

## Short Term Consumer Experience and Real Time Eligibility Improvement Goals:

### Strategies to reduce delayed and incomplete applications and improve the customer service experience:

#### 1. Ongoing PEAK System Improvements:

There has been and continues to be ongoing work since the launch of the online PEAK/medical only system to improve consumer experience and real time eligibility. HCPF and OIT are making ongoing adjustments to PEAK to improve real-time determination processes. Real time eligibility is anticipated to increase to 70% with recent changes. Each time an adjustment is made; the cases that are currently awaiting resolution are rerun.

2. ID Matching: Before a Medicaid eligibility determination can be made, the state must first determine if the individual or household member already exists in CBMS. In those cases where there is ambiguity as to whether or not those individuals are known to the state's system, 5 questions are asked in a pop up box. If an individual correctly answers 2 of the questions, a determination can be run and applicants that are not eligible for Medicaid can be forwarded to C4HCO. Those questions are currently NOT required - the recommended change would be to require answering two of the five questions. This will improve determinations on a prospective basis.

Delivery Date: No Later Than 12/15/13.

3. Incomplete Applications: Currently PEAK does not require the necessary fields to be completed in order for real time eligibility to be determined before an application can be submitted. It is one of the most significant reasons an application does not receive a response. The recommended change will allow an individual to submit an application with a minimum amount of information, but if they are interested in receiving a real time determination, the fields that are needed will be required.

Delivery Date: No Later Than 12/15/13.

4. Dynamic Removal of Additional Financial Questions: If an individual answers yes to any of four disability questions, additional information is needed regarding their financial situation to determine if they are eligible for Medicaid. Those questions are currently asked of everyone. The recommended change will make the application more dynamic, whereby if an individual answers no to all disability questions, the additional asset and other financial questions will not be asked. Additional text will be provided to explain the reasons for the four disability questions being asked.

Delivery Date: Current? This change would only impact of people enrolling after change is made.

### Denial Information and Outreach Strategies:

The group agreed to jointly work on improved processes for denials that are sent to C4HCO for those who are over-income and future outreach strategies. Staff has begun those discussions and have additional meetings set up next week. It was asked that the data push would include email addresses.

Other Potential Options:

1. Outside Income and Disability Parameters: If an individual is well outside the Medicaid income parameters and is not disabled or pregnant, the individual could proceed to shop without a final Medicaid determination. The enrollment would not be forwarded to the carrier until the denial is received - but the research would not slow the shopping and plan selection process. HCPF, C4HCO, and OIT are evaluating whether or not this is an option that could be implemented in the short term.
2. Continue to identify additional strategies related to customers that are delayed in their determinations to ensure determinations prior to December 15.