

#### 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

- Ann Mary Philip, Integrated Care Resource Center (ICRC)
- Julie Stone, ICRC
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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				

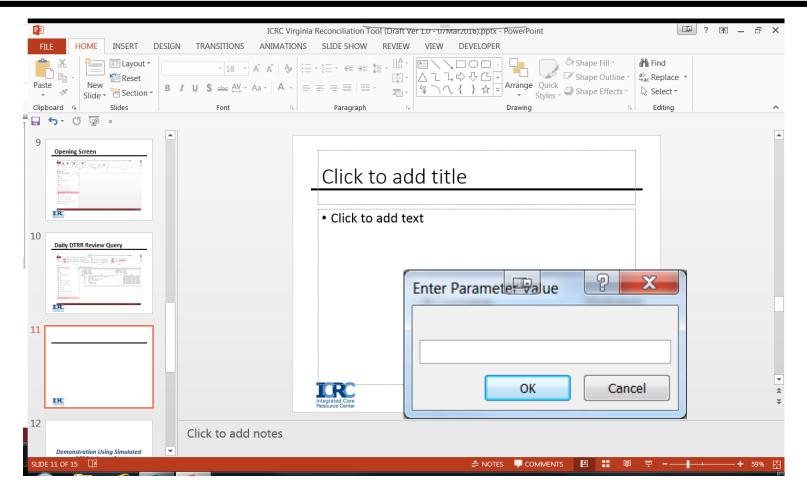


#### **Daily DTRR Review Query**

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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>

