

Medicaid and CHIP

**MAC**

*Learning Collaboratives*

# Coverage Expansion Learning Collaborative

## Virtual Meeting #3

**March 29, 2012**

**1:00 – 3:00 pm EST**

**(Slide Deck Revised 9/28/12)**

# Agenda

<b>Introduction and Roll Call</b>	5 min.
<b>Key Verification Standards</b>	20 min.
<b>Reasonable Compatibility Strawmodels</b>	90 min.
<b>Next Steps</b>	5 min.

# *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.

# 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

# 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

## 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



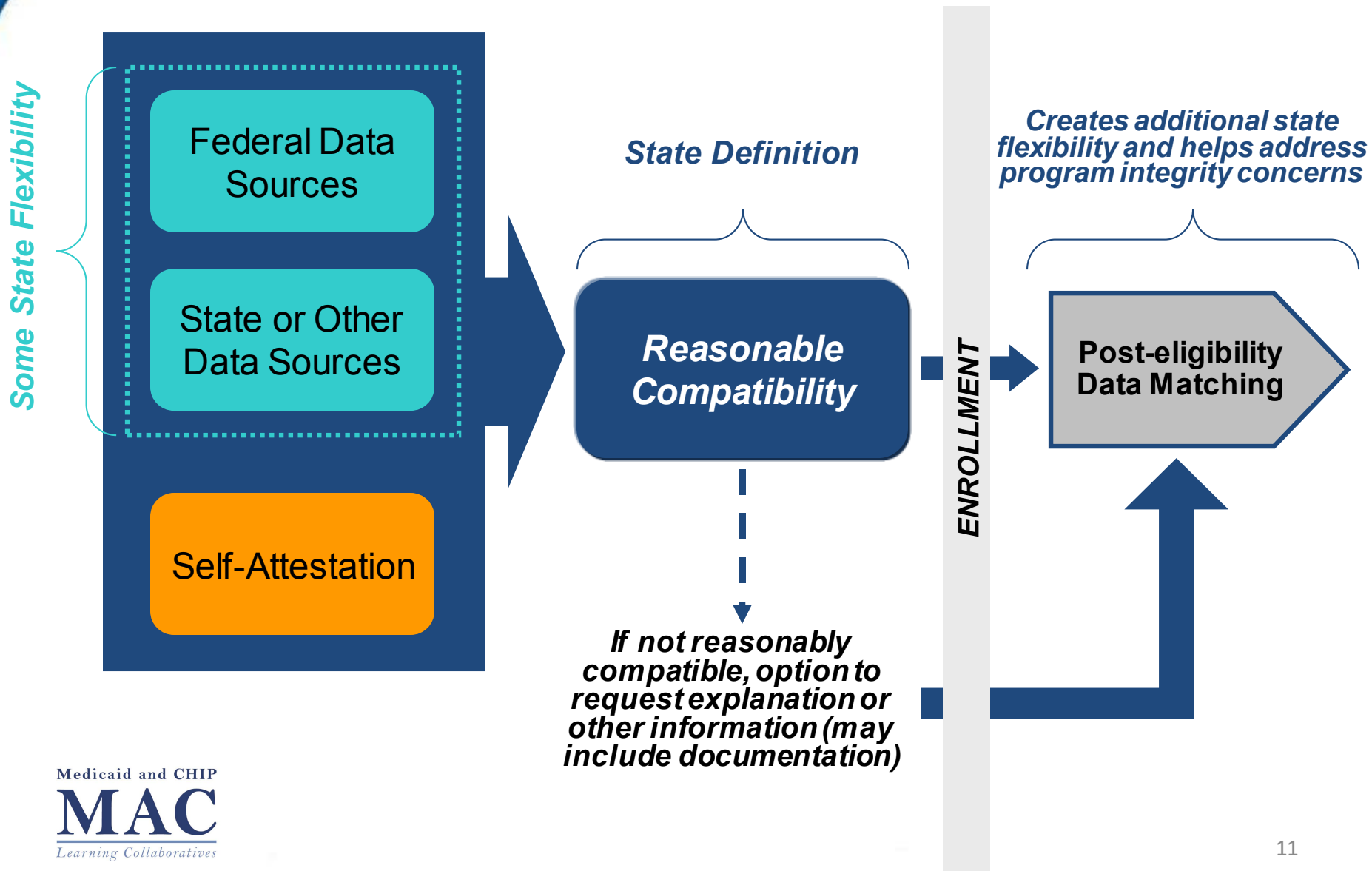
# Paper Documentation Requirements

- 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)

# Post-Eligibility Data Matching

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

# Verification Construct



# *Reasonable Compatibility*

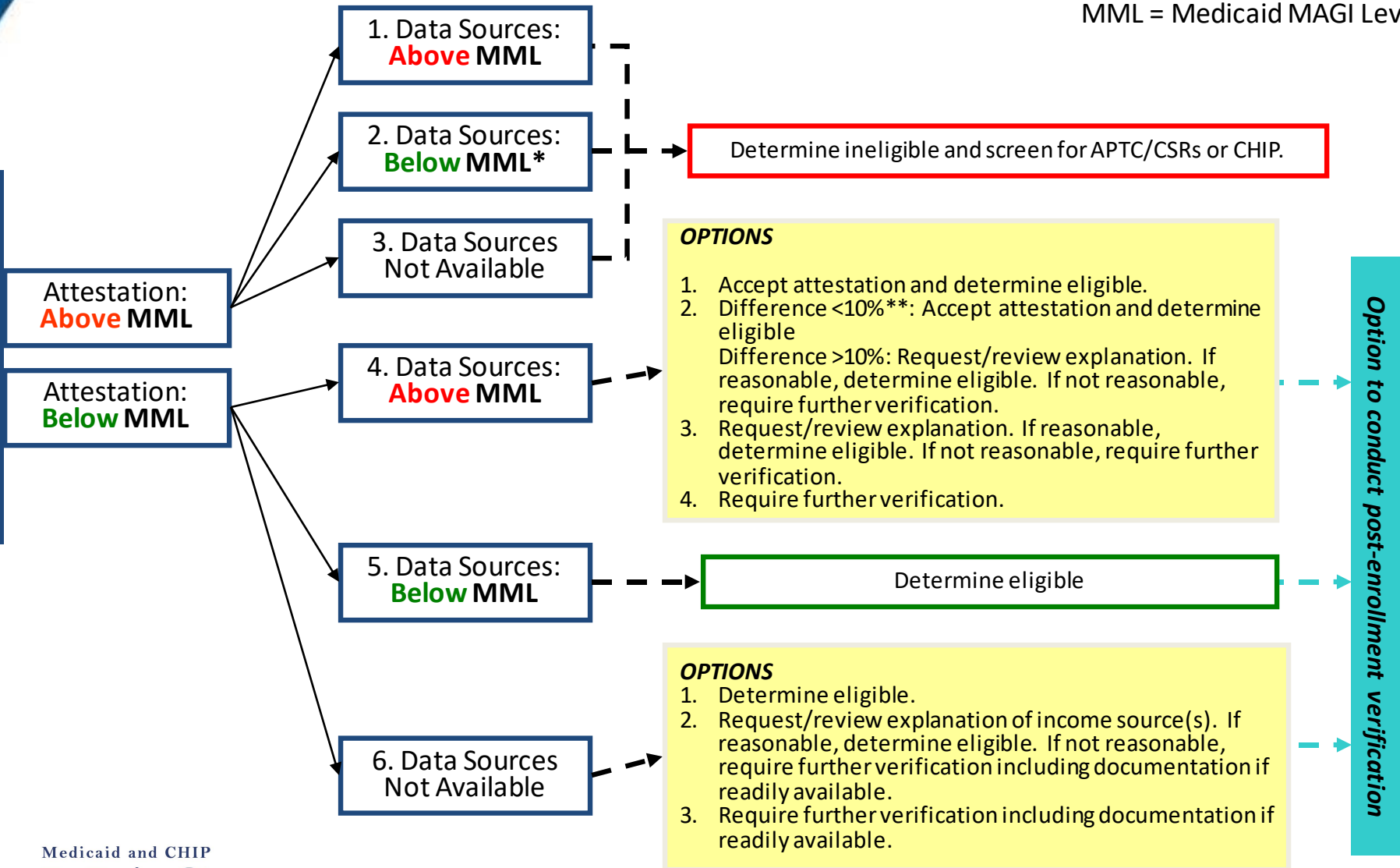
# Income Reasonable Compatibility (RC) Strawmodels Overview

- ***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

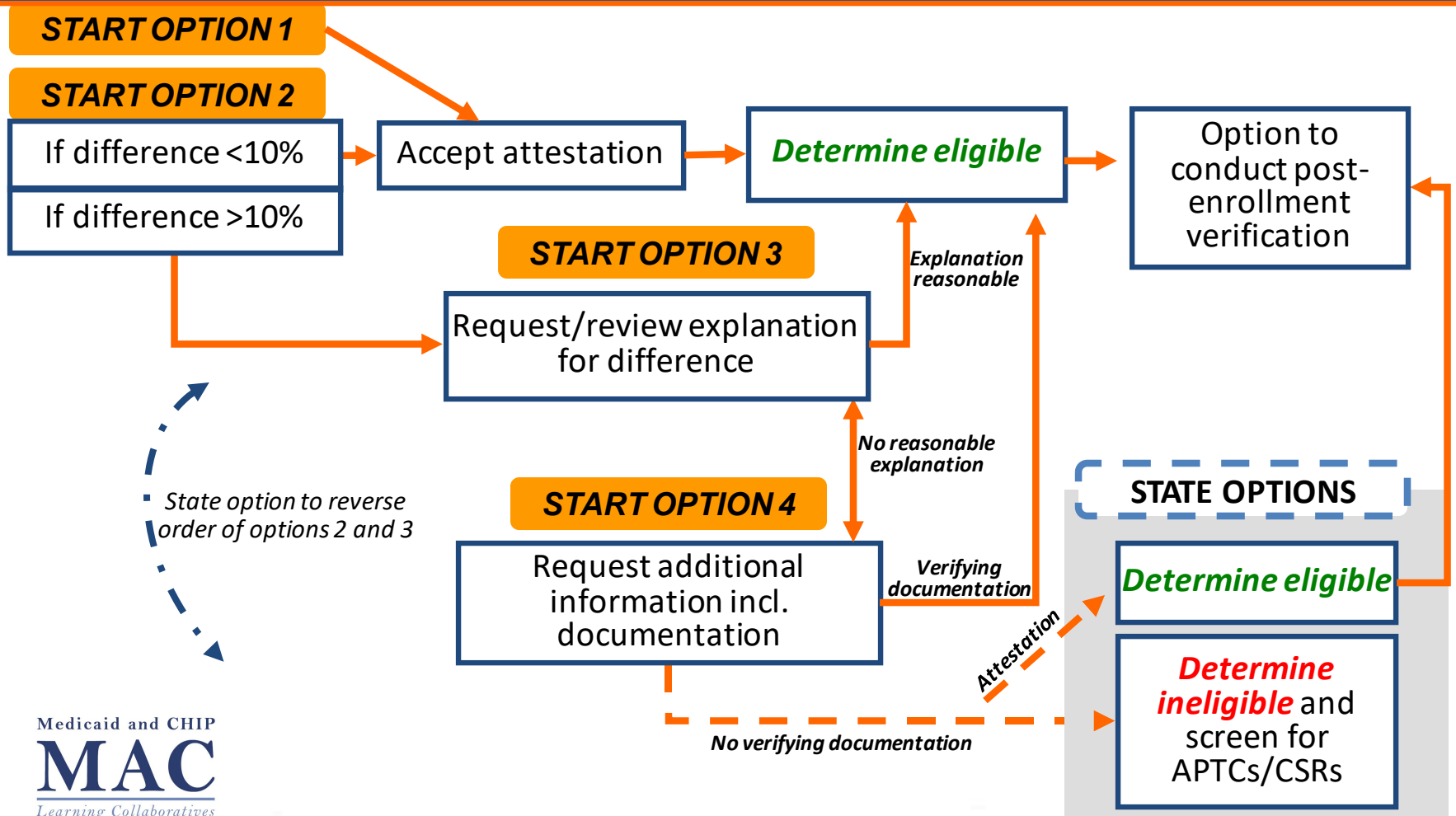
START HERE



\*\* State Option. States may also request/review explanation when data sources are below MML Level.  
 \*10% difference threshold used as an example. Required for APTC determinations but not for Medicaid/CHIP.  
 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*



# Medicaid RC Strawmodel (Scenario 4)

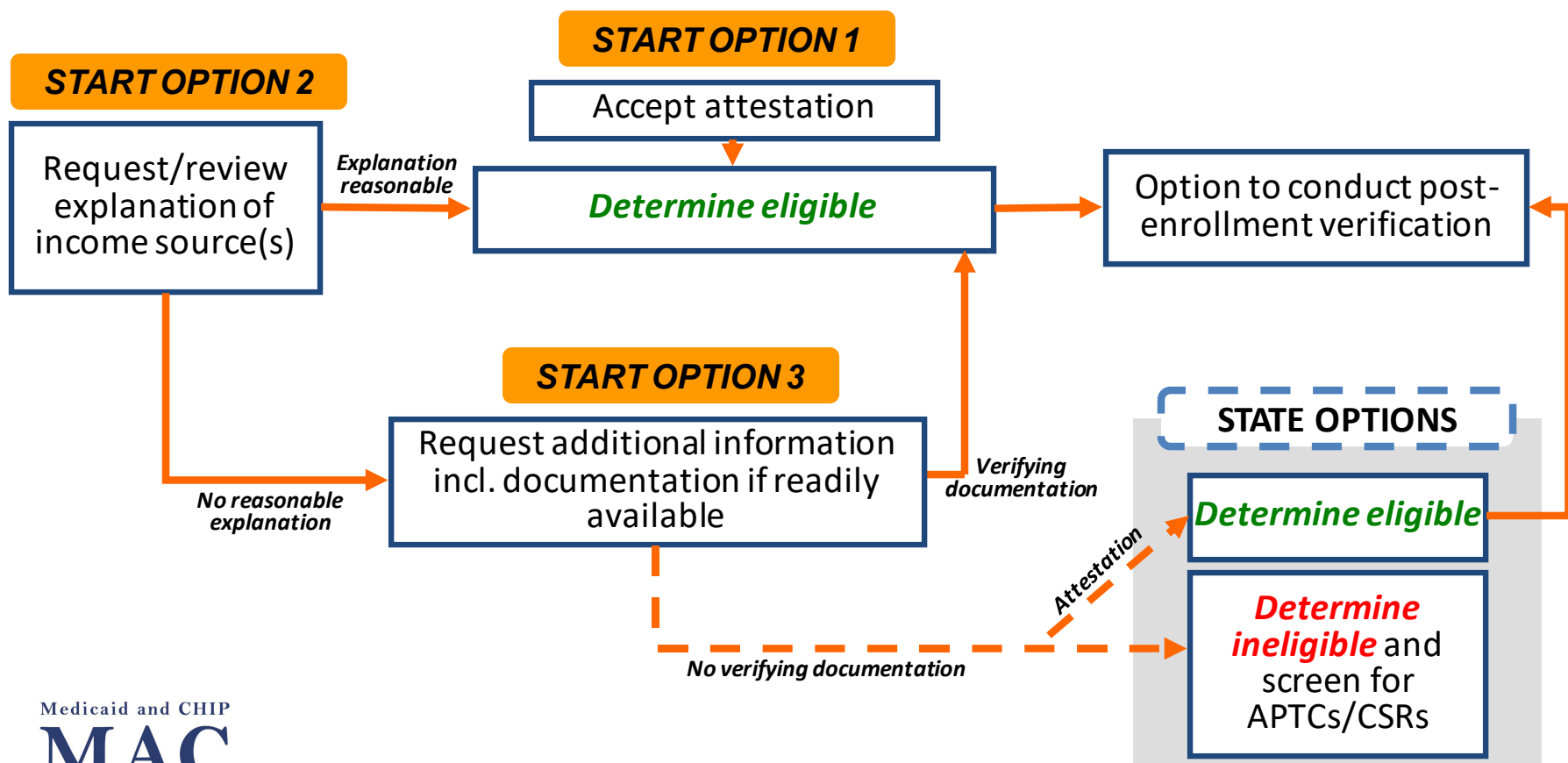
*Applicant Attestation is Below Medicaid MAGI Level (MML)  
but Data Match Shows Income Above MML*

State Option	Automation	Min. Paper	Max. Enroll	Consumer Experience	Program Integrity
<b>Option 1</b> Accept Attestation and determine eligible.					
<b>Option 2</b> Dif. <10%: Accept attestation and determine eligible Dif. >10%: Request/review explanation. If reasonable, determine eligible. If not reasonable, further verification.					?
<b>Option 3</b> Request/review explanation. If reasonable, determine eligible. If not reasonable, further verification.					?
<b>Option 4</b> Require further verification.					?














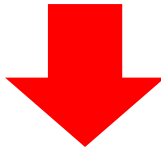
# Medicaid RC Strawmodel (Scenario 6)

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



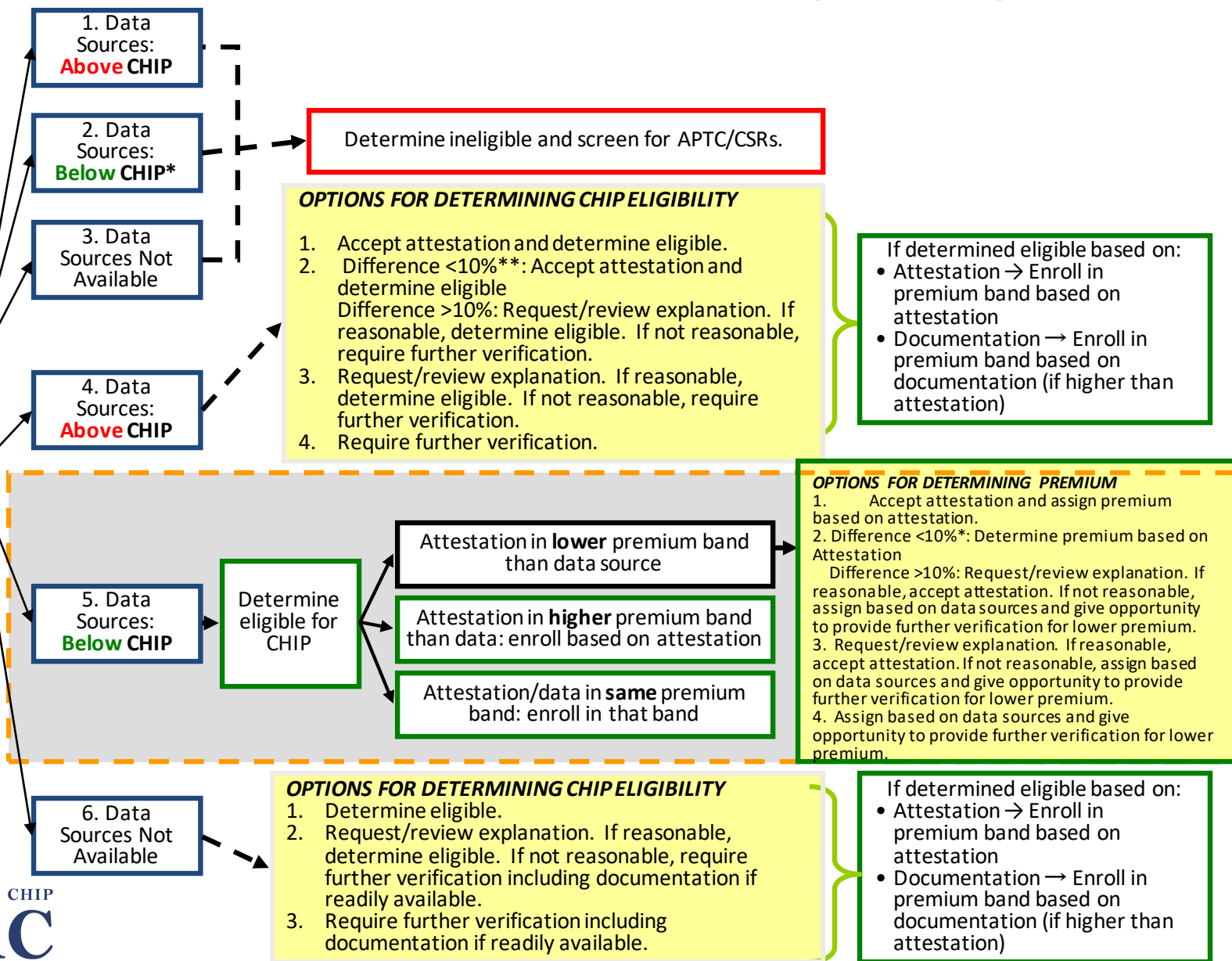
# Medicaid RC Strawmodel (Scenario 6)

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

State Option	Automation	Min. Paper	Max. Enroll	Consumer Experience	Program Integrity
<b>Option 1:</b> Accept attestation and determine eligible					?
<b>Option 2:</b> Request/review explanation of income source(s)					?
<b>Option 3:</b> Request documentation (if available)					?

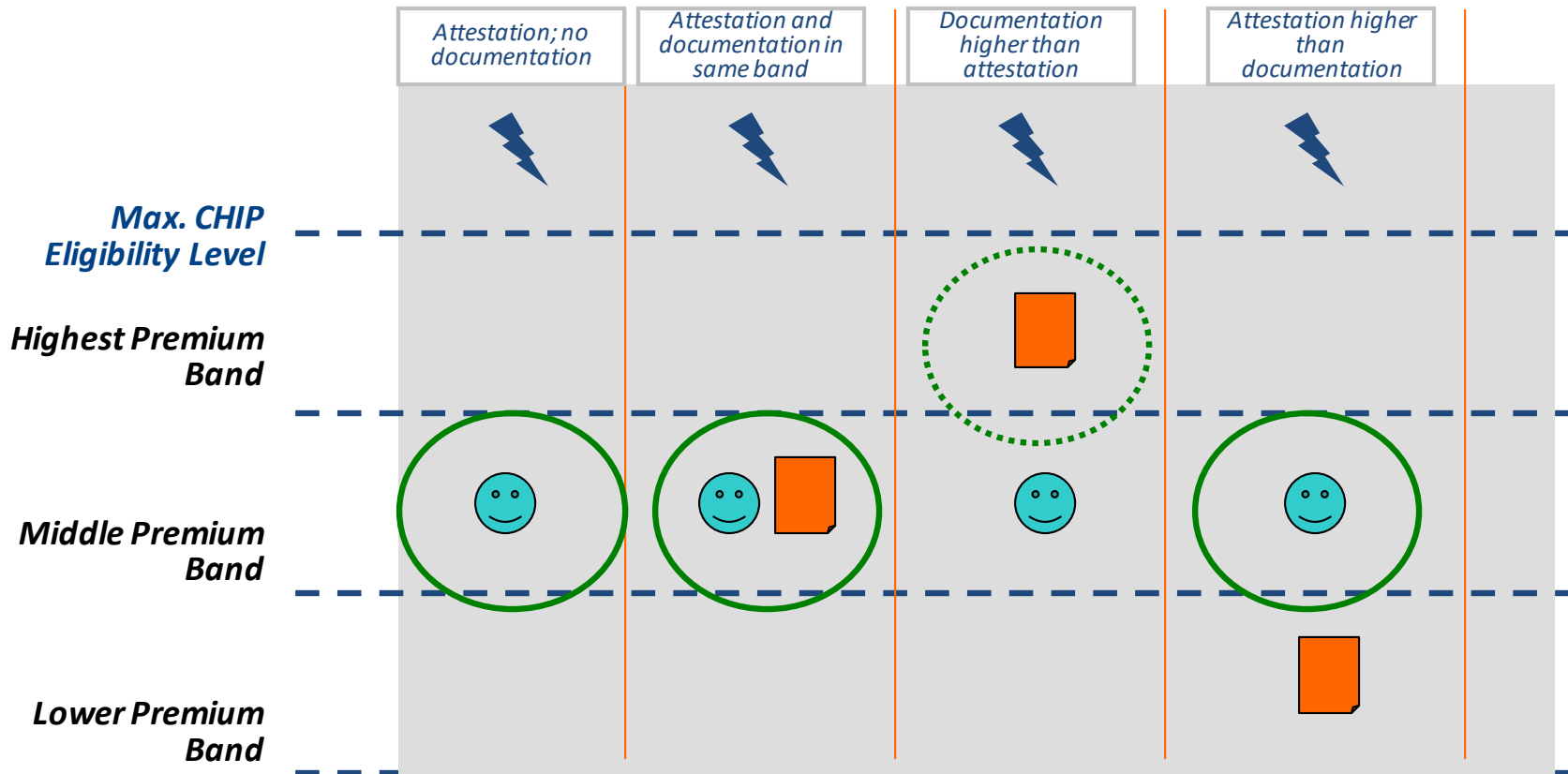
# CHIP RC Strawmodel Overview (Income)

START HERE



# CHIP RC Strawmodel: Premium Band Enrollment (Scenario 4)

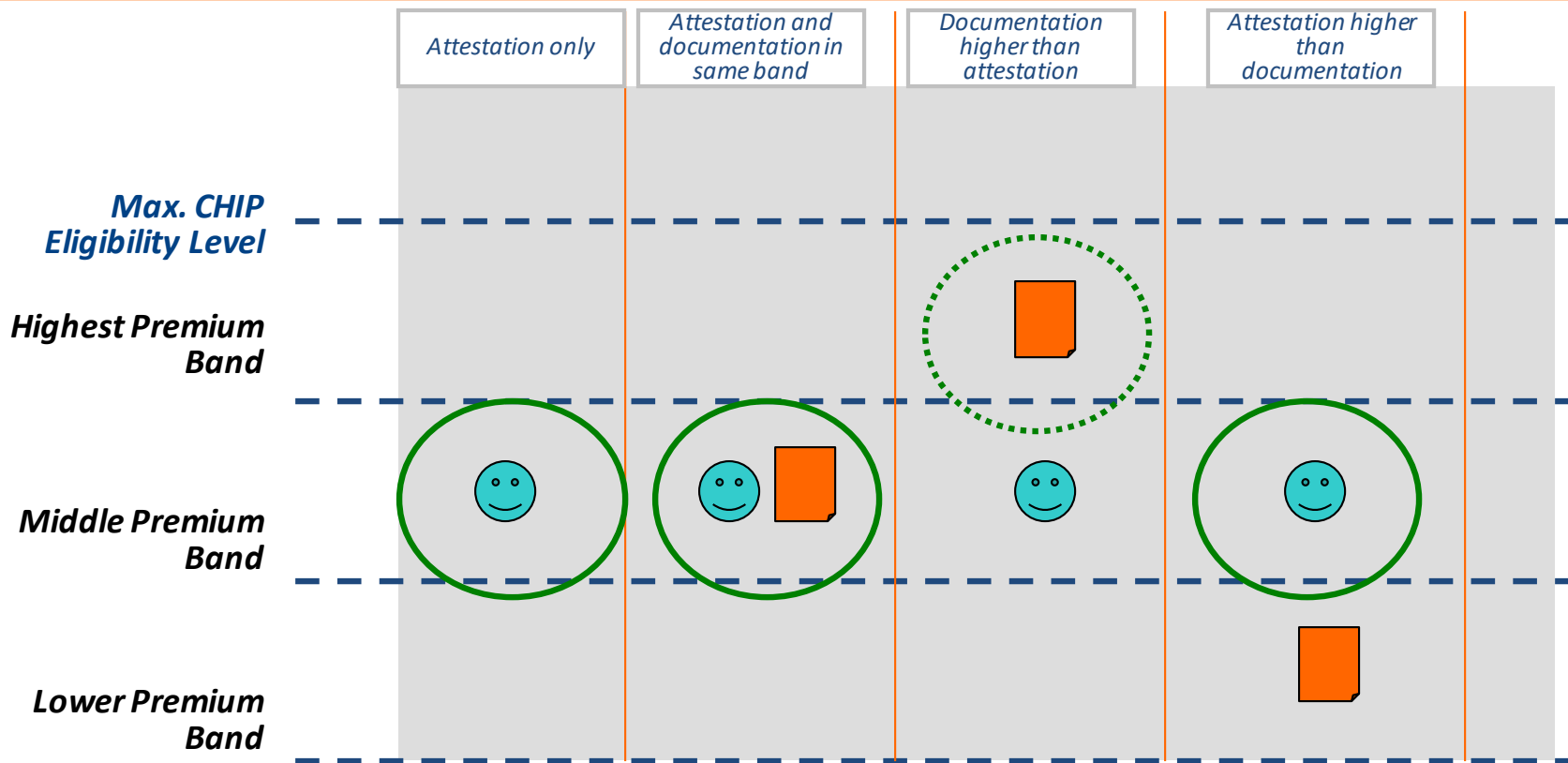
*Attestation is Below CHIP Level, Data Match Above CHIP Level, and Individual Determined Eligible for CHIP*



— 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*



— Premium band decision    
 ⋯ 10% rule could apply    
 😊 Attestation    
 ⚡ Data Source    
 📄 Documentation



# *Next Steps*

# Coverage LC: Proposed Schedule

Meeting Date	Type	Proposed Topic
Thursday January 26 <sup>th</sup>	Virtual	<ul style="list-style-type: none"> <li>Introduction and Kick-off</li> <li>Application Data Elements</li> </ul>
Thursday March 1 <sup>st</sup> 1:00-3:00 pm ET	Virtual	<ul style="list-style-type: none"> <li>Application Data Elements (part II)</li> </ul>
Thursday March 29 <sup>th</sup> 1:00-3:00 pm ET	Virtual	<ul style="list-style-type: none"> <li>Verification</li> </ul>
Thursday May 3 <sup>rd</sup> 1:00-3:00 pm ET	Virtual	<ul style="list-style-type: none"> <li>Benchmark Design</li> </ul>
Thursday June 14 <sup>th</sup>	In-person (Extended Meeting)	<ul style="list-style-type: none"> <li>Benchmark Design (part II) – <i>if needed</i></li> <li>Medicaid/CHIP/Exchange Relationship</li> </ul>
Thursday July 26 <sup>th</sup> 1:00-3:00 pm ET	Virtual	<ul style="list-style-type: none"> <li>Expansion Populations</li> </ul>
Fall 2012*	In-person (Extended Meeting)	<ul style="list-style-type: none"> <li>Enrollment Strategies</li> </ul>

## 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 13<sup>th</sup> to [rsam@manatt.com](mailto:rsam@manatt.com)*

- Next meeting:  
**Thursday, May 3<sup>rd</sup>**  
**1:00 – 3:00 pm EST**
- Other feedback/  
questions?  
[rsam@manatt.com](mailto:rsam@manatt.com)