

Redesigning
THE MEDICAID PROGRAM



NEW YORK
state department of
HEALTH



State/Local Responsibilities in Eligibility and Enrollment: Preparing for ACA Implementation

*Medicaid Redesign Team Work Group on Program
Streamlining and State/Local Responsibilities*

August 11, 2011

Priority Issues Identified by the Work Group

- ✓ State/Local responsibilities for eligibility and enrollment in the context of the Exchange:
 - *Performance measures for the Enrollment Center – Impact of centralization.*
 - *MAGI regulations – How simple and streamlined is enrollment?*
 - *Is Medicaid health insurance or a Social Services Program?*
 - *Accountability between the state and localities;*
 - *Workforce issues.*
- ✓ How the state can assume Medicaid financing from the localities.
- ✓ Streamline eligibility rules for long-term care without duplicating the work of the Managed Long-Term Care Work Group.

FINANCING

Priority Focus

- ✓ Reach consensus on specific state/county responsibilities in administering health insurance eligibility determinations once the Exchange is operational.
- ✓ Develop recommendations for a multi-year phasing plan, if appropriate.
- ✓ As time permits, offer recommendations in other areas of program streamlining and state/local responsibilities.

Affordable Care Act (ACA)

- ✓ Each state is required to establish an Exchange or be part of the Federal Exchange.
- ✓ New York intends to establish an Exchange to perform the required functions under the ACA, and to serve as an integrated, customer-service oriented “front end” for commercial and public health insurance coverage in the state.

Exchange Functions Required under the ACA

- ✓ Offer qualified health plans to individuals and employers.
- ✓ Offer qualified dental plans to individuals and employers.
- ✓ Assign a rating to each qualified health plan.
- ✓ Implement procedures for the certification, recertification and decertification of health plans as qualified health plans.

(continued)

Exchange Functions Required under the ACA

- ✓ Inform individuals of eligibility requirements for Medicaid, CHIP, or any other state or local public health insurance program, determine eligibility, and enroll individuals, if eligible
- ✓ Determine eligibility for Exchange and Exchange subsidies (e.g. premium tax credits, reduced cost sharing), and individual responsibility requirement exemptions.

(continued)

Exchange Functions Required under the ACA

- ✓ Establish a toll-free hotline to respond to requests for assistance.
- ✓ Provide an electronic calculator to determine the cost of coverage.
- ✓ Maintain a Web site providing standardized comparative information on qualified health plans and public coverage options.

(continued)

Exchange Functions Required under the ACA

- ✓ Require qualified health plans to offer essential health benefits and any other benefits the State may require.
- ✓ Operate a small business health options program (SHOP).
- ✓ Provide employers with the names of their employees who ceased coverage.
- ✓ Establish a program to award grants to entities to serve as navigators.

Who Can Apply Through the Exchange?

- ✓ Children and non-Medicare adults under age 65 and employees of qualified employers.
- ✓ The Exchange is not required to determine eligibility for the elderly and individuals with disabilities who are eligible for Medicare.
- ✓ 15 separate Medicaid eligibility categories will be collapsed into three, simplifying eligibility determinations for families, children, and many childless adults.
- ✓ Income eligibility for Medicaid, CHIP, and Exchange subsidies will be based on Modified Adjusted Gross Income with no deductions.
- ✓ Household composition will be based on tax household rather than Medicaid households with some exceptions.

Eligibility and Enrollment for MAGI Populations Integrated in the Exchange

- ✓ The Exchange must screen and enroll applicants into the correct coverage categories - Exchange, subsidy, public coverage (*ACA Section 1311*).
- ✓ If the Exchange identifies individuals as eligible for Medicaid or CHIP, the Exchange must enroll them without any further determination by the State (*Section 2201*).
- ✓ If applicants are found ineligible for Medicaid they must be screened and, if eligible, enrolled in a qualified health plan without submitting an additional or separate application (*Section 2201*).

Considerations Guiding Administration of the Eligibility and Enrollment Function

- ✓ One statewide Exchange (Federal Exchange if not deemed ready).
- ✓ One eligibility system for the MAGI populations for Medicaid, CHIP, and Exchange subsidies; eventually one system for all of Medicaid.
- ✓ One application for the MAGI population developed by the Secretary designed to facilitate enrollment in a single online session.
- ✓ One Call Center – functions could include information, assistance, referral, telephone applications/renewals.
- ✓ Ability for consumers to apply and renew online, by phone, by mail, and in person.

Guiding Principles for Eligibility and Enrollment

- ✓ Changes to Medicaid administration should, foremost, do no harm – for consumers, program integrity, and efficiency.
- ✓ Reduce the number of uninsured New Yorkers.
- ✓ Strict performance accountability for customer service.
- ✓ Administrative approach should be cost-effective.
- ✓ Promote uniformity and consistency in administrative process and decision making.
- ✓ Involve stakeholders.

Conceptual Models

Centralized Clearinghouse

For eligibility and enrollment purposes; local presence for high touch populations.

Regional Model

State centralizes some functions and contracts with Regional Hubs of local districts for other selected functions.

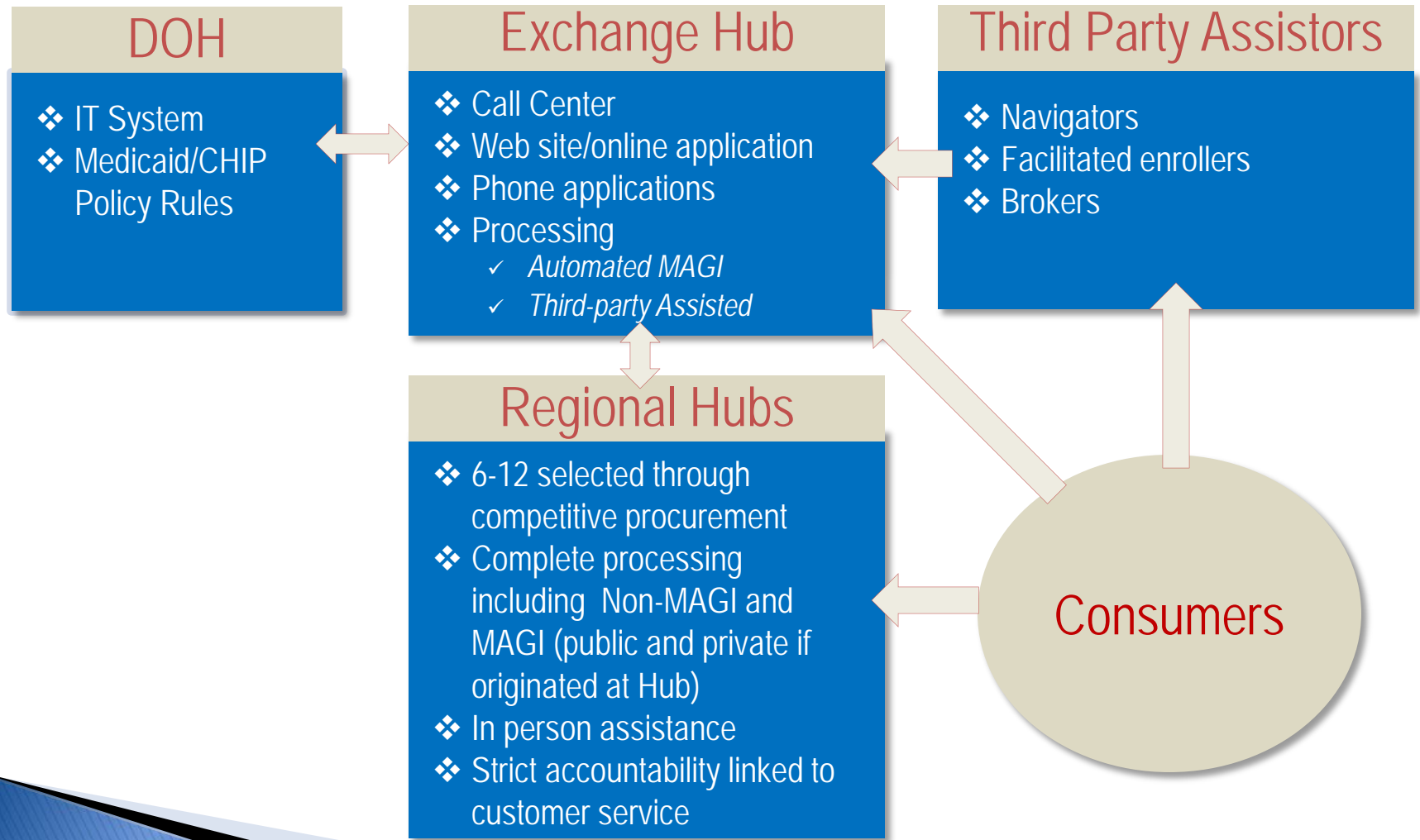
Decentralized 58 LDSSs

Eligibility and enrollment for all populations handled by local districts including private coverage.

Populations

- ✓ MAGI Groups
 - *Automated eligibility determinations – Online, phone and mail centralized through the Exchange*
 - *Those requiring manual intervention*
- ✓ Non-MAGI – Elderly and Dual Eligible/Disabled
- ✓ Special Programs
 - *Family planning benefit*
 - *Cancer programs*
 - *Medicaid buy-in for working people with disabilities*
 - *Spend down*

A Model of State/County Roles in 2014



How will Model Address Specific Aspects of Eligibility and Enrollment?

- ✓ Specific populations - MAGI, non-MAGI
- ✓ Special programs (e.g., spend down)
- ✓ In-person applications
- ✓ “Mixed” households
- ✓ Transitions in coverage
- ✓ Changes in circumstances
- ✓ Links to other social services programs
- ✓ Other?