



**DATE:** December 2, 2014

**OPERATIONS MEMORANDUM #14-12-01**

**SUBJECT:** Enhanced Modified Adjusted Gross Income (MAGI) Medical Assistance (MA) Renewals and Other Affordable Care Act (ACA) Technological Enhancements

**TO:** Executive Directors

**FROM:** Tom Strickler  
Director  
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**PURPOSE**

To inform County Assistance Offices (CAOs) of the introduction of the Enhanced MAGI renewal process, which includes automated renewal processing of existing MAGI MA budgets and the new Healthy PA budgets as well as automatic scheduling of MA renewal packets. Also, to inform CAOs of ACA Technological Enhancements effective December 1, 2014 which include TALX integration for online eligibility and eCIS and enhancements to the processing of multiple applications received from the Federally Facilitated Marketplace (FFM).

**BACKGROUND/DISCUSSION**

Currently, workers are responsible for scheduling and processing all MA renewal packets.

On November 30, 2014, system changes will be made to provide automated processing of renewals for MAGI-only cases. Automated scheduling of pre-populated renewal packets will be implemented for all other MA-only renewals. Certain existing MAGI categories as well as new categories introduced with Healthy PA are determined using MAGI methodology and will be included in the Enhanced MAGI renewal process. The first budgets eligible for the Enhanced MAGI renewal process are budgets with a January 31, 2015 renewal date.

Updates will also be made to integrate TALX (also known as The Work Number) functionality into both the COMPASS online eligibility process and in eCIS. Additionally, enhancements will be made for processing multiple FFM account transfers.

### **Enhanced MAGI Renewals**

Enhanced MAGI Renewals is comprised of two pieces:

1. Automated processing of MAGI-only renewals using electronic data sources without requiring a renewal packet.
2. Automated scheduling of pre-populated MA-only renewal packets.

#### **Automated MAGI Renewals**

If a case consists only of the following MAGI budgets, the system will attempt to process the renewal using available electronic data sources:

- MG00
- MG19
- MG27
- MG91
- MG92
- PCO91
- PCO92

MAGI cases are identified 90 days prior to the renewal date. The system will send a [Change Reporting Flyer \(CM537\)](#) to the recipient household. The flyer reminds recipients to report any household changes. Sixty days before the renewal date, the system will begin a series of batches that will attempt to use electronic data sources to verify income information necessary for the renewal and complete an automated *ex parte* review. If the verification is successful and the data source income is reasonably compatible, the budget will be renewed without requiring the recipient to complete a renewal packet. The renewal date will be set to 12 months from the current renewal date and a notice will be issued to the household.

**Example:** A case contains MG00C and MG00Y budgets with a renewal date of March 31, 2015. A Change Reporting Flyer will be mailed to the household in January 2015. The monthly file to identify budgets due for renewal will run at the beginning of February 2015. At this point, the system will process the case through batches to attempt renewal. If the system is successful, the budget is renewed and the new renewal date is set to March 31, 2016.

**Note:** MG71 budgets can be potentially built during auto-renewal. If MG71 is built, the renewal date will be set to four months from the current renewal date.

If the electronic data source verification process is unsuccessful, or the individual is potentially eligible for a higher or lower MA category, or if the data source information

is not reasonably compatible with existing case data, the case will exception out and be included in the automated scheduling process. Additionally, if there are any Data Exchange hits that are less than 90 days old pending during the processing batches, the case will exception out to the automated scheduling process.

**Note:** CAOs will ensure that all Data Exchange hits are reviewed and cleared timely.

An Automated Processing Summary will be available in Case Management for any case that completes the automated renewal process.

### Automated Scheduling of Pre-Populated MA Renewals

For the following MA categories' due for renewal (including those that exception out from the Automated MAGI renewal process) the system will pre-populate and generate the appropriate renewal packet without requiring the CAO to schedule the packet through Case Management:

- MG18
- MG71
- PA/PJ
- PH
- PW
- PG
- TC/TU
- TA/TJ
- TA/TJ 65 & 67

Certain renewal forms have been revised to accommodate pre-population of case information. The forms were revised to allow for the pre-population of demographic, income and resource information by expanding the existing spaces allotted for collecting this information. A new designator (AS) is assigned to the renewal form number. The following forms were updated for auto scheduling:

- PA600R (AS)
- PA600HCR (AS)
- PA600WD (AS)
- PA600M (AS)

**Note:** The Long Term Care (LTC) and Home and Community-Based Services (HCBS) renewal form (PA 600L) will not be included in automated scheduling.

The CAO will continue to schedule LTC and HCBS packets using the current manual renewal process through Case Management.

The forms will be pre-populated with the following information from the existing case record:

- Demographic information
  - Name
  - Date of Birth
  - Sex
  - Marital status
  - Student information
  - Relationship to the head of household
  
- Income information
  - Employer name
  - Income type
  - Frequency
  - Gross monthly amount
  
- Resource information
  - Resource type
  - Name of financial institution
  - Value

If a form fails the automated scheduling process, the renewal work item will be assigned to the CAO. Any case that has information that exceeds the capacity for the form to pre-populate will be sent to the CAO to send the renewal packet. The CAO must issue the renewal packet using the current procedure through Case Management.

When the auto scheduled renewal form is returned to the CAO, the CAO must complete an *ex parte* review of the case, which includes checking all available data sources in an attempt to verify the reported information on the renewal. Verification should only be requested if the information is not available through a data source.

### Manual Renewal Process

All non-MA and all combination cases will continue to have renewals scheduled by CAOs through Case Management. In addition, if an MA-only case fails the automatic scheduling process, the renewal packet must then be scheduled through Case Management by the CAO.

**MA-only Cases**

If an MA budget is due for renewal and a packet has not been automatically scheduled, the CAO must first complete an *ex parte* review on the case by checking all available data sources to determine if a renewal can be completed without sending a renewal packet to the household.

- If all necessary verification is available through data sources and the individual remains eligible at the same level of coverage, the CAO will process the renewal without requiring the renewal packet and will issue a notice to the household. The CAO must complete a full renewal narrative.
- If all necessary verification is not available through data sources or if the information available would either change the level of coverage or make the individual ineligible, the CAO must issue a renewal packet and allow a minimum of 30 days for the recipient to return the packet and all necessary verification. The CAO must complete a narrative indicating that the review was completed and indicate the reason why the packet must be mailed.
- If the renewal packet is returned without all required verification, the CAO must complete an *ex parte* review for the MA budget(s), which includes checking all available data sources in an attempt to verify the reported information on the renewal.
  - If the required verification is available through existing data sources, the CAO must process the renewal.
  - Verification will only be requested if the information is not available through a data source.
- If the renewal packet is not received, the CAO will:
  - Complete an *ex parte review*.
  - If required verification needed to determine eligibility cannot be obtained through an available data source, close MA for failure to provide verification.

### **Combination Cases**

A renewal packet must be issued for a case containing a combination of benefits (Example: SNAP and MA). It is not necessary for the CAO to complete an *ex parte* review for MA before the renewal packet is issued.

The following steps should be followed for the MA budget(s) when a combination renewal packet is not returned:

- If all necessary verification is available through existing case data or electronic data sources the CAO must process the renewal for MA.
- If all necessary verification is not available through electronic data sources, the CAO should close the MA benefits.

**NOTE:** If a renewal is due for a TANF budget and the packet is not returned or requested verification is not returned, the CAO must review all available data sources to determine if MA can be continued after the Cash budget is closed.

If the combination renewal packet is returned without all verification and the individual is not compliant with SNAP and/or Cash renewal requirements which results in a SNAP or Cash budget closure, the CAO must complete an *ex parte* review for the MA budget(s). The CAO should check all available data sources in an attempt to verify the reported information on the renewal.

**NOTE:** The CAO must follow SNAP and Cash policy in determining if the electronically verified information can be used for processing SNAP and/or Cash. See SNAP Handbook Chapter 570 Appendix A and Cash Handbook Chapter 178 Appendix C.

### **Integration of TALX to Verify Income**

TALX data is available in real-time and utilized for online eligibility processing, automated renewal processing and eCIS processing. TALX information is available through two sources:

- Federal Data Services Hub (FDSH)
- Equifax (administrator of TALX)

TALX information received from the FDSH can be used for MA-only determinations only. If any other benefit (SNAP, TANF, LIHEAP) is being evaluated, only the information available through TALX-Equifax may be used.

TALX will also be available to request and view in Exchange 1. No hits will be generated for TALX information.

### Online Eligibility-COMPASS

Gatepost 5 (known currently as the DLI Gatepost) will initiate a call to the TALX-FDSH service. This call will occur before the call is made to the Department of Labor and Industry (DLI). The information returned from DLI is compared to the information returned from TALX-FDSH and if there are duplicates, the TALX-FDSH information will be used. The number of unique employers from TALX-FDSH and DLI are then compared to reported information.

### Automated Renewal Processing

During the automated MAGI renewal processing, a call will be made to TALX-FDSH in an attempt to verify wage information. This call will happen before a call is made to DLI to verify wages. If information is returned from TALX-FDSH, the system will attempt to match the name of the employer returned with employers listed on the case. If there is a complete match, the existing record will be updated with the TALX-FDSH information. If there is not a complete match, the existing record will be finalized and the new information from TALX-FDSH will be entered on the case.

**Example:** Debbie's son Matt is open for MG00Y. eCIS has record of wages for Debbie from Wal-Mart. During the automated renewal process for the MG00Y budget, TALX-FDSH returns wages for Debbie from Target. The system will finalize the wages from Wal-Mart and enter the wages from Target.

### eCIS Processing

During the Case Open, Program Add, Individual Add, Renewal and Partial Renewal workflows, when the Demographics screen is completed, a real-time call will be made to TALX for any individual age 16 and older. If information is found for the individual, a message will display on the Employment and Wage screen to notify the worker. The worker will be able to view the information returned from TALX.

### **Federally Facilitated Marketplace (FFM) Processing Enhancements**

Currently, all FFM account transfers are processed through a Case Open or Program Add workflow, including multiple transfers for the same individual. Effective December 1, 2014, the system will review FFM account transfers and determine if a previous transfer was received. If a previous transfer was received within 180 days, the system will identify the differences between the two transfers and allow processing through a Maintenance workflow.

A new work item called “FFM Update” will show on both the worker’s dashboard and on the Case Summary screen in Case Processing. This item will alert the worker that an FFM Update has been received and needs to be processed. The worker can select the work item and view a “Difference Comparison.” The “Difference Comparison” will identify the differences between the current application received from the FFM and the previous application (up to 180 days old).

**Note:** The “Difference Comparison” will identify the difference between the new FFM application and the most recent previous application. Any case changes that have been made between the receipt of these two forms may not be reflected.

If the information on the FFM Update requires an A# for processing, the work item will have an option to create an A#. By choosing this option, the application will be forwarded to a clerical worker to have an A# assigned.

If multiple FFM Updates are received and are awaiting processing, the CAO may process the multiple updates within a single workflow. At the end of processing, the worker will be presented with the option to adjudicate the FFM Updates.

**Note:** The number of individuals listed as applying on the FFM Update must match the number of individuals selected for MA processing on the Individual Program Request screen.

If multiple FFM Updates are received and based on the updates, a child may now be potentially eligible for CHIP, the updates must be processed separately. This is to ensure that Health Care Handshake is completed and that the proper response is sent to the FFM.

### **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.