

Monitoring and Maximizing Medicaid Enrollment



Goals

- Ensure all eligible individuals served are enrolled in Medicaid
- Ensure all Medicaid enrollees maintain their enrollment
- Preserve General Funds as community benefit

Creating the Culture

- Through teaching, info sessions and staff meeting updates, all staff understand the funding structure and funding streams
- Learned that staff did not understand the insurance operations of mental health services and Medicaid

Creating the Culture

- Provided training/information about funding streams and the insurance side of CMHSP's
 - Medicaid PMPM funding, waivers, General Funds, grants
 - Medicaid covered services and non-covered services

Creating the Culture

- Focused on the benefits of Medicaid enrollment for those enrolled and receiving mental health services:
 - As entitlement, there is a range of supports available to individuals enrolled, based on medical/clinical necessity, well beyond mental health and substance abuse services
 - Individual protections, including appeal rights

Creating the Culture

- Connect to mission---imperative to serve the community
- Preserve General Funds as the safety net for the community
- For every individual served who could be on Medicaid, there is an individual in the community who is receiving **no** services because the General Funds are directed elsewhere

Creating the Culture

- Involve staff in wide range of positions: Intake staff, Reimbursement staff, Supervisors/Managers, Case Managers, Supports Coordinators, Administrative Support

Creating the Culture

- This was the most time consuming and challenging step of the project
- Staff in a variety of positions did not understand the funding structure, and subsequently did not understand the implications of their actions relating to Medicaid enrollment

Creating the Culture

Things we have heard:

- “I went into this field to help people, not to be an insurance representative”
- “I don’t know anything about Medicaid”
- “This is not my job”
- “It does not make a difference to the individuals I work with”
- “I don’t like doing this”
- “Individual already has insurance”

Creating the Systems

on the front end...

- Create reporting system for running real time reports on all individuals served
- Interface between CHAMPS and internal authorization system
- Sort according to needs—population, type of services authorized, amount of services authorized, etc...

Creating the Systems

on the front end...

- Example:
 - Population - Developmental Disabilities
 - Age -18+
 - Medicaid Status - Active, Spend-down, no Medicaid, no Medicaid date of last Medicaid

Creating the Systems

on the front end...

- No Medicaid Report
 - Categorize reasons for no Medicaid (i.e. assets, income, lapsed, unknown, etc...)
 - Address issues by category

Creating the Systems

on the front end...

No Medicaid—lapsed

- Issues we found:
 - It's someone else's job to see these get done
 - No tracking system for Medicaid renewal dates
 - DHS records - updating of residence vs. mailing address
 - Roles and responsibilities
 - Resources - forms, procedures

Creating the Systems

on the front end...

No Medicaid Spend-down DAC status

- Issues we found
 - Staff did not know what DAC meant, who could be considered DAC - educate staff
 - Staff did not know spend down does not apply to DAC (including some DHS staff)
 - Medicare enrollment often messes up DAC status in DHS system

Creating the Systems

on the front end...

No Medicaid Spend-down DAC status

- Verify DAC status - locate original Social Security documentation if possible, other documentation including institutional placements
- Work with DHS staff to have DAC status noted in record
- DHS staff through process (supervisor-ticket)

Creating the Systems

on the front end...

No Medicaid Spend-down, (Not DAC status)

- Issues we found:
 - Earned income pushing individual into spend-down
 - Staff not aware of options for protecting income
 - Individuals not meeting spend-down for 3 straight months losing Medicaid automatically

Creating the Systems

on the front end...

No Medicaid Spend-down, (not DAC status)

- Training for staff by benefits specialists, PASS plans, Ticket to Work, etc...
- Spend down plans for each individual, regular expenses, documentation of mental health expenses
- Single tracking system for spend-down, centralize

Creating the Systems

on the front end...

No Medicaid—assets

- Issues we found:
 - Trusts not established to protect assets and eligibility (Special Needs Trusts)
 - Assets slightly over limit, with individual having unmet needs
 - Individuals and staff not aware of options for assets

Creating the Systems

on the front end...

No Medicaid—assets

- Education for individuals, families and staff on Special Needs Trusts
- Financial planning with individuals

Creating the Systems

on the front end...

No Medicaid—income level

- Issues we found:
 - Married couples income exceeds limits
 - Income from employment not protected when possible (PASS)

Creating the Systems

on the front end...

No Medicaid—income level

- Educate individuals, families and staff on impact of marriage on joint income level and Medicaid eligibility
- Explore options for protecting earned income

Creating the Systems

on the front end...

No Medicaid—never applied

- Issues we found:
 - Individuals “choosing” to not apply
 - Individuals/families not willing to share financial information
 - Staff not aware of mental health code language regarding refusal (330.1814), including ability to pay is full cost of services
 - Inconsistent application of GF benefits package (similar to Medicaid benefits)

Creating the Systems

on the front end...

No Medicaid—never applied

- Educate individuals, families and staff on benefits of Medicaid enrollment
- Consistently apply ATP
- Consistently apply benefits package

Creating the Systems

on the front end...

DHS staff are overwhelmed

- Create relationships with local DHS staff and supervisors.
- Work with DHS staff to make their jobs easier (i.e. eliminating a spend down, updating beneficiary information)—create the “win-win”
- Shared DHS staff creates inroads

Creating the Systems

on the back end...

- Create reports to track any and every GF expenditure on every Medicaid code
- Determine reasons for GF expenditure (issues above)
- Separate report for spend-down
- Retro eligibility issues

Creating the Systems

on the back end...

- Issues we found:
 - Spend-down information not submitted or processed in timely manner
 - Medicaid lapses
 - Problems with line billing and spend-down

Creating the Systems that Support the Culture

- Roles and responsibilities have changed
- Shared vision of responsibility to individuals we are not serving (yet) in addition to the individuals we are serving
- Balancing “insurance” approach with Person Centered Planning
