



HHR Oversight Committee Presentation

Virginia Department of Social Services

September 19, 2018

Duke Storen, Commissioner

- Medicaid was established under Title XIX of the Federal Social Security Act and is financed by both state and federal funds.
 - Department of Medical Assistance Services (DMAS) administers the Medicaid program.
 - The Virginia Department of Social Services (VDSS) supervises local departments of social services in determining eligibility and maintaining the case records.



- Medicaid requires that individuals meet a covered group to be evaluated for full or limited coverage.
 - Families & Children (F&C)
 - Aged, Blind, and Disabled (ABD)
 - Long Term Care (LTC)

Each covered group has its own subset of eligible individuals and programs.



Current Covered Groups

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- Families & Children Medicaid provides full coverage to most participants. There is no resource evaluation.
 - Pregnant woman (newborn child)
 - Children < 19
 - Foster Care & Adoption Assistance
 - Low Income Families & Children (LIFC)—Parent/Caretaker of dependent child < 18 years old
 - Former Foster Care Children under age 26 (*Must have been in Foster Care at the age of 18*)
 - Plan First—Limited coverage that only pays for Family Planning services



- Aged, Blind, Disabled (ABD) including LTC Covered Groups
 - Full coverage
 - SSI, Auxiliary Grant recipients
 - Individuals with income \leq 80% Federal Poverty Limit
 - Long Term Care Recipients (Nursing home, personal care, hospice, etc.)
 - Limited Coverage (Medicare Savings Programs)
 - Qualified Medicare Beneficiary (QMB)—pays the Medicare deductible and the monthly Medicare premium
 - Special Low Income Medicare Beneficiary (SLMB), Qualified Individual (QI)—Only pays the monthly Medicare premium



- To qualify for Medicaid, an individual must meet specific non-financial and financial criteria.
- Verification documentation from applicants may be required before an evaluation of eligibility can be determined.



- The Medicaid non-financial eligibility requirements are:
 - Legal presence in the U.S., effective January 1, 2006
 - Citizenship/alien status
 - Virginia residency
 - Social Security Number (SSN) provision
 - Assignment of rights to medical benefits and pursuit of support from the absent parent requirements
 - Application for other benefits (SSDI)
 - Institutional status requirements
 - *Covered group requirements*



- The Medicaid financial eligibility requirements are:
 - Income within income limit appropriate to the individual's *covered group*.
 - Resources within resource limit appropriate to the individual's *covered group*.
 - Asset transfer for individuals who need long-term care



Current Covered Groups

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- To qualify for assistance, an individual's income must meet the income requirements appropriate to the individual's *covered group*.
- Types of income include:
 - Earned income including self-employment
 - Social Security
 - Worker's Compensation
 - Veteran's benefits
 - Unemployment Insurance payments
 - Spousal support/Child Support
 - Retirement/Pensions



- Medicaid uses the value of a person's countable resources in determining eligibility for Medicaid ABD and LTC.
 - The resource limit is the maximum dollar amount of countable assets an individual, couple, or family may own and still meet the established criteria for Medical Assistance in an Adult Medicaid category. These amounts are established by law.
 - The resource limit for full Medicaid coverage is \$2,000 for one person, \$3,000 for two.
 - The 2018 resource limit for limited Medicaid coverage is currently \$7,560 for one person, \$12,848 for two.



Eligibility Pathways

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How to Apply for Medicaid Coverage



Cover Virginia Call Center
1-855-242-8282
(TDD: 1-888-221-1590)



VDSS Enterprise Call Center
1-855-635-4370



Local Department of
Social Services (LDSS)



The "Marketplace"
(healthcare.gov)



Online Application Portal
(Common Help)
commonhelp.virginia.gov



- All renewals conducted by LDSS
- A renewal must be completed at least once every 12 months
- The renewal can be initiated in the 10th month to ensure timely completion
- Renewals may be completed in one of the following ways:
 - Ex parte
 - Paper form
 - Online
 - Telephonically by calling CoverVA Call Center



- An Ex parte renewal is an internal review of eligibility based on information available to the agency through on-line access to external data sources that can be used for verification.
- Ex parte renewals are not conducted when the covered group has resource test.
- When an Ex parte renewal cannot be completed, a pre-filled paper Administrative Renewal form is mailed to the participant and returned to the LDSS.



- An average of 26,246 Medicaid applications were received per month in the last 12 months
 - 65% of applications are Families and Children
 - 83.5% of applications are processed within 45 days of receipt
 - 98.7% of renewals are processed timely
- Application Origin Monthly Average
 - Cover Virginia 4,737
 - Online 7,028
 - LDSS 9,231
 - FFM 5,250



- **SPIDeR**
- **CommonHelp**
- **VaCMS** (Virginia Case Management System) – Web based
- **Loosely Coupled Architecture**
 - Environments, Servers, Database Services



- **VACMS**
 - all DSS public assistance programs are included in a single automated system
 - Aged, Blind and Disabled and Long Term Care Medicaid categories moved from a paper based process to an automated process in VaCMS
 - We have processed almost 1.4M Medicaid applications since VaCMS was implemented in October 2013
 - Absorbed an approximate 20% increase in workload on-going with a staffing increase of about one-third of that level
 - Average MAGI application age is 21 days compared to 24.42 in the legacy system
 - Overdue Medicaid renewals are at historic lows and are nearing extinction
 - VaCMS was financed with approximately 80% federal funds and 20% general funds
 - The OMB exception allowed for the use of Medicaid 90/10 funds to develop system components for other public assistance programs saving an estimated \$10M in development costs
 - Continue with enhancements, system fixes, and addressing latency



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HELPING THOSE IN NEED

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HEALTH CARE ONLY
Apply for Health Care Coverage for you and your family.

GET STARTED



ALL BENEFIT PROGRAMS
Apply for help with food, child care, heating and cooling bills, health care and cash assistance.

GET STARTED



RENEW MY BENEFITS



CHECK MY BENEFITS



AM I ELIGIBLE?



REPORT MY CHANGES



Find Local Office



Find a Job



- **CommonHelp** – *transformation of customer interaction*
 - Customers
 - 800,000 users
 - VDSS and Local Departments of Social Services:
 - \$8m to \$10M – estimated annual savings
 - 57,000 Average applications processed per month in VaCMS
 - 59,000 – hours work avoidance

CommonHelp
HELPING THOSE IN NEED



- **Correspondence – All Programs**

- March 2018: 444,239 - June 2018: 450,054
- April 2018: 386,612 - July 2018: 470,827
- May 2018: 511,932 - Aug 2018: 493,671

- **Self – Direct – Medicaid**

- 22% complete Data Collection (average)

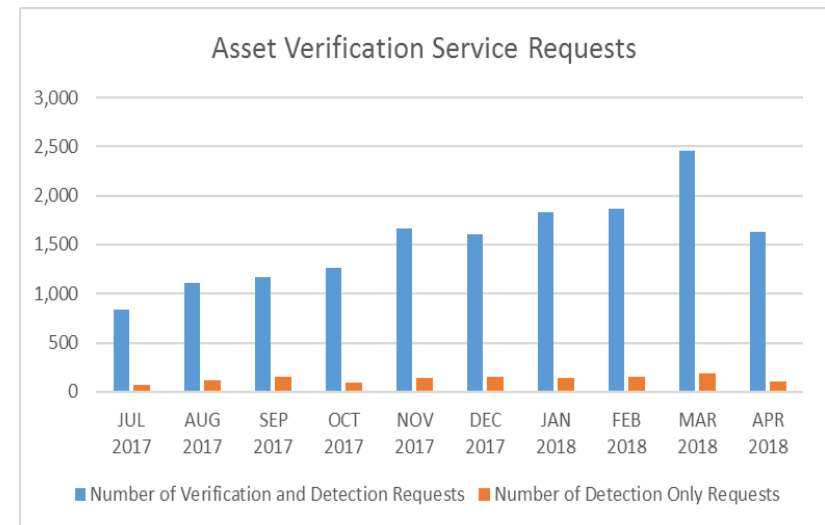
- **Ex Parte – Medicaid**

- 65% monthly average completed successfully



- **Asset Verification System (AVS)**
 - Operational since 2/23/2015
 - Used to verify bank account information

| Request Month | Number of Verification and Detection Requests | Number of Detection Only Requests | Total Request |
|---------------|---|-----------------------------------|---------------|
| JUL 2017 | 841 | 66 | 907 |
| AUG 2017 | 1,110 | 112 | 1,222 |
| SEP 2017 | 1,168 | 155 | 1,323 |
| OCT 2017 | 1,264 | 93 | 1,357 |
| NOV 2017 | 1,663 | 142 | 1,805 |
| DEC 2017 | 1,607 | 153 | 1,760 |
| JAN 2018 | 1,828 | 141 | 1,969 |
| FEB 2018 | 1,863 | 147 | 2,010 |
| MAR 2018 | 2,458 | 186 | 2,644 |
| APR 2018 | 1,632 | 104 | 1,736 |
| TOTAL | 15,434 | 1,299 | 16,733 |



- **CMS SSA and IRS HUB**
 - Verifies SSN, Citizenship, Alien status, SSA income, IRS income compatibility
- **Income Verification – All programs**
 - VEC, TALX, SOLQ
- **Disability Determination Referral - DDS**



- **Benefit Issuance Automation**

- SNAP Issuances
- TANF ACH and Check w/Wells Fargo
- TANF ACH EPPIC w/Conduent
- Child Care Payments

- **Web and Batch Services**

- QAS: Real Time Address Verification
- PARIS: Public Assistance Information Reporting System
- SVES: State Verification & Exchange System
- TOP: Treasury Offset Program
- DIFSLA: Disclosure of Information to Federal State and Local Agencies



- **AppDynamics is to perform a detailed assessment with recommendations**
 - Assess the VACMS application across multiple tiers:
 - Physical Environments
 - Operating Systems
 - Databases
 - Networks
 - Application Component:
 - Document Management
 - VITA Hosted Environment:
 - QAS Address Verification
 - MQ for MMIS (Medicaid) Transactions
 - Rules Engine for Eligibility Determination
 - Application & Transaction Assessment and Ongoing Monitoring
 - Network and Latency Assessment



- **Security Compliance**
 - VaCMS components comply with COV ITRM SEC 501: Security Architecture18 Security and Risk management control families:
 - Access Control
 - Security Assessment and Authorization
 - Configuration Management
 - Secure Coding Standard
 - Multi-Factor Authentication required for authorized users



- **Application Lifecycle Management**

- The practice of maintaining the latest software versions for an application. This process should reduce and possibly eliminate instances of unsupported software.

- The benefits

- Reduce risk and cost
- Improve agility and capacity for integration
- Increase business alignment
- Ensure comprehensive vendor support
- Maintain alignment with labor market

- Complexities

- Competing organizational priorities
- Application functional adjustments
- Resources to update, install, test, and implement software
- Software functionality changes



Questions?

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Contact: