeless indicated, no phone number listed and missing signature.
2	Mailed us the form, homebound and can't come in to sign the form – do we mail it back to them?
3	In the hospital and unable to sign the form (this happens, surprisingly, fairly often)
4	Does the RRR have to be signed on the exact signature line or can it be anywhere on the RRR?
5	What is the process for an unsigned RRR?
6	Will MA deny automatically for an unsigned RRR or will there need to be manual intervention?
7	How many days will the client have to provide the signature before MA closes?
8	What will be acceptable forms to process an MA RRR? More specifically, which PEAK forms?
9	How to get the message out to clients that the RRR must be returned and must be signed. This may be a difficult change since clients are used to just submitting verifications.
10	This will have the biggest impact on our most vulnerable population since these programs require the most verifications. The closing and reopening of their benefits may cause issues or delays in them being seen timely by their doctors, care providers or when filling prescriptions.
11	Can we use another signed form (eg. FA/Cash RRR/ FA PRF/Signed Paper CRF, PEAK Change report form that is not specifically an RRR, but is signed)?
12	What if the client submits their MA RRR after the 90th day? Can we use the very late MA RRR as a new application and AI to the date received? Does it matter how far out? Example: they submit the MA RRR 91 days after it is due. Can we use it to AI a new MA application or is the full application required? Does the time frame matter? What if the case has been closed for a year and they submit their MA RRR- can this be used to start a new MA application?
13	What if the client does not sign on the specific signature, but signs another part of the RRR? Do we need to send back the RRR to be signed?
14	Will there be any issues with the SEP if there is a 3 months gap in coverage due to late RRR. So for example, if the client turns in their RRR on the 90th day, but does not request retro. Will we be able to send an approval DSS1 to the SEP with their new start date? Or will there be other requirements?
15	What happens if they have an income trust? What if they turn in their RRR on the 90th day and do not request a retro. Will we be able to reopen and not request them to fund the income trust for the gap months?
16	What about WAwD when they have premiums? If they submit their RRR on the 90th day do they have to go back and pay the 3 months premiums or only if they request a retro? Will this mess up billing?
17	For Non-MAGI if a case closes for failure to provide resources and they submit them on the 90th day and are requesting retro do we need them to provide resource verification for all months they need a retro or just their current bank statement? In this instance, if all 3 months are needed for resource verification would we then have to send a new VCL requesting the additional resources? Or do we need to receive all needed documents by the 90th day?
18	Can the counties use prudent person principle (PPP)? Can the counties use prudent person principle (PPP)? They use it if there is a reasonable explanation for why something isn't happening – an example: use PPP on a snow day as a reason to do a phone interview) for in-person interviews for those receiving Adult Financial. For med, could they use PPP for scenarios where someone is in the hospital and can't come sign their form – or something similar. Another might be a college student in another state still receiving Med in CO and forgot to sign the form.
19	If there is no signature will a VCL be sent out? If not returned, will member be denied?
20	Will the RRRs that are not sent a packet out because they were able to verify income through Equifax show up on a report. For example- Equifax verified income however the RRR did not advance; do we manually run them?

21	If the above (#26) exceptions out how are we handling exceptions? *Need more info on exception process
22	Will batch close cases after the VCL is due?
23	Currently CBMS auto assigns cases to the closed caseload; with the grace period being extended for 90 days can this function be changed to stay in the assigned workers name until the 90th day? <i>(note: case assignment is done differently amongst the sites)</i>
24	Can CBMS be programmed to not allow a case to be reopened after the 90th day?
25	When planning please do not overlook how the signature needs could create a CHURN that we know is very costly to counties and with the size of caseloads could be huge.
26	Can HCPF leverage CDHS' telephonic signature project?
27	If the case can be rescinded within that 90 day timeframe, will those rescinded cases effect timeliness measures for RRRs
28	Can the signature page be the 1st page like FA RRR's?
29	Maybe a letter to members letting them know a signature will now be required. Provide messaging to put on our county websites to inform members
30	Based on what I believe you said the rule stated, we would need to read the rights and responsibilities to the member and have that recorded? If that is the case, have we timed that verbiage by any chance and storage requirements for any telephonic signatures? These may be two big reasons to steer toward paper and PEAK.
31	Can we make sure in the R&R that it is specified changes must be reported within 10 days? If it is currently in them can it be ensured to continue? I think it would be quintessential to run the 10-day reporting requirement by the Medical Assistance Review Board to ensure it is put into the Medical Assistance rules. This would allow the county department to recover capitation fees and any Medical Costs that were a result of not reporting changes timely.
32	When is the interface running to gather the information to determine whether a packet needs to be sent?
33	We currently have problems getting needed information with the Asset Verification Program (AVP). If anything could be done to enhance this interface, and the extent and reliability of the information received, that would be a huge help. We anticipate an added workload related to Long Term Care, since these members are not used to having to provide signed RRRs (just updated income, resources, etc. when needed). Ensuring this interface is more reliable and complete could help balance the impact.
34	Is this the same for LTC, we have to re-verify all assets at RRR's? So will all of our LTC clients have to return the signature page?
35	Will the signature page be different so that clients know how important it will be?
36	Automated 5615s would be incredibly helpful as well, especially when considering balancing out workload for this program area.
37	So I heard auto re-enrollment will go away through this process?
38	Unless they revise the rules, Medicaid customers do not need to send the RRR back.
39	Could the signature page have a check box for no changes so that it's all on that page and there is no question as to whether a document is lost / not attached?
40	For LTC when will signature page need to be on file?
41	So for the current redeterminations, the signature would be required next year?
42	Make it page 1 of the packet
43	Clear TAX filing isn't always shown on the RRR. And Marital status is needed for Adult programs.
44	Can we make sure in the R&R that it is specified changes must be reported within 10 days? If it is currently in them can it be ensured to continue?
45	Please add preference for burial or cremation.
46	Glad to hear there will be a signature line.
47	So would we actually rescind the med, or would we start the late RRR, or would we pend a new app using the RRR packet?

48	Will this rescind process include the rescind button in CBMS, and how would this effect our timeliness?? Or if received within 90 days would we Re-Ai and add retro if requested?
49	It would be great of major changes did not occur during COLA.
50	Can the Redetermination for other programs be used for MA RRR/signature?
51	Since many members know the packets don't have to be signed or even returned are we sending an informational letter to the members letting them know about these changes?
52	Will there be a better way of tracking MA RRR's in COGNOS reports to monitor these cases to minimize the potential impact to our timeliness
53	What/When/Where can we find resources on how RRR screens in CBMS will change?
54	The communication sent to clients needs to be revised. The current notice is very confusing and contradicting. The client's need a straight forward answer for their case. Nothing about them makes sense.
55	MA RRR used to have a signature needed as little as 3 years ago. Will this new change work how it used to in legacy CBMS, when you had to start the RRR and click the radio button that says signature provided? Also will the Asset verification interface be corrected to actually work?
56	We have a lot of clients using email to submit docs to us, is it acceptable to receive this signature page through email? I didn't see that on the list?
57	If FA and MA RRR are due in the same month and the customer turns in the FA RRR signed with changes reported, can we use that signature to start the MA RRR too?
58	Will client that are receiving SSI Med be required to complete an RRR now?
59	I think these are very positive changes. The absence of a signature has been a huge issue of confusion for so many members.
60	That would be great - happy to support that process revamp for AVP however we can.
61	NH customers are unable to sign the RRR, may not have a POA, guardian, conservator.
62	Will counties no longer need to monitor the Cognos auto re-enrollment reports?
63	When will the RRR verifications be triggered?
64	For LTC cases, when will the signature page required be effective?
65	Interfaces do not capture non- citizen or SE member info Will they get a RRR packet? Or get approved since no info will be captured?
66	We received a Medicaid paper application that is very incomplete, it does have a signature, SSN, Marital status. We have no name, address, phone # -All of Step 2 Person 1 is blank. We cannot reach this individual to clarify info. What do we do with this application?
67	If the MA RRR is received after the cert period (in the 90 days after), will it be treated the same as a late FA RRR, where a packet received date is entered and the RRR started?
68	It would be fantastic if the DSS-1 referral and info sharing was automated through CBMS. This steam-lined communication with SEPs would be a huge timesaver for LTC cases.
69	Will the FA RRR and signature page be able to be used for MA RRR also?
70	Can you also put in a place for clients phone number?
71	One other thought to help would be adding an option to send an RRR to multiple addresses (i.e. authorized rep and the Nursing Facility). This would ensure all appropriate supports for a client can assist to help in getting the signature as well as needed verifications.
72	Can we make sure in the R&R that it is specified changes must be reported within 10 days? If it is currently in them can it be ensured to continue?
73	Going along with the reports through cognos, it would be FANTASTIC if HCPF would utilize the Report Subscriptions so Managers/Supervisors could have information all in one place. Save everyone time:)
74	Maybe adding a signature option at the end of every page to ensure its not missed or a reminder on every page that a signature is needed to ensure its not forgotten?

75	We are a little confused about the rescind process, are you anticipating a "new" gap in coverage with the process of a rescind in the Ex Parte Process? Can you please clarify.
76	Spread the word for LTC by providing flyer/poster to Nursing Home providers about new signature requirement. NH post where families will see it.
77	Is MA still going to align with FA RRRs when an FA RRR is started? And will that signature be acceptable?
78	For VCLs, can it be made easier to find when the case will actually close for missed verifications? right now it's kind of confusing.
79	Our households get confused/frustrated with the different verification requirements between SNAP/cash and Medicaid already; this might cause an additional frustration for them. For instance, if they have a SNAP and Medicaid RRR due in the same month and fail to turn it in on time. 80 days later they turn in both RRRs; we'll have to explain to them that we can process the Medicaid RRR, but they'll have to reapply for SNAP. It would be great if rules between programs can align more closely.
80	Can we make sure in the R&R that it is specified changes must be reported within 10 days? If it is currently in them can it be ensured to continue?
81	In conjunction with the question above, I think it would be quintessential to run the 10-day reporting requirement by the Medical Assistance Review Board to ensure it is put into the Medical Assistance rules. This would allow the county department to recover capitation fees and any Medical Costs that were a result of not reporting changes timely.