Medicaid Eligibility, Enrollment, and Renewal Processes and Systems Study

CASE STUDY SUMMARY REPORT – NEW YORK

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INTRODUCTION

Over the last decade, simplifying and streamlining state Medicaid enrollment and renewal processes and systems have been a priority for state agencies. These changes were accelerated with the passage of the Patient Protection and Affordable Care Act (ACA) in 2010. The ACA called for enhancements to Medicaid, including the implementation of revised eligibility rules, a single streamlined application, and use of technology to verify and exchange data in support of near real-time eligibility determinations.[1] Additionally, the Centers for Medicare & Medicaid Services (CMS) and other federal agencies provided states with guidance and incentives to modernize and integrate eligibility systems in order to efficiently enroll Medicaid-eligible individuals.

As the legislative branch agency charged with advising Congress on Medicaid and the Children's Health Insurance Program (CHIP), the Medicaid and CHIP Payment and Access Commission (MACPAC) sought to better understand the post-ACA status of state systems and processes used to support Medicaid program eligibility, enrollment, and renewal. To do so, MACPAC contracted with the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, School of Public Health to conduct an assessment in selected states of current Medicaid eligibility, enrollment, and renewal practices, and the extent to which they are achieving desired goals (such as program efficiency and simplified beneficiary experience).

A case study approach was used to collect data regarding the state of practices associated with enrolling the Medicaid population for which income eligibility is determined based on Modified Adjusted Gross Income (MAGI). Specifically, we assessed auto-enrollment and auto-renewal practices, the use of electronic data sources for verification, and the degree of integration with non-MAGI Medicaid populations and other public benefit programs. Case studies did not focus on other aspects of Medicaid enrollment, namely outreach and consumer assistance, community partnerships, enrollment and credentialing of providers, and call center technology.

The study focused on six states (Arizona, Colorado, Florida, Idaho, New York, and North Carolina) where documentation showed steps toward implementing streamlined, automated or integrated approaches to Medicaid enrollment and renewal. States were selected based on a literature scan as well as discussions with MACPAC and external experts and represented diversity across a range of characteristics including Medicaid program size, exchange type, adoption of the ACA Medicaid expansion, current enrollment and renewal practices, geography, and political climate.

This case study summary report includes findings from New York State based on: telephone interviews with six key informants conducted in May and June of 2018; a review of publicly available and state-provided documents (e.g., verification plans submitted to CMS); and data collected in advance of telephone discussions on the organization of the state's Medicaid program, eligibility system, and other information technology resources to support MAGI Medicaid eligibility determination. (See the Appendix for a copy of the data collection form used to gather information in advance of telephone interviews with state agencies.) Key informants (also referred to as respondents) in New York were comprised of representatives for state Medicaid eligibility, policy and exchange integration, the state-based exchange, and two navigator organizations.

[1] According to CMS guidance, real time refers to no delay between submission of a complete and verifiable application and the response to the applicant (CMS n.d.).

The case study begins with an overview of Medicaid in New York and a high-level description of how individuals apply, as well as how eligibility is determined for MAGI Medicaid populations. Included in this overview section are case study findings related to the approaches New York is taking to streamline enrollment and renewal for MAGI Medicaid populations. Next, we present key themes, as identified by key informants, related to Medicaid program and beneficiary experiences, including successes and challenges of New York's approaches. Lastly, we summarize ongoing issues and future plans in the study state to further simplify and streamline enrollment.

STRUCTURE OF MAGI MEDICAID ENROLLMENT AND RENEWAL

Under the ACA, New York adopted a number of provisions to support streamlined eligibility in Medicaid and to expand the program. First, New York established a state-based health insurance exchange, the New York State of Health (NYSOH), housed within the Department of Health. NYSOH was charged with facilitating enrollment in all health coverage programs offered by the state. In January 2014, the state expanded Medicaid and, using a Section 1115 waiver, implemented 12-month continuous eligibility for adults regardless of changes in the family's circumstances (e.g., changes to household income or size).[2] In April 2015, New York became the second state to establish a Basic Health Program (BHP), which the state calls the Essential Plan (EP). The EP offers more affordable coverage to individuals with incomes between 138 and 200 percent of the Federal Poverty Level (FPL) who would otherwise be eligible to purchase an exchange plan and for individuals with incomes below 138 percent FPL who are lawfully present in the United States, but do not qualify for Medicaid due to their immigration status.[3] **Table 1** provides an overview of the MAGI Medicaid, EP, and Advanced Premium Tax Credit (APTC) eligibility thresholds in the state.[4]

Implementation of the ACA led to growth in Medicaid enrollment (15 percent between the July through September 2013 period and April 2018). As of April 2018, total Medicaid and Children's Health Insurance Program enrollment was almost 6.5 million individuals, or about 33 percent of the state's population (CMS 2018, U.S. Census 2017). Interview respondents credited strong state support for the ACA as being beneficial to enhancing enrollment. One enrollment assister explained, "New York State very much shares our mission to get as many New Yorkers enrolled and covered as possible. And they…really support our efforts in that way."

[2] Continuous coverage for children has been in place in New York since January 1, 1999.

[3] New York offers four Essential Plan (EP) products aimed at different groups: EPs 1 and 2 are aimed at adults with incomes between above 138 and 200 percent FPL. EPs 3 and 4 are aimed at lawfully present immigrants with incomes at or below 138 percent FPL, who do not qualify for Medicaid due to their immigration status.

[4] APTC is a mechanism for consumers to receive financial assistance, i.e., lower monthly premiums, to purchase health insurance coverage through an exchange.

Table 1. New York MAGI Medicaid Eligibility and Advanced Premium Tax Credit (APTC) Thresholds, by Coverage Group, 2018

Coverage Group	100% FPL	200% FPL	300% FPL	400% FPL
Pregnant Women	223% (Medicaid)		> 223%–400% (APTC)	
Children 0–1	223% (Medicaid)		> 223–400% (CHP)	
Children (Age 1–19)	154% (Medicaid)		> 154%–400% (CHP)	
Parents & Caretaker Relatives	138% (Medicaid)	> 138-200% (EP 1&2)	> 200%–400% (APTC)	
19- and 20-Year-Olds Living with Parents	155% (Medicaid)	>155-200% (EP 1&2)	> 200%–400% (APTC)	
Adults (Age 19–64)	138% (Medicaid)	> 138-200% (EP 1&2)	> 200%–400% (APTC)	
Individuals Who are Lawfully Present, but Ineligible for Medicaid Due to Immigration Status	138% (EP 3&4)	> 138%–400% (APTC)		

Sources: Muldoon et al. 2017; NYC 2018.

Notes: Eligibility levels are reported as a percentage of the Federal Poverty Level (FPL). Percentages include the five percentage point disregard established under the ACA, which can be applied to eligibility determination for MAGI Medicaid individuals. Pregnant women are eligible for Medicaid and children are eligible for CHP regardless of their immigration status using state-only funds. Essential Plan (EP) is New York's Basic Health Program. EPs 1 and 2 are for individuals otherwise eligible for exchange plans. EPs 3 and 4 are for individuals who are lawfully present but ineligible for Medicaid due to immigration status. Acronyms are as follows: MAGI – Modified Adjusted Gross Income, CHP – Child Health Plus, which is New York's State Children's Health Insurance Program (CHIP).

The state of New York saw the ACA as a way to "'re-vision' Medicaid as another source of health insurance, part of a continuum of coverage vehicles for New Yorkers" (Bachrach et al. 2011). To support this, the state made an early and deliberate decision to administer all new and existing health insurance programs, including NYSOH, under the state Department of Health. In addition, the state passed legislation in 2012 that shifted the administration of Medicaid, including eligibility and enrollment decisions, from county and New York City governments to the Department of Health (NYSOH 2017). This transition is still in process. Currently, eligibility determinations, enrollment, and renewal for programs that use MAGI-based eligibility criteria are conducted statewide via the NYSOH online application, by the Office of Health Insurance Programs, Division of Eligibility and Marketplace Integration (DEMI). This includes MAGI Medicaid, Child Health Plus (CHP, New York's separate State Children's Health Insurance Program [CHIP]), EP, and exchange plan (referred to in New York as qualified health plan) coverage with or without tax credits. The state refers to all of these programs as Marketplace Programs.

For programs where non-MAGI determination rules still apply (e.g., the elderly and disabled), eligibility, enrollment, and renewal are conducted by local Departments of Social Services. Eligibility for other non-health public assistance programs, such as Cash Assistance, Food Stamps, and Home Energy Assistance, is also assessed by local Departments of Social Services.

Application options and eligibility systems

Applications for Marketplace Programs are submitted electronically through the NYSOH website, the only online application portal, which also provides eligibility determinations and manages communication with beneficiaries once they have enrolled. Notably, the NYSOH account is at the family level. A state official described it this way: "Let's say people in the household are APTC and CHIP [CHP]….They may have different requirements, they may have different end dates, but to the maximum extent possible, [we] keep that all together at the account level so that it's clear. So [mixed families are] not handled separately. They are handled in an integrated manner."

The vast majority of beneficiaries (77 percent) seek in-person enrollment assistance from a broker, certified application counselor (CAC), facilitated enroller, or navigator, and another seven percent seek assistance over the phone. All of the applications receiving assistance are submitted through NYSOH's online system. Fewer than 20 percent of those enrolling in Medicaid, CHP, and EP enroll online via NYSOH without assistance (see **Table 2**) (NYSOH 2018a). (See **Exhibit 1** for additional information on enrollment assistance to NYSOH customers.)

Table 2. NYSOH Enrollment, by Channel, as of January 31, 2018

Channel	MAGI Medicaid	Child Health Plus	Essential Plan	Exchange Plan	All Programs
Broker	1%	4%	4%	13%	3%
Certified Application Counselor and Facilitated Enrollers	67%	60%	73%	24%	65%
Navigator	9%	10%	8%	9%	9%
Phone	7%	6%	2%	10%	6%
Website with no Assister	16%	19%	14%	43%	17%

Source: NYSOH 2018a.

Notes: Column totals do not equal 100 percent due to rounding. As of January 31, 2018, there were 578 Navigators and 6,122 Certificated Application Counselors and Facilitated Enrollers. Navigators are application assisters from agencies that are grant funded by NYSOH. Facilitated Enrollers are application assisters who work specifically for Health Plans, and Certificated Application Counselors are all other application assisters working in hospitals, Federally Qualified Health Centers, clinics, providers, community-based organizations, healthcare billing agencies, local Departments of Social Services and other government agencies.

Exhibit 1. Enrollment Assistance to New York State of Health (NYSOH) Customers

In 2013, NYSOH awarded $27 million per year for five years to 50 navigator organizations to provide in-person enrollment assistance to NYSOH consumers. These organizations are certified as lead navigator agencies and have sub-contracts with community-based organizations and also provide technical assistance to these sub-grantees. In addition, some counties support in-person assistance or allow assister organizations to co-locate in order to provide support at local Departments of Social Services offices. Respondents described the assister community as "well-connected" and supported by state government, mentioning that this fosters high-quality enrollment assistance. "Our state government is really good about keeping everybody connected…there's just a lot of communication and a lot of events that are often sponsored by the state where people are brought together…so it's just easy to make connections in that way."

As required by the ACA, applications for New York's health programs can also be submitted in person, by mail, and via telephone—all of which are ultimately keyed into the online application. The online application is the most commonly used application mode. Not surprisingly, NYSOH website traffic increases during open enrollment periods. The most recent open enrollment period ran from November 1, 2017, to January 31, 2018, and web traffic peaked in mid-December at over 3.4 million page views and 100,000 visitors a day (NYSOH 2018a).

Electronic verification for MAGI Medicaid beneficiaries

New York verifies eligibility electronically for Marketplace Programs. As one respondent explained, "To the maximum extent possible, we do not require someone to have to verify something that we can otherwise verify through an electronic data source." To support this, NYSOH leverages multiple electronic data sources, including sources available through the Federal Data Services Hub as well as state sources (see **Table 3** for a summary of verification practices and electronic data sources).[5] Respondents noted the importance of using multiple state and federal data sources to verify eligibility.

Paper documents are only required when an electronic data source is not reasonably compatible with the information provided by or on behalf of an individual. For example, individuals are asked to attest to anticipated annual or current monthly income, which is compared to IRS data through the Federal Data Services Hub. This eligibility factor is accepted if the self-attested income is reasonably compatible with the IRS data or other data sources. Such data sources include Social Security income through the Federal Data Services Hub data, wage data from the State Wage Information Collection Agency (SWICA), and unemployment data from the state's unemployment insurance program. A similar process is used for other eligibility factors.

[5] The Federal Data Services Hub is an electronic resource developed by the Centers for Medicare & Medicaid Services (CMS) that provides data verification services to state-based exchanges, the federally facilitated exchange, and all Medicaid agencies regardless of expansion adoption. Data sources provided through the hub include those from relevant federal agencies such as the Social Security Administration (SSA), the Department of Homeland Security (DHS), and the Internal Revenue Service (IRS).

Table 3. New York Verification Practices for MAGI Medicaid at Application and Renewal

Select Eligibility Factor	Self-Attestation	Financial and Non-Financial Data Sources			Notes
		Federal Agency	State Agency	Private	
Income	No	Federal Data Services Hub	State Wage Information Collection Agency (SWICA), State Unemployment Insurance		New York considered using the Work Number, but the number of employers submitting data relative to the population was limited.
Residency	Yes	N/A			
Social Security Number	Not allowed	Federal Data Services Hub			
Citizenship/ Immigration Status	Not allowed	Federal Data Services Hub			
Access to Public Employee Coverage	No		New York State Health Insurance Program (NYSHIP)		
Federal Public Minimum Essential Coverage Other than Medicare (e.g. Peace Corps.) and Employer-Sponsored Insurance known to Medicaid	No	Federal Data Services Hub	Medicaid		NYSOH receives data from Federal Hub and state MMIS system (EMedNY) on third party health insurance (affects enrollment in managed care not eligibility). NYSOH also verifies whether the individual is enrolled in a Small Business Health Options Program (SHOP).
Incarceration Status			State Incarceration Database from New York State Department of Corrections and Community Supervision (DOCCS)		This source was found to be more timely and accurate than data available through the Federal Data Services Hub.

Sources: CMS 2016; Data collection and verification under the 2018 Assessment of Medicaid Eligibility, Enrollment and Renewal Processes and Systems project, Medicaid and CHIP Payment and Access Commission (MACPAC) contract number MACP18417T1.

Notes: For Citizenship/Immigration Status, attestation is accepted pending verification. For both Access to Public Employee Coverage Federal Public Minimum Essential Coverage Other than Medicare (e.g. Peace Corps) and Employer-Sponsored Insurance (ESI) known to Medicaid, attestation is accepted in absence of inconsistent data source—otherwise verification is required. NYSOH will not be able to verify SHOP enrollment after July 2019 when direct enrollment is fully phased in. SHOP enrollment will be handled through insurers and brokers. Acronyms are as follows: MAGI – Modified Adjusted Gross Income; N/A – Not Applicable.

Auto-enrollment and renewal

In New York, most eligibility determinations are made based on automated rules and data verification processes built into the system, as applied to the information provided by the consumer. Respondents in New York reported that more than 90 percent of Marketplace Program eligible individuals experience automated eligibility determinations.[6] Interviewees credited NYSOH's shared eligibility system as a key facilitator, supporting integration across health programs: "The system itself is designed to automate the determinations. It's not like it's designed to say if you're this or that you need to go over here and we'll spend some time with you. There are referrals out of the system to the districts [local Departments of Social Services] for people who need to be determined there for non-MAGI or nursing home services or other sorts of things. But by and large, anybody that's being determined and is applying for eligibility through NYSOH, unless there is a technical glitch or something happened, their determination will be automated."

As stated above, New York provides 12-month continuous eligibility to children, parents, and expansion adults through a Section 1115 waiver. At application, beneficiaries are asked to give permission for the state to use electronic data for redeterminations, and for those who agree, between 25 percent and 50 percent receive a no-touch administrative renewal (Brooks et al. 2018). Some portion of these individuals can then be auto-enrolled into their existing Medicaid health plans, although beneficiaries have the option of switching plans if they choose. (In other cases, beneficiaries must return to select a plan, for example, if a plan is no longer available.) Notably, auto-enrollment is possible both for no-touch administrative renewals into the same coverage program and for between-coverage programs.

When administrative renewals fail, respondents indicated that this is primarily due to two reasons. First, the beneficiary has not given the state permission to verify eligibility requirements against electronic data sources. Second, beneficiary information cannot be verified electronically (this is typically related to income). In such cases, the person must return and update their account within the required time frame in order to renew eligibility and coverage for the upcoming year.

At renewal, the household will receive a notice that includes a list of people associated with the account, their eligibility status, and current income range. Recipients are instructed to log into their account to report changes. In most cases where administrative renewal is possible, the beneficiary does not need to take action in order to be renewed. If the individual needs to provide additional documentation or make a plan selection, the notice instructs them to log into their NYSOH account to take action and NYSOH follows up with reminder emails. The state reported recent work to improve account notices, including sending more consumer-friendly reminders (e.g., fliers, postcards) to beneficiaries in advance, alerting them that the notices are coming (NYSOH 2016).

The process described above and the verification practices in **Table 3** are intended for all Marketplace Program beneficiaries; however, some MAGI-beneficiaries with Medicaid and CHP coverage that pre-dated the ACA continue to be renewed through a separate legacy eligibility system (Welfare Management System). The state wanted NYSOH to be "operating with adequate stability" before requiring all beneficiaries to transition to NYSOH to ensure continuity of coverage (CMS 2016; Data collection and verification under this study). Transition of cases from local Departments of Social Services to the state began in July 2016. This transition is ongoing, and detailed technical assistance is being provided to assisters so they can support beneficiaries through this process (NYSOH 2018b).

[6] In New York there is a distinction between an automated eligibility determination, administrative renewal, auto-enrollment and auto-assignment. An automated eligibility determination is a determination by the system based on rules and facts, and does not require a worker to individually determine eligibility. The term administrative or automated renewal means an eligibility determination at renewal based on recently updated information and available data sources. Not only is the administrative renewal automated, or considered "no touch," but the consumer does not have to take action, provided there are no relevant changes to report. Auto-enrollment describes situations where an eligible, enrolled consumer is auto-enrolled into their same health plan; for example, at renewal, if the beneficiary has been re-determined eligible for a different program and the rules allow the person to be automatically enrolled into a health plan offered by their same issuer.

Integration of MAGI Medicaid eligibility determination with other health programs

Respondents in New York noted that state leadership was deliberate in prioritizing goals related to NYSOH. They saw the ACA as an opportunity to integrate existing health insurance programs with the new MAGI offerings, noting that this integration has taken priority over other activities (describing certain things as "day-one must-haves"). One explained, "The opportunity to integrate MAGI with the other health insurance programs and the promise of alignment and reduced complexity was very much something we had been trying to do…so when [the ACA] came about, that was kind of the first level of priority. We were really approaching statewide administration of Medicaid to serve all of the members of the family and do that first. It wasn't precluding doing a more robust or integrated human services approach, either interrelated or integrated, but [health] had to come first because of the timeframe, because of the mandate….So that was where we put our effort and energy." Across the board, respondents relayed that this type of integration across health programs is welcome, but it is made more challenging by misaligned federal rules related to program eligibility and verification. As one explained, "Running an integrated system with very different program rules and very different requirements is a huge challenge."

MEDICAID PROGRAM AND BENEFICIARY EXPERIENCES

As described above, New York's decision-making related to streamlined enrollment and renewal practices for MAGI-eligible populations is built around prioritizing the integration of Marketplace Programs supported by automation. To that end, the Department of Health has created one application and eligibility system for all MAGI-eligible populations that is supported by electronic data sources and a rules engine that automates many aspects of the process.

Findings in this section summarize key themes, as identified by interview respondents, related to Medicaid program and beneficiary experiences, including successes and challenges of state approaches. These findings include reports that the combined application and integrated eligibility for all Marketplace Programs simplified the enrollment and renewal process for beneficiaries and facilitated seamless transitions between coverage programs. In addition, by linking these systems to electronic data, the state was able to automate many functions leading to more efficient enrollment and renewal processes for the state's 4.4 million Marketplace Program beneficiaries. Respondents also reported, however, that despite major improvements to enrollment and renewal processes, most Medicaid, CHP, and EP beneficiaries still seek assistance when enrolling for health care coverage.

Combined online application and integrated eligibility system for Marketplace Programs supported a simplified processes for the beneficiary and reduced churn

Almost all respondents observed the benefits to enrollees that resulted from having one place to apply for any type of health assistance. One assister claimed, "The portal [NYSOH] provides a one-stop shop, because based on someone's income, circumstances, et cetera, it will screen them for eligibility for Medicaid. For any children in the family [that are eligible] for Medicaid or Child Health Plus, and then any adult in the family, if they're not eligible for Medicaid, it'll screen them for a qualified health plan [an exchange plan]. So, basically, a whole family can come in, and through one process, no one walks away without a determination of what they might be eligible for." Another assister described the online application this way: "It's a huge help. The combined application, it facilitates a smooth enrollment process for us because we can easily help consumers when they have a change in eligibility or if they're in a multi-program eligibility household."

Respondents also commented on the speed of the application and eligibility determination process and reduced burden on the beneficiary. “One of the best things is that most people are able to get an immediate eligibility determination. That’s really critical for folks who are eligible for Medicaid, because their coverage automatically goes retroactive….For people who are coming to us because they’re sick, that’s crucial.” Respondents explained that prior to the launch of NYSOH, each family or individual applying had to fill out a separate paper application (this is still the case for non-MAGI enrollment). The move from a county-based paper application to an online system was credited as creating a better experience for the beneficiary. One assister said, “Before the Marketplace [exchange] opened, folks had to do a paper application and it could take up to 45 days for approval, and they didn't know whether or not they were going to get approved, so this is a much easier system.” Specifically, respondents reported that once a client has a NYSOH account, basic information like household composition, birthdates, and Social Security numbers are carried forward, which makes processing updates intuitive and easy.

Respondents also credited the NYSOH shared application and eligibility system with supporting close-to-seamless transitions between programs and a reduction in churn. Universally, assisters commented on the strength of the system and processes for people experiencing a coverage transition. “It’s pretty seamless…if your Medicaid is ending and you go to a QHP [exchange plan], all you have to do right there is review the QHP plan and choose one, and you should have no lapse in coverage.” Another respondent agreed, saying, “In my opinion, I think that it [NYSOH] has reduced the churning. Yes, because people would have to come in before and do a completely new application, which is all manually done and had to be sent into either the district [local Departments of Social Services] or the plan for the kids. And now, everything is all set up in there, and it’s just a matter of going through screen-by-screen, and I think it's a lot more efficient.” Likewise, respondents credited auto-enrollment into health plans, where possible, in reducing gaps in coverage.

Assistance continued to play a vital role in consumers’ use of the online portal

While respondents universally praised NYSOH, they noted the continued important role of assisters in supporting consumers through the process (as mentioned above, 84 percent of MAGI Medicaid beneficiaries receive phone or in-person assistance). Based on our interviews, assisters can spend between 20 minutes (single adult) and 90 minutes (large, complex family) on the enrollment process. They noted that questions on how to report income and how to provide documentation are the primary reasons that individuals seek support. Specifically, it is not always clear to people which fields should contain which income streams. And when an individual needs to provide documentation, they often seek assistance to upload it.

On the other hand, assisters reported that the combined application and automated eligibility verification has made them more efficient and allows them to see more people, and are now able to spend the bulk of their time focusing on challenging cases as opposed to manually processing paper applications for everyone. One respondent said, “Well, eligibility determination does get determined much quicker than when we did paper applications, that’s for sure, because we used to have to wait 30 days [until] the district [local Departments of Social Services] made a decision. Now, we can possibly get a decision immediately, or within a week.” A respondent at the state shared, “I think [enrollment assisters] provide an incredible assistance and support for people and can assist them with entering the information that they need appropriately and correctly so that they can get their determination.”

NYSOH's rules and electronic data interfaces allowed the state to automate many functions and efficiently process large caseloads

Respondents all shared the perspective that great efficiencies were gained through system linkages to electronic data sources. Data transfers were reported to support more timely eligibility and renewal determinations. State staff explained that given the sheer number of beneficiaries seeking Marketplace Programs (4.4 million), automated verification using electronic data was the only way to process the large volume of applications in a timely fashion. One respondent affirmed that "The system in many cases is able to do an evaluation of eligibility and assess those data sources without a human touching it. So that's clearly a feature that's better than the old system was." State staff credit the use of both federal and state data as supporting this process and specifically highlighted links to state data that were timelier than the federal data accessed through the Federal Data Services Hub (e.g., data from the State Wage Information Collection Agency [SWICA], State Unemployment Compensation and incarceration status information from the New York State Department of Corrections and Community Supervision [DOCCS]).

Respondents agreed that verifying income remains a challenge despite the use of multiple sources of information on income, robust business rules, and state efforts to improve language on the application. Assisters noted that clients are frequently asked for documentation related to Social Security income and unemployment income, income streams that in theory could be verified against electronic data sources. They also noted income verification as the primary reason that worker involvement may be needed and applicants may fail to receive a no-touch administrative renewal, particularly applicants with unstable incomes (e.g., individuals who are self-employed, seasonally employed, or frequently change jobs).

Administrative renewal improved efficiency and reduced costs

State officials to whom we spoke agreed that administrative renewal through NYSOH for all Marketplace Programs has improved efficiency and reduced costs. As noted above, between 25 and 50 percent of beneficiaries receive a no-touch administrative renewal (Brooks et al. 2018). While state officials were not aware of specific cost effectiveness analysis, they were confident that the ability to support no-touch renewal has reduced state workloads and cost. One respondent indicated that "if you assume that the base is you would have had to do it for everybody [manually verify the case], every renewal, every time, then there's clearly I think some overall savings." Another respondent explained the advantages compared to the past this way: "[Before the launch of NYSOH] a human had to look at the data matches and do their own calculations. So to the extent we can get a computer to automate that, we clearly have an advantage." An assister pointed out that auto-renewal for those who qualify also improves the continuity of care: "[Automatic renewal] is great for Medicaid enrollees because they stay enrolled in their managed care plan, and that means they don't have a gap in services if they were to miss their renewal and then have to re-enroll and be in fee-for-service Medicaid for a period and potentially miss out on doctors' visits."

NYSOH demonstrated commitment to quality improvement, including system enhancements and beneficiary correspondence

Respondents from the state shared areas where they felt NYSOH has improved over time. For example, they noted that business rules need to be iterative. One state respondent commented, "Your program and you have rules, and scenarios generally work, and then you find a scenario that doesn't work….So there are definitely corrections that need to be made, but that's why we have a QA [Quality Assurance] process, that's why we have customer service to address those issues." The same respondent mentioned that QA staff monitor customer service calls to identify areas where people have a lot of questions and develop recommendations where changes to the system might improve the efficiency and operation of the eligibility process. For example, they noticed many beneficiaries were asking

questions about where to add self-employment income. So the state is in the process of making changes to those questions to make sure the correct information is entered in the correct field. Input also comes from the assister community. For example, navigator feedback informs the topics for assister retraining, which occurs each spring and is required for recertification.

Respondents who offer enrollment assistance agreed that the state has made system improvements over the last five years. One such respondent remarked, "The state consistently makes improvements. And they're really good about taking navigator feedback and doing their best to incorporate that into the application itself." Several respondents raised the Assister Dashboard as a prime example. Recent functionality allows the assister to track where beneficiaries are in the application process and when they are up for renewal, which helps the assister more effectively communicate with the beneficiary. Another example is that NYSOH now makes beneficiary notices available through the Assister Dashboard. Notices are a frequent topic of questions. One assister explained, "[Assisters] can log into the [the Assister Dashboard] account, and they can go into notices, and they can actually see whatever notice that individual is referring to and read it themselves. So, that's very helpful."

LOOKING FORWARD

As interview respondents reflected on New York's MAGI Medicaid enrollment and renewal practices, they indicated a need for continued improvements and expanded functionality for NYSOH to facilitate Marketplace Program enrollment. Respondents also pointed to a need for long-term planning to integrate non-MAGI Medicaid and ultimately non-health services.

Ongoing efforts to improve and expand NYSOH functionality

As described above, state leadership was very deliberate in prioritizing goals related to NYSOH, and mindful of supporting continuous quality improvements. In line with this, respondents at the state noted ongoing efforts to improve NYSOH and expand its functionality for eligibility determinations and enrollment for the MAGI Medicaid population. They also discussed the importance of ongoing improvements to the eligibility worker interfaces and enhancing the consumer experience. One state official explained: "It's a continuous improvement process…we learn from the consumers, we learn from the other stakeholders. Requirements change, we have to implement them…it's a very dynamic area of policy implementation and program implementation. But there's always room for improvement and in this next year we've got some targets for some even further improving our consumer notices. We've been doing a lot of work around our back office improvements for efficiency and hopefully cutting down time for consumers in terms of our telephone applications. Just learning, again, from the folks that are using this on a daily basis what can make it better."

Plans to develop an integrated system that includes all health and non-health services are being discussed

Long term, respondents cited plans to further automate eligibility determination for both non-MAGI Medicaid as well as non-health programs. One respondent expressed, "We definitely want to as a state [streamline and automate eligibility enrollment and renewal for non-MAGI Medicaid population]…the integration from the standpoint of the consumer and wanting to be able to handle families' health needs together, it is definitely something that we are committed to doing." Likewise, another respondent confirmed, "We are still very much pursuing and going down the road of an integrated eligibility system beyond health." Supporting this, the state recently released for public comment a Request for Proposals (RFP) that seeks a vendor to support the design, development, and implementation of the New York State Integrated Eligibility System (IES). The director of this effort

characterized this as a planned $500 million effort spanning more than 5 years to “modernize and integrate health and human services systems used by state and local workers in social service district offices to administer benefits and services and issue payments to clients and vendors.” IES will replace more than 15 legacy systems (Joscelyn 2017, NYU “Ivy Pool”). When asked to comment on the potential for a system that includes non-MAGI and non-health programs, assisters reacted positively. “That would be amazing. For non-MAGI populations, for them to have an easier Medicaid enrollment process would be great…because oftentimes the non-MAGI population are more vulnerable and it's harder for them to get everything in the old way and there's more room for error. That would be ideal—to have everybody in the same system.”

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APPENDIX

PRE-TELEPHONE DISCUSSION DATA COLLECTION FORM

MACPAC ELIGIBILITY, ENROLLMENT, & RENEWAL PROCESSES AND SYSTEMS STUDY

PRE-TELEPHONE DISCUSSION DATA COLLECTION FORM: NEW YORK

We realize that your agency is extremely busy. In order to maximize our time together on the telephone, we are requesting that you review this form to verify blue text or enter in the blue shaded areas information about your current Medicaid program and supporting eligibility systems. Please make any corrections directly on/in the document. This form should take about 10 minutes to complete.

1) **Name of Medicaid Agency:** Department of Health

2) **What is the PRIMARY agency responsible for Medicaid eligibility determination at ENROLLMENT if different from Medicaid agency above:**

3) **What is the PRIMARY agency responsible for Medicaid eligibility determination at RENEWAL (if different from #3):**

4) **Please confirm other governmental or quasi-governmental agencies/organizations/programs that regularly work with the PRIMARY agency above on Medicaid eligibility determination:**

Agency Name	Agency Type	Involved at Enrollment (Check if yes)	Involved at Renewal (Check if yes)
	Separate CHIP	☐	☐
Department of Social Services	Other State/Local Agencies	☒	☒
New York State of Health	State-based Marketplace	☒	☒
N/A	Federally Facilitated Marketplace	☐	☐
Enter specific areas if not statewide:	County or City Agencies	☒	☒
Enter name:	Other	☐	☐

5) **Please identify and describe the primary computer or information technology (IT) system currently used by agency staff to support individual Medicaid eligibility determination, re-determination, and/or tracking for New York's MAGI Medicaid populations.**

System Name: New York State of Health (Welfare Management System for non-MAGI Medicaid)

Year System Implemented: 2013

If not replaced in the last 10 years: Major System Modification? **Yes** ☐ **No** ☐ **N/A** ☒

Year of Major System Modification:

Vendor(s) Used for Recent System Replacement/Major Modification:

System Statewide: **Yes** ☒ **No** ☐

If no, please describe geography covered: ---

6) Please identify the other programs/benefits for which individual eligibility is determined and/or tracked through the primary Medicaid eligibility system named in Question #6 above.

Name of Program/Benefit	Type of Program/Benefit	Integrated at Application (Check if yes)	Integrated at Renewal (Check if yes)
	CHIP	☒	☒
Essential Plan/ New York State of Health	Basic Health Program (New York only)	☒	☒
	Other Non-MAGI Medicaid programs	☐	☐
New York State of Health	Other non-Medicaid health insurance programs (Marketplace, commercial plans, etc.)	☒	☒
	SNAP	☐	☐
	TANF	☐	☐
	Child care	☐	☐
	Child support	☐	☐
Enter name:	Other non-health programs/benefits	☐	☐

7) Please provide an estimate (in Column A) of the timeliness of MAGI Medicaid eligibility determination at application and the extent to which renewal is automated in New York. Alternatively, please verify the survey data (in Column B) from the source cited below.

	A. Percent of Applications (estimate)	B. Percent of Applications (Kaiser/Georgetown Survey)*
MAGI eligibility determinations are completed within **24 hours** of application		**75+**
MAGI eligibility determinations are completed within **one week** of application		
MAGI cases are **auto-renewed** (also known as ex parte renewal, passive renewal, or administrative renewal)		**25-50**

*Source: Brooks, T., Wagnerman, K., Artiga, S., and Cornachione, E. 2018. Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2018: Findings from a 50-State Survey. Washington, DC: Georgetown University Center for Children and Families and Kaiser Commission on Medicaid and the Uninsured. http://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility-Enrollment-Renewal-and-Cost-Sharing-Policies-as-of-January-2018.

8) Please confirm that the Medicaid/CHIP Eligibility Verification Plan for New York on record with CMS is up to date. The information we have for New York is found here:

https://www.medicaid.gov/medicaid/program-information/eligibility-verification-policies/downloads/new-york-verification-plan-template-final.pdf

Is this the most current verification plan? **Yes** ☐ **No** ☒

If not, where can we access the current verification plan? *Please provide link or attach with date.*

Provided to SHADAC.

9) Please indicate which IT resources are used to support eligibility determination and renewal for New York's MAGI Medicaid populations.

Information Technology Resources	Start Year	MAGI Medicaid only? (Check if yes)	Is this resource used at application (Check if yes)	Is this resource used at renewal (Check if yes)
Multi-benefit/combined online application for health insurance programs	2013	☒	☒	☒
Multi-benefit/combined online application for health and non-health insurance (e.g., food stamps) programs		☐	☐	☐
Online eligibility screening tools		☐	☐	☐
Self-service case management for clients, e.g., to check application status, report changes, renew		☒	☒	☒
Document management or imaging tools for clients, e.g., to support upload and routing		☐	☒	☒
Mobile applications for clients		☐	☐	☐
Document management or imaging tools for staff		☐	☒	☒
Staff portals		☐	☒	☒
Navigator/assister portals		☒	☒	☒
Business rules engines to automate calculations based on rules and logic		☒	☒	☒
Eligibility system interface with MMIS, e.g., claims		☐	☒	☒
Other IT resources, e.g., applications/tools, online accounts or portals, system modifications or interfaces				
Specify other IT resource:		☐	☐	☐
Specify other IT resource:		☐	☐	☐

10) Of the IT resources listed above, which would you describe as most critical to supporting MAGI Medicaid eligibility determination and renewal? Rank the top three.

#1	**On line app for health insurance programs**
#2	**Automated rules and processing**
#3	**Ability of consumers/assisters to update, renew on line**

Thank you for your time!