

Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	NUMBER: HCPF 11-011
DIVISION OR OFFICE: Client and Community Relations	CROSS REFERENCE:
SUBJECT AREA: Medicaid Assistance and Child Health Plan Plus (CHP+)	DATE: 08/29/2011
SUBJECT: Implementation of IEVS Interface for Work Income Verification, Social Security Interface for Citizenship and Identity Verification, and Automatic Reenrollment/Ex Parte Process TYPE: I-Information and P-Procedure	APPROVED BY: Antoinette Taranto 

Purpose:

The purpose of this agency letter is to advise county departments of human/social services and Medical Assistance sites of several programmatic changes that will take effect on August 29, 2011.

The Department will implement three initiatives-
IEVS interface for wage verification
Social Security interface for citizenship and identity verification
Automatic reenrollment

Background:

Senate Bill 08-161 (25.5-4-205 and 25.5-8-109 C.R.S. (2008)) allowed self-declaration of employment income for applicants/clients verified through the Income and Eligibility Verification System (IEVS) for the Medicaid and CHP+ programs. The IEVS system extracts wage information reported from employers to the Colorado Department of Labor and Employment.

The Children's Health Insurance Program Reauthorization Act of 2009, Pub.L. 111-3, section 211 (2009) required SSA to provide U.S. citizenship and identity confirmation to state Medicaid and CHP+ agencies. CBMS will now receive this information through an interface and automatically update case information with U.S. citizenship and identity from SSA for the Medicaid and CHP+ programs.

The Centers for Medicare and Medicaid Services (CMS) currently allows states flexibility on how they re-enroll Medical Assistance clients yearly as long as their practices are in accordance with 42 C.F.R. Part 435.916 which states that a yearly redetermination must be performed. CMS encourages states to reduce paperwork and

administrative burden by allowing administrative renewal practices such as automatic reenrollment. Automatic reenrollment allows Medicaid and CHP+ clients to be automatically reenrolled on Medicaid or CHP+ at the time of their yearly redetermination if they have no changes in the household and no verifications are required.

CMS also requires states to utilize Ex Parte reviews, whenever possible. An Ex Parte Review is an administrative review of eligibility during a redetermination period in lieu of performing a redetermination from the client. This administrative review is performed by verifying current information obtained from another current aid program. This process is currently being automated for Medicaid programs.

Procedure or Information:

- Self-declaration of employment income-Most clients/applicants will now be able to self-declare their wage information for Medicaid and CHP+. This automatic verification allows clients to self-declare their wage information on both their initial application, when reporting changes, and at the time of a yearly redetermination for benefits.

Individuals who declare wage information must provide a Social Security Number or have a Social Security Number on file in order for their wage information to be verified through IEVS. Individuals who do not provide a Social Security Number or who cannot be verified through IEVS, such as clients working out of state, will still be required to provide proof of their wage information. Self-employed individuals will still need to provide the current ledger information on the Application for Medical Assistance or a profit and loss statement.

IEVS wage information is available from the previous quarter. An applicant may self-declare their income and have it verified through IEVS at the end of the quarter. In the interim, the applicant will receive benefits if they appear income eligible and meet other eligibility requirements. If after the quarter, IEVS identifies that an income discrepancy has occurred between IEVS information and client self-declaration information resulting in a difference of greater or lesser than \$750 within that quarter, the income will be automatically updated within CBMS using the IEVS information without impacting other programs. The IEVS wage information will be used to determine eligibility for Medical Assistance programs only. Clients will receive a notice indicating a change in income was identified through IEVS and they will have the opportunity to contact their worker and provide wage information if they believe the IEVS data is in error. This initiative is intended to result in fewer burdens on clients to provide income documentation and will ease administrative burden for eligibility site workers as the process will be automated within CBMS.

- Automatic verification of U.S. citizenship and identity status from the Social Security Administration (SSA)-U.S. citizenship and identity verification can now be verified through an interface with SSA for Medicaid and CHP+. A positive match with the SSA interface shall be accepted as proof of U.S. citizenship and identity and should be used prior to requiring documentary evidence from applicants. No further action is

required for the individual and no additional documentation of either U.S. citizenship or identity is required.

Applicants that cannot be verified through the SSA interface will be given the opportunity to submit original documents to their eligibility sites. This initiative will result in fewer burdens on clients to provide original U.S. citizenship and identity documentation. This will also ease administrative burden for eligibility site workers and for providers/community sites that collect this documentation as the process will be automated within CBMS.

- Automatic Reenrollment and Ex Parte Automation in CBMS-The Medicaid and CHP+ redetermination form (attached) will now direct Medicaid and CHP+ clients to review their current information and direct them to take no action if there are no household changes to current information. Clients will only be required to take action if verifications are needed for an eligibility determination. Required verifications should be requested through the Verification Checklist. The need for required verifications should be assessed by reviewing cases included on redetermination reports.

Also, prior to the client's redetermination date, CBMS will now check current information from the last three months from other public assistance programs and redetermine client eligibility for Medicaid using that data. This is referenced as an automated Ex Parte review. The automated Ex Parte process will be implemented at a later date for CHP+.

This initiative assists in streamlining the eligibility process and reduces administrative burden to eligibility sites and clients. Clients will need to fill out less paperwork and eligibility sites can now allow CBMS to automatically redetermine client eligibility when current information exists in the system or when no changes have occurred.

The Department will provide training during the month of August 2011 on these programmatic changes.

Attachments:

Redetermination Notice

Effective Date:

August 29, 2011

Contact:

Medicaid.Eligibility@hcpf.state.co.us