



June 27, 2014

Joe Parks
Director
Missouri HealthNet Division
Missouri Department of Social Services
615 Howerton Court, PO Box 6500
Jefferson City, MO 65102

Dear Dr. Parks:

As you know, as the Centers for Medicare & Medicaid Services (CMS) has worked with states on the implementation of changes to Medicaid and CHIP eligibility and enrollment rules and procedures, we identified seven key focus areas for close attention in fulfilling these requirements. Approaching the start of the first open enrollment period, we asked states that were anticipating not being in full compliance with the rules and procedures relating to these core areas, often due to delays in systems functionality, to develop mitigation plans. These were submitted to and approved by CMS. Over time, mitigations adopted by states have been retired as systems functionality and operational capabilities came on line, and some new mitigations have been needed to address newly identified issues (such as when a new systems functionality is not performing adequately or workload volume has necessitated workarounds).

As a reminder, the seven critical success factors are:

- Ability to accept a single, streamlined application;
- Ability to convert existing state income standards to modified adjusted gross income (MAGI);
- Ability to convey state-specific eligibility rules to the Federally-Facilitated Marketplace (FFM);
- Ability to process applications based on MAGI rules;
- Ability to accept and send application files (accounts) to and from the FFM;
- Ability to respond to inquiries from the Marketplace on current Medicaid or CHIP coverage;
- Ability to verify eligibility based upon electronic data sources (the Federal Data Services Hub or an approved alternative)

Missouri is meeting all critical success factors, or has mitigations in place which have been approved by CMS, with the exception of the ability to send application files (“accounts”) to the Federally-Facilitated Marketplace (FFM). To date, Missouri still does not have the ability to

send account transfers to the FFM, which interferes with Missouri residents' ability to apply for and enroll in coverage through the Marketplace. During the June 12, 2014 call with the state and CMS, the state shared that they had previously scheduled inbound account transfer functionality for August 2014. It is critical that the state adhere to this timeline.

I am writing to formally request that, within 10 business days of the date of this letter, the Missouri Medicaid program provide CMS, for our review and approval, an updated system timeline outlining how the state will meet the requirement to send account transfers to the Federally-Facilitated Marketplace (FFM), including key testing milestones between now and the projected August go-live. In addition, Missouri should include in the updated mitigation plan, a plan for how the state will process the backlog arising from delayed account transfer production. The 1902(e)(14) "flat file" waiver may also be an effective tool to help manage application backlog.

We remain available to work with you to answer any questions and to provide technical assistance on possible mitigations. Thank you for your continued work toward meeting these requirements. Please feel free to contact Jessica Kahn, Acting Director, Data and Systems Group, at (410)786-9361 if you have any questions.

Sincerely,



Cindy Mann
Director

cc: James Scott, Associate Regional Administrator, Region VII
Jessica Kahn, Director, Data and Systems Group, CMCS
Jennifer Ryan, Director, Intergovernmental and External Affairs Group, CMCS
Eliot Fishman, Director, Children and Adults Health Programs Group, CMCS
Anne Marie Costello, Deputy Director, Children and Adults Health Programs Group, CMCS