

BHA Data and Reporting Integrity Committee - Data Standards Workgroup
 BHA Data Standard for **Reporting Medicaid Expansion Adults**

Topic:	<i>Reporting Newly Eligible Medicaid Population</i>
Point of contact:	<i>Can Du (can.du@dshs.wa.gov)</i>
Date adopted:	<i>November 29, 2017</i>

Description	<p>BHA often provides counts of Medicaid clients receiving behavioral health services via BHA, including newly eligible persons under the Affordable Care Act (ACA). RDA recommends the phrase ‘Medicaid Expansion Adults’ to more clearly define the expansion population (see Additional Notes). Stakeholders, including the Governor’s Office, DSHS executive leadership, BHA budget, and DBHR programs, use this information for budgeting and estimating the policy impact of the ACA. However, there has been no single standard to report this information both within BHA data reporting entities and externally with other administrations such as the Health Care Authority (HCA).</p> <p>BHA uses Recipient Aid Categories (RAC) coding to assign Medicaid eligibility categories such as Classic Medicaid, Disabled, Newly Eligibles (Expansion Adults), etc. Different RAC codes used to determine Medicaid eligibility categories have led to discrepancies in reporting. For example, in a recent request from HCA Budget, BHA Decision, Support and Evaluation (DSE) estimated Medicaid Expansion Adults receiving behavioral health services as part of budget neutrality exercise for the Medicaid Transformation Demonstration. DSE estimates were significantly different from HCA estimates because of different definitions in determining eligibility categories.</p> <p>BHA needs to establish a standard to count Medicaid Newly Eligible population to ensure consistency in reporting Washington’s Medicaid expansion program.</p>
Current definition(s)	<p>Currently there is not a BHA-wide standard for identifying the Medicaid Expansion Adults population. In practice, BHA reporting entities (e.g. DSE) use three Medicaid eligibility or recipient aid categories to estimate the newly eligible expansion adult population. The three categories are:</p> <ol style="list-style-type: none"> 1) “Alt Benefit Plan MAGI adult Medicaid; income =< 133% FPL only” (RAC 1201); 2) “Presumptive Disabled” (PSSI, the former DL-X; RAC 1217), and 3) “Categorically Needy (CN) Title IV-E Federal Foster Care; < 26” (RAC 1196).

	<p>HCA’s July 2017 Apple Health Eligibility Manual states the “Alt Benefit Plan MAGI adult Medicaid; income =< 133% FPL only” (RAC 1201) group is part of “Medicaid expansion”. Furthermore, HCA’s Medicaid State Plan – Attachment 2 states that “Presumptive Disabled” (PSSI, RAC 1217) is also considered newly eligible. However, “Categorically Needy (CN) Title IV-E Federal Foster Care; < 26” (RAC 1196) clients are not qualified in the HCA Apple Health Eligibility Manual as part of “Medicaid Expansion”.</p>
<p>Recommendation</p>	<p><u>Scope</u> The BHA Data Standard for Reporting Newly Eligible Medicaid Population applies to all BHA data reporting and analysis entities, and is as follows.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> • By default, BHA data reporting entities should use all three RAC codes (1201, 1217 and 1196) when providing counts of Medicaid Expansion Adults or Medicaid Newly Eligible population under the Affordable Care Act (ACA) unless the requestor specifically says to exclude RAC 1196. BHA data reporting entities should confirm which RAC codes to include with the original requestor. This ensures this population is captured accurately and consistently. • Provide the definition in a data note that includes RAC codes used in the report. <p><u>Deviations</u> The BHA Data Reporting Integrity Committee recognizes the need to use a different definition for specific business purposes. For instance, HCA generally excludes “Categorically Needy (CN) Title IV-E Federal Foster Care; < 26” (RAC 1196) when reporting Medicaid Expansion Adults/Newly Eligibles.</p>
<p>Additional notes</p>	<p>For more information on reporting Medicaid expansion and eligibility categories in Washington, please refer to the following document:</p> <p>RDA - Andy Glenn - Medicaid Adult Expansion Note - Sep2017.docx</p> <p>“Apple Health Eligibility Manual” at https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/program-codes.</p> <p>“Medicaid State Plan – Attachment 2: Groups Covered and Eligibility Determinations” at https://www.hca.wa.gov/assets/program/SP-Att-2-Coverage-and-Eligibility.pdf</p>

<p>Version tracking – record events related to this data standard here</p>		
<p>Date</p>	<p>Description of changes</p>	<p>Staff name</p>

09/20/17	Initial draft	K. Russell Shekha
09/26/17	Revisions after Can Du review	K. Russell Shekha
11/07/17	Post Workgroup Revision	K. Russell Shekha Can Du