

DATE: 08/15/2017 **Revised 08/31/2017**

OPERATIONS MEMORANDUM #17-08-03

SUBJECT: **Revised** - Affordable Care Act (ACA) - Technological Enhancements Expansion – Automated Case Actions, Real Time Eligibility, and Enhanced Medical Assistance Renewals

TO: Executive Directors

FROM: Inez Titus
Director
Bureau of Operations

PURPOSE

To inform County Assistance Offices (CAOs) that system enhancements to increase automation will be implemented effective **August 21, 2017, in select pilot counties** and **October 16, 2017, statewide.**

BACKGROUND

In 2014 and 2015, the Department of Human Services (DHS) made system enhancements to automate certain case actions for Modified Adjusted Gross Income (MAGI) Medical Assistance (MA) budgets. These automated case actions involved Alerts, Data Exchange (DX) hits, COMPASS reported changes, COMPASS online eligibility, and Enhanced MAGI Renewal (EMR). With this implementation, automation functionality will be expanded to include Non-MAGI MA and SNAP budgets, and will include additional case actions. The expansion consists of three major areas:

- Automated Case Actions
- COMPASS Real Time Eligibility (RTE)
- Enhanced Medical Assistance Renewals (EMAR)

DISCUSSION

The technological enhancements expansion will be rolled out as a pilot on August 21, 2017, followed by a statewide rollout on October 16, 2017.

The selected pilot counties are:

- All Area 4 Counties: Armstrong, Beaver, Butler, Cameron, Clarion, Clearfield, Clinton, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Potter, Venango, Warren, Washington and Westmoreland
- Montgomery County

- York County

The CAOs in pilot counties will see all of the system enhancements for Non-MAGI MA and SNAP cases. Certain items will be available statewide during the pilot phase and will be noted in the applicable sections. Additionally, a breakdown of these items are available in [Attachment 1](#). The system enhancement changes include three major components – Automated Case Actions, COMPASS RTE, and EMAR; each of these components has impacts to specific areas that are discussed below:

Automated Case Actions

Automated case actions are system-processed case actions made to budgets, which qualify, for automation. These case actions result from Alerts, Data Exchange (DX) hits, COMPASS reported changes, and Newborn Add. Cases that are not qualified for automation are sent to a CAO worker for manual review and processing. Automation will occur at one of three levels:

- Full Automation – All case actions are completed by the system. These actions include running eligibility, entering case comments, budget authorization, and clearing the alert, DX hit, or ticket.
- Exchange Request Automation – A Data Exchange request is automatically triggered and a Workload Dashboard (WLD) item is assigned to a caseworker for review and processing.
- Form Automation – Automatic generation and scheduling of the appropriate forms.

NOTE: Long Term Care (LTC) facility and current foster care and adoption programs are not included in automated case actions.

Alerts

Alerts ensure that determinations are made in a timely manner. Certain Alerts will undergo either full automation or form automation for MA (both MAGI and Non-MAGI) and SNAP budgets.

The CAOs in pilot counties will see full automation of the following Age Alerts:

- AGE103 for individuals turning age one
- AGE004 for individuals turning age six
- AGE011 for individuals turning age 21
- AGE014 for individuals turning age 65

NOTE: Age Alerts processed through full automation will have an Automated Processing Summary created in Case Management to display the status of automation, individual information, eligibility results, and the counted verified income and source used for the determination.

NOTE: If a SNAP budget will close as a result of Age Alert automation, the case will exception from automation and the alert will be reassigned to the worker.

For CAOs in both pilot and non-pilot counties, the following alerts will be enhanced through form automation:

- AGE008 (for TANF recipients turning age 18) and WRFM 138 (for SNAP recipients turning age 18) – These alerts will be modified to have two separate activities. The first activity will be triggered 30 days prior to the individual's birthday and will send an Appointment Notice & Verification Checklist (PA 253) to the client for relevant verification documents. The second activity will be for the worker to manually review the case information and run eligibility. The alert will be system-cleared when eligibility runs on or after the individual's 18th birthday.

NOTE: When a PA 253 form is automated for AGE008 or WRFM 138, an associated VERF 062 alert will be triggered and assigned to the worker at that time.

- INAC 056 (for review of temporary disability) – This alert will also be modified to have two separate activities. The first activity will be triggered 45 days prior to the individual's Disability End Date and will send an Employability Assessment Form (PA 1663) or Medical Assessment Form (PA 635), and a PA 253 for relevant verification documents. The second activity will be for the worker to manually review the case information and run eligibility. The alert will be system-cleared when eligibility runs on or after the Disability End Date.

As part of the enhancements for the INAC 056 alert, the Disability screen in Case Processing CP will be modified to auto-populate the Disability Review Date. When a worker enters a Disability End Date, the Disability Review Date will default to 45 days prior to the End Date. If the Disability End Date is less than 45 days in the future, the system will not make any changes and the worker must manually enter the Review Date.

NOTE: When a PA 253 is automated for INAC 056, an associated VERF 062 alert will be triggered and assigned to the worker at that time. If INAC 056 is created less than 30 days before the Disability End Date, the alert will not be automated and both activities will be assigned to the worker.

In addition, pilot and non-pilot CAOs will also see the following Alert enhancements:

- Age Alert 319 – This newly created alert is for individuals turning age 19 who are currently receiving MA benefits.

NOTE: In pilot counties, AGE319 will be fully automated for MA and SNAP cases. Non-pilot counties will have to manually process to clear the alert.

- DAP 045 – The existing DAP 045 alert will be enhanced to create an alert when an individual with a disability who is potentially eligible for federal benefits is not marked in the system as referred to the Disability Advocacy Program (DAP). The alert will be system-cleared only when the ‘Referred to DAP’ field on the Disability screen in eCIS is changed to ‘Yes’.

NOTE: The worker must submit the DAP referral before changing the ‘Referred to DAP’ field to ‘Yes’.

Data Exchange (DX) Hits

For the CAOs in pilot counties, existing automation of Data Exchange information is being enhanced to include Non-MAGI MA and SNAP budgets. In addition, new automated case actions for DX 2 (UC), DX 3 (BENDEX) and DX 8 (Deceased Persons Match) will be performed as follows:

- DX 2 – Currently for MA and SNAP budgets, DX 2 hits exception out of automation when there is a 1.7% Unemployment Compensation deduction. With this release, the 1.7% deduction will be automated, allowing the system to re-run eligibility, generate an auto case comment, clear the hit and auto-submit the case. If the automated action would result in the closure of an individual’s benefits, the hit will exception to the worker for manual review and processing.
- DX 3 – New automation for MA and SNAP budgets will allow the system to clear hits received for the following DX 3 information:
 - RSDI (income) – The system will create or update the Unearned Income screen in CP based on information from DX 3, including the individual’s current claim number, which will be populated in the Source field.

NOTE: DX 3 hits will exception out of automation when:

- RSDI income information is not in “CP – Current Pay” status.
 - RSDI entitlement date is more than two months in the future.
 - RSDI income contains garnishments and/or withholdings.
- Permanent Disability – If the “Disabled” field is populated in DX 3, the system will attempt to create or update the Disability screen in CP using the information received. The Begin Date will be set to the date in the Disabled field in DX 3, and the fields for MRT Decision, MA/SNAP Disability codes and Disability Benefit Type will be updated to reflect permanent disability.

- Medicare Part A and B entitlement – If new Medicare information is received, the system will update Medicare Part A and B information on the Individual Attributes screen, re-run eligibility, send client notices, generate an auto case comment, clear the hit, and auto-submit the case. If automation results in a new Buy-In category, the system will check if the Medicare start date was in a past month. If the start date was in the past, the system will create a “Retro Buy-In” case comment in addition to the regular Medicare A & B case comment. The system will then reassign the hit to the worker to review for retroactive Buy-In eligibility.

NOTE: The system will only update the Individual Attributes screen to indicate entitlement to Medicare; it will not remove Medicare entitlement already indicated on the case. If new Medicare information is received indicating termination of Medicare Part A or B, the hit will exception to a worker for manual review and processing.

If a TPL screen for Medicare does not already exist in CP, the system will create the TPL screen(s) and populate the Coverage Begin date, Insurance Type and Policy ID fields based on DX 3 information.

NOTE: The system will only add TPL coverage; it will not remove TPL information already entered on the case.

- Medicare Part B Premium Expense – If an individual has the Medicare Part B payer coded as “SELF” on DX 3, the system will create a Part B premium entry (medical expense code 12) on the Medical Expense screen, provided there is no existing Part B premium medical expense on the case; and, the premium amount does not match an existing Medical Expense entry. Additionally, the system will end-date an existing Part B premium entry in CP if a DX 3 hit shows a Medicare Part B payer code of “390” (State paid).
- DX 8 – Automation for MA will be expanded to include Non-MAGI budgets but will not include SNAP. When DX 8 hits can be automated, the system will update case details, run eligibility and generate case comments specifying the date and action taken. Budget closure will only be allowed for the individual the hit was created for; all other scenarios will exception to the worker for review and processing. If the hit is for the Head of Household or Payment Name and there are other individuals open on the case, the hit will exception to the worker.

Automated case actions will exception out across ALL Data Exchanges if:

- A resource test is, or becomes, necessary to determine eligibility;
- Automation results in budget closure (other than DX 8 when only the deceased individual’s budget is being closed);
- The case is in an active workflow; or

- Any automated case actions are performed on the Issuance Deadline.

For CAOs in both pilot and non-pilot counties, DX 7 (Buy-In) automation has been enhanced to make a third accrete request when the second request is rejected for demographic mismatch. Currently, when the second request is rejected a hit is created for the worker to review and submit a third manual accrete. Post-implementation, if an individual passes a newly introduced identity check, the system will automatically make a third request with demographic information that matches the Centers for Medicare and Medicaid Services (CMS) data.

COMPASS Reported Changes

Individuals and Community Partners (CPs) can report case changes through the COMPASS portal. When a change is submitted, it is system-evaluated for manual or automated processing. If the case exceptions out of automation, the change center ticket is assigned to the worker for review and processing.

CAOs in pilot counties will see full automation of Newborn Add Change Reporting for CPs, as well as full automation of the following changes reported through an individual's MyCOMPASS account:

- Pregnancy
- Wage Change
- Address/Contact Information
- Out-of-State Address
- Intra-County Address Change for Supplemental Security Income (SSI) recipients

NOTE: The system will automate intra-county address changes for A00, A44, J00, J44, M00 and M44 budgets and will exception all other A, J and M budgets. Inter-county address changes will exception to the worker for review.

CAOs in pilot counties will see Exchange Request Automation for the following reported income changes:

- Wages - DX 1 (DLI/TALX)
- Unemployment Compensation benefits – DX 2 (UC)
- Social Security benefits – DX 3 (BENDEX) for Retirement, Survivors, Disability Insurance (RSDI); DX 6 (SDX) for SSI

CAOs in pilot counties will see Forms Automation occur in the following scenarios:

- Reported New Job – PA 253 for employment verification form
- Wage Change – PA 253 for employment verification form
- Employer name check (for SNAP only) – PA 253 for employment verification form

- Address Change – Voter Registration Form

Newborn Add

Newborn Add is a feature that will be available statewide through COMPASS to MA providers who are registered as CPs. Newborn Add allows MA providers to report a newborn's birth through COMPASS, in place of submitting the paper Newborn Eligibility Form (MA 112). The MA 112 will still be available to MA providers.

Newborn Add matches the mother's MCI or Social Security Number to a known MA case, then allows the MA provider to enter the newborn's name, date of birth, and other pertinent information, such as the Date of Placement (for newborns placed in foster care), or Date of Death, if the newborn is deceased. The Newborn Add will be submitted to the CAO as a Change Center Ticket unless it can be fully automated.

In pilot counties, Newborn Add will fully automate the opening of MA for newborns to a mother who is open in an MA-only case. The mother's pregnancy screen will be updated with the newborn's date of birth as the pregnancy termination date. If the pregnancy was not reported, a pregnancy screen will be created and updated as part of the newborn add.

Two new alerts have been added to the system for fully automated Newborn Adds:

- BABY 709 will be created for the mother when:
 - A newborn add has been automated for the mother's MA case and the mother is also known to a Cash case in a different county than the mother's MA case.
 - A newborn has been added to the mother's MA case when the mother is also known to a separate SNAP case and her eligibility status is EM, EB, EW, DF, DS, or one of the following Non-Eligible Member (NM) codes: 41, 44, 56, 58 or 59.

NOTE: The CAO will follow current procedure for adding a newborn to a SNAP or Cash case.

- BABY 710 will be created for the newborn if a relationship of "Other" or "Not Related" was defaulted to the newborn during automation. The CAO will review and update the relationships on the case.

When a Newborn Add cannot be fully automated, a change center ticket will be created and sent to a worker for processing. The following situations will be an exception to a worker:

- The Date of Death field is completed.
- The Date of Placement field is completed.
- The mother is on an MA combination case with an ineligible, disqualified, or non-eligible status.

- If there is a baby less than two months old on an active MA case related to the newborn's mother.
- The provider reports more than three newborns.
- The mother is a foster care recipient.
- If more than one newborn is being added to a case with the same demographic information.

COMPASS Real Time Eligibility (RTE)

Currently, RTE provides online eligibility results and automates case opening for health care applications that result in MAGI MA determinations. To be opened through RTE, an application must successfully pass through a series of gateposts, which focus on individual and application level elements to determine whether an applicant is potentially eligible for MAGI benefits.

For the CAOs in pilot counties, COMPASS RTE gatepost functionality will now be enhanced to accommodate most MA applications, including Non-MAGI MA categories and Presumptive Eligibility (PE). Former foster care recipients and some lawfully present non-citizens will also be included in RTE evaluations. For a list of all budgets that will be evaluated for online eligibility determinations, see [Attachment 2](#).

NOTE: LTC facility and Home and Community-Based Services (HCBS) are not included in RTE.

COMPASS applications that are not able to be opened through the RTE process will be evaluated for Automatic Application Processing (Auto-AP). This will complete the AP process and create an application for all MA applications that are not successfully auto-opened or rejected through RTE. Auto-AP will also be created for mixed applications for MA and other benefits such as SNAP, Cash, LIHEAP, or HCBS.

COMPASS applications will be evaluated for auto-rejection when:

- All household members are determined ineligible through the RTE process.
- There are pending verifications on the case.
- An out-of-state address is attested on the application.

NOTE: PE-only, PE/ongoing MA, and applications where past medical bills are attested will not be auto-rejected. They will be an exception to the CAO for review and processing.

Automated PA 253s will be sent in situations where MA is authorized, but the individual has attested to information that cannot be verified and may make them eligible for another MA category. When an automated PA 253 is sent, a VERF 062 alert will be generated on the WLD for the caseworker to review whether verification was received and an automated case comment will be created. See [Attachment 3](#) for a list of scenarios when a pending verification request will be scheduled.

Non-MAGI MA

Individuals applying for MA who are ages 65 or older, or who attest to a disability, will be evaluated through COMPASS RTE. The SSA State Online Query Interface (SOLQ-I) gatepost has been added to COMPASS to verify the receipt of Medicare Part A or B for individuals who self-attest to a disability and/or to receiving Medicare. SOLQ-I will also verify the Medicare Begin Date. The Social Security Administration (SSA) Composite Gatepost will also be used to verify disability.

There will be situations where disability may be self-attested but not verified, or the receipt of Medicare may be self-attested but not verified. Depending on whether the SSA Composite and SOLQ - I can verify disability or Medicare eligibility, an application may be processed through RTE and MA authorized, or the application may exception to Auto-AP:

- If disability and/or Medicare are verified, the individual will be explored for eligibility in disability-related budgets. A disability screen and/or the Medicare indicators will be added to the case record in eCIS if the individual is determined eligible.
- If disability is attested but *not* verified, the individual will be explored for eligibility in MAGI budgets if the individual is not receiving Medicare. If the individual is determined eligible for a MAGI budget through RTE, an automated PA 253 and PA 1663 will be sent to verify the individual's disability. An auto-case comment will be created and a VERF 062 alert generated on the WLD for the pending PA 253 and PA 1663.
- If receipt of Medicare is attested but not verified, the application will be processed through RTE. If the individual is determined eligible for MA, an automated PA 253 will be sent to verify the receipt of Medicare Part A and/or B. An auto-case comment and a VERF 062 alert will be created for the pending verification.

The following scenarios will exception from RTE and be evaluated for Auto-AP:

- An individual under age 65 self-attests to disability and receiving Medicare, but only one is verified.
- An individual under age 65 self-attests to disability or receiving Medicare; disability is unverified but Medicare is verified.
- An individual with a verified disability of more than two years self-attests to receiving Medicare which cannot be verified.

NOTE: The COMPASS PDF will display the individual's self-attested information.

Presumptive Eligibility (PE)

The RTE expansion will allow applications submitted by MA providers and non-MA providers to be evaluated through RTE. COMPASS PE applications, including PE-only and PE/ongoing MA, will be processed through RTE.

Since the PE provider has already determined eligibility on the PE Worksheet, a PE period will be authorized through Auto-Case Open if the result on the online PE Worksheet is "Eligible". An auto-case comment will document the PE period in Case Comments. If the PE Worksheet result is "Cannot be determined", then the application will be an exception from RTE and go through Auto-AP. PE applications with an out-of-state address will also be an exception from RTE and go to Auto-AP.

For PE/ongoing MA applications, the ongoing MA will be evaluated through the RTE gateposts. If the ongoing MA successfully passes all gateposts, the ongoing MA will be authorized with the PE begin date as the eligibility begin date. There will be no PE budget authorized. If ongoing MA eligibility cannot be determined through RTE, the PE period will **not** be authorized through RTE, **and the ongoing MA. The PE/ongoing application will be an exception and** will be evaluated for Auto-AP.

PE/ongoing MA applications will be automatically rejected when the PE begin date on the application is the same as the submission date, and the individual is determined ineligible for ongoing MA.

Former Foster Care

COMPASS and FFM applications with individuals that attest to former foster care will be evaluated through RTE. A CIS eligibility history check will be performed for individuals attesting to being in foster care in Pennsylvania at age 18. The eligibility history check will verify if the individual was active in a J31, J33, J35, PC31, PC33, PC35, **PCN31**, PCN33 or PCN35 budget at age 18 or older. If former foster care is verified, the individual will be processed through RTE. If the history check is not successful and the individual is attesting to having been in foster care in Pennsylvania, the application will go to the worker for review.

Individuals who attest to receiving foster care out-of-state at age 18 or older will be authorized for a reasonable opportunity period (ROP) of up to 120 days through RTE under PC40. An automated PA 253 will be sent to verify former foster care with a due date of the last day of the month in which the 90th day after authorization falls and an auto-case comment for the ROP will populate in Case Comments. If former foster care verification is not provided, the worker will receive a CHNG 073 alert on their WLD to notify them that verification was not returned and to review the individual for other MA. If not already verified, the worker will review electronic sources for income first and send a PA 253 to request income only if it cannot be verified through electronic sources. If the individual does not return requested information, the worker must close the PC40 budget with a 15-day advance notice. An auto-case comment will populate in Case Comments once the CHNG alert 073 is cleared.

NOTE: When manually processing ROP, caseworkers must schedule a PA 253 to verify former foster care from the Pending Verification screen. A red edit message will appear if a PA 253 has not been scheduled during manual processing.

Non-Citizens

Some lawfully present non-citizens whose immigration status is verified electronically can go through the RTE process and will be opened for ongoing MA if the non-citizen passes all other gateposts.

The system will attempt to verify satisfactory immigration status for individuals who attest to being:

- Permanent residents whose date of entry exceeds five years
- Permanent residents who are pregnant or under age 21
- Temporary residents who are pregnant or under age 21

U.S. citizens whose citizenship cannot be verified but who pass all other RTE gateposts will be authorized for a ROP through Auto-Case Open. Benefits will be authorized for a 95-day window (90 days plus an additional five days to account for mailing and processing time) beginning the date that the PA 253 is generated to verify citizenship. If the individual fails to provide citizenship verification by the due date, the individual's ROP must be closed with a 15-day advance notice. Non-citizens whose immigration status was not verified will exception to Auto-AP.

NOTE: When manually processing ROP, caseworkers must schedule a PA 253 to verify citizenship from the Pending Verification screen. A red edit message will appear if a PA 253 has not been scheduled during manual processing.

EMAR Automated Renewal and Non-MAGI MA

Post-implementation, MA-only cases with Non-MAGI budgets will be explored for EMAR Automated Renewal. MA-only cases with Non-MAGI budgets that are not eligible for EMAR Automated Renewal will continue to be processed through EMAR Automated Scheduling. A prepopulated renewal packet will be mailed automatically by the system.

Any budget eligible for EMAR Automated Renewal that requires a resource test and has a countable resource type entered on the case will not be processed through Automated Renewal. These cases will exception to the Automated Scheduling process.

NOTE: LTC facility and HCBS Waiver programs are not included in EMAR. See [Attachment 4](#) for a full list of Non-MAGI budgets that will be considered as part of EMAR Automated Renewal.

Mixed cases (MA + SNAP/Cash/LIHEAP/HCBS) will not be processed through EMAR in either Automated Renewal or Automated Scheduling. Workers must continue to manually schedule renewal packets for mixed cases.

Voter Registration and EMAR

To offer recipients who are renewed through Automated Renewal the opportunity to register to vote, the system will update the “Voter Registration” code on the Demographics screen to “9-No Preference” for the head of household if the following criteria are met:

- Individual is age 18 or older
- Individual is a U.S. citizen

Individuals with a “9-No Preference” code will have a voter registration form automatically mailed to the mailing address on file.

Screen Changes

While certain system enhancements will only be available to pilot counties during the pilot implementation, any screen changes to eCIS and COMPASS will be implemented statewide in order to create a consistent user experience for both CAO staff and citizens.

Case Processing Screen Changes

As a result of form automation, the following updates will be made to the Pending Verifications screen in CP:

- The system will allow for scheduling of multiple PA 253s with varying VERF 062 due dates in one day. If there are two pending verifications with different due dates, then two separate PA 253s will be sent to the individual.
- Forms scheduled through automation will be displayed in the same section as recently printed pending verification forms. A hyperlink to the automated form will be available once the form is generated.
- An additional “Source” column will be added to the “Recent Pending Verifications for the Case” section to indicate how the form was scheduled. The source types will be either “Automation” or “Worker Generated.”
- The system will prevent caseworkers from being able to modify pending verification forms that are scheduled thorough automation. Caseworkers will still be able to modify pending verification forms scheduled through the manual process.

Data Exchange Screen Changes

- DX 4 (SSA Earning Reference File) and DX 5 (IRS Unearned Income File) – The “Return by Mail” functionality will be disabled because the **system-generated** Notice to Applicant (PA 162VR) contains sensitive information,

and appointment scheduling is **no longer** necessary. Because the client can no longer return the PA 162VR **generated through this process by mail**, the worker must ensure that **the PA 162VR form is sent manually an appointment date is set.**

- DX 6 (SDX) – The Payment History tab on the SDX Match Details screen will now display the history of federal SSI payments and SSA-administered supplement payment details for SSI recipients.
- DX 7 (Buy-In) – Workers will now be able to view Buy-In information and submit Buy-In requests in eCIS. Exchange 7 screens have been modernized to show detailed Buy-In summary data, transaction and discrepancy code details, and premium payments for Parts A and/or B in a more user-friendly environment. Enhancements to the Buy-In Action screen include a Request tab where workers will process manual requests to start or stop Buy-In, and an Action History tab where workers can view the status of requests that have been sent to CMS and all responses to those requests.

COMPASS Screen Changes

CAO staff, citizens, and Community Partners will see the following enhancements:

- A Provider Contact Information field will be added to reduce contact information being entered in the Comments section.
- A Document Expiration Date field will be added for Citizenship verification.
- Text will be added to remind MA Providers to complete the PE Worksheet and clarify the client's PE begin date.
- Pop-up text will be added to encourage non-registered Community Partners to register with PA as a Community Partner.
- Four new COMPASS screens will be created to enable registered MA Providers to submit a newborn add ticket.
- All Newborn Add tickets will be assigned to a caseworker for review and processing in the non-pilot counties during the pilot period.

NOTE: All Newborn Adds must be authorized within three business days.

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.

Attachments:

[Attachment 1](#) – System Enhancements: Pilot versus Statewide Implementation

[Attachment 2](#) – MA Budgets Eligible for RTE Automation

[Attachment 3](#) – Automated PA 253 Scheduling Scenarios

[Attachment 4](#) – MA Budgets Eligible for EMAR Automated Renewal