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

Inquiry / Information & Referral

- Single point of entry call center for consumers and providers
- Provide education on program/process
- Maintain I&R provider registry

Eligibility Screen

- Phone screen
- Schedule assessment
- Reminder call pre-assessment
- Web-based screening and application

Conduct Assessment

- Assess ADLs/IADLs
- Meet clients face-to-face
- Educate on provider/service choices
- Automated Resource Allocation Based Upon Assessment/Plan of Care

Determine Eligibility

- Assess and fill gaps to eligibility requirements
- Authorize services (with State approval)
- Provide required notices
- Automated Asset Verification for Financial Eligibility

Reassess Enrollment

- Unbiased choice counseling
- Enroll with selected MCO/provider
- Handle client-initiated provider disenrollment
- Evaluate consumer satisfaction
- Verify receipt of services

Post Enrollment Services

- Conduct quality assurance reviews
- Provide Care Coordination
- Manage Staffing
- Hearings/Appeals
- Payment reconciliation
- Audit/Monitoring
Background: AVS within the Broader Context of LTSS Eligibility
Evolution of the LTSS Eligibility & Enrollment Process

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

Managed Care Enrollments
- Choice counseling
- Field-based Education and Outreach
- Informational Web portal

Self-service options added:
- Public-facing website with online enrollment
- Computer-telephony integration (CTI)
- IVR system

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

Innovative approaches
- Single Point of Entry for Multiple Populations
- Automated Asset Verification
- Social media and Beneficiary Support Systems
Key Components of the Eligibility Process

Stage 1: System Entry Points/Initial Screening

No Wrong Door/Single Entry Point

Level I Screening

Potentially Eligible – Stage 2

Level II Functional Eligibility Assessment

Financial Eligibility for Medicaid

Eligible – Enrolled in LTSS

Stage 3: Eligibility & Enrollment

1-800 #

Walk In

Website
Streamlining LTSS Eligibility for Multiple LTSS Populations

**FUNCTIONAL ELIGIBILITY DETERMINATION**

- **Level I Screen (PASRR Level I/LOC for HCBS)**
- **Schedule Level II Screen**
- **Conduct Level II Screen (PASRR Level II/MDS-HC/Others)**
- **Develop Plan of Care (POC)/Select Providers**
- **QA Level II and POC**

**FINANCIAL ELIGIBILITY DETERMINATION**

- **Receive/Process Eligibility Application**
- **Submit Request to AVS to Verify Assets**
- **Perform Financial Analysis/Verify Assets**
- **Determine Financial Eligibility Status**

**INTAKE CENTER**

- Intake/Member Counseling/Information & Referral

**Monitor POC/Services Received (By phone or in-person)**
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 2009-2013.

• **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.

AVA 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

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Solution: DecisionPoint™</th>
<th>Benefits</th>
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</thead>
<tbody>
<tr>
<td>Dwindling State resources make it increasingly difficult to comply with asset verification and look back periods in determining financial eligibility for LTSS</td>
<td>New technology brings disparate data into one comprehensive Member view, expediting eligibility decisions and reducing administrative burden</td>
<td>Better data arranged in more intuitive ways lead to more accurate eligibility decisions, increasing program integrity and reducing fiscal burden</td>
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</table>

Reduces Administrative Burden while Increasing Program Integrity
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.
Eligibility Determination Details

### APPLICATION SEARCH

**APPLICATION TRACKING# 3163**

## APPLICATION ELIGIBILITY FACTORS

<table>
<thead>
<tr>
<th>Income</th>
<th>Citizen</th>
<th>Legal Res.</th>
<th>State Res. Phone</th>
<th>Member</th>
<th>SSN Validity</th>
<th>Other Insurance</th>
<th>Assets</th>
<th>Household Size</th>
<th>Income Leads</th>
<th>Data Sources</th>
<th>E-Recommend</th>
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- **E-Recommendation:** DATAMATCH RECOMMEND LIKELY INELIGIBLE
- **Reason:** Income over FPL Limit
- **Last Updated By:** System, DataMatch, Job - AaSD Community and DoA without community spouse Cases

### Member: ANGELICA AZMAT

<table>
<thead>
<tr>
<th>Property Name</th>
<th>Property Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Income</td>
<td>1500.0</td>
</tr>
</tbody>
</table>

- **Is HOH Member:** false
- **Is Active Member:** true

**Data Source: THS Work Number**

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**Data Source: State Quarterly Wage**

<table>
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<tr>
<th>Property Name</th>
<th>Property Value</th>
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<tr>
<td>Total Income</td>
<td>50.0</td>
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**Data Source: BENDEX**

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<th>Property Name</th>
<th>Property Value</th>
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<tbody>
<tr>
<td>Total Income</td>
<td>0.0</td>
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</table>
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

**APPLICATION TRACKING INTERNAL PORTAL**

**APPLICATION SEARCH**

**APPLICATION TRACKING# 3103**

**APPLICATION ELIGIBILITY FACTORS**

<table>
<thead>
<tr>
<th>Income</th>
<th>Citizen Legal Res.</th>
<th>State Res. Phone</th>
<th>Member</th>
<th>SSN Validity</th>
<th>Other Insurance</th>
<th>Assets</th>
<th>Household Size</th>
<th>Income Leads</th>
<th>Data Sources</th>
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<tr>
<td>Income</td>
<td></td>
<td></td>
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<tr>
<td><strong>ANGELICA AZMAT</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income Type</td>
<td>Amount</td>
<td>Frequency</td>
<td>Effective Date</td>
<td>Date Added</td>
<td>Employer</td>
<td>Additional Info</td>
<td>Match Code</td>
<td></td>
<td></td>
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<tr>
<td>State Quarterly Wage</td>
<td>$150.00</td>
<td>7 - Quarterly</td>
<td>06/30/2014</td>
<td>07/31/2014</td>
<td>EMPLOYER_ID: 4381883</td>
<td>SSN and last name match</td>
<td>Details</td>
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<td></td>
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<tr>
<td>The Work Number</td>
<td>$1,500.00</td>
<td>5 - Monthly</td>
<td>07/31/2014</td>
<td>07/31/2014</td>
<td>Gaby Construction: 2121 Hanack Rd Cedar Blk IL 62009</td>
<td>SSN, first name and last name match</td>
<td>Details</td>
<td></td>
<td></td>
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</tr>
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</table>

**Expense**

<table>
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<tr>
<th>Expense</th>
<th>Source</th>
<th>Expense Type</th>
<th>Amount</th>
<th>Frequency</th>
<th>Effective Date</th>
<th>Date Added</th>
<th>Additional Info</th>
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**DOB: 10/15/1981** Active

**DOB: 10/16/1981** Active
## Citizenship

<table>
<thead>
<tr>
<th>Source</th>
<th>Verification Type</th>
<th>Alien Reg No</th>
<th>Effective Date</th>
<th>Verification Date</th>
<th>Date Added</th>
<th>Additional Info</th>
<th>Match Code</th>
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<tbody>
<tr>
<td>WTPY</td>
<td>A - SSN verified, no death indication, citizenship consistent</td>
<td></td>
<td>08/13/1102</td>
<td>07/31/2014</td>
<td></td>
<td>Identity Discrepancy Code:XX,Error Condition Code:AA</td>
<td>SSN, first name and last name match</td>
</tr>
</tbody>
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Note: This image shows a screenshot of a system interface for tracking citizenship applications, with specific details about an individual named Angelica Azmat.
- 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

Users Upload PDF’s Bank and Credit Card Statements

Data is Extracted and Processed via Amazon Web Services (AWS)
Production Systems are Hosted in US East Region - Northern VA

Users Instantaneously Sort and Search Perfectly Accurate Database of Transactions (Over 99% Accuracy)

Data is Permanently Stored via AWS in US East Region - Northern VA

Data is Desensitized and Crowdsourced for Validation and Reconciliation

MAXIMUS® Helping Government Serve the People®
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