

Using Microsoft Access to Simplify Enrollment Reconciliation in Capitated Financial Alignment Demonstrations

March 16, 2016 2:30 – 3:30 pm ET

The Integrated Care Resource Center, an initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office, provides technical assistance for states coordinated by Mathematica Policy Research and the Center for Health Care Strategies.

Agenda

- Welcome, Introductions, and Roll Call
- Summary of Current Reconciliation Challenges and Benefits of the Reconciliation Tool
 - Identifying and enrolling dually eligible individuals
 - Reconciliation challenges
- Microsoft Access Tool: Description, Operation, and Queries
 - Demonstration Using Simulated DTRR Information
- Centers for Medicare & Medicaid Services (CMS) Discussant
- Questions and Discussion



Participants

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- Jason Rachel, Virginia Department of Medical Assistance Services
- Giman Kim, Centers for Medicare & Medicaid Services



Summary of Current Reconciliation Challenges and Benefits of the Reconciliation Tool



Individuals Must Meet Both State and Federal Eligibility Criteria

- State Medicaid criteria
 - Beneficiary meets states' financial eligibility criteria
 - Beneficiary meets states' categorical or medically needy eligibility criteria
 - Beneficiary permanently resides in demonstration service area
 - Other state-specific criteria for demonstration (e.g., care setting)
- Federal Medicare criteria
 - Enrolled in Medicare Part A and Part B
- Synching eligibility data is challenging
 - State retains Medicaid eligibility data
 - In some states, demonstration team may not have direct access to Medicaid data
 - CMS retains Medicare eligibility data



States Take Varying Approaches to Enrollment Processes

- All enrollment is voluntary
- Passive enrollment
 - Large numbers of individuals enrolled in bulk
 - Enrollment occurs in waves
 - Members may "opt out" prior to their start date
 - Members may "disenroll" after start date
 - 7 states either completed or are undergoing passive enrollment
 - South Carolina will begin passive in April 2016; Rhode Island in September 2016
- Individuals elect to enroll
 - All states use this approach to enrollment after passive enrollment is complete
 - Minnesota relies exclusively on individual opt-ins



Eligibility and Enrollment Requires Significant Coordination Between States, CMS, and Plans

- States
 - Identify dually eligible individuals enrolled in Medicaid
 - Validate their eligibility for the demonstration with CMS' Medicare eligibility file (MARx)
 - Infocrossing supports the transmission of the state's eligibility file to CMS' MARx file
 - Enroll individuals into the demonstration
 - Assign enrollees to demonstration plans
 - Notify plans of assigned members
- CMS
 - Shares Medicare's MARx file with states
 - Infocrossing serves as a liaison between CMS' MARx file and states
 - Processes demonstration enrollment for beneficiary
 - Notifies the state and/or plans of beneficiary's enrollment status
- Plans
 - Notify dually eligible members of their enrollment status coverage benefits



Step-by-Step Breakdown of Enrollment Process

- 1. State identifies beneficiaries using statespecified criteria
- 2. State sends a Medicaid enrollment file to Infocrossing
- 3. Infocrossing validates the file, converts it to MARx format, and sends it to CMS
- 4. CMS processes enrollment and sends a Daily Transaction Reply Code Report (DTRR) to Infocrossing, or, in some states, to Infocrossing and the MMP ("Dual Routing")
- 5. Infocrossing then pushes the DTRR to the state and to the appropriate demonstration plan



State Reconciles the DTRR

- Each record includes Transaction Codes (TCs) and Transaction Reply Codes (TRCs)
- TCs & TRCs indicate enrollment acceptance, rejection, or other status information
- State must compare the information found on the DTRR against the "system of record"
- State must sort through the TCs & TRCs to determine which require immediate attention for resolution
- States do this alone or rely on their enrollment broker for assistance



Problems Arise When Reconciliation Does Not Flow Smoothly

- Issues with Effective Dates:
 - Beneficiary makes multiple enrollment requests with the same effective date
 - There is an error in the enrollment opt-in effective date
- Issues with Disenrollments:
 - CMS rejects a disenrollment transaction submitted by the state
 - Beneficiary moved from service area, causing a delay in disenrollment
- Other Passive Enrollment Issues:
 - State enrolls an ESRD or hospice beneficiary
 - State enrolls a beneficiary who does not live in the MMP's service area



Results of Enrollment Disconnects

- Beneficiaries may not realize that they were passively enrolled until they attempt to use services
- Beneficiary may believe that they are enrolled, when they are not
- Beneficiaries may receive inaccurate information
- Beneficiaries may become confused and upset
- Greater probability of opt-outs & disenrollments



About the Reconciliation Tool

- Virginia has substantially reduced the time and effort it spends on enrollment reconciliation with the use of this Microsoft Access Tool
- Helps to identify enrollment records that require immediate action, based on their TCs & TCRs
- MMCO believes that other states might find a demonstration of the tool useful



Microsoft Access Tool: Description, Operation, and Queries



Overview: Microsoft Access Tool

A simple program written in Microsoft Access that includes two queries:

- Query 1 selects specific TCs and TRCs from the DTRR, which the state can then reconcile; and
- Query 2 lets the user pull all the records available for a given beneficiary using their HICN.

Users can modify the current query or add new ones as needed.



Opening Screen

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MMIS lookup				
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Review 15-15s with CCC in Field 28				
Review 15-15s with CCC in Field 28 without 18s				
Revised Daily DTRR Review				

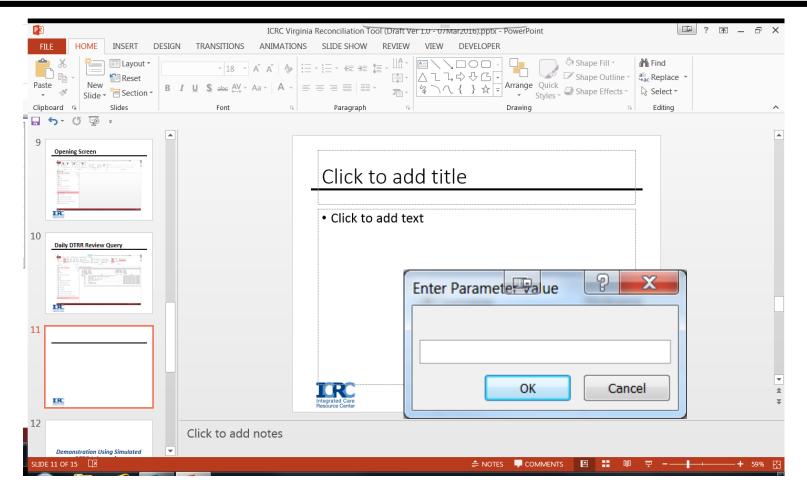


Daily DTRR Review Query

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DTRR Lookup					
MMIS lookup					
Passive Rejections April and May list					
Review 15-15s with CCC in Field 28					
Review 15-15s with CCC in Field 28 without 18s					
Revised Daily DTRR Review					
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DTRR Lookup Query





Demonstration Using Simulated DTRR Information

Audience Questions and Discussion



About ICRC

- Established by CMS to advance integrated care models for Medicare-Medicaid enrollees
- ICRC provides technical assistance (TA) to states, coordinated by Mathematica Policy Research and the Center for Health Care Strategies
- Visit <u>http://www.integratedcareresourcecenter.com</u> to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges
- Send additional questions to: <u>ICRC@chcs.org</u>

