Coverage Expansion Learning Collaborative

Virtual Meeting #3

March 29, 2012
1:00 – 3:00 pm EST

(Slide Deck Revised 9/28/12)
## Agenda

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and Roll Call</td>
<td>5 min.</td>
</tr>
<tr>
<td>Key Verification Standards</td>
<td>20 min.</td>
</tr>
<tr>
<td>Reasonable Compatibility Strawmodels</td>
<td>90 min.</td>
</tr>
<tr>
<td>Next Steps</td>
<td>5 min.</td>
</tr>
</tbody>
</table>
Key Verification Standards
Verification Standards: Goals

- Maximize automation
- Minimize need for paper documentation
- Avoid income-based coverage denial
  - If information is inconsistent, ensure that applicant is enrolled in coverage at lowest subsidy level rather than denying coverage
- Maintain simple and transparent process for consumers
- Ensure program integrity
Self-Attestation

Except where the law requires other procedures (e.g., for citizenship and immigration status information), the Medicaid/CHIP agency may accept attestation of information needed to determine the eligibility of an individual for Medicaid/CHIP without requiring further information (including documentation) from the individual.

Medicaid Eligibility Final Rule (§ 435.945(a)), March 2012.
Reasonable Compatibility

• Household income information obtained through an electronic data match is reasonably compatible with income information provided by or on behalf of an individual if both are either above or both are at or below the applicable income standard or other relevant income threshold.

• Medicaid/CHIP agencies will set forth their policies in Verification Plans which will include the circumstances in which information obtained through an electronic data match is considered by the State to be reasonably compatible with information provided by or on behalf of an applicant or beneficiary, or obtained through another source. CMS will work with States to develop a template for such plans.

• Applies to non-MAGI as well as MAGI individuals

Medicaid Eligibility Final Rule (§ 435.952 and preamble), March 2012.
Electronic Data Sources

- Medicaid/CHIP agency must request information from other state/federal agencies to the extent the agency determines such information is useful to verifying the financial eligibility of an individual including:
  - Information related to wages, net earnings from self-employment, unearned income from the following
    - State Wage Information Collection Agency (SWICA)
    - Internal Revenue Service (IRS)
    - Social Security Administration (SSA)
    - Agencies administering State unemployment compensation laws
    - State-administered supplementary payment programs
    - Any State program administered under an approved state plan
    - Eligibility and enrollment info from SNAP and other IAPs

Medicaid Eligibility Final Rule (§ 435.948(a)), March 2012.
Electronic Data Sources (Ctd.)

- To the extent that information is available through the federal data services hub the Medicaid/CHIP agency must obtain the information through such service.
- State has flexibility to decide the "usefulness, frequency and time-frame for conducting electronic data matches"

Medicaid Eligibility Final Rule (§ 435.948 (b), § 435.945(d)) and preamble, March 2012.

KEY CONSIDERATIONS:
- Accuracy
- Timeliness
  - Access to data
  - Age of data
- Comprehensiveness
  - Population covered by data source
  - Completeness of data for verifying attestation
Paper Documentation Requirements

- Individual must not be required to provide documentation unless information can not be obtained electronically or it is not reasonably compatible.
- Documentation is permitted only to the extent electronic data are not available and establishing a data match would not be effective, considering factors such as:
  - Administrative costs associated with establishing and using the data match vs. administrative costs associated with relying on paper documentation
  - Impact on program integrity (potential for ineligible individuals to be approved as well as for eligible individuals to be denied coverage)

*Medicaid Eligibility Final Rule (§ 435.952(c)), March 2012.*
Post-Eligibility Data Matching

• Option to conduct post-eligibility data matching creates additional state flexibility and helps address program integrity concerns
Verification Construct

State Definition

- Federal Data Sources
- State or Other Data Sources
- Self-Attestation

Reasonable Compatibility

If not reasonably compatible, option to request explanation or other information (may include documentation)

Post-eligibility Data Matching

Creates additional state flexibility and helps address program integrity concerns

Some State Flexibility
Reasonable Compatibility
Income Reasonable Compatibility (RC) Strawmodels Overview

• Medicaid
  – Medicaid RC strawmodel overview (income)
  – Detailed strawmodels of two scenarios and options
  – Evaluation of options based on goals

• CHIP
  – CHIP RC strawmodel overview (income)
  – Detailed strawmodel of scenario and options
  – Premium band eligibility under two scenarios
Medicaid RC Strawmodel Overview (Income)

MML = Medicaid MAGI Level

1. Data Sources: Above MML
2. Data Sources: Below MML*
3. Data Sources Not Available
4. Data Sources: Above MML
5. Data Sources: Below MML
6. Data Sources Not Available

**OPTIONS**
1. Accept attestation and determine eligible.
2. Difference <10%**: Accept attestation and determine eligible
3. Request/review explanation. If reasonable, determine eligible. If not reasonable, require further verification.
4. Require further verification.

**OPTIONS**
1. Determine eligible.
2. Request/review explanation of income source(s). If reasonable, determine eligible. If not reasonable, require further verification including documentation if readily available.
3. Require further verification including documentation if readily available.

**Attestation:**
- Above MML
- Below MML

**Data Sources:**
- Above MML
- Below MML

*10% difference threshold used as an example. Required for APTC determinations but not for Medicaid/CHIP.

**State Option. States may also request/review explanation when data sources are below MML Level.

Note: Strawmodels reflect Medicaid/CHIP agency perspective. Exchange could conduct eligibility assessment.
Medicaid RC Strawmodel (Scenario 4)

Applicant Attestation is Below Medicaid MAGI Level (MML) but Data Match Shows Income Above MML

START OPTION 1

START OPTION 2

If difference <10%
Accept attestation

If difference >10%

START OPTION 3

Request/review explanation for difference

Determine eligible

Option to conduct post-enrollment verification

START OPTION 4

Request additional information incl. documentation

Determine eligible

No verifying documentation

No reasonable explanation

Explanation reasonable

State option to reverse order of options 2 and 3

STATE OPTIONS

Determine ineligible and screen for APTCs/CSRs

No verifying documentation

Medicaid and CHIP MAC Learning Collaboratives
# Medicaid RC Strawmodel (Scenario 4)

## Applicant Attestation is Below Medicaid MAGI Level (MML) but Data Match Shows Income Above MML

<table>
<thead>
<tr>
<th>State Option</th>
<th>Automation</th>
<th>Min. Paper</th>
<th>Max. Enroll</th>
<th>Consumer Experience</th>
<th>Program Integrity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option 1</strong></td>
<td><img src="#" alt="Arrow Up" /></td>
<td><img src="#" alt="Arrow Up" /></td>
<td><img src="#" alt="Arrow Up" /></td>
<td><img src="#" alt="Arrow Up" /></td>
<td><img src="#" alt="Arrow Up" /></td>
</tr>
<tr>
<td>Accept Attestation and determine eligible.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Option 2** | ![Arrow Up](#) | ![Arrow Up](#) | ![Arrow Up](#) | ![Arrow Up](#) | ![Question Mark](#) |
| Dif. <10%: Accept attestation and determine eligible Dif. >10%: Request/review explanation. If reasonable, determine eligible. If not reasonable, further verification. |  |  |  |  |  |

| **Option 3** | ![Arrow Up](#) | ![Arrow Up](#) | ![Question Mark](#) | ![Question Mark](#) | ![Question Mark](#) |
| Request/review explanation. If reasonable, determine eligible. If not reasonable, further verification. |  |  |  |  |  |

| **Option 4** | ![Question Mark](#) | ![Red Arrow Down](#) | ![Red Arrow Down](#) | ![Red Arrow Down](#) | ![Question Mark](#) |
| Require further verification. |  |  |  |  |  |
Medicaid RC Strawmodel (Scenario 6)

Applicant Attestation is Below Medicaid MAGI Level (MML) but Applicant Information Cannot be Obtained Electronically

START OPTION 1
Accept attestation

START OPTION 2
Request/review explanation of income source(s)

START OPTION 3
Request additional information incl. documentation if readily available

STATE OPTIONS
Determine eligible
Determine ineligible and screen for APTCs/CSRs

Option to conduct post-enrollment verification

Explanation reasonable
No reasonable explanation
Verifying documentation
No verifying documentation
Attestation
## Medicaid RC Strawmodel (Scenario 6)

**Applicant Attestation is Below Medicaid MAGI Level (MML) but Applicant Information Cannot be Obtained Electronically**

<table>
<thead>
<tr>
<th>State Option</th>
<th>Automation</th>
<th>Min. Paper</th>
<th>Max. Enroll</th>
<th>Consumer Experience</th>
<th>Program Integrity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1: Accept attestation and determine eligible</td>
<td>![Green Up]</td>
<td>![Green Up]</td>
<td>![Green Up]</td>
<td>![Green Up]</td>
<td>![Question Mark]</td>
</tr>
<tr>
<td>Option 2: Request/review explanation of income source(s)</td>
<td>![Green Up]</td>
<td>![Green Up]</td>
<td>![Yellow Down]</td>
<td>![Yellow Down]</td>
<td>![Question Mark]</td>
</tr>
</tbody>
</table>
CHIP RC Strawmodel Overview (Income)

**OPTIONS FOR DETERMINING CHIP ELIGIBILITY**

1. Accept attestation and determine eligible.
2. Difference <10%**: Accept attestation and determine eligible.
   Difference >10%: Request/review explanation. If reasonable, determine eligible. If not reasonable, require further verification.
3. Request/review explanation. If reasonable, determine eligible. If not reasonable, require further verification.
4. Require further verification.

**OPTIONS FOR DETERMINING PREMIUM**

1. Accept attestation and assign premium based on attestation.
2. Difference <10%*: Determine premium based on attestation.
   Difference >10%: Request/review explanation. If reasonable, accept attestation. If not reasonable, assign based on data sources and give opportunity to provide further verification for lower premium.
3. Request/review explanation. If reasonable, accept attestation. If not reasonable, assign based on data sources and give opportunity to provide further verification for lower premium.
4. Assign based on data sources and give opportunity to provide further verification for lower premium.

**STATE OPTION.** States may also request/review explanation when data sources are below CHIP Level.

**10% difference threshold used as an example. Required for APTC determinations but not for Medicaid/CHIP.**
CHIP RC Strawmodel: Premium Band Enrollment (Scenario 4)

Attestation is Below CHIP Level, Data Match Above CHIP Level, and Individual Determined Eligible for CHIP

<table>
<thead>
<tr>
<th>Max. CHIP Eligibility Level</th>
<th>Highest Premium Band</th>
<th>Middle Premium Band</th>
<th>Lower Premium Band</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attestation; no documentation</td>
<td>Attestation and documentation in same band</td>
<td>Documentation higher than attestation</td>
<td>Attestation higher than documentation</td>
</tr>
</tbody>
</table>

Premium band decision

10% rule could apply

Attestation

Data Source

Documentation
CHIP RC Strawmodel: Premium Band Enrollment (Scenario 6)

Attestation is Below CHIP Level, Applicant Information Cannot be Obtained Electronically and Individual Determined Eligible for CHIP

<table>
<thead>
<tr>
<th>Max. CHIP Eligibility Level</th>
<th>Highest Premium Band</th>
<th>Middle Premium Band</th>
<th>Lower Premium Band</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attestation only</td>
<td>Attestation and documentation in same band</td>
<td>Documentation higher than attestation</td>
<td>Attestation higher than documentation</td>
</tr>
</tbody>
</table>

Premium band decision
10% rule could apply
Attestation
Data Source
Documentation
Next Steps
# Coverage LC: Proposed Schedule

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Type</th>
<th>Proposed Topic</th>
</tr>
</thead>
</table>
| Thursday January 26\(^{th}\)  | Virtual                     | ▪ Introduction and Kick-off  
 ▪ Application Data Elements     |
| Thursday March 1\(^{st}\)  
 1:00-3:00 pm ET              | Virtual                     | ▪ Application Data Elements (part II)                                       |
| Thursday March 29\(^{th}\)  
 1:00-3:00 pm ET              | Virtual                     | ▪ Verification                                                               |
| Thursday May 3\(^{rd}\)  
 1:00-3:00 pm ET              | Virtual                     | ▪ Benchmark Design                                                           |
| Thursday June 14\(^{th}\)    | In-person (Extended Meeting)| ▪ Benchmark Design (part II) – *if needed*  
 ▪ Medicaid/CHIP/Exchange Relationship |
| Thursday July 26\(^{th}\)  
 1:00-3:00 pm ET              | Virtual                     | ▪ Expansion Populations                                                     |
| Fall 2012*                    | In-person (Extended Meeting)| ▪ Enrollment Strategies                                                    |

*Subject to timing and resources*
Next Meeting

• May 3, 2012 1:00 – 3:00 pm ET (Webinar)

• Topic: Benchmark Design
  – Requirements and considerations states will apply in designing the benchmark benefit for newly eligibles, including the FMAP implications, administrative simplicity and the clinical profile of the population
  – Relationship between benchmark design, standard Medicaid benefits and requirements for essential health benefits
Coverage LC: 
Next Steps

*Action Period Next Steps*

- Manatt to send states brief survey to states on benchmark design.
- Manatt to circulate background resources on benchmark design.

- States to send Manatt questions/priority issues related to benchmark design.

*Due Friday April 13th to rsam@manatt.com*

- Next meeting: Thursday, May 3rd 1:00 – 3:00 pm EST
- Other feedback/questions? rsam@manatt.com