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

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

September 8, 2011

Survey Results: Responses

- 14 out of 18 members responded (78%)
- Representation includes:
  - *3 of 4 County Executives' plus NYSAC representation;*
  - *All County Commissioners (2);*
  - *3 of 4 Consumer representatives ;*
  - *Policy representative;*
  - *3 Provider/Plan representatives;*
  - *Union representative.*

MAGI Online Applications Wherever Initiated

- Unanimous response for centralized consumer initiated online applications.
- Near unanimous response (all except one response) for centralized third party assisted online applications.
- Split vote on centralized vs. combination for local district assisted online applications (majority central).
- Recommended consensus position: Local districts and other local assistors help consumers input information into the online system, but the eligibility determination for all Insurance Affordability programs is centralized.

MAGI: Mail and Phone Applications

- All except one response supported centralization of eligibility determinations for mail in applications.
- Unanimous response to centralize eligibility determinations for phone applications.

MAGI: In-Person

- Nearly 80 percent of responses selected a combination approach of local workers providing in person assistance in the community, but sending all the information through the central system for the eligibility determination.
- Two respondents chose the function to remain local, but one wrote local meant NYSDOH staff on-site in counties; in the other local meant in person at a community organization.
- **Recommended Consensus:** Must have a local presence (county worker, state worker, community organization) to assist consumers in applying for all Insurance Affordability programs; eligibility determination is centralized through common eligibility system.

MAGI Exception Cases

- “Exception” cases defined as those that seem MAGI eligible but Medicaid rules apply, requiring more manual intervention.
- Response was mixed, with majority identifying a combination approach.
- The combination approach envisioned greater automation over time; with greater automation came more centralization; local presence to assist with applications.
- 4 respondents (30%) supported a central role – if application came to a central location via the phone or web, the central location should be equipped to handle the exception cases. If the application originates locally, there should be in-person local help but the inputs should be transmitted through the same central system.

MAGI Exception Cases

- One respondent supported regional hubs with specialized expertise for certain groups.
- **Recommended consensus:** MAGI exception cases processed centrally to maximum extent possible, evolve over time with automation to more centralization, local presence to assist with applications. Until automated approach complete, refer MAGI exception cases to LDSS for eligibility determination using WMS.

Non-MAGI Medicaid Determinations

- Consensus appears to be combination approach though a few selected central or local.
- Common themes:
  - *Goal should be for as much automation as possible*
  - *Consider automating some non-MAGI before others (e.g., MSP)*
  - *Provide centralized supports (e.g., legal review of complex financial instruments)*
  - *Importance of "hands on" support for vulnerable, labor-intensive populations.*
- One respondent suggested specialized third party assistors for LTC and disability applications.
- **Recommended Consensus:** Automate non-MAGI where possible, consider automating some (MSP) before others, provide combination of local specialized "hands on" help for individuals and centralized supports for assistors.

Special Medicaid Populations

- Majority response for most of the special populations was for centralization; a few for combination and one for local for all groups.
- Consensus was to automate where possible and provide local assistance for more complex groups.
- Mixed responses for spend down and child support
- Several respondents raised concern about separate determinations (SSI, PA).
- Consensus similar to non-MAGI --automate where possible; consider automating/centralizing some before others, provide combination of local “hands on” help for individuals and centralized supports for assistors.

MAGI Eligibility Determination

- The Exchange must screen and determine MAGI eligibility for all insurance affordability (IA) programs (defined under 435.4 to include MA, CHIP, BHP, and Exchange subsidies).
- The Medicaid Agency has new obligations to screen all applicants for all IA. The MA agency must determine eligibility and enroll all MA eligible consumers applying or renewing through the agency, including MAGI consumers. For those determined ineligible, the MA agency must assess individuals for potential eligibility for other IA programs (e.g., Exchange subsidies), and seamlessly transfer the individual's electronic account to the other programs/Exchange.
- In addition, the Exchange may contract with the MA Agency to make Exchange subsidy determinations.

Other State Models

- No state has an Exchange that meets the ACA requirements.
- **Massachusetts:** The only state with a functioning Exchange. No county responsibility for Medicaid eligibility. All state health program eligibility is processed through 4 regional state-operated MassHealth Enrollment Centers and a central processing unit at MassHealth operations. Working on integrating their Exchange (Connector) with Medicaid to be ACA compliant.
- **Ohio:** Similar to NY in the delegation of eligibility determination for Medicaid to the counties. The county offices are departments of the central Medicaid agency. Ohio hasn't made decisions about Exchange integration yet.

Other State Models (continued)

- **Wisconsin:** Mixed model. About 50% of MA determinations currently handled at local level; other 50% through a statewide online system. Considering regionalizing their county offices and centralizing Exchange eligibility using their online MA system.
- **Kansas:** Central model. Kansas Health Policy Authority responsible for MA eligibility policy and the eligibility system. MA moved from a Social Service Agency to the Health Authority. Local staff assist with applications which are then sent to a central clearinghouse.

State/County Roles & Functions - 2014

DOH

- IT System
- Medicaid/CHIP/
- Exchange Policy Rules

Local Districts

(see expansion in next slide)

Exchange

- Customer Assistance - Phone, Mail, On-Line (Call Center)
- Support Web site/all online applications
- Centralized Eligibility and Enrollment Determinations for all MAGI for all on line apps (per regs, all children, pregnant women, non-elderly/Medicare adults) wherever initiated
  - ✓ *Consumer on-line*
  - ✓ *Third-party Assisted*
  - ✓ *Local District assisted*
- MAGI Exceptions
- Automated non-MAGI
- Special Medicaid Populations

Third Party Assistors

- Navigators
- Facilitated enrollers
- Brokers

Consumers

State/County Roles & Functions - 2014

Exchange (expansion on previous slide)

Local Districts

- ❖Customer Assistance In person (on-line help when in person)
- ❖MAGI Eligibility determinations and enrollment (EE) for in person applications to districts using HIX System
- ❖"EE" means using HIX for MAGI - MA, CHP, Exchange subsidy
- ❖ Use district systems/WMS (pending HIX) for MA "exception" cases (look like MAGI but MA rules apply per CMS and cannot be automated through HIX)
- ❖ Non-MAGI determinations (disability, including new MBI apps, long term care, waivers) – Use WMS (pending HIX)
- ❖Child support processing for MAGI MA referrals (if required)
- ❖Spenddown; Other MA programs

Third Party Assistors

- ❖ Navigators
- ❖ Facilitated enrollers
- ❖ Brokers

Consumers

How will Model Address Specific Aspects of Eligibility and Enrollment?

- ✓ Plan Enrollment
- ✓ “Mixed” households
- ✓ Transitions in coverage
- ✓ Changes in circumstances
- ✓ Links to other social services programs
- ✓ Other?

Guiding Principles for Eligibility and Enrollment

- ✓ Build on success
- ✓ Leverage assets to maximize gains in coverage.
- ✓ Reduce the number of uninsured New Yorkers.
- ✓ Robust performance accountability for customer service.
- ✓ Maximize automation so more time can be spent with vulnerable populations.
- ✓ Administrative approach should be cost-effective.
- ✓ Promote uniformity and consistency in administrative process and decision making.
- ✓ Involve stakeholders.

Financing Recommendation

- In most of the 50 states, Medicaid is financed almost exclusively with state and federal tax dollars. In New York State, approximately 30% of the non-federal cost of Medicaid is paid through the local property tax.
- The fiscal structure is unsustainable for several reasons:
  - Reliance on local property taxes to fund Medicaid has contributed to making New York's local tax burden the highest in the nation.
  - Use of a narrowly defined and regressive tax for such a large State program contributes to both negative perceptions of the program and inconsistent eligibility policies across counties.
  - The new property tax cap imposes annual growth limits on revenue that are far below the expected growth rate in Medicaid costs.
  - This fiscal structure creates challenges as the State implements the requirements of the Affordable Care Act. It will be difficult to accomplish the goals of the ACA – 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.
- We recommend the State develop a ten-year plan for more sustainable Medicaid financing that explores alternatives to relying on property taxes and includes the examination of financing structure in other states.

Long-Term Care Subcommittee

- A subcommittee of both the Program Streamlining Work Group and the Managed Long-Term Care Work Group with 13 members.
- The subcommittee charge is to:
  - *Identify opportunities to speed eligibility and enrollment determinations to provide easier access for eligible recipients.*
  - *Focus on proposals that could be achieved in the short-term or mid-term.*

Long-Term Care Subcommittee

- Issues for the Group to Address
  - *Streamlining and standardizing eligibility and enrollment.*
  - *Identifying and addressing causes of enrollment delays.*
  - *Education of consumers, workers, and providers.*

LTC Subcommittee: Action Steps

- Examine the merits of investing in an Asset Verification System.
- Explore whether some populations might benefit from truncated eligibility determinations or presumptive eligibility.
- Identify ways to streamline spend down.
- Gain clarity on the rules around spousal refusal and look back periods.

Status of Recommendations

- The State should enact legislation as soon as possible to facilitate New York establishing its own Exchange.
- Medicaid financing.
- Guiding principles for eligibility and enrollment.
- Model for State/Local responsibilities in eligibility and enrollment.
- Long-term care recommendations.