



MEDICAID SYSTEMS ISSUES

- ◆ QUEST
- ◆ Low-Income, Non-Disabled and Non-Elderly
- ◆ 33% of Medicaid Spending
- ◆ QUEST EXPANDED
- ◆ Aged, Blind and Disabled
- ◆ 67% of Medicaid Spending



MEDICAID QUEST & QUEST EXPANDED PROGRAMS

- ◆ **QUEST Expanded Problems:**
- ◆ 0 % of Cuts in QUEST Expanded
- ◆ Poor Access to Specialists
- ◆ Continues Over & Under Payments
- ◆ MQD Info System Still Mistakenly Switches Plans

Recommendation:

REBID the QUEST Expanded Contracts



MEDICAID QUEST CUTS

- 1. CUT ACCESS**
- 2. CUT PAYMENTS**
- 3. CUT MEMBERS**



MEDICAID DISENROLLMENT

- ◆ **Proposed:** Annual Mail Out to Confirm Eligibility; if NO Response = DISENROLLMENT
- ◆ **Problem:** Impacts the most vulnerable unfairly = Recently moved or Homeless. Continued Problem with Losing Applications



MEDICAID DISENROLLMENT

Recommendation:

Automate Enrollment Process.

Identify those no longer Eligible.



Electronic Eligibility Enrollment

- DHS estimated approx. 7-10% of currently enrolled Medicaid beneficiaries are ineligible (*Based on samples analyzed for CMS required Medicaid Eligibility Quality Control*)
- Annually \$60-\$70 million could be saved by disenrolling the estimated 7-10% ineligible enrollees
- A better system is needed – a system that monitors the enrollment and eligibility of patients actively using their Medicaid benefits and seeking care



Electronic Eligibility Enrollment

- And with the current backlog of enrollment applications, once a patient is disenrolled, it is difficult to re-enroll
- Three steps to a better system:
 - Step 1 – Improve the enrollment application process
 - Step 2 – Combine the enrollment data with health center and QUEST/QUEST Expanded Plan data
 - Step 3 – Make this system and data available to DHS



Electronic Eligibility Enrollment

Step 1 – Improve the enrollment application process

- In 2010, in response to the state cutbacks to our health center eligibility workers, we were forced to:
 - Increase the productivity of remaining staff
 - Retain the same level of service to our patients across all our sites
- Our solution:
- Deploy computers equipped with webcams at remote clinics and sites



Electronic Eligibility Enrollment

Step 1 – Improve the enrollment application process

- Patients sit down at the computer, press a button and are connected to an eligibility worker over our secure data network
- Through the use of webcams, our eligibility worker can see the patient and the patient can see the eligibility worker
- Our eligibility worker walks the patient through filling out the enrollment form online right on the computer in front of the patient
- The form is stored electronically and is faxed, along with all of the supporting documents, to DHS

Step 1 – Already done!



Electronic Eligibility Enrollment

Step 2 – Combine the enrollment data with health center and QUEST/QUEST Expanded Plan data

- How can we show up-to-date patient activity and eligibility so our patients are not inadvertently disenrolled?
- Our solution:
- When the application is filled out, the data is captured to our database
- Patients update their information in our electronic health records system when they come for a visit
- Use our existing secure data exchange network (*currently used to monitor our health center for quality assurance and performance*)



Electronic Eligibility Enrollment

Step 2 – Combine the enrollment data with health center and QUEST/QUEST Expanded Plan data

- Combine our health center data with QUEST/QUEST Expanded Plan enrollment data to:
- Monitor and track patient activity and eligibility, including:
 - Last visit within 12 months of enrollment
 - Changes in income or household status
 - Changes in health insurance
 - Changes to address and contact information

We are currently working on this step!



Electronic Eligibility Enrollment

Step 3 – Make this system and data available to DHS

- The next step is to integrate the health center and QUEST/QUEST Expanded Plan data with DHS enrollment data to ensure the most up-to-date information is available
- This system will be accessible over a secure network by DHS eligibility workers to search and monitor patient eligibility
- This system can alert DHS staff to patients that may need to be notified prior to disenrollment



Electronic Eligibility Enrollment

Step 3 – Make this system and data available to DHS

- Our health center is willing to build such a system for and along with the DHS to:
 - Show our commitment to improving the health and safety of our patients
 - Help ease the burden on the reduced state staff and over-worked state employees