

Coverage Expansion Learning Collaborative

Coverage Transitions in 1115 Demonstration States

July 26, 2013
3:30-4:30pm ET

URL: <https://manatt.webex.com/manatt/onstage/g.php?t=a&d=575517318>

Event Password: Coverage 1

Dial: 1.866.922.3257

Passcode: 652446#

Agenda

Transitions in 1115 Demonstrations: Overview

Transition Implementation Activities

Questions & Answers



Transitions in 1115 Demonstrations: Overview

1115 Waiver Vocabulary

1115 Waivers

Demonstrations may apply to 3 types of populations:

All Social Security Act (SSA) provisions apply to demonstrations except those that are expressly:

“waived”
for State plan populations

“not applied”
for expansion populations

1

Mandatory State Plan

Coverage authority derives from State plan
Example: Low-income pregnant women and children

2

Optional State Plan

Coverage authority derives from State plan
Example: Parents above 1988 AFDC levels

3

Expansion

Coverage authority derives from demonstration
Example: Childless adults

Transitions in 1115 Demonstration States

**Many states' 1115 demonstrations expire December 31, 2013
New coverage options become available January 1, 2014:**

Marketplace in all states; new Medicaid coverage routes in many states

GOAL

Move current populations into appropriate 2014 coverage authorities through a simple process, without a gap in coverage

Effectuating Simple & Seamless Transitions

If nothing changes but the income counting rules (i.e. application of MAGI)



No immediate action required by state

No action required by beneficiary

If beneficiary is moving to a new or existing eligibility group, transfer should be automatic



State must administratively transfer beneficiary and must inform beneficiary of changes to benefits, cost-sharing and delivery system, if applicable

No action required by beneficiary



If additional information is needed, state must conduct a redetermination

Beneficiary may need a renewal

If beneficiary is moving to the Marketplace



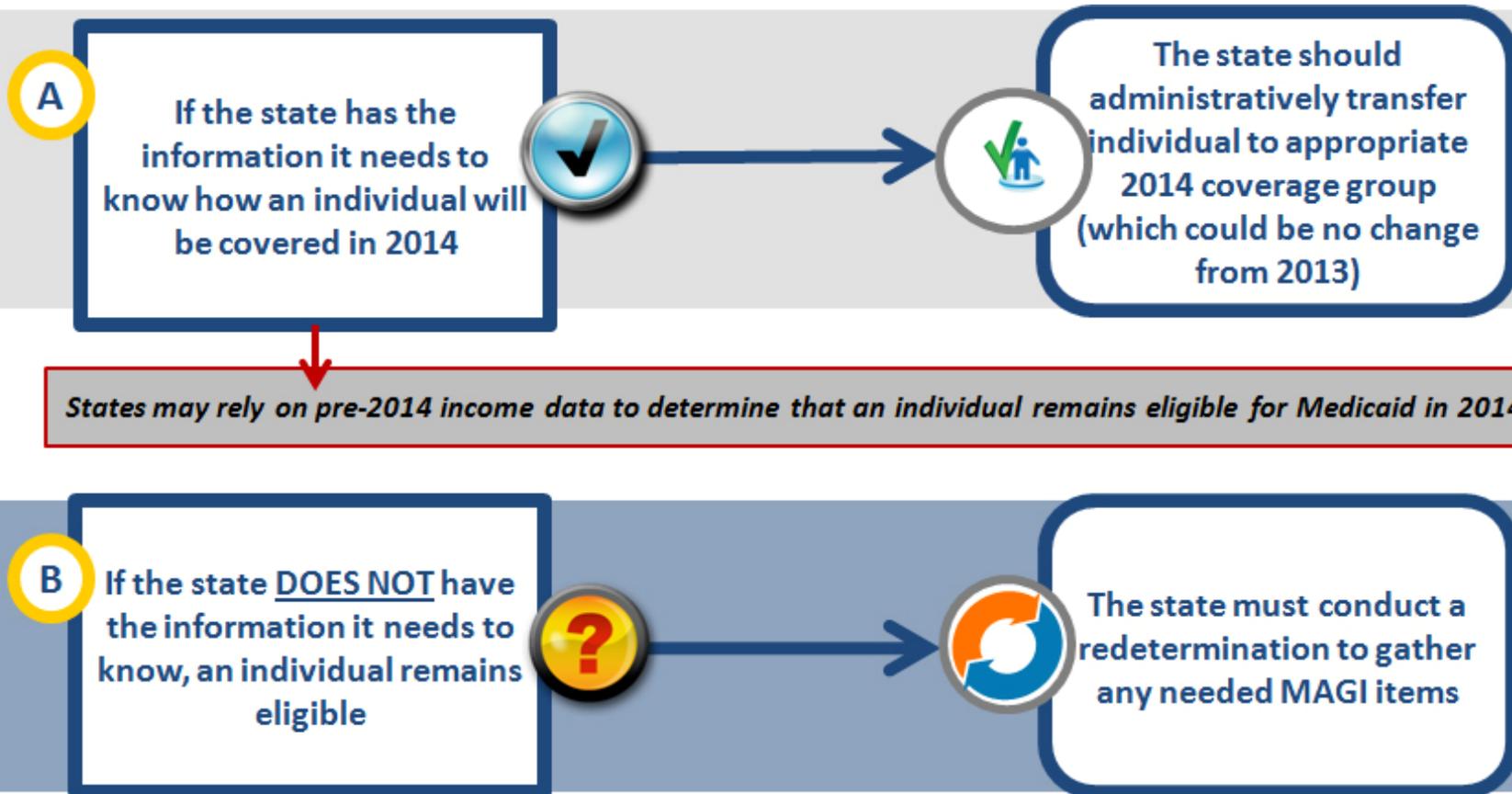
After redetermination state will transfer the account to the Marketplace;
State must notice and assist beneficiary

Action required by beneficiary

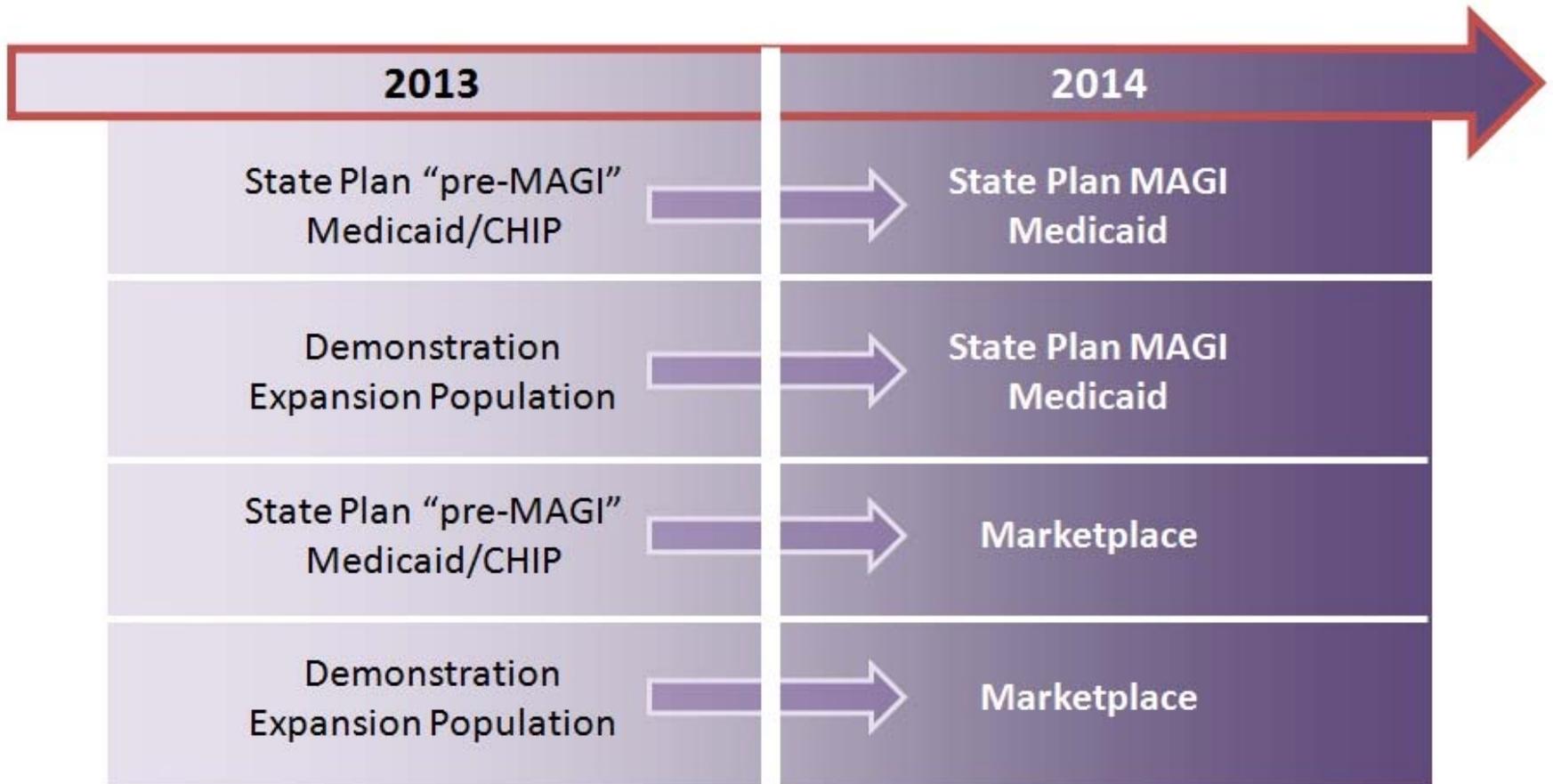
GOALS: STREAMLINED PROCESS & NO COVERAGE GAPS

Approaching Simple & Seamless Transitions

Prior to terminating Medicaid coverage states must redetermine beneficiaries' eligibility for all applicable 2014 eligibility categories



Types of Transitions



Parents/Caretaker Relatives Remaining in State Plan in States that Change Eligibility Levels

State Plan “pre-MAGI” Medicaid



State Plan MAGI Medicaid



2013: Parents/
Caretaker
Relatives in
State Plan

2014:
Medicaid
State Plan
Parent
Category

OR

2014:
New Adult
Group



No notice needed

Information to Include in Notice(s), as applicable:

- Basis for the determination
- Description of ABP benefits
- Benefit options for “medically frail” and other ABP exempt populations
- Opportunity for non-MAGI determination
- Changes in cost-sharing
- Changes in delivery model/provider network
- Effective date (1/1/14 or later)
- Appeal rights



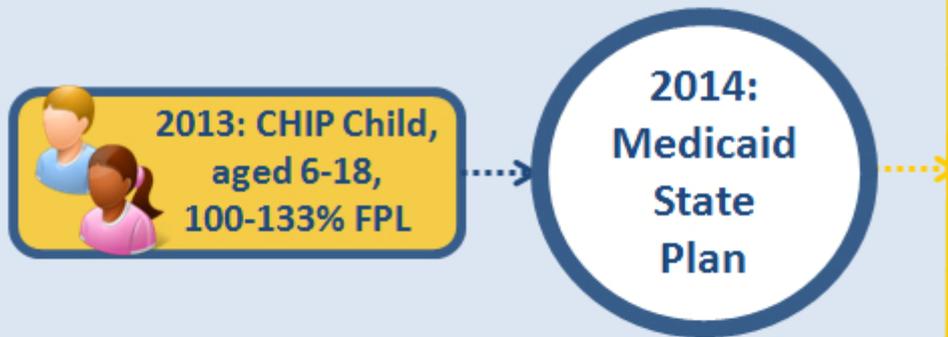
If moved automatically, renew at previous renewal date; if renewal completed at time of transition, set renewal date to 12 months later

CHIP Children in CHIP State Plan Moving to Medicaid State Plan

State Plan “pre-MAGI” CHIP



State Plan MAGI Medicaid



Information to Include in Notice(s):

- Explanation of reason for change
- Description of changes in benefits
- Changes in premiums and cost-sharing
- Changes in delivery model/provider network
- How to address continuity of care
- Contact information for consumer assistance
- Effective date and process



If moved automatically, renew at previous renewal date; if renewal completed at time of transition, set renewal date to 12 months later

Demonstration Expansion Populations Moving to State Plan

Demonstration Expansion Population



State Plan MAGI Medicaid



2013: Childless adults and expansion population parents/caretakers

2014:
New Adult Group
(Section VIII)

OR

2014:
Section XX

Information to Include in Notice(s), as applicable:

- Basis for determination
- Description of ABP benefits
- Benefit options for “medically frail” and other individuals who would be exempt from mandatory ABP enrollment
- Opportunity for non-MAGI determination
- Changes in cost-sharing
- Changes in delivery model/provider network
- Effective date (1/1/14 or later)
- Appeal rights



If moved automatically, renew at previous renewal date; if renewal completed at time of transition, set renewal date to 12 months later

Information to Include in Notice(s), as applicable:

- Basis for determination
- Description of any changes in benefits
- Opportunity for non-MAGI determination
- Changes in cost-sharing
- Changes in delivery model/provider network
- Effective date (1/1/14 or later)
- Appeal rights



If moved automatically, renew at previous renewal date; if renewal completed at time of transition, set renewal date to 12 months later

State Plan Population Moving to the Marketplace

State Plan “pre-MAGI” Medicaid



Marketplace



2013: Parents/
Caretaker
Relatives in
State Plan



2014:
Market-
place



Information to Include in Notice(s), as applicable:

- Termination of Medicaid coverage
- Basis for determination
- Potential eligibility for APTC/CSR
- Transfer of account to Marketplace
- Follow-up from Marketplace
- Opportunity for non-MAGI determination
- Appeal rights
- Links to consumer assistance entities



*Renewal date in Marketplace would occur at time of
2014 Open Enrollment*

Prior to terminating Medicaid coverage, states must redetermine beneficiaries' eligibility for all applicable 2014 eligibility categories following 42 CFR 435.916

Demonstration Expansion Population Moving to the Marketplace

Demonstration Expansion Population



Marketplace



2013: Childless adults; expansion parents/caretakers; other expansion populations

2014:
Market-
place

Information to Include in Notice(s), as applicable:

- Termination of Medicaid coverage
- Basis for determination
- Potential eligibility for APTC/CSR
- Transfer of account to Marketplace
- Follow-up from Marketplace
- Opportunity for non-MAGI determination
- Appeal rights
- Links to consumer assistance entities



Renewal date in Marketplace would occur at time of 2014 Open Enrollment

Prior to terminating Medicaid coverage, states must redetermine beneficiary's eligibility for all applicable 2014 eligibility categories following 42 CFR 435.916

Pregnant Women

State Plan “pre-MAGI” Medicaid or
Demonstration Expansion Population



State Plan MAGI Medicaid or
Marketplace

2013:
Pregnant
Woman in
State Plan
or
Expansion
Population



2014:
Medicaid
State Plan
Category

OR

Market-
place
(after post-
partum
eligibility)

Information to Include in Notice(s), as applicable:

- Basis for determination
- Description of any changes in benefits
- Opportunity for non-MAGI determination
- Changes in premiums and cost-sharing
- Changes in delivery model/provider network
- Effective date
- Appeal rights



Standard renewal date in Medicaid is 12 months from redetermination (in any MAGI category) under the state plan

Information to Include in Notice(s), as applicable:

- Termination of Medicaid coverage
- Basis for determination
- Potential eligibility for APTC/CSR
- Transfer of account to Marketplace
- Follow-up from Marketplace
- Opportunity for non-MAGI determination
- Appeal rights
- Links to consumer assistance entities



Renewal date in Marketplace would occur at time of 2014 Open Enrollment

Prior to terminating Medicaid coverage, states must redetermine beneficiary's eligibility for all applicable 2014 eligibility categories following 42 CFR 435.916

Transition Implementation Activities

Content of a Transition Plan: Includes Transition to New Coverage & Phase Out of Coverage

Assurance of Seamless Coverage

Coverage in 2014

- Map populations' coverage in 2014 including eligibility category, benefits, and delivery system

Process for Transition

- Describe state process for a streamlined transition¹ to appropriate Medicaid eligibility group or Marketplace under 2014 coverage options

Notification

- Describe state process for notifying affected beneficiaries

Content of Notices

- Describe and/or give examples of content of notices,² including appeal rights³

Community Outreach

- Describe community outreach activities, including tribal consultation activities, to assist transitioning beneficiaries

¹ Administrative redeterminations required for all affected beneficiaries, as described in 42 CFR 435.916

² Must comply with notice requirements in 42 CFR 431.206, 431.210 and 431.213

³ Appeal and hearing rights as outlined in 42 CFR 431.220 and 431.221 must be assured. If a Demonstration participant requests a hearing before the date of action, the State must maintain benefits as required in 42 CFR 431.230

Submission of State Plan Amendments

To effectuate the transitions, states will need to submit, as applicable:

Eligibility State Plan Amendments

**Alternative Benefit Plan
State Plan Amendments**

FMAP State Plan Amendments

The Medicaid and CHIP Program Portal provides links to the currently available systems and documents to apply for a change to the State Medicaid Plan, Waivers and Demonstration

<http://www.medicaid.gov/State-Resource-Center/Medicaid-and-CHIP-Program-Portal/Medicaid-and-CHIP-Program-Portal.html>

FMAP Considerations

Populations moving into the new adult group from 1115 demonstrations, optional eligibility groups, and/or early option SPAs may qualify for newly eligible, expansion state, or regular FMAP

CONSIDERATIONS

- What are the relevant 2009 MAGI-converted income thresholds?
- Were full benefits, benchmark benefits, or benchmark-equivalent benefits available under the demonstration?
- Enrollment cap adjustments for FMAP claiming may be required if populations received full, benchmark, or benchmark-equivalent benefits
- States must offer the Alternative Benefit Plan (ABP) to the new adult group to receive enhanced FMAP

This will be addressed in the FMAP SPA

State-by-State Consultation

CMS will work with states one-on-one to discuss specifics of transition plans

Questions & Answers