

CASS CONNECTIONS

NJ Department of Human Services

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April 2013

CASS, the New Jersey State Medicaid Program and the Federal Affordable Care Act - Modernizing How We Do Business

Complexities of Health Care Law Necessitate Short-Term Concentration on Medicaid for the State's New Social Service Information System

New Jersey, along with all other states, faces an October 1st deadline to begin enrolling residents into health plans under the new federal Affordable Care Act (ACA). Actual health coverage under the ACA begins on January 1, 2014. The ACA requires across-the-board changes to the health care system and, as such, represents the most significant transformation since the advent of Medicare and Medicaid.

The stated goals of the ACA are to: (1) increase the number of people who have access to health care coverage; (2) make private health insurance more affordable; (3) expand public programs and streamline the eligibility process; and (4) reduce health care costs while improving quality. Meeting these broad goals requires major retooling at both the federal and state levels.

October 1, 2013, is also the date by which New Jersey must align its Medicaid system with the ACA. The ACA requires that New Jersey have the ability to implement a streamlined, standardized application for all medical coverage, including Medicaid. This application must be entered into a comprehensive state data system that can communicate seamlessly with a federal "data hub." This federal hub will be used to electronically verify such application information as citizenship status, Social Security and family income — from direct



Mercer County Board of Social Services senior managers at a CASS presentation: (l-r) Christina Harcar, Patricia Sterner, Maryann D'Oria, Frank Cirillo and Jeffrey Mascoll.

sources in the federal Department of Homeland Security, the Social Security Administration and the Internal Revenue Service (IRS).

The good news is that New Jersey's new Consolidated Assistance Support System, or CASS, is up to the task. CASS, the comprehensive and cutting-edge information system that will replace many antiquated data systems that New Jersey social services professionals use every day, was designed with this type of simplified, single-system connectivity in mind.

CASS will be programmed with ACA rules and CASS will communicate in "real

time" with the federal data hub to verify citizenship, Social Security and income information. CASS will be geared to sort and determine our clients' eligibility for various programs.

Under the ACA, New Jersey must work hand in glove with the federally facilitated exchanges (FfEs) for health insurance, which the state has opted to use. The FfEs are competitive marketplaces for individuals, families and small businesses to buy private health insurance. CASS will come with this built-in connectivity to the new insurance marketplaces.

Beginning in January 2014, CASS will

CASS, Medicaid...continued

help determine whether clients are eligible for Medicaid, and if they are not, will refer them seamlessly to the new marketplace where they will be able to select from a variety of health insurance programs. Likewise, if a client applies through the FFE instead of CASS and is eligible for Medicaid, the information will be passed to CASS for enrollment. The ACA also requires that applicants for all medical programs have the ability to apply for benefits via an online Web portal, which will have connectivity to CASS.

In New Jersey we not only will be aligning our Medicaid program with the ACA, we will be integrating a potentially expanded system, too. Gov. Chris Christie recently announced that New Jersey is opting to expand its Medicaid program under the ACA to help save Garden State residents approximately \$227 million in tax dollars for the next fiscal year (since federal funding will cover 100 percent of expansion costs for the next three years). The Governor cited the potential for adding 104,000 New Jerseyans who are at or near the poverty line to the 1.4 million residents already enrolled in the system.

In addition to the expansion of the state Medicaid program, the fact that there will

be a single, standardized application for medical benefits could mean that more people will have access to coverage. Both of these eventualities could result in more demand on CASS.

Cass will communicate in “real time” with the federal data hub to verify citizenship, Social Security and income information.

The ACA also brings other significant changes. One of the more significant ones is the way that income will be counted for Medicaid eligibility. The ACA simplifies and standardizes how income is determined by replacing current assistance program income rules with a calculation called Modified Adjusted Gross Income, or MAGI. MAGI is a system for determining individual and family income based on taxes and is defined by the IRS. The good news here, as well, is that these new rules will be programmed into CASS.

Not every program will use the new MAGI calculation. Aged, Blind and Disabled (ABD)

and Institutional Medicaid, among others, will continue to use their current calculations. Once more, however, the good news is that the rules for eligibility under these programs will be incorporated directly into CASS.

As you can probably tell from this very brief summary, the ACA has many moving parts — that will change the way the state does business, especially for Medicaid, with its expansion and its interaction with the newly formed insurance marketplaces. In addition, many details of ACA implementation are still being worked out on the federal level — and will require a rapid state response. CASS will be a critical vehicle to effect a smooth transition to this new world of health care.

By this point, you may be asking yourself, “What does this mean for me?” One conclusion is that the ACA is coming — and CASS will be programmed from the get-go to meet it head on. But, from the state’s perspective in implementing CASS, it means that we must focus our efforts on ensuring that the integration of Medicaid and the brand-new federally facilitated insurance marketplaces is as seamless as possible. Therefore, we must place a priority on these aspects of CASS.

We are lucky to have a flexible information system like CASS to help New Jersey’s Medicaid program meet the requirements of the ACA, and ultimately replace and unify our antiquated, social service data systems. With its single login to a single system and its ability to handle a multiplicity of programs, CASS is still on track to improve our professional lives and, more importantly, to improve the services we provide our clients.

CASS 101

Prospect Person

CASS is being developed from an existing software package that is customized for New Jersey’s specific social service needs. Nevertheless, it carries with it some distinct terminology that probably will not be familiar to new users of CASS. One such term is “prospect person.”

A “prospect person” is a potential client who is making an inquiry about benefits/services or a person who is considering applying for assistance. While the client is a “prospect” person, you can use CASS to screen them for benefits/services and record information about them, without going through the full application process..



...not to be confused with...