

PARIS
Public Assistance Reporting
Information System



PARIS Newsletter

PARIS is operated under the auspices of the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS).

Official PARIS website:
www.acf.hhs.gov/paris

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The August PARIS match is the one match during the year that all 50 states, the District of Columbia and Puerto Rico submit files. Last August, states submitted 60,246,138 social security numbers. To help insure all your states' data is successfully transmitted and received by DMDC, states are required to notify by email the Defense Manpower Data Center (DMDC) contact Portia A. M. Sullivan at Portia.a.sullivan.civ@mail.mil stating the total record count submitted for the quarterly match. DMDC will respond with a confirmation email.

The Veterans Affairs Computer Matching Agreement will expire October 14, 2014. ACF is working with Veterans Affairs to get a new agreement in place. States with a signed Veterans Match Model Agreement or states desiring to participate in the Veterans match will need to submit new Veterans Model Agreements to participate in the November match. Watch for future PARIS Transmittals with the details.

HHS Office of the Inspector General has released their findings from the PARIS / Medicaid survey they conducted last year. More about the report can be found in this newsletter and on the PARIS website at PARIS Transmittal 2014-11.

Remember the Board of Directors are always available to answer your PARIS questions.

Tom Miller, PARIS Project Officer Administration for Children and Families U.S. Department of Health and Human Services

The next PARIS Quarterly Match is Friday, August 8, 2014.

From the Prez

I hope that this newsletter finds all of you enjoying the beautiful summer weather. We're having another banner summer here in the Pacific Northwest!

As Tom stated in his message, the Veteran Affairs Computer matching agreement expires in mid-October. States that desire to receive a November Veterans match file must return a newly signed Model Agreement. It will be sent out to states within the next month or so. If you are one of the 30 or so states that we've assisted, in your effort to implement a "Veteran Benefit Enhancement" effort, the Veteran Match is a critical tool in identifying the needed work product for this project.

The transmittal that included the recent release of the OIG PARIS Report was sent out last month. It is important to see the OIG's recommendations and expectations of CMS with regard to PARIS "participation" and guidance clarification. Hopefully, this sends the message that a 2015 PARIS Training Conference is critical. Please don't let the absence of a 2014 training limit any questions and communication that you may have for the Board. As those of you that I've spent many hours with in the past year can attest to, we/Board members are available in any capacity that you feel is beneficial for your respective state.

Continued on last page...

DID YOU KNOW?

The PARIS-Federal file does an outstanding job alerting states of unreported circumstances. The Board of Directors really likes how the PARIS-Federal file lets us know when a recipient enlists in active duty military service. We frequently find 18-21 year old public assistance beneficiaries that have joined a branch of the armed forces and this change in household circumstances is not reported to the human services agency. When a beneficiary moves out of the home, eligibility workers need to recalculate household size, income, and residency to determine how this impacts their public assistance case. All states should review their May 2014 PARIS-Federal file and locate the active duty military beneficiaries identified. To find them, states should view position 130-131 in the PARIS-Federal output file. This is the record type field and it consists of a two character value. If the file displays an MA record type, this alerts you to the fact that the beneficiary is classified as an active duty military service member. States should then follow up with the individual and their family to confirm the circumstances. This is another example of the many uses of the PARIS-Federal file and how it can benefit states to detect unreported circumstances that affect eligibility for public assistance programs.

On July 15, 2014, the Office of Inspector General issued a final report entitled *Public Assistance Reporting Information System: State Participation in the Medicaid Interstate Match is Limited*, OEI-09-11-00780. The Report can be found on the PARIS website as PARIS Transmittal 2014-11 or by clicking [here](#).

EXECUTIVE SUMMARY – PUBLIC ASSISTANCE REPORTING INFORMATION SYSTEM: STATE PARTICIPATION IN THE MEDICAID INTERSTATE MATCH IS LIMITED, OEI-09-11-00780

WHY WE DID THIS STUDY

In 2013, eligibility errors caused an estimated 57 percent of improper Medicaid payments, representing approximately \$8.2 billion in Federal expenditures. One type of eligibility error occurs when beneficiaries remain enrolled in a State's Medicaid program for which they are ineligible because they are no longer residents of the State and/or have failed to timely report a change in circumstances (i.e., address and residency) to the State. The Public Assistance Information Reporting System (PARIS) Medicaid Interstate Match is an important tool that has the potential to reduce improper Medicaid payments by identifying beneficiaries who are enrolled in multiple State Medicaid programs. Although the Social Security Act (SSA) mandates that States participate in the match, neither the SSA nor guidance from the Centers for Medicare & Medicaid Services (CMS) defines the meaning of such participation.

HOW WE DID THIS STUDY

We discuss "participation" in the Medicaid Interstate Match as four steps that States perform to reduce improper payments: (1) submitting Medicaid enrollment data, (2) verifying matches, (3) discontinuing Medicaid benefits for ineligible beneficiaries, and (4) recovering any improper Medicaid payments. To determine the extent to which States participate in the match, we gathered information from States for a random sample of 300 matches from the August 2011 match. We conducted structured interviews with officials from CMS to determine the extent to which they provided guidance to States on the four steps. Finally, we conducted a survey of State Medicaid agencies and collected their match policies to determine the extent to which States have policies on the four steps.

WHAT WE FOUND

States' participation in the Medicaid Interstate Match is limited. CMS guidance to States for participating in the match is limited, and States reported that they needed more guidance. Most States had policies addressing at least one of the steps for participating in the match.

WHAT WE RECOMMEND

We recommend that CMS issue guidance to States on the requirement for participating in the Medicaid Interstate Match. CMS concurred with our recommendation.

Verify State Contact Information

It is very important to verify the state contact information prior to your data submissions to DMDC. There have been recent submissions where state contact information was omitted or outdated and this causes additional burdens to the receiving states.

Please verify your point of contact for the State Administrative Representatives and State Interstate Match Contact instructions found on the PARIS website. These state contacts on the PARIS website are separate and distinct from the contacts that should be used with your data submissions to DMDC.

HHS-OIG's PARIS Medicaid Interstate Study: Why Accurate Dates Are Needed

The HHS-OIG recently released their study on PARIS: State Participation in the Medicaid Interstate Match is Limited. This was sent out via the PARIS Transmittal 2014-11 and can also be found [here](#).

One of the findings of the study was that many states did not work certain matched hits due to inaccurate or no Medicaid eligibility dates (i.e., the start and end dates of Medicaid coverage). Per the study "State Medicaid agency staff use the Medicaid eligibility dates in the match file to determine whether the beneficiaries' coverage periods for their State overlap with those for other States. Overlapping coverage periods indicate that the beneficiary is simultaneously enrolled in multiple State Medicaid programs." When no dates are listed, or the current or next month is listed, states will disregard those beneficiaries (matches) due to lack of information, or assumption that Medicaid (MA) is about to end. The Board strongly supports states including accurate eligibility start and end dates. Rules to consider include:

If the end date is in the future and no date is available, it is OK to include the common "system generated" future date, e.g. 12/31/9999.

Include the oldest known consecutive start date. For example, if your system redetermines eligibility each month and the person has been eligible for the last 18 months, use the beginning date from 18 months ago, not last month.

This is a good time for states to look at the methods that they use to populate dates in the PARIS file. If your state does not include dates, we ask that you champion this request up your chain to get it incorporated. Use the HHS-OIG study to support your request. More (and accurate) dates means quality matches and higher savings for all states. Carpe diem!

Meet Your PARIS Board Members

In each newsletter, we are interviewing a PARIS Board member to give you a better understanding of who we are and where we come from. This article highlights David Russell, Manager Investigative Analytics Unit, DHS-Office of Inspector General.

Background:

I was born in Illinois and moved to Michigan with my family when I was five. When I visited my childhood home back in Illinois 30 years later, I was amazed at how it shrank so much... I have been married for 26 years and have two brilliant daughters (they take after their mother), one dog, a stray cat, three chinchillas, several fish and a gecko. No partridge; talk to the cat.

In my 26 years with OIG, I moved from an intern, through the agent ranks to analyst, EBT specialist and now manager of the Investigative Analytics Unit. Our unit is responsible for the planning, developing and overall administration of the systems used by the office. We also conduct data mining and analysis to find fraud before it becomes a trend. I got into PARIS because I was tasked with writing a grant proposal to facilitate the PARIS match in Michigan in 2006. That of course meant I was now responsible for the implementation of the project and finding uses for the data. After presenting Michigan's methodologies at a PARIS conference, I was asked to apply for a Board position. I have been a PARIS Board member since 2007 and am currently the vice-president and technical liaison. Although Michigan has saved millions using PARIS data, I know we have just scratched the surface of its potential based on the multiple ingenuitive models used by other states. I look forward to the next conference where we can share these ideas.

To help you know David more:

What sound do you love?

A: Two come to mind: the wind blowing through tree leaves; the bells from the local church. They are both relaxing and help the stress of the day/week melt away.

If you could witness any event past, present or future, what would it be?

A: The common availability and use of the personal jetpack. I was promised.

If you could learn to do anything, what would it be?

A: Sing.

Which celebrity do you get mistaken for?

A: Alan Rickman. Except for he parts his hair on the other side and has money.



What would you name the autobiography of your life?

A: A Well Rounded Bucket List.

If you had one word to describe yourself, what would it be?

A: Pragmatic.

What are your hobbies?

A: I remodel houses for fun, boating, biking and gardening. All I need to do is find the time.

If you could live anywhere in the world for a year, where would it be?

A: China. There is so much history, diverse culture and great food there.

Getting into Gear for 2014: Shifting New Medicaid Eligibility and Enrollment Policies into Drive

November 21, 2013, Martha Heberlein, Tricia Brooks, Samantha Artiga and Jessica Stephens

Connecting People to Coverage through Streamlined Enrollment Processes

Excerpt from article ...

For income, states must verify financial information from an electronic data source; however, this can be done post-enrollment after the state determines eligibility based on the individual's attestation.⁶ States also may accept self-attestation for certain types of income that cannot be verified through an electronic source. All 35 reporting states will verify income through electronic sources, with 30 states doing so to determine eligibility and five (5) states verifying income post-enrollment (Figure 9 and Appendix Table 7). In addition, 23 states will be conducting routine ongoing post-enrollment checks of financial information to identify changes in income over time, although the frequency of these checks varies. Consumers are still required to report changes that may impact their eligibility.

States are relying on a variety of data sources to verify eligibility criteria. States have latitude to determine if a particular income data source is "useful" but neither the age nor cost of obtaining the data can be used as a reason to continue requiring paper documentation.

SSNs and citizenship will be verified via an electronic match with the SSA, while immigration status will be verified through the DHS Systematic Alien Verification for Entitlements (SAVE) database. Frequently-used data sources for other non-financial eligibility criteria include the SSA, the Public Assistance Reporting Information System (PARIS), and state databases, such as the Department of Motor Vehicles (DMV), vital statistics, and public assistance records for Temporary Assistance to Needy Families (TANF) and SNAP. The most common data sources that states will use to verify income at application, renewal and post-enrollment include the IRS, SSA, state wage data, state unemployment data and commercial databases that provide payroll information for some employers, such as TALX (also known as the Work Number).

Promising Practices: Alaska State Office Widens Outreach to Rural Veterans: November 2013

Mar 18th by NOSORH

Through a federal grant program, the Alaska State Office of Rural Health (AK SORH) is expanding telehealth technology and mental health services for veterans in the state. Alaska is one of three states (including Montana and Maine) awarded \$300,000 for the second three-year cycle of the Flex Rural Veterans Health Access Program; (it was awarded funds in the first program cycle as well). The program is part of an ongoing collaboration between HHS and the Department of Veterans Affairs (VA) towards implementing an information infrastructure for rural health. "The federal mandate is to provide access of care closer to home and develop increased collaboration between the VA and local providers," according to Tracy Speier, Health and Social Service Planner and RVHAP Director at the AK SORH.

Speier said that the focus on veterans is important in Alaska because the state has the number one veterans population, per capita, in the country. And telehealth is essential in a frontier area like Alaska, Speier said, because there is no road system in much of the state—most of its towns are accessible only by boat or small aircraft or, in the winter, snowmobile or dogsled. Speier gave an example of a veteran in a rural community in Southeast Alaska who has been getting care at a VA clinic in Anchorage. A one-hour visit there required three days of travel due to airline schedules—one day to travel to Anchorage, one day for her appointment, and one day to travel back. "I don't think people realize how vast Alaska is," Speier said. "Now through telehealth, she can meet with her counselor through video conferencing technology."

In the last year and a half, the AK SORH has developed a telehealth network from the ground up in seven rural, remote communities in Southeast Alaska; trained 150 community-based providers on military culture PTSD, TBI and military sexual trauma in Juneau, Anchorage and Fairbanks; sponsored VA-approved PTSD treatment training to 19 behavioral health providers; and trained health administrators from non-tribal community health centers, Community CAH, and CMHC state-wide on how to do business with the VA. "This develops an increased collaboration between the VA and rural clinics in order to increase access to and quality of care for veterans in rural communities," Speier said. "This could be duplicated in other areas with a commitment by the VA to work with non-VA clinics."

Over the next three years, the AK SORH plans to work to identify veterans who are enrolled in public assistance programs in the state, to help them access VA and other benefits. "It has been challenging to identify veterans in need of services," said Pat Carr, AK SORH director. "Many providers don't ask people if they are veterans." The AK SORH plans to use the PARIS (Public Assistance Reporting Information System) system in this effort. Carr said that other states that have worked with their public assistance agencies to implement this model "have saved significant funding."

NOSORH hosted a Learning Community Call on Working with Rural Veterans on September 26th (in which Speiers described the Alaska program). Click [here](#) for a recording.

From the Prez, con't from front page...

Whether it is with issues related to the Interstate Match, filtering, Veteran and Federal Files, we are only an e-mail or phone call away. Additionally, we update the website continually with, what we feel, is useful information. Please let us know of any improvements or additions to the website that you feel would be helpful. We remain available and committed to insure that you have the answers and knowledge needed to maximize the useful data that PARIS provides.

Meanwhile, enjoy the remainder of the lazy, hazy days of summer. I look forward to hearing from as many of you as possible.
Bill Allman, President, PARIS Board of Directors