



Notes from the August 26, 2011 Agency Partners Work Group Meeting

Implementation of the Social Security Administration and Income Verification Interfaces and Administrative and Ex Parte Renewals – Going Live August 29!

Ann Clemens, Eligibility Policy Section Manager from the Department of Health Care Policy and Financing (HCPF) updated the group on the August 29 implementation of the Social Security Administration (SSA) and income verification interfaces and administrative and ex parte renewals. To read the official HCPF announcement that describes how these changes will impact application assistance, click [here](#).

Self-declaration of Income:

Most applicants and clients who are working will be able to self-declare their income and provide their social security number to have their income verified electronically through the Income and Eligibility Verification System (IEVS) for Medicaid and CHP+ programs. The IEVS system extracts wage information reported from employers to the Colorado Department of Labor and Employment on a quarterly basis. This automatic verification allows clients to self-declare their wage information on both their initial application, when reporting changes, and at the time of a yearly re-determination for benefits. The IEVS wage information will be used to determine eligibility for Medical Assistance programs only.

Can everyone self-declare their income and have it verified electronically?

No. People who cannot have their income verified electronically include those who are self-employed, people who work out of state, those whose employers do not report employee income to the Department of Labor and Employment and those who do not have or do not provide their social security number on the application. These folks will still need to provide pay stubs.

How does the income verification process work?

IEVS wage information is available from the previous quarter. An applicant may self declare their income and have it verified through IEVS at the end of the quarter. In the interim, the applicant will receive benefits if they appear income eligible and meet other eligibility requirements. During this period, the applicant will show up as eligible in the provider portal.

What happens if there is a discrepancy between the income that is self-reported and the IEVS data?

If an income discrepancy has occurred between IEVS data and client self-declaration information that results in a difference of greater or lesser than \$750 within that quarter, the income will be automatically updated within the Colorado Benefits Management System (CBMS) using the IEVS information without impacting other programs. Clients will receive a notice indicating the amount of income identified through IEVS and they will have the opportunity to contact their worker and provide wage information within 14 days if they believe the IEVS data is an error. Counties may give applicants a good-faith extension and pend a case if multiple people are using the same social security number.

How will the IEVS interface change the way application assistance is done?

Page 10 of the Application for Medical Assistance provides applicants the opportunity to provide their social security number in order to automatically verify their wage information. Clients that wish to self-declare their wage information should be encouraged to provide their social security number on the application. If the applicants do not wish to provide a social security number or if the individual cannot



be verified through the IEVS system, these individuals should still have wage verification collected at the time of application.

What key points should application assisters ensure that they communicate to families about the self-declaration of income?

- Reiterate the importance of accurately self-declaring gross income for the current or previous month.
- Please let HCPF know if counties are requiring paper documentation unnecessarily, if you have any feedback on the interfaces, or if you have ideas on how to communicate about these changes with providers, email Medicaid.eligibility@hcpf.state.co.us.

How does this interface impact 12-month continuous eligibility for CHP+?

The IEVS interface will verify income on a quarterly basis. CHP+ enrollees will remain eligible for 12 months, even if their income rises about the CHP+ eligibility limit. If a family's income decreases and they become Medicaid eligible, the CHP+ enrollee will roll to Medicaid.

Electronic verification of U.S. citizenship and identity status from the Social Security Administration (SSA):

U.S. citizenship and identity can now be verified through an interface with SSA. A positive match with the SSA interface shall be accepted as proof of citizenship and identity and should be used prior to requesting documentary evidence from applicants. No further action is required for the individual and no additional documentation of either citizenship or identity is required.

Does this mean that certified application assistance sites and presumptive eligibility sites no longer need to request citizenship and identity verification from people who are applying for Medicaid and CHP+?

Certified Application Assistance sites no longer need to request that applicants provide citizenship and identity documentation when applying for Medicaid and CHP+. If an applicant brings in their documents, please certify and submit them with the application. Certain individuals will not be able to have verified U.S. citizenship through SSA either because their information does not match what is in SSA's database or because they fall into one of the non-citizen categories, such as legal permanent resident. These individuals will still need to provide citizenship and identity verification and may still come to your site to have their original documents verified. As a designated document site, please continue to assist clients who require this type of assistance.

How does the SSA interface work for eligibility workers?

The SSA interface is not real time. It will take 24-48 hours to receive the SSA record via an overnight batch. If there is a positive match between the SSA data and the information the applicant provided, the worker has entered all data into CBMS, the case will be automatically authorized without worker intervention. If there is not a match with SSA, the worker receives an alert.

What key points should application assisters ensure that they communicate to families regarding the electronic verification of citizenship and identity?

- Because the SSA interface is not real time, a verification checklist letter will be automatically generated by CBMS and sent out to families before the SSA match is run. This letter will note that the applicant's citizenship and identity may be verified through the SSA database. Please tell applicants that they need to look at this letter to see if there is other information missing from their application and to submit them if needed and that they will be notified if there is no match with the SSA data.



- If an applicant's information does not match the SSA database, they will receive a letter that says that their information does not match, however, the letter will not include details of why there is no match.

Automatic and Ex Parte Renewals

The Medicaid and CHP+ redetermination form will now be pre-populated with client information and will ask Medicaid and CHP+ clients to review their current information and direct them to take no action if there are no household changes. Their information will be verified electronically and they will be automatically re-enrolled if they are still eligible. Automatic renewals apply to all medical programs, including Adult Medicaid and CHP+. Click [here](#) to see a sample of the new redetermination packet. Although the renewal packet has a signature line, the client does not have to sign or return the packet if there are no changes.

Prior to the client's redetermination date, CBMS will now check current information from the last three months from other public assistance programs and redetermine client eligibility for Medicaid using that data and will align the Medicaid redetermination date with the redetermination date of the other program. This is called an automated Ex Parte review. This will happen automatically in CBMS (without worker intervention) and the client will receive a letter notifying them that their medical coverage has been renewed. The automated Ex Parte process is currently for Medicaid only and will be implemented at a later date for CHP+.

What happens if a family does not report a change that would have made them ineligible?

There will not be retroactive closure (meaning that providers will still be paid for any services rendered), however, if there was something that was not reported, the county could opt to collect from the family.

Will the CHP+ enrollees be automatically re-enrolled in their HMO?

Yes.

How will automatic renewals impact guaranteed programs like Needy Newborns?

Automatic and ex parte renewals will also be used for people on guaranteed programs, though these household members may receive their renewal packet at different times than other household members.

CHP+ Enrollment Issues

There is an on-going systems issue that is causing HMO assignments for kids on CHP+ to not be transferred from CBMS to the Medicaid Management Information System (MMIS). As a result, some kids are eligible in CBMS but will not show up in the provider portal with an HMO assignment. If you encounter children in this situation, they will need to be manually enrolled into the HMO. To request a manual enrollment, please contact MAXIMUS through their liaison line at 877-311-4540 or e-mail a request to Movelt. For more information on how to contact MAXIMUS, please click [here](#).

Alan Kislowitz, Health Plan Manager from CHP+, shared the following updates on a fix for this issue:

- Short-term fix: Within the next few weeks, the health plans will receive a weekly report generated from CBMS that shows the CHP+ eligible kids. This will allow plans to compare their rolls to the kids that are eligible in CBMS so that they may identify kids who need to be manually enrolled in an HMO.
- Mid-term fix: Within a couple of months, the provider portal will be modified to allow providers to look into CBMS to verify if a child is eligible for CHP+.



- Long-term fix: The system will be fixed so files properly transfer from CBMS to MMIS. This is slated to happen by the end of 2012.

Updates from MAXIMUS

Jeff Gaskill, Communications Manager from MAXIMUS, shared that they will host a work group session on September 22 from 10:30am – 12:00pm to discuss the CHP+ enrollment issues. Jeff will send out more information through the MAXIMUS e-mail list.

Next Meeting

The next Agency Partners Work Group meeting will be on Friday, September 23, 2011, from 9:00-10:30 a.m. at the Colorado Community Health Network, 600 Grant St, Suite 800 in Denver. Phone participation will be available. Brittney Petersen will be facilitating this meeting, so please look for an agenda coming from Brittney.

The CKF 2011 meeting calendar is found at http://cchn.org/ckf/pdf/CKF_Calendar_2011.pdf.