Public Health Care Programs: Update

Presentation to MNsure Board

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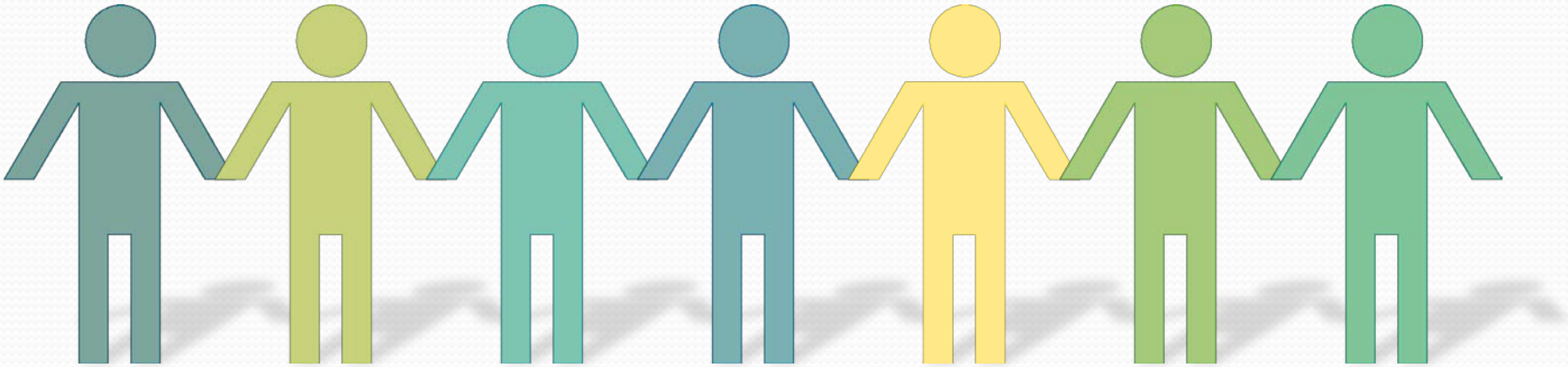
Minnesota's Public Health Care Programs 2013

- Medical Assistance (MA)
  - Minnesota's Medicaid Program
  - 735,000 enrollees
  - Includes 180,000 seniors and people with disabilities who are not part of MNsure
- MinnesotaCare
  - Subsidized state insurance program
  - 140,000 enrollees

Who will MNsure serve?
Over 1 million Minnesotans projected by 2016



Individual Consumers – 300,000

Small Businesses and Employees – 150,000

Medical Assistance/MNCare – 880,000

What has Minnesota done with Public Programs to Prepare for the ACA?

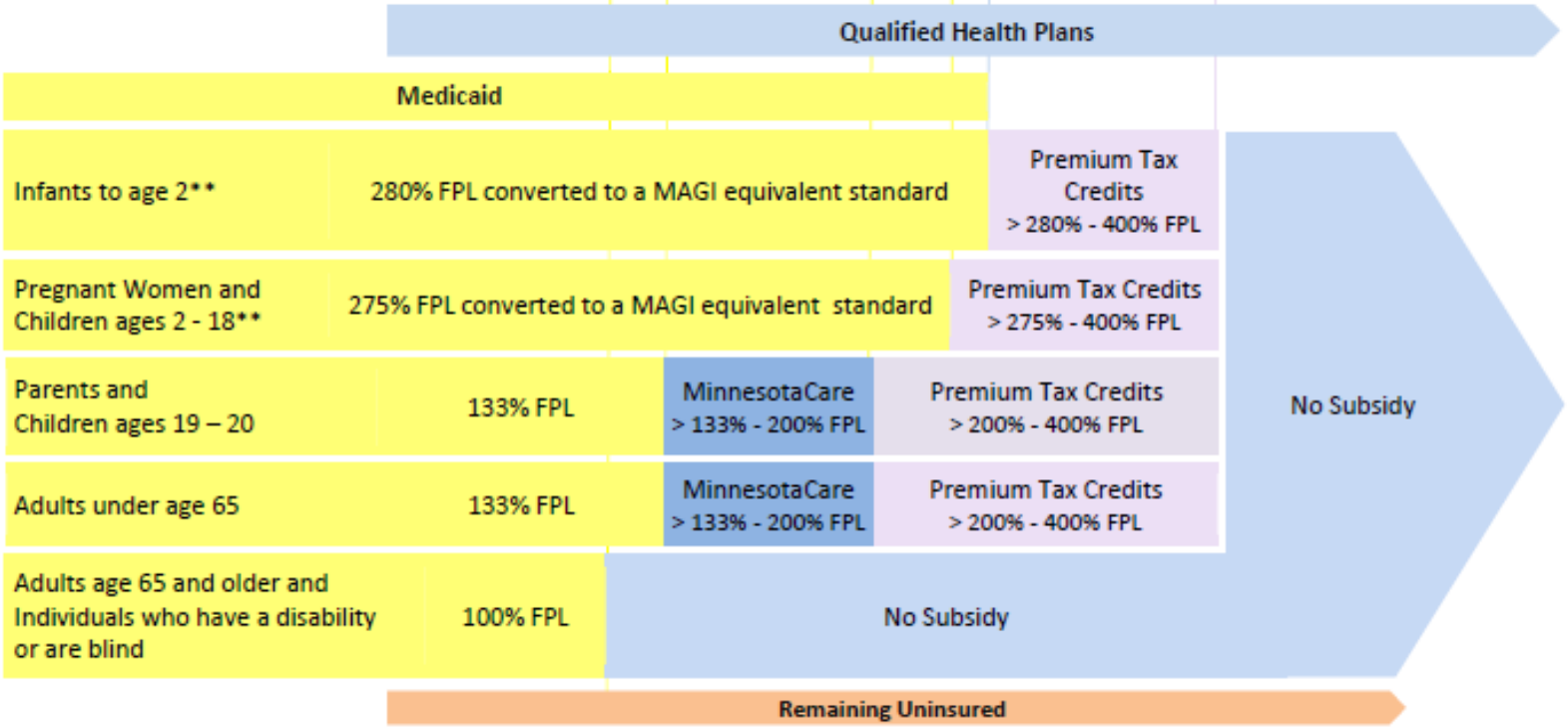
- Expand Medical Assistance
- Continue and Improve MinnesotaCare
- Adopt federal eligibility requirements: MAGI for income, no asset test, annual renewals
- Use new MNsure technology for MA and MinnesotaCare eligibility

Benefits of Minnesota's Public Program strategy

- More people have health care coverage: 235,000 more on public programs in 2015
- More comprehensive benefit packages
  - 110,000 move from MinnesotaCare to MA
  - 127,000 on MinnesotaCare rather than QHP
- Lower Premiums – no premiums in MA, MinnesotaCare premiums lower than current and lower than APTC
- Easier to apply for coverage and maintain coverage
- Saves money: $1 billion savings to state budget (2011 to 2015)

Minnesota Coverage Continuum in 2014

Federal Poverty Level (FPL)	100%	133%	200%	275%	280%	400%
Household of 1	*$11,490	$15,282	$22,980	$31,597	$32,172	$45,960
Household of 4	$23,550	$31,322	$47,100	$64,762	$65,699	$94,220



*Dollar amounts are for households of one and four according to 2013 federal poverty guidelines.

Projected Average Monthly Enrollment for 2016:

- Medical Assistance (Families with children and adults without children): 861,000
- Medical Assistance (Elderly and people with disabilities): 197,000
- MinnesotaCare: 193,000
- Qualified Health Plan with Advanced Premium Tax Credits: 217,000
- Qualified Health Plan without financial assistance: 80,000
- Remaining uninsured: 160,000, approximately half of whom may be eligible for MCHPs

County role in public programs

- Counties administer many DHS programs at the local level
- For health care, counties:
  - Determine eligibility for MA
  - Assist enrollees in selecting a health plan
  - Manage ongoing MA cases
- 36 counties are also serving as In-Person Assisters
- MinnesotaCare is supported by state staff at DHS

How MNsure will support Public Programs

- Accept Applications
- Determine Eligibility
- Support ongoing management of cases
- Plan selection and enrollment
- Support to manage MinnesotaCare premium payments
- Call centers: cross-program, cross-center coordination

Readiness to Support Public Programs:
Application, Eligibility and Case Management

- MNsure will fully support on-line application and eligibility for public programs from the start
- We are preparing work-arounds and manual processes in case issues emerge
- Functionality for MinnesotaCare on-line change reporting will be in place with the early December code release.
  - Prior to that we will accept information by phone, paper or walk-in (existing business process)

Readiness to Support Public Programs: Plan selection and enrollment

- The on-line functionality for plan selection and enrollment will be in place with a code release in Spring of 2014.
- Until the functionality is in place, we will use the existing process. The process has been in place for decades and there will be no change in service for public program enrollees

Readiness to Support Public Programs: MinnesotaCare Premiums

- Functionality for invoices will be in early November. People found eligible before then will be invoiced at that time.
- Functionality to pay premiums on-line will be available in the early December code release
- During October:
  - If a person is determined eligible for MinnesotaCare, they will be directed to a page that shows premium levels at different income levels
  - People will be instructed not to pay their premiums and that invoices will be mailed in November

Readiness to Support Public Programs: Conversion of existing cases

- Most public program cases will continue coverage on Jan. 1 with no action needed
  - 110,000 MinnesotaCare cases that move to MA will be auto-converted on Jan. 1. No action is needed by the individual
  - 550,000 existing MA cases will begin moving to MNsure in April, 2014, and be phased-in over the next year
- 10,000 MinnesotaCare and Healthy MN participants will be notified they need to apply for coverage through MNsure
- 30,000 MinnesotaCare cases that stay on MinnesotaCare will be encouraged to sign up through MNsure
- Notices will be sent to MinnesotaCare recipients in October informing them of the process

Readiness to Support Public Programs: Training and Call Center support

- Training for county and MinnesotaCare workers is impacted by system readiness
  - General training on the ACA has been provided
  - Training on the system is scheduled to start Sept. 23
  - We expect at this point more training will happen after Oct. 1
- Call Center preparations: There will be warm hand-offs between the MNsure call center and DHS call centers

Conclusion

- Minnesota has established a strong framework for the future of public programs with expanded Medical Assistance eligibility and continued MinnesotaCare
- On-line application, eligibility determination and enrollment is a significant advancement for public programs

Questions?

Thank You

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