



DATE: July 22, 2014

OPERATIONS MEMORANDUM 14-07-02

SUBJECT: Commonwealth of Pennsylvania Access to Social Services (COMPASS)
Online Eligibility and Other Automated Processes

TO: Executive Directors

FROM: Tom Strickler
Director
Bureau of Operations

PURPOSE

To inform County Assistance Offices (CAOs) that, effective July 26, 2014, enhancements that increase automation will be in COMPASS and eCIS for health care only applications that are identified as Modified Adjusted Gross Income (MAGI) or Children's Health Insurance Program (CHIP) and inbound Federally-Facilitated Marketplace (FFM) account transfers. Also, to provide CAOs with procedures for using wage information received from the Department of Labor and Industry (DLI) to process Medical Assistance (MA) applications.

BACKGROUND

Currently, workers are responsible for processing all applications through Application Processing (AP) and Case Processing (CP).

DISCUSSION

On July 26, 2014, there will be system changes in COMPASS, eCIS and CAPS that provide online eligibility results and auto case open whenever possible for applications that are submitted for health care only and that are identified as MAGI MA or CHIP. In addition, certain health care only applications that do not meet any MA non-financial criteria can be auto-rejected.

The following enhancements support this automation and will be utilized whenever possible:

- Online eligibility results in COMPASS
- Automated processing of FFM account transfers
- Real time integration with DLI wage data and other existing data sources to verify income
- Automated AP/CP processes

Online Eligibility Results in COMPASS

Individuals and Community Partners that submit an application for health care only can potentially receive eligibility results online and have their case auto-opened or auto-rejected. Certain behind-the-scenes criteria must be passed in order for this automation to occur. Examples of behind-the-scenes criteria include, but are not limited to: application benefit and household composition, MCI clearance, income verification, and eligibility. If the criteria do not pass, the application will be sent to the CAO as a regular application for normal processing. If all criteria pass, two online eligibility outcomes are possible:

1. Eligible (for MAGI MA or CHIP)
2. Ineligible (for MA because non-financial criteria are not met)

Applications that include someone who is not eligible for MAGI MA because of income and/or someone who needs to be evaluated for an MA category other than MAGI (and can't be auto-rejected) will be sent to the CAO as a regular application for normal processing.

Examples:

- Linda (age 35) and her daughter Emily (age 6) apply for health care. They pass all behind-the-scenes criteria and are auto-opened for MG27.
- Francis (age 23) and his daughter Abigail (age 2) apply for health care. Francis's income exceeds MG27 limits, but the income is within range for Abigail to receive MG00. The application is sent to the CAO for regular processing.
- Samuel (age 45), his girlfriend Liz (age 40) and his daughter Christine (age 15) are in the household. Liz is the only individual who is applying for health care. Liz does not meet any MA non-financial criteria and is auto-rejected for MA (TD00 X).
- Christopher (age 25) applies for health care. Christopher requires health-sustaining medication. Christopher's application is sent to the CAO for regular processing.
- Paul (age 50), his wife Karen (age 51), and their two children Sam (age 12) and Kathryn (age 16) apply for health care. Kathryn is disabled. The application is sent to the CAO for regular processing.

The eligibility results and office routing information will be displayed to the applicant on the COMPASS Confirmation screen after the application has been submitted. The applicant will be informed that the eligibility results are a summary only and that they will be sent a notice with full benefit information within five business days.

Automated Processing of FFM Account Transfer

Similar to regular COMPASS applications, inbound FFM account transfers (COMPASS applications that begin with an “F”) can potentially go through the auto case open and rejection process. FFM referrals must pass the same behind-the-scenes criteria as regular COMPASS health care applications in order for this automation to occur.

Integration with DLI and other Data Sources to Verify Income

COMPASS Online Eligibility

COMPASS health care applications and FFM account transfers that go through the online eligibility and auto case open process will interface with DLI to verify earned income. DLI will return recent and available quarterly income as it does currently through Data Exchange (DX) 1, but information will be used in real time for automated processing.

When DLI returns quarterly wage information, a calculation will be performed to determine the average weekly income. DLI will provide both the quarterly wage amount and the number of weeks within the quarter that the individual was employed. The quarterly wage amount will be divided by the number of weeks worked to determine a weekly average.

Example: DLI returns that Susan Jones worked for Wal-Mart during the second quarter of 2014. She received \$8500 for the quarter and worked 9 weeks in the quarter. Her average weekly income is \$944.44 (\$8500 quarterly/9 weeks worked).

These applications will also interface in real time with the Federal Data Services Hub’s (FDSH) Social Security Administration (SSA) Composite to verify Retirement, Survivors, and Disability Insurance (RSDI) income.

Income retrieved from data sources will be compared to the self-attested income type and amount the applicant enters on the application. If the type of income cannot be verified by a data source in real time, the application will be sent to the CAO for processing. If the income type can be verified through a data source in real time, then

the income amount must meet reasonable compatibility standards. For reasonable compatibility standards, please see [OPS130904](#).

If the self-attested income and data source income are not reasonably compatible, the application will be sent to the CAO as a regular application for normal processing. If they are reasonably compatible, the data source income will be used to process eligibility and stored in eCIS/CIS. The data source information will not be displayed to the individual or Community Partner on the application.

Note: The data source real time interface and reasonable compatibility test will not be run for FFM account transfers that already contain verified income.

MA Only Applications Processed by the CAO

Quarterly wage information received through Exchange 1 from DLI can be used by CAOs to verify income information, provided the DLI information is reasonably compatible with what is reported on the application or renewal form.

Note: If the individual does not report an income amount, the CAO must request verification of income and cannot rely on Exchange 1 as reasonable compatibility cannot be established.

The CAO must review the information on the form and the most recent quarterly information available in Exchange 1. If the reported employer has information available in Exchange 1 for the most recent quarter, the CAO must perform calculations to determine an average monthly amount, as well as a calculation to establish reasonable compatibility.

To establish the average monthly amount based on the quarterly wage data from DLI, divide the quarterly amount by 3 (the number of months in a quarter).

Note: If the individual did not work all of the last quarter (i.e., new employment); the CAO must request verification of income.

To establish reasonable compatibility, follow the guidelines outlined in [Ops 13-09-04](#) (Medicaid Eligibility Rule Changes Under the Affordable Care Act).

If the household applies for other benefits (SNAP, TANF or LIHEAP), the DLI information cannot be used as income verification. The CAO must request updated income verification.

Example: Mary (32) applies for MA for herself and her daughter, Susie (3). Mary reports on the application (dated 7/31/14) that she works part-time for Giant and earns \$100 per week (\$400 per month). Exchange 1 shows Mary received \$1227.42 in the 2nd quarter of 2014.

First, establish the average monthly amount from DLI:

$\$1227.42$ (quarterly amount)/3 (# of months in quarter) = $\$409.14$ (average monthly amount)

Next, perform reasonable compatibility determination:

Both the self-attested amount (\$400 monthly) and the DLI amount (\$409.14) are UNDER the 33% FPL for a household of 2 (\$433-based on 2014 FPL), so the income is reasonably compatible.

The CAO must data enter \$409.14 as the average weekly amount and authorize MG27T for Mary and MG27C for Susie.

Automated AP/CP Processes

COMPASS health care applications and inbound FFM account transfers that pass all of the behind-the-scenes criteria will automatically be imported and processed in eCIS. This processing will either result in an 'eligible' determination under a MAGI MA category or an 'ineligible' determination due to not meeting MA non-financial criteria.

Applications that pass all of the behind-the-scenes criteria, except an eligibility determination (this includes failure to meet reasonable compatibility standards), will auto AP and a worker will follow normal processing of the application in CP.

Automated actions will be stored in Automated Processing Summary, which is a new feature that can be found in eCIS Case Management. A case comment will be created automatically for cases that auto-open or auto-reject. Cases that auto AP and CP will be auto-assigned to a default worker ID/caseload and will be assigned to a caseworker based on procedure identified by Operations/the CAO.

NEXT STEPS

1. Share and review this information with appropriate staff members.
2. Please contact your Area Manager if you have questions regarding this Operations Memorandum.
3. This Operations Memorandum will become obsolete upon release of revised Handbook changes.