



## MRT Work Group Meeting Summary

### WORK GROUP NAME:

Program Streamlining and State/Local Responsibilities

### MEETING DATE, TIME, LOCATION:

August 11, 2011 - 10:00 a.m. – 2:00 p.m.  
One Fulton Street, Troy, New York

### MEMBERS IN ATTENDANCE:

Steve Acquario, Joe Baker, Kate Breslin, Maggie Brooks, Wendy Darwell, Tribby de Jung, Robert Doar, Melinda Dutton, Denise Figueroa, David Jolly, Ann Monroe, Loren Ranaletta, Martha Robertson, Fran Turner.

### SUMMARY OF KEY MEETING CONTENT:

The second meeting began by summarizing the areas identified as priorities of the Work Group. The priority areas included: 1) determining State/Local responsibilities for eligibility and enrollment in the context of the Exchange; 2) exploring realignment of State/Local responsibilities for Medicaid financing; and 3) streamlining eligibility rules for long-term care. The group agreed to focus their work on the first two priority areas. The group also agreed to form a subcommittee to work on simplification of long-term care eligibility and to ask the Co-chairs of the Managed Long-Term Care Work Group if some of their members would like to participate.

The next agenda item was a discussion of Medicaid financing. The group acknowledged that financing such a large portion of Medicaid through property taxes is regressive. It also contributes to the negativity directed toward the program and the inconsistent application of policies across the state. The financing also creates challenges as the State implements the requirements of the Affordable Care Act. It will be difficult to move the culture of Medicaid away from a welfare program toward health insurance if the funding continues to be derived from local property taxes. After 2014 Medicaid will become the foundation of a coverage continuum from fully subsidized (Medicaid) to partially subsidized (Exchange) to non-subsidized (Exchange). The group agreed to draft a recommendation on financing. The elements of the recommendation will likely include a call to further study the issue of Medicaid financing with the goal of recommending a reduction in the level of funding derived from property taxes over time.

The remainder of the meeting focused on the State/Local responsibilities for eligibility and enrollment in the context of an Exchange. The discussion began with a presentation of background information on the functions of an Exchange and the ACA requirements around eligibility and enrollment. The Department presented the group with a number of “givens” to guide the subsequent discussion around guiding principles and models of eligibility and enrollment.

The givens include:

- *One statewide Exchange (Federal Exchange if not deemed ready)*
- *One eligibility system for the MAGI population and eventually for all Medicaid*
- *One application for the MAGI population*
- *One call center*
- *Ability for consumers to apply and renew online, by phone, by mail, and in person*

Following the presentation and discussion of background information, the group worked on developing consensus around a set of guiding principles that should be used in defining the appropriate roles for the state and local governments in the eligibility and enrollment function. After a robust discussion about building on success in coverage gains, the need for greater uniformity in the application of state policy, and the importance of a careful transition to ensure that vulnerable populations do not lose coverage, the group decided they needed to move on to a discussion of models of state and local roles and return to the guiding principles in the context of and following that discussion.

The group reviewed three conceptual models of eligibility and enrollment. One model created a centralized clearinghouse for all eligibility and enrollment for Medicaid with local presence for in-person assistance. At the other extreme was a “status quo” decentralized model with the 58 local districts continuing to perform the eligibility and enrollment function for Medicaid in addition to those seeking subsidies through the Exchange. A middle road option would centralize some functions while decentralizing others. The remainder of the meeting focused on fleshing out elements of a middle road option beginning with a "Straw Man" model.

The Department presented one model for how a middle road option might be structured to begin the discussion. The elements of the model assumed what would be automated and centralized through the Exchange. For those MAGI individuals that would require a level of manual intervention beyond the capacity of centralized Exchange staff, and for the non-MAGI populations, the eligibility determinations would be made by existing eligibility workers recognizing that these same workers would also be required to determine eligibility for Exchange subsidies if Medicaid applicants were found ineligible for Medicaid. The "straw man" model introduced the concept of "regional hubs" of local districts that would perform this function for the MAGI population. The model assumed the regional hubs would be chosen through a competitive procurement, with robust performance standards, for counties and local districts could choose to form consortiums to be the hub. The group debated the advantages and disadvantages of the model and largely agreed to the following:

- The group agreed with the concept of centralizing the populations whose eligibility determination can be automated.
- The group strongly supported in-person presence at a local level for applicants who prefer to apply in person. There was no consensus on the model of the in person assistance (i.e., local district, community-based organization, provider, brokers), except that all options should be considered.

- The group largely disagreed with the concept of regional hubs as being unrealistic and adding a layer of bureaucracy to the enrollment process. Outside New York City, the counties in the group did not believe counties would collaborate to create a hub. A few members viewed the concept of the hub as a potential way to achieve greater accountability to state policy, but agreed that the hub should not replace the more local support offered by the districts. Rather than create regional hubs, per se, an idea was introduced to consider regionalizing certain functions that are difficult for local districts to replicate 58 times (e.g. “center of excellence” concept for specialized expertise, such as legal expertise in reviewing trusts or recoveries).
- Some county representatives raised the issue of providing the county with a choice about whether they want to take on any role with the non-automated MAGI group given the requirement that they would somehow also handle eligibility for Exchange eligibles as well as Medicaid. Counties were mixed on whether their county was prepared to take on the enrollment function for a potentially higher volume of applicants eligible for subsidies through the Exchange.

The group asked that another model be presented at the next meeting. The model would eliminate the concept of regional hubs and instead, present the functions that should be centralized and functions that should remain at the local district within eligibility and enrollment. The discussion at the next meeting will try to reach consensus around the placement of the functions. The group asked for additional clarity around the rule that an entity that determines eligibility for Medicaid for the MAGI population must also determine eligibility for Exchange subsidies. One member asked for some information about how other states handle eligibility and enrollment, in particular Massachusetts that already has a Connector, a concept similar, but not identical to the Exchange.

#### **NEXT STEPS/PRELIMINARY AGENDA FOR NEXT MEETING:**

- Establish the committee for long-term care eligibility simplification and reach out to the Managed Long Term Care work group to assess member interest in forming a joint subcommittee.
- Draft and present language on a resolution for Medicaid financing.
- Present a revised set of principles and plan to facilitate discussion to reach consensus around a set of guiding principles.
- Develop and present a new straw man model that sorts functions into recommendations for centralization and for remaining at the local districts. Consider polling members about their view on the placement of functions within the context of a new model.

The next meeting will strive to reach consensus on a model for state and local responsibilities for eligibility and enrollment, agree on a resolution for Medicaid financing, agree on the guiding principles, obtain a status report from the subcommittee on long-term care eligibility simplification, and briefly review other state models.

#### **NEXT MEETING DATE, TIME, LOCATION:**

September 8, 2011, 10 a.m. – 2p.m.  
335 Main Street, Rochester, NY