Improving the Eligibility and Enrollment Experience

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Some starting data points about Maryland, and our approach

- Approximately 300,000 newly-insured individuals will receive coverage through the Exchange, and qualified health plans (QHPs)

- Approximately 200,000 newly-insured individuals will receive coverage through the Medicaid expansion

- An additional 800,000 current eligibles will transition to Modified Adjust Gross Income (MAGI) methods

- We are building a new eligibility and enrollment system:
  - The Exchange procured it; costs are allocated to Medicaid
  - It will handle MAGI by January 1, 2014, and all remaining Medicaid eligibility groups by January 1, 2016
  - It will handle all MAGI redeterminations
Medicaid and the Exchange must work together on the eligibility and enrollment experience

- Crucial shared services beyond the eligibility system itself:
  - Roles of Navigators and Assistors
    - Families with adults in the Exchange, and children in Medicaid/CHIP
    - Churn
  - Business Processes and hand offs between Navigators and local case workers
    - Associated cases
    - Non-MAGI eligibility
  - Call center
  - Web sites
  - Outreach strategy
  - Media Strategy
The transition of individuals from current coverage groups to new MAGI coverage groups should be clean and smooth . . .

- Current Medicaid programs have numerous coverage groups, based on income, family size, health status, disregards, and other criteria.

- These coverage groups must be crosswalked to the new simplified coverage groups under health reform such that:
  - Individuals are put into the correct coverage group
  - Individuals do not lose coverage, especially at redetermination
  - The transition is easy to understand (for beneficiaries, case workers, insurers, outreach workers, etc)

- Maryland Medicaid has a team made up of representatives from the Office of Eligibility Services, the Office of the Deputy Secretary, and the Exchange, working and testing this crosswalk
and individuals will move between the Exchange and Medicaid.

★ We must ensure smooth transitions for individuals whose income fluctuates such that they churn between Medicaid and the Exchange

★ Example 1: Women in QHP who get pregnant and want to stay with their plan and doctor for the duration of their pregnancy.
★ Example 2: Individual who is in Medicaid receiving treatment for a chronic illness should be able to finish their treatment regimen without interruption.

★ Maryland has a white paper, an advisory group, and a consultant working on continuity of care issues and an MOU between Medicaid and the Exchange:
★ Continuity at carrier, provider, and treatment levels
★ Relationship of Medicaid benefits to EHB
Utilize federal technical assistance and funding...

Federal funding is available for technical assistance through consultants

- Maryland has hired consultants to research topics including: Current insurance landscape, Navigator program, continuity of care, SHOP Exchange, marketing and outreach strategies, finance and sustainability

- CMS has worked very collaboratively with Maryland, and the SOTA process has enabled everyone to work through tough eligibility issues

- Maryland has regular calls with CMS to ask questions and propose creative solutions
... and federal resources can help states understand their expansion populations.

General household data
- ACS: American Community Survey
- SHADAC’s Data Center

Employment/Income data
- CPS: Current Population Survey
- SIPP: Survey of Income and Program Participation

Health surveys data
- NHIS: National Health Interview Survey
- MEPS-HC: Medical Expenditure Panel Survey-Household Component
- BRFSS: Behavioral Risk Factor Surveillance System
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Presentations of those unable to attend Meeting

October 29, 2012
Improving the Eligibility and Enrollment Experience

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October 29, 2012
FFE and Medicaid/CHIP Coordination

• The Medicaid/CHIP agency’s role, absent a state-based exchange
• There are specific system requirements for FFE and Medicaid/CHIP integration
  – Electronic account transfer
  – MEC check
Getting to 2014: Accelerators

- Phased system development approach
- Emphasis on Reuse → Explicitly asking proposing vendors to identify artifacts that can be ported from other state implementations
- CALT Personal Shopper
- Shared vendor user groups
Critical information regarding the FFE build, both systems and policy connections:

**September 20**

- Verification policies and eligibility rules to be supported by the FFE
- Federally-managed data services hub (the hub)
  - Describes the services available through the hub to support Medicaid/CHIP eligibility determinations including annual income from IRS tax data, citizenship and immigration status
  - FAQs also available on Medicaid.gov

- FFE/Medicaid/CHIP business process flows & interaction points
  - The FFE receives an application and makes determination or assessment of eligibility for Medicaid based on MAGI and for CHIP
  - The State Medicaid or CHIP agency receives an application and, if not eligible, transfers account to FFE

- Account transfer business service definition (BSD)
  - Includes the latest version of the single streamlined application data elements
Critical information regarding the FFE build, both systems and policy connections:

**October 17**

- Federal Data Services Hub Secure Services Configuration Guide
  - Privacy and security requirements across HHS, IRS, SSA, DHS

- Federal Data Services Hub Verify Non-ESI Minimum Essential Coverage (MEC)
  - Describes the process for how the FFE will verify existing enrollment in Medicaid and CHIP

- Federal Data Services Hub Testing Overview
  - Describes the informal and formal process states will follow for testing the hub services

- Medicaid and CHIP Eligibility Groups in 2014
FFE Learning Collaborative

- Addresses issues and topics relevant to FFE states that CMS is seeking state input
- A forum to identify and prioritize topics from the states’ perspective
- Provides CMS with feedback used for discussions, artifacts and presentations being brought to the national audience