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March 2, 2020

The Honorable Sarah Unsicker
State Capitol
201 West Capitol Avenue
Jefferson City, MO 65101-6806

Dear Representative Unsicker,

It was a pleasure meeting with you on February 19th to address your concerns about Missouri Medicaid and to demonstrate the MEDES system.

I am responding to your follow up letter dated February 20th that listed questions that you still have regarding the MO HealthNet program. I have extracted the questions from your letter and have responded to each one separately below.

Questions and Answers

- 1. Percentage of individuals dis-enrolled from Medicaid between January 1, 2018 and February 1, 2020 and applied through the FFM.**

FSD received 99,149 applications from the FFM during the time period of January 1, 2019 through February 1, 2020.

- 2. Number of dis-enrolled individuals who did not access their Medicaid benefits.**

6,463 individuals which was 38.8% of the dis-enrolled individuals.

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3. Newborns – There were 12,900 fewer newborns (29%) at the end of 2019 than at the end of 2017.

Lack of system functionality required staff to use a by-pass method to add newborn coverage from 2014 to 2018. Before the clean-up, around a third of the newborns were older than 1 year old and still receiving coverage under the newborn category. Functionality was added in 2018 that allowed staff to review the cases and move the children to other Medicaid categories. The largest drop was from December 2017 to December 2018 (24.4%) and that was when the clean-up started. The newborns were either added to cases where parents or siblings were actively receiving medical benefits or the children closed and the parents did not apply for MO HealthNet for Kids. This is the pilot project we started this month for the children who do not have an active parent or sibling case where we can determine on-going. These parents will receive a letter with an application when the child turns 10 months old. The letter will explain that they must apply for the child to have on-going coverage after the child turns 1 year old. Since February is the first month to pilot we will not have sufficient data to report until after May. The February mailing will be for children turning 1 in April.

4. Children – MHF and MHK declined by 101,173 (19%) from end of 2017 to end of 2019. Why did they close?

Please see the break down below. I have provided the larger group of closing categories.

- 6 Non Return of IM55 Notice
- 101 Moved out of Household
- 271 Deceased
- 268 Aged out Newborn
- 505 Verbal Voluntary close
- 508 Duplicate Participation (Individual had 2 DCNs highest number DCN closed)
- 1,556 Alternative Care CD
- 1,813 Voluntary closed in writing
- 2,742 Other
- 12,598 Requested Verification Not Provide
- 12,443 Verification Not Provided IM 80 and IM33
- 53,729 Non-Return of IM1U Annual Renewal

5. About 12% match from the hub is this number correct? 17-20% match for other states. Where did you get the information?

This information came from a conversation with CMS. CMS does not track the information and states only self-report. We also have had conversations with Equifax who holds a contract with CMS to provide employment data from the Federal Hub.

Their internal data shows that Missouri's hit rate is 12%. The information that FSD is hitting is the free data from the Federal Hub. To increase the number of "no touch" annual renewals the agency would need to purchase additional data sources from the Work Number database within Equifax to supplement the free Federal Hub data to increase our numbers to the 17-20% that other states experience.

6. When the parent is no longer qualified do they have to re-apply for the child?

No, parents will only have to re-apply for child's benefits when they are closed for failure to return IM1U Annual Renewal or failed to return requested information.

7. What quality assurance testing is being done in MEDES on an on-going basis to ensure system is working as designed?

Testing occurs on all applicable functionality, business process flow, interfaces, tasks, reports, notices, security and batches. System Integration Testing (SIT) occurs by the vendor then User Acceptance Testing (UAT) is performed by FSD staff. At the conclusion of SIT/UAT validation/testing – exit review occurs by the team in a Go No/Go meeting prior to deployment to production.

MEDES was reviewed by CMS on system functionality on March 14th and 15th.

8. Has FSD/DSS discussed the possibility that individuals are erroneously removed?

FSD\DSS has spent hours of research and discussion delving into the number of case closures. The agency continues to correct any errors that are brought to our attention and ensure that individual(s) receive the coverage they are eligible to receive.

9. Does FSD/DSS meet regularly to discuss enrollment trends pertaining to individuals who have been removed from the rolls?

FSD\DSS monitors the ebb and flows of all the program rolls. Processes are in place to monitor the number of annual renewals sent and number of IM80 adverse actions are sent to monitor the closings for the month and identify any issues when closures are extremely high or low.

10. If so, who participates and what is that conversation like?

This participants include FSD, MHD, MEDES project office and IM Field Program Administrators. Participants discuss current trends and numbers and look for root causes and solutions that may include staff training and out-reach.

11. How many children were referred for ex-parte review between January 1, 2018 and February 1, 2020?

291,300 this includes annual renewals and change in circumstance reviews

12. What percentage were estimated to be households with income that would qualify them for MO HealthNet for Kids (but not MO HealthNet for Families)?

30% of the children transitioned from MHF to MHK.

33, 096 transitioned from MHF to a MHK or CHIP category

FSD is committed to providing excellent customer service and ensuring that the program integrity is upheld. We will continue to analyze data trends and establish out-reach to assist individuals in obtaining benefits. Please do not hesitate to contact me if you have additional questions.

Sincerely,



Kim Evans
Director