

Medicaid Eligibility, Enrollment, and Renewal Processes and Systems Study

CASE STUDY SUMMARY REPORT – ARIZONA

Prepared for:

Medicaid and CHIP Payment and Access Commission (MACPAC)

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October 19, 2018



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ACKNOWLEDGEMENTS

This project was conducted by the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, School of Public Health, Division of Health Policy and Management. It was funded through a contract with the Medicaid and CHIP Payment and Access Commission (MACPAC). The findings, statements, and views expressed are those of the authors and do not necessarily represent those of MACPAC.

Authors of six state summary reports and a synthesis report were Emily Zylla, Caroline Au-Yeung, Elizabeth Lukanen, and Christina Worrall. Authors would like to acknowledge the many contributions made to this effort by MACPAC staff members Martha Heberlein and Kate Kirchgraber. We would also like to thank the 48 key informants in Arizona, Colorado, Florida, Idaho, New York, and North Carolina for sharing their time and insights about their experiences implementing streamlined Medicaid eligibility, enrollment, and renewal practices in their respective states. Finally, we would like to recognize Jeannine Ouellette and Andrea Stewart for their work reviewing and proofing the reports, and Lindsey Lanigan and Ann Conmy for their work on the layout, exhibits, and production of the reports.

INTRODUCTION

Over the last decade, simplifying and streamlining state Medicaid enrollment and renewal processes and systems have been a priority for state agencies. These changes were accelerated with the passage of the Patient Protection and Affordable Care Act (ACA) in 2010. The ACA called for enhancements to Medicaid, including the implementation of revised eligibility rules, a single streamlined application, and use of technology to verify and exchange data in support of near real-time eligibility determinations.¹ Additionally, the Centers for Medicare & Medicaid Services (CMS) and other federal agencies provided states with guidance and incentives to modernize and integrate eligibility systems in order to efficiently enroll Medicaid-eligible individuals.

As the legislative branch agency charged with advising Congress on Medicaid and the Children's Health Insurance Program (CHIP), the Medicaid and CHIP Payment and Access Commission (MACPAC) sought to better understand the post-ACA status of state systems and processes used to support Medicaid program eligibility, enrollment, and renewal. To do so, MACPAC contracted with the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, School of Public Health to conduct an assessment in selected states of current Medicaid eligibility, enrollment, and renewal practices, and the extent to which they are achieving desired goals (such as program efficiency and simplified beneficiary experience).

A case study approach was used to collect data regarding the state of practices associated with enrolling the Medicaid population for which income eligibility is determined based on Modified Adjusted Gross Income (MAGI). Specifically, we assessed auto-enrollment and auto-renewal practices, the use of electronic data sources for verification, and the degree of integration with non-MAGI Medicaid populations and other public benefit programs. Case studies did not focus on other aspects of Medicaid enrollment, namely outreach and consumer assistance, community partnerships, enrollment and credentialing of providers, and call center technology.

The study focused on six states (Arizona, Colorado, Florida, Idaho, New York, and North Carolina) where documentation showed steps toward implementing streamlined, automated or integrated approaches to Medicaid enrollment and renewal. States were selected based on a literature scan as well as discussions with MACPAC and external experts and represented diversity across a range of characteristics including Medicaid program size, exchange type, adoption of the ACA Medicaid expansion, current enrollment and renewal practices, geography, and political climate.

This case study summary report includes findings from Arizona based on: telephone interviews with six key informants conducted in May and June of 2018; a review of publicly available and state-provided documents (e.g., verification plans submitted to CMS); and data collected in advance of telephone discussions on the organization of the state's Medicaid program, eligibility system, and other information technology resources to support MAGI Medicaid eligibility determination. (See Appendix A for a copy of the data collection form used to gather information in advance of telephone interviews with state agencies.) Key informants (also referred to as respondents) in Arizona represented state Medicaid eligibility, policy, and information technology divisions, and two advocacy organizations providing enrollment assistance.

¹ According to CMS guidance, real time refers to no delay between submission of a complete and verifiable application and the response to the applicant. (CMS n.d.)

The case study begins with an overview of Medicaid in Arizona and a high-level description of how individuals apply and how their eligibility is determined for MAGI Medicaid populations. Included in this overview section are case study findings related to the approaches Arizona is taking to streamline enrollment and renewal for MAGI Medicaid populations. Next, we present key themes, as identified by key informants, related to Medicaid program and beneficiary experiences, including successes and challenges of Arizona's approaches. Lastly, we summarize ongoing issues and future plans in the study state to further simplify and streamline enrollment.

STRUCTURE OF MAGI MEDICAID ENROLLMENT AND RENEWAL

Arizona's Medicaid program resides in the state's Medicaid agency, called the Arizona Health Care Cost Containment System (AHCCCS), and Medicaid is referred to in the state as AHCCCS/Medical Assistance and KidsCare (Arizona's CHIP). The vast majority of Medicaid beneficiaries (93 percent as of July 1, 2017) in the state receive services through managed care (Betlach 2018, KFF 2017).

Medicaid eligibility determination at application and renewal for MAGI Medicaid and KidsCare is administered by Arizona's Division of Benefits & Medical Eligibility within the Department of Economic Security (DES), the state's human services agency (AZ DES 2018). Under this structure, over 2,700 DES staff work with AHCCCS and state systems to facilitate eligibility determination, enrollment, and renewal at the central DES office and at local DES offices throughout the state (AZ DES n.d.). DES workers in the Division of Benefits and Medicaid Eligibility also facilitate enrollment in other human service programs, including the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF). As of January 2017, there were more than 1.6 million DES-determined Medicaid recipients in Arizona (AZ DES n.d.).

In response to the ACA, Arizona made two key changes to expand its Medicaid program. Namely, in 2014, the state: 1) restored coverage to childless adults with incomes up to 100 percent of the Federal Poverty Level (FPL)—a group to whom the state had expanded coverage in 2000 but then froze enrollment in 2011 due to fiscal challenges—and 2) expanded Medicaid eligibility to adults with incomes up to 138 percent FPL (AZ SL § 5 36-2901.07).² Also in response to the ACA, coverage for children age 6 to 18 with incomes up to 138 percent FPL shifted from CHIP to Medicaid in 2014.³ The state also ended a six-year CHIP enrollment freeze in July 2016, opening the KidsCare program back up to children at or below 205 percent FPL after freezing it in 2009 due to fiscal challenges (KFF 2011, CMS 2016a). In addition to these populations, pregnant women in Arizona—as well as parents and caretaker relatives—are eligible for Medicaid up to varying income levels. Above these thresholds, individuals are eligible for health insurance coverage in Arizona through the Federally Facilitated Marketplace established by the ACA, and they also may be eligible for tax credits that provide assistance in paying premiums for this coverage. **Table 1** provides an overview of Medicaid eligibility and Advanced Premium Tax Credit (APTC) thresholds in the state.⁴

² Medicaid eligibility thresholds here include the five percentage point of the FPL disregard established under the ACA, which can be applied to eligibility determination for MAGI Medicaid individuals.

³ In order to align Medicaid coverage across families at 138 percent FPL, the ACA required all states to establish a minimum Medicaid eligibility threshold for children at 138 percent FPL. This required some states, including Arizona, to shift older children from separate CHIP programs into Medicaid.

⁴ APTC is a mechanism for consumers to receive financial assistance (i.e., lower monthly premiums) to purchase health insurance coverage through an exchange.

Implementation of the ACA led to strong growth in Medicaid enrollment (40 percent) in Arizona between the July through September 2013 period and April 2018. As of April 2018, total Medicaid and CHIP enrollment was nearly 1.7 million individuals (approximately 24 percent of the state’s population) (CMS 2018; Census 2017).

Table 1. Arizona MAGI Medicaid and Advanced Premium Tax Credit (APTC) Eligibility Thresholds, by Coverage Group, 2018

Coverage Groups	100% FPL	200% FPL	300% FPL	400% FPL
Pregnant Women	161% (Medicaid)		> 161%–400% (APTC)	
Children (< 1 year)	147% (Medicaid)	> 147%–205% (KidsCare)	> 205%–400% (APTC)	
Children (Age 1–5)	141% (Medicaid)	> 141%–205% (KidsCare)	> 205%–400% (APTC)	
Children (Age 6–18)	138% (Medicaid)	> 138%–205% (KidsCare)	> 205%–400% (APTC)	
Parents and Caretaker Relatives	111% (Medicaid)	>111%–138% (Adult Group)	> 138%–400% (APTC)	
Adults	138% (Medicaid)		> 138%–400% (APTC)	

Sources: AHCCCS 2018a; Brooks et al. 2018.

Notes: Eligibility levels are reported as percentage of the Federal Poverty Level (FPL). Percentages include the five percentage point of the FPL disregard established under the ACA, which can be applied to eligibility determination for MAGI Medicaid individuals. KidsCare (State Children’s Health Insurance Program [CHIP]) coverage includes monthly premiums of \$10–\$70. Parents and caretaker relatives with incomes between 111 percent FPL and 138 percent FPL are covered under the adult group. Acronym: MAGI – Modified Adjusted Gross Income.

Application options and eligibility systems

Arizona offers a single streamlined application process that currently supports Medicaid, CHIP, SNAP, and TANF. Consistent with the ACA, the combined application can be submitted several ways: in person, mail, telephone, and online. Respondents reported that MAGI-eligible populations most frequently applied online, whether independently or with the help of a state worker or an enrollment assister at one of more than 200 Community Partner organizations throughout the state (AHCCCS 2015).

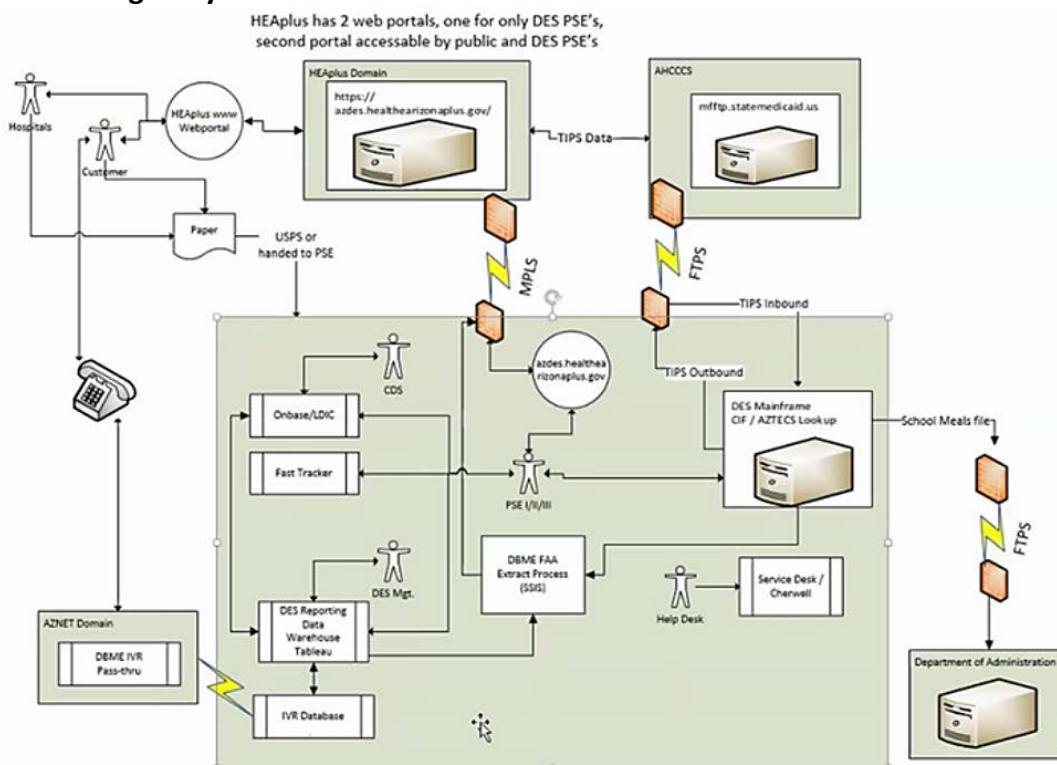
Arizona residents can submit online applications for MAGI Medicaid and other coverage via AHCCCS’s cloud-based Health-e-Arizona Plus (HEAplus) solution, implemented in 2013. HEAplus includes three routes through which applications can be submitted: a private state worker portal and a public portal with separate community assister access and consumer access points. Respondents noted that these different portals all access the same system, so the application data are not flowing from one system into another and the portals display identical information for a given application.

Application information for Arizona Medicaid, whether it originates on paper or electronically, is fed into a shared eligibility system (SES) known by the same name as the combined application: HEAplus. However, while the HEAplus *application* is combined across health programs (i.e., MAGI Medicaid and KidsCare) and non-health programs (i.e., SNAP and TANF), the HEAplus *eligibility* system is only shared across health programs (i.e., MAGI Medicaid and KidsCare). To this end, applicants first provide all information relevant to their application for health programs, including their health plan selection.⁵ Then, if they have indicated that they wish to apply for SNAP or TANF, they proceed to provide additional information needed for these programs, with relevant information from the health programs carrying over.

⁵ If the applicant does not select a managed care plan, the HEAplus application system uses an algorithm to automatically select a plan for them from their geographical services area. The applicant has up to 90 days from their initial enrollment to choose a different plan from the one that was selected for them.

While information regarding the application for health programs is processed using the modular, cloud-based HEAplus eligibility determination system, application information regarding SNAP and TANF is processed separately. These data are routed from the HEAplus application using an electronic interface called Technology Interface Project Solution (TIPS) to a 30-year-old legacy mainframe eligibility system known as the Arizona Technical Eligibility Computer System (AZTECS) (AHCCCS 2018b, State of Arizona 2012). Final eligibility determination information for SNAP and TANF is communicated to the applicant from the legacy mainframe system, although the decision is ultimately posted back to the HEAplus application portal via TIPS, where it is stored for the consumer record. See **Exhibit 1** for a depiction of information flows associated with Arizona’s enrollment and eligibility programs.

Exhibit 1. Arizona Enrollment and Eligibility Program Information Flow: DES Environment for Medical Eligibility



Source: Arizona Health Care Cost Containment System.

Note: Acronym: DES – Department of Economic Security.

Supporting the HEAplus eligibility determination system is a business rules engine, developed with the help of the contractor that maintains HEAplus. The rules engine was first developed in 2012 and automates the operation of program rules and supports automated eligibility determinations. Respondents felt that this robust rules engine was critical in facilitating streamlined eligibility and enrollment: “Automation and having a really robust business rules engine can make all the difference in the world.” Respondents acknowledged, however, that the establishment of accurate business rules is “very difficult.”

Once an applicant is determined to be eligible for Medicaid, the HEAplus eligibility determination system interfaces directly with the state’s Medicaid Management Information System (MMIS), so that, as one respondent stated, “The person can go in [to the doctor] before they’ve got their new card,” because the provider has access to the managed-care enrollment information through an MMIS verification portal. Respondents described this interface between the HEAplus eligibility determination system and MMIS as “critical” to ensuring that the beneficiaries get access to services smoothly.

Electronic verification for MAGI Medicaid beneficiaries

Applicants are allowed to self-attest to only a limited amount of information on their application, with the state using electronic verification of most application elements to determine eligibility for MAGI Medicaid. Respondents pointed out that Arizona does not take consumer attestation for as many factors as some states did because they were concerned that doing so would increase their error rates. For example, respondents reported that self-attestation is not accepted for residency because of the transient nature of the state's population.

Most factors of eligibility such as income, residency, age, Social Security number, citizenship, and immigration status are verified in real time through data linkages between the HEAplus eligibility system and electronic data sources from the Federal Data Services Hub and Arizona's own State Hub.⁶ Arizona uses the Federal Data Services Hub as the first source for verifying income, age, Social Security number, citizenship, and immigration status. The State Hub incorporates Social Security Administration (SSA) data from the State Online Query Internet (SOLQ-I) and other federal data sources (e.g., Department of Homeland Security) as well as data from state and proprietary sources (e.g., Arizona State Retirement System, the Arizona Department of Transportation, and the Work Number). These data can be used to verify age, citizenship, immigration status, residency, state employee base-wage income, and unemployment insurance (CMS 2016b). **Table 2** provides an overview of eligibility verification practices for MAGI Medicaid in Arizona.

Respondents were uniformly positive about the ability to verify eligibility factors using electronic data sources. However, one respondent mentioned that SSA composite data could only be used to verify factors for SNAP or TANF if the applicant was *also* applying for Medicaid. In cases where an individual was only applying for SNAP or TANF, SSA composite sources could not be used to verify eligibility.⁷ The respondent expressed frustration about having to set up a completely separate mechanism for verifying citizenship, for example, for SNAP- or TANF-only applications, when a connection to the SSA composite data was already established.⁸

⁶ The Federal Data Services Hub is an electronic resource developed by the Centers for Medicare & Medicaid Services (CMS) that provides data verification services to state-based exchanges, the federally-facilitated exchange, and all Medicaid agencies regardless of expansion adoption. Data sources provided through the hub include those from relevant federal agencies such as the Social Security Administration, the Department of Homeland Security, and the Internal Revenue Service.

⁷ "SSA Composite data" refers to information received from the SSA Composite web service. The SSA Composite can verify multiple factors, including Social Security numbers, citizenship and identity, date of birth, disability status, and Medicare, calling on other services to do so. It also can verify or create Social Security income records.

⁸ The respondent indicated that the option to use SSA composite data sources for SNAP- or TANF-only cases was at one point offered to states by SSA, and Arizona expressed an interest in pursuing the option; however, the agreement was never executed because of an obstacle on the federal side. According to the respondent, the agreement has been on hold for more than a year.

Table 2. Arizona Verification Practices for MAGI Medicaid at Application and Renewal

Select Eligibility Factor	Self-Attestation	Financial and Non-Financial Data Sources			Notes
		Federal Agency	State Agency	Private	
Income	No	Social Security Administration (SSA), State Verification and Exchange System (SVES), State Online Query Internet (SOLQ-I), State Data Exchange (SDX), Railroad Retirement Board, Public Assistance Information Reporting System (PARIS)	Unemployment Insurance, Base Wage Report, New Hire Reporting Center, Department of Revenue, Arizona Lottery, prior information in state eligibility systems	Work Number	State will utilize the Federal Data Services Hub for some income, but not the Internal Revenue Service (IRS) due to stringent IRS security requirements and safeguards as well as 18-month data lags.
Residency	No	SSA	Unemployment Insurance, Motor Vehicle Division (DMV), New Hire Reporting Center, State Wage Information Collection Agency (SWICA), prior information in state eligibility systems	Work Number	State will utilize the Federal Data Services Hub and the State Hub.
Social Security Number	Not allowed	SSA			State will utilize the Federal Data Services Hub.
Citizenship	Not allowed	SSA, Department of Homeland Security (DHS), Systematic Alien Verification for Entitlements (SAVE)	Arizona Vital Statistics, prior citizenship documentation and information in state eligibility systems		State will utilize the Federal Data Services Hub and the State Hub.
Immigration Status	Not allowed	DHS, SAVE			State will utilize the Federal Data Services Hub for SAVE Steps 1 and 2, but will use the State's existing direct connection to SAVE for Step 3.
Age	No	SSA, DHS, SAVE	Arizona Vital Statistics, prior information in state eligibility systems		State will use the Federal Data Services Hub and the State Hub.
Medicare	No	SSA			State will use the Federal Data Services Hub.
Application for Other Benefits	No	SSA, PARIS			

Sources: CMS 2016b; Data collection and verification under the 2018 Assessment of Medicaid Eligibility, Enrollment and Renewal Processes and Systems project, Medicaid and CHIP Payment and Access Commission (MACPAC) contract number MACP18417T1.

Notes: SAVE is a DHS process for verifying an individual's immigration status either paper-based or electronically. Electronic verification consists of three steps. Step 1 is a real-time verification of immigration documentation at application for coverage. The majority of SAVE requests are resolved on initial verification. If an individual's status is not confirmed in Step 1, Step 2 offers the option to submit additional information and/or a copy of the document submitted by the applicant. If Step 2 does not confirm the individual's status, Step 3 requires the applicant to submit additional information and/or documentation. States can use SAVE Step 1 and, more recently, Step 2 automated functionality through the Federal Hub. Acronym: MAGI – Modified Adjusted Gross Income.

Auto-enrollment and renewal

Respondents in Arizona defined automated eligibility determination as real-time, no-touch eligibility determination at application, such that an applicant would “go into the [HEAplus] portal, submit an application, upload verifications, and get a real-time eligibility determination, whether it’s an approval or a denial...[with] no touch in terms of a state worker.”⁹ Respondents reported that the state achieves a 49 percent rate of automated eligibility determination of its MAGI Medicaid population at application, which is consistent with other data (Brooks et al. 2018). Respondents identified the key facilitators of automated eligibility determination of MAGI Medicaid populations as: 1) the applicant having some sort of income that can be verified electronically, 2) the existence of a robust business rules engine, and 3) interfaces with electronic data sources for verification purposes.

Auto-renewal of MAGI Medicaid eligibility in Arizona refers to no-touch renewal that is entirely automated. Forty-five to 60 days prior to a beneficiary’s renewal due date, the HEAplus eligibility system generates a renewal for applicable beneficiaries. The system then checks the relevant electronic data sources at the federal and state hubs and runs reasonable compatibility rules against the information on file.¹⁰ If the system has enough information to approve ongoing eligibility—even with a change in coverage category—it will do so. The eligibility system then generates and sends to the beneficiary a prepopulated form showing the information that was used to complete the renewal, stating that the beneficiary was found to remain eligible, and asking the beneficiary to contact DES if any of the listed information has changed.¹¹ If beneficiaries are approved for renewal and have no change of information to report, coverage is automatically renewed.

Respondents observed that beneficiaries often struggled to understand the prepopulated renewal forms and frequently sent them back when no response was required. One respondent explained, “I think that’s probably the biggest problem with it, is that people are sending back no-response-required letters when they have no changes.” This scenario adds unnecessarily to the workload at DES, since the state treats any returned form as a change report that must be evaluated as such by a DES worker, even when no changes have occurred. In other cases, beneficiaries who do not understand their forms bring them to the offices of community assisters to request clarification. One assister respondent observed, “Sometimes...they’re not reading it completely...and then you have those that do not understand...and they come back to say ‘[I]s everything okay, is everything correct?’”

While Arizona respondents were not aware of a specific goal for auto-renewals, they reported that approximately 55 percent of Medicaid cases in the state, and 60 percent to 65 percent of MAGI Medicaid cases in particular, were being auto-renewed. These estimates are consistent with other data, which found an auto-renewal rate of between 50 percent and 75 percent for MAGI Medicaid cases in the state (Brooks et al. 2018).

Integration of MAGI Medicaid eligibility determination with other health or human services programs

Arizona projected in 2016 that MAGI Medicaid and other health and human services programs—namely SNAP and TANF—would be integrated in the state’s HEAplus eligibility system by July 2017 (CMS 2016b). However, while SNAP and TANF share the combined HEAplus application with MAGI Medicaid in Arizona, SNAP and TANF eligibility determinations have not yet been integrated within the HEAplus eligibility determination system.

⁹ The process whereby HEAplus automatically assigns a managed care plan for applicants who do not choose their own plan at the time of application is part of the auto-enrollment process where applicable.

¹⁰ Respondents did note that access to the Federal Data Services Hub at renewal occurs as a batch process rather than in real time, and they questioned the quality of the batch data provided.

¹¹ Prepopulated forms can be sent to consumers electronically or via the postal service, depending on consumer preference. <https://www.azahcccs.gov/Resources/CommunityPartners/HEAPlus.html>.

Respondents were positive about the integration of the health programs (Medicaid and CHIP) within a single eligibility system. (“[I]t’s always been kind of seamless,” said one.) Overall, respondents remarked that integrating eligibility across health programs was easier for the consumer than if the programs were separate. Respondents cited a consumer survey in which consumers “seem[ed] to be pretty much positive about their experience with HEAplus.” However, while respondent feedback about the integration of Medicaid and CHIP eligibility determination was positive, respondents felt that integrating SNAP and TANF eligibility determination within the HEAplus eligibility determination system would be an improvement as well. When asked about desired changes to Arizona’s Medicaid eligibility, enrollment, and renewal processes and systems, one respondent put “add SNAP and TANF to our eligibility determination system” at the top of the list.

MEDICAID PROGRAM AND BENEFICIARY EXPERIENCES

As described above, current streamlined enrollment and renewal practices for MAGI Medicaid populations in Arizona facilitate access to multiple health and human services programs, including MAGI Medicaid, CHIP, and SNAP and TANF. AHCCCS has created a combined online application for these programs with integrated eligibility determination across health programs. Findings in this section summarize key themes, as identified by interview respondents, related to Medicaid program and beneficiary experiences. Respondents indicated that Arizona’s connections to robust data sources and a strong business rules engine facilitated auto-eligibility determinations, the state’s combined online application served as a single portal for multiple types of public assistance, integrated eligibility system for health programs simplified determinations and improved accuracy, auto-renewal of the MAGI Medicaid population reduced workloads, and the HEAplus community assister portal available to HEAplus community partners improved their ability to help consumers.

Arizona’s connections to robust data sources and a strong business rules engine facilitated auto-eligibility determinations

As stated above, agency staff reported that approximately 49 percent of applications were processed automatically, meaning eligibility was determined in real time without worker involvement. In other words, the applicant gets a “real-time, right then-and-there decision.” This resulted in additional program capacity to process non-automated eligibility determinations, enabling the state to achieve roughly 97 percent timeliness for Medicaid applications statewide. As one respondent said, “We wouldn’t be able to do that if we had that additional 40-some odd percent that we had to go in and handle on a case-by-case basis.” Assister respondents indicated that they were not seeing many real-time eligibility determinations as a proportion of their total cases; however, they also indicated that more complicated cases tended to be the ones that were seeking in-person assistance, and one assister respondent was dealing primarily with renewals rather than initial applications.

Respondents identified several facilitators of auto-enrollment in Arizona, including the existence of an online application, real-time interfaces with reliable state and federal electronic data sources for verification purposes, and automation of program rules through a robust rules engine. Respondents placed particular emphasis on the importance of data from SSA through the state system (SOLQ-I) for automated eligibility: “The data that we get back that we use from Social Security...it’s accurate, it’s real time...I would have to guess that without it, our 49 percent auto-processing would drop drastically....Without that data source, we’d be doing a lot more administrative work, the customer would be doing a lot more work, [and] the timeliness would drop. It would just spiral.” Respondents affirmed that SOLQ-I not only provided data that was accurate and in real time but also facilitated the verification of multiple eligibility factors from a single data source, such as Social Security numbers, income, residency, and citizenship.

Respondents emphasized that even with the right data sources, a robust rules engine was critical to support successful auto-eligibility determination because the data sources feed directly into the rules engine that compares the information from the electronic data source with the information provided by the applicant. One respondent mentioned that having a robust rules engine often “negates the need for anyone to touch [the application] until either a decision is made and we’re able to disposition [the application] and process it, or the system says, ‘I have a stop, I need more information.’ And [the system] generates a request for information by itself based on the data input and the data received.” Respondents emphasized, however, the challenge of creating a robust business rules engine: “The more automation that you can build into [the system] so that difficult and complex calculations are made by the system, it can be very helpful. The flip side, of course, is that it’s very difficult to pin down those business rules and get them right up front.”

Combined online application served as a single portal for multiple types of public assistance

HEAplus served as an application portal for assistance with MAGI Medicaid, SNAP, and TANF coverage, and respondents discussed the benefits to applicants of having one place where they could go to apply for multiple forms of assistance, rather than having to submit the same information multiple times through different avenues. One respondent disclosed how difficult the opposite scenario would be for applicants: “I can’t imagine how frustrating it must be for customers to provide verification for one program and then to be asked for it by another program.” Another respondent pointed out that the combined application, besides streamlining the application process, can raise applicant awareness of benefits for which they might be eligible that they otherwise might not have considered. First, the HEAplus application itself lists the multiple benefits for which applicants can apply and requires the applicant to proactively select the benefits in which they are interested before they begin applying. Then, if an assister (if the applicant is using one) observes that the applicant is potentially eligible for a benefit in which they had not initially indicated an interest, the assister can press further to again gauge applicant interest in applying. One assister responded, “When they sit down with us, they might say, you know what, I’m only interested in applying for Medicaid at this time. But then HEAplus might potentially screen them eligible for SNAP benefits and we’ll offer that to them, or even TANF if they want. We’ll say, ‘Hey, you might potentially be eligible for these other programs. Are you interested?’ So [the combined application] really helps, I think...[to] streamline the process; but then at the same time, provide an extra knowledge about hey, I might be potentially eligible for something else that might help me in my time of need.”

While respondents uniformly agreed that the combined online application was helpful to people applying for coverage in the Medicaid, SNAP, or TANF, community assisters noted that for certain communities (e.g., highly transient communities, largely immigrant communities, and communities with lower computer literacy), in-person assistance was still in high demand. Among common reasons that applicants would come to state worker or community assister offices were lack of computer access, difficulty understanding the application questions, application denial by DES, and assistance with documentation.

Assisters indicated that understanding application questions was the area where their clients were struggling the most, especially regarding questions having to do with tax filing and income. Community assister respondents described a specific preference for the online HEAplus application over the paper application because the paper application caused even greater confusion on reporting income among applicants. Respondents also noted that the paper application sometimes confused applicants because they did not understand that they only needed to fill out the application components that were relevant for the program(s) (e.g., Medicaid, SNAP, or TANF) to which they were applying. One assister

respondent clarified: “You don’t have to fill out everything for that on the paper application; you only [fill out sections] on what you’re applying for. But clients tend to fill everything out and they get very frustrated because some of those questions they don’t understand.”

Regarding document management, community assister respondents reported that the HEAplus application sometimes generated a notice indicating that documents had not been submitted when in fact they had been submitted online (and the system confirmed submission). This technical issue often created confusion among applicants, who frequently reached out to assisters for help making sense of the notices. In general, though, respondents described the capacity of applicants to upload documents directly to HEAplus from computers and mobile devices as a particularly important information technology feature. “Document management and imaging for clients [is] huge...most people don’t have a fax machine. So, you’re looking at mail, having to get in your vehicle or possibly take time off work to go turn in a document. [Now] people take pictures of their paystubs on their phone and upload it to our system. This has honestly changed lives I’m sure. Because it is so much less cumbersome.”

Arizona’s integrated eligibility system for health programs simplified determination and improved accuracy

Respondents praised the integration of Arizona’s eligibility system across Medicaid and CHIP, citing the benefit for both beneficiaries and program administrators. Before this integration, families were regularly moving back and forth between state agencies as they experienced eligibility changes. One respondent described how “Many families [would] bounce in between Medicaid and CHIP, and Medicaid and CHIP. And it wasn’t an easy process. For several months, the family would be all in Medicaid. Well, there would be a change in income, and the family would do their due diligence and report that income change, and it would take them out of Medicaid and put them into CHIP...MAGI electronic files would go from one agency to the other, and the other agency would pick it up and they would do a KidsCare determination...it was cumbersome for the customer. It was difficult for us...so now, having everything in Health-e-Arizona Plus, it facilitates that ease of those customers who might move between programs but still were eligible for some form of assistance.”

Respondents also pointed out that the integrated Medicaid eligibility system improved accuracy of eligibility within entire households. Household files are linked within HEAplus such that the system automatically calculates the ramifications of any changes within a household for other household members across programs. According to one Medicaid agency respondent, “If you report a change about this person, if it needs to impact anybody else’s eligibility, it does. We have that information right there. That’s been a big deal for us, for my side of the fence.”

Respondents lamented, however, that eligibility determination was not combined across health and non-health programs. While real-time, automatic eligibility determination was in place for health programs using the HEAplus web-based eligibility system, application information for SNAP and TANF was still relayed to a legacy mainframe system, where it was processed on a different timeframe and eventually relayed back to the HEAplus application interface. This meant that while applicants might immediately find out whether they were eligible for Medicaid, they would not find out about SNAP or TANF eligibility until a later date, resulting in a less efficient eligibility determination process for applicants. Respondents put integration of eligibility determination across Medicaid, SNAP, and TANF at the top of their list of desired changes to Arizona’s MAGI Medicaid eligibility, enrollment, and renewal processes and systems.

One challenge to HEAplus eligibility system integration relates to collaboration and coordination between agencies that have differing needs and priorities and different program requirements and rules. Working between Medicaid, SNAP, and TANF, in the words of one respondent, “stretched our ability to collaborate and work together.” The respondent added, “It has been difficult at times, too, because what each agency wants out of a system can be very different. The biggest challenge, though, is the increasing misalignment between the program [eligibility] rules and verification rules. It would be infinitely easier if we could do anything even slightly the same. The verification requirements are different, the rules are different. The rules wouldn’t even be that bad. The verification requirements are often the worst ones.” For example, SNAP and TANF require applicants to provide some information that is different from what Medicaid collects. Respondents indicated that the resolution of these issues is ongoing (“we’re still tackling it”).

Auto-renewal of the MAGI Medicaid population was reported to have reduced workloads

In Arizona, 55 percent of Medicaid cases (and 60 to 65 percent of MAGI Medicaid cases) are auto-renewed, such that no eligibility workers ever touch the renewal and the process is entirely automated. This was reported to have reduced workloads. According to one respondent, “Having greater than 50 percent of our renewals processed automatically is a huge impact just for staffing levels. It allows the team to focus on those initial applications to help those members who need help to get the help that they need.” As noted above, beneficiary confusion about prepopulated forms sometimes resulted in beneficiaries responding to renewal notices unnecessarily, thereby triggering a change report and adding to DES workloads. However, in many cases, the renewal is never touched by a worker and is processed completely with no response required from (or provided by) the beneficiary.

Respondents indicated that barriers to auto-renewal almost always had to do with income, since unchanging eligibility factors such as Social Security numbers, citizenship, etc., did not need to be re-verified. Beneficiaries who did not pass auto-renewal were generally those who had new income, changes in income, or income that otherwise did not match that provided by electronic data sources. Assisters reported that the income provided on the prepopulated renewal forms and approval notices often did not match beneficiaries’ actual income. One respondent said, “We always tell the client, please make sure you verify that the income that is in the approval letter is correct, because in our experience, it has not been as accurate as it should be. So, we don’t want them to not provide the correct information.” Respondents attributed this to the nature of their client population, for whom income frequently varies, saying, “It fluctuates, it changes. Sometimes it states that the person is earning \$1,400 [per month]. But for the next month, that person earned \$1,200. Because it changes, it varies from pay period to pay period...the hours that they’re putting in...something that’s really important to understand with our population is that they are very transient and their...employers can change throughout the year...so [the data sources] may not see that they worked for somebody else or that it was a short time period, and it’s just how the population is.”

HEAplus community assister portal available to HEAplus Community Partners improved their ability to help consumers

Respondents commented on resources that were beneficial to HEAplus Community Partners as they helped applicants through the process of applying for benefits using the HEAplus online application. First, they noted that the community assister portal facilitated the application process, because the assister could walk applicants through the questions. One respondent commented, “We’re able to show them what we’re doing as well and then explain to them why we’re asking those questions that we’re asking...it’s an extra benefit to have that assister in front of you because they are there to help clarify

the questions for you and say, this is what we're really asking." Another feature that community assister respondents highlighted as particularly helpful was the HEA Partner Hotline. "In case we have any questions [on an application] or there's some sort of hiccup along the way, we have access to a phone line specifically for community partners that allows us to make inquiries or talk to somebody about why an application was denied if we see that everything was provided. So, we have that special connection with DES and AHCCCS to provide some additional information for the applicant." Calling the hotline puts the application in the queue of a DES worker with whom the community assister can then communicate. Assisters are also able to use the HEA Partner Hotline to expedite an application due to emergency medical needs, which assisters highlighted as an important capability.

LOOKING FORWARD

As respondents reflected on Arizona's MAGI Medicaid enrollment and renewal practices, they identified several ongoing issues they are monitoring closely, including process and system changes.

Respondents highlighted the fact that the state is continually refining its HEAplus eligibility system, with ongoing modification of the business rules engine in particular. "We're constantly tweaking [those rules]," said one respondent. Regarding the HEAplus eligibility system enhancements, respondents shared that the state has a "huge" list of desired changes, with at least 40 items that are unable to be addressed due to competing priorities. Among the most desired of these efforts is the movement of SNAP and TANF eligibility determination away from the legacy AZTECS mainframe system. Integration of SNAP and TANF eligibility determinations with HEAplus was planned for 2017. However, according to a recent AHCCCS request for information (RFI) regarding HEAplus enhancement, the integration has been postponed until necessary improvements to the current HEAplus eligibility system can be put into place (i.e., "until the HEAplus application foundation has been enhanced to support such integration") (AHCCCS 2018b).

AHCCCS plans to integrate SNAP and TANF eligibility not only to improve application efficiency and the applicant experience, but also because, per the RFI, the AZTECS mainframe is "creating an increased risk to the Agencies due to high costs of hosting, scarce resources available to support the system, and limited documentation to support maintenance projects." Ultimately, the state wants to gather information about enhancements aimed at "reducing the [HEAplus] system's technical debt, improving scalability, increasing modularity by using commercial off the shelf products, and leveraging modern application components to improve service delivery"—although it is yet to be determined whether these items will all be included in the full scope of work for an eventual contract (AHCCCS 2018b).

Some of the desired HEAplus eligibility system improvements are impeded by the necessity of directing information technology (IT) resources toward the implementation of potential Medicaid work requirements in the state. Arizona is preparing to implement a pending Section 1115 Waiver program, titled "AHCCCS Works," under which adults between the age of 19 and 55 who do not qualify for an exemption would be required to be employed or actively seek employment, attend school, and/or partake in an Employment Support and Development program for at least 20 hours per week to qualify for AHCCCS coverage (AHCCCS 2017). Substantial IT staff time and attention would be necessary to implement these waiver requirements within the HEAplus eligibility system. In the words of one respondent, that dedication of IT resources "is going to hamper a lot of our improvement efforts because everything has to stop while we work on that."

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APPENDIX

PRE-TELEPHONE DISCUSSION DATA COLLECTION FORM

MACPAC ELIGIBILITY, ENROLLMENT, & RENEWAL PROCESSES AND SYSTEMS STUDY

PRE-TELEPHONE DISCUSSION DATA COLLECTION FORM: ARIZONA

We realize that your agency is extremely busy. In order to maximize our time together on the telephone, we are requesting that you review this form to verify blue text or enter in the blue shaded areas information about your current Medicaid program and supporting eligibility systems. Please make any corrections directly on/in the document. This form should take about 10 minutes to complete.

1) Name of Medicaid Agency: Arizona Health Care Cost Containment System (AHCCCS)

2) What is the PRIMARY agency responsible for Medicaid eligibility determination at ENROLLMENT if different from Medicaid agency above:

Same as above

3) What is the PRIMARY agency responsible for Medicaid eligibility determination at RENEWAL (if different from #3):

Same as above

4) Please confirm other governmental or quasi-governmental agencies/organizations/programs that regularly work with the PRIMARY agency above on Medicaid eligibility determination:

Agency Name	Agency Type	Involved at Enrollment (Check if yes)	Involved at Renewal (Check if yes)
	Separate CHIP	<input type="checkbox"/>	<input type="checkbox"/>
Department of Economic Security	Other State Agencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/A	State-based Marketplace	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare.gov	Federally Facilitated Marketplace	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Enter specific areas if not statewide:	County or City Agencies	<input type="checkbox"/>	<input type="checkbox"/>
Enter name:	Other	<input type="checkbox"/>	<input type="checkbox"/>

5) Please identify and describe the primary computer or information technology (IT) system currently used by agency staff to support individual Medicaid eligibility determination, re-determination, and/or tracking for Arizona's MAGI Medicaid populations.

System Name: Health-e-Arizona Plus (HEAplus)

Year System Implemented: 2013

If not replaced in the last 10 years: Major System Modification? Yes No N/A

Year of Major System Modification:

Vendor(s) Used for Recent System Replacement/Major Modification: Social Interest Solutions

System Statewide: Yes No

If no, please describe geography covered: ---

- 6) Please identify the other programs/benefits for which individual eligibility is determined and/or tracked through the primary Medicaid eligibility system named in Question #6 above.

Name of Program/Benefit	Type of Program/Benefit	Integrated at Application (Check if yes)	Integrated at Renewal (Check if yes)
KidsCare	CHIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Assistance	Other Non-MAGI Medicaid programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Other non-Medicaid health insurance programs (marketplace, commercial plans, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Assistance	SNAP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cash Assistance	TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Child care	<input type="checkbox"/>	<input type="checkbox"/>
Office of Child Support Enforcement	Child support	<input type="checkbox"/>	<input type="checkbox"/>
Enter name:	Other non-health programs/benefits	<input type="checkbox"/>	<input type="checkbox"/>

- 7) Please provide an estimate (in Column A) of the timeliness of MAGI Medicaid eligibility determination at application and the extent to which renewal is automated in Arizona. Alternatively, please verify the survey data (in Column B) from the source cited below.

	A. Percent of Applications (estimate)	B. Percent of Applications (Kaiser/Georgetown Survey)*
MAGI eligibility determinations are completed within 24 hours of application	49.03	25-50
MAGI eligibility determinations are completed within one week of application	12.46	
MAGI cases are auto-renewed (also known as ex parte renewal, passive renewal, or administrative renewal)		50-75

*Source: Brooks, T., Wagnerman, K., Artiga, S., and Cornachione, E. 2018. Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2018: Findings from a 50-State Survey. Washington, DC: Georgetown University Center for Children and Families and Kaiser Commission on Medicaid and the Uninsured. <http://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility-Enrollment-Renewal-and-Cost-Sharing-Policies-as-of-January-2018>.

- 8) Please confirm that the Medicaid/CHIP Eligibility Verification Plan for Arizona on record with CMS is up to date. The date we have on record for Arizona's plan is September 27th 2016, based on the information found here (*click link below*):

<https://www.medicaid.gov/medicaid/program-information/eligibility-verification-policies/downloads/arizona-verification-plan-template-final.pdf>

Is this the most current verification plan? Yes No

If not, where can we access the current verification plan?

Please provide link or attach with date.

9) Please indicate which IT resources are used to support eligibility determination and renewal for Arizona’s MAGI Medicaid populations, including year implemented.

Information Technology Resources	Start Year	MAGI Medicaid only? (Check if yes)	Is this resource used at application (Check if yes)	Is this resource used at renewal (Check if yes)
Multi-benefit/combined online application for <u>health and non-health insurance</u> (e.g., food stamps) programs	2013	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Online eligibility screening tools	2013	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Self-service case management for clients, e.g., to check application status, report changes, renew	2013	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Document management or imaging tools for clients, e.g., to support upload and routing	2013	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile applications for clients		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document management or imaging tools for staff	2013	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Staff portals	2013	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Navigator/assister portals	2013	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Business rules engines to automate calculations based on rules and logic	2013	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Eligibility system interface with MMIS, e.g., claims	2013	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other IT resources, e.g., applications/tools, online accounts or portals, system modifications or interfaces				
<i>Specify other IT resource:</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Specify other IT resource:</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10) Of the IT resources listed above, which would you describe as most critical to supporting MAGI Medicaid eligibility determination and renewal? Rank the top three.

- #1 Business rules engines to automate calculations based on rules and logic
- #2 Eligibility system interface with MMIS
- #3 Document management or imaging tools for clients

Thank you for your time!