



07/09/2024

## **RESPONSE TO INTERIM COMMITTEE REQUESTS**

**FOR: Children, Families, Health and Human Services Interim Committee**

**MEETING DATE: 5/9/24**

Vice Chair Howell

1. As we move out of the Medicaid redetermination process and most likely post session, could the Department provide a sense of what the normal range of Medicaid redetermination caseload would be for the year?
2. Regarding income verification eligibility:
  - a. What databases/data sources does the Department utilize?
  - b. Are there any changes pre- or post-pandemic?
3. Regarding processing time for Medicaid redetermination – in the past we have received average processing times. Please provide the percentage of applications that take longer than 45 days or longer than 90 days to be processed.

Rep. Marshall

4. Regarding the 90-day redetermination or retroactive time consideration period by CMS – is there anything the state can do to fill the gap?

Sen. Gross

5. Regarding the document provided by [the Montana Health Care Association], please provide a written response.

Rep. Carlson

6. Regarding pending Medicaid redetermination cases, how many are considered traditional Medicaid cases vs. Medicaid Expansion?

**RESPONSE:**

Vice Chair Howell

1. As we move out of the Medicaid redetermination process and most likely post session, could the Department provide a sense of what the normal range of Medicaid redetermination caseload would be for the year?

As we move out of the Medicaid unwinding process and into our typical program processes, every Medicaid member is redetermined annually. Currently, there are about 170,000 cases with multiple individuals on many cases.

2. Regarding income verification eligibility –

- a. What databases/data sources does the department utilize?

Electronic interfaces for income verification include:

- MUSE (quarterly wage and unemployment information from the Montana Department of Labor and Industry)
- Social Security Administration (SSI and state supplemental eligibility and payment information)
- Montana Department of Revenue (verification of income sources)
- Administration for Child and Families (ACF) National Directory of New Hires (unemployment insurance (UI) and quarterly W4 wage information)

- b. Are there any changes pre- or post-pandemic?

There are no significant differences pre- or post-pandemic.

3. Regarding processing time for Medicaid redetermination – in the past we have received average processing times. Please provide the percentage of applications that take longer than 45 days or longer than 90 days to be processed.

This information was provided in the Medicaid Unwind data report released on June 30, 2024. This report can be found here:

<https://dphhs.mt.gov/assets/MedicaidPHEFinalDataReport.pdf>

Rep. Marshall

4. Regarding the 90-day redetermination or retroactive time consideration period by CMS – is there anything the state can do to fill the gap?

There is not an option to extend federally funded Medicaid coverage until a new determination of eligibility is made.

The state can continue encouraging providers and families to assist clients with completing paperwork and returning all necessary information to the department in a timely manner to avoid a gap in coverage.

### Sen. Gross

5. Regarding the document provided by [the Montana Health Care Association], please provide a written response.

The Department did not have an opportunity to review or validate the stakeholder's handouts in advance of the CFHHS meeting and considers them to be unverified materials.

#### **Information on Medicaid payments:**

- From the Medicaid claims processing perspective, federal rules require the state must pay 90 percent of "clean claims" within 30 days, and 99 percent of "clean claims" in 90 days. **DPHHS meets this standard.** A clean claim is one in which all validations are met before payment. Reasons that prevent a claim from being paid include there being no eligibility for the member on the claim and the claim is for service that requires prior authorization. **We cannot pay a claim until these issues are resolved.**

#### **Information on Medicaid redetermination/new applications:**

- As encouraged through trainings and webinars in advance of the redetermination process, providers should contact families waiting on eligibility determination to understand if the family is working with DPHHS to gather required documents or take next steps. For most cases, DPHHS is already actively working with families, especially for most cases that have been pending for longer periods. Eligibility is a process that takes place between the client and DPHHS and not between providers and DPHHS. DPHHS cannot share case information with the provider, other than the final determination of eligibility, unless the provider is an authorized representative on the case.
- DPHHS is currently processing Modified Adjusted Gross Income (MAGI) applications, non-MAGI applications, redeterminations, and changes for all coverage types. The volume of work created by late redeterminations, new

applications, duplicative applications, and change reporting has resulted in a nearly 60% increase in applications processed in December 2023 compared to July 2023.

- The Department is committed to processing cases as quickly as possible and ensuring they are processed accurately while protecting the integrity of our programs. Most applications are processed within federally allowable application processing timelines.
- It is important context that when an individual applies for Medicaid, the Department is required to verify a significant amount of information related to the case. Individuals who do not submit verifications with their applications are often required to submit the documentation before the case can be processed.
- During the redetermination process, if additional resources are discovered which have not been previously verified, the Department is required to verify these resources to confirm that eligibility is accurately determined.
- The Department has found that the need to collect additional verifications approximately doubles the average time to process a case. DPHHS is also committed to giving individuals the time to collect these necessary verifications so that an accurate case determination can be made, which can further impact case processing times.
- Montanans who have lost coverage and believe they were eligible, believe they are newly eligible, or are uncertain about their eligibility for Medicaid, are encouraged to apply. Medicaid eligibility can be evaluated at any time and, in some instances, be applied retroactively for up to three months.

#### **Technical assistance offered by DPHHS to long-term care facilities:**

- Nursing Home and Assisted Living providers were given information on the unwinding process and were advised to be proactive and prepare to assist residents and family members with submitting the requested documentation.
- Multiple webinars were hosted beginning in November 2022. Additionally, provider eligibility and leadership staff were invited to and attended meetings hosted by DPHHS and various associations. Information was posted online to address common questions from multiple stakeholder groups.
- A detailed communication was sent to providers reminding them about the unwinding process and how to support their clients.
- In many instances, facilities have not provided Offices of Public Assistance (OPAs) with proper authorized representative documents that allow OPAs to talk freely with provider organizations about eligibility issues. These documents are completed with the client's permission on a

specific form. DPHHS repeatedly highlighted the need for provider organizations, including skilled nursing and assisted living facilities, to secure authorized representative approvals during the aforementioned trainings and webinars.

- Over the course of the unwinding, DPHHS staff across two divisions (Human and Community Services and Senior and Long-Term Care) worked together to assist providers with issues related to member eligibility. Often, the issues were resolved through providing case updates, follow-up with contracted case managers, one-on-one education on the process, and assistance with claims resolution.

#### **Information on processing for clients who pass away:**

- If a client passes away with a pending eligibility decision, DPHHS staff continue to process the case to determine eligibility. In the event of a client's death, a family must continue to provide all requested information and work with DPHHS for the agency to make an accurate determination. DPHHS cannot continue to process the case if additional information is requested and not provided. Additionally, DPHHS cannot provide information on the reason for a denied or incomplete determination to the provider unless the provider is an authorized representative on the case. If a client is determined eligible, then Medicaid payments are made to the facility as appropriate. Conversely, if an individual is determined ineligible for Medicaid, then payment to the provider must be rendered from a different source.

#### **Rep. Carlson**

6. Regarding pending Medicaid redetermination cases, how many are considered traditional Medicaid cases vs. Medicaid Expansion?

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