Expanding Coverage and Federally Facilitated Marketplace Learning Collaboratives

Understanding the Consumer Experience in Transfers from the State Medicaid/CHIP Agency to the Federally Facilitated Marketplace

Thursday, October 27, 2016
1:30 pm – 3:00 pm ET
Agenda

- Setting the Stage
- Account Transfer Process
- State Tools for Effective Consumer Communication
- Wrap Up
Setting the Stage
When states utilizing the Federally Facilitated Marketplace (FFM, or “Marketplace”) find applicants or beneficiaries ineligible for Medicaid/CHIP coverage, they must transfer consumers’ electronic accounts to the Marketplace.

The transfer from the State Medicaid/CHIP agency (SMA/SCA) to the Marketplace can be challenging for consumers to understand and for states to communicate because:

- Consumers apply at one agency but then must go to another agency, and receive notices from both agencies.
- Time may have passed between consumers submitting an application to one agency and receiving a notice from the other agency.
- Some SMAs/SCAs may not provide detailed information about the account transfer.

Refer to 42 CFR §435.1200(e) and §457.350(i) (k).
Potential to Improve and Enhance Consumer Experience through Improved Communication

- Adequate information and effective outreach are critical to ensuring consumers understand what is happening and can transition to Marketplace coverage as seamlessly as possible.

- To communicate effectively, it is necessary to:
  - Refine messaging to explain the account transfer process and next steps for completing an application at the FFM;
  - Develop new formats to present complex information; and
  - Create opportunities to reinforce key messages beyond the eligibility notice.

- While communicating about account transfer is primarily an FFM state issue, this may also be an issue for State-based Marketplace (SBM) states that do not have integrated systems or a single notice with all eligibility decisions.
CMCS Informational Bulletin

Highlights key state strategies to enhance enrollment of individuals transitioning from Medicaid/CHIP to Marketplace coverage

1. Improve eligibility determination notice language for individuals found ineligible for Medicaid/CHIP

2. Revise applications to more easily collect email addresses for enhanced outreach

3. Enhance robustness of data included in the account transfer to support application process and outreach

Today’s Learning Objectives

Consumer is determined ineligible for Medicaid by the State Medicaid/CHIP agency in an FFM state

- Help states understand the consumer’s experience during the transfer from the State Medicaid/CHIP agency to the FFM
- Highlight key areas of confusion and opportunities for improved consumer communication
- Provide states with tools for effective consumer communication on the transfer and next steps:
  - Model eligibility notice language
  - Model eligibility results page
  - Frequently Asked Questions (FAQs)
Account Transfer Process
Overview of Account Transfer

Applicant
- Submits single, streamlined application

Beneficiary
- Reports change or responds to pre-populated renewal form

Receives eligibility determination notice from SMA

Today consumers may not be aware they have the choice of waiting for FFM notice or starting a new application

Receives inbound account transfer notice from FFM with next steps

Reviews and verifies information

Determines consumer ineligible for Medicaid/CHIP

Triggers 2 actions

Transfers consumer’s electronic account to FFM (timeframe and data vary by state)

Receipts consumer’s electronic account from SMA

Generates inbound account transfer notice and pre-populated application on Healthcare.gov (3-5 days during OEP, 1-3 days outside OEP)

Sends inbound MAC Medicaid and CHIP Learning Collaboratives
Understanding the Consumer Experience

Consumers who have been determined ineligible for Medicaid/CHIP may not know they have two pathways to complete their application with the FFM. We can help them be better informed so they can act sooner, if they wish.

- **Wait for FFM notice**
  - Based on FFM notice instructions, go to Marketplace online or through Call Center.
  - Complete application started by the Marketplace/populated by account transfer.

- **Start new application**
  - Go to Marketplace online or through Call Center.
  - Start new application. Re-enter information on application/in account transfer.
Wait for FFM notice

- Based on FFM notice instructions, go to Marketplace online or through Call Center.
- Complete application started by the Marketplace/populated by account transfer.

Start new application

- Go to Marketplace online or through Call Center.
- Start new application. Re-enter information on application/in account transfer.
Wait for FFM Notice: Inbound Account Transfer Notice

KEY MESSAGES

- **Account Transfer:** State transferred application to Marketplace and that information was used to start an application at HealthCare.gov

- **Additional Action Necessary:** Consumer will need to complete and submit the pre-populated Marketplace application to see if they qualify for Marketplace coverage

- **Unique Marketplace ID:** Contains Marketplace ID needed to access pre-populated application

- **Completing Marketplace Application:** Consumer can go to HealthCare.gov or Call Center and will be asked to provide unique Marketplace ID.

Wait for FFM Notice:
Complete Application Started by Marketplace

**KEY STEPS**

- **Log Into/Create Account:** Consumer logs into or creates a new account.
- **Select Application:** Consumer selects “Start a New Application or Update an Existing One” and updates his or her most recent application labeled as “In Progress.”
- **Application ID:** Consumer enters application ID from FFM notice to access application started by Marketplace.
- **Walk-Through:** Consumer continues through application, providing and updating information as necessary.
- **Review and Submit:** Consumer reviews and submits application for Marketplace coverage.
Understanding the Consumer Experience

**Wait for FFM notice**
- Based on FFM notice instructions, go to Marketplace online or through Call Center.
- Complete application started by the Marketplace/populated by account transfer.

**Start new application**
- Go to Marketplace online or through Call Center.
- Start new application. Re-enter information on application/in account transfer.
Start New Application:
Go to Marketplace

KEY STEPS

• Log Into/Create Account:
Consumer logs into or creates a new account.

• Start New Application:
Consumer selects “Start a New Application or Update an Existing One.” Consumer selects the year for which they are applying and state in which they want coverage.

Get coverage for:
Select Year
Select State
APPLY OR RENEW

Don’t see your state? Visit the website of your state-based Marketplace, or call the Marketplace Call Center at 1-800-318-2596 (TTY:1-855-889-4325). Find your State’s website.

Not sure which year to choose? You may qualify for 2016 coverage through a Special Enrollment Period or your state’s Medicaid or Children’s Health Insurance Program (CHIP). Learn more about Special Enrollment Periods.
Start New Application: Go to Marketplace

Were any of these people found not eligible for Medicaid or the Children's Health Insurance Program (CHIP) in the past 90 days? Or, were any of them found not eligible for Medicaid or CHIP due to their immigration status since October 1, 2013?

Check the box only if a person was found not eligible for this coverage by their state, not by the Marketplace.

Learn more about how to answer this question

- Horst Abbottal
- Baby Abbottal
- None of these people

Did any of these people apply for coverage between November 1, 2015 - January 31, 2016? (Select their name if they applied through their state or the Marketplace.)

- Horst Abbottal
- Baby Abbottal
- None of these people

KEY STEPS

- **Enter Application Information:** Consumer completes all application information *(because the consumer is starting a new application, the application will not be pre-populated with any information from the account transfer).*

- **Medicaid Block:** Consumer selects denial of Medicaid/CHIP eligibility within the specified timeframe, as applicable.

- **Review and Submit:** Consumer reviews and submits application for Marketplace coverage.
State Tools for Effective Consumer Communication
States can help consumers better understand the transfer to the FFM and next steps so consumers transition to Marketplace coverage as seamlessly as possible.

- Model Eligibility Notice Language
- Model Eligibility Results Page
- Frequently Asked Questions
Approach for Development of State Tools

- Input from states and consumer advocates
- Working sessions with CCIIO, Office of Communications, CMCS
- Collaboration with Maximus Center for Health Literacy to develop, test, and refine key messages on FFM account transfer
Input from States and Consumer Advocates

Secured feedback from states and consumer advocates about consumer challenges and considerations in communicating about the FFM account transfer

- Consumers do not understand that the Marketplace is different from the State Medicaid/CHIP agency
- Consumers in FFM states and mixed coverage program families are confused when receiving notices from different agencies
- Consumers do not understand the two options they have to complete the Marketplace application and considerations for selecting an option
- States find communicating about FFM account transfer challenging and want model language to include in notices
Findings from Consumer Testing

MAXIMUS Center for Health Literacy team conducted hour-long, 1:1 interviews with consumers to determine if consumers could read, understand, and take action based on key messages and instructions related to account transfer.

✓ Confusion with Marketplace
  • Only 19 of 48 participants were familiar with and understood Marketplace.

✓ Confusion with options for completing a Marketplace application and why consumers might want to start a new application
  • 11 participants did not understand or only partially understood their options for completing a Marketplace application.
  • Only 19 participants understood that coverage might start sooner if they began their own new application.
  • Once participants understood they may get coverage sooner, 40 preferred to start a new application rather than wait for account transfer.

✓ Understanding of Open and Special Enrollment
  • 34 of 48 participants completely understood the difference between “Open Enrollment” and “Special Enrollment” period.

Revisions were made to the tools based on these findings.

“I have no idea. It sounds like something on Wall Street.”

“I’d rather do it myself because I’ve carved out the time now, and I need answers now, and the waiting is frustrating.

“There is an Open Enrollment Period, but if you don’t complete your application during Open Enrollment then you have to wait. But if you have a special life event then you can enroll.”
Tools for Effective Consumer Communication

With input from states, consumers and advocates, the Learning Collaborative team developed and revised three state tools for effective consumer communication:

1. Model Eligibility Notice Language
2. Model Eligibility Results Page
3. Frequently Asked Questions
An improved denial notice can help facilitate a seamless transition of consumers from State Medicaid/CHIP agency to the Marketplace

- **Refreshed and enhanced model notice account transfer messages:**
  - Refined messages to better educate consumers about the Marketplace, that their information has been transferred, and their options for completing a Marketplace application
  - Added explanation on Open Enrollment/Special Enrollment Periods
  - Provide options for states

- **Inserted key messages into a model denial notice to help states see the messages in context with best practices for design and layout**

*Built on 2013 consumer communications work:*
Updated Model Notice Language

If you have questions or need help completing your application, call the Marketplace Call Center at 1-800-318-2506 (TTY: 1-855-888-4125). Or go to HealthCare.gov.

After you complete your application, the Marketplace will tell you if you qualify for health coverage and financial assistance to help pay for it.

The Marketplace will also tell you whether you can get health coverage now or if you have to wait and repay. If otherwise eligible, you can enroll in Marketplace health coverage during a certain time each year called the Open Enrollment Period. If it is not Open Enrollment when you submit your application for coverage, you will have to wait until the next Open Enrollment Period, unless you have a life event that makes you eligible for a Special Enrollment Period. Examples of qualifying life events include getting married, having a baby, or losing Medicaid or other health coverage. You usually have up to 60 days after the date of the life change to apply for coverage and qualify for a Special Enrollment Period.

If you have special health care needs

A person may still be able to get Medicaid health coverage if he or she has special health care needs. Medicaid health coverage offers more health services and lower costs. Special health care needs include if a person:

- Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- Needs help with daily activities, like bathing or dressing
- Regularly gets medical care, personal care, or health services at home or in another community setting, like an adult day care
- Lives in a long-term care facility, group home, or nursing home
- Pays a lot for health care
- Is blind
- Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at 1-800-XXX-XXX (TTY: 1-800-XXX-XXX) or go to medicaid.state.gov. If the person has health coverage, he or she can keep it while we look at the information.
Updated Model Notice Language

**Account Transfer and Letter**
- Introduces Marketplace as an option for health coverage and financial assistance
- Starts to tell consumers what is happening with their application

**Why you are getting this letter**
We reviewed your application. We decided that you do not qualify for Medicaid health coverage. To learn more, read the “How we made our Medicaid decision” section below.

You might still be able to get health coverage—and help paying for it—through the Health Insurance Marketplace (Marketplace). We sent your information to them. The Marketplace will send you a letter. To learn more, read the “Complete your Marketplace application” section below.

**How we made our Medicaid decision**
We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 1.

**Marketplace Definition**
- Consumer testing revealed confusion with Marketplace and need for definition
- Includes and highlights Marketplace definition

**What is the Health Insurance Marketplace?**
You can use the Marketplace to shop for and buy affordable private health insurance online, over the phone, or with in-person help. There is financial help available for people who qualify.
Complete your Marketplace application

You should complete your Marketplace application as soon as you can to see if you can get coverage now. To complete your application, you can:

1. Wait for the letter from the Marketplace. The Marketplace is starting a health insurance application for you. The letter will tell you how to complete your application with them.

Or

2. Start a new application. You can go to HealthCare.gov or contact the Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). You will need to:
   - Create a Marketplace user account online or with a Call Center Representative if you don’t have one.
   - Have this letter with you to help answer questions.
   - Provide the information you gave us already.
   - Answer “yes” when asked if anyone has been found not eligible for Medicaid or the Children’s Health Insurance Program (CHIP) in the past 90 days, if this applies.

Application completion options

- Clearly delineates options for consumers to complete their application
- Provides detailed instructions
- Highlights again that Marketplace will send a notice to consumer with further instructions
Updated Model Notice Language

**Marketplace application assistance**
- Provides ways for consumer to get help

**Marketplace eligibility determination notice**
- Tells consumer they will get a Marketplace decision

If you have questions or need help completing your application, call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). Or go to HealthCare.gov.

After you complete your application, the Marketplace will tell you if you qualify for health coverage and financial assistance to help pay for it.

The Marketplace will also tell you whether you can get health coverage now or if you have to wait and reapply. If otherwise eligible, you can enroll in Marketplace health coverage during a certain time each year called the Open Enrollment Period. If it is not Open Enrollment when you submit your application for coverage, you will have to wait until the next Open Enrollment Period, unless you have a life event that makes you eligible for a Special Enrollment Period. Examples of qualifying life events include getting married, having a baby, or losing Medicaid or other health coverage. You usually have up to 60 days after the date of the life change to apply for coverage and qualify for a Special Enrollment Period.

**Open Enrollment and Special Enrollment Periods**
- Explains to consumer potential for needing to wait to enroll in coverage and possibly reapplying
- Explains these terms and what they mean for enrolling in coverage
Updated Model Notice Language: Two Versions

Some consumers may need to act more quickly. States can choose between two versions of notice for implementation, based on timing of Medicaid eligibility notice and Marketplace transfer notice to consumers.

**States where less time passes between consumer receiving Medicaid eligibility notice and Marketplace transfer notice**

Any Town, Any State 00111
Letter number: 34567

Why you are getting this letter
We reviewed your application. We decided that you do not qualify for Medicaid health coverage. To learn more, read the “How we made our Medicaid decision” section below.

You might still be able to get health coverage—and help paying for it—through the Health Insurance Marketplace (Marketplace). We sent your information to them. The Marketplace will send you a letter. To learn more, read the “Complete your Marketplace application” section below.

How we made our Medicaid decision
We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 1 person and your income is $1,915 each month. The Medicaid income limit is $2,723 each month. Since your monthly income is above the limit, you do not qualify for Medicaid health coverage. If you think we made a mistake, you can appeal. To learn more, read the “Complete your Marketplace application” section below.

We made our decisions based on these rules: 42 CFR 435.119, 435.403.

Complete your Marketplace application
You should complete your Marketplace application as soon as you can to see if you can get coverage now. To complete your application, you can:

1. Wait for the letter from the Marketplace. The Marketplace is starting a health insurance application for you. The letter will tell you how to complete your application with them.

Or

2. Start a new application. You can go to HealthCare.gov or contact the Call Center at 1-800-318-2596 (TTY: 1-855-850-4325). You will need to:
   - Create a Marketplace user account online or with a Call Center Representative if you don’t have one.
   - Have this letter with you to help answer questions.
   - Provide the information you gave us already.
   - Answer “yes” when asked if anyone has been found eligible for Medicaid or the Children’s Health Insurance Program (CHIP) in the past 90 days, if this applies.

Questions? Call us at 1-800-318-2596 (TTY: 1-855-850-4325). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to medicaid.state.gov. You can also find out how to meet with someone in person.

**States where more time passes between consumer receiving Medicaid eligibility notice and Marketplace transfer notice**

Any Town, Any State 00111
Letter number: 34567

Why you are getting this letter
We reviewed your application. We decided that you do not qualify for Medicaid health coverage. To learn more, read the “How we made our Medicaid decision” section below.

You might still be able to get health coverage—and help paying for it—through the Health Insurance Marketplace (Marketplace). We sent your information to them. The Marketplace will send you a letter. To learn more, read the “Complete your Marketplace application” section below.

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We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 1 person and your income is $1,915 each month. The Medicaid income limit is $2,723 each month. Since your monthly income is above the limit, you do not qualify for Medicaid health coverage. If you think we made a mistake, you can appeal. To learn more, read the “If you think we made a mistake” section below.

We made our decisions based on these rules: 42 CFR 435.119, 435.403.

Complete your Marketplace application
You should complete your Marketplace application as soon as you can to see if you can get coverage now. To complete your application, you can:

1. Start a new application. You can go to HealthCare.gov or contact the Call Center at 1-800-318-2596 (TTY: 1-855-880-4325). You will need to:
   - Create a Marketplace user account online or with a Call Center Representative if you don’t have one.
   - Have this letter with you to help answer questions.
   - Provide the information you gave us already.
   - Answer “yes” when asked if anyone has been found eligible for Medicaid or the Children’s Health Insurance Program (CHIP) in the past 90 days, if this applies.

Or

2. Wait for the letter from the Marketplace. The Marketplace is starting a health insurance application for you. The letter will tell you how to complete your application with them.

Questions? Call us at 1-800-318-2596 (TTY: 1-855-880-4325). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to medicaid.state.gov. You can also find out how to meet with someone in person.

Messages same and text is static, just Options 1 and 2 are flipped.
DISCUSSION
An eligibility results page following an online application can help states communicate to consumers in real-time about the account transfer and completion of a Marketplace application.

**Model Eligibility Results Page**

- **Consumer completes online application with State Medicaid/CHIP agency**

**Eligibility Results Page Principles**

- Provide a snapshot on program eligibility
- Highlight key next steps (e.g., complete Marketplace application)
- Not intended to replace “full” eligibility notices required under federal law/regulations... but drives consumer to read the notice
Eligibility Results Page Framework: Three-Step Process

Three-step framework maintained across different eligibility scenarios

**STEP 1**
- Review your eligibility results
- Start with eligibility results
- Remains the same across any scenario

**STEP 2**
- Read your eligibility letter
- Send us the information we need
- Depends on whether there is an eligibility determination or if more information is needed

**STEP 3**
- Access care
- Choose health plan
- Send us more information
- Complete your Marketplace application
- Depends on state’s Medicaid delivery system and Marketplace model
Individual ineligible for Medicaid in FFM state:

**Step 1. Review your eligibility results**

### Tracking bar
- Appears on each page
- Orient consumer to where they are in the process
- Current step highlighted in blue, other steps in grey
- Reminds consumer there are key next steps

### Key messages
- Balances two messages for consumer ineligible for Medicaid and potentially eligible for Marketplace coverage
- Conscious decision to not include the denial reason since challenging to concisely explain basis of denial and appeals rights; instead, drive consumer to read eligibility notice
- Added definition of Marketplace following consumer testing feedback on consumer confusion
Individual ineligible for Medicaid in FFM state:

Step 2. Read your eligibility letter

Importance of notice
• Explains what information is in the notice

Required download of notice
• Informs consumer that downloading eligibility letter is required to advance
• Greyed out button also provides visual cue that going to Step 3 is not currently available
• If consumer clicks on greyed out button without downloading notice, an alert message appears and consumer cannot move forward
Individual ineligible for Medicaid in FFM state:

**Step 3. Complete your Marketplace application**

Marketplace transfer messages

- Provides another opportunity to explain transfer to Marketplace, options for completing Marketplace application to consumer, and potential considerations
- Language similar to model notice
- Prioritizes “start new application” message since consumer is already online and can go directly to Marketplace in same sitting
Model Eligibility Results Page Toolkit

Using the toolkit, states can develop eligibility results pages for a variety of eligibility scenarios and leverage best practices for wording, design and layout.

- **Model Eligibility Results Page Framework**

- **Scenarios to demonstrate how to apply framework** – Eight scenarios that vary by:
  - Household Composition
  - State Marketplace Model
  - State Medicaid Delivery System Model

- **Toolkit Guide** – Learning Collaborative deck, which provides an overview on how model eligibility results pages were developed and how to apply tools.

- **Model Eligibility Results Menu and Map** – List of message snippets applied in model eligibility results pages.

Reviewed with Expanding Coverage LC on August 24th and September 1st, 2016. All-state call and dissemination of model eligibility results page toolkit forthcoming.
Additional Messaging Opportunities

There are multiple opportunities to communicate key messages to consumers. Model notice language, model eligibility results page language, and forthcoming FAQs may be leveraged in a variety of ways.

- Call centers
- Eligibility workers
- Application assisters
- Website resources

FAQs addressing common points of consumer confusion in account transfer are under development and will be forthcoming.
Wrap Up
Wrap Up

Next Meeting:
- Details and Invite Forthcoming

Contact Information:
Let us know if you have any updates to your contact information or want more information on LC meetings
- Contact MACLC@mathematica-mpr.com
Appendix
Health Literacy Best Practices: Content

- Organization from the consumers’ perspective
- Key messages first and prominent
- Information chunked into one-topic paragraphs
- Meaningful, descriptive headings
- Definitions for necessary technical terms
- Streamlined information
Health Literacy Best Practices: Language

- Clear, simple wording for headings
- Friendly tone
- Active voice
- Parallel construction
- Short, simple paragraphs and sentences
- Common, familiar words
Health Literacy Best Practices: Design

- Font size equivalent to 12 point Times New Roman for the paragraph text with leading (space between lines) of 150%
- Size variation between the paragraph text and the different levels of headers
- Short line lengths, between 10 and 16 words
- Key words in bold, sparingly and in appropriate places
- Left alignment on all of the paragraph text
- Contact information on every page