

Medicaid and CHIP in 2014: A Seamless Path to Affordable Coverage



Coordination Across Medicaid, CHIP, and the
Affordable Insurance Exchanges



Center for Medicaid and CHIP Services
April 5, 2012



A Seamless Path to Affordable Coverage

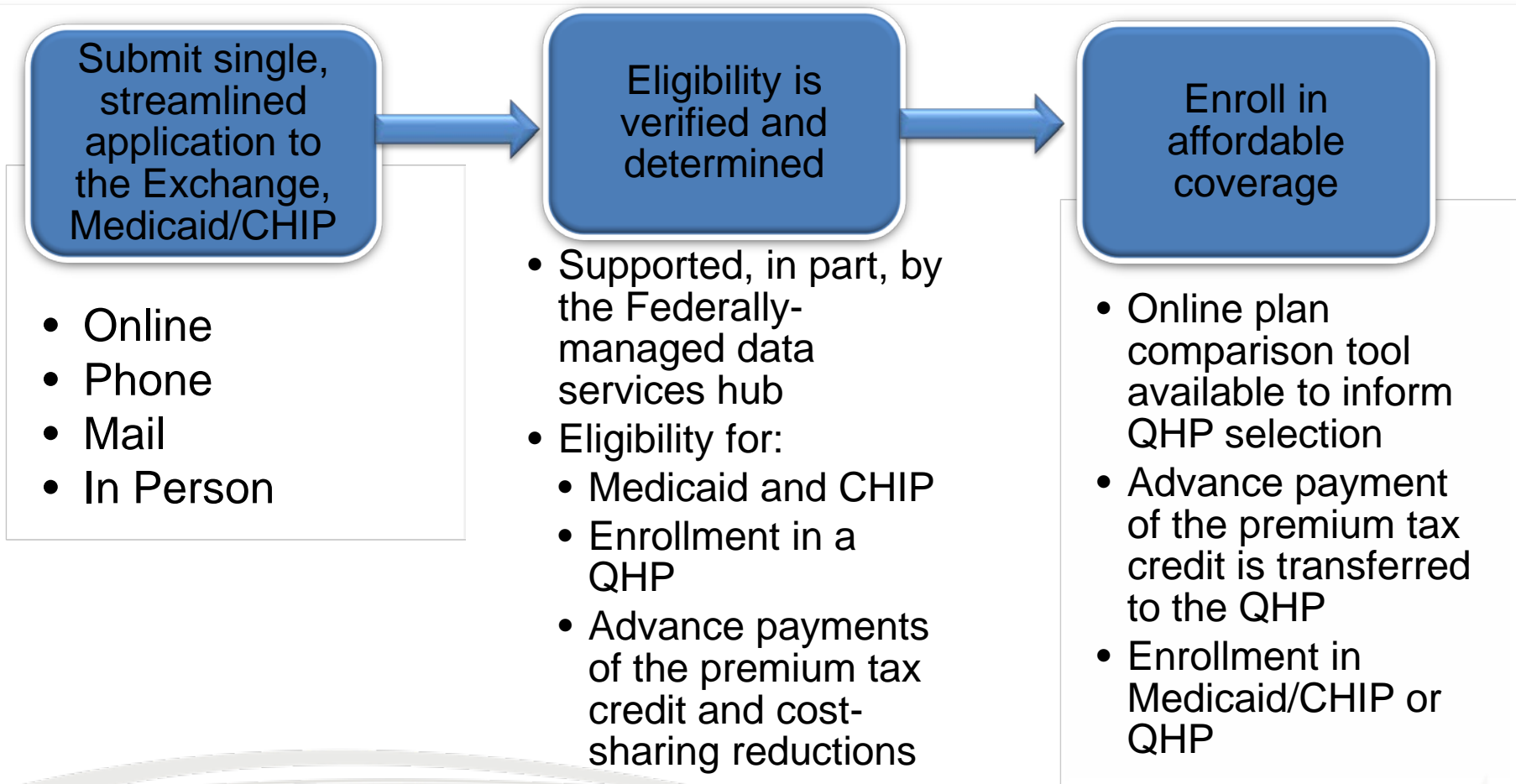
Final rule themes:

- Expands access to affordable coverage
- Simplifies Medicaid & CHIP
- Ensures a seamless system of coverage

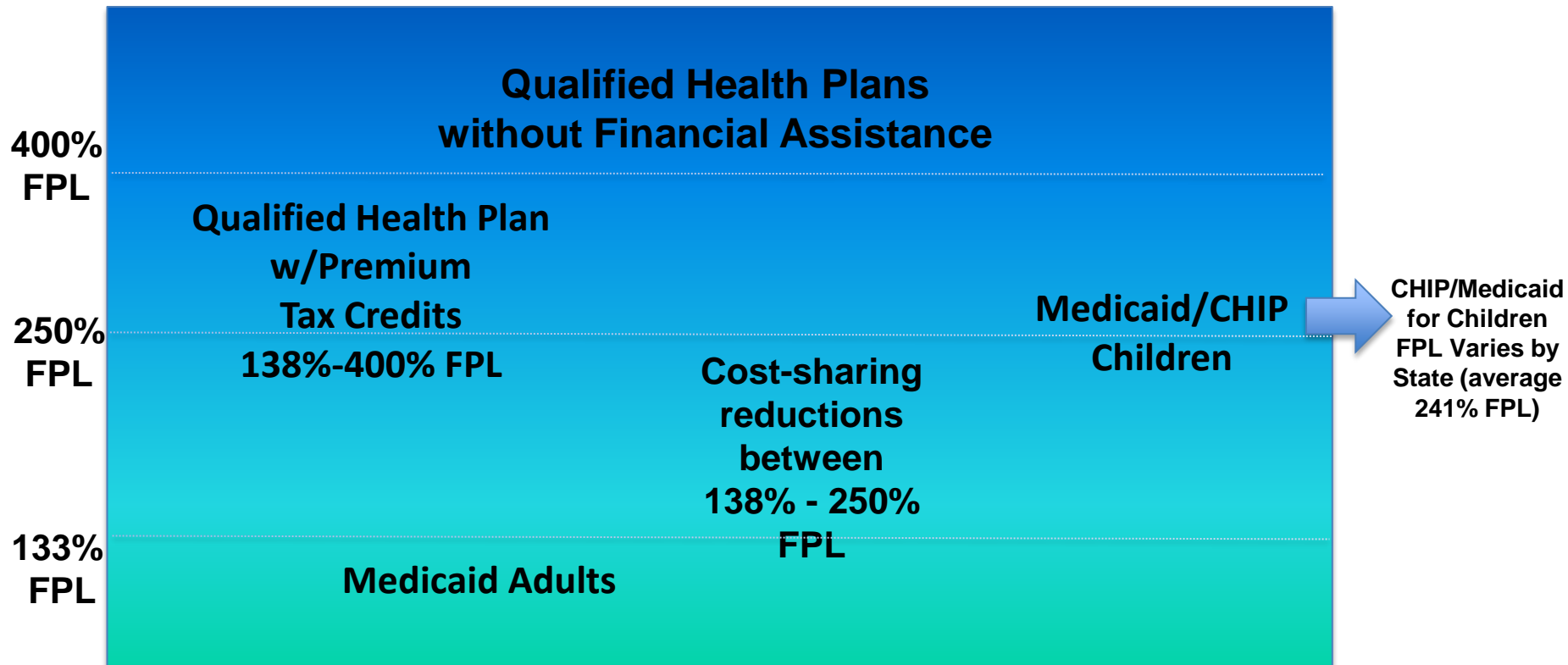
Key Points

- Final rule establishes a seamless system of eligibility, enrollment and renewal
- Coordination across insurance affordability programs is critical to the success of the coverage expansion
- Possible approaches to determining eligibility for Exchange, Medicaid/CHIP MAGI determinations
- Coordinating eligibility determinations for individuals eligible on a basis other than MAGI
- Opportunity for public comment

Streamlined Enrollment Process



A Seamless System of Coverage



Coordination: Critical Elements

- Single, streamlined application for all insurance affordability programs
- Website that provides program information and facilitates enrollment in all insurance affordability programs
- Coordinated verification policies across Medicaid, CHIP and the Exchanges (e.g. income, State residency, requesting SSNs)
- Shared eligibility service
- Standards and guidelines for ensuring a coordinated , accurate and timely process for performing eligibility determinations and transferring information to other insurance affordability programs (Interim Final with Comment)

Coordination: Key Provisions of Final Rule

- The Medicaid/CHIP agency:
 - ✓ Determines eligibility for individuals transferred from another insurance affordability program
 - ✓ Evaluates an individual for potential eligibility for other insurance affordability programs
 - ✓ Certifies for the Exchange/other programs the criteria applied in determining Medicaid eligibility

Coordination: Key Provisions of Final Rule

- Medicaid/CHIP agency will establish agreement(s) with the Exchange and entities administering other insurance affordability programs that clearly delineate the responsibility of each program to:
 - ✓ Minimize burden on individuals
 - ✓ Ensure compliance with the other eligibility coordination requirements of the provision (i.e., MAGI screen)
 - ✓ Ensure prompt determinations of eligibility and enrollment consistent with timeliness standards established in §435.912

Medicaid & CHIP Agencies Responsibilities: Potential Eligibility for Other Programs

- For individuals determined as not eligible for Medicaid/CHIP, the agency:
 - ✓ Evaluates the individual for potential eligibility for other insurance affordability programs
 - ✓ Transfers the individual's electronic account to the appropriate insurance affordability program (electronic account includes all information/documentation collected to determine eligibility)
- Medicaid/CHIP have the option to make QHP/APTC/CSR determinations upon agreement with the Exchange

Options for Coordinated Eligibility Determinations with Exchanges

- Exchange makes Medicaid/CHIP MAGI eligibility determinations using State Medicaid/CHIP eligibility rules and standards
 - ✓ Exchanges may be run by non-governmental entities

OR

- Exchange makes initial assessment of Medicaid/CHIP eligibility; State Medicaid and CHIP agencies make the final eligibility determination

(Interim final with comment)

Exchange Makes Medicaid/CHIP Eligibility Determinations

- The Exchange can make final eligibility determinations for Medicaid/CHIP in accordance with the State's eligibility policies and rules and using a standard set of verification procedures accepted by the State.

Exchange Makes Medicaid/CHIP Eligibility Determinations

- To ensure a seamless, accurate, and timely eligibility determination, the State Medicaid/CHIP agency:
 - ✓ Accepts the electronic account through a secure electronic interface
 - ✓ Follows the Medicaid/CHIP eligibility determination and enrollment provisions to the same extent as if the application had been submitted to the Medicaid/CHIP agency
 - ✓ Maintains proper oversight
 - ✓ The Medicaid agency must comply with the single State agency requirements

Exchange Makes Initial Medicaid/CHIP Eligibility Assessments

- Exchange may conduct assessments of eligibility for Medicaid and CHIP; Medicaid/CHIP agencies make eligibility determinations
- Assessments made using the applicable Medicaid/CHIP income standards, citizenship and immigration status, using verification rules and procedures consistent with Medicaid and CHIP regulations
- Exchange and Medicaid/CHIP agencies enters into agreements outlining the responsibilities of each entity to ensure a seamless and coordinated process

Exchange Makes Initial Medicaid/CHIP Eligibility Assessments

- If Exchange makes initial assessment, the State Medicaid/CHIP agency:
 - ✓ Accepts the electronic account
 - ✓ Does not request duplicative information/documentation
 - ✓ Promptly determines Medicaid/CHIP eligibility (no new application)
 - ✓ Accepts any findings made by another program (no further verification)
 - ✓ Notifies the other program of the receipt of electronic account
 - ✓ Notifies the other program of Medicaid's final eligibility determination (if the individual is receiving coverage through another program)

Eligibility Determinations for Non-MAGI Populations

- Exchanges will transfer applications to the State Medicaid agency for a determination of Medicaid on a basis other than MAGI
- The Medicaid agency:
 - ✓ Notifies the other agency of the final determination of eligibility for those individuals who are participating in the other insurance affordability program §435.1200(d)(6)

Eligibility Determinations for Non-MAGI Populations

- Evaluating eligibility for other insurance affordability programs for individuals undergoing a Medicaid determination on a basis other than MAGI
- The Medicaid agency:
 - ✓ Determines potential eligibility other insurance affordability programs
 - ✓ Transfers the individual's account to the agency administering the other program
 - ✓ Provides timely notice to the agency administering the other program

Opportunity for Public Comment

- Published in Federal Register on March 23, 2012
- 45 day comment period on Interim Final Rule provisions until 5 p.m. (EST) May 7, 2012
 - ✓ Safeguarding information (§431.300 & §431.305)
 - ✓ Timeliness standards (§435.912)
 - ✓ Coordination (§§435.1200, 457.348, 457.350)

Coming Soon

- Next Webinar:
Application, Verification, and Renewals
April 19, 2012
3:00 pm
- For more information visit www.medicaid.gov