

JOINT LEGISLATIVE OVERSIGHT COMMITTEE



NC FAST Update

Joe Cooper

Chief Information Officer

April 17, 2014



What is NC FAST?

- **Software solution that delivers state benefits and services at the county level (software procurement began in 2008)**
- **Determines eligibility for economic benefits**
- **Introduces modern technology and new business practices**
- **Takes applications in new and different ways**
- **Reduces time spent doing paperwork**
- **Replaces 19 legacy systems**
- **Shares client data across all benefitting programs**
- **Applies federal rules, built into the system**
- **90% business process change management, 10% technology**



In-Scope Programs

Economic Benefits

- Food and Nutrition Services
- Medicaid / SCHIP
 - Family and Children’s Medicaid / ACA MAGI
 - Adult Medicaid
- Work First
- Special Assistance
 - Crisis Intervention Program (CIP)
- Refugee Assistance
- Child Care
- Energy Assistance
 - Low Income Energy Assistance Program (LIEAP)

Services

- Adult and Family Services
- Child Welfare

**County
Departments of
Social Services**

**Federal
Government**

**Department of Health
and Human Services**

Taxpayers

**General
Assembly**

**County
Commissioners**

**County Workers
and Directors**

Recipients



NC FAST

North Carolina Families Accessing
Services through Technology



N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Major NC FAST Program Project Budgets

Project Name	Work Flow Status	Project Budget	Actual Expenditures 2/28/14	5 Years of O & M	TCO
NC FAST Case Management Software Installation Project	Complete	\$12,542,533	\$11,787,286	\$8,320,000	\$20,862,533
NC FAST - Global Case Management and Food and Nutrition Services (FNS)	Complete	\$48,218,500	\$48,214,890	\$20,743,128	\$68,961,628
NC FAST Case Management Program Level Project	Planning & Design	\$52,642,514	\$32,138,397	TBD	\$52,642,514
NC FAST- CM Medicaid P2&6 (EIS replacement)	Implementation	\$114,786,713	\$86,373,243	\$12,815,932	\$127,602,645
NC FAST - Child Care, LIEAP, CIP P3	Initiation	\$43,021,453	\$0	TBD	\$43,021,453
NC FAST - Child Services P4	Initiation	\$50,146,348	\$0	TBD	\$50,146,348
NC FAST - Project 7 – HealthCare.gov Interoperability and Rules	Execute & Build	\$36,088,569	\$21,676,764	\$15,000,000	\$51,088,569
NC FAST - Aging and Adult Services P5	Future	\$42,809,185	\$0	TBD	\$42,809,185
Major Project Budgets Listed Here		\$400,255,815	\$200,190,580	\$56,879,060	\$457,134,875

Most projects are 90% federally funded except for Child Services (P4) and Aging and Adult Services (P5).

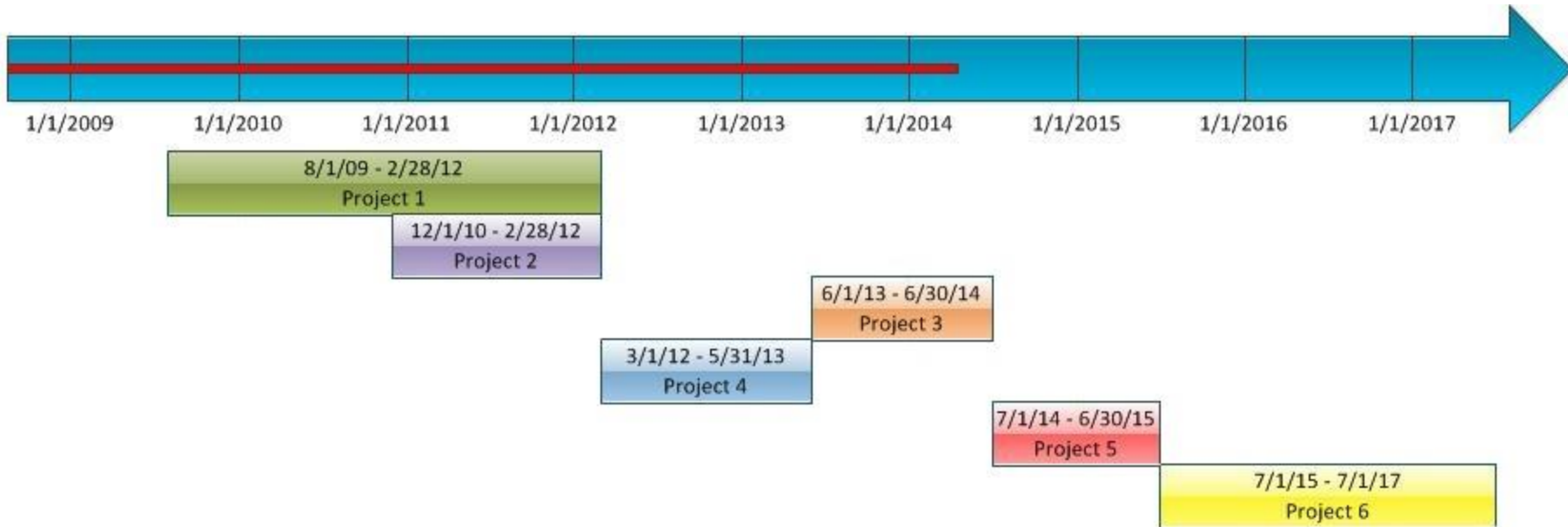
**Major projects are projects over \$4 million.*

***P2&6 includes proposed change request.*



Original NC FAST Timeline

Timeline as of August 2009



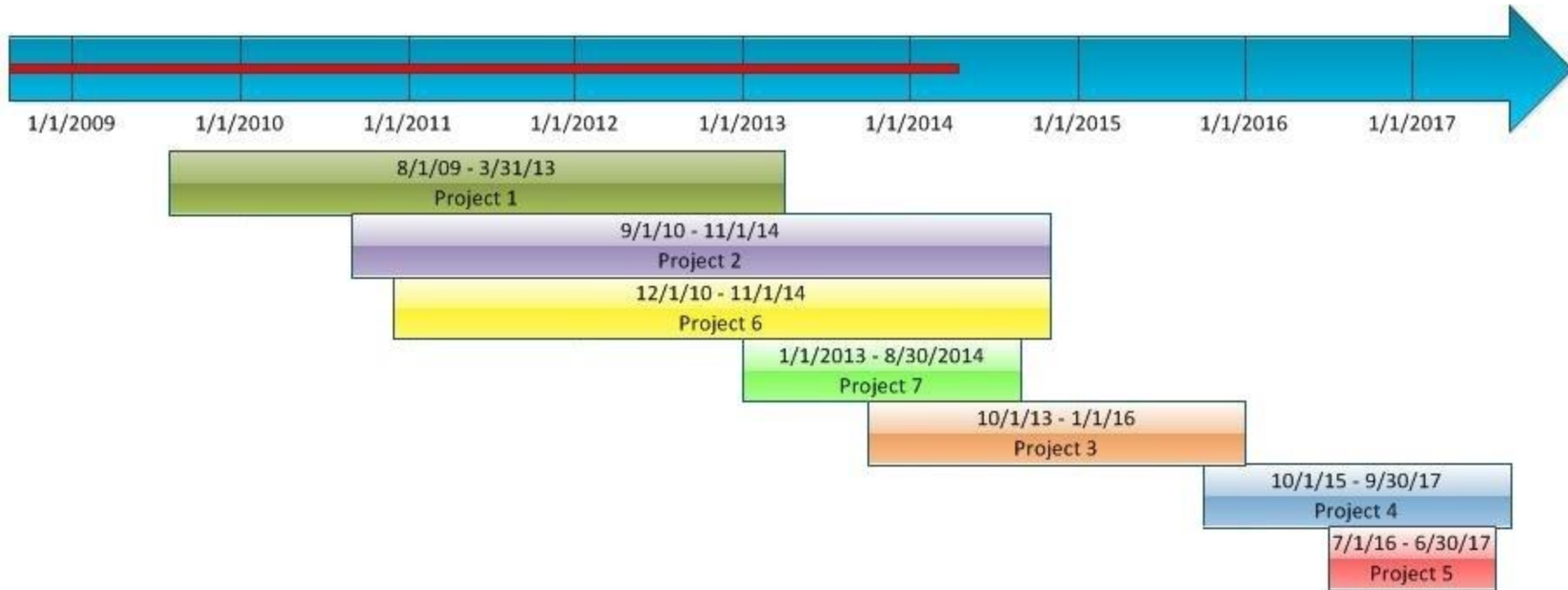
- **Project 1:** Global Case Management and Food and Nutrition Services (FSIS)
- **Project 2:** EIS Part 1 (Screening and Intake for Work First (TANF), Medicaid, Special Assistance and Refugee Assistance)
- **Project 3:** LIEAP, Child Care and CIP
- **Project 4:** Child Services
- **Project 5:** Aging and Adult Services
- **Project 6:** EIS Part 2 (Eligibility for Work First (TANF), Medicaid, Special Assistance and Refugee Assistance)

- Project 1: Retired the 30+ year old Food Stamp Information System (FSIS) legacy system.
- Project 2&6: 30+ year old Eligibility Information System (EIS) legacy system will be retired.



ACA Impact on NC FAST Timeline

Revised NC FAST Timeline

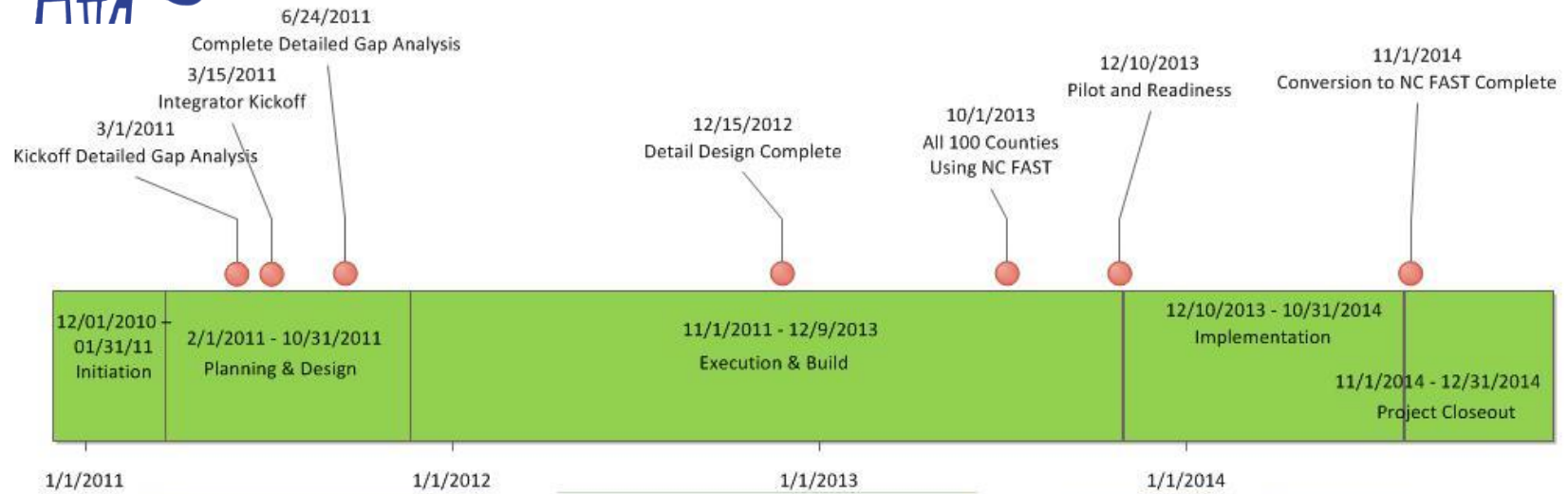


- **Project 1:** Global Case Management and Food and Nutrition Services (FSIS)
- **Project 2:** EIS Part 1 (Screening and Intake for Work First (TANF), Medicaid, Special Assistance and Refugee Assistance)
- **Project 3:** LIEAP, Child Care and CIP
- **Project 4:** Child Services
- **Project 5:** Aging and Adult Services
- **Project 6:** EIS Part 2 (Eligibility for Work First (TANF), Medicaid, Special Assistance and Refugee Assistance)
- **Project 7:** HealthCare.gov Interoperability and Rules

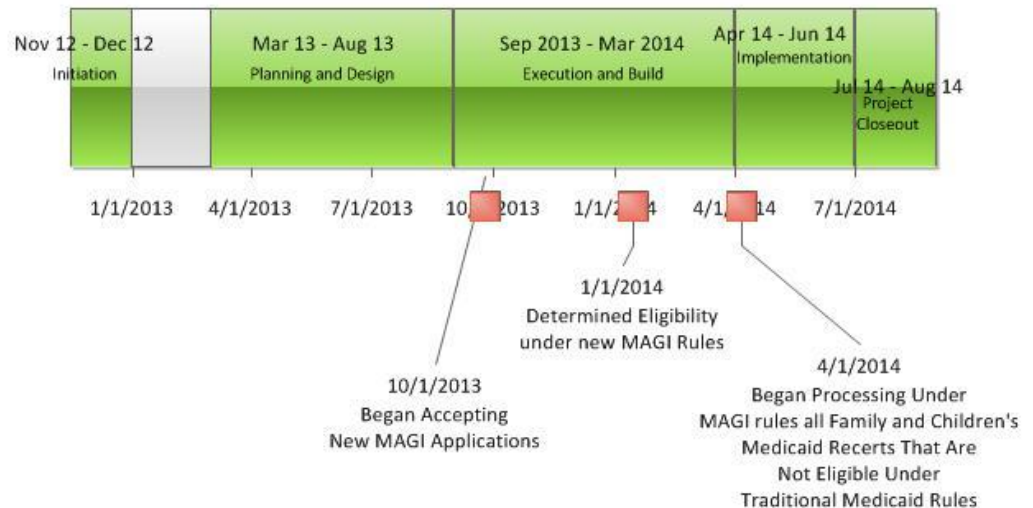
- Due to the Affordable Care Act (ACA), Project 6 was moved up in the overall timeline and combined with Project 2 to implement the Medicaid piece.
- Project 7 was also added in response to Federal changes associated with ACA.



Project 2&6 Timeline and Milestones



Project 7 Timeline and Milestones





N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC FAST Challenges

- Implementing new solutions within NC FAST earlier than planned due to ACA (FNS screen changes)
- Changing Federal Requirements (MAGI, Medicaid COLA, FNS COLA)
- Changing State Requirements (HB 392, System Enhancements)
- Communications
- Training
- Help Desk
- Staffing (Continuous turnover of key employees)
- Strengthen Performance Testing

Solutions

- Work closely with DHHS divisions, County DSS and federal partners to continuously address change
- Enhance working relationship with County DSS and Directors
- Streamline communications
- Implement new tools for improved communications (survey) and a new pilot user group for prioritization of NC FAST work
- Additional On-Site Support (OSS), trainers and other staff to assist counties in Pilot
- Redesign of NC FAST Help Desk
- Adjust training methods, as needed
- Continue to work with NC FAST software vendor, NC FAST integrator vendor and ITS to improve and strengthen Performance Testing of the NC FAST system

JOINT LEGISLATIVE OVERSIGHT COMMITTEE



FNS Update

April 17, 2014



N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Challenges Counties Face

- Increased Caseloads
- Users' Transition to NC FAST
- New Customer Access Channels
- Healthcare.gov Applications
- New Federal Requirements (COLA, MAGI)

Solutions

- State will provide additional reporting to assist with caseload tracking
- Enhance working relationship with County DSS and Directors
- Participate in new pilot user group and other work groups for prioritization of NC FAST work
- Leverage Work Support Strategies (WSS) (including Local Support Management)
- Form an Operational Support team
- Waiver from Medicaid to enable counties to use the legacy eligibility system and traditional rules for MAGI Recertifications

Caseload Increase

75% FNS

24% Medicaid



County DSS Staffing Increase

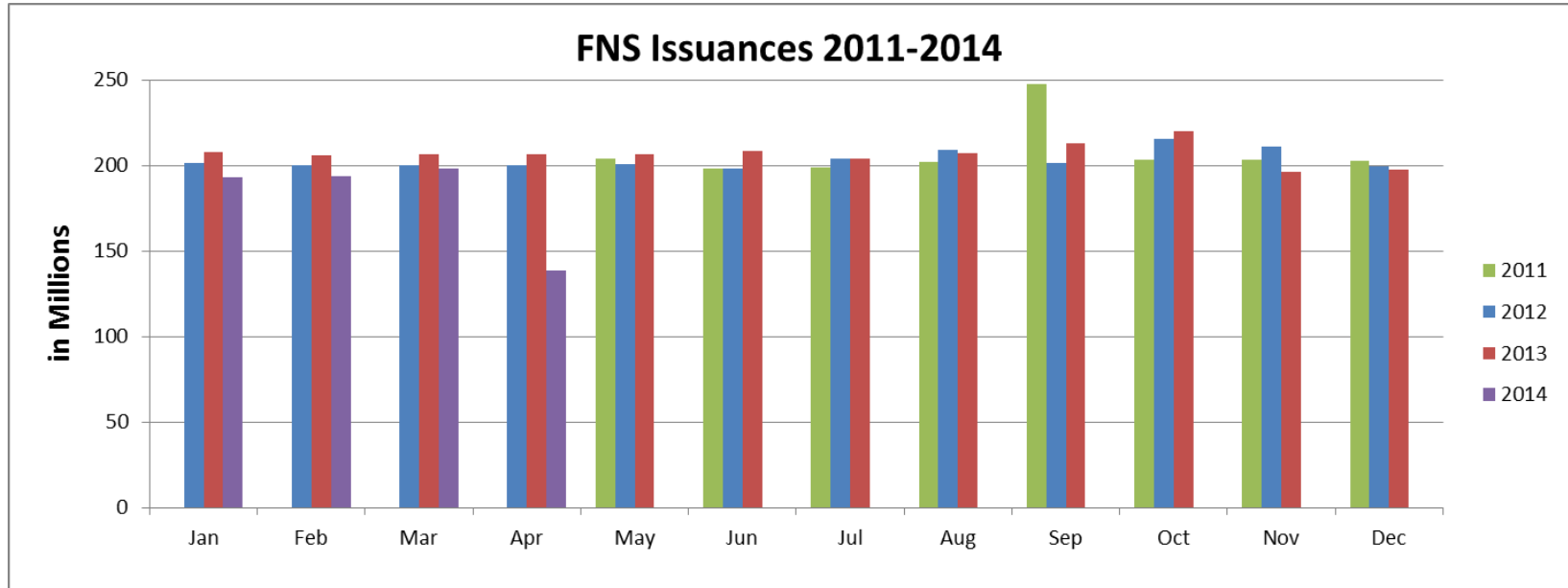
27% FNS

4% Medicaid

**For the 5 year period ending June 30, 2013*



FNS Issuances Over Time



¹ Sept 2011 Issuances include Disaster FNS program for Hurricane Irene.

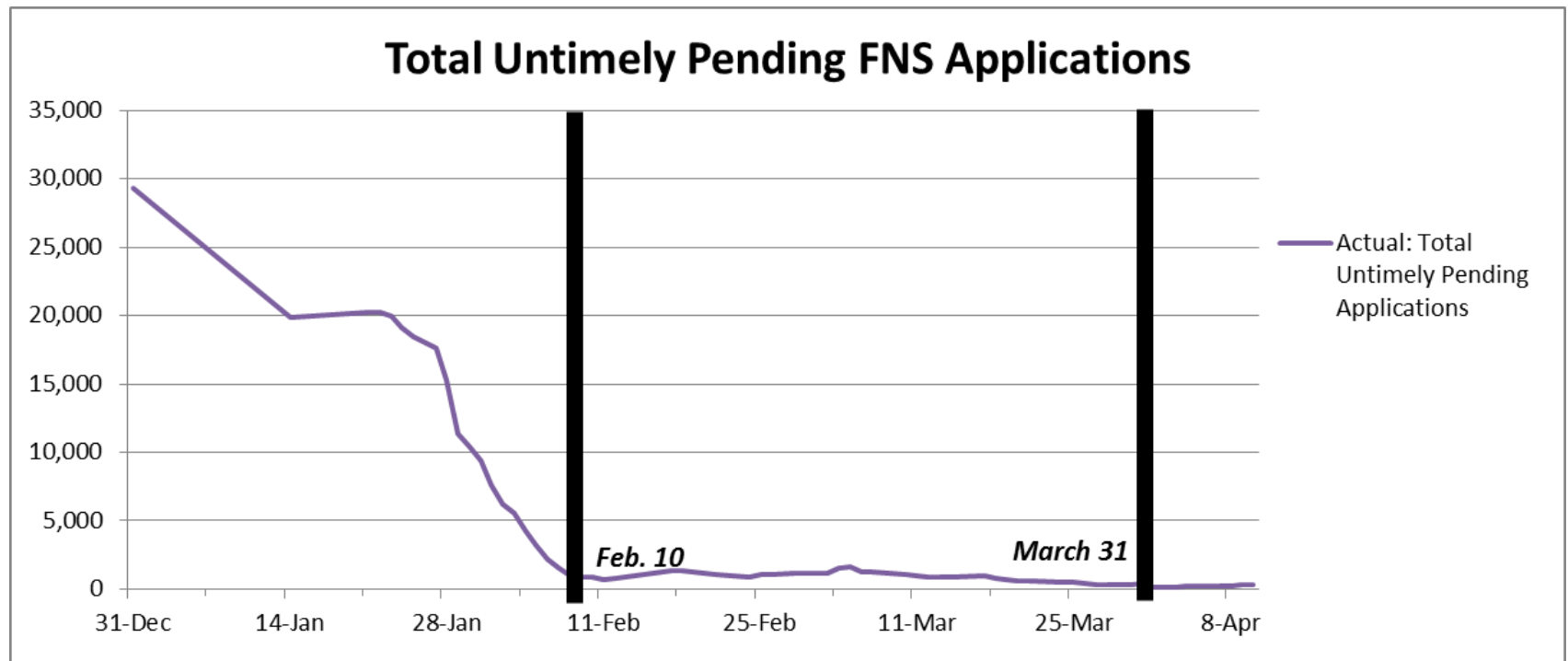
² Nov 2013 ARRA funding was removed by policy.

	Previous Months							Current Month
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April as of 4/15
# of Payments Issued	828,625	848,683	806,824	813,001	809,616	807,197	819,001	565,950
Amount of Payments Issued	\$212.8M	\$220.0M	\$196.4M	\$197.2M	\$193.3M	\$193.5M	\$196.4M	\$138,430,030



FNS Applications Processing Status

Counties successfully met Feb. 10 and March 31 USDA FNS processing deadlines.

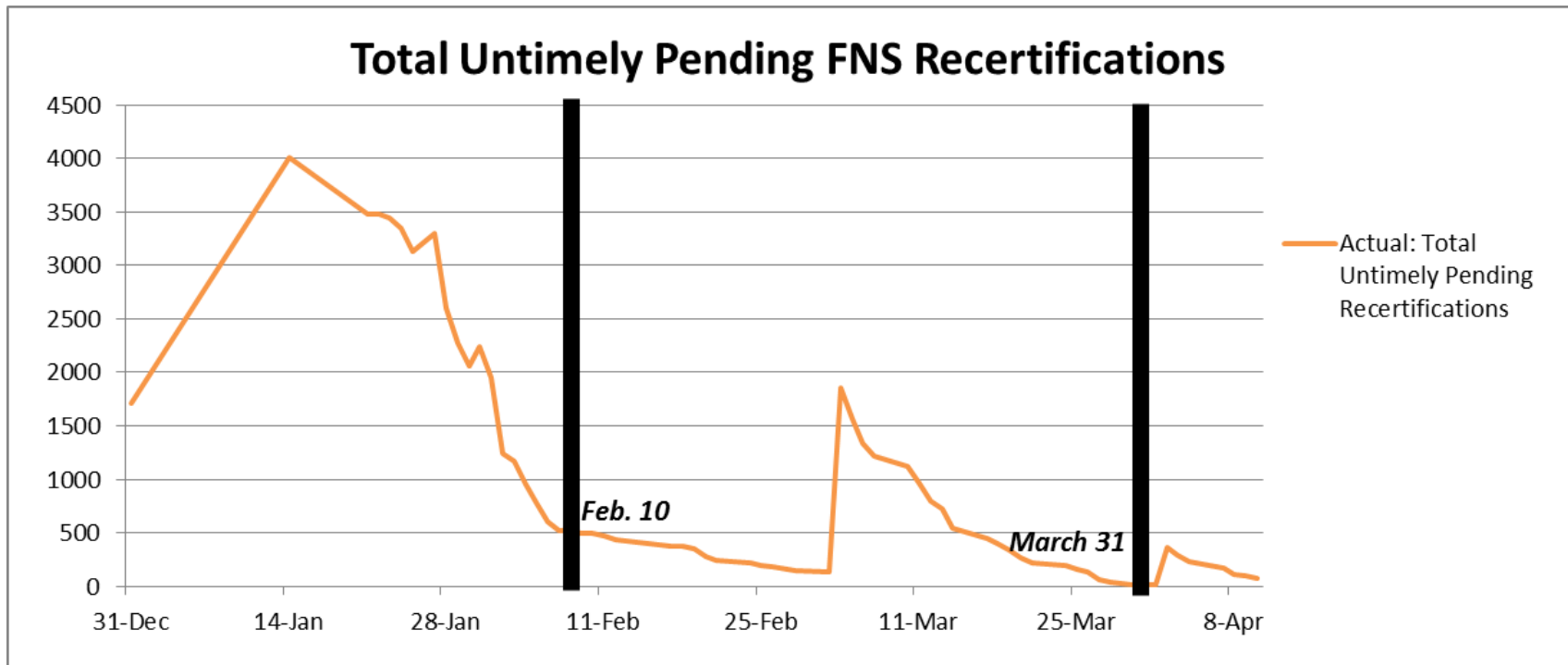


**There will always be some applications that remain pending with good cause. As of April 10, 279 pending applications remained.*



FNS Recertifications Processing Status

Counties successfully met Feb. 10 and March 31 USDA FNS processing deadlines.



**There will always be some recertifications that remain pending with good cause. As of April 10, 80 pending recertifications remained.*

JOINT LEGISLATIVE OVERSIGHT COMMITTEE



Medicaid Update

April 17, 2014



Medicaid High-Level Definitions

HealthCare.gov: The official name of the federal online portal.

Modified Adjusted Gross Income (MAGI): Under the Affordable Care Act, eligibility for Family and Children's Medicaid and NC Health Choice will be calculated using a household's Modified Adjusted Gross Income (MAGI).

Traditional Application: Used to determine eligibility for non-MAGI programs. Traditional Medicaid rules still apply for many Medicaid programs, and NC FAST must be able to provide determinations based on both rules sets.



N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Health
Care
.gov**

**ACA Applications through
HealthCare.gov
(Oct. 1 – April 6)**

91,984

(Represents 132,469 individuals)

Status of applications received by NC FAST

Total

**Total Applications received by NC FAST
(from HealthCare.gov)**

76,931

**Applications remaining in state
HealthCare.gov queue to be triaged**

24,862

Applications sent to county

47,179

Applications denied

4,850

Out of state applications

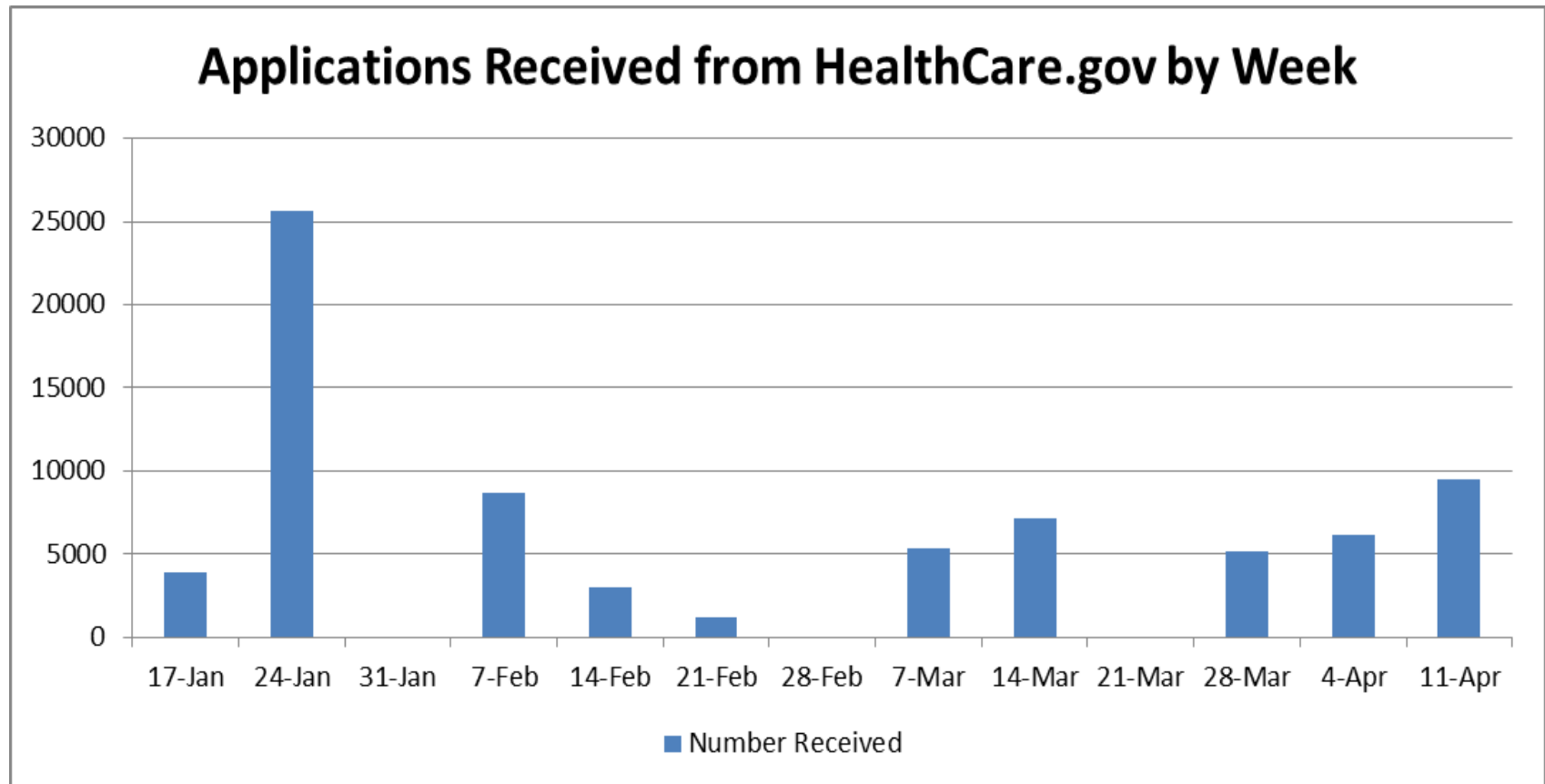
40

Note: Some applications may be duplicates if individuals submitted applications through multiple channels.

All reports on Medicaid include NCHC.



N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES



A test batch of applications was received from HealthCare.gov in late December but North Carolina did not start receiving applications until the week of January 17, 2014. Applications have been received sporadically since then.



PUBLICA

Journalism in the Public Interest

Medicaid Programs Drowning in Backlog

by Charles Ornstein

April 9, 2014

“Matt Salo, executive director of the National Association of Medicaid

Directors, said many of the problems relate to the way HealthCare.gov transfers information to states about consumers who appear to qualify for Medicaid based on their incomes.”

March 23, 2014

Chicago Tribune

Illinois deals with Medicaid application backlogs

by Peter Frost

“[Illinois Medicaid] applications are among a backlog of more than 200,000, some that date to October.”

April 3, 2014

The Star-Ledger

Expanded Obamacare Medicaid backlog means financial bind

by Kathleen O'Brien

“The flood of applicants appears to have resulted in a system-wide backlog, according to applicants and field workers.”



There are currently 85,854 pending Medicaid applications in NC FAST and EIS beyond standard processing time:

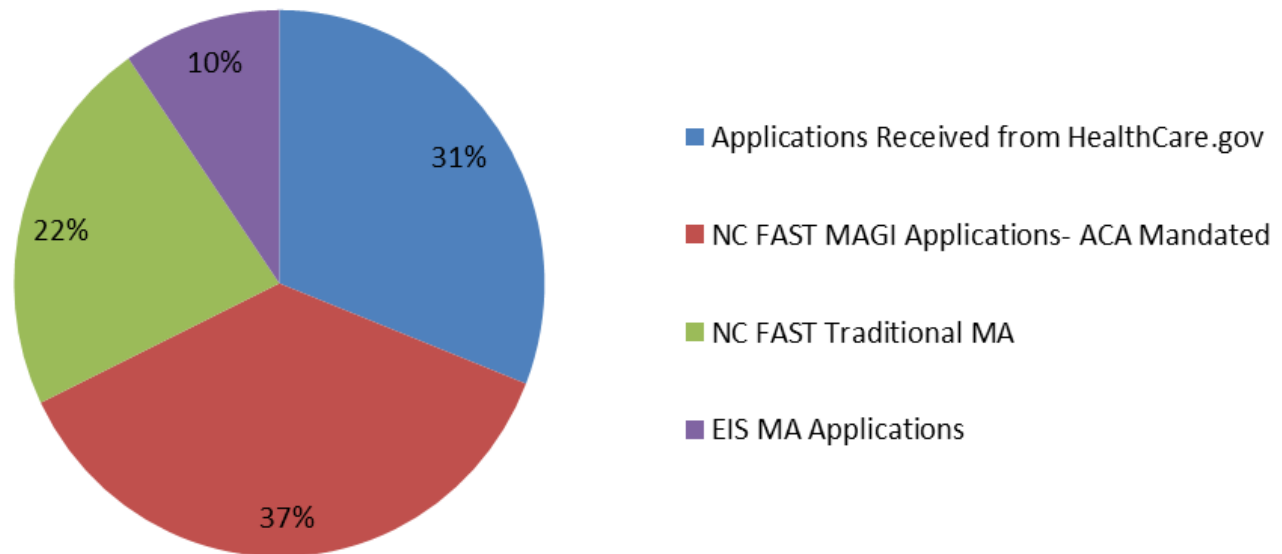
HealthCare.gov Applications: 26,057

NC FAST Traditional Applications: 18,978

NC FAST MAGI Applications: 30,957

EIS: 8,098

MA Applications beyond Standard Processing Time by source



**Note: Some applications may be duplicates if individuals submitted applications through multiple channels.*



Medicaid Recertifications

- Historically counties processed in EIS 82,191 monthly
- To assist counties with unprecedented workload of applications coming down from the ACA ,the state has put in place a process to automatically extend the family and children recertifications so the cases are not terminated for lack of processing
- This will allow the counties to focus on the recertifications for the more expensive populations
- Successfully meeting this challenge is primarily a county workforce issue



**For the 5 year period ending June 30, 2013; does not reflect additional workload from ACA*