

Health Care Reform Update

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Karen Gibson
Health Care Eligibility and Access Director

Susan Hammersten
Health Care Reform Implementation Manager

Mary Sienko
Minnesota Health Insurance Exchange



Key Policy Questions

1) What role will the Exchange play in Medicaid eligibility determinations?

2) What role will the Medicaid agency play in Advance Premium Tax Credit (APTC) determinations?

Federal Guidance

What role will the Exchange play in Medicaid eligibility determinations?

- ▶ Exchanges may:
 - execute all eligibility functions directly or
 - enter into contracts with State Medicaid agencies or other entities that meet the requirements of Section 155.110 (Entities Eligible to carry out Exchange functions).
- ▶ Exchanges may conduct an *assessment* of the Medicaid eligibility and immediately transfer the information to the State Medicaid agency for *determination*.
- ▶ In either model Exchanges must apply MAGI-based income standards and immigration and citizenship status, using “verification rules and procedures” consistent with federal Medicaid regulations, without regard to how such standards are implemented by State Medicaid agencies.

Federal Guidance

What role will the Exchange play in Medicaid eligibility determinations?

- ▶ If an assessment finds an individual “potentially eligible” for Medicaid, Exchanges must promptly transmit the information to the Medicaid agency via secure electronic interface.
- ▶ If an assessment indicates an individual is not “potentially eligible” for Medicaid, applicants must be given the opportunity to withdraw their applications for Medicaid or request full determinations by the Medicaid agency. In the latter case, Exchanges must also proceed with the APTC/CSR determination.
- ▶ Exchanges and Medicaid agencies must enter into agreements delineating their respective areas of responsibility.

Federal Guidance

What role will the Medicaid agency play in IAP eligibility determinations?

- ▶ State Medicaid agency must:
 - Certify for Exchange and other IAPs, Medicaid eligibility criteria
 - Enter into agreements with Exchange and other IAPs to ensure prompt determinations of eligibility and enrollment
- Where another IAP (e.g., the Exchange) *determines* Medicaid eligibility, the Medicaid agency must establish procedures to receive account through secure electronic interface and promptly complete enrollment
- Where another IAP *assesses* an applicant is potentially Medicaid eligible, Medicaid agency must:
 - Accept account via secure electronic interface
 - Not request information already provided and in account, and accept findings made by Exchange without further verification, provided the State's policies and procedures were used
 - Promptly complete determination of Medicaid eligibility

Federal Guidance

What role will the Medicaid agency play in IAP eligibility determinations?

- If Medicaid agency determines that an individual is not Medicaid eligible, the agency must determine potential eligibility for other IAPs.
- Where a Medicaid agency is determining eligibility on non-MAGI basis (and income is greater than applicable MAGI standard), the agency must promptly determine potential eligibility for other IAPs and provide timely notice to such other IAP of Agency's actions.
- A Medicaid agency may enter into an agreement with the Exchange to make determination of eligibility for APTCs/CSRs.

State-Based Exchange

Function	State-based Exchange (SBE)
Accept application	✓
Check existing Medicaid coverage	✓
Verify incarceration status	✓
Verify residency	✓
Verify citizenship/immigration	✓
Verify annual income	✓
Verify current income	✓
Reconcile differences/Apply reasonable compatibility standard	✓ (State standard)
Apply state eligibility rules	✓
Conduct additional State-required verifications (if any)	<ul style="list-style-type: none"> • N/A for MAGI • Conducted by State MA Agency or SBE for non-MAGI
Make determination	✓
Notices/communications	✓

Policy/Operational Questions

What role will the Exchange play in Medicaid eligibility determinations?

- ▶ What entity is responsible for each step?
- ▶ Once it has been determined, who is responsible for each step?
 - When does the hand-off happen?
 - How does the hand-off happen?
- ▶ How do these hand-offs impact the consumer experience?
 - Is the consumer notified of some or all transfers of their information/account?
 - What entity notifies the consumer?
- ▶ How will “split families” (where different members qualify for different programs) experience the eligibility process?
- ▶ How will other programs that individuals and families may be on, such as cash programs and SNAP, be handled?