

Illinois Enhanced Eligibility Verification Project Fact Sheet

Background

The Illinois Enhanced Eligibility Verification (EEV) Project arose from an emergency procurement authorized by the Save Medicaid Access and Resources Together (SMART) Act of 2012 to secure services of a Vendor to verify eligibility for Medicaid through use of data matching resources. The contract was awarded to MAXIMUS Health Services, Inc. with a subcontract to HMS for the data matching component.

Objectives

To improve the integrity of the State's Medicaid eligibility determination and allow the State to evaluate cases with greater efficiency, particularly for redetermination, by:

- Establishing an online portal for state workers to easily manage cases, collaborate, and interface with various databases needed to support the verification process
- Digitizing information flow and eliminating paperwork, and by automating many of the manual processes involved in collecting information for case processing
- Providing beneficiaries with more accessible way to verify the status of their eligibility redetermination

Challenges

- All 2.7 million clients currently enrolled in the State's Medicaid program must be renewed annually
- State needs to ensure that those who qualify for benefits receive them, while at the same time ensuring those not eligible do not receive them
- Compressed timeline for going live required an expedited implementation

Scope of Work

- MAXIMUS will review cases using a proprietary system, developed by HMS, a Texas firm that assembles data from multiple data sources. Using business rules, the system indicates cases that are potentially ineligible for medical benefits.
- While some of the data can (and will) be verified entirely through electronic means, conflicting and/or missing data will require customer contact.
 - For cases where no benefits other than Medical benefits are involved, MAXIMUS will contact clients who will have 10 business days to supply additional information. MAXIMUS staff will review these cases and provide specific recommendations using State approved policies and procedures. The State Caseworkers will determine if the recommendation is correct, and complete the Redetermination in the Automated Case Management System (ACM) based upon both the data in the ACM system plus any new data collected by MAXIMUS.
 - Where the case includes SNAP or cash assistance, the clients will be contacted by the State Caseworkers per current procedures. They will use the data collected by MAXIMUS/HMS plus other data generated pursuant to redeterminations for other programs to make a final decision on eligibility.
- The HMS data matching system will be integrated with the State's existing systems and databases, as well as federal and other third-party systems
- The project will connect a variety of new databases not previously available and integrate those with existing systems and data bases in a sophisticated way that will enhance value from this data
- Bigger benefit, however, is the ability of MAXIMUS to bring technology and processes from other states that, in a matter of months, will significantly enhance the ability to efficiently apply information to the re-determination processes
- MAXIMUS will provide beneficiaries with access to dedicated customer support and a variety of tools to confirm the status of their case in the eligibility redetermination process and submit required documentation:

- Illinois Medical Redetermination Hotline: a call center staffed with Customer Service Representatives from 7AM to 10PM specifically trained to handle Medicaid eligibility questions and inquiries
- Performance payment conditioned on appropriate customer response—time to answer, number of calls abandoned, etc
- Multiple channels for submitting documentation: online, in-person, and fax

Implementation

- Joint MAXIMUS-DHS/HFS workgroups are developing the system and business requirements, as well as workflows.
- Next steps include executing system configuration and developing algorithms to meet specific Illinois requirements, as well as the development of the Policies and Procedures to be used by MAXIMUS Eligibility Specialists and call center staff.
- The table below outlines at a high-level select implementation activities.

Elements	Description
Staffing	<ul style="list-style-type: none"> • Recruit and hire approximately 500 MAXIMUS staff for local call center <ul style="list-style-type: none"> ▪ More than 40 management and professional positions ▪ Approximately 450 eligibility specialist and call center representatives, with multi-lingual and multi-cultural capabilities • Train MAXIMUS staff and state workers • Provide capacity overflow for technology/data management from additional 40 employees located in Dallas, Texas
Facility	<ul style="list-style-type: none"> • Identify, lease, and complete site configuration with furnishings for a 100-seat call center, more than 400 eligibility specialists in teams, as well as a document and mail processing center and support area
Voice & Data Networks	<ul style="list-style-type: none"> • Typical order and delivery of circuits is two months
Data Matching Technology	<ul style="list-style-type: none"> • Configure the existing technology to meet Illinois specific eligibility requirements • Interface with state, federal and commercial income-, asset- and residency-related databases • Build an internet portal to communicate with state caseworkers and databases • Test all elements of the system

About MAXIMUS

- Largest Medicaid Managed Care Enrollment Broker – touching 52% of all beneficiaries
- Largest CHIP administrator – 59% of market
- MAXIMUS has decades of experience with large scale government programs and transformational changes and is the eligibility and enrollment service administrator for nearly 20 million Medicaid and CHIP beneficiaries
- MAXIMUS has 60 customer call centers across North America:
 - Nationally averaged over 2 million agent-assisted calls per month across all call centers
 - Texas Eligibility Support project’s multi-site contact centers handled more than 5.15 million calls with more than 1,600 staff in 2012
 - California Medicaid and CHIP programs averaged 319,000 outbound calls per month
- Typical timeframe from start-up to “go live” ranges from six to nine months
- The extensive experience in implementing call center operations allows MAXIMUS to leverage proven processes and tools that help reduce this timeframe without “cutting corners”