

# Medicaid Eligibility Determination & Tools

Health Policy Oversight Committee

December 9, 2022



# How is Eligibility Determined?

Eligibility is determined by the Iowa HHS Income Maintenance Team.

Eligibility criteria is both financial and non-financial

Proof required of all eligibility factors except residency, household size, and pregnancy. However, if these are questionable, the Department will request verification

Eligibility factors are verified through electronic data sources or additional information requested from the applicant/member

A notice explaining the outcome of the application or redetermination of eligibility is mailed when the determination is complete



# Financial Eligibility Criteria

## Income Limits

- Income limits are based on Federal Poverty Level percentage and vary by coverage groups
- Up to 302% for children, 133% for adults, 375% for pregnant women and infants, and 300% for aged, blind, and disabled

## Asset Limits

- Applies only to aged, blind, and disabled Medicaid groups
- Asset limits vary by coverage groups
- Ranges from \$2,000 to \$13,000 depending on coverage group

## Household Size

- The size and composition of an applicant or member's household impacts whose income and assets are counted towards their eligibility and their federal poverty level

# Non-Financial Eligibility Criteria

## Residency

- Must be a resident of Iowa

## Citizenship or Eligible Immigration Status

- Must be a U.S. Citizen or national, or be a qualified noncitizen (legally qualified to live permanently or indefinitely in the United States)

## Social Security Number

- Must have an SSN, proof that an application for an SSN has been made with the Social Security Administration, or proof that the Social Security Administration determined you are not eligible for an SSN

## Cooperation

- Must cooperate with the following: Quality Control reviewers, investigations conducted by the Department of Inspections and Appeals, Third-Party Liability Unit, HIPP Program, and Child Support Recovery

## Level of Care

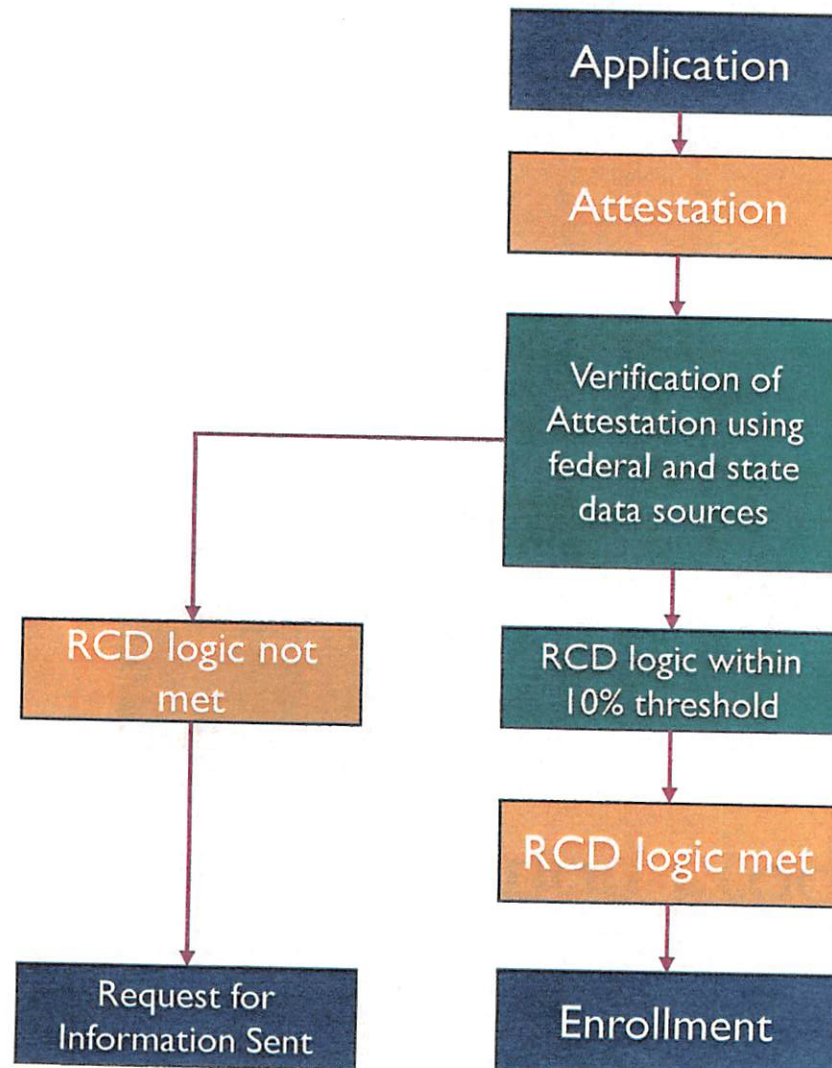
- Applies to long term care services such as Home and Community Based Waivers and Nursing Facilities
- Level of Care means there is a medical need for nursing level of care whether it be in a Nursing Facility or to be provided through services in a home

Level of Care is determined by the Iowa Medicaid team.



# MAGI Income Verification Process

- Self-attested income is compared to income from federal and state data sources
- If the result of the comparison is compatible, eligibility is approved.
- If the result of the comparison is not compatible, a Request for Information is sent to the applicant to provide verification.



# Non-MAGI Income Verification Process



- All income sources must be verified.
- Iowa Medicaid may be able to verify some income without needing to send a request for information.
- A Request for Information is sent to the applicant to provide verification of any additional information needed.



# External Data Source Verifications

## Checked at Application, Renewal, and Member Reported Change

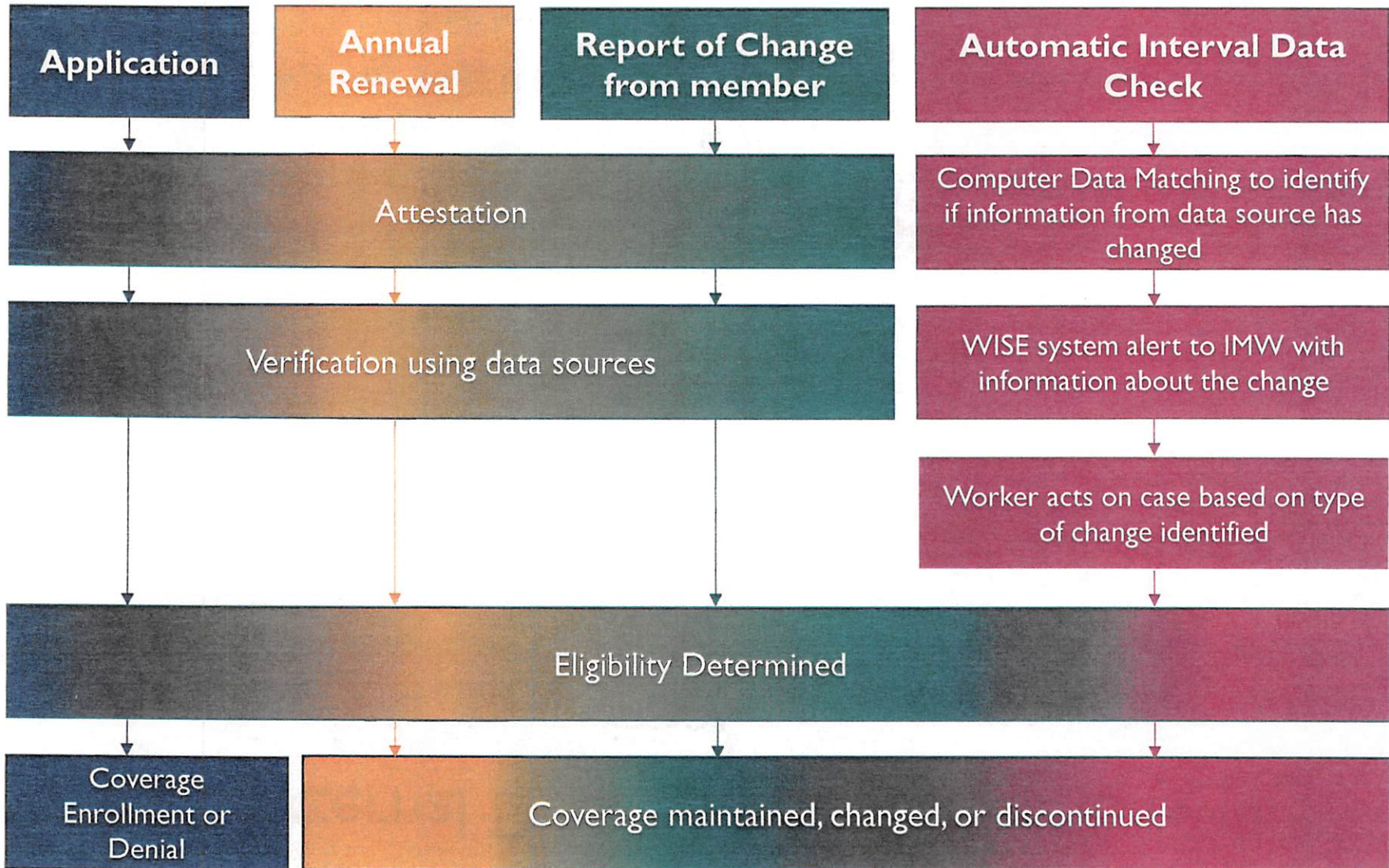
DATA SOURCE	VERIFICATION TYPE
SSA (Social Security Administration)	Citizenship, SSN, Medicare, Social Security Benefits, Disability Status
IRS	Wages, Income
Federal VLP (Verify Lawful Presence)	Immigration Status
IWD (Iowa Workforce Development)	Wages, Unemployment
Asset Verification System	Assets
Equifax	Income

## Checked at Automatic Intervals Post-Eligibility

DATA SOURCE	VERIFICATION TYPE	FREQUENT OF DATA CHECKS
SSA (Social Security Administration)	Medicare, Social Security Benefits, Disability Status	Daily, Monthly, Quarterly, Annually
IWD (Iowa Workforce Development)	Wages, Unemployment	Twice a month
IDPH	Death information	Daily
DOC (Department of Corrections)	Incarceration Status	Monthly
County Jails	Incarceration Status	Monthly
PARIS (Public Assistance Reporting Information System)	Receipt of Benefits in Other States	Quarterly



# Data Source Utilization





# Eligibility Determination IT Systems

## Iowa's Automated Benefit Calculation (IABC) System

## Eligibility Integrated Application Solution (ELIAS) System

- Stores and displays data about Iowa Medicaid's applicants and recipients and several of the income maintenance programs.
- Outdated DOS System that was implemented in the 1970s
- Legacy mainframe-based technology that requires manual entry of data and worker determined eligibility
- IABC can perform the following functions:
  - Assigns Medicaid coverage group based on the worker's manual eligibility determination and data entry
  - Issues notices and forms to recipients
  - Generates various management reports
  - Passes information to other systems
- Minimal system enhancements for Medicaid are scheduled for the future
  - Majority of Medicaid cases are now housed in the new system (ELIAS)
  - Most of the remaining Medicaid cases in IABC will be transitioned into the ELIAS system at their next renewal

- Gathers, stores, and displays data about Iowa Medicaid's applicants and recipients (with possible future enhancements to include other income maintenance programs)
- Modern web-based technology system
- Allows for compliance with ACA eligibility system requirements
- ELIAS can perform the following functions:
  - Uses a rules hierarchy to automatically determine eligibility based on entered case data
  - Issues notices and forms to recipients
  - Collects and passes information to other systems
  - Accept online applications and systematically map the application data to the case for processing
  - Perform 'No Touch' applications and renewals using integrated interfaces to access Federal and State data sources in real-time for verification of eligibility data
  - Automatic referral to QHP (Federal Marketplace) when denied or discontinued as applicable
  - Electronic data sources are integrated and systematically updated
- Robust options for future system enhancements



# Evolution of the Eligibility Determination Process

<p>To retrieve data source information a worker was required worker to access each data source separately to verify information</p>	<p>Most data source information is merged to be displayed and accessed in one location</p>
<p>All data source information manually entered in the eligibility system</p>	<p>Some data source information is systematically entered into the case file and eligibility system, help to ensure the most up-to-date/accurate information is used at the next eligibility determination.</p>
<p>Batch processing was limited to discontinuing coverage for very simple and clear reasons. (e.g. Not returning a review form)</p>	<p>Batch processing is more expansive</p> <ul style="list-style-type: none"> <li>• Can use the system coded rules hierarchy in the system to make eligibility redeterminations</li> <li>• Can complete some other case actions without worker involvement</li> <li>• ‘No Touch’ applications and renewals</li> </ul>
<p>Worker would manually determine actual Medicaid eligibility and then enter this information into the system.</p>	<p>Eligibility Rules Hierarchy – Worker enters case details into the eligibility system and the system determines Medicaid eligibility based on the rules hierarchy (allowing for less human error and better program integrity).</p>



# Moving Forward and Future Opportunities

- Bring policy and practice together through HHS alignment efforts
- Seek ways to leverage the new web-based technology for enhanced automation and modernization
- Expanding paperless options
  - Build upon current online client portal functionality with integrated client self-service functions and future inclusion of other HHS assistance programs
  - Electronic notices and forms
  - Texting communications
- Identifying gaps in functionality and processes to address user experience, compliance, and program integrity
- Seeking additional technological tools to reduce financial expenditures and improve worker and client experience.

# Questions

