



PENDING VERIFICATIONS AT REDETERMINATION (RRR) FOR MEDICAL ASSISTANCE

March 2017

Background

On March 19, 2017, the Department is scheduled to implement a project in the Colorado Benefits Management System (CBMS) to systematically pend a case during a member's redetermination (RRR) when certain information cannot be verified through an interface. Currently, CBMS users need to manually pend a case in this situation.

Following implementation of this project, CBMS will automatically request verifications from non-MAGI individuals (those who have a disability, are 65 and older, and/or who are blind) who reported resources, self-employment income, unearned income, or who reported earned income, but did not provide a SSN. It will also request verifications from MAGI individuals who reported income from self-employment or who reported earned income, but did not provide a SSN.

The Department will be adding dynamic text to the RRR packets, indicating when there are known verifications needed for redetermination for one of the items outlined above.

The purpose of this project is to ensure that the Department is in compliance with state and federal regulations and to satisfy the corrective action requested in a recent audit finding.

Additional training will be provided on this change as part of the Staff Development Center (SDC) March Build Training for CBMS users.

Frequently Asked Questions



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Which cases will be affected by this verification process?

This new verification process will apply to all Medical Assistance only cases. Combo cases that have any active Colorado Department of Human Services (CDHS) program, such as Food or Cash Assistance will not be included.

Why won't this new verification process apply to combo cases?

The new verification process will not apply to combo cases because these cases are currently worked by CBMS users who work on CDHS programs. Due to the complexity of this project, and the system changes required, further discussions need to happen with CDHS before proceeding with combo cases to avoid a negative impact on CDHS programs. The Department plans on having further discussions to determine if a second project needs to be initiated for combo cases.

Case workers will still be required to request missing verifications for combo cases that appear in the RRR reports in Cognos.

Will cases with individuals enrolled in Health First Colorado (Colorado's Medicaid Program)/Child Health Plan *Plus* (CHP+) and private health insurance through the Marketplace Connect for Health Colorado be affected by this verification process?

Only individuals enrolled in Health First Colorado or CHP+ will be impacted by this change. If the household includes individuals who are only eligible for Marketplace coverage, this verification process will not apply to them, but it will be used for the Health First Colorado/CHP+ household members.

Will this verification process affect the entire household on the case, if they fail to provide verifications?

Any member of the household/MBU who does not have updated income and resource verification will be identified. If that individual fails to provide the needed verification their entire household/MBU will fail.

How will the verification process work in CBMS?

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CBMS will perform a new three-step process for the MA verification process at RRR. Each step is described in detail below:

- Before CBMS generates the RRR packet (MAGI and non-MAGI), it will conduct a check to see if updated verifications have been received by looking at the 'Date Verified' field.
- CBMS will look at the 'Date Verified' field and determine if the date is within 4 calendar months prior to the month the RRR packet is generated. The RRR packets will display dynamic text that is tailored towards the verifications that are needed.
- At least 15 business days prior to auto re-enrollment, CBMS will do a 2nd check to see if the member has returned verifications. If verifications have not been received, a Verification Check List (VCL) will be sent to the member requesting this information again.

What will cause the case to close at auto re-enrollment?

During automatic re-enrollment, cases will close if the verifications are not received and entered into CBMS.

This will include instances when:

- The member does not provide the verifications by the due date.
- The member provides the verifications but they are not entered into CBMS timely.
- Data entry into CBMS is incomplete.

If the missing verifications are received and entered timely, what can the case worker expect to see in CBMS?

If the case worker enters the missing verification in CBMS before the case auto re-enrolls on the 15th of the redetermination due month, the RRRs will be held up until auto re-enrollment. With all verifications updated before the auto re-enrollment date users will see an informational NOA that says "Pending completion of batch RRR verification process" in the wrap up screen. If the worker does not touch the case again, mass update will run and in the history they will see the RRR was processed by MU006b (mass update). The new med spans will generate when the case auto re-enrolls.

When the case closes at auto re-enrollment, when will the member's health coverage end?

If the member does not provide updated verification before auto re-enrollment occurs, the case will terminate household members at the end of their recertification period.

If the case closes after the end of the recertification period and the member provides updated verifications, can the case be rescinded?

If the member provides updated documentation based on the verification checklist, the case can be rescinded *only* 30 days after the case has closed. If it's been more than 30 days the member will need to reapply by completing a new application.

Will a county's court reports be impacted if a member's case closes for missing verifications, the member later provides the missing verifications, and the case worker rescinds the case?

If a case is authorized before the last day of the RRR due month, the members within that case are reported as timely; however, if the case is authorized after the RRR due month, then those members' determinations are reported as untimely. For example, if a case is denied on 2/15/17 during auto re-enrollment and the worker rescinds the case on 03/06/17 and the case is authorized shortly after it gets rescinded (same day 3/06/17), the logic will use the RRR due month of 2/28/17 to calculate timeliness. Since the case was authorized after the RRR due date, the members on that case will be reported as untimely.

When will a member receive the new dynamic text at RRR vs the standard text at RRR?

If a member in the household needs to provide verification of income, the RRR packet will include new dynamic text requesting proof of income. This new dynamic text will include a due date by when the member needs to provide this information. If a member does not need to provide any verifications at RRR, the RRR packet language will ask the member to review the current information, and if there are no changes,

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they would not have to report anything. With the standard RRR the case will automatically auto re-enroll. These language changes will apply to both MAGI and Non-MAGI cases.

Will a member who does not provide a Social Security Number (SSN) and who has earned income be required to provide updated verification for MAGI cases?

Yes, policy requires documentation of earned income when the member does not have a SSN. In order to verify a members earned income through an electronic data source a SSN is needed. Self-declaration (Client Statement) of income by a member with no SSN will no longer be an acceptable source of verification for earned income type.

At intake CBMS will pend for all members who are part of the member's household composition, a VCL for the income will be sent out and give the member 10 business days to provide verification. Members will not have access to services during this pending period. If the verification is not received by the due date on the VCL, all pending members in the MBU will get denied for failure to provide verification.

In ongoing mode if there is a member on the case with no SSN and has earned income, CBMS will send a VCL for the income and give the member 10 business days to provide verification. If the verification is not received by the due date on the VCL, the member and all other members who are part of their household composition will get discontinued with 10 day noticing (except members on a guaranteed program) for failure to provide verification. Continuous Eligibility individuals will be denied as well using 10 day noticing.

What if the member did provide a SSN but there is no response from the Income Eligibility Verification System (IEVS)?

When there is no response from IEVS, CBMS will check if the individual has earned income that meets the following:

- The income source is verified by an acceptable source (other than client statement) or;
- The income is verified with an acceptable source and the "Date Received" for the verification is within the current month or prior month (using the actual date).

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If the member has income that does not meet either of the above, CBMS will create a VCL for the income. The member will be given 10 business days to provide verification. If the verification is not received by the due date, all members who are part of that members household composition will deny for failure to provide verification.

What verifications are needed for Non-MAGI cases?

Non-MAGI cases generally have assets that cannot be verified through interfaces. Assets can change in value regularly, such as bank account balances, so updated verifications are needed to ensure correct on-going eligibility.

Only countable assets will need to be verified such as bank accounts, life insurance policies with cash value, promissory notes, excess vehicles or real property, etc.

Income that will need to be verified includes private pensions, self-employment, annuity payments, etc.

Will SSI cases be impacted?

No. Cases that are SSI only and SSI with a secondary aid code (MSPs, HCBS) are not sent an RRR. This is current functionality and will not change with this project. Policy staff are reviewing to determine if changes are needed and if so, they will be addressed with a future project.

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