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#
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:

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**

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Action Required by State</th>
<th>Action Required by Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>If nothing changes but the income counting rules (i.e. application of MAGI)</td>
<td>No immediate action required by state</td>
<td>No action required by beneficiary</td>
</tr>
<tr>
<td>If beneficiary is moving to a new or existing eligibility group, transfer should be automatic</td>
<td>State must administratively transfer beneficiary and must inform beneficiary of changes to benefits, cost-sharing and delivery system, if applicable</td>
<td>No action required by beneficiary</td>
</tr>
<tr>
<td></td>
<td>If additional information is needed, state must conduct a redetermination</td>
<td>Beneficiary may need a renewal</td>
</tr>
<tr>
<td>If beneficiary is moving to the Marketplace</td>
<td>After redetermination state will transfer the account to the Marketplace; State must notice and assist beneficiary</td>
<td>Action required by beneficiary</td>
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</tbody>
</table>

**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.

A. If the state has the information it needs to know how an individual will be covered in 2014:
   - The state should administratively transfer individual to appropriate 2014 coverage group (which could be no change from 2013)
   - States may rely on pre-2014 income data to determine that an individual remains eligible for Medicaid in 2014

B. If the state DOES NOT have the information it needs to know, an individual remains eligible:
   - The state must conduct a redetermination to gather any needed MAGI items

MAC Learning Collaboratives
Types of Transitions

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Plan “pre-MAGI” Medicaid/CHIP</td>
<td>State Plan MAGI Medicaid</td>
</tr>
<tr>
<td>Demonstration Expansion Population</td>
<td>State Plan MAGI Medicaid</td>
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<tr>
<td>State Plan “pre-MAGI” Medicaid/CHIP</td>
<td>Marketplace</td>
</tr>
<tr>
<td>Demonstration Expansion Population</td>
<td>Marketplace</td>
</tr>
</tbody>
</table>
Parents/Caretaker Relatives Remaining in State Plan in States that Change Eligibility Levels

State Plan "pre-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

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

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
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

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

2014: Marketplace

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

2013: Pregnant Woman in State Plan or Expansion Population

2014: Medicaid State Plan Category

OR

Marketplace (after postpartum 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 transition 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, including appeal rights

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

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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

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