An AutoGov White Paper

CaseVue
Score Data to Streamline Eligibility
for Government Programs

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Introduction

Accurate determination of eligibility for government programs is one of the key conundrums for today's social service workers. Errors in eligibility cost states millions of dollars. People in critical need are denied access to help, while high-risk candidates slip through a flawed system.

Current data gathering has increased over the past forty years, while functional ways to use data at the point of determination eludes the most efficient caseworker. Government data combined with additional data gathering techniques from private sector businesses creates a volume of information too large to be useful. Recent economic slowdowns have necessitated staff reductions, increasing the workload for many caseworkers. Streamlining the process creates more data going to fewer people thereby increasing the risk of errors.

Programs such as Medicaid, SNAP (Foodstamps) and Unemployment Insurance are grappling with a cumbersome process to determine eligibility. With a simple tool from AutoGov, a numerical score determines the risk of each candidate for these programs based on historical data for the caseworker.

This white paper explores the advantages of deploying AutoGov software, CaseVue, at the point of determination for eligibility. With CaseVue's scoring engine, each client's risk is rated by a score based on changing data. It is inexpensive, simple to run with existing systems and creates a threshold for your department to determine timely eligibility while reducing errors.

Summary of the Problem: Accuracy and Timeliness

Professionals who operate quality control for health and human services in states find a wide range of eligibility errors. Detecting errors before they occur, uncovering ones already made while assessing the impact of these mistakes can become a full time job. Rules and regulations for each program's error reporting are cumbersome and full of arcane details. Reporting errors to the departmental leadership as well as federal programs wastes valuable resources.

There are two basic types of errors: active case and negative case errors. An active case error is an error made in a case when the recipient was determined *eligible*. A negative case error is an error made in a case that caused the applicant to be determined *not eligible* or benefits have been suspended or terminated.

State quality control officials often uncover these active case errors. Error rates are determined for each state and program. Very low active case error rates can result in a state receiving bonuses or incentive payments, while exceptionally high error rates can result in multi-million dollar sanctions.

Negative case errors are a relatively new area of focus and are no less taxing to the system. Recent congressional leadership has sponsored legislation that seeks to prevent people getting services for which they are not eligible. Negative case errors cause a reduction in access to programs and have serious consequences for the health and safety of applicants when denied healthcare and nutritional services.

States are also compelled to make eligibility decisions on a timely basis. Different programs require different standards, but 30 to 45 days is common. Decisions made beyond these requirements can result in an error case. Accurate appraisal of a candidate's eligibility in a timely manner is paramount. This is where AutoGov's CaseVue can help.

Historical Approach: From Altruistic Purpose to Improper Payments

In the 1960's in the United States, social services like Medicaid, Foodstamps (SNAP) and Unemployment Insurance burgeoned. At the time, computer systems were in the nascent stages so candidates filled out voluminous paper applications for each program. Caseworkers were expected to study existing regulations for the programs and make subjective evaluations based on these dense, paper applications. Eligibility for the programs was determined shortly after the applicant met with the caseworker.

During the 1970's early computer applications helped condense applications by half. However, workers were not only receiving information, they were expected to input data accurately. To leverage best practices, states often shared their systems. But the speed of technological changes outran most state's ability to keep up and take advantage of the benefits. The result was that states became burdened with antiquated systems or hired private vendors to implement new systems.

Through the nineties, government administrators recognized the need for more manageable and effective data analysis. It became evident through lengthy intake sessions with clients often resulting in incomplete applications with missing information that the process was flawed. Private sector consultants sought to provide ways to work around these juggernauts while government managers sought to re-invent the system.

AutoGov approached the problem from a different angle by "teasing" useful information from masses of information. A score for the potential risk any client poses can be assigned through historical data and applications of an algorithmic formula. Errors are identified before they are made. Access is given only to people with the lowest threshold of risk. States are better able to meet stringent Federal requirements for funding. Money is saved, caseworkers are unburdened and the clients receive help more quickly.

The Dilemma: More Data to Fewer People

Accurately determining eligibility for SNAP, Medicaid, and SCHIP is at best challenging and at worst a subjective guessing game. Caseloads are rising to unprecedented proportion while the numbers of experienced eligibility workers continue to reach new lows.

Combine these challenges with program complexity and conflicting mandates, even the most senior caseworkers feel burdened. Active case errors, negative case errors, PERM, MEQC, FNS, CMS, ARRA, DRA, IPIA, and state requirements all contribute to the problem of ubiquitous data.

States and counties are plagued with too much information. For instance, some states, such as Texas, ask their caseworkers to carry caseloads up to 1,500 cases per worker for a simple case and 600 standard cases. Yet in other states, missing information in cases causes an overall increase in both active and negative case errors.

Determining eligibility accurately and on a timely basis – all while holding responsibility for these enormous caseloads – places tremendous burdens on caseworkers. Add to these challenges, hundreds of new data points for each case, workers are dealing with a volume of information never before seen in health and human services.

AutoGov's CaseVue solves the troubling dilemma of juggling competing factors – too much information, complex program rules, and programs in constant flux. And it evaluates huge volumes of data more quickly than a burdened caseworker could be expected to handle. Through a simple score, a caseworker can establish a threshold of risk for each case with ease and accuracy. Further, CaseVue provides a road map to each worker with a list of the key risk factors present in a case.

Problems with the Status Quo

Today the area of health and human services faces a burdensome quantity of data, fewer caseworkers and voluminous regulations resulting in stagnation and low morale.

Generic workers are called upon to understand multiple programs across many services. For example one caseworker may need to be versed in three hundred pages of Medicaid regulation as well as multiple documents related to SNAP. Even those who are specialized in a particular area face similar challenges.

As the volume of data has increased, the usefulness of the data has decreased. More or current information is not necessarily accurate or useful information. As the economic climate worsens, staffs are cut. Caseworkers are burdened with more clients to review and more complex caseloads.

Managing eligibility in the context of conflicting mandates and rising caseloads is taxed by diminishing resources. The challenge faced by government professionals today can be met with a simple, inexpensive, easy to use tool: AutoGov's CaseVue.

Formula for Success: CaseVue and Analytics

AutoGov's risk scoring solution uses predictive analytics or data mining to produce a formula that drives a "score" – one that functions much like a consumer credit rating. Rather than generating a credit score denoting the risk to a business of offering credit to an individual, CaseVue provides state or county caseworkers with a score that helps them understand the risk level of an error being made or a case not being determined on a timely basis.

These risk scoring formulas, also called scoring engines, are derived from the analysis and mining of large amounts of historical data, informed by current program rules and staff expertise. The formula is applied to each case to score the client's risk level.

"...Qualitative measures should eventually be quantified, and indeed some companies are working to that end. An example is **AutoGov Inc., an Austin, Texas, firm whose analytical programs can tease useful lessons out of floods of data in federal health and human services programs.**

Using advanced research and analytical capabilities, **AutoGov can help ensure timely and accurate eligibility determinations - and optimal services - to clients."**

Tim Clark
Executive Editor
Government Executive Magazine

The credibility of the scores is critical to the long term success of any risk scoring project undertaken by a government entity. The algorithmic formulas that drive the scores are subject to rigorous statistical analysis to ensure the utmost reliability. Scores, and specific data made available to caseworkers is fused with third party data to ensure a comprehensive view of a case is available at any decision point prior to the final eligibility decision.

The algorithmic formulas are continuously updated to ensure new trends are blended with the historical data, thereby increasing the statistical accuracy of the scores. AutoGov's base scoring engines and their formulas are the result of more than 15,000,000 scores, across multiple programs in several states.

As an example, Georgia's Department of Community Health used the AutoGov Scoring Engine for its Medicaid program. During its implementation, the state saved millions of dollars per year. The Maryland Department of Human Resources used CaseVue scores to retire its six month Medicaid Long Term Care backlog in six weeks. Many clients were rightly denied or quickly provided services at the point of origin. This is far less costly than removing non-eligible clients once in the system or recouping payments made in error or denying services to those truly eligible.

All information is secured through AutoGov's data services which have recently gone through a full privacy and HIPAA audit.

How We Can Work With You

Our team has decades of experience implementing health and human service solutions. We understand procurement constraints faced by state leaders.

Auto Gov's CaseVue is designed to dovetail and integrate with existing platforms and can be purchased on an as-needed basis per click basis or can be licensed directly to the state agency.

Contact us to discuss how our practical solution for improving eligibility requirements can be implemented quickly to enhance the growing need for services. A web-based demonstration of the scoring engine is available.

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