



**State of Florida
Department of Children and Families**

Rick Scott
Governor

Mike Carroll
Secretary

DATE: May 11, 2017 **TRANSMITTAL NO.:** I-17-05-0007

TO: Economic Self-Sufficiency Operations Managers
Economic Self-Sufficiency Program Offices

FROM: Suzanne Poirier, Chief, Technology & Project Management
Susan Thomas, Chief, Program Policy
(Signatures on File)

SUBJECT: Auto Action Changes

DATE: June 1, 2017

This memorandum is to provide staff with information about a new system change to automate actions on assistance groups (AGs) and cases. Auto Action will process data exchange death alerts, end of review Medicaid closures, and ex partes for pregnant women and newborns.

Background:

Policy requires that Medicaid AGs be closed when an individual is no longer eligible, either due to death, a change in circumstances that causes them to lose eligibility, or when they fail to complete their annual eligibility review. Because many of our customers are in managed care plans, the state continues to pay these plans until the AG is closed. When an individual loses eligibility under one coverage code, staff must determine whether they may be eligible under a different coverage (i.e. ex parte) and process that change, ensuring adverse action notification.

In the 2016-2017 legislative session, the Department was allocated funds to improve Medicaid program integrity and ensure proper certification periods. This funding was used to implement an automated process to complete many actions eligibility staff currently do manually. One expectation is the automated process will quickly update cases when notified of a death alert, thereby improving program integrity and avoiding overpayments. This process will also ensure that recipients who do not complete their annual Medicaid renewal will have their benefits closed timely, similar to Food Assistance and Temporary Cash Assistance closures at the end of the review period. By automatically taking action in these situations, appropriate certification periods will occur when recipients are no longer eligible for benefits.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Current Process:

Staff must complete manual processes to close AGs, or to remove the individual, when they receive a data exchange (DE) death alert. Staff must track Medicaid AGs that are due for the annual renewal, and manually close those AGs that do not submit the interim contact or renewal application for the month the review is due. Staff must also manually ex parte pregnant women to other Medicaid coverage at the end of the postpartum period, and ex parte presumptively eligible newborns (PEN) no later than the end of the PEN coverage period.

New Process:

1. Auto Action/Death Alert

The Auto Action/Death Alert process will update the death information on the FLORIDA Individual Living Arrangements (AIIC) screen, and automatically close AGs, or reauthorize benefits for remaining household members after the deceased individual is removed, using verified death matches from the Office of Vital Statistics (OVS) and the Social Security Administration (SSA). Verified death information is located on the DEDT, DENU, DEBB and DESD Data Exchanges.

This process will be completed on eligible adults and eligible children in all AGs except for Child-In-Care (MCFE, MCFN, and NCFN). Staff will continue to manually update these cases when a data exchange death alert is received.

When a death match is received, a daily match is performed against FLORIDA, and Auto Action will take the following actions:

- Update the FLORIDA AIIC screen with the living arrangement type “22” (Death/Posthumous), date of death, and verification code “DE”. Auto Action will attempt to close all AGs when the deceased individual is the only eligible member. If the AG can be closed, CLRC will be updated with the Personal Identification Number (PIN) of the deceased individual, date of death, closure date, and source (OVS or SSA).
- If the deceased individual is the only individual receiving assistance, the case will be closed and transferred to the closed files.
- If the deceased individual is not the only individual receiving assistance in the case, and they are not the payee of other AGs in the case, AGs will be closed when the deceased individual is the only eligible member of the AG. EDBC will run, the deceased individual will be removed from other AGs, and those benefits will be reauthorized, as applicable. If any AGs are in pending status on AWAA after this action, or are worker created, the case will be listed on the new Auto Action Exception Report for the worker to finish. CLRC will be notated that the Auto Action/Death Alert could not be completed.

- If the deceased individual is not the only individual receiving assistance in the case and is the payee of other AGs in the case, AGs where the deceased is the only eligible member receiving assistance will be closed, and all other AGs will be left in pending status on AWAA. The case will be listed on the Auto Action Exception Report and CLRC will be notated.

The following reason codes will be entered on AWAA when the death alert is processed:

- 347 – “We received information that a member of your household died and will no longer be covered by this program” is used if there are multiple individuals on AIID.
- 369 – “We received information that all the people covered by this program have died” is used if there is only one individual on AIID.

NOTE: The Auto Action/Death Alert process will not dispose of the data exchange. If staff receive a subsequent application for a deceased individual staff must refer the case to Public Benefits Integrity for review.

2. Auto Action/End of Review Period

The Auto Action/End of Review Period process will close Medicaid AGs on the 16th of the month, prior to pulldown, during the last month of the review period if the recipient has not taken action to renew their benefits. Closure reason code 535 – “You failed to complete or follow through with your Medicaid renewal” will be used for these auto action closures.

CLRC will be notated with the AG effective closure date and that the closure was due to the customer failing to reapply. If the automated closure results in the closure of all AGs in the case, the case will be transferred to closed files.

The following AGs are excluded from the Auto Action/End of Review process: Child-In-Care, Buy Ins, MA I, MU, ME I, ME C, MRR, BCC, and Medically Needy AGs. Children receiving coverage during the continuous Medicaid period in MM I or MM C will also be excluded from the end of review period closure, even if a renewal application was not submitted, because failure to complete the renewal is not a valid reason to terminate continuous Medicaid coverage.

Cases that are in the following statuses will be bypassed and **NOT** closed automatically in the month the review is due, since FLORIDA or AMS indicates workers may already be processing these cases:

- Cases that are in ASIA, ASRE, ASVR, Add a Person or the EDBC Driver
- Cases that have at least one AG waiting for authorization

- Cases that have a work item for an Application (APP), Redetermination (RDT), or Additional Benefits (ADD) that is not disposed

When the Auto Action/End of Review Period process is implemented, it will begin closing AGs that have a review due in June 2017. It will not close AGs that have an overdue review. The ongoing process will only close AGs whose end of review period is the current month.

NOTE: When staff are completing reviews in FLORIDA they must enter a 'Y' in the AGPY "REV AG" field to calculate a new review period and check the AWER review dates after authorizing a renewal. The accurate completion of data fields in FLORIDA is the only way the Auto Action process will work to close benefits appropriately at the end of the review.

3. Auto Action/Ex Parte

The Auto Action/Ex Parte process will ex parte pregnant women and presumptively eligible newborn children at the end of their presumptive period. This is a monthly process that will run on the 16th of the month. Similar to the Auto Action/End of Review Period, cases that are pending in FLORIDA or AMS or have a Breast and Cervical Cancer (BCC) disability indicator on AIDP will not be included in this process. CLRC will be notated when the ex parte was successfully completed, or when the ex parte was started but could not be completed. AGs that could not have the ex parte finished will be included on the Auto Action Exception Report for the worker to complete.

Pregnant women coverage (MM P/MM T) AGs will be closed at the end of the calculated postpartum period. This date is calculated by adding two months to the pregnancy end date or adding 11 months to the pregnancy begin date on AIIM, if no end date was entered. Reason code 524 – "The Medicaid coverage for your pregnancy has ended" will be entered on AWAA.

If the calculated postpartum end date is a current or past month, and the review date on AWER is a future month, the MMP/MM T will be ex parted to another Medicaid AG, if eligible.

If the calculated postpartum end date is a current or a past month, and the review date is the current or past month, the MM P/MM T AG will be closed. If this results in closure of all AGs in the case, the case will be transferred to closed files.

In the situations above, where the mother's MM P/MM T coverage is being closed, the associated unborn MN AG (code 34 on AIIC) will also be closed because no reported birth has occurred.

For Auto Action/Ex Parte to close MM P/MM T benefits properly, the correct begin and end dates **MUST** be entered on AIIM. This will ensure the pregnancy coverage does not end prematurely. Refer to Transmittal No.: P-17-04-0007, Updating AIIM Correctly for Pregnancy Medicaid, for calculating the pregnancy begin date. Once the child is born, or the pregnancy has ended, enter an "N" in the "PREG" field, and enter the child's birth date, or the date the pregnancy ended, in the "Pregnancy End" field.

The correct due date must also be entered to ensure that any associated Temporary Cash Assistance is built correctly.

Presumptively eligible newborns (MN, code 26 on AIIC) AGs will be closed at the end of the presumptive eligibility period. The coverage end date is calculated by adding 11 months to the child's date of birth on AIID if born on the first of the month, or by adding 12 months if the child was born after the first of the month. Reason code 520 – "Your Medicaid for this period is ending" will be entered on AWAA.

If the calculated presumptive eligibility newborn coverage end date is a current or past month, and the review date on AWER is a future month, the living arrangement code on AIIC will be updated to 01, EDBC will be run, and a new coverage group will be opened, if eligible. CLRC will be notated.

If the calculated presumptive eligibility newborn coverage end date is a current or past month, and the review date on AWER is the current or past month, the MN AG will be closed. The AG will not be ex parte, because no renewal was submitted to continue benefits for the child. CLRC will be notated, and if this was the only open AG in the case, it will be transferred to closed files.

MN coverage with a code 34 (unborn child living arrangement) and no related MM P/MM T coverage will be closed if the eligibility end month on ACEI is in the current or past month because there is no reported birth.

The ex parte process for MM P/MM T and MN AGs, and when running EDBC after removing a deceased individual, will authorize new AGs built for other currently eligible household members, such as opening MO Y coverage when there is an age change for a child, or MM S. It will not authorize new SSI-Related Medicaid AGs, including NS. Those cases will go to the Auto Action Exception Report.

4. Reports

Two new reports have been created in the Medicaid Eligibility System (MES) Reports:

- The R96 Auto Action Exception Summary Report displays summary counts of exceptions based on Region, Circuit, Admin, Unit, and Worker ID and will have drilldown capability.
- The R97 Auto Action Exception Detail Report displays the AGs that did not have the death alert or the MM P/MM T or MN ex parte automatically processed because of an exception. This report will also include the exception date.

AGs that go to the exception reports will be assigned based on the case location at the time the exception occurred and will stay on the exception reports until action is taken. Regions must ensure the exception reports are worked within ten days of posting.

Regional Program Office staff may contact Nathan Lewis at Nathan.Lewis@myflfamilies.com for policy-related questions or Eileen Schilling at Eileen.Schilling@myflfamilies.com for system-related questions.

cc: Assistant Secretary for Economic Self-Sufficiency (Jeri Culley)
Director (Tonyaleah Veltkamp)
Regional ESS Directors
Customer Call Center (Liesta Sykes, Guerschom Alcin, Janio Garcia, Brenda Anderson, Andrew Houghton, Goodluck Owi)
Data Analytics, Technology, and Project Management (William Martinez, Margie France, Eileen Schilling)
EBT (Michael Pogue)
ESS Program Administration and Contract Management (Jamie Franz)
FLORIDA Help Desk (Glenda Washington)
Information Technology (Kit Goodner, Barbara Roglieri)
Office of Appeal Hearings (Nathan Koch)
Office of Communications (Jessica K. Sims)
Office of the General Counsel (Lynn S. Hewitt)
Office of Continuous Improvement (Debbie McLemore)
Office of Program Policy (Melissa K. Burns, Nathan Lewis, Jacinta Murphy)
Peer and Integrity Review Manager (Terry Field)
Public Benefits Integrity (Andrew McClenahan, Sheri Hall, Karen Jilson)
Florida Legal Services (Cindy Huddleston)
AHCA (Mary McCullough, Lisa Gill, Peggy Hall, Gail Hansen, Virginia Hardcastle, Shevaun Harris, Beth Kidder, Abby Riddle)
Florida Bar Elder Law Section (Emma Hemness, Twyla Sketchley)
Florida Healthy Kids (Austin Noll)