

Round 2 Medicaid and CHIP Eligibility Review Pilot Proposal Template

A. GENERAL INFORMATION

1. STATE NAME:

Please enter your state's name.

2. PILOT PROPOSAL VERSION:

Please enter the version of the pilot proposal you are submitting (e.g., 1, 2, etc.).

3. SUBMISSION DATE

4. PILOT FINDINGS DUE DATE: 12/31/2014

5. STATE CONTACT NAME(S):

Please provide the contact name or names for all individuals who should be contacted with questions or comments related to the Round 2 pilot proposal.

6. STATE CONTACT E-MAIL ADDRESS:

Please provide e-mail addresses for individuals who should be contacted with questions or comments related to the Round 2 pilot proposal.

7. STATE CONTACT PHONE NUMBER:

Please provide the phone number for all individuals who should be contacted with questions or comments related to the Round 2 pilot proposal.

8. STATE ENTITY RESPONSIBLE FOR CONDUCTING PILOT REVIEWS:

Please provide specific information on the state entity responsible for conducting pilot reviews.

9. STATE ENTITY RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS:

Please provide specific information on the state entity responsible for eligibility determinations.

10. EXPLAIN HOW THE ABOVE ENTITIES ARE INDEPENDENT:

Please explain how the entity responsible for conducting pilot reviews and the entity responsible for eligibility determinations are independent from each other. To be considered independent the entity responsible for the pilot reviews must be functionally and physically separate from the entity conducting eligibility determinations. The staff responsible for eligibility policy and making eligibility determinations must not report to the same direct supervisor as the staff conducting pilot reviews.

B. BACKGROUND INFORMATION

1. DATE STATE IMPLEMENTED MAGI DETERMINATIONS:

Please enter the date your state implemented MAGI determinations.

2. DATE STATE IMPLEMENTED MAGI REDETERMINATIONS (renewals):

Please enter the date your state implemented annual renewals based on MAGIs. This date should be consistent with any mitigation plan or waivers the state has in place.

3. STATE MARKETPLACE MODEL: Choose an item.

Please select your state marketplace model from the drop-down box (e.g., SBM, FFM determination, or FFM assessment).

4. RELEVANT MARKETPLACE MODEL INFORMATION:

Please describe transition, if any, from one model to another during the pilot timeframe.

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- 5. DOES THE STATE HAVE ANY CMS-APPROVED MITIGATION PLANS, STRATEGIES, OR WAIVERS WHICH MAY IMPACT THE ELIGIBILITY REVIEW PILOTS: YES NO**

If yes, please describe. (EG: Delayed renewals, targeted enrollment strategies, Flat File waiver)

- 6. IF YES, DESCRIBE THE IMPLICATIONS OF THE DELAYED RENEWAL WAIVER OR MITIGATION PLAN ON THE PILOT:**

- 7. OTHER ASPECTS OF STATE'S ACA IMPLEMENTATION WITH IMPACT ON ROUND 2 PILOTS (e.g., delays, interim solutions, FFM transfers, eligibility system conversions):**

Please indicate any other aspects of the ACA's implementation will impact on your state's Round 2 pilots.

C. SAMPLING UNIT

- 1. DESCRIBE SAMPLING UNIT LEVEL:** Choose an item.

Please select your state's sampling unit level from the provided list of options (e.g., individual, household).

- 2. DEFINE ACTIVE DETERMINATION AND NEGATIVE DETERMINATION FOR YOUR STATE:**

Please explain your state's definition of active determination and negative determinations in detail. See Round 2 guidance for general definitions for active vs. negative and describe how it applies specifically to your state.

- 3. DEFINE INITIAL DETERMINATION AND REDETERMINATION FOR YOUR STATE:**

Please explain your state's definition of initial determination and redeterminations in detail. See Round 2 guidance for general definitions for initial determinations vs. redeterminations and describe how it applies specifically to your state. Please also include details of what is considered a change of circumstance redetermination if this applies to your state for the purpose of this pilot.

D. SAMPLING FRAME CONSTRUCTION

- 1. LIST THE SAMPLING FRAMES (I.E. UNIVERSES) BEING BUILT AND SAMPLED FROM:**

Please list the sampling frames being built and sampled from. Note that states must build and sample from at least three separate sampling frames, including: Medicaid active determinations, CHIP active determinations, and Negative determinations.

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2. PROVIDE A DESCRIPTION OF THE DETERMINATIONS INCLUDED IN EACH OF THE ABOVE LISTED SAMPLING FRAMES:

Please provide a description of the determinations (e.g., active, negative, initial or redeterminations) included in each of the above listed sampling frames for your state. It should be clear from this description that all sampling frame requirements will be met (e.g. includes only determinations made by the state, only full eligibility determinations for presumptive eligibility cases included, etc.). It should also be clear from this description how your state separated Medicaid and CHIP (i.e. Funding Source – Title XIX vs. Title XXI).

3. DATA SOURCES AND SYSTEMS USED TO DEVELOP EACH OF THE SAMPLING FRAMES:

Please specify the data sources and systems used to develop each of the sampling frames for your state.

4. DESCRIBE HOW CASES WILL BE IDENTIFIED FOR INCLUSION IN EACH OF THE SAMPLING FRAMES: (e.g., aid category)

Please describe in detail how cases will be identified (e.g., aid category) for inclusion in each of the sampling frames for your state.

5. STATE ENTITY RESPONSIBLE FOR PULLING THE DATA/DEVELOPING SAMPLING FRAMES:

Please identify the state entity which will actually select the data and develop the sampling frames from the state's eligibility system(s).

6. DESCRIBE HOW THE DATA WILL BE PULLED: (e.g., SQL query)

Please describe in detail your state's approach for how the data will be pulled (e.g., SQL query).

7. WILL THE SAMPLING FRAME BE STRATIFIED? YES NO

Please select whether or not your state's sampling frame will be stratified.

8. IF YES, EXPLAIN STRATIFICATION APPROACH AND THE STRATA FOR EACH SAMPLING FRAME:

If your state is stratifying its sampling frame, please explain the stratification approach and the strata for each sampling frame. Be sure to specify the field(s) on which the data will be stratified and how the state will identify determinations to be included in each strata.

E. SAMPLING FRAME TIME FRAME

1. TIMEFRAME OF DETERMINATIONS (INITIAL DETERMINATIONS AND REDETERMINATIONS) FROM WHICH THE STATE IS SAMPLING:

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Please detail the timeframe of determinations (including initial determinations and redeterminations) from which your state is sampling. Note that states must sample from eligibility determinations made between April 2014 and September 2014 but can choose a smaller timeframe within this 6 month review period.

2. DESCRIBE HOW THE STATE IS IDENTIFYING DETERMINATIONS WITHIN THIS TIMEFRAME AND EXCLUDING DETERMINATIONS OUTSIDE OF THIS TIMEFRAME:

Please describe how your state is identifying determinations within this timeframe and excluding determinations outside of this timeframe. Please note that the parameter states should use when developing the sampling frame is the determination date (i.e., decision date).

F. SAMPLING FRAME EXCLUSIONS

1. ADMINISTRATIVE TRANSFERS

i. IS THE STATE ABLE TO EXCLUDE ADMINISTRATIVE TRANSFERS? YES NO

Please indicate whether your state can exclude administrative transfers from the sampling frame prior to sampling.

ii. IF YES, EXPLAIN HOW. IF NO, EXPLAIN WHY:

If yes, please provide specific information regarding how your state is able to identify administrative transfers and how these determinations will be removed from the sampling frame prior to sampling. If no, please specify in detail why these determinations cannot be removed from the sampling frame prior to sampling.

2. CASES NOT MATCHED WITH TITLE XIX OR TITLE XXI FEDERAL FUNDS

i. IS THE STATE ABLE TO EXCLUDE? YES NO

Please indicate whether your state can exclude cases not matched with Title XIX or Title XXI Federal Funds from your sampling frame prior to sampling.

ii. IF YES, EXPLAIN HOW. IF NO, EXPLAIN WHY:

If yes, please provide specific information regarding how your state is able to identify cases matched with Title XIX or Title XXI Federal Funds. If no, please specify in detail why these determinations cannot be removed from the sampling frame prior to sampling.

3. NON-MAGI BASED DETERMINATIONS

i. IS THE STATE ABLE TO EXCLUDE? YES NO

Indicate whether your state can exclude non-MAGI determinations from the sampling frame prior to sampling.

ii. IF YES, EXPLAIN HOW. IF NO, EXPLAIN WHY:

If yes, please provide specific information regarding how your state is able to identify non-MAGI determinations and how those determinations will be removed from the sampling frame prior to sampling. If no, please specify in detail why these determinations cannot be removed from the sampling frame prior to sampling.

4. EXPRESS LANE ELIGIBILITY DETERMINATIONS

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i. IS THE STATE ABLE TO EXCLUDE? YES NO

Indicate whether your state can exclude express lane eligibility determinations from the sampling frame prior to sampling.

ii. IF YES, EXPLAIN HOW. IF NO, EXPLAIN WHY:

If yes, please provide specific information regarding how your state is able to identify express lane eligibility determinations and how those determinations will be removed from the sampling frame prior to sampling. If no, please specify in detail why these determinations cannot be removed from the sampling frame prior to sampling.

5. DETERMINATIONS MADE BY THE FFM

i. IS THE STATE ABLE TO EXCLUDE? YES NO

Indicate whether your state can exclude determinations made by the FFM from the sampling frame prior to sampling.

ii. IF YES, EXPLAIN HOW. IF NO, EXPLAIN WHY:

If yes, please provide specific information regarding how your state is able to identify determinations made by the FFM and how those determinations will be removed from the sampling frame prior to sampling. If no, please specify in detail why these determinations cannot be removed from the sampling frame prior to sampling.

6. CASES UNDER ACTIVE FRAUD INVESTIGATION

i. HOW WILL THE STATE HANDLE THESE CASES?

Cases under active fraud investigation should not be included in the sample. Please specify if your state is able to exclude these cases from the sampling frame or if these cases will be dropped if sampled.

EXCLUDE FROM SAMPLING FRAME DROP IF SAMPLED

ii. DESCRIBE HOW THE STATE WILL IMPLEMENT THE SELECTED METHOD:

Please describe in detail how your state will treat cases under active fraud investigation by either excluding them from the sampling frame or dropping the claims if sampled.

7. OTHER EXCLUSIONS

i. IS THE STATE EXCLUDING ANY OTHER DETERMINATIONS? YES NO

Please indicate if your state is excluding any other determinations from the sampling frame prior to sampling.

ii. IF YES, FULLY EXPLAIN THE TYPES OF ADDITIONAL DETERMINATIONS BEING EXCLUDED AND WHY:

If yes, please provide specific information regarding how your state is able to identify any other determinations as well as the reasons for proposing the exclusions

G. SAMPLING FRAME QUALITY CONTROL

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1. DESCRIBE THE QUALITY CONTROL PROCEDURES THAT WILL BE APPLIED TO ENSURE THE COMPLETENESS/ACCURACY OF THE SAMPLING FRAME:

Please indicate the quality control procedures that your state will apply to the sampling frame to ensure completeness and accuracy.

H. SAMPLING

1. TOTAL SAMPLE SIZE:

Please indicate the total sample size for your state. Please note that the minimum sample size is 200 determinations for the entire six month review period of the Round 2 pilot to be reported in December 2014 and is inclusive of Medicaid, CHIP, active determinations, negative determinations, initial determinations, and redeterminations. Please note that states are encouraged to sample more than the minimum amount of determinations.

2. SAMPLE SIZE PER SAMPLING FRAME:

Please indicate the total sample size per sampling frame for your state. You must provide the sample size that will be drawn from each sampling frame listed in section D.1. of this proposal.

3. EXPLAIN HOW YOUR STATE DETERMINED THE SAMPLE SIZE FOR EACH SAMPLING FRAME:

Please explain in detail how your state determined the sample size for each sampling frame.

4. DESCRIBE HOW YOUR STATE WILL ENSURE THE MINIMUM SAMPLE SIZE IS MET SHOULD ANY SAMPLED CASES NEED TO BE DROPPED (E.G., OVERSAMPLE)

Please describe how your state will ensure that the minimum sample size is met should any sampled cases need to be dropped. Please note that while oversampling is not required, states choosing to sample the minimum 200 may need to oversample to meet the minimum 200, if a case is dropped after the sample is pulled.

5. SCHEDULE FOR RUNNING PROGRAMMING TO SELECT SAMPLES:

Please describe in detail your state's schedule for running programming to select samples i.e., "State will pull the sample in September" or "State will pull monthly samples the 5th day following the end of a month."

6. DESCRIBE SAMPLING METHODOLOGY:

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Please describe in detail your state's sampling methodology. Please note that states must utilize a random sampling methodology (e.g., simple random sample, or "skip" factor method). Please note that for states that stratify, your sampling methodology should reflect stratification.

I. CASE REVIEW

1. GENERAL DESCRIPTION OF REVIEW PROCESS:

Please provide a general description of your state's case review process including a timeframe planned for the reviews. This section is for more administrative information on how the state plans to complete the reviews. For example, states could provide information about how cases will be assigned to reviewers, what staff is conducting the reviews, what information the reviewers will access and how reviewers will capture and record results.

2. DESCRIPTION OF HOW REVIEWS WILL BE CONDUCTED INCLUDING ACTIONS BEING REVIEWED:

Please describe in detail how reviews will be conducted including actions being reviewed. Please note that states should look at all reviewable action, including review of actual caseworker action, as well as reviews of information available through screenshots of electronic sources that the state is utilizing throughout the eligibility determination process. Please note that states should be performing an end to end review of MAGI eligibility determinations from initial point of application/point of transfer to the final eligibility determination and the state's description of the review process should provide this level of detail.

3. DESCRIBE THE STATE'S METHOD FOR REVIEWING FOR EACH OF THE BELOW. INCLUDE WHAT INFORMATION WILL BE REVIEWED AND WHAT PROCESSES WILL BE USED IN ORDER TO REPORT ON THE FOLLOWING QUESTIONS:

i. **WAS THE DECISION ABOUT PROGRAM (I.E. MEDICAID OR CHIP) ELIGIBILITY CORRECT?**

Please identify in detail how the state will review and report on the findings from the Round 2 pilot regarding the program decision. Indicate what process the state will use and what information the state will access to review for this element. If applicable, please identify the error codes that the state will cite to track cases with an incorrect program determination.

Please note that Medicaid and CHIP should be treated as separate programs depending on Title XIX and Title XXI funding source.

ii. **WAS THE DECISION ABOUT ELIGIBILITY GROUP WITHIN THE PROGRAM CORRECT?**

Please identify in detail how the state will review and report on the findings from the Round 2 pilot regarding the eligibility group decision. Indicate what process the state will use and what information the state will access to review for this element. If applicable, please identify the error codes that the state will cite to track cases with an incorrect program determination.

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	<p><i>Please note this review should also ensure the correct hierarchy was used when placing an individual in their eligibility category.</i></p>
<p>iii. IF THE DECISION HAS BEEN FINALIZED AND ELIGIBILITY DENIED, WAS THE CASE TRANSFERRED TO THE FFM APPROPRIATELY?</p>	<p><i>If the decision has been finalized and eligibility was denied, please identify in detail how the state will track and report on whether sampled cases were appropriately transferred to the FFM. Indicate what process the state will use and what information the state will access to review for this element.</i></p>
<p>iv. IF THE DECISION HAS BEEN FINALIZED AND ELIGIBILITY DENIED, HAVE APPROPRIATE FINAL NOTICES BEEN SENT?</p>	<p><i>If the decision has been finalized and eligibility was denied, please identify in detail how the state will review/track and report on whether the appropriate final notices were sent to all necessary entities. Indicate what process the state will use and what information the state will access to review for this element.</i></p>
<p>v. IN ASSESSMENT STATES, IF THE APPLICATION WAS TRANSFERRED FROM A FFM, WERE APPROPRIATE STEPS TAKEN TO ENSURE APPROPRIATE REUSE OF INFORMATION?</p>	<p><i>In assessment states, if the application was transferred from the FFM, please indicate how the state will review/track and report on whether the necessary steps were taken by your state to ensure appropriate reuse of information. Indicate what process the state will use and what information the state will access to review for this element. Please note that the review should include confirmation that information obtained from the FFM is used in the determination process in accordance with Medicaid and CHIP regulations and a state’s verification plan.</i></p>
<p>vi. DID THE STATE CONDUCT VERIFICATIONS IN ACCORDANCE WITH ITS VERIFICATION PLAN?</p>	<p><i>Please indicate how your state will track and report on whether the state conducted verifications in accordance with its verification plan. Indicate what process the state will use and what information the state will access to review for this element. Please note that the review should include a determination of whether or not appropriate attestations/verifications were made for data collected in the application/renewal as identified in the state’s verification plan. The review should determine whether or not any additional information sought from the applicant/beneficiary was properly requested based on attestation/verifications or existing data and utilized properly.</i></p>

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vii.	BASED ON THE INFORMATION SUPPLIED, ATTESTED AND VERIFIED, WAS THE HOUSEHOLD COMPOSITION LEVEL FOR THE APPLICANT PROPERLY ESTABLISHED?	<i>Please indicate how your state will track and report on whether the household composition for the applicant was properly established by your state based on the information supplied, attested and verified. Indicate what process the state will use and what information the state will access to review for this element. The review for this element should ensure that the tax filing status information included on the application was used correctly when establishing household composition.</i>
viii.	BASED ON THE INFORMATION SUPPLIED, ATTESTED AND VERIFIED, WAS INCOME LEVEL FOR THE APPLICANT PROPERLY ESTABLISHED?	<i>Please indicate how your state will review/track and report on whether the income level for the applicant was properly established by your state based on the information supplied, attested and verified. Indicate what process the state will use and what information the state will access to review for this element.</i>
ix.	BASED ON THE INFORMATION SUPPLIED, ATTESTED, AND VERIFIED, WAS THE CITIZENSHIP AND IMMIGRATION STATUS FOR THE APPLICANT PROPERLY ESTABLISHED?	<i>Please indicate how your state will review/track and report on whether citizenship and immigration status for the applicant were properly established by your state based on the information supplied, attested and verified. Indicate what process the state will use and what information the state will access to review for this element.</i>

4. DESCRIPTION OF ADDITIONAL ELEMENTS STATES WILL REVIEW FOR INCLUDING DESCRIPTION FOR HOW THE STATE WILL CAPTURE POINT OF APPLICATION, TYPE OF APPLICATION, AND CHANNEL FOR EACH OF THE SAMPLED DETERMINATIONS

Please provide a description of all other elements the state is reviewing for in addition to the questions listed above. Also include details about how your state will review for other required reporting elements including analysis by point of application, type of application, and channel (i.e. how these characteristics are captured and recorded during the review process) for each of the sampled determinations.

5. SPECIFY WHICH ERROR CODES/CLASSIFICATIONS WILL BE USED AND HOW ERRORS/DEFICIENCIES WILL BE BUCKETED INTO THOSE CODE/CLASSIFICATIONS

Please provide a clear description of how errors and deficiencies will be identified and classified by your state. This description should indicate what codes will be used and what errors/deficiencies will fit into each code for both active and negative determinations.

6. DESCRIBE THE QUALITY CONTROL PROCEDURES FOR ENSURING ACCURACY OF THE REVIEW DECISIONS

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Please describe the quality control procedures for ensuring accuracy of the review decisions by your state. Please note that states are required to implement quality control measures to ensure accuracy of the reviews and to describe such measures in the pilot proposals.

J. PAYMENT REVIEW

1. DESCRIBE THE STATE'S PAYMENT REVIEW METHODOLOGY INCLUDING THE TIMEFRAME FOR COLLECTING PAYMENTS

Please describe in detail your state's payment review methodology. Please include the timeframe established for collecting payments and which payments will be collected.

K. ADDITIONAL COMMENTS

PROVIDE ANY ADDITIONAL COMMENTS, AS NEEDED, REGARDING THE STATE'S PILOT STUDY:

As needed, please provide any additional comments regarding your state's pilot study which will support CMS's review of your state's proposal.

PRA DISCLOSURE STATEMENT: ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-1148. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 40 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING DATA RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORTS CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.