Medicaid and CHIP in 2014: A Seamless Path to Affordable Coverage

Coordination Across Medicaid, CHIP, and the Affordable Insurance Exchanges

Center for Medicaid and CHIP Services
April 5, 2012
A Seamless Path to Affordable Coverage

Final rule themes:

• Expands access to affordable coverage
• Simplifies Medicaid & CHIP
• Ensures a seamless system of coverage
Key Points

• Final rule establishes a seamless system of eligibility, enrollment and renewal

• Coordination across insurance affordability programs is critical to the success of the coverage expansion

• Possible approaches to determining eligibility for Exchange, Medicaid/CHIP MAGI determinations

• Coordinating eligibility determinations for individuals eligible on a basis other than MAGI

• Opportunity for public comment
Streamlined Enrollment Process

- Submit single, streamlined application to the Exchange, Medicaid/CHIP
- Eligibility is verified and determined
- Enroll in affordable coverage

- Online
- Phone
- Mail
- In Person

- Supported, in part, by the Federally-managed data services hub
- Eligibility for:
  - Medicaid and CHIP
  - Enrollment in a QHP
  - Advance payments of the premium tax credit and cost-sharing reductions

- Online plan comparison tool available to inform QHP selection
- Advance payment of the premium tax credit is transferred to the QHP
- Enrollment in Medicaid/CHIP or QHP
A Seamless System of Coverage

Qualified Health Plans without Financial Assistance

400% FPL

Qualified Health Plan w/Premium Tax Credits

250% FPL

138%-400% FPL

Cost-sharing reductions between 138% - 250% FPL

Medicaid/CHIP Children

133% FPL

Medicaid Adults

CHIP/Medicaid for Children FPL Varies by State (average 241% FPL)
Coordination: Critical Elements

- Single, streamlined application for all insurance affordability programs
- Website that provides program information and facilitates enrollment in all insurance affordability programs
- Coordinated verification policies across Medicaid, CHIP and the Exchanges (e.g. income, State residency, requesting SSNs)
- Shared eligibility service
- Standards and guidelines for ensuring a coordinated, accurate and timely process for performing eligibility determinations and transferring information to other insurance affordability programs (Interim Final with Comment)
Coordination: Key Provisions of Final Rule

• The Medicaid/CHIP agency:
  ✓ Determines eligibility for individuals transferred from another insurance affordability program
  ✓ Evaluates an individual for potential eligibility for other insurance affordability programs
  ✓ Certifies for the Exchange/other programs the criteria applied in determining Medicaid eligibility
Coordination:
Key Provisions of Final Rule

- Medicaid/CHIP agency will establish agreement(s) with the Exchange and entities administering other insurance affordability programs that clearly delineate the responsibility of each program to:
  - Minimize burden on individuals
  - Ensure compliance with the other eligibility coordination requirements of the provision (i.e., MAGI screen)
  - Ensure prompt determinations of eligibility and enrollment consistent with timeliness standards established in §435.912
Medicaid & CHIP Agencies Responsibilities: Potential Eligibility for Other Programs

• For individuals determined as not eligible for Medicaid/CHIP, the agency:
  ✓ Evaluates the individual for potential eligibility for other insurance affordability programs
  ✓ Transfers the individual’s electronic account to the appropriate insurance affordability program (electronic account includes all information/documentation collected to determine eligibility)

• Medicaid/CHIP have the option to make QHP/APTC/CSR determinations upon agreement with the Exchange
Options for Coordinated Eligibility Determinations with Exchanges

- Exchange makes Medicaid/CHIP MAGI eligibility determinations using State Medicaid/CHIP eligibility rules and standards
  - Exchanges may be run by non-governmental entities

  OR

- Exchange makes initial assessment of Medicaid/CHIP eligibility; State Medicaid and CHIP agencies make the final eligibility determination

(Interim final with comment)
Exchange Makes Medicaid/CHIP Eligibility Determinations

- The Exchange can make final eligibility determinations for Medicaid/CHIP in accordance with the State’s eligibility policies and rules and using a standard set of verification procedures accepted by the State.
Exchange Makes Medicaid/CHIP Eligibility Determinations

• To ensure a seamless, accurate, and timely eligibility determination, the State Medicaid/CHIP agency:
  ✓ Accepts the electronic account through a secure electronic interface
  ✓ Follows the Medicaid/CHIP eligibility determination and enrollment provisions to the same extent as if the application had been submitted to the Medicaid/CHIP agency
  ✓ Maintains proper oversight
  ✓ The Medicaid agency must comply with the single State agency requirements
Exchange Makes Initial Medicaid/CHIP Eligibility Assessments

• Exchange may conduct assessments of eligibility for Medicaid and CHIP; Medicaid/CHIP agencies make eligibility determinations

• Assessments made using the applicable Medicaid/CHIP income standards, citizenship and immigration status, using verification rules and procedures consistent with Medicaid and CHIP regulations

• Exchange and Medicaid/CHIP agencies enters into agreements outlining the responsibilities of each entity to ensure a seamless and coordinated process
Exchange Makes Initial Medicaid/CHIP Eligibility Assessments

• If Exchange makes initial assessment, the State Medicaid/CHIP agency:
  ✓ Accepts the electronic account
  ✓ Does not request duplicative information/documentation
  ✓ Promptly determines Medicaid/CHIP eligibility (no new application)
  ✓ Accepts any findings made by another program (no further verification)
  ✓ Notifies the other program of the receipt of electronic account
  ✓ Notifies the other program of Medicaid’s final eligibility determination (if the individual is receiving coverage through another program)
Eligibility Determinations for Non-MAGI Populations

- Exchanges will transfer applications to the State Medicaid agency for a determination of Medicaid on a basis other than MAGI.

- The Medicaid agency:
  - Notifies the other agency of the final determination of eligibility for those individuals who are participating in the other insurance affordability program §435.1200(d)(6)
Eligibility Determinations for Non-MAGI Populations

• Evaluating eligibility for other insurance affordability programs for individuals undergoing a Medicaid determination on a basis other than MAGI

• The Medicaid agency:
  ✓ Determines potential eligibility other insurance affordability programs
  ✓ Transfers the individual’s account to the agency administering the other program
  ✓ Provides timely notice to the agency administering the other program
Opportunity for Public Comment

- Published in Federal Register on March 23, 2012
- 45 day comment period on Interim Final Rule provisions until 5 p.m. (EST) May 7, 2012
  - Safeguarding information (§431.300 & §431.305)
  - Timeliness standards (§435.912)
  - Coordination (§§435.1200, 457.348, 457.350)
Coming Soon

• Next Webinar:
  Application, Verification, and Renewals
  April 19, 2012
  3:00 pm
• For more information visit www.medicaid.gov