NEW YORK CITY GLOBAL PARTNERS

Best Practice: E-Data Sharing for Public Health Insurance Applications

REPORT UPDATED: AUGUST 8, 2013

CITY: NEW YORK CITY   **POLICY AREA: SOCIAL SERVICES, PUBLIC HEALTH**

BEST PRACTICE

Eligibility Data & Image Transfer System (EDITS) was developed by the City of New York, Human Resources Administration (HRA), Medical Insurance and Community Services Administration (MICSA) to provide a full-scale electronic submission of Public Health Insurance applications and scanned documentation for eligibility determination between city and state agencies.   EDITS Renewal and the HHS Connect On-line Renewal systems have been developed to ease Medicaid renewals for consumers and to improve HRA's ability to determine ongoing eligibility for those consumers.

ISSUE

In recent years, New York State and the City of New York have increased their efforts to provide public health insurance to their uninsured population. The number of New York City residents receiving public health insurance to date is approximately three million. The majority of the applications for these consumers are collected by authorized facilitated enrollers, community based organizations and health care providers. Applications are submitted with required documentation to the Medical Insurance and Community Services Administration (MICSA) for eligibility determination and data entry into the NY State system. These authorized entities submit more than 55,000 new applications each month for eligibility determination.

To meet the increasing demand, EDITS was developed as a tool to increase efficiency and to maximize the service quality. EDITS provides authorized providers that use computer systems to collect application data and images of required documentation, the opportunity to electronically transfer these applications to MICSA for eligibility determination and automated transmission to the State WMS system. EDITS was further expanded to the Community Medicaid Offices (OED EDITS) in 2012 and has resulted in increased efficiency and improved quality of service. It provides workers the ability to review application data and documentation online and automates data entry into the State's system.

Additional information regarding EDITS is available on the following Web page:
https://a069-webapps12.nyc.gov/EditsEnrollment/default.cfm

Strong efforts have also been made to improve renewal rates of Medicaid consumers.   In 2002, New York State eliminated the face to face requirement for Medicaid renewals allowing a mail in renewal process. Through a series of improvements renewal response rates increased from 50% in 2000 to 80% in 2013.   Handling the increased volume caused by both a significantly larger number of Medicaid consumers and higher response rates has been very challenging. In January, 2010 MICSA began using a newly developed system, EDITS renewal, for managing and processing the approximately 100,000 monthly renewals of the general Medicaid population. EDITS was further expanded in 2011 to include renewal cases for Disabled Aged and Blind (DAB), Homecare and Surplus Income programs. EDITS renewal, developed by HRA's MIS division, allows upfront imaging and submission of renewals by the program's outside vendor (which handles certain renewal mail handling functions).   This eliminates the need for the sorting, handling, and manual delivery of about three thousand paper renewals each day. EDITS renewal provides significant assistance in assigning these cases to staff and particularly in ensuring the most time sensitive renewals (those nearest their expiration dates) are processed first.

New York City also developed the capability to allow many Medicaid consumers (those who do not need to send in documentation) to renew their Medicaid case on-line. This capability was offered to Medicaid consumers beginning first quarter of 2010 as part of a broad effort by New York City, known as HHS Connect, to use technology to improve access to social services. As of April, 2013, a total of 2,825,781 renewal cases have been submitted to EDITS renewal; about 10% of these cases were submitted through HHS Connect.

GOALS AND OBJECTIVES

EDITS eliminates manual data entry, eliminates the need for manual storage of documents, and increases productivity. It provides better control over application and renewal data documentation. This streamlining of the application process minimizes timeframes for the application process and eligibility determination. It also eliminates the case record imaging cost.

The EDITS renewal process significantly improves case management and assignment as well as provides improved functionality for staff.

On-line renewal has made it easier for consumers to renew their Medicaid case and also facilitate efforts by outside organizations, such as facilitated enrollers to work with consumers and assist them with their renewal.

IMPLEMENTATION

On a limited scale in 1994, HRA began a demonstration project that supported the transfer of electronic applications from a provider's computer system to HRA. This demonstration project started with Prenatal Care Assistance Program (PCAP) applicants, which had fewer eligibility requirements than a full application. In 1995, an imaging component was added that allowed HRA workers to review documentation on their computers. Forty-nine PCAP providers participated in the demonstration. An effort to automate all aspects of the nursing home application process modeled on the PCAP concept began in 1995. Both electronic application processes functioned as demonstration projects awaiting the development and implementation of EDITS. The pilots for PCAP and Nursing Homes demonstrated the efficiencies gained by the use of electronic application processing. Based on these pilot programs, HRA planned to move forward with implementation plans for EDITS.

The initial phase of EDITS was developed under contract with a software vendor between January 2003 and December 2007. The Human Resources Administration in conjunction with the State of New York Department of Health, State Office of Temporary Disability Assistance and NYC Department of Information Technology and Telecommunications (DoITT) worked closely with the vendor to complete this phase. In January 2008, the vendor contract ended and the system was fully transferred to the Human Resources Administration for maintenance and future development.

The Prenatal Care Assistance Program (PCAP) applications module of this phase was implemented in December 2005. Currently 99.5% of all PCAP applications are processed through EDITS. The second and third modules were implemented in July 2007. The fourth and last module, Nursing Home Facilities, was implemented in January 2008. As of April 30, 2013,, EDITS had fourteen certified submitters submitting new applications on behalf of 225 providers. EDITS current has a monthly applications volume of approximately 41,500 and continues to grow as additional providers join the system.

EDITS renewal became operational in early January, 2010.   . Between the time of implementation and April 2013, 2,825,781 renewals have been submitted through EDITS.

COST

The cost of the initial phase of EDITS, built under contract from January 2003 to December 2007, was $1.5 million. Future developments will be completed by HRA staff.

EDITS Renewal was built and will be maintained by internal HRA MIS staff.

RESULTS AND EVALUATION

A comparison between workers' productivity for new applications in the manual process and the EDITS system reveals at least 50% increase in productivity per worker and 40% decrease in application processing time. Supervisory tasks are easier and reviews are performed online with the system providing all tracking and reports. Case records are always available for review online and imaging costs to the City are eliminated. Case record storage space is no longer needed.

TIMELINE

2002	Contract with vendor was signed and registered
2003	Design sessions and status meetings started
2004	First module was developed and delivered for testing
2005	First module was accepted and moved to production in December 2005
2006	Second and third modules were developed and delivered for testing
2007	Second and Third modules were tested, accepted and moved to production in July 2007
	Last module under contract was developed, tested and moved to production December 2007
2008	System was completely transferred to HRA MIS for maintenance and future developments
2010	EDITS renewal implemented
2010	On-line renewal available to Medicaid consumers 1st quarter, 2010
2011	EDITS expanded to include Disabled Aged and Blind (DAB) renewals
2012	OED EDITS implemented in July 2012

LEGISLATION

1990	New York amended its Public Health and Social Services laws to participate in PCAP
2000	Legislation expanded facilitated enroller (FE) participation in Medicaid program to include adults
2002	Face to face requirement eliminated for Medicaid renewal.
2008	Renewal documentation requirement eliminated for many Medicaid consumers.
2009	Elimination of face to face interview for new applications

LESSONS LEARNED

The contract to develop this system was signed to replicate the technology used in the two demonstration projects already in place. As the design discussion sessions for EDITS started, a new technology emerged and agreements were reached to switch the focus to the new technology. This agreement needed the approvals of the State agencies involved to ensure smooth transition. While delays occurred in order to secure the needed approvals, the new technology opened other opportunities for future enhancements and expansions to the system that were not in the original plan.

TRANSFERABILITY

As the demand for public health insurance increases to provide health care to the uninsured population, the need for automated and efficient application process becomes critical to managing increased workloads and assisting in improving access to health care. Improvements in the renewal process are also critical both to encourage consumers to renew their coverage and retain access to much needed healthcare and to improve government efficiency in handling these cases.

EDITS is a model that can be replicated to enhance access to public health insurance. It is designed with a long term vision that allows interface with providers submitting bulk applications and images electronically and with other governmental agencies collecting applications and online application. It improves service quality, productivity, accuracy of eligibility determination and reduces cost.

On-line renewal capabilities can also be replicated to enhance consumer's ability to renew their Medicaid eligibility as well as to simplify processing by government agencies.

CONTACTS

Robert Doar
Administrator/Commissioner

Mary Harper
Executive Deputy Commissioner

Karen Lane
Deputy Commissioner

Catherine Ray
Director/Administrative and Operational Technology Solutions

Human Resources Administration
Medical Insurance & Community Services Administration
785 Atlantic Ave
Brooklyn, N.Y. 11238
(929) 221 – 2565
www.nyc.gov/hra