MAGI Case Maintenance Support

Process & Procedure Guide

Document Controls

Document Purpose

The purpose of this guide is to describe the processing details for several miscellaneous and ongoing case maintenance tasks. Typically these tasks are performed weekly or monthly and continue until fully automated in the HIX/Tier-1 system.

Versioning Approach

Draft versions of this guide will be noted as V0.1. When a version is initially approved it will be promoted to V1. Whether to then use a decimal ("dot release") or a full integer release is discretionary based on the degree of change.

Intended Audience

The expected audience for this document includes:

1. DSS Management

2. DSS Cadres

3. Operational trainers

4. Operational staff as required

5. Access Health CT Staff

Version Control

Version	Date	Author(s)	Change
1.0	02/02/2017	DSS	Initial version
1.01	2/20/2017	Rob Marchant	Added clarification text regarding household relationships for Pregnancy Due Date Exceeded task.
1.02	2/23/2017	Jose Martinez	Need to skip records when due dates have already been changed into future dates for Pregnancy Due Date Exceeded task.
1.1	8/31/18	Jose Martinez	Updated Pregnancy Due Date Exceeded Task: (a) Removed the step adding health insurance coverage for newborn, and (b) Added tracking flag for newborns with conflicting households across the systems.

| 1.2 | 8/31/2018 | Rob Marchant | Updated the Past Due Pregnancy details to remove references to F10 and EMS and reflect that Newborn coverage and post-partum is implemented, e.g., AHCT should be determining the coverage for the newborn. |
| 1.3 | 1/21/2019 | Rob Marchant | Removed the VLP Step 2 and Step 3 project and renumbered tasks accordingly. |

Document Sign Off

Name	Kristin Dowty
Organization	DSS
Date	
Signature	Kristin R. Dowty

Name	Jeff Valentine
Organization	Conduent
Date	
Signature	Jeff Valentine

Table of Contents

Overview

High Level Description

At any given time there are a number of case maintenance tasks that need to be performed periodically (typically weekly or monthly) in order to implement processes that are pending full automation in the HIX/Tier-1 system. These tasks are ongoing but are typically expected to end at some point in time when the process is fully automated.

These case maintenance tasks differ from *Special Projects* in that they are known in advance and are expected to continue until a system change is implemented. Special projects, on the other hand, are typically unexpected, have a shorter duration and usually address a specific one-time situation.

Task 1 – Age-Outs

Age-Out Overview

Some categories of HUSKY have a maximum age threshold. However, the HIX/Tier-1 system does not yet have the triggers and automated processes that would regenerate eligibility for these clients and send necessary notices.

In lieu of an automated batch process we can simply manually run eligibility in the month someone turns a critical age. The eligibility runs effective the following month and would perform the determination and generate the (1301) eligibility notice.

Task 2.19 – Turning 19 Years Old

The purpose of this task is to ensure that clients who turn 19 years old no longer receive HUSKY B or HUSKY A for Children type coverage. A batch report identifies clients who are aging out of this type of coverage. Reporting a change on the application will correct a client's eligibility determination and may possibly grant them coverage in HUSKY D for Adults.

Process Details

The State generates a report on the first business day of each month of clients that need to be handled by this task. This list of items must be completed each month by the 15th of the month as this provides 15 to 30 days of notice to a client should they need to find alternative health coverage. The report is loaded to an internal tracking database to allow multiple workers to pull tasks and to track outcomes.

The steps are as follows:

1. For a person in the tracker database, a worker should use the assigned Application ID to perform an Application Search in the shared HIX/Tier-1 system. The worker should select the check box "Display all associated applications" and from the Search Results, click on the most recent (highest) Application ID.

2. If none of the "Skip Scenarios" detailed below apply, the worker should report a change (click Report a Change link) to initiate the age-out process. The worker should enter the following information under the Application Information screen, then click Save:

    a. Application Filing Date: [Today's date]

    b. Document ID: [this field may remain unchanged]

    c. Applying for Subsidy: Yes

    d. Channel: Online

    NOTE: If the most recent application is "In-Process," the worker does not need to Report a Change, but should navigate to and update the Application Information screen with the data above, click Save, and proceed to step 3.

3. The worker should update the Signature Details section of the application with the information below and click Save:

    a. Signature Provided: Yes

    b. Signature Type: E-signature

4. After returning to the application homepage, the worker should click the button "Submit Pending Changes".

5. The worker should add the following Case Comment:

    "[USERNAME] (Vendor) Ran eligibility as a part of the HUSKY age-out process."

6. The worker should (re)enroll any HUSKY A, HUSKY B, and HUSKY D clients, and also re-enroll non-newly eligible QHP/APTC consumers (no need to enroll anyone newly eligible for QHP as that requires consumer shopping, a broker, etc.).

7. In the tracker database, mark the work item as Complete.

Skip Scenarios

If any of the following scenarios apply, no action is required, and the appropriate reason in bold should be captured in the tracking database:

- If the household is currently within their renewal period; the *Report a Change* link will instead display *Report a Change/Renew Coverage*.
  - Reason: **Report a Change/Renew Coverage Link**
- If a JIRA is required in response to a system error, e.g. system unavailable, Ref Rules Validation error, etc.
  - Reason: **JIRA**
- If the consumer on the report is no longer active with HUSKY B or HUSKY A for Children coverage.
  - Reason: **Consumer No Longer Active on HUSKY**
- If the account has been 90-day terminated. This is identified by the Eligibility Results Quick Link yielding the Change Eligibility Determination Quick Link, and there will be a system generated "1326 90-day Term" case comment.
  - Reason: **90 Day Closure**
- If unable to submit an "In-Process" application.
  - Reason: **Application "In Process"**

Task 2.65 – Turning 65 Years Old

The purpose of this project is to ensure that consumers that turn 65 years old no longer receive HUSKY D coverage. A batch report identifies clients who are aging out of this type of coverage. Reporting a change on the application will update a client's eligibility determination and may possibly grant them QHP coverage. The age-out denial will also trigger a separate HUSKY C referral process.

The process is technically the same as the Turning 19 age-out.

Task 2.26 – Turning 26 Years Old

The purpose of this task is to ensure that clients who turn 26 years old no longer receive HUSKY A coverage for Former Foster Care Children. A batch report identifies clients who are aging out of this type of coverage. Reporting a change on the application will update a client's eligibility determination and may possibly grant them another type of HUSKY coverage or a QHP/APTC.

The volume is very low for this task (typically zero) because (a) the Former Foster Care Children is a small volume group, and (b) the HIX/Tier-1 system has logic that will place 25 year olds into alternative longer-duration coverage if it can.

The process is technically the same as the Turning 19 age-out.

Task 2 - Pregnancy Income Lock-In

When someone has been determined eligible and is enrolled in HUSKY Pregnancy coverage, they should not later be determined ineligible because they reported an increase in income. Until this logic is added to the HIX/Tier-1 system it is necessary to manually identify when this occurs, using a report, and reinstate the pregnant women.

Process Details

The State generates a report on the first business day of each week of pregnant women who need to be handled by this task. The report is a list of pregnant women who lost HUSKY coverage due to a reported increase in income.

The general approach is to first ensure that the increase in income wasn't due to verification reporting (i.e., they were really over-income originally and should never have been granted coverage). Assuming that they should have been covered the approach is then to increase the number of expected babies until the mother becomes covered again, i.e., the household size for a pregnant women includes the number of unborn children and so we can increase their FPL threshold without affecting other household members.

This list of items in the report must be completed each week. The report is loaded to an internal tracking database to allow multiple workers to pull tasks and to track outcomes.

The steps are as follows. For each record:

1. IF the women is now enrolled (once again) in HUSKY THEN
    a. Record completion in the tracking database as "**Already re-enrolled**"
    b. Process next record
2. IF the women has reported a newborn (post-partum) THEN
    a. Speak to the Cadre about this exception scenario as it should be exceptionally rare (since the women should still be marked as pregnant and also have a newborn in the HH, i.e., HH size is already overstated).
    b. Record completion in the tracking database as "**Already given birth**"

c. Process next record

3. IF the disenrollment was due to 90-days or because the verified income put the women over the threshold then they should not be re-enrolled. To determine this the worker should look for the 1326 notice as evidence of 90-days disenrollment and look for a comment for the verification reporting on the last report. If either of these cases are true then

   a. Record completion in the tracking database as "**Failed income verification**"
   b. Process next record

4. Increase the number of expected children by 1 and submit.

   a. IF (mother is now eligible for coverage) THEN

      (FYI. Will be less and less as workers now instructed to leave in X01)

      i. Add comment in HIX/TIER-1

         "Increased the number of pregnancy expected children in order to force re-enrollment in HUSKY"

      ii. Record completion in the tracking database as "**Increased expected children**"

      iii. Process next record

   b. ELSE *(mother is still not eligible)*

      i. If already added 4 children then speak to Cadre for advice and likely stop processing

      ii. ELSE repeat Step 4 and add another expected child.

Task 3 – Past Due Pregnancy

A MAGI pregnancy duration includes 60 days of post-partum and is therefore up to 12 months in duration (9 months of pregnancy, plus 2 months of post-partum and some month-end rounding). Therefore when we see in the HIX/Tier-1 system that a women is approaching 12 months pregnant (i.e. approximately 3 months past the due date) we need to update the system to gracefully end her pregnancy.

The report that we work from has pregnant women whose due dates span 3 months of coverage, e.g., the August 1st report has the results of pregnant women with due dates in May, June and July. In our example:

HUSKY
HEALTH
C O N N E C T I C U T

- May is the month that was previously worked and should in theory not have any results if processing handled everyone (some people can be skipped due to renewal periods, etc.).

- June is the month that will be worked.

- July provides visibility into the upcoming (next) month.

The processing will focus on the June births, i.e., those who are in the third month past their due date. The women in this group should be completing their post-partum coverage (60+ days) and so this is the group we process and likely migrate into X07 (or X25 if <19yo) or whose coverage now ends.

Process Details

This process assumes that there is a tracking database and that the report is loaded into that database. For each record where the women is in their 12th month of pregnancy:

1. The first step is to confirm that the due date has not been changed/updated since the report was generated. If the due date is in a future month then skip this record (for current or historical dates continue to the next step)
2. Open and look at the ImpaCT and HIX/TIER-1 records to determine the correct steps
3. HIX/TIER-1 UPDATES
   a. IF the household is in its 60 day renewal cycle THEN

   (FYI. in our preamble example these are August 31st or September 30th renewal dates)

      i. Record the completion in the tracking database as "Renewal Underway"
      ii. Process next record
   b. IF the household has a QHP enrollee and it is during open enrollment THEN
      i. Record completion in the tracking database as "Open Enrollment Underway"
      ii. Process next record
   c. IF (mother is marked as pregnant in HIX/TIER-1) THEN
      i. Change mother to no longer pregnant

      (FYI. Don't submit yet. That comes later)

   d. IF (newborn is in HIX/TIER-1 household already) THEN
      i. IF (newborn is entered as already having Medicaid or is not applying) THEN

1. Record completion in the tracking database as "Newborn was in HIX/TIER-1"

2. IF (You had changed mother to not pregnant) THEN

   a. Submit and enroll as normal

3. Process next record

   ii. ELSE (newborn has X25 or CHIP)

1. Record completion in the tracking database as "Newborn was in HIX/TIER-1"

2. IF family is in ImpaCT THEN

   a. Ask cadre to execute IBP073 (move newborn to X10).

      (FYI. Expect this to be rare as RPU will be cleaning up situations ongoing before this particular process is invoked in the last days of the post-partum period.)

   b. Process next record

e. ELSE IF no newborn in HIX/TIER-1

   i. If (newborn is in X10 in ImpaCT) THEN

1. Add the newborn(s) to the HIX/TIER-1 household:

   a. If the newborn has a different household in ImpaCT/EMS, do not update. This case will be skipped and can be marked as such in the Database Tracker (mark as "Skipped – Different HH"). The processor can move to the next assigned record. Note: The Application IDs for these cases are sent via email to DSS cadre for their review and remediation.

   b. If an SSN is known then add that otherwise state that the newborn is applying for an SSN.

   c. Add the newborn child as a tax dependent to the same tax household as the mother (if the mother is not a tax filer or tax dependent then the child does not need to be added to a tax household and is categorized as "neither filed taxes nor claimed as dependent").

   d. In order to set the household member relationships:

      i. Assume sibling (sister/brother) relationships for children with the same last name.

        ii. Default the father's relationship when there is a spouse.

        iii. When the relationship is otherwise not clear and cannot be derived by the other household relationships to this individual (e.g., if uncle/aunt to another siblings then this would be reasonable to mirror), then make an outbound call. If the call is not answered then specify the relationship as "Not a Relative"[1].

2. Submit the form and enroll household members in HUSKY coverage whenever possible:

    a. With the extra household member it is possible that some members will be newly eligible for HUSKY and therefore it is possible that someone would no longer be eligible for QHP with APTCs. Enrolling someone into HUSKY as an assumption over a full price QHP or third-party insurance is likely the safest step and will reduce consumer complaints and claims concerning unnecessary premium payments.

3. Add comment to the effect: "Added newborn from ImpaCT".

4. Record completion in the tracking database as "Updated HIX/TIER-1 by adding newborn information"

5. Process next record

ii. ELSE *(assumes no newborn exists)*

1. Record completion as "No newborn found in ImpaCT"

2. IF (You had changed mother to not pregnant) THEN

    a. Submit and enroll as normal

3. Process next record

---

[1] Using "Not a Relative" will not have a negative impact on individual's HUSKY determination, i.e., they will not lose HUSKY coverage. With respect to the tax filer rules these will not be affected either way. If the person used the non-tax filer rules then in theory they could miss the opportunity to pull in an extra household member; but in practice the relationship doesn't appear to be a close enough one for this to happen.