

NC FAST

North Carolina Families Accessing
Services through Technology

County DSS Director's Update October 7, 2014



North Carolina
Department of
Health & Human Services



HealthCare.gov Applications by Status

- 100% of applications from 2013-2014 Open Enrollment submitted at healthcare.gov that will be sent to NC have been transferred to NC FAST.
- 95% of those applications have been fully processed by the state.
- 9% of the fully processed applications were approved for Medicaid; the remainder were denied, withdrawn, or transferred.

Status of Healthcare.gov/FFM Applications	Application Count	Application %
FFM applications received by NC FAST	91,614	100%
Total FFM applications still being processed	4,321	5%
Total FFM applications fully processed	87,293	95%
Applications approved for Medicaid ("woodwork effect")	8,220	9%
Applications denied/withdrawn/transferred	79,073	91%
Duplicate Application	20,020	25%
<i>Already on Medicaid (subset of duplicates)</i>	12,040	15%
Application processed and denied or withdrawn	58,923	75%
Application from out of state	130	0%

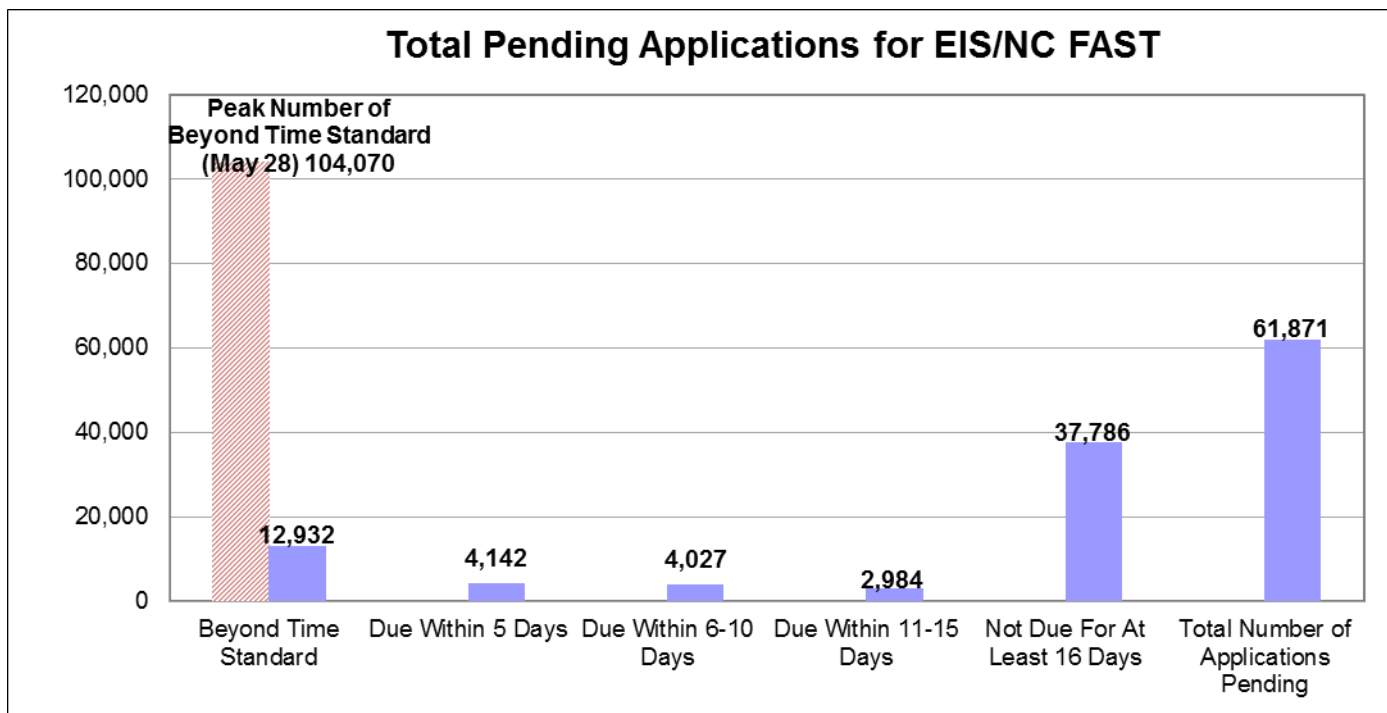
****As of Oct. 2nd**

- *Approved: Applications approved for MAGI-based programs from the FFM*
- *Denied: Applications denied for MAGI-based programs from the FFM (this includes duplicates, out of state applications and applicants already receiving Medicaid.)*
- *Withdrawn: Applicant requested to withdraw the application*



Pending Medicaid Applications

- There are currently 12,932 pending Medicaid applications in NC FAST and EIS that are beyond standard processing time *(Compared to 2014 peak of 104,070)*:
 - FFM Applications: 2,615 *(Compared to 2014 peak of 45,058)*
 - NC FAST MAGI Applications: 3,678 *(Compared to 2014 peak of 31,890)*
 - NC FAST Traditional Applications: 4,104 *(Compared to 2014 peak of 20,938)*
 - EIS: 2,535 *(Compared to 2014 peak of 9,051)*



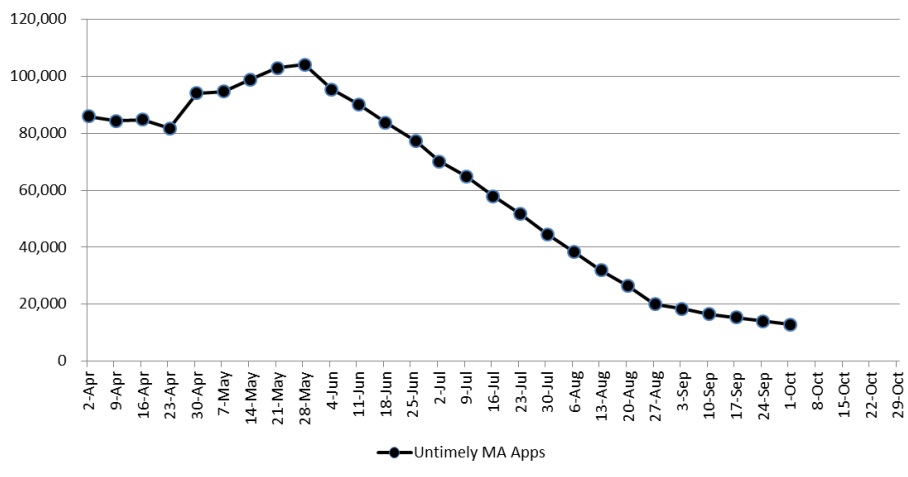
*Data as of October 1st



Total Untimely Pending Medicaid Applications

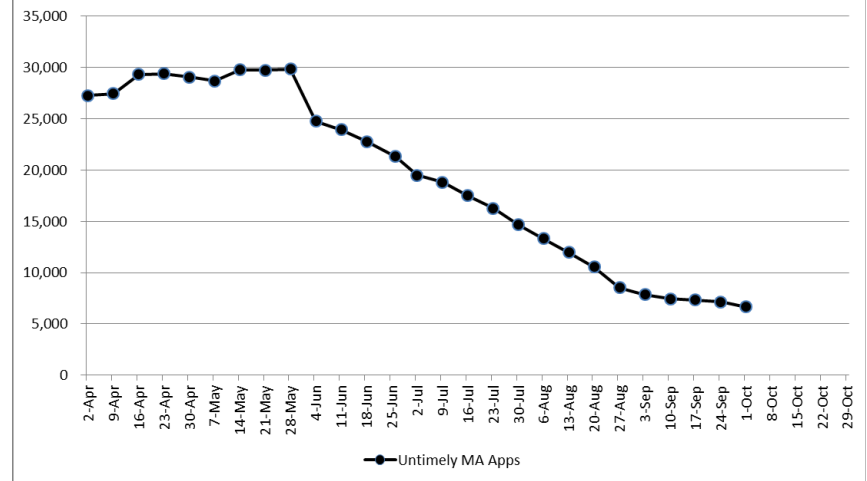
- We continue to monitor statewide and individual county progress in working through untimely pending Medicaid applications.
- Since the peak of untimely pending applications at the beginning of June, counties have been successful in lowering the overall backlog by 88% which includes a reduction of approximately 91,000 untimely pending applications.

All Untimely Medicaid Applications



- A significant portion (49%) of the untimely pending Medicaid applications are directly related to Affordable Care Act changes.

Untimely Medicaid Applications (Excluding ACA Impact)

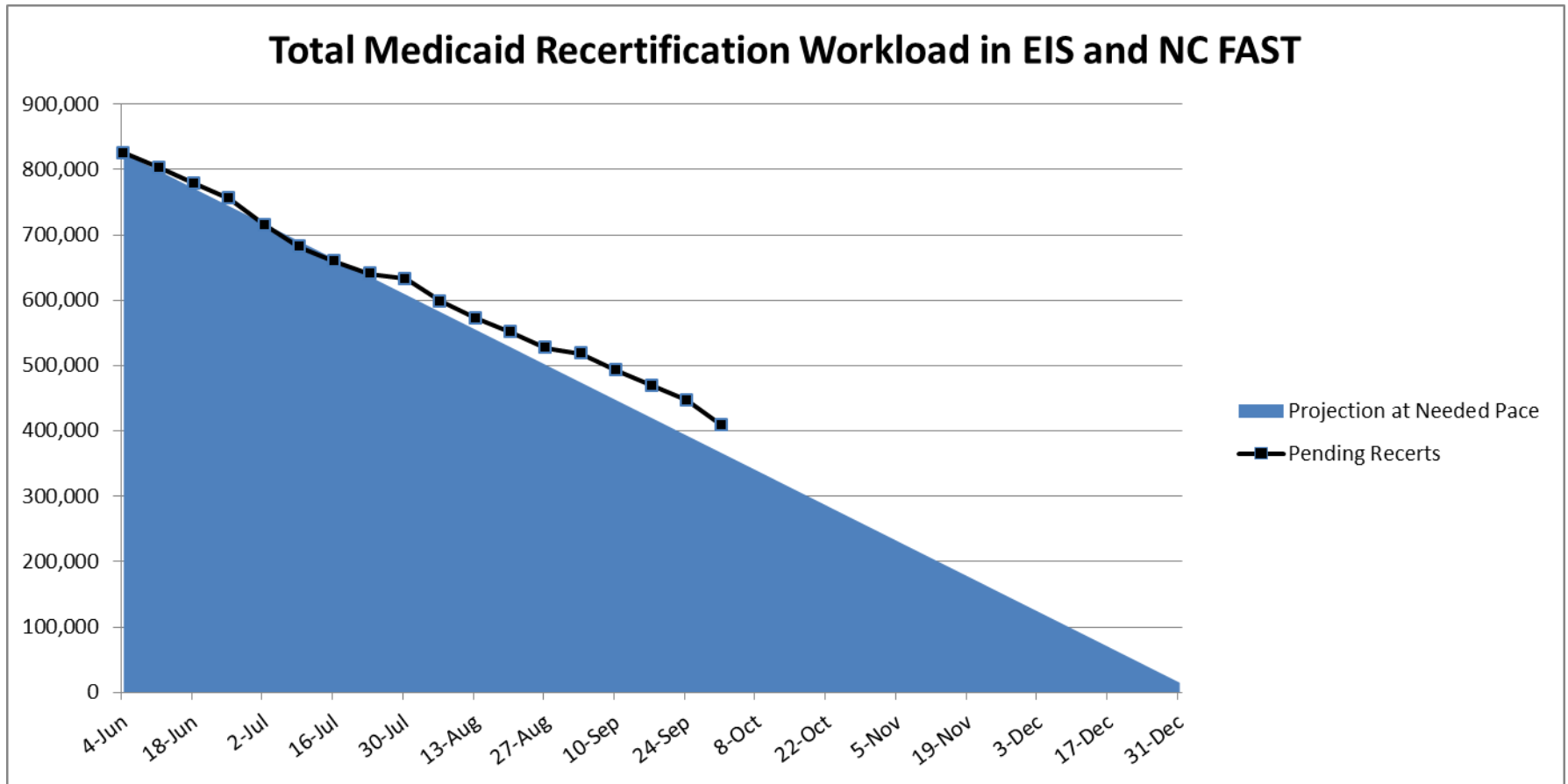


*There will always be some applications that remain pending with good cause.



Medicaid Recertification Workload

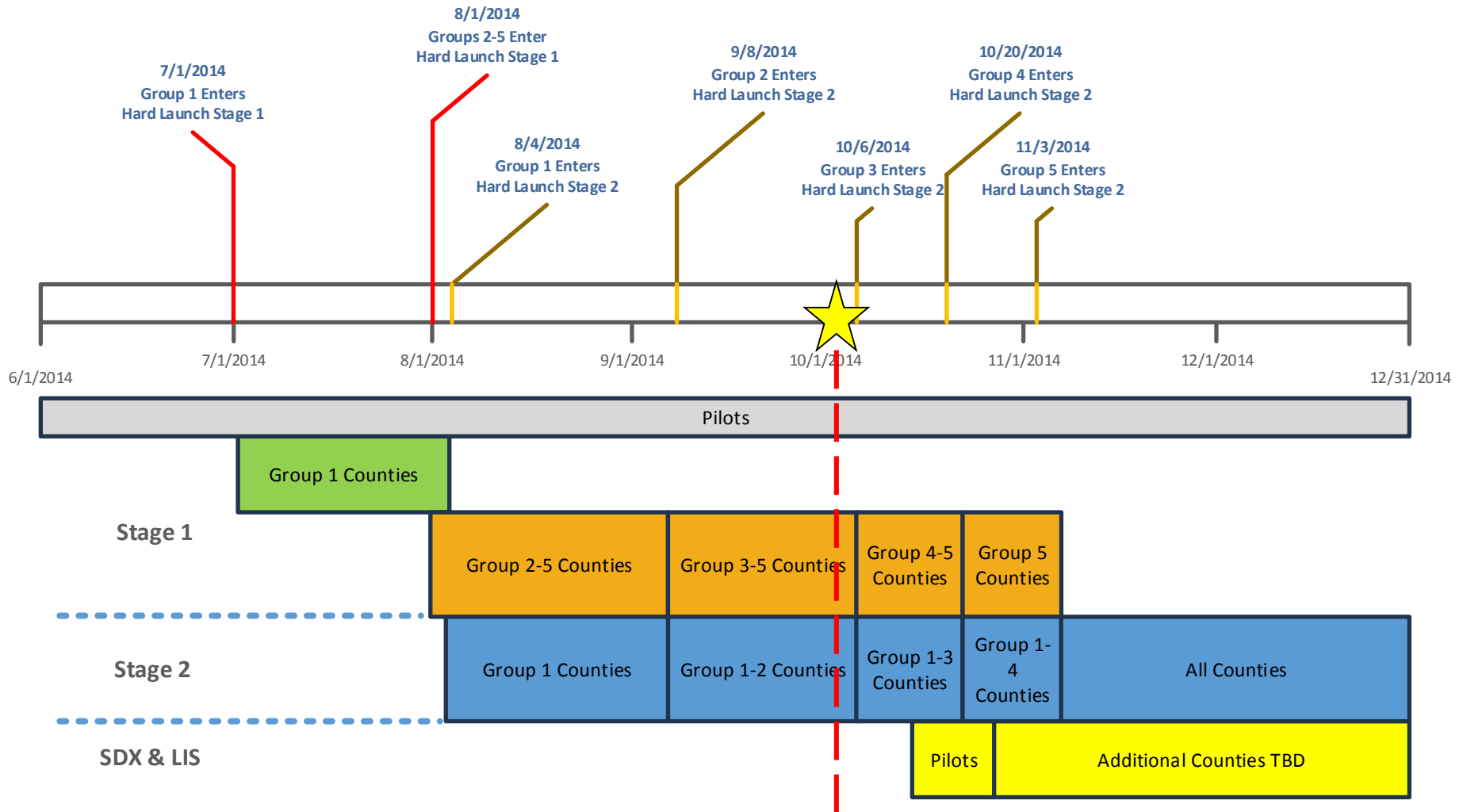
- The current target plan is to clear Medicaid Recertifications by December 31.
- A total of 408,220 Medicaid recertifications are pending through the end of the calendar year.



**Data as of October 1st*



Remaining Medicaid Implementation Timeline

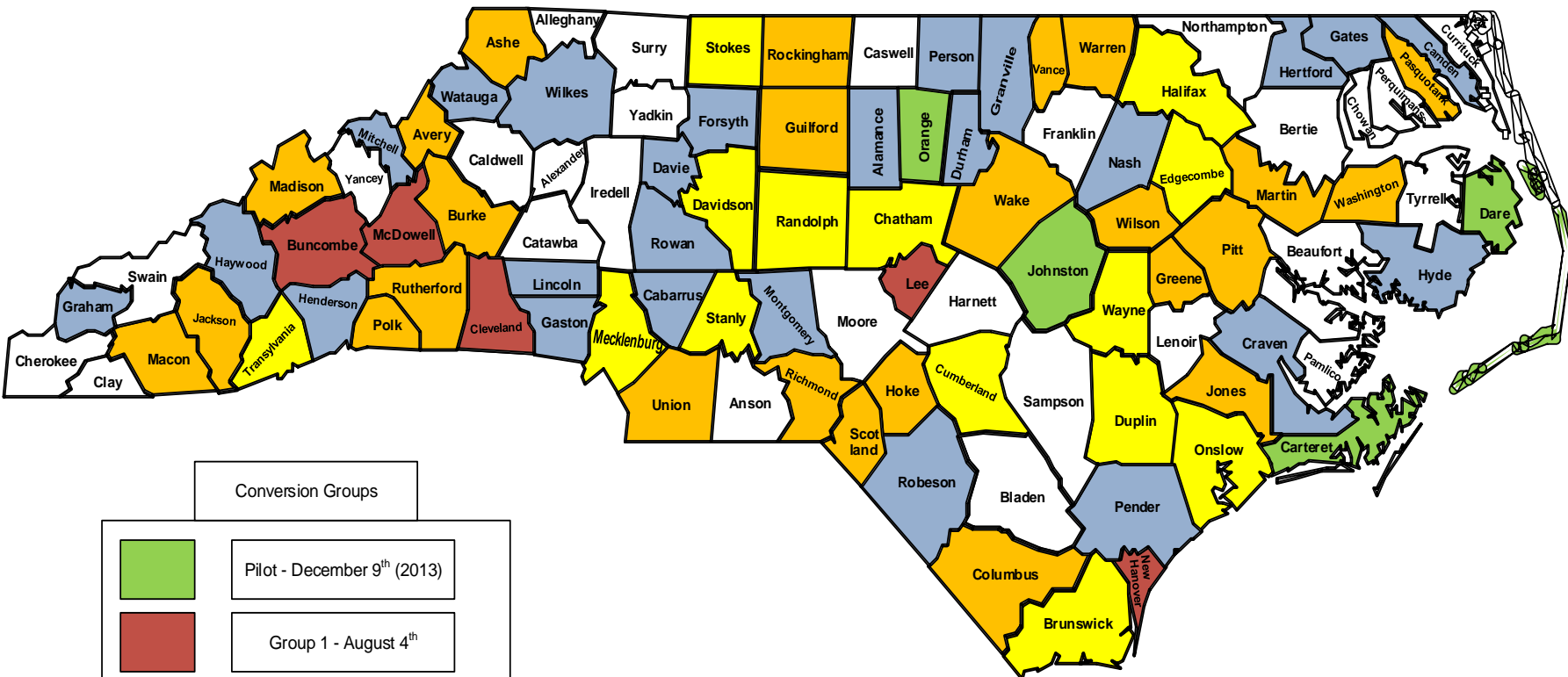


= Current Position

*Data as of October 1st



Balanced Conversions Based on Caseloads



Conversion Groups

	Pilot - December 9 th (2013)
	Group 1 - August 4 th
	Group 2 - September 8 th
	Group 3 - October 6 th
	Group 4 - October 20 th
	Group 5 - November 3 rd

Group	Counties	Cases
Pilot	4	14,410
Group 1	5	121,201
Group 2	27	262,511
Group 3	25	446,478
Group 4	14	435,362
Group 5	25	464,315
Total	100	1,744,277

**Note: Counties allocated for each hard launch are tentative and subject to change based on a variety of factors, including current county status of new application and recertification processing for both FNS and Medicaid.*

**Data as of October 1st*



DMA Terminal Message: Recertifications

The purpose of this notice is to provide clarification to County DSS on processing MAGI recertification's. Further guidance on 2014-2015 recertification's is forthcoming.

Caseworkers must use the ex parte process to complete recertification's. If all the information, including household, tax filing status and income, is available to determine eligibility under MAGI rules, process case in P7 following procedures in the NCFAS Job Aid titled MAGI First Touch Recertification.

If all the information is available, with the exception of tax filing status, determine eligibility under 2013 traditional rules, process case in EIS or P2/6.

If all the information is not available to determine eligibility under MAGI rules, send the DMA-5097, Request for Information. Include the DMA-5199, MAGI Household/Tax Information Notice, if tax filing status is not available. Allow 30 calendar days from the day of the request to return the information.

1. If eligible, authorize in P7 with the appropriate certification period.
2. For individuals 19 and over determined ineligible using MAGI methodology, terminate the case using the appropriate notice. Evaluate for all other programs prior to terminating the case.
3. For individuals under 19:

Federal regulations requires states to maintain eligibility for children who lose Medicaid eligibility at first MAGI review due to the elimination of traditional income disregards using. These children must be placed in a NCHC case without regard to receiving comprehensive insurance. They are referred to as 2101(f) Children.

- a. If the members of the MAGI Medicaid household are different than the needs unit used to determined eligibility under 2013 traditional rules, proceed with the recertification in P7. These are not 2101 (f) children. Deny the recertification application if the individual is ineligible for all MAGI programs. Evaluate for all programs, including medically needy and NCHC.
- b. If household members are the same and eligible under MAGI rules, proceed with the recertification in P7.
- c. If household members are the same and ineligible for Medicaid (MAF-C, MIC, MIC-1), they are are 2101 (f) children. Hold the case and allow the system to extend the current certification period.

If you need assistance regarding this information, please contact DHHS Operational Support Team (OST) at ost.policy.questions@dhhs.nc.gov.



- Ensure all reviews are completed in EIS prior to Hard Launch Conversion.
- Work Pre-Conversion Reports DAILY!!! (these are posted in Fast Help)
- Ensure NCID Mapping is cleaned up to prevent cases from converting to the Conversion User
- Create Internal Cheat Sheet to use for Conversions
- Create Conversion Teams based upon program/system knowledge
 - Team responsible for prepping cases, working up budgets, etc.
 - Team responsible for converting/processing Recert
- Authorize O/T in advance to allow staff to get ahead with keying Recerts in EIS



- Set up trainings in your county for staff to participate in “hands on” training well in advance
 - Use a buddy system
 - Walk through real live cases together as a group before beginning the process

- Dedicate experienced staff to this process

- Maintaining good communication with your Readiness Liaison is critical

- Create internal OSS Team



How Long Does it Take to Complete the Recertification Conversion Process

- This depends on a number of factors:
 - Type of application: Short app -vs- Long app
 - Household metrics: Number in Household, Income, Evidence, etc.
 - LTC is by far the most time consuming due to type of evidence required

- Average length of time to complete Conversion Process:
 - Ranges from 25 minutes – 2.50 hours
 - New workers will add approximately 45 minutes to the process



Conversion Approach

The conversion approach was revised for the remaining hard launches based upon feedback from pilot counties:

Initial Pilot Approach	Updated Approach
Converted into existing NC FAST integrated case (if one existed)	Converted into a new integrated case (even if another integrated case already existed in NC FAST)
Manage evidence in the dashboard of the integrated case and accept changed decision for CoC or Recert	Close the converted case and key Administrative Application at CoC or Recert
Issue	Improvement
Large percentage of the errors encountered during processing are with “converted” evidence	Not encountering errors with converted integrated case data since the converted case is closed and a new case is keyed
Potential impacts to pre-existing benefits (like FNS) at initial conversion and/or during the CoC or Recert process	Pre-existing benefits are not impacted by the initial case conversion



Two Conversion Job Aids:

- EIS Converted Case
- Conducting a Change or Recertification on Cases Converted from EIS:
Advanced Users 

Both Job Aids cover the same core process:

Phase 1: Conclude Manual Conversion

- Person Level information that came from EIS is validated and updated as needed in NC FAST

Phase 2: Complete the Appropriate Application

- An offline budget may be used to anticipate eligibility so that the Administrative Application can be processed in the applicable module (P26 or P7)

Phase 3: Close Converted Case

- In some processes this step may be required prior to completing Phase 2
- When the converted case must be closed prior to keying the administrative application, be sure the administrative application is fully processed in time so there is no break in coverage



The Advanced Users Job Aid covers 3 options:

Option 1: P7 Add Application Case

- Walks the worker through the process of adding a New Application Case, instead of keying the full P7 IEG at CoC or Recert
- Leverages Incoming Evidence that is shared between existing Insurance Affordability ICs for the household
- Requires worker to be knowledgeable about evidence broker

Option 2: P26 Add Application to Existing ISC

- When another Income Support IC exists for a household (other than the “converted” IC) , the worker may opt to Add Application instead of keying the full P26 IEG
- Evidence is added manually by the worker in the evidence dashboard of the administrative application
- Requires worker to be knowledgeable about evidence required to create a case

Option 3: Full IEG Admin Recertification*

- Used when the household only has the converted IC
- Add Application cannot be used on a converted income support IC because the newly created PDC will fail to activate.



The Job Aids contain relevant appendixes that can assist with some critical processing information:

Appendix A: Medical Assistance Converted Data

- Gives details about historical person and case information sent from EIS to NC FAST at conversion.

Appendix B: Changes in Circumstance Not Requiring Full Case Conversion

- Outlines CoC processes that do not require full case conversion

Appendix C: Change of Circumstance Resulting in Termination

- Outlines Termination processes that do not require full case conversion

Appendix D: Converted EIS Evidence by Program

- Lists evidence that will convert to NC FAST. Evidence which is required but not listed in the chart must be added manually (i.e. Paid Employment and Unearned Income)



Exceptions which do not require the worker to complete the full conversion process (noted in Appendix B & C).

An admin application is not required prior to making these changes to a case:

- Primary Care Provider Change
- Client Name Change
- Address Change
- Phone Number Change
- Add a IV-D Referral
- Creating an Outcome Plan

Depending upon the number of household members and/or the programs involved, the following instances may not require the full conversion process:

- Death
- Move Out of State
- Request Termination
- Sanctions (CA)
- Change in Head of Household (CA)
- Pending DSS-8110 from EIS Resulting in Termination



Q: Is the full conversion process required when the client is ineligible for MA?

A: At this time counties must complete the conversion process at recertification for MA. CoC situations in which a full conversion may not be required are identified in Appendix B & C in the EIS Converted Case job aid.

Q: Is the full conversion process required when the client is ineligible for CA?

A: At this time counties must complete the conversion process at recertification for CA. CoC situations in which a full conversion may not be required are identified in Appendix B & C in the EIS Converted Case job aid.



Questions?