

Medicaid Eligibility Determinations for Long-Term Services and Supports

Update and Plan



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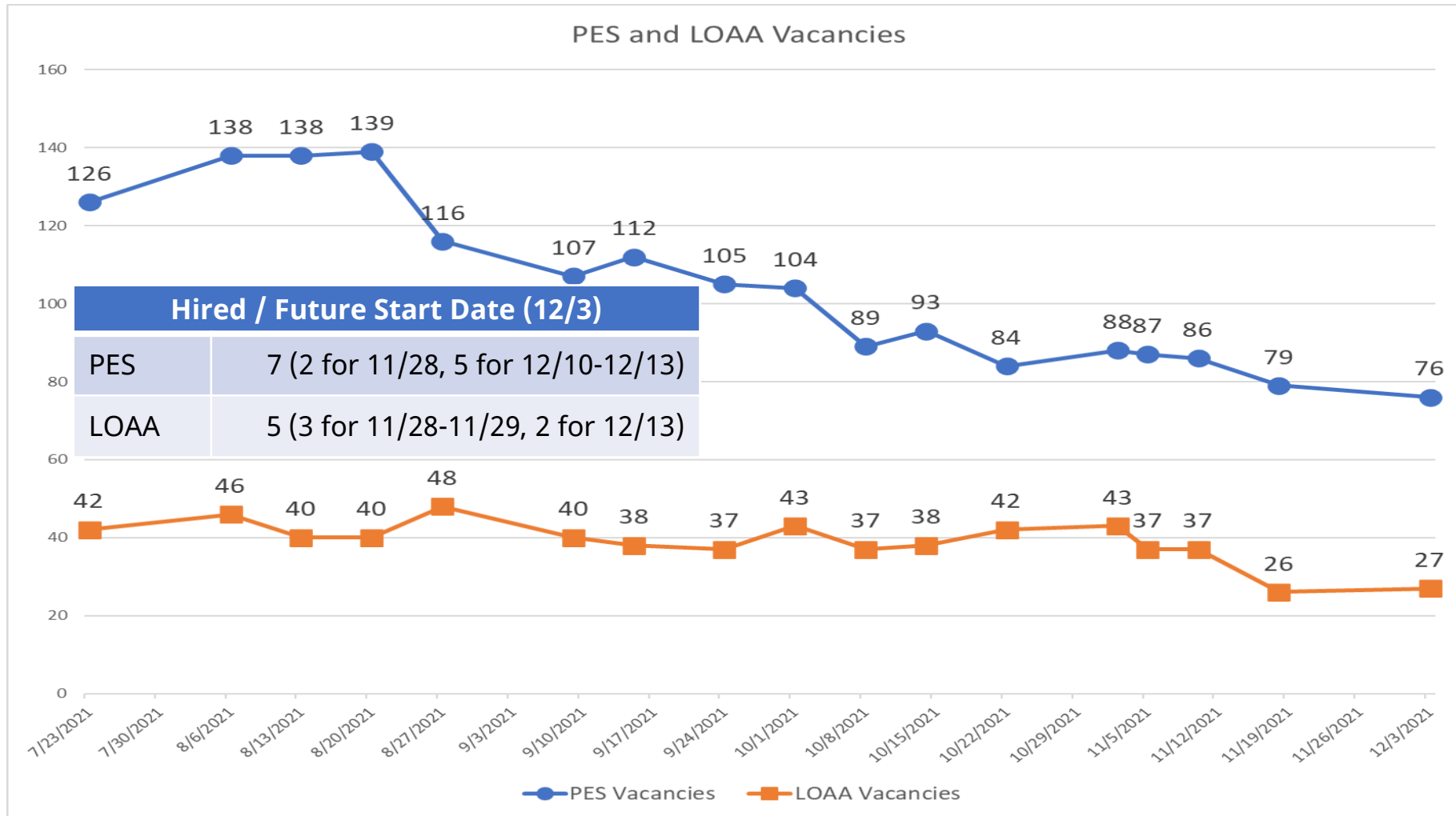
LTSS Eligibility Determination Status

- Long-Term Services and Supports (LTSS) refer to both institutional care and home- and community-based services (HCBS) for Medicaid clients with disabling conditions and chronic illnesses. Medicaid is the primary payer across the nation for LTSS.
- Generally, LTSS eligibility applications should be processed within 45 days. As of December 9, there are:
 - 516 overdue eligibility applications for nursing home residents
 - 270 overdue eligibility applications for assisted living residents
- Sometimes, eligibility delays force facilities to submit claims for residents on paper, also known as redline claims. DHS estimates there are approximately 668 outstanding redline claims pending.

Division of County Operations Backlog Operations Planning



Eligibility Staff Vacancies



LTSS Staff Vacancies

Position Title	Number Allocated	Number Filled	Number Vacant
Program Eligibility Specialist	93	83 (includes 7 new workers learning policy)	10
Local Admin. Assistants	11	10	1
Program Eligibility Supervisors	9	8	1

Overall Backlog Resolution Plan

Steps Taken To Date:

- Streamlined hiring process to allow managers to hire Program Eligibility Specialists and Local Office Administrative Assistants more rapidly
- Since July 23:
 - Program Eligibility Specialist vacancies have reduced from a high of 139 to 76 as of December 9th
 - Local Office Administrative Assistants vacancies have reduced from a high of 48 to 27 as of December 9th
- Hired 26 Extra Help Program Eligibility Specialists to assist
- Onboarded 14 contracted temp Local Office Admin. Assistants

Overall Backlog Resolution Plan

Steps Taken To Date:

- Caseworkers have voluntarily worked 26,576 hours of overtime since July 19th to focus on overdue work
- Additional Staff have been trained:
 - Caseworkers – 176
 - Clerical – 174
 - Specialty Workers – 5
 - Supervisors - 10
- Implemented pay changes for Local Office Administrative Assistants and Program Eligibility Specialists to help improve retention

Overall Backlog Resolution Plan

Next Steps:

- Deloitte ARIES contract amendment for surge backlog assistance
- Maximus Health Services contract to assist with backlog, assist with public health emergency wind down for Medicaid, and ongoing support for surge capacity in the future when problems arise
 - Both vendors will focus on Medicaid, specifically the less-complicated MAGI and other Medicaid that does not involve the long-term services and supports categories.
- Implementing specific productivity minimum requirements for DCO staff now that they have had a period of adjustment to the new system

LTSS Backlog Resolution Plan

Next Steps:

- The vendor support from Deloitte and Maximus will allow DCO to allocate additional Medicaid trained staff to the LTSS unit to focus on eliminating that backlog and remaining timely.
- DCO is implementing a tiger team to work through approximately 2,000 remaining issues with level of care that are affecting facilities / providers ability to bill on active cases. This issue was caused during data conversion from the old to the new system. DHS vendors have resolved 10,000 systematically and the remainder need to be manually reviewed and updated.

LTSS Backlog Resolution Plan

Next Steps:

- Additional staff will be permanently added to the LTSS Unit, using existing vacant DHS positions:
 - 17 additional caseworkers for a total of 110
 - 1 additional LTSS-Program Eligibility Supervisor for a total of 10
 - 1 additional Local Office Administrative Assistant for a total of 12
- DHS will be asking in January for legislative approval to add one 1 Registered Nurse position for a total of 3

LTSS Backlog Resolution Plan

Next Steps:

- Due to the complexity and sensitivity of LTSS cases, DHS will ask the Legislature in Fiscal Session to upgrade certain positions in the unit:
 - LTSS Program Eligibility Specialists from GS06 to GS07
 - LTSS Program Eligibility Supervisors from GS07 to GS08
 - LTSS Unit Supervisor from GS08 to GS10
- Although the position upgrades will not take effect until July 1, DHS will move to immediately increase pay for current employees in these positions to at least entry-level for the higher grade, and to offer the increased pay for new employees coming into these positions in the LTSS unit.
- DCO will absorb the approximately \$1.7 million cost using existing funding

Division of Medical Services Redline Claim Backlog



DMS Redline Claim Backlog

- ❖ A redline claim is a claim that must be sent on paper for processing to override an edit or audit in the system that is preventing it from paying.
- ❖ Many of the redline claims in the backlog are related to eligibility issues.
- ❖ Currently, DMS only has 1 staff member that can research these claims and prepare them for payment.
- ❖ DMS has asked Gainwell to supply additional claims researchers to assist in working this backlog.

DMS Redline Claim Backlog

Claims with DHS:

Group of Claims	Total
Claims that can be processed	76
Claims that need additional eligibility correction by DCO	21
Claims that need additional correction by provider (will be returned)	171

- ❖ At this time, DHS believes it can work the outstanding 76 claims in approximately 4 weeks.
- ❖ DHS is exploring other options for additional resources to help support this effort.

DMS Redline Claim Backlog

Claims with Gainwell:

- ❖ Gainwell is currently assessing 398 claims.
- ❖ Of those 398 claims, 56 will need to be returned to the provider for correction.
- ❖ Some of the claims will need to be returned to DCO for eligibility corrections. The amount is not known at this time.
- ❖ Some of the claims can be processed as-is. DHS expects these correct claims will be processed by December 22 and paid the next week.

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