

CENTERS FOR MEDICARE & MEDICAID SERVICES

Moderator: Anne Marie Costello
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2:00 p.m. ET

Operator: Good afternoon. My name is Melissa. And I will be your conference operator today. At this time, I would like to welcome everyone to the Single Application and Verification conference call.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star, and, then, the number one on your telephone keypad.

If you would like to withdraw your question, press the pound key. Thank you.

Anne Marie Costello, you may begin you may begin your conference.

Anne Marie Costello: Thank you, Melissa. And I'd like to welcome everyone to – and thank you for joining us this afternoon. I just wanted to clarify that this is a conference call about the single, streamlined application and verification processes proposed in the Medicaid NPRM. But we do understand that there might have been some confusion and some of you may be looking for the call on FMAP, which is scheduled for tomorrow afternoon.

So, again, this call will focus on the application and verifications. We're very excited to have everyone on the line with us today and for taking the time to listen to our review of what is included in our proposed rules. I'm going to do a little bit of framing about the eligibility enrollment process that we see for 2014, and then, discuss how the – I will discuss how the application fits into that vision.

And then, Chris Gerhardt will review the verification procedures to support the seamless, coordinated eligibility and enrollment process that's envisioned by the Affordable Care Act. And you have our slides. And I'm going now to slide number – slide two.

So, the – we see that a core goal of the Affordable Care Act, which we believe is reflected in the Medicaid, Exchange, and Treasury Proposed Rules, is to expand access to affordable, high quality health insurance by creating a simple, seamless path to coverage. The Affordable Care Act does this in two ways. First, it expands the availability of coverage through Medicaid and creates a new coverage option through the Exchange.

Secondly, it creates a major shift in the way that people will access existing and new coverage options by creating a simple, streamlined eligibility process, supported by a modern consumer experience that will serve as a gateway to affordable health care coverage regardless of income. The Affordable Care Act and the proposed rules establish business rules and processes to achieve a seamless coordination of eligibility and enrollment across Medicaid, CHIP, the Exchange, and the basic health program if a state chooses to establish one. So then individuals can obtain coverage and access to care quickly.

The Affordable Care Act and the proposed rules also dramatically simplify program rules to facilitate uniformity across the insurance affordability programs. And, finally, the Act and the proposed rules require States to support online applications and eligibility determinations, to exchange data through secure electronic interfaces, and to utilize trusted sources of data to support the eligibility process. Simplified program rules and the use of technology are keys to achieving this coordination.

So, with all of that said, what does it mean for the consumer, come 2014? We believe that consumers will be able to access the appropriate coverage across multiple programs through a single application and eligibility process.

No matter how an application is submitted or which program receives the application, an individual experiences a consistent process and receives a

consistent eligibility determination. This seamless, coordinated process ensures that people obtain the coverage they need, and minimizes administrative burden on individual States and the health plans into which the people are ultimately enrolled. Next slide.

We really looked towards seven guiding principles when crafting these proposals contained in the NPRMs related to the seamless, coordinated eligibility process. These guiding principles included ensuring access to coverage. You're already very familiar with the Medicaid expansion, the creation of Exchanges, and the availability of advance premium tax credits and cost sharing reductions as tools to ensure access to coverage.

We will see the ability to file a single, streamlined application as a key component for ensuring access to coverage. It's important that an individual does not need to figure out in advance what program they might be eligible for and then figure out what application they might need to file. The Affordable Care Act and our NPRM calls for the use of a single, streamlined application that can be submitted online, over the telephone, by mail, or in person to any of the insurance affordability programs. So, it could be filed with Medicaid, CHIP, a basic health program, or through an Exchange.

We also believe that individuals will need a – should receive high quality responsive customer service. People will need – there will be many individuals newly eligible for coverage or will have never accessed a public program before or purchased insurance through an Exchange. And they'll need assistance through this process.

Even with the streamlined application process, many individuals will seek assistance. This customer service can be provided through multiple channels, including online. But there's also a number of technology and tools that will be created to support the consumer through the process.

Next, we also need to coordinate all coverage options seamlessly. So, the – as you read the NPRMs and you read across the Medicaid and the Exchange, in particular, the NPRMs, you've seen that a tremendous amount of work has been done to try to coordinate and align the rules across programs to the

greatest extent possible. So, for example, for as many people as possible, income and household composition are counted in the same way.

This alignment of rules is critical to ensure that people do not bounce back and forth between programs when trying to determine eligibility. So, if you catch an income one way for one program, and another way for another, you may be bouncing and back and forth between programs. Or, as life does happen, people will experience changes throughout the course of the year and may need to move from one program to another.

Coordinated programs and coordinated program rules and processes will ensure that individuals can transition seamlessly between programs. In order to achieve all of this, we believe that we need to maximize the use of technology and data matching. The use of technology and the data match will also ensure the speed and accuracy of the eligibility determinations.

People will have the option to complete an application and receive an eligibility determination online. To the greatest extent possible, applicant data will be verified and eligibility determined using matching with trusted data sources. The use of technology and the electronic sources of verification will also ultimately increase the accuracy of the eligibility determination, minimize the burden on consumers and the programs administering Medicaid, CHIP, and the Exchange. And also, whenever possible, for individuals applying online whose eligibility can be – whose eligibility criteria can be verified online – we can move towards real-time determinations for individuals.

The next slide. How will we achieve this goal of a first class user experience? We're going to focus our discussion this afternoon on two components, the use of the single, streamlined application and the data-driven verification process. We know that the Affordable Care Act envisions a real time data-driven process for both eligibility and redetermination with the seamless consistent consumer experience. We've looked at this at, sort of a four-pronged effort – application, verification, determination of eligibility, and enrollment.

In today's call, we'll focus on the first two – application and verification. Going on to slide number six. I'm going to review now the provision of the Medicaid and CHIP NPRM, related to application. So, just looking at slide six.

As I mentioned earlier, the use of a single, streamlined application is critical to creating seamlessness in the application process and minimizing burden. So, to that end, in section 435.907 for Medicaid and 457.330 for CHIP, you'll see that we are proposing the use of a single, streamlined application for all insurance affordability programs for individuals whose eligibility is based on modified adjusted gross income. There will be an application developed and issued by the Secretary. And States may use an alternative application if it is approved by the Secretary. We mentioned just a small – two standards for the alternative application in the proposed rules. And we seek comment on other – what other standards should be included.

But we would want to see that an alternative application, proposed by a State will be no more burdensome than the application developed by the Secretary, and must ensure coordination across programs. The goal of designing the application is to only require the information needed to determine eligibility.

And we at CMS are committed to working collaboratively with States and other stakeholders to help design the single, streamlined application. For individuals applying for coverage who may be eligible on the basis other than modified adjusted gross income, we've proposed in the Rule that States may use the single, streamlined application form so you could have everyone start their application process on the same application. And then use supplemental forms to gather the additional information needed to complete the eligibility determination.

Or States could propose using an alternative application that better meets the needs of the target population. Regardless of whether you use supplemental forms or an alternative application, both of these would be subject to the Secretary's approval. One thing I would like to note is that we believe that application assistance will still remain a critical component of the application

process. And you'll see that a description of the Navigators is included in the Exchange Rule.

We also know that States have a wealth of – already have networks of existing application assisters, which include healthcare providers, hospitals, community health centers, community-based organization, schools, faith-based groups and others. We think their assistance will continue to be important as we move towards 2014. The next slide.

As I've said, as I mentioned earlier, the application may be submitted through multiple channels. A State must be able to receive an application online, over the telephone, by mail or fax, or in person. And, again, the application can be submitted to any of the insurance affordability programs, including the Exchanges, Medicaid, CHIP and the basic health program.

We also include a provision, in both the Medicaid and CHIP rules, related to information from non-applicants. And this really codifies longstanding practice. So, related to information from non-applicants, you cannot require a person who is not applying to provide their social security number or information on their citizenship or immigration status.

You may request a non-applicant provide their SSN. And that's important because it will help support the data verification, particularly in instances where a family may be applying for coverage only for their child, because parents may have access to employer-sponsored coverage. You can request that the parent provide their social security number, but you cannot require it and make it a condition of eligibility.

The provision of the social security number is voluntary, and the application can be completed without the non-applicant social security number. You also had to notify them if the SSN – that the SSN is only to be used for determination of Medicaid or other purposes related to the State Plan, and notify the non-applicant that the social security number is voluntary.

Next slide. We've – there is provision in the rule related to the signatures. It's important as we move to the use of technology in an online platform, to submitting applications – that our signature requirements meet this new

technology. So, again, as always, the application must be signed under penalty of perjury. And the signature may be handwritten, for instance, on a paper application.

It can be submitted electronically, including telephonically recorded. So, if someone files the telephone application, they can have their signature be at the – they, announcing their name, can be recorded and saved as a signature for the application. Or it could be a handwritten signature, transmitted by fax or other electronic transmission.

So, someone could scan it, upload it to it, and upload it to a document, and submit that as it is. So, really receive the signature now as matching the new platforms for how an application can be submitted. The last point that I'm going to make on applications is just contained at 435.908 for Medicaid, and 435.340 in CHIP. That application renewal assistance must be provided and available in person over the phone and online, must be accessible to individuals with disabilities and those who are limited English proficient.

As we said before, even with the ability to file application online, even with the ability of application assisters and navigators to help individuals, many individuals will still come to a Medicaid or CHIP program to apply for coverage, and State agencies administering those programs are responsible to provide assistance to those individuals seeking coverage. That is a summary of the application provisions contained in our – in the NPRM. And I'll just stop now if you have any questions related to the application.

Chris Gerhardt: Melissa, would you like to open the line to questions at this time?

Operator: At this time, I would like to remind everyone, in order to ask a question, press star, then the number one on your telephone keypad. We'll pause for a moment to compile the Q&A roster. Again, that is star, then the number one on your telephone keypad. Your first question comes from the line of (Deb Massef).

Please state your location. Your line is open.

(Curtis): Hi, this is actually (Curtis) from North Dakota. And I'm just wondering when will we receive any information on what kinds of questions are going to be included in the application.

Costello: So, that, (Curtis) – that is the – one of the number one questions that we received. We're trying to flesh out the list of data elements to be included in the application. I think the art of crafting the questions will take much longer. But, now that we have proposed rule out there, we're able to put together the data elements. And we're working right now with CCIO to compile that list. We hope to soon engage a number of States and other stakeholders to review those data elements. So, we hope to get guidance out too soon.

Operator: And your next question comes from the line of (Linda Skinner).

Please state your location. Your line is open.

(Linda Skinner): Hi. This is (Linda Skinner) in Arizona. I just want to second the last caller.

You know we really need those data elements soon as we're working on system and business requirements. But my question for you then is why does the Secretary want to approve the alternative applications and supplemental applications, because we have some very good processes in place today for our long term care program. We actually have an application that's dynamically produced by interviewing the applicant and their family members – and so, it seems administratively burdensome to seek approval on something that's been in place for many, many years.

So, can you explain that? Or is there ...

Costello: I think it provides us an opportunity to ensure that individuals – that the application meets the needs and complies with the rules. We are very open, and seek your comment on what we should be seeking – what the Secretary should approve when it comes to alternative applications and supplemental forms, and also the process to be used. Right now, I think States – there are 50 different State applications. And states oftentimes have multiple different applications.

And we have seen some integrated human services applications, and somewhat just standalone applications, some for community Medicaid, some for, you know, more extensive for long term care. And I think it's an opportunity for us to ensure that it meets the requirements of the program, and best meets the needs of the consumers. But we seek – we do please – we ask you for your comments.

Gerhardt: And, Linda, this is Chris Gerhardt. I might add that this will also enable us to identify some best practices.

Skinner: Yes.

Gerhardt: So, when we see a very excellent application, for example, for long term care, this will enable us to identify that and to share that with other States.

Skinner: Yes.

Operator: And your next question comes from the line of (Shelby Gonzales).

Your line is now open. Please state your location.

(Shelby Gonzales): Hi. This is (Shelby). I'm in D.C. Hi, Anne Marie.

Costello: Hi, (Shelby).

(Gonzales): Hello. My question is about – you, kind of, touched on it. It's the multi benefit applications.

Do you see anything in this regulation that would prevent a multi benefit application? And, if not, would it just be an alternative application, and that question would just have to be marked as these are the health-only questions?

Costello: Oh, (Shelby), you raise an excellent point. And you'll see that our proposed rule focuses primarily on the vertical integration ...

(Gonzales): Yes.

Costello: ... to ensure – a lot of work. And that’s where States have started. Much of their work is on the vertical integration to ensure that we have alignment across Medicaid, CHIP, the Exchanges and a basic health program.

We’re now turning our eyes toward the issue of horizontal integration and to ensure that we don’t make – while we make advances for Medicaid, that we don’t make it more difficult for individuals that need more than one benefit. So, we recognize that many individuals applying for Medicaid will also be eligible for SNAP, and many may be eligible for TANF. And we don’t want to end up in a place where they may have to file multiple applications. So, we will now, in addition to the development of the single, streamlined application, look to what we can address around horizontal integration and the – to help support States that use a common human services application.

Gonzales: Thank you.

Operator: And your next question comes from the line of (Cheryl Shannon Rhea).
Please state your location. Your line is open.

(Cheryl Shannon Rhea): Hi. This is (Cheryl) from California. We’ve got a couple of questions.

What do you mean by telephonic signatures being electronically recorded or being recorded? Do you mean tape recorded? Or do you mean like entered into the case record narrative?

Costello: So, I am –far be it for me– I am not the most tech savvy person. But there is a process where a telephonic – a signature – someone can record their name. And it can be saved in sort of an MP3 format and attached to an electronic account. And that’s a process that’s used in several States right now.

Rhea: Okay. And what – how can the income be verified through data match if the SSN is voluntarily required by a parent who’s applying for a child, or a step parent who’s applying for a step child?

Costello: Right. We’ll get to talk more about verifications. But I think a short answer.

And, (Chris) ...

Gerhardt: Yes.

Costello: I don't know if you want to jump in on a short answer...

Gerhardt: And I think the short answer is that there are multiple ways to verify information. And, certainly, the cleanest and efficient way is via a data match. However, if that data match is not available ...

Rhea: Yes.

Gerhardt: ... because you don't have a social security number to match against, then you would need to move to some of the other verification techniques that we permit through this regulation.

Rhea: Okay. Thank you.

Operator: And your next question comes from the line of (Tiwanda Cocks).

Please state your location. Your line is now open.

(Tiwanda Cocks): Yes. This is (Tiwanda) in Oklahoma. We were temporarily disconnected. So, if you've already covered this, I apologize.

But I wanted to know what the process for the approval of the alternative application would be. And do you have any idea on the timeframe in getting such an application approved?

Costello: We don't yet. One thing – we do seek guidance on the process that should be used. We don't have any process specified in the proposed rules. And we'll be issuing that based on discussion with States for what's a good process that benefits both the States and the goals of CMS and the Affordable Care Act. And we'll be issuing sub-regulatory guidance on that. But I ...

Cocks: Thank you.

Female: -- don't have the timeframe for that yet.

Cocks: Okay. Thank you.

Operator: And your next question comes from the line of (Amy Lockhear).

Please state your location. Your line is now open.

(Amy Lockhear): Hi. This is (Amy) from Rhode Island. My question is similar to one that was asked just shortly ago about the income verification if the social security number is not provided.

And, if it – if a family is applying on behalf of their children but didn't provide the parental security number, will that taxable income information still be pulled up if the kids were listed as dependents on the tax form?

Gerhardt: Well, I think, actually, maybe, it's a good time to ...

Costello: ...to transition.

Gerhardt: ... Yes, to segue into the discussion of verifications. And we can talk, you know, at that time, about the kind of information that we might – that might be available from IRS or not.

So, Melissa, at this point, why don't we close off questions at this time? And I'll go ahead and do the verification segment of this presentation. And, then, we will open the floor again ...

Lockhear: Yes.

Gerhardt: ... to questions both on applications or verifications. Does that sound okay, Melissa?

Operator: Yes. I'll – I – we do have some questions in queue. But we can definitely do that.

Gerhardt: Yes. Okay. So, this is Chris Gerhardt.

And I'm again happy to have all of you join us for this call. I want to talk this afternoon about verifications and some of the options that we have presented

in the proposed rule. And all of these options that we present are designed to support the streamlined application process.

Again, we have the goal of continuing to reduce the burden on applicants and beneficiaries, as well as on the Medicaid agencies. And we also, through these verification rules, hope to support the real-time decisions for as many applicants as possible by using a streamlined approach to verification. The primary means that we're going to use to streamline the verification process is an increased reliance on self-attestation, a primary reliance on electronic data sources, a single electronic data source for multiple verifications – and we're calling this the 'hub' right now – and also a decreased reliance on paper verifications.

And, when you look at this list, none of these are – excepting the hub – these aren't brand new ways to verify information. For many years, States had been verifying information via electronic data.

Many States had been using self attestation successfully for various factors of eligibility. And States have, of course, relied on paper verifications. And we think that experience has shown that definitely the most cumbersome of all those sources is the use of paper verification and documentation.

So, in this rule, we've attempted to do again is to place the emphasis on electronic verification, the policy that supports self attestation, and to diminish the use to the extent to eliminate it entirely if it's necessary, but to, as much as possible, decrease reliance on the paper verifications. So, I want to discuss each of these techniques in a little more detail.

First, we're talking about self attestation. And CMS has had a longstanding policy of accepting self attestation for most factors of eligibility. And note that, when we say self attestation, we really mean attestation by the individual applicant, but also by the spouse, parent, caretaker relative, whoever is filing the application on behalf of – on their behalf as well. So, self attestation really includes attestation on behalf of other people in the assistance unit as well.

Self attestation is acceptable for all factors of eligibility except citizenship and immigration status, because those particular factors of eligibility have separate rules that apply to those. However, again, the rule codifies the longstanding policy that self attestation is permissible for all other factors of eligibility. Now, we understand that for many, it may create, kind of, a culture change, that may be difficult for some States to accept. Other States are already there and using self attestation successfully.

But, for those States where it's going to be a change or something difficult to get used to, we want to confirm what self attestation does not mean. It doesn't mean – self attestation does not mean that eligibility is now a free-for-all –that folks walk in, and whatever then, you have to accept and live with the results. That's not what attestation is.

It does not limit the State's program integrity measures. It doesn't affect the State's obligation to ensure that only eligible people receive benefits, and does not affect the State's obligations under section 1137 to conduct data matches with SSA, IRS and SWICAs. And so, whatever program integrity measures you currently have in place can stay in place. Or they can be modified in order to comport with new verification rules that – and policies that you might put in place.

Again, people aren't eligible just because they say they're eligible. The State's still responsible for having reasonable assurance that the information on the application is accurate. And States still have available to them and are required to do certain data matches.

Another element of the streamlined application is the electronic – the reliance on electronic sources. And this is what we mean when we speak of data-driven verifications. I mentioned earlier the 'hub.' And the 'hub' is a federally operated – and, when I say federally operated, I mean by CMS – data service that enables immediate [AUDIO GAP] basis via a single electronic transaction.

The data available through the hub will come from SSA, IRS and Homeland Security. In the future, there could be other data coming through the hub from

other federal sources, such as VA. But, at this time, we are focusing exclusively on the SSA, IRS and Homeland Security through the hub. In addition to the hub, States are still going to have available to them all of the electronic data sources that they currently use.

They might be matching other federal agencies like the Veterans' Administration, other State agencies like the State wage and unemployment databases, or your MVA. There are commercial verification services like Work Number and Talks. And there are various other data-matching services that will match your cases against various other public records, both in your State and in other States.

Also available to the State are data-matching agreements with other State agencies like – or State programs like TANF and SNAP, the School Lunch Program, maybe the Department of Corrections. So, each State has its own bundle of verification agreements established. And nothing in this rule changes those.

And, of course, States still will be matching against PARIS, which is now mandatory for every State. So, one thing that will come up when you're drawing information from many different sources. You're taking the individual's attestation off the application form. You're taking IRS data that you received through the hub. You might be matching against your State wage database.

And, very possibly, all of these data sources might say something a little bit different. And, in recognition of that, we have to talk about what to do when these verification sources each say something different. Now, for citizenship documentation and immigration status, again, we already have very specific regulations and guidance for verifying these elements of eligibility.

And we also have policy around the reasonable opportunity period which enables enrollment in Medicaid while these factors are being verified. So, nothing changes with respect to citizenship and immigration status verification. But, for all other factors of eligibility, states can apply what's called the 'reasonable compatibility standard.'

What ‘reasonable compatibility’ means is that information is relatively consistent and does not vary significantly – or in a way that is meaningful for eligibility. So, let me talk about that a little bit more – when we say that something does not vary significantly. As an example, one day the source may say the individual’s income is \$500 monthly. And the other source may say that the individual’s income is \$480 monthly. That may not be a significant problem. If either figure will confer eligibility on the individual, then there is no need to figure out which one it really is.

And we also say it needs to be meaningful for eligibility. Let’s suppose that in the example I just gave, the difference between whether it’s \$480 or 500 is the difference between eligibility or ineligibility or eligibility for Medicaid or eligibility for CHIP, and suppose CHIP has a lesser benefit package. Or, maybe that figure means the difference between eligibility for CHIP or eligibility in the Exchange.

So, where it is meaningful – you would want to pursue in a little more detail which figure is the most accurate. But where it is not meaningful – and, as an example, let’s suppose your eligibility standard is 600 bucks, and the person says they have \$300 of income. And, the database says they have \$320 – or \$350 of income, or even 400. They’re so far below the standard that you’re looking for. That, really, those differences are not meaningful for eligibility, and, therefore, a State would not be required to nail down precisely which is the most accurate figure because either figure will enable the individual to be eligible for the same level of benefits.

Whether our discrepancies – other information sources, including self attestation -- can provide a reasonable explanation for discrepancies among the verification sources. So, what this means is, if your electronic data sources and your application form show different information, they don’t match up, it is reasonable to contact the individual for an explanation. And, again, these are policies that I think States have had in place for many, many years.

If the individual’s explanation is a reasonable explanation, the State may accept that attestation because attestation is acceptable as verification. So, if it

is a reasonable explanation, and the State determines it to be reasonable, they can accept that attestation to reconcile the discrepancy. Again, an example of that might be where the State wage database says that an individual has earnings, and yet, the individual has put on their application that they have no income.

In such a case, it's reasonable to contact the individual for an explanation. And if the explanation is, well, I worked at the General Motors plant, and, as you know, the General Motors plant just closed down, it is reasonable to accept that individual's explanation. So, this is something that States will need to think about and develop a policy for within each state.

But they will be able to use self attestation – and as a means of reconciling discrepant data. So, what happens if you have verifications from all these sources, and none of it is reasonably compatible? It's way off. So, when electronic sources and self attestations are not compatible, or when electronic data sources are unavailable, States can still go back to relying on paper documentation from the applicant or beneficiary if that's what the State wants to do.

The state could, as I said, rely on attestation if they wanted to go in that direction. And, frankly, in many cases, we would encourage that because, again, our goal is a streamlined experience, both for the State and for the applicant, and the goal of the quickest and most accurate eligibility determinations that can be achieved. So, States need to determine which data source is the most reliable, depending on circumstances, and determine eligibility, based on that information.

So, the proposed rule really provides States with quite a bit of flexibility in the area of verifications. Some of the pieces of the verification regulation that were removed in the NPRM have to do with the frequency with which States have to perform certain data matches, and exactly when they have to perform. We believe the States are probably in the best position to determine the right frequency for using, for example, the data match against the State wage database.

And we think that they can – that States should be able to determine when it is useful to run certain data matches. And, again, as an example, for an institutionalized individual, you may not find it useful to run their information against the State wage database or the unemployment database. However, if the individual is institutionalized or disabled; certainly, you would find it useful to run them against the SSA database to see if there's income there. So, you know, we think States are probably in the best position to identify which circumstances are best matched to which data sources. But, again, we do think that States need to develop their policies in this area, and be able to provide guidance within the State.

Again, flexibility is provided States through the explicit rule in the NPRM regarding the acceptability of self attestation. And this affirmed the current practice in many States. And by permitting states to use alternative data sources, States can apply to CMS for waivers that allow them to use data sources other than the hub.

And with approval from CMS, States can do that and part of that test when CMS decides whether or not to approve an alternative data source, we would look to see whether or not the alternative is at least as efficient, at least as accurate, and does not cause any more burden to individuals or the State agency. So, an alternative can't be more burdensome. And it can't be less efficient.

But, if you have another data source that you want to use that's just as efficient, and no more burdensome than the sources specified in the regulation, then you would request an approval from CMS. And we have not yet stepped out the actual process for that request that will be further down the line. But the regulation does provide for such a waiver and that flexibility.

And, again, the State has quite a bit of flexibility in interpreting what reasonable compatibility means to them, and when and how they apply their reasonable compatibility standards. So, just to summarize a few other points in the NPRM regarding verifications, the use of paper is no longer a primary source of verification. It's kind of a last resort.

And, in fact, the regulation states to – the use of paper documentation may not be the primary source of verification, and really may only be requested when electronic data is either unavailable, or the electronic data is not reasonably compatible with other information the State has. Another simplification measure was with respect to verification of pregnancy. Previously, there was one eligibility group that did require medical documentation of pregnancy in order to establish eligibility as a pregnant woman.

In the NPRM, that requirement is removed. And the reg specifies that States must accept self attestation of pregnancy. And the only exception is if the State has other information that makes that assertion, you know, not believable or not reasonably compatible with other information in the State files.

Lastly, the verification reg does put some clarification around verification of State residency with respect to the use of immigration documents. And the reg states that an immigration document may not be used alone in order to determine residency status. So, if an immigration document might indicate to the State the person might not be a resident, the State does need to go a little further and use other sources of documentation or other sources of information to establish State residency. The immigration document may not be used by itself, may not be used alone to determine whether or not a person is a State resident.

Costello: Do want take the questions about verification?

Gerhardt: Yes.

So, with that, Melissa, I think we'll open up the floor to questions about verification.

Costello: And to finish the application questions.

Gerhardt: And yes. And to finish the application questions if they're still in queue.

Costello: Yes.

Operator: If you would like to ask a question, press star, then one on your telephone keypad. The next question comes from the line of (John Anderson).

Please state your location. Your line is now open.

(John Anderson): Georgia. And my questions were answered. Thank you.

Gerhardt: Oh, okay.

Operator: And your next question comes from the line of (Gretel Felton).

Please state your location. Your line is now open.

(Gretel Felton): Hi. Gretel Felton. Alabama Medicaid. I did have a question. This was a question about the application.

And it's really not a question. But it's just a suggestion that prior to your reviewing our alternative applications, if you could provide the States with some sort of a checklist – or what criteria you will be looking for in the application.

Costello: Absolutely, Gretel. We'll be developing sub-regulatory guidance around the standards that an alternative application would have to meet. That would only be fair before we could evaluate a State's application.

So, absolutely, that's a great comment. And we absolutely will do that.

Felton: Thank you. And the other question, I think, was asked. But you deferred it. Well, I'll ask it again.

And that's about getting this online real-time validation through IRS and other documentation without the SSN? Is there any thought that maybe without the SSN we would still be able to get some of this documentation from IRS? How is that going to work? Or do you know at this point?

Gerhardt: You know the discussions with IRS are ongoing about what information they need and what information they'll be able to release to us. But my sense of it is that, without a social security number, that IRS would not be able to access, you know, their files to release any information.

Felton: Okay. So, then what you're basically saying is that, without – if the applicant – the parent, most likely, or spouse or whomever refuses to provide their social security number, then we will be doing the paper verification most likely or accepting self attestation?

Gerhardt: That's right. Self attestation – we would, you know, like States to look at whether or not self attestation is reasonable. And, if they determine it's not reasonable, then you could move to paper verification. So, it is true that, for those who choose not to provide their social security number, their application is probably not one of the ones that will receive a real-time decision. It may be delayed a little bit while you collect more attestation information or more documentation.

Costello: And I also think this is a place where when we meet together with States and other stakeholders on the application development, that this is a good point of discussion to look at some of the best practices across existing State applications, because many States, you know, meet the obligation of allowing non-applicants to provide the social security number voluntarily, you know, provide the – you know, provide compelling language to encourage individuals that want to provide the social security number voluntarily, to do that. Many States report that they get high numbers of, you know, particularly in CHIP programs, parents submitting the social security number. So, I think it's also a place in the application development that we can look at trying to craft good language that may be useful to States, and a best practice that we can share across States.

Felton: Okay. Thank you. And I have one more question – sorry to hog the line. You mentioned about the timeframes, the timelines for verification is open for the States.

And I'm interested in the PARIS match, which was mentioned. Is there any possibility then that States would be allowed to have this PARIS match more frequently than quarterly?

Gerhardt: To have it more frequently?

Felton: Yes.

Gerhardt: I don't know. And I will certainly write that down, Gretel, and talk to the folks that work on that PARIS match, and see if that's a possibility.

Felton: Okay. Because some of the information that we get from PARIS for – like the VA matches – are very good. But we can only get them quarterly right now.

Gerhardt: Okay. I'll look into that for you.

Felton: OK. Thank you. That's it for me.

Gerhardt: Thanks, Gretel.

Operator: And your next question comes from the line of (Steve Novak).

Please state your location. Your line is now open.

Steve Novak: I'm in Oregon. And I apologize. I've got, sort of, three questions, too.

All right. I'll start with one in verification. One is that we've recently done a review of a bunch of our recent Medicaid applications. We've concluded that in about a third of cases, what people say their income is doesn't match up to any database, usually because the most recent database information is the wage database. And people recently lost their job or have their hours reduced.

And, so – and we're thinking that we might have a heck of a lot of cases where we'll be calling people to get them to explain what happened to them. And one question I have is would it be possible to conduct, sort of, the interview on that electronically. Do we have, as part of the electronic application, hey, we show you as making more money than you're saying, is this because you recently lost your job, or something like that, so that we don't have to follow up with paper or phone calls?

Costello: Right. I think, Steve, that's ...

Novak: On the...

Costello: ... that's exactly where we're thinking. And is a question that's on a number of State applications already. I know, for instance, when New York revised its 'Access New York' application, because of that very circumstance, you know, quarterly wage data being four to six months old. They included in the application that – a very basic question that said, you know, have your circumstances changed in the last six months? For example, have you lost your job? Have you decreased or increased the number of hours that you work? As a way to try to reconcile the differences without actually having to do a human touch. I think you point out a very – in a very good way that, in an online application, you could be even more sophisticated in the type of questions that you ask. And I think that's a suggestion that others have made that we will incorporate into the – you know, into the application.

Novak: So, if we're allowed to do that, then that implies that we could, sort of, accept the self attestation of the change in circumstances, and approve the application based on that.

Gerhardt: That's correct.

Novak: Great. On the Exchange side, the regs are really confusing to me on the extent to which self attestation on income will be useable. And I understand there's something strange by the statutory language.

But, on the one hand, it says that the Exchange can accept self attestation of income, but then there are these provisions that say, well, if you say your income has changed but by less than 20 percent, then actually, your tax credit will be determined just based on your last income tax return, and you can't do a darn thing about it. And – but, if you say your income changed by less than 20 percent, then you're supposed to – or try – we're supposed to try to verify the income change by reference to alternative data sources. And, if you can't, then you ask people to step forward and prove why what their current circumstance is is different from what the data sources say.

And, again, based on a – sort of, a poll that we did, we think that, in about half of cases, people's current income won't be the same as their last year's tax return. So, are we going to be able to rely on self attestation for income

changes in the Exchange? Or are whole bunch of people going to be stuck with last year's tax return? And, for the rest of the people, if we don't – can't get a precise match from the data sources, we are going to have to ask them to put in paper.

Gerhardt: Yes. Well, Steve, as you already pointed out, there are some statutory constraints with respect to the Exchange regulations. You know, one thing that's different about the premium tax credits, than Medicaid and CHIP is that, for them, there is a reconciliation at the end of the year.

So, that if individuals have overstated or understated their income on the application, whereas the verifications have overstated or understated, there is an opportunity to reconcile that at the end of the year, unlike for Medicaid and CHIP. And, so, you know, in a sense, I can understand some of those special constraints that the Exchange has on their verification process.

Sarah deLone: This is Sarah deLone. I just want to add, that said, absolutely true. And there are more constraints.

I mean, one is that we don't have the CCIIO and the experts for the Exchange right here. So, we're not really the best experts to talk about their reg. But the points that you – from where I sit, the points that you make are well taken, and certainly would be valuable and to the extent to which you actually, you know, ran some data and some numbers, I imagine that you're including those in your comments – formal comments to CCIIO on the regulations. You know, certainly, it's certainly fair game, the points that you're making, to submit formally in comments so that those kinds of concerns can be weighed in the development of the final rule.

Novak: Thank you. And, yes, we are going to do that. My application specific question was – and I think I know the answer to this, but it would be nice to hear it – that there are some categories of eligibility left like parent caretaker relative – where, in order to prove deprivation, we ask some fairly intrusive questions.

So, we can't quite see how we can get past the deprivation issue without having – I mean we could abolish it. But that would cost us money because it

would expand the number of eligible people. Can we construct the application in such a way that we ask questions upfront that will decrease the number of people of whom we have to ask these intrusive questions? Like if we ask the income questions upfront, then that'll mean there are a lot of people who couldn't possibly qualify as parent caretaker relatives who wouldn't have to...

Costello: Right.

Novak: ... ask the deprivation questions.

Costello: So, Steve, yes. And, if you just looked at our last slide, we just, sort of, this – our discussion points. And I'll just jump in and say it now.

We really see the application and verification process being a very integrated approach in the online environment. And that's really critical so that we could tailor the application to meet our goal of only asking questions necessary to determine – that are relevant to an individual's eligibility.

So, you know, we would envision that throughout the application – you know, if someone is completing an application online, different verifications would be triggered at different points in the application process. It's not – we don't envision it for – right now anyway unless someone teaches us different. Or, you know, we're told this can happen. We don't envision that somebody fills it all out, pushes a button, and then ping, everything gets pinged.

We, sort of, envisioned it that, you know, as you proceed through the application, the order of the questions are very important so that you could pull out the right data at the right time, send it out for verification, pull it back into the application process so that you could tailor the application process. At a very easy point, it would be – send out to SSN for validation very early so that you know it matches or it doesn't match. And we know, very commonly, people enter their social security number incorrectly.

It's just a typo, you know, they invert two numbers. We could get back that it's not a match. Ask someone to double check their data entry. And then resubmit the social security number.

Having a valid social security number, and, you know, a name control back from SSA gives you what you need to then go out and do the verification of, say, the citizenship, or even to send information to IRS. Going to your point about tailoring the questions, we do envision that, as soon as we get income information back, they'll be, for lack of an eloquent term, sort of, a preliminary eligibility determination. So, you could estimate which program an individual may be eligible for. So you can tailor the remaining questions.

So, for instance, you don't want to ask someone who's potentially eligible for Medicaid about access to employer-sponsored coverage and the cost of the second lowest plan offered by the employer. That's not material to Medicaid eligibility. Nor would you want to ask an Exchange-eligible individual about unpaid medical bills in the last 90 days.

So, at a point in the application, we do see, once you have sufficient information to estimate what program someone might be eligible for, you could then begin to tailor that. So, Steve, I hadn't thought about the issue that you've raised around deprivation. But we can talk offline about that.

But, yes, I would think that we could tailor the application. So, you really only ask the questions – the correct questions material to eligibility for the individual.

Novak: Thank you so much.

Costello: Yes.

Operator: And your next question comes from the line of (Norman Thirsten).

Please state your location. Your line is now open.

(Norman Thirsten): My question's actually already been answered. Thank you.

Operator: And your next question comes from the line of (Vonda Daniels).

Please state your location. Your line is now open.

(Sharon): And this is Sharon from Oregon. And my question's been answered also.
Thank you.

Operator: And your next question comes from the line of (Lisa Velasquez).

Please state your location. Your line is now open.

(Lisa Velasquez): California. My question relates to the definition of reasonable compatibility. And I wanted to ask is there a difference in this bullet point between – does not vary significantly, and, in a way, that's meaningful for eligibility. Or is it really just two ways of saying that the eligibility is not affected?

Gerhardt: Well ...

(Velasquez): And, then, I ...

Gerhardt: I'm sorry. Go ahead.

(Velasquez): No. Go ahead. Then I'll ask a follow up.

Gerhardt: Okay. They really are just slightly different things. When we say it doesn't vary significantly – again, using examples – and I'll use extreme examples just to make the point.

If an individual states that they have monthly income of \$50 from doing, you know, an occasional job with a local employer, and they make about \$50 a month doing that, and you get the wage screen back, and it says actually they make 150. Okay, that is a significant difference because it's three times the amount that the individual has stated on the application. However, again, it might not be meaningful for eligibility. Okay?

So, they are – they are slightly different concepts. And ...

deLone: Because they're so low. Because ...

Gerhardt: Right.

deLone: ... so low, they're going to be eligible.

Gerhardt: Right. And, because the income – exactly, Sarah, thank you. Because that income is so low, that whether you take the lowest figure or the highest, even though the highest figure is significantly more than what they stated, it's still way below the income standard of 133 percent of poverty.

(Velasquez): Okay. So, what you mean is by – it does not vary significantly is more numerical. And that is very close.

But the second way is that – maybe, it is significant. But it still doesn't affect their eligibility. And those are the two ...

Gerhardt: Right.

(Velasquez): ... things you're addressing.

Gerhardt: Right. And, when I ...

(Velasquez): OK. And, then ...

Gerhardt: Right. And, when I say ...

(Velasquez): Yes.

Gerhardt: ... meaningful eligibility, it could be a difference of only 20 bucks, which, you know, isn't like hugely significant numerically, but could make the difference between whether or not an individual is in Medicaid or CHIP or in the Exchange.

(Velasquez): And, then it is meaningful.

Gerhardt: And, then it's meaningful. And, then you'd want to go further.

(Velasquez): Okay. And then I wanted to just encourage – I don't know what kind of guidance you're anticipating putting out. But I think, you know, the more that we get specifics and scenarios and so forth – because I think, you know, the backdrop it – that's, you know, it would help – I think, States for you to consider is that when the burden is shifted to the State – as it has always frankly been with verification to ensure that only those who are eligible are

enrolled – it makes the flexibility that we have a potential liability. And we – while we want to be reasonable, we are left, you know, holding that risk. And it makes it difficult to exercise the flexibility, knowing that, ultimately, the burden is ours to ensure – you know, there is that balance. So, the more that we could have specifics and scenarios – and, you know, just specifics of how to look at cases that we can feel confident we can rely on, that would be very helpful.

Gerhardt: Right. And we are developing what we're calling use cases, scenarios, you know, to help to inform States and to work within our – as we develop our guidance. But, again, it would be very important for you to make this comment in the regulation. So, perhaps, we can include, you know, more guidance in there if that's appropriate. So – but, yes, we do understand your need for scenarios and additional guidance on this.

(Velasquez): So, you're thinking that, perhaps, you could provide even further guidance in the regs themselves as well as in later letters. And we should make that comment.

Gerhardt: You should make your comments.

(Velasquez): Thank you.

Operator: And your next question comes from the line of (Linda Sorenson).

Please state your location. Your line is now open.

(Linda Sorenson): Hi, New York City. We have a question regarding the proposal to use resources as a different way of determining eligibility rather than using the MAGI. Can you talk a little bit more about that? That was in section 435.907.

Gerhardt: I – can you repeat – using resources?

Sorenson: All right. It's 435.907.

Costello: The application regulation, yes. I'm ...

Sorenson: Yes.

Costello: ... sorry. Can you just repeat your question?

Sorenson: We just wanted some clarification on that proposal. I believe you'd – you're proposing an alternative way of determining eligibility rather than using MAGI for certain applications.

Costello: Yes, okay. So, if you look at slide six, the first bullet refers, I think, if – tell me if I'm answering your question. The first bullet refers to the single, streamlined application for all insurance affordability programs, based on modified adjusted gross income.

The rules for the aged, blind, and disabled do not – have not changed. And, so we still – Medicaid programs will still need to determine eligibility for those individuals. So, that's what I referred to as the individuals who may be eligible on a basis other than modified adjusted gross income.

So, for your aged, blinded, and disabled population, we are – we have proposed two ways – two application formats to them. One is for States to start everyone on the single, streamlined application, and to use supplemental forms to gather the additional information, or to create or use an existing application that you think that better meets the needs of that population, and those would be subject to approval. So, I mean, does that answer your question?

Sorenson: Yes. Thank you.

Costello: Okay, so I apologize. Yes. Our shorthand for MAGI – you know, we're thinking now in two roles, MAGI and MAGI-exempt, and the MAGI exempts, being primarily the aged, blinded, and disabled.

Sorenson: Okay, thank you.

Operator: And your next question comes from the line of (Linda Skinner).

Please state your location. Your line is now open.

(Linda Skinner): Hi. Arizona. So, I'm – I'm very, very worried about the status of the IRS data for the hub.

And when we met at the Medicaid eligibility conference in September, we talked about having a workgroup by States to discuss the issues of IRS. So, I'd – hadn't had a recent status on that, and wondered if you could talk in more detail about where we're headed with the IRS.

Costello: I mean, do you want a – or have – any of us could – yes.

deLone: Yes. We have – hi. This is Sarah deLone.

We have convened a workgroup of States to help us talk through those issues with was it – you know, we couldn't open it up to all States obviously. Then that wouldn't be the sort of small conversation that we needed to have. So we have – we do have a state workgroup that's – that's going.

But there will obviously be other avenues and formats and forums for, you know, broad input and participation from everybody, including through our E-TAG and other ways.

Skinner: Yes.

deLone: And, certainly, at any point, Linda, you should contact any of us, and we can have a one-on-one conversation with you.

Skinner: Yes.

Costello: And, Linda, I'll just add to that. We – you know, we have a workgroup that started this week.

deLone: Right.

Costello: We've met once – so, we're not – you're not behind in knowing this. And IRS – in addition to CMCS staff on the workgroup, there is staff from CCIIO, and there are representatives from IRS. And, Linda, your State counterparts have eloquently made cases for many data requests to IRS.

And so, IRS is opening and listening. And will take things back to their Counsel for consideration. So, that's sort of where we are. But you are not alone in voicing requests for specificity and what data elements IRS will provide, but also pushing IRS to provide more data to make the income verification process easier for individuals to maneuver.

Skinner: So, I had heard recently that this issue has gone to the White House for resolution. Can you comment on that?

deLone: No. I don't have any information to provide ...

Costello: No.

deLone: I'm not trying to be evasive. But I don't – I don't have any information in terms of what's – what is happening, is being decided, what kind of timeframe. It may be – I mean, at a certain level, it's going to have to be a high level decision at some level, at some point, because we don't – you know, we're three separate agencies.

Skinner: Yes.

deLone: But, sorry.

Skinnerr: Okay. Thanks.

Operator: And your next question comes from the line of (Jason Anderson).

Please state your location. Your line is now open.

(Bob Paulson): Hi. This is (Bob Paulson) from Minnesota. And my question has been answered. Thank you.

Operator: And your next question comes from the line of (Fern Shimbon).

Please state your location. Your line is now open.

(Fern Shimbon): My question's also been answered. Thank you.

deLone: Plus it might be helpful if you can remind people how to get themselves out of the queue if their question's been answered.

Operator: If you would like to withdraw your question, please press the pound key. And your next question comes from the line (Broshita Ramirez).

Please state your location. Your line is now open.

(Ricky Ramirez): Hi. This is (Ricky Ramirez). I'm calling from Oklahoma.

I have two questions. The first one is about the application. So, what is exactly the variety of languages that we're looking on offering in the – for the applications?

Costello: We did not propose any – we do not make any proposals in the NPRM, related to language access or to the readability. That's something that we will be folding into a workgroup and hope to issue sub-regulatory guidance.

(Ramirez): Okay.

Costello: But we're also looking at some of the best practices of the – of, not only States, but also some other public benefit programs, like SNAP.

(Ramirez): Okay. And the second one is, in Oklahoma, we already have an automated – that exchange process with the Social Security Administration. We mainly do that exchange regarding social security numbers and SSI income.

I was wondering what's going to happen with States like us if we already have in place this type of data exchange. Do we – are we going to have to go through the hub, this federally operated database that you were mentioning? Or are we going to remain doing operations as we – as far as we comply with these exchanges?

Gerhardt: You know, as we continue to develop the actual functionality of the hub, as pieces of information become available through the hub, the rule says that you would be required to use the hub; again, unless you can show more efficient means. And, so, there might be data that you're gathering now from – directly from SSA that perhaps won't be coming through the hub initially, in which

case, you could continue your data matches, and – but to the extent when – if and when all that information is available through the hub, we would expect you to use the hub.

(Ramirez): Okay. Thank you very much.

Operator: And your next question comes from the line of (Matthew Melton).

Please state your location. Your line is now open.

(Matthew Melton): South Carolina. We have a question around the self attestation and the risk for the States in the program integrity as it associates with the risk for ensuring that only the eligibles receive benefits. If the State follows a self attestation policy, does the data verification, finds that generally the person should be eligible, but then, down the road, because of self attestation and the age of the data that was used to verify from IRS or other means, it's found out that the individual had more income than was self-attested, is the State – is CMS' position – that the state would be at risk for that full amount still going forward with under the new rules?

Gerhardt: When you say at risk – are you referring to, like, the PERM and MEQC?

(Melton): For PERM, MEQC and if it's identified as an area where the State would have to pay it back.

Gerhardt: So, we are ...

(Melton): I ...

Gerhardt: ... trying to – we are not trying to. We are working with the PERM folks and MEQC to try to align their reviews with these rules.

(Melton): Okay.

Gerhardt: So, if you follow these rules, and if you have an explicit policy in your State, the cases should be evaluated based on that policy. If you do not have clear policy in your state – you know, I mean these rules are flexibilities that are

provided to States – but – how can I say it – they are not – they shouldn't be used in an arbitrary way.

(Melton): Right. So as long as we have a clear policy?

Gerhardt: Yes. So presumably – you know, States will want to develop some guidance around when to use self attestation and when it's not appropriate to use self attestation, and – you know, to the extent that you follow your own policies and rules, there should not be a problem with liability.

deLone: Provided, of course, that those policies and rules and – in turn, are consistent with the federal ...

Gerhardt: Right.

deLone: ... guidelines. Right.

(Melton): Okay. And, then, also in an instance regarding beyond PERM and MEQC, if we were to pursue that individual for – and identify it as a fraudulent case, in most cases for provider member fraud, the State has to pay you back CMS – the amount that was paid in error, in essence, regardless of PERM and MEQC with – is that something where the CMS is also open to. As long as we follow those rules, we would not have to pay back the full share of the federal share of that because we're already the taking the risk for the State share.

deLone: You know what? These rules didn't address that sort of fraud and recovery of payments. And I – it's outside, certainly my area of expertise.

(Melton): Okay.

deLone: It's – it's not even within our shop. So, it's – it's a great question. But nothing was changed in those rules, so, my gut is to say nothing actually shifts in terms of what – where you've discovered provider or, you know, recipient fraud. But I'm trying to think who is the person that you should contact with that question? Is it Nancy?

Gerhardt: It might be Nancy Dieter with respect to ...

deLone: Try Nancy Dieter, D-I-E-T-E-R. She should be listed on the HHS employee directory ...

(Melton): Okay.

deLone: ... Nancy dot Dieter. And shoot her your question. And we'll, you know – you can, you know – and she will find – she'll find you the right person if it's not her. You can 'cc me if you want (sarah.delone2@cms.hhs.gov). And we'll make sure that your question gets to the right analyst.

(Melton): And that was Sarah deLone?

(deLone): That would be me.

(Melton): Okay. And, then number two.

(deLone): Number two, yes. This seems to be from ...

(Melton): Okay.

(deLone): ...my former self. I used to work at CMS before.

(Melton): Okay. Thank you. That's all of our questions.

Operator: Your next question comes from the line of (Hima Burma).

Please state your location.

I do apologize. They have removed themselves from the queue. Your next question is from (Sheryl Shannon Rea).

Please state your location. Your line is now open.

(Cheryl Shannon Rhea): This is (Cheryl Shannon Rhea) from California. We have a few more questions. I'm wondering about – on slide 18, where it says that the States decide when and how electronic data sources are to be paying for information. How does that reconcile with redeterminations occurring only every 12 months?

Gerhardt: It really doesn't – doesn't necessarily need to align with a redetermination cycle. What it really means is that States can determine what it says when and how frequently they run various data matches. And you could line them up with your redeterminations or not. In my brain, it makes sense to line them up with determinations, because if you got back information that was different and you wanted to act on that information, you know, you'd be redetermining eligibility, kind of, mid-cycle. And that might be a choice that you would want to make, you know. But, again, it's up to the State to decide that.

Rhea: So, States can take people off at six months as opposed to 12 months if they find ...

Costello: When ...

Rhea: ... something?

Costello: So, I'll just – I mean, if I could just jump in. I mean, we have proposed at 435.916 that you renew coverage once every 12 months. I mean, the current rule is at least every 12 months, so we are proposing once every 12 months. And that States first use a process of using the information available to the States to attempt to make a redetermination of eligibility, either information available in the case record or from the other authoritative data sources.

And if a state is unable to determine that an individual continues to be eligible, that they then send a pre-populated renewal form to the individual. And that individual can request any information needed to complete the eligibility determination process. And that person can reply online, over the phone, in person, or by mail.

That does not preclude a State from redetermining eligibility more often if it has information that indicates that someone may not be potentially eligible. So, it's not intended to go out and set up your pings at six months to do – to go around the annual recertification. But, if someone either reported a change, or a new data match became available, something appears, you know, PARIS – you know, you got your quarterly PARIS match, and it may indicate enrollment in another state, I mean, then, you could redetermine eligibility

because of information that indicates someone may no longer – that may be material to eligibility.

Rhea: Okay. And I wonder if maybe ...

deLone: You would need to follow up with the person. If you got a data match, say, back, electronic information that suggested the person was no longer eligible, you would need to follow up with that person first before, and to confirm with them whether – you know, what was going on before you could actually terminate. So, you – that you can't just terminate based on electronic data. And those regulations are in our proposed 952 – 435.952.

Rhea: Okay. The next question was, when it comes to the information, received from the data matches, do you have in mind a standard to use in terms of how recent the information must be – like a minimum or maximum standard for recency or anything like that.

Gerhardt: No, we don't. And, again, this is why we created some of the State flexibility because we understand – for example, with the State wage databases, we did a little research among states quite some time ago. And some States reported that their State wage databases were very current and very prompt in responding. And some states would know the data is six months old and it takes forever to get a response. And so, we don't like to use it. And, because of these variations, that's why we're allowing States flexibility in determining which data sources they use and how often they use them.

Rhea: Hey, along those lines. And Anne Marie, I know you mentioned that you'd convened the workgroup with IRS. Well, are you – can – is this – has there been any consideration in terms of asking IRS for current information on employers and their payments of withholding.

deLone: That issue was actually raised – floated as an idea quite some time ago. And I think it's – it's a great idea – I think everybody is – I mean, it's a – it's a great idea because that would be, sort of, very current information. I think the challenges and actually effectuating that would be because you've got – you know, you would have to be setting up a huge database with feeds from, you know, employers all over the country.

It's – I think, was considered to be insurmountable. But, you know, these ideas should be recorded. You should put it in your comments. It's – you know, it would be a wonderful thing.

I mean, if it was – if it was technologically feasible to do both, you know, from a systems build and financial standpoint, it would be great. So, put it in a comment, and include it.

Rhea: All right. And, then, the last one – sorry to take up so much time. Oh, wait.

We have one more – oh, okay. When will the states get information about the technical requirements for connecting to the hub?

Costello: That's under development now. I mean, you know, CCIIO, our counterparts in CMS, are responsible – actually, our Office of Information Systems is responsible for working with CCIIO. And I believe they've just procured a vendor to begin working on the development of the data services hub. So, they have some development work to do before the requirements can be released.

Rhea: Okay. Thank you very much.

Operator: Your next question comes from the line of (Amy Lapier).

Please state your location. Your line is now open.

(Amy Lapier): Hi. This is Amy from Rhode Island. I have a question and a comment. My comment is that you mentioned earlier about employer-sponsored coverage and not being pertinent if the person is applying for Medicaid.

I would just put in a plug that, for States like Rhode Island that have a robust premium assistance program, that we do want to know about ESI like early in the process so that ...

Gerhardt: Sure. Well ...

(Lapier): ... we can put them in fee-for-service as opposed to putting them in managed care.

Gerhardt: Sure.

(Lapier): And my question is regarding the reasonable compatibility and the way it affects eligibility. For States that charge premiums to Medicaid beneficiaries, if someone reports their income as being (X), and it turns out to be (Y), even though either (X) or (Y) would make them eligible for Medicaid, but the varying amount could change how much they pay in premium. Is it CMS' view ...

Gerhardt: Yes.

(Lapier): ... that the state has a flexibility to then go and ask further questions to make sure they're in the right premium ...

Gerhardt: Yes.

(Lapier): ... assuring bucket?

Gerhardt: Yes. And that's – that's exactly what we mean about significant or meaningful for eligibility.

(Lapier): Okay. So, even though it technically doesn't change whether their eligible or not, it just changes which – how much they have to pay in monthly ...

Gerhardt: But ...

(Lapier): ... premium?

Gerhardt: ... that – and that's significant for a beneficiary. Yes.

(Lapier): Okay. Great. Thank you.

Costello: And, Amy, we agree with your comment to the – if the State has a premium assistance program, then they probably – the question should be asked, because that's material to eligibility in that State.

- (Lapier): Right. And I would put in a further plug that it – not even – just that do they have ESI? But do they have access to ESI because, then we'll help them go get enrolled if they're not on it already. And we'll put that in the comments.
- Costello: Yes. Perfect. Thank you.
- Operator: Again, if you would like to ask the question, press star, then the number one on your telephone keypad. Your next question comes from the line of (Cheryl Shannon Rhea).
- Please state your location. Your line is now open.
- (Leanna Pierson): This is actually (Leanna Pierson) from California. I wanted a clarification if the – if no electronic sources of information are available, and we can't make the online real-time determination, is there a definition of reasonably prompt? Is it the 45 days? Or is there some other definition?
- Gerhardt: We haven't proposed any different timeliness definitions.
- Costello: So, that I think that's under consideration ...
- deLone: It's under consideration.
- Costello: ... with performance metrics and evaluating the program.
- deLone: Yes, we are looking at developing comprehensive performance metrics. And we're sort of – and there will be, you know, workgroups and involvement – and input from both States and other stakeholders in that process to figure out what are the best metrics to use. And that would certainly be one item that would be in the mix.
- Pierson: Thank you.
- Operator: And there are no further questions in queue at this time.
- Gerhardt: Great. Okay.

Costello: I just want to say thank you very much. I think it was a very useful discussion. And we encourage you to submit your comments on the NPRMs, again, related to Medicaid, the Exchange and to Treasury, as appropriate. Thank you.

Gerhardt: Great. Thank you.

Operator: Thank you. Ladies and gentlemen, this concludes today's conference call. You may now disconnect.

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