



CMS Findings - Medicaid Integration

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Agenda

1 Background and CMS Findings

2 Benefits to Residents, Case Workers and State

3 Proposed Solution

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Background

“The Affordable Care Act and implementing regulations established a coordinated system of eligibility and enrollment across all insurance affordability programs. Consumers must be able to submit a single streamlined application to either the Marketplace serving their state or the state Medicaid or CHIP agency, receive an eligibility determination, and be enrolled in the appropriate program. This **“no-wrong-door”** approach requires effective coordination between state Medicaid and CHIP agencies and Marketplaces to ensure that consumers have a seamless, streamlined path to coverage in the program for which they are eligible.”

-CMS Information Bulletin July 25, 2016

CMS Findings (Operational Readiness Review of MD E&E)



CMS Finding	Finding Details (from CMS)	MD's Plan	Timeline
#1: EE12: Annual Ex Parte Renewals	<p>Maryland does not have the functionality to run verifications automatically for those due for renewal in a given month without manual touch by workers to check data sources. As a result, the system does not support ex parte renewals for Medicaid and CHIP beneficiaries</p> <p>Since ex parte renewal capability is a requirement for E&E systems, <u>CMS will require this functionality to be in place in order to certify this system</u></p>	Implement automated renewals for non-MAGI Medicaid recipients by systematically verifying the income sources	We are planning to implement ex parte renewal functionality in the Eligibility & Enrollment (E&E) system by <u>December 2021</u>

CMS Findings (2)



CMS Finding	Finding Details (from CMS)	MD's Plan	Timeline
<p>#2: EE22: Integration with Other Programs; EE23: Account Transfers</p>	<p>Non-MAGI applicants and other human services use a separate application process from MAGI-based Medicaid and affordable insurance programs, which is housed in the State-Based Exchange (SBE). Maryland does not currently have automated integration of MAGI and non-MAGI application processes. Instead, the member is redirected to alternate application websites depending on which programs are applicable.</p> <p>Since a single streamlined application or “no wrong door” experience for Medicaid applicants is a federal requirement, Maryland should move to a single streamlined application with automated transfer of beneficiary information between the MAGI and non-MAGI modules depending on current eligibility indicators. This would facilitate automated transfers should changes in circumstance indicate a move of a member account from MAGI to non-MAGI, or vice versa. <u>CMS will require this functionality to be in place in order to certify this system.</u></p>	<p>Solution approach to “no wrong door” that has been developed collaboratively between the three Maryland agencies Maryland Department of Human Services, Maryland Department of Health, and the Maryland Health Benefit Exchange:</p> <ul style="list-style-type: none"> Integrate system accounts between myMD THINK (E&E Consumer Portal with non-MAGI MA and non-healthcare programs) and HBX to allow customers to more seamlessly navigate between the portals. Automatically transfer applicant/recipient information between the systems so customers are evaluated for all Medicaid programs without the need to re-apply or provide duplicative information for accurate enrollment in MMIS. 	<p>The completion of the core integration supporting the bi-directional exchange of application-related data is planned for implementation by <u>August 2022</u>, contingent upon funding approvals.</p>

Benefits to Residents, Case Workers and State

No Need to Re-Apply

With the **no wrong door** approach, applicants and recipients will be transferred between MHBE and DHS administered Medicaid programs without having to submit a new application, re-submit documents, etc.

Integrated Accounts

Integrated online accounts to minimize duplicative passwords, account details, and logins



CASE WORKERS



CITIZENS



STATE OF MD

Greater Quality of Service

The use of a common Master Data Management (MDM) enables agencies to the highest level of service to its customers and leads to **reduced fraud, waste, and abuse**

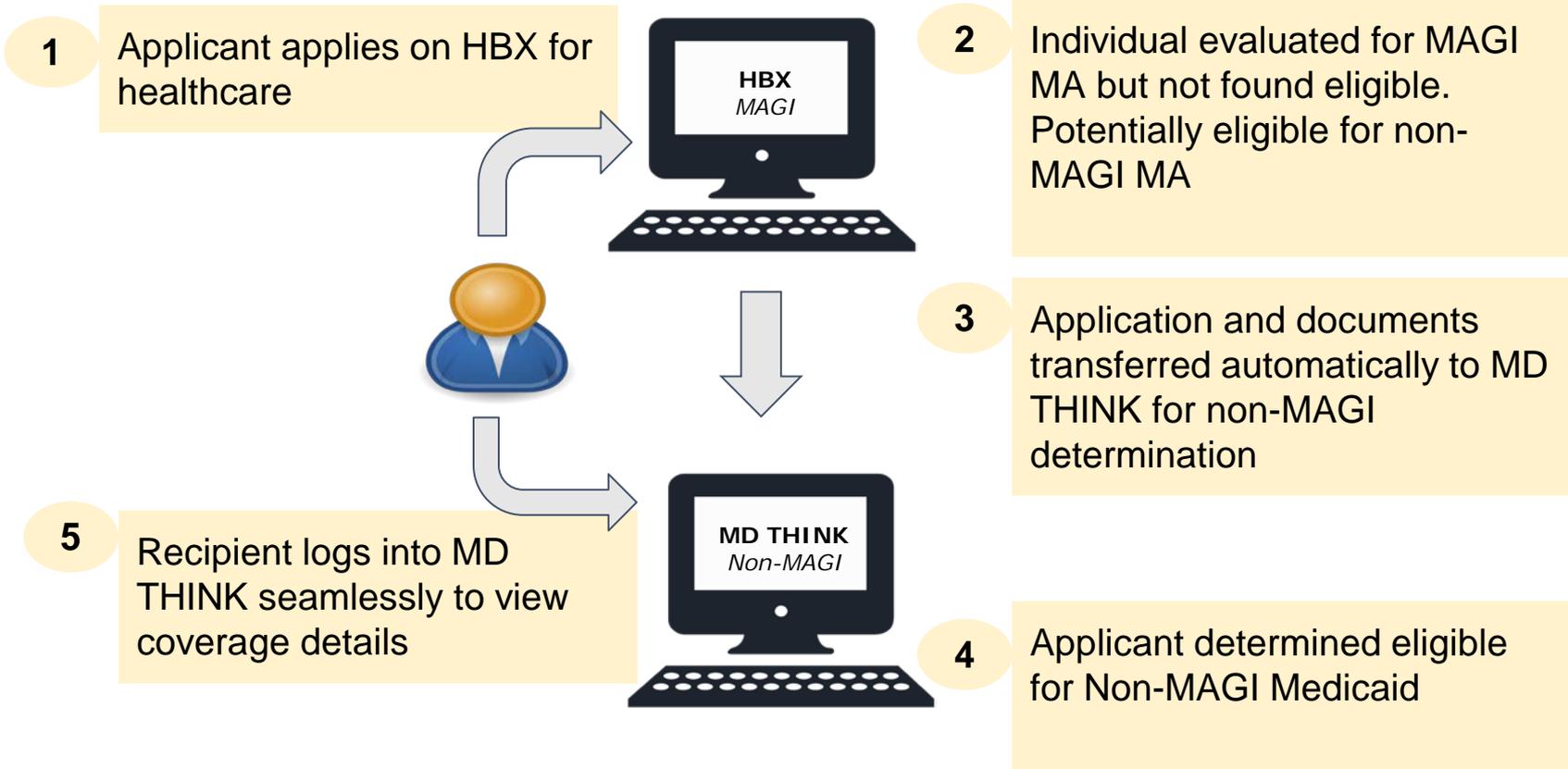
Quicker Enrollment

By automatically transferring applications between the systems, **applicants and recipients can be evaluated and enrolled quicker** (than if they had to re-apply)



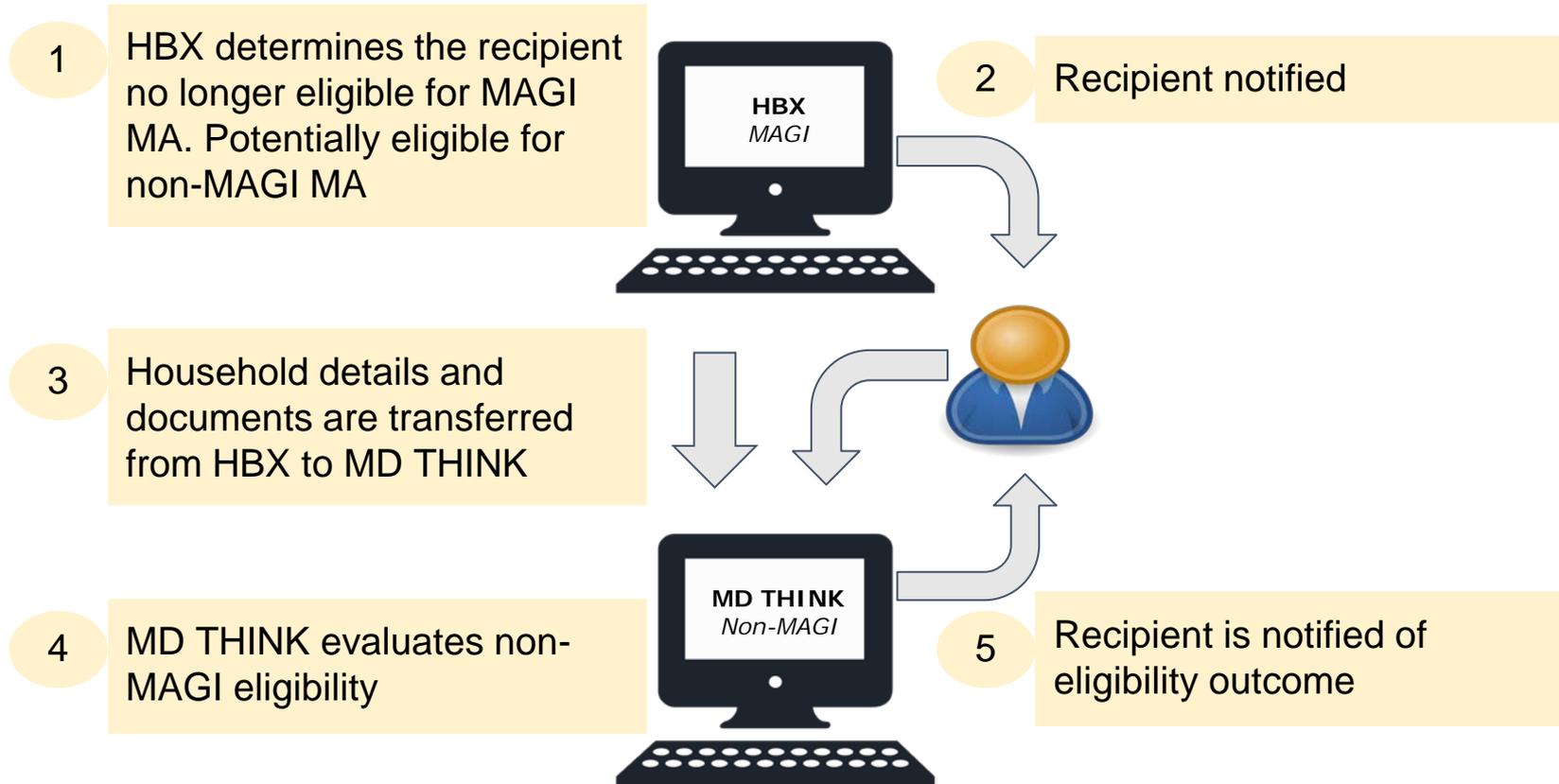
Proposed Solution for “No Wrong Door” (1)

New Applicant - HBX to MD THINK Integration



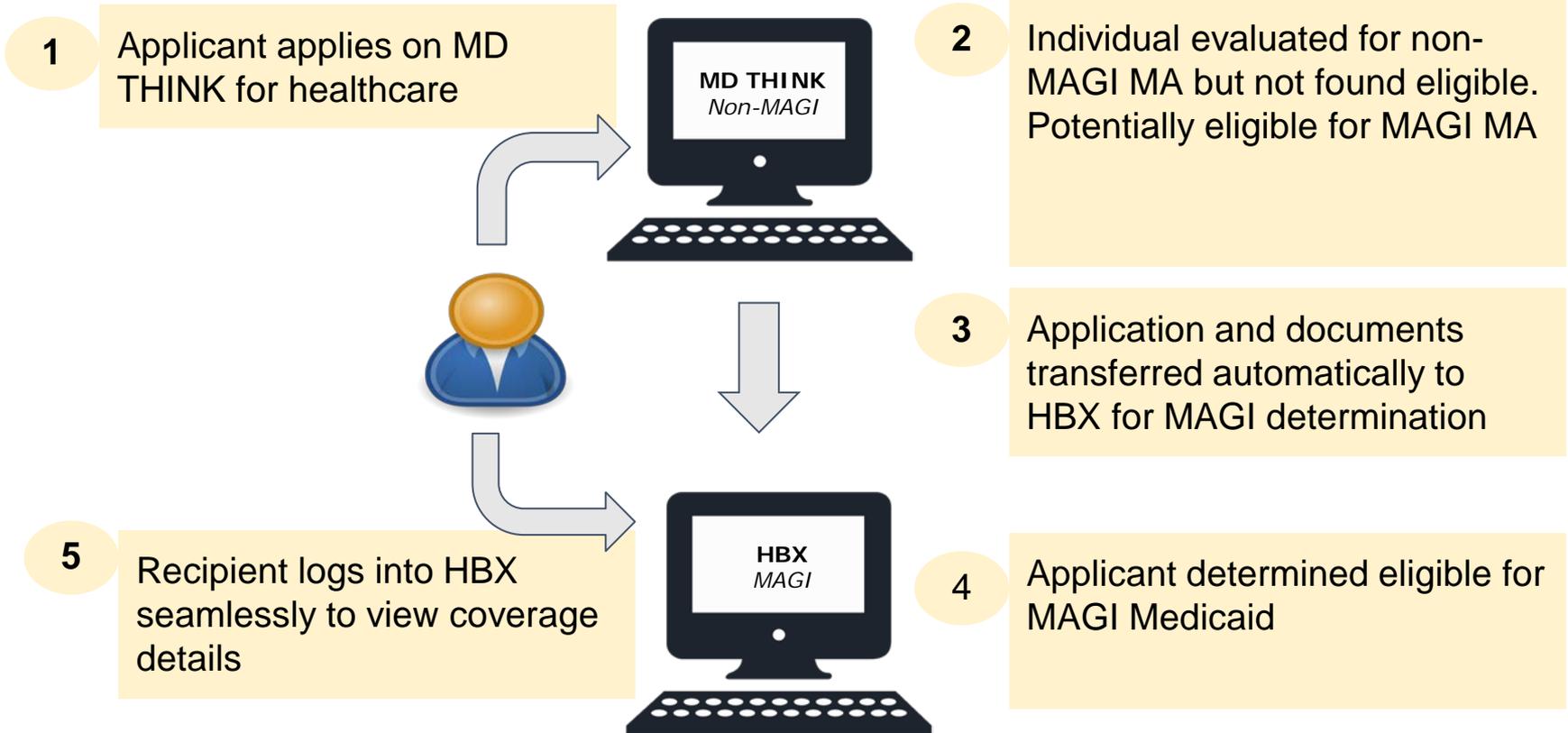
Proposed Solution for “No Wrong Door” (2)

Existing Recipient - HBX to MD THINK Integration



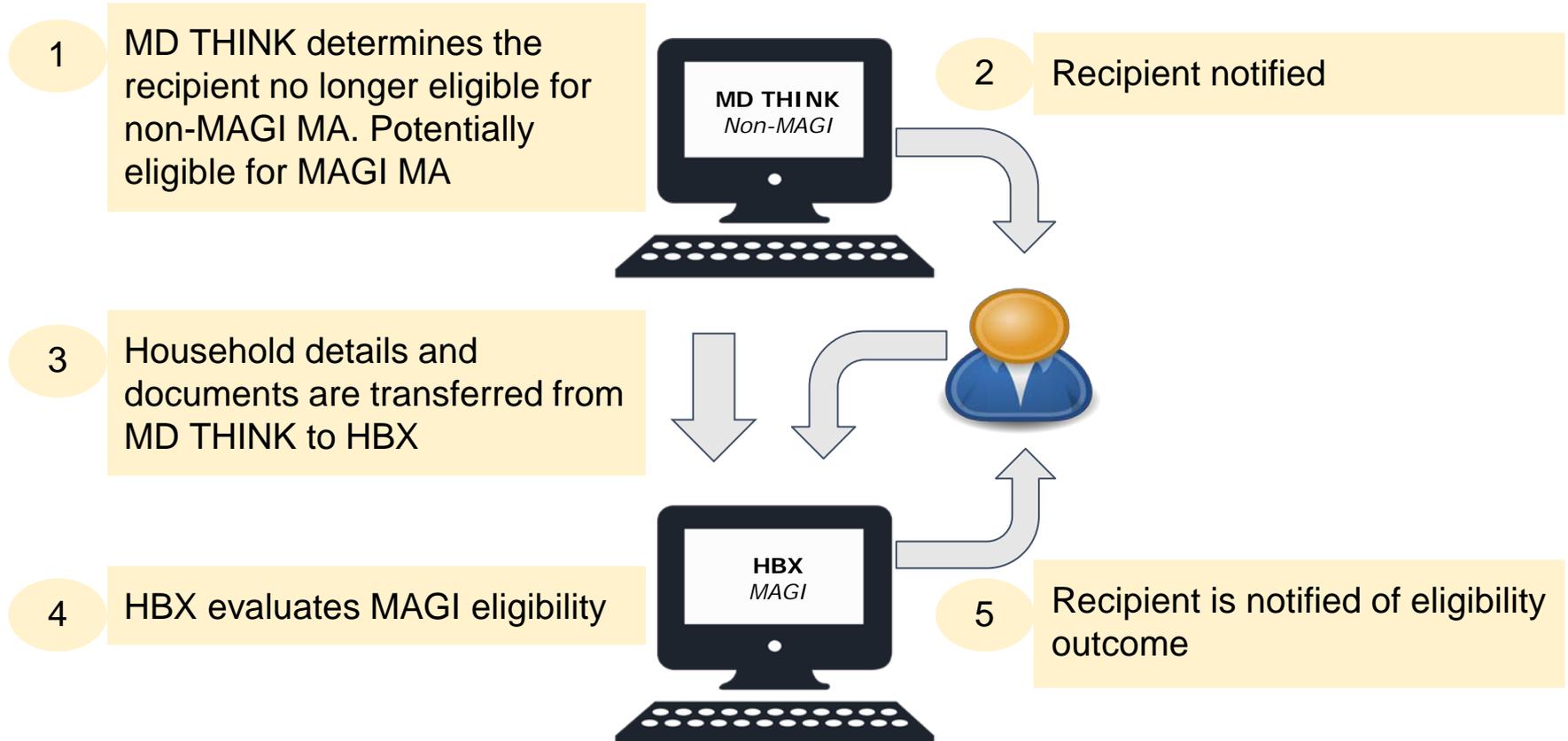
Proposed Solution for “No Wrong Door” (3)

New Applicant – MD THINK to HBX Integration



Proposed Solution for “No Wrong Door” (4)

Existing Recipient – MD THINK to HBX Integration

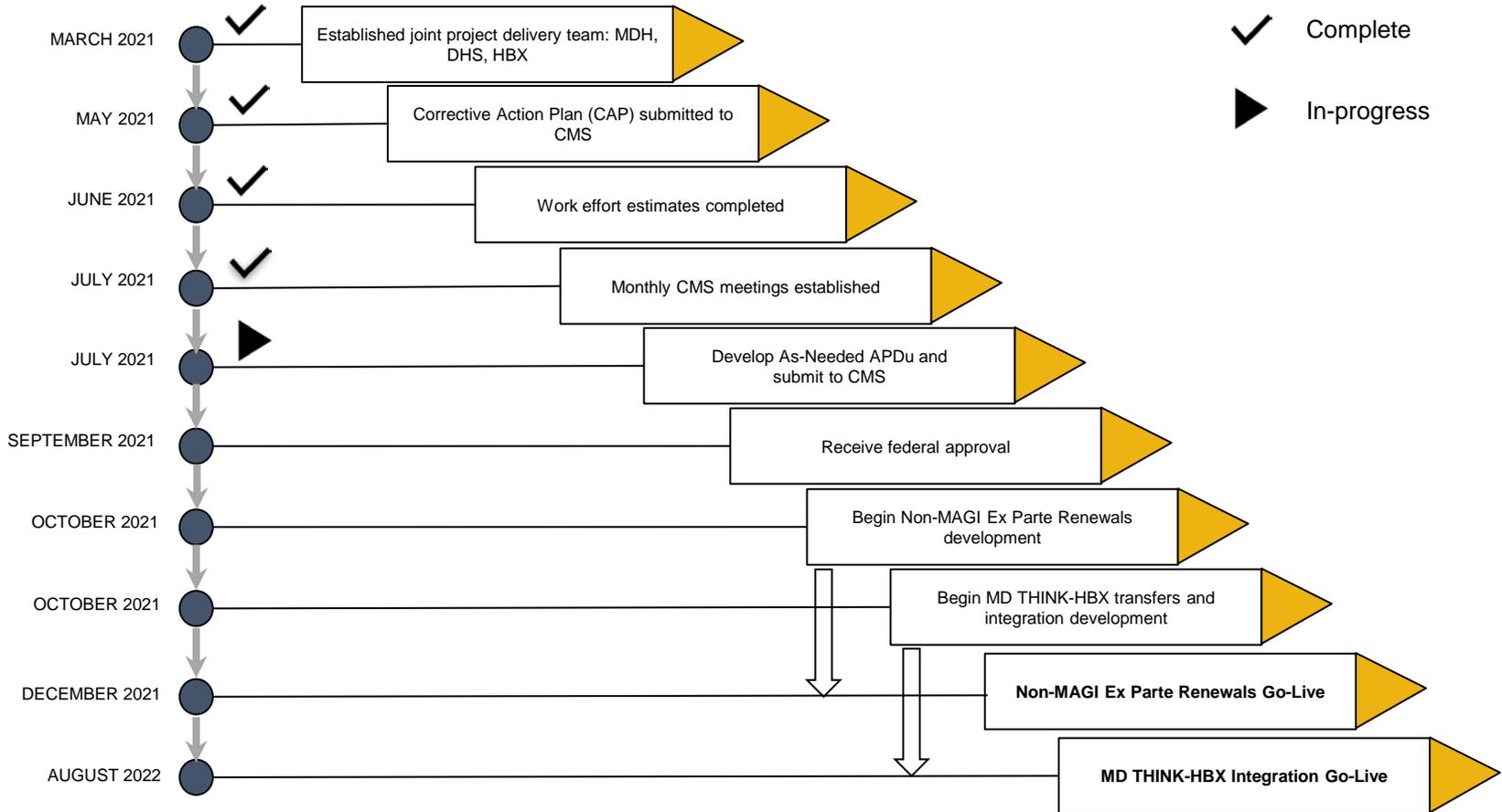


As-Needed APDu Budget Summary (Integration Activities)



#	Agency	Federal Share (90%)	State Share (10%)	Estimated Cost
1	DHS	\$6,393,060	\$710,340	\$ 7,103,400
2	MHBE	\$4,274,926	\$474,770	\$ 4,749,696
3	MDH	\$2,720,952	\$302,328	\$ 3,023,280
Total Estimated Cost		\$13,388,738	\$1,487,638	\$ 14,876,376

Milestones and Timeline



Next Steps

- Finalize APDu draft for submission to CMS by 7/30/2021
- Gain Federal approval by 9/30/2021
- Begin monthly reporting to CMS regarding the progress of activities
- Kick off integration work streams with the three agencies by 10/1/2021

