

Better Solutions for Better Lives



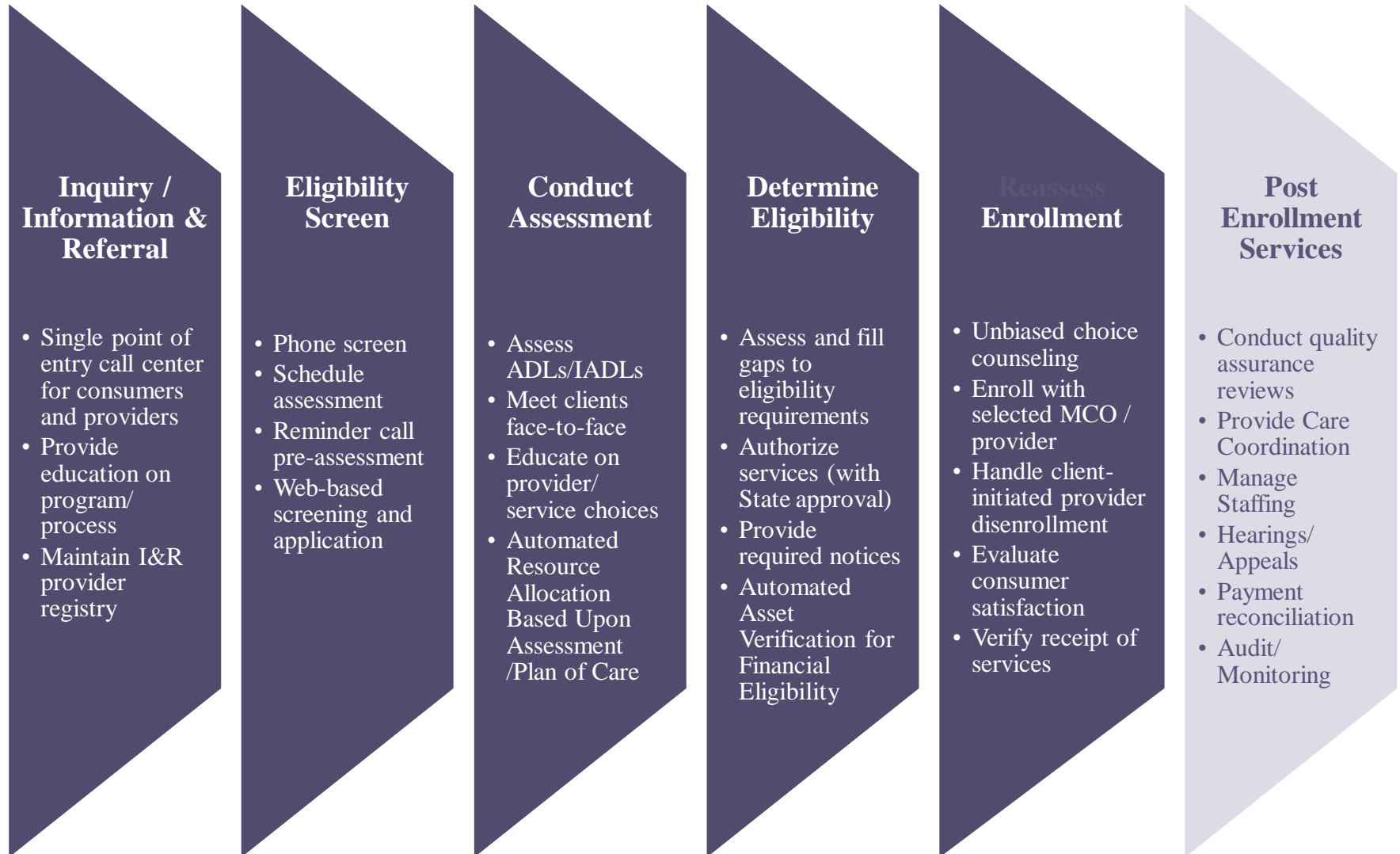
Automated Verification Systems: Automating the Asset Test for Long-Term Services and Supports August 31, 2016



Agenda

- Background and Context
 - Streamlining the LTSS Eligibility and Enrollment Process
 - Single Point of Entry for Multiple Populations
- Automated Asset Verification and Financial Transaction Review
 - Why are states adopting these systems?
 - What benefits do they bring?
 - Products
 - Decision Point for Program Integrity
 - Medicaid Genius
- Demonstration

Applying MAXIMUS Experience to the LTSS Lifecycle



Background: AVS within the Broader Context of LTSS Eligibility

Evolution of the LTSS Eligibility & Enrollment Process

Self-service options added:

- Public-facing website with online enrollment
- Computer-telephony integration (CTI)
- IVR system

Managed Care Enrollments

- Choice counseling
- Field-based Education and Outreach
- Informational Web portal

Traditional Services

- Toll-free consumer support
- Multiple agency eligibility and enrollment
- Mail-based applications
- Distinct systems for different agencies

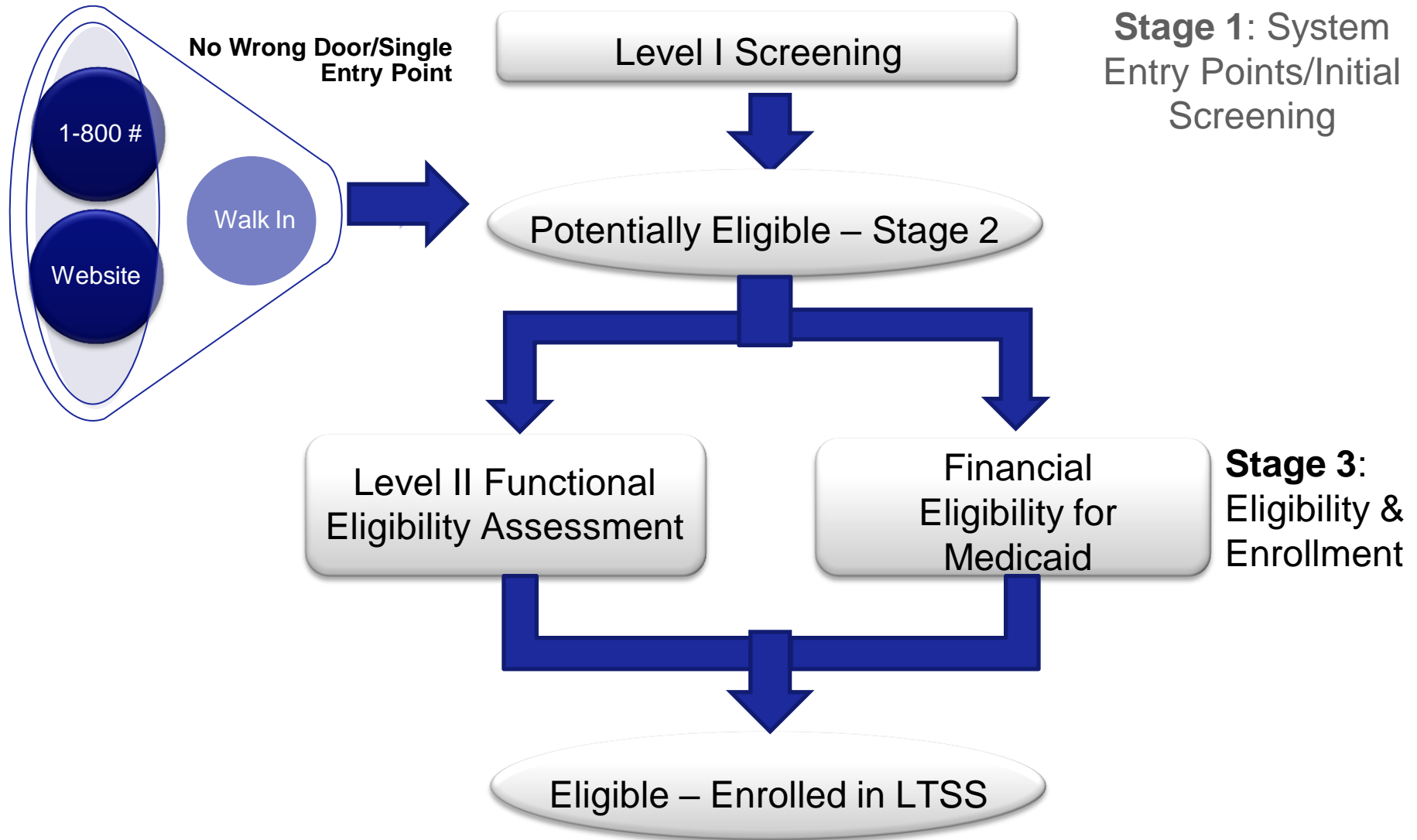
Innovative approaches

- Single Point of Entry for Multiple Populations
- Automated Asset Verification
- Social media and Beneficiary Support Systems

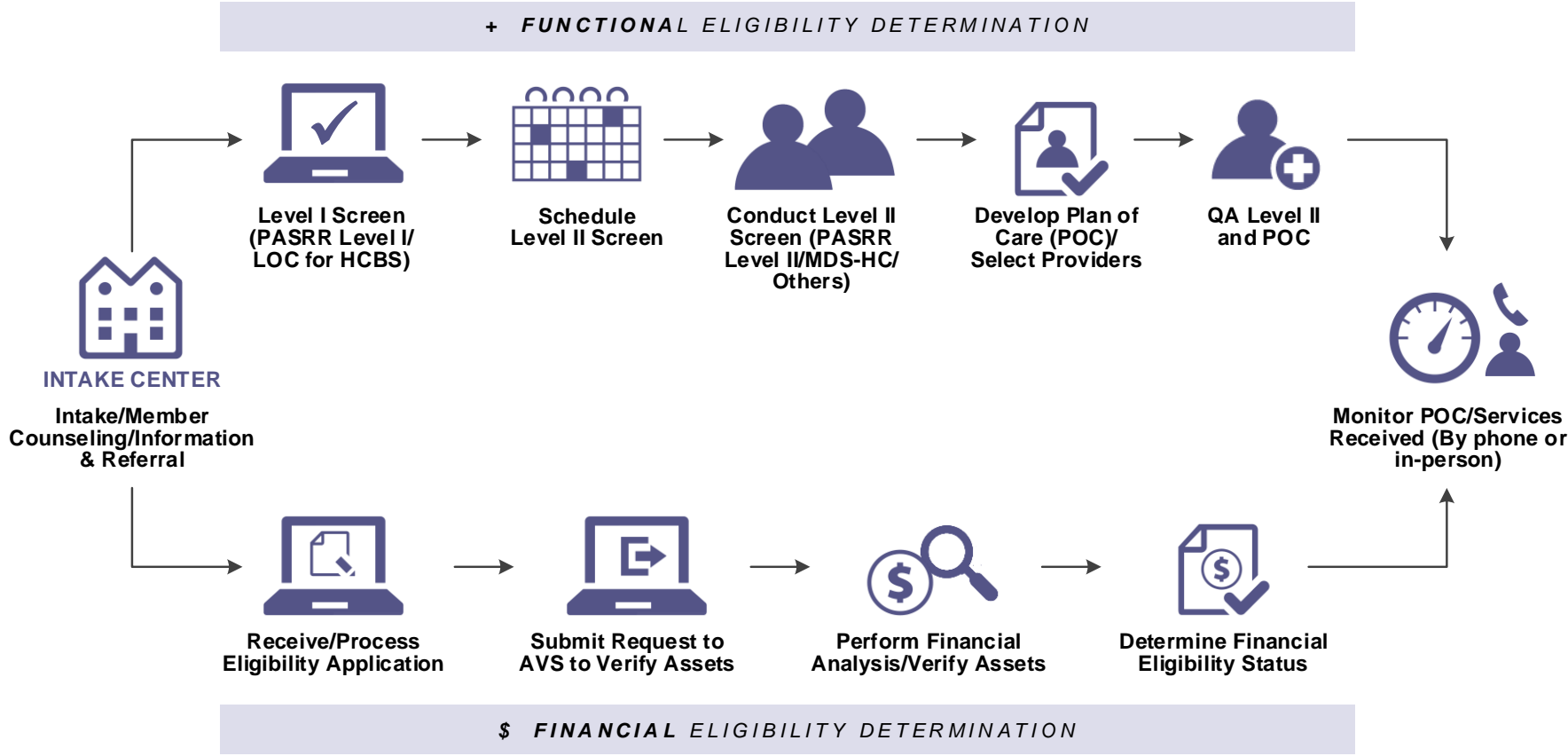
New programs/populations

- Focus on Coordinated Care
- Expansion of Managed Long Term Services & Supports (MLTSS)
- Financial Alignment Demonstration for Medicare-Medicaid Eligibles
- Needs Plans (SNPs) dedicated to persons with specific conditions
- No Wrong Door

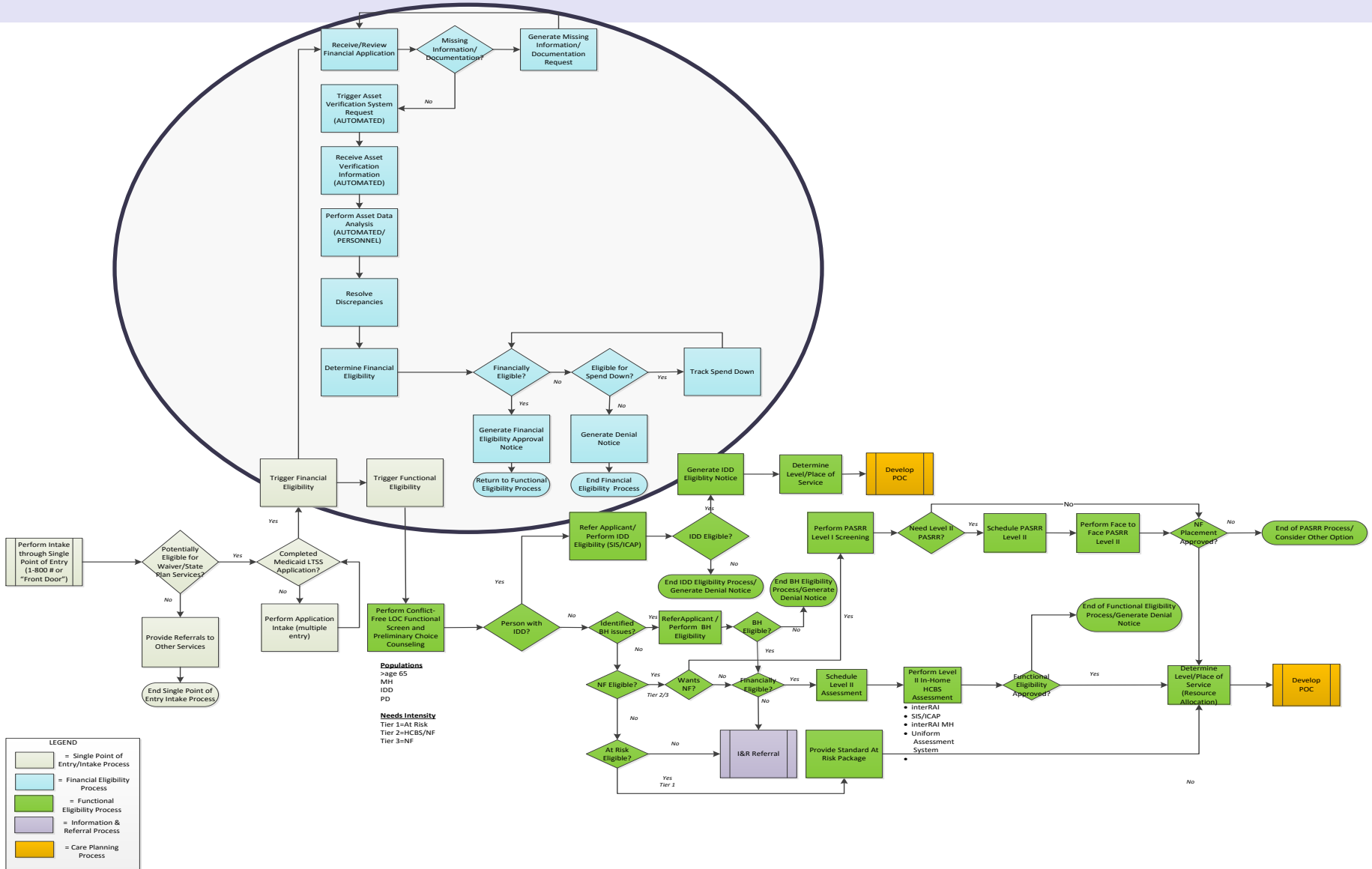
Key Components of the Eligibility Process



Streamlining LTSS Eligibility for Multiple LTSS Populations



Financial Eligibility as Part of the Single Point of Entry Eligibility Process



Single Entry Point / Conflict Free Functional & Financial Eligibility

- Single Entry Point for all populations – including either nursing home or HCBS waiver programs
 - Elderly
 - Persons with Physical Disabilities
 - Persons with Intellectual/Developmental Disabilities
 - Persons with Serious Mental Illness
- Experience, capabilities, and systems to support multiple populations
- Balanced Budget Act prohibits Enrollment Broker from having any MCO associations – 100% conflict free
- First contact with consumers – can perform assessment, financial eligibility determination, assist with choice counseling, and enroll in single, streamlined process
- Better quality data for financial eligibility determinations and ability to do 60 month look backs without delaying access to services
- Ease of access for the consumer – more efficient and streamlined process for the state

Consolidating and Automating the LTSS Workflow

- **Intake of Calls:** All populations, all waivers – recording calls in Customer Relationship Management System (CRM)
- **Choice Counseling:** Counsel on service delivery options including Nursing Facility (NF), Home and Community Based Services (HCBS), or referral to community services - using search criteria in automated Information and Referral (I&R) Directory
- **Financial Eligibility Determination:**
 - **Perform Asset Verification:** Verify applicant supplied information - using Asset Verification and Financial Transaction Review Systems
 - **Perform Follow-up Verification:** Resolve discrepancies - using document imaging and automated outbound calling campaigns
- **Functional Eligibility Determination:**
 - **Perform Initial Screening:** Screen callers for potential government program eligibility - using automated screening tool to identify potentially eligible (PASRR Level I, LOC, Waiver Screening) and provide I&R for non-eligibles
 - **Schedule Level II Assessment:** Schedule face-to-face assessments - using automated scheduling module and Geographic Positioning System (GPS)
 - **Conduct Level II Assessments:** Perform in-home assessments - using automated tool for PASRR Level II, Supports Intensity Scale, InterRAI-HC, or other instruments, depending upon the client
 - **Develop Plan of Care (POC):** Generate POC - using algorithms triggered by answers to assessment questions to generate standardized POCs
- **Program Eligibility Determination:** Complete application processing, gather all required documents, coordinate inputs, and assess potential eligibility for State eligibility determination review – using imaging, workflow, and end-to-end electronic processing to speed eligibility determination
- **Process Enrollment:** Perform choice counseling to select Managed Care Organization (MCOs), Fee For Service (FFS) Providers, or other service authorizations - using automated enrollment transactions sent to MCOs or Service Coordinators (SCs)
- **Verify Receipt of Service:** Outbound calling, in-home visits, and quality assurance reviews to ensure appropriate provision of services - using automated tracking system and outbound calling campaigns

Benefits of Our Integrated Approach

- **Greater flexibility** for service delivery system
- **Integrated across programs** – single point of entry, uniform assessments, and standardized data for financial eligibility regardless of disability population, allowing easier handling of co-morbidities, complex cases, and
- **Easier access to services** – convenient access for clients who can more easily navigate the complexities of the LTSS system
- **Enhanced efficiency** leads to **improved service** and **cost reductions**
 - Increased use of automation for both financial and functional eligibility enhances efficiency
 - Use of QIO-like operational entity and AVS enables **enhanced federal funding**
 - Faster screening of clients and placement in NF or waivers, results in faster discharge from hospital and quicker access to needed services
 - Automating time consuming processes and reducing administrative burden frees state workers for more professional tasks -- quality oversight and improved service delivery
 - Less arbitrary judgement in allocation of resources
 - Fewer appeals and fair hearings reduces time and cost to the State
- **Increased standardization of processes** and **greater equity** in resource allocation
 - Standardized, **conflict free assessment** across geographic and population boundaries
 - **Automated Asset Verification and Financial Transaction Review** allows faster, more effective review of applicant resources
 - **Algorithm-based resource allocation** eliminates personal judgement and enhances fairness, resulting in fewer disputes and appeals

Automated Verification and Financial Transaction Review Systems

Why Automated Verification Systems in Medicaid?

- **Section 1940** of the Social Security Act requires an electronic asset verification service to be applied to certain Medicaid eligibility categories
- **Deficit Reduction Act of 2005** required states to review **60 months of information for a Medicaid** long-term care applicant to identify asset transfers
- **Supplemental Appropriations Act, 2008 Pub.L. No. 110-252** required California, New Jersey, and New York to implement AVS for ABD populations by the end of fiscal year 2009 and the rest of the states to implement systems over the period from 209-2013
- **GAO Report** identifies multiple states missing the legislative timeline established, resulting in Congressional letter pushing CMS take a more proactive role in moving states to use of AVS

AVS allows states to perform financial eligibility determinations for LTSS faster, better, cheaper...

AVS – Important, But Not the Full Picture

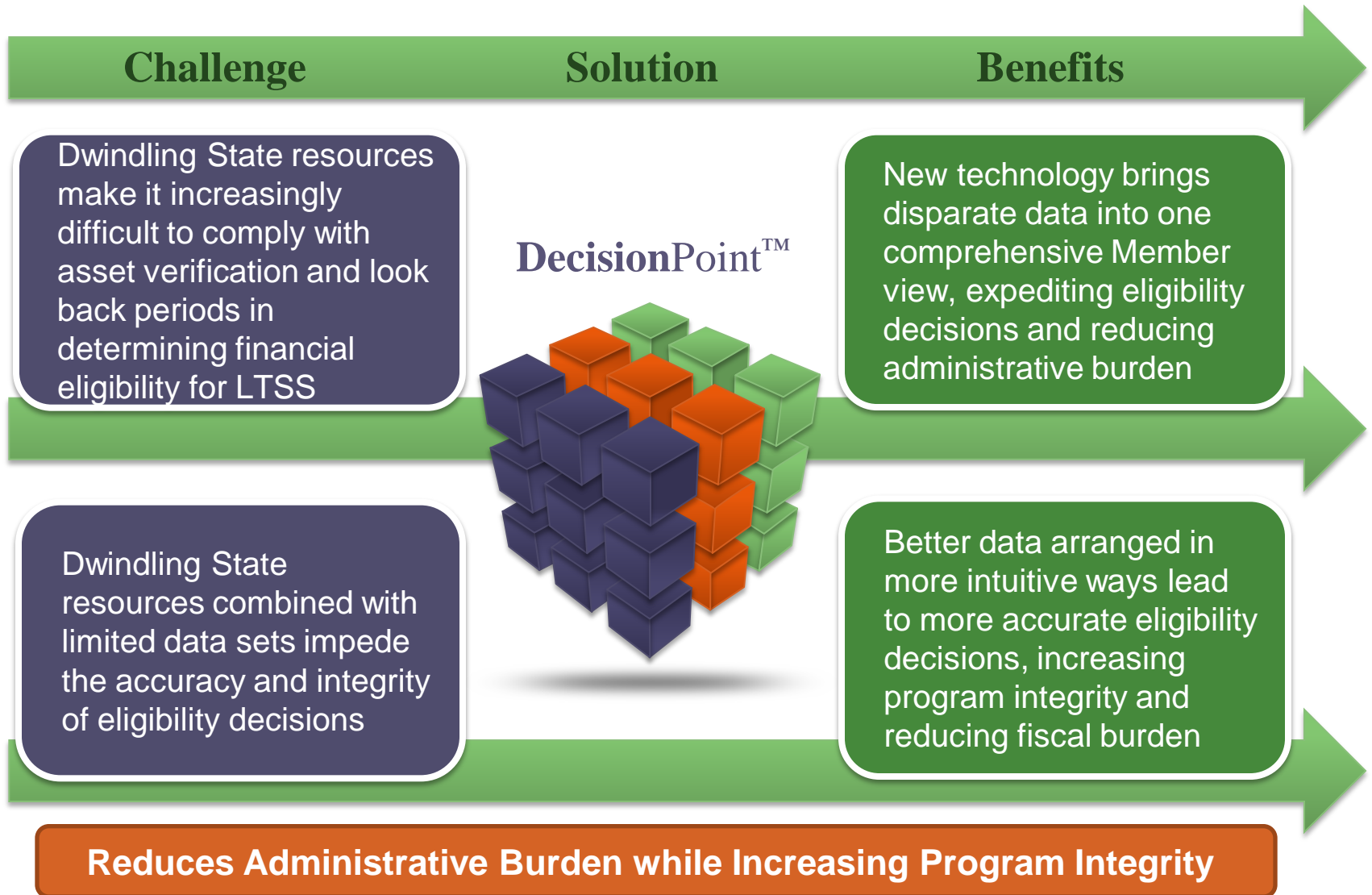
Automated Verification System

- Identify all financial institution accounts, including those not disclosed on the application
- Provide monthly account balances
- Identify real property ownership and transfers
- Identify other assets that may have a bearing on eligibility

Financial Transaction Analysis System

- Perform detailed analysis of financial transactions
- Expedite review to allow 60 month look back
- Ensure 99% accuracy of financial documents being reviewed
- Perform sophisticated financial analyses to identify undocumented payments, transfers, and suspicious activity

Solutions to Emerging Eligibility Challenges



Eligibility Verification Saves States Resources

Effective Financial Eligibility Determination for Medicaid LTSS

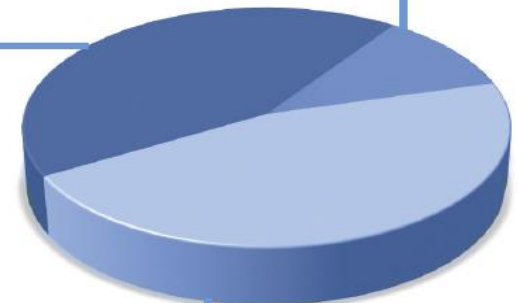
- Pinpoint inconsistent beneficiary data
- Fully integrated platform or stand-alone from state eligibility system
- Consolidate disparate data sources
- Pre and/or Post eligibility review

Illinois Medicaid Eligibility: Since 2012, MAXIMUS has supported the IL Departments of Healthcare and Family Services and Human Services with their enhanced eligibility verification project. Initial independent audit by the state found that MAXIMUS reviews identified nearly 10K deceased individuals who were still receiving Medicaid benefits. The state initiated recoupment activities and can recoup up to \$12 million from this single data-matching effort.

540,000 cases

43% continuation of Medicaid*

11% change of status



46% cancellation of Medicaid

Application Summary Screen

APPLICATION TRACKING INTERNAL PORTAL

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[Case / Consumer](#)

Applications

[Complaint](#)

[Task](#)

[Forms](#)

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APPLICATION SEARCH

APPLICATION TRACKING# 3103

Application ID: 3103 [Application Eligibility Factors](#) HOH Name: AZMAT, ANGELICA Status: **In Process** Due Date: 10/01/2014
 Case: 047437803059K Residential Address: 95 HOMESTEAD DR, RIVERWOODS, IL, 60015 Home Phone No: (315) 130-4112 Speaks:

Tracking & Status

[Missing Information](#)

[Event Log](#)

[Contact History](#)

[Notes](#)

[Documents](#)

[Tasks](#)

[Associated Applications \(0\)](#)

[Account Transfer Object](#)

Application Summary

Application Status: **In Process** Started: 07/29/2014 [Priority](#) Last Activity Date: 05/20/2015
 Source: Application Type: [Due Date](#) 10/01/2014 [Primary Program Type](#) AABD Community and DoA without community spouse Cases
 Trigger Reason: Redetermination Date within evaluation date range Trigger Date: 07/30/2014

Review Status

Data Match Review: DATAMATCH RECOMMEND LIKELY INELIGIBLE [Details](#) Reason: Income over FPL Limit Last Updated By: System, DataMatchJob - 07/31/2014 03:43 PM
 State Review:

Household Members

Name	Birth Date	CIN	SSN	Client ID	Status	MI	Comments
AZMAT, ANGELICA	10/15/1981	JY903980	036749603	10122852	Awaiting State Review	No MI	Create New Comment

Associated Documents

Docset	DCN	Receipt Date	Document Type	Form Type	Status	Status Date	Linked Entities	Actions	Links
No data available									

[Reset to Renewal Initiated](#)

[Cancel](#)

Eligibility Determination Details

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APPLICATION SEARCH

APPLICATION TRACKING# 3103

APPLICATION ELIGIBILITY FACTORS

[Income](#) [Citizen Legal Res.](#) [State Res. Phone](#) [Member](#) [SSN Validity](#) [Other Insurance](#) [Assets](#) [Household Size](#) [Income Leads](#) [Data Sources](#) **E-Recommend**

E-Recommendation: DATAMATCH RECOMMEND LIKELY INELIGIBLE Reason: Income over FPL Limit Last Updated By: System, DataMatchJob - Status Timestamp: 07/31/2014 03:43 PM
 Household Size: 1 Total Income: 1500.0 Program Type: AABD Community and DoA without community spouse Max Income Limit: 1313.55
 Cases

Member: ANGELICA AZMAT

Property Name	Property Value
Is HOH Member	true
Is Active Member	true
Total Income	1500.0

Data Source: The Work Number

Property Name	Property Value
Total Income	1500.0

Data Source: State Quarterly Wage

Property Name	Property Value
Total Income	50.0

Data Source: BENDEX

Property Name	Property Value
Total Income	0.0

DecisionPoint™ Asset Verification Services

- MAXIMUS Partners with **Accuity** and **LexisNexis** to Deliver Asset Verification Services through the **DecisionPoint™** solution
 - Access to local, regional and national financial institutions, account ownership, balances (Accuity)
 - National real property ownership, deed transfers (LexisNexis)
 - Five-year “look-backs”
 - FCRA Compliant
- Application Tracking and Supplemental Services Enable the Most Effective Data Usage for Financial Eligibility Determination
 - Outbound calling to contact consumers to resolve data discrepancies identified through DecisionPoint
 - Review, analysis, and actionable support when anomalies identified
 - Automated processing and tracking of applications throughout the financial eligibility determination process
 - Call center customer service support for questions and issues
- States have shown significant savings through the use of Asset Verification Services
 - Florida DCF saved or had cost avoidance of \$85,345,000 over 14 months (Source: Accuity)
 - Illinois saved approximately \$12 Million through one data matching process
 - Identification of one fraudulent application in 1,600 pays for the system

Income

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E-Recommend

Income

ANGELICA AZMAT

DOB:10/15/1981

Active

Source	Income Type	Amount	Frequency	Effective Date	Date Added	Employer	Additional Info	Match Code	
State Quarterly Wage		\$150.00	7 - Quarterly	06/30/2014	07/31/2014	EMPLOYER_ID::4361883		SSN and last name match	Details
The Work Number		\$1,500.00	5 - Monthly		07/31/2014	Gaby Construction:2121 Hanack Rd Cedarton IL 62009		SSN, first name and last name match	Details

Expense

ANGELICA AZMAT

DOB:10/15/1981

Active

Source	Expense Type	Amount	Frequency	Effective Date	Date Added	Additional Info	Match Code	
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Citizenship

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APPLICATION SEARCH

APPLICATION TRACKING# 3103

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E-Recommend

Citizenship

ANGELICA AZMAT

DOB:10/15/1981

Active

Source	Verification Type	Alien Reg No	Effective Date	Verification Date	Date Added	Additional Info	Match Code	
WTPY	A - SSN verified, no death indication, citizenship consistent			08/13/1102	07/31/2014	Identity Discrepancy Code:XX;Error Condition Code:AA	SSN, first name and last name match	Details

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Medicaid Genius - Financial Transaction Processing







Document Manager -

Demonstration Application Cases / Demonstration Application

Upload Documents

Analyze Transactions

UPLOADED DOCUMENTS

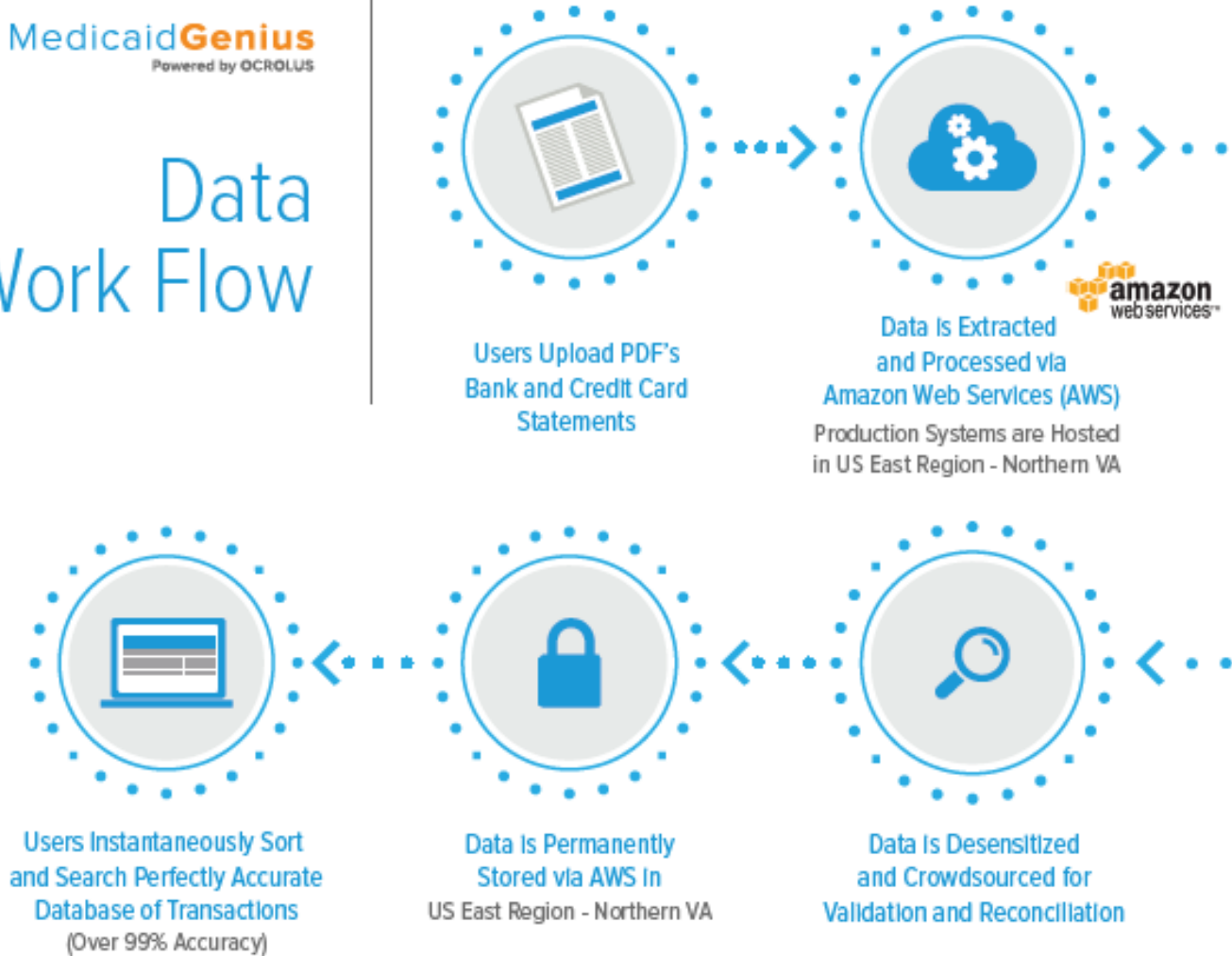
File Name	Progress	Pages	
TDBank2014.PDF	✓+ Verified	6	  
Chase2010.PDF	✓+ Verified	66	  

- Medicaid Genius analyzes uploaded bank and credit card statements from all 9,000+ US financial institutions with over 99% accuracy
- Filter and sort through transactional data by account, date, description and dollar amount
- Transfers/money movement between accounts are automatically detected
- Identify important recurring transactions, such as Social Security payments, with ease
- Generate a summary sheet of noteworthy transactions and explanations
- Customize automated analytics such as Average Transaction Size, # of Transactions over \$1,000, # of Bounced Payments, and so forth

Medicaid Genius Work Flow



Data Work Flow



A Partnership -- DecisionPoint and Medicaid Genius -- to Benefit States

- **Reduction in Time to Process Applications**
 - DecisionPoint eliminates the need for clients to provide and states to process extensive documentation, reducing time spent on collecting, imaging, and maintaining documentation
 - In a pilot in Maine, staff using Medicaid Genius reviewed financial transactions 3 times faster than the control group performing the review manually
 - Expedited processing gets benefits to vulnerable populations faster
- **Reduction in Cost to Determine Financial Eligibility**
 - Elimination of costly, labor-intensive tasks associated with manual document management
 - Reduce cost of financial records review from \$2-\$3 per page in the commercial world to 7-8 cents a page
 - By delaying or eliminating 1 fraudulent application for every 1,600 applications, the system pays for itself
 - Ensure that sufficient resources for high-need citizens by eliminating those with questionable needs
 - Administrative systems eligible for 75% Federal match
- **Improved program efficiency and quality**
 - Over 99% accuracy of financial transactions due to proprietary algorithms
 - Greater convenience and faster determinations for citizens
 - Higher probability of identifying disqualifying or delaying transactions for ineligible applicants



Our financial eligibility operations combine automated review of multiple data sources, analytical capacity to identify potential asset transfers, and staff to research and resolve data discrepancies quickly and efficiently.

Questions/Demonstration

