

On the Road to 2014: Medicaid & CHIP Eligibility & Enrollment

Seniors & Individuals with Disabilities in the New World of MAGI

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The Challenge

- Discussion is not about benefits and coverage packages – but the details are unknown, so in order to have a discussion about eligibility we need to make some assumptions by benefits;
- Simple application process gives us an opportunity to streamline the process:
 - Streamlining is important but how do we balance the need for simplifying eligibility with need for adequate information?

Scenario One: The Rogers Family

Jerry Rogers has modified adjusted gross income of \$54,000. His wife, Eileen doesn't work and his son, Jerry, Jr. age 23 doesn't work. Jerry claims both his wife and son as dependents.

MAGI is applied and the Roger's family qualifies for a subsidy to buy coverage in the Exchange. The family purchases a Qualified Health Plan.

Rogers' Family

Challenge: Eileen has MS and did not identify her condition in the eligibility process. Her condition is exacerbated during the year. She now needs long-term care services and supports (like Personal Assistance Services) in order to remain in her home.

- ✘ What happens if Eileen's QHP doesn't offer the services and supports she needs?
- ✘ Passive redetermination will not catch the change in her condition – and passive enrollment would not have caught this info regarding her MS.

What does Eileen Need?

- ✘ She needs access to medication management;
- ✘ Home health services to administer her medication; and
- ✘ Respite services for Jerry – if she is increasingly unable to care for herself.

Rogers' Family: What happens next?

How will the Rogers' Family find out what options they have for coverage?

- ✘ How will her physician or health plan know to advise her that this is a change in status and that she needs more care?
- ✘ How will she learn about services that she might need?
- ✘ What kind of information will the eligibility entity give the Rogers' Family about options for care that may be outside of the Exchange?

Scenario Two: Bob

Bob works part-time and has income at 150% of fpl. He does not have a disability determination, and has been getting his health care (when he seeks it) through a FQHC. Bob has a mental illness and sees a psychiatrist once a month at a safety net provider where he also gets help with getting medication to help with his mental illness.

Bob

✘ Application & Eligibility:

+ Bob saw some posters about health care coverage, but he doesn't use a computer so he goes into a local office to apply. He gives his income information and states that he is not on Social Security. When asked if he has a disabling condition that prevents him from working he says no.

✘ Using the MAGI, Bob is eligible for a premium subsidy for a QHP in the Exchange.

✘ Does this health care plan meet Bob's needs so he keeps his job and doesn't go into SSI/SSDI?

What does Bob Need?

- Bob needs recovery oriented mental health services;
 - Shared decision-making with his psychiatrist;
 - Peer supports;
 - Supported employment services to help him maintain and sustain employment

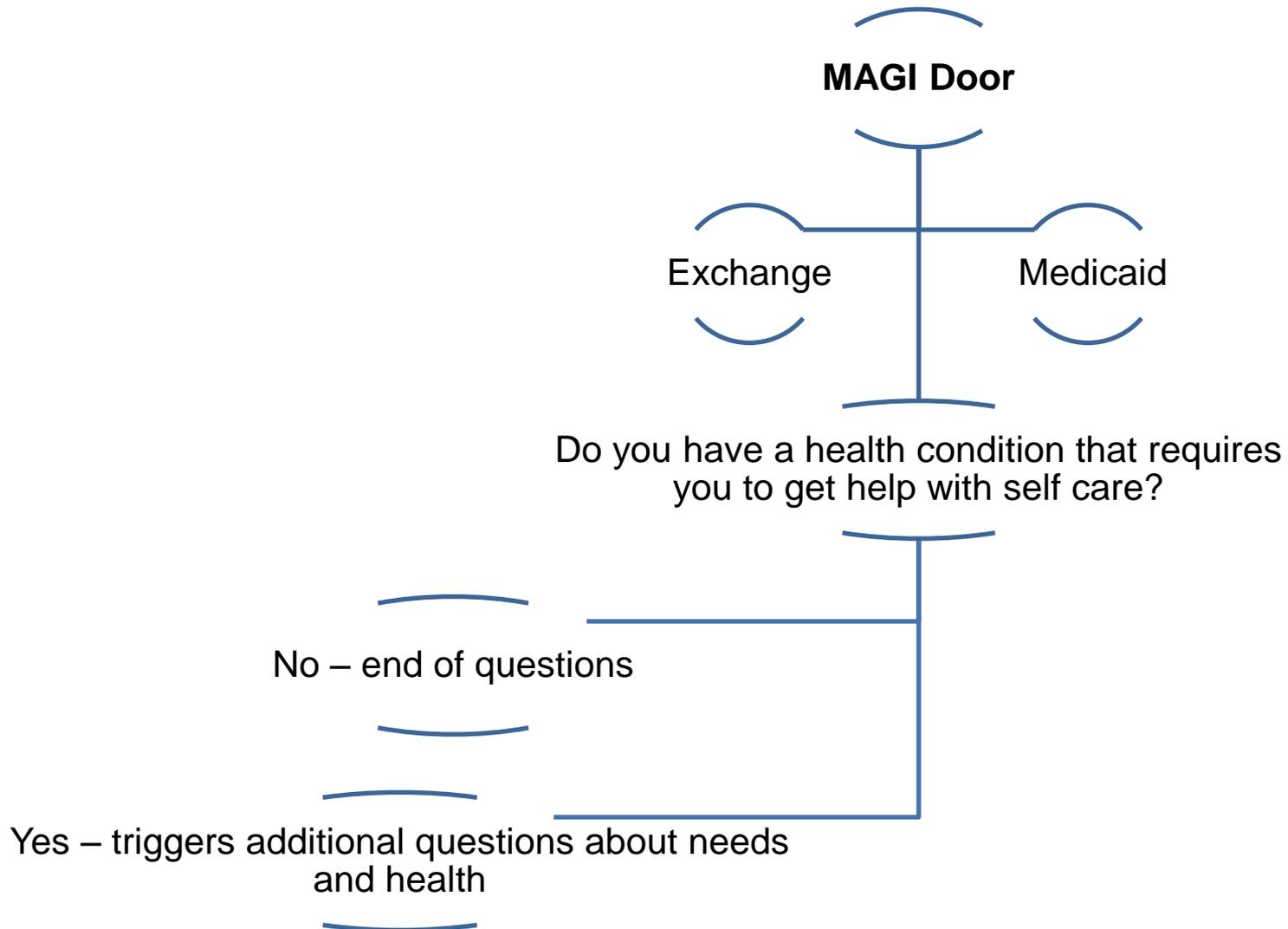
Considerations for situations like Bob post 2014

- What are potential “triggers” for the simple application process that would flag the applicant for a more in-depth eligibility determination?
 - People with hidden disabilities – mental illness, TBI, among others – often work at jobs with earnings above the Medicaid income threshold and don’t have disability determinations.

Considerations for situations like Bob post 2014

- ✘ How will people in Bob's situation be best served in the application & eligibility process?
 - + Would additional questions during the simple application process get at his hidden disability?
 - + What role will safety-net providers have in helping individuals like Bob navigate the application & eligibility process? If Bob had help would he answer the disability questions differently?
 - ✘ For example: Catholic Charities, Aging & Disability Resource Centers, Centers for Independent Living
 - ✘ Example: IL – KidCare application agents get \$50 fee for completing applications with individuals

Potential Simple Application Process “Triggers”: Potential Eligibility Questions



Eligibility & Disability

- ✘ Disability determination now is driven by the Social Security disability determination process, this new eligibility world enables us to bring people in through MAGI, instead of disability determination;
- ✘ How will we identify people who may need more services, without penalizing them for working?
 - + 65% of people under 138% of fpl without insurance are working, so how do we ensure we keep those who have disabilities that are working in jobs, rather than making them quit to get the care they need.
 - + 81% of adult males 25-60 are employed, and half have work limitations
- ✘ Is there a fiscal case to be made for providing employment services?

Partners in the Eligibility System Development

- Tap existing state disability systems – input on development of system triggers, partnership with sister agencies;
- Physicians, hospitals, clinics to help with enrollment;
- Engage the disability advocacy community, disability services providers

For more information or discussion:

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