



CALIFORNIA
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Streamlining Eligibility and Enrollment: Creating an Enrollment Superhighway

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NATIONAL ACADEMY
for STATE HEALTH POLICY

Non-partisan non-profit dedicated to helping states achieve excellence in health policy and practice:

- Conducts policy analysis and research,
- Convenes forums for problem solving, and
- Assists executive and legislative branch officials

Works across agencies and branches of government to advance health policy development, analysis, and solutions

National Program Office for RWJF Maximizing Enrollment initiative since 2008

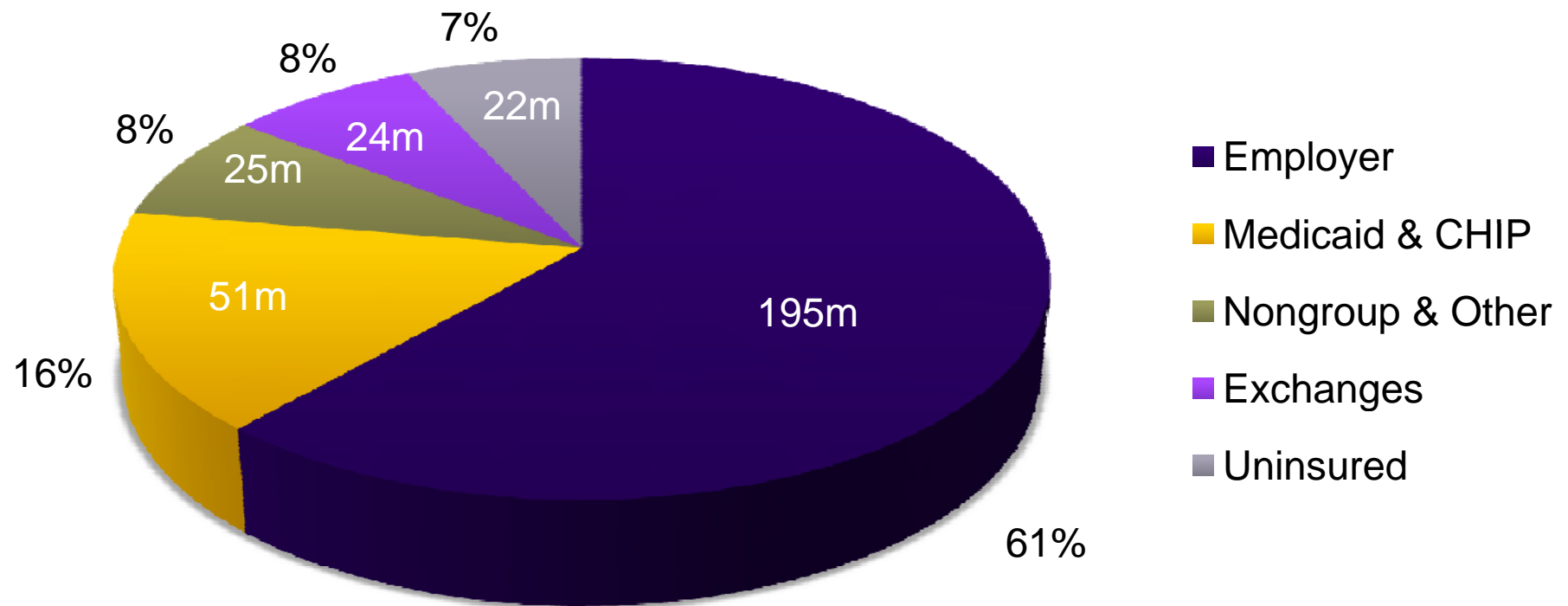
ACA's Vision: An Enrollment Superhighway



ACA's Enrollment Vision

A New Coverage Paradigm

**Sources of Coverage by 2019
(For all individuals under 65, in the millions)**



Source: Congressional Budget Office, March 2010 (<http://www.cbo.gov/ftpdocs/113xx/doc11379/AmendReconProp.pdf>)

ACA's Enrollment Vision

Transformation from:

- Welfare Era
- Burdensome
- Disconnected
- Complex
- Paperwork-intensive



...To:

- Modern
- Easy to Use
- Seamless, Interconnected
- Simple
- Technology-Enabled



ACA's Enrollment Vision

Assisted, Easy-to-Use Process for Consumers

- Multiple ways to apply: online, phone, mail, in person
- One application triggers multiple eligibility determinations – Medicaid, CHIP, Exchange subsidies
- Minimum documentation standard
- Assistance (when needed) from consumer assistance/ health insurance ombuds program or navigators
- Consumer-friendly design and access
- Uniform, understandable explanation of coverage
- Outreach and enrollment grants for vulnerable populations

ACA's Enrollment Vision

Seamless One-Stop System

- Single application form for all programs
- “No wrong door” – apply at any agency and only once
- Seamless unified process for enrollment and renewal
- Interconnected state, federal and private systems

ACA's Enrollment Vision

Simpler Eligibility Rules

- Streamlined income eligibility test
- Simplification of Medicaid eligibility categories
- Interoperability of eligibility rules and determinations

ACA's Enrollment Vision

Efficient, Technologically Advanced System

- Capacity to use, exchange and share data to determine eligibility electronically
- Data-matching requirements
- Privacy and security
- Internet-accessible
- Uniform data elements
- Modular, reusable components
- Consistent, technology-neutral format for business rules
- Service-oriented architecture

Gaps and Challenges for States



Gaps and Challenges for States: Consumer Experience

Current State Practice:

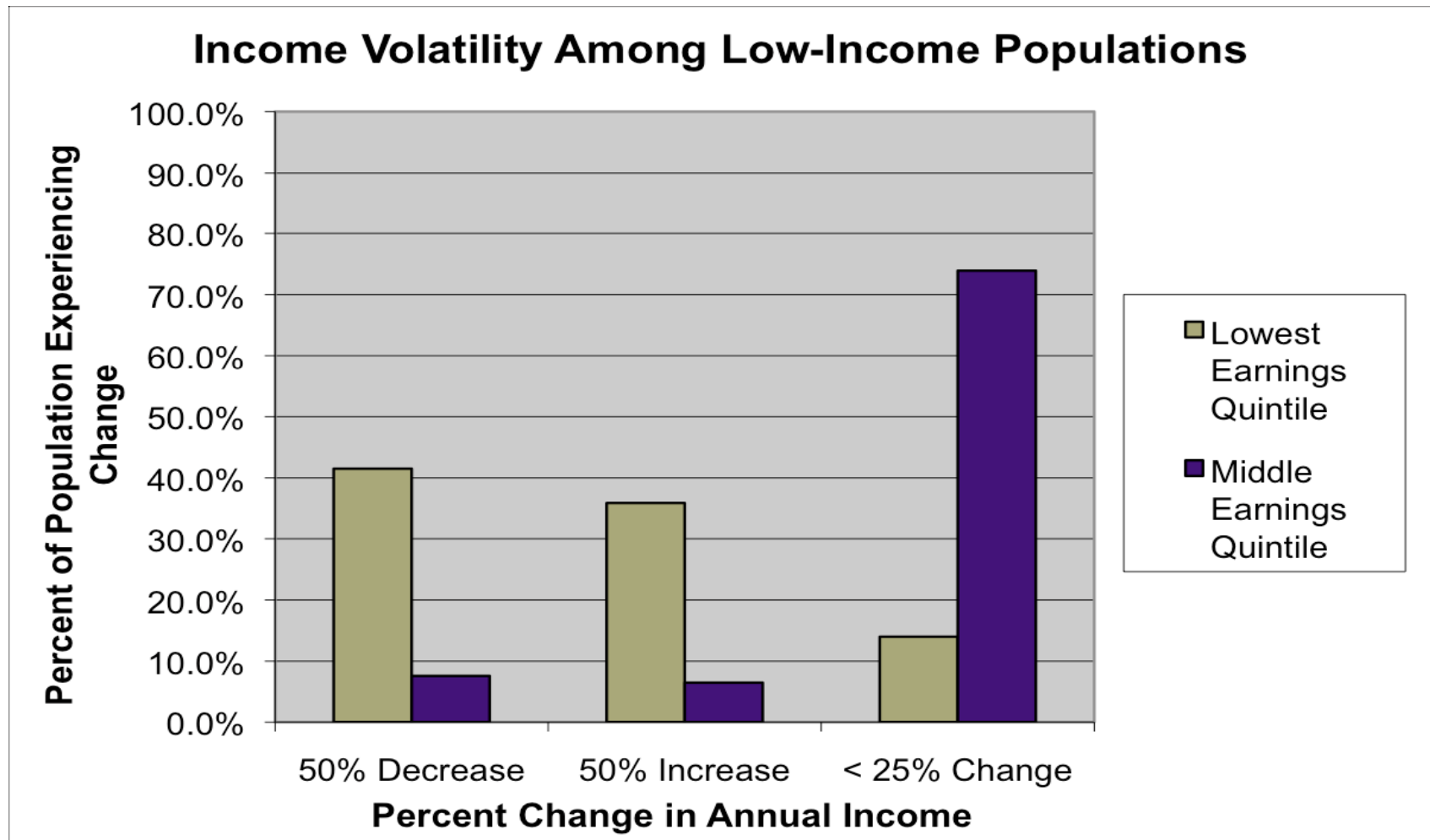
- Extensive eligibility and enrollment requirements
- Eligibility requirements differ among and between populations
- Systems not well integrated
- Application of rules often varies depending on geography
- Welfare-era approach burdensome, stigmatizing

Gaps and Challenges for States: Consumer Experience

Key Challenges:

- Higher expectation for customer service
- Increased volume of applications
- Greater need for assistance and ways to interact (e.g., online FAQs, call centers, “human touch”)
- Accessibility requirements for diverse populations including disabled, low-literacy and limited English proficient populations
- Managing eligibility changes and coverage transitions triggered by income fluctuations

Gaps and Challenges for States: Consumer Experience



Source: Congressional Budget Office. "Recent Trends in the Variability of Individual Earnings and Household Income." June 2008. <http://www.cbo.gov/ftpdocs/95xx/doc9507/Frontmatter.1.2.shtml>.

Gaps and Challenges for States: Consumer Experience

Additional Challenges:

- Medicaid and Exchange enrollment models differ
- Mixed status families face new divisions based on immigration and coverage status

Gaps and Challenges for States: Consumer Experience

Closing the Gap:

- Adopt technologies that support consumer connections
 - Customer-facing accounts
 - Audio-visual application assistance tools (online and kiosks)
- Enable meaningful consumer assistance and engagement
 - Pay-for-performance application assistance
 - Consumer assistance helpline, e-chat option
- Facilitate coverage transitions
 - 12-month continuous eligibility
 - Similar benefit offerings
- Ensure accessibility for diverse populations
 - Use CHIPRA higher match to support foundation for change

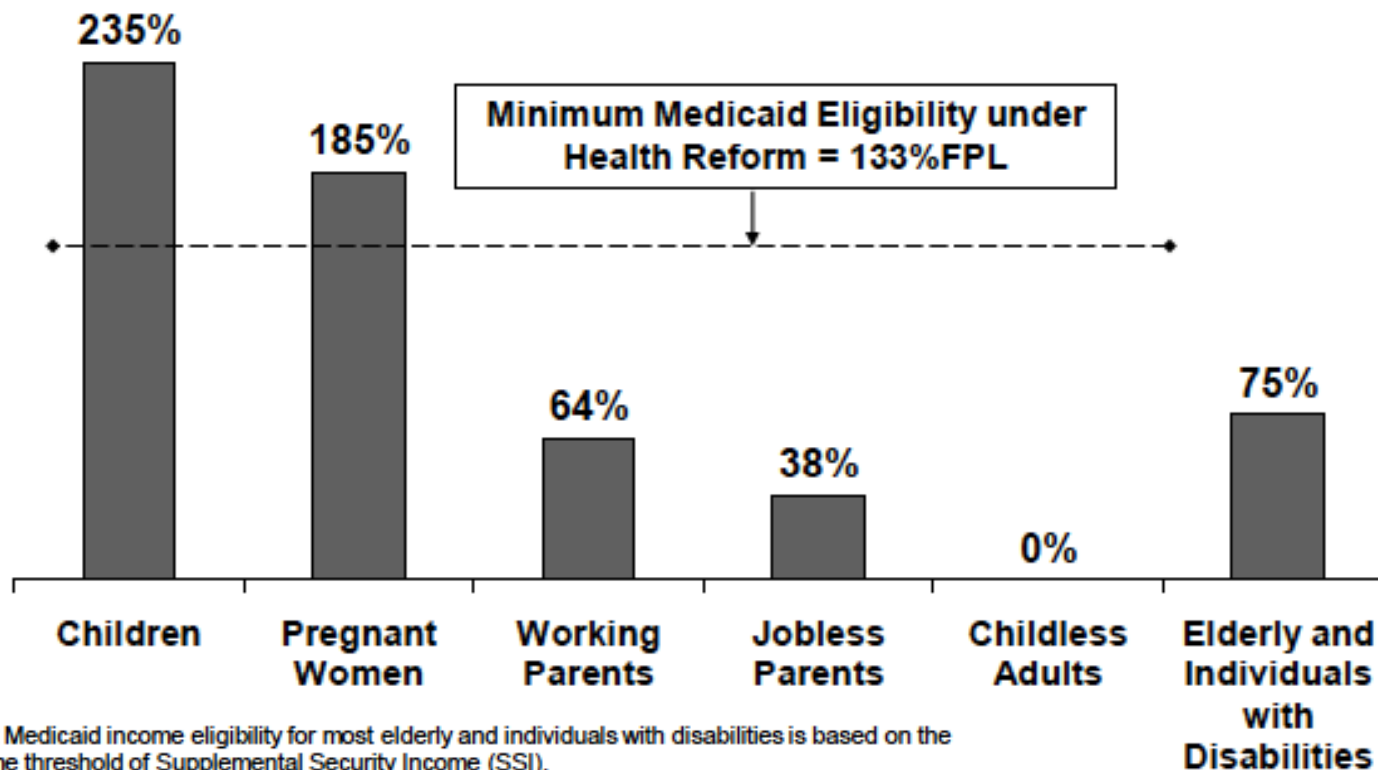
Gaps and Challenges for States: Eligibility and Enrollment Policy

Key Challenges:

- Implementing streamlined enrollment policies
 - “No wrong door”
 - Apply only once
 - No asset tests, income deductions/exclusions
 - Minimum documentation burden
- New coverage paradigm – not *whether* eligible but in *which* coverage option
- Major eligibility expansions – Medicaid and new Exchange subsidized coverage

Gaps and Challenges for States: Eligibility and Enrollment Policy

Median Medicaid/CHIP Income Eligibility Thresholds, 2009



Note: Medicaid income eligibility for most elderly and individuals with disabilities is based on the income threshold of Supplemental Security Income (SSI).
SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for Kaiser Commission on Medicaid and the Uninsured, 2009.

Source: Vernon K. Smith et al. Hoping for Economic Recovery, Preparing for Health Reform: A Look at Medicaid Spending, Coverage and Policy Trends. KCMU (September 2010). <http://www.kff.org/medicaid/upload/8105.pdf>.

Gaps and Challenges for States: Eligibility and Enrollment Policy

Additional Challenges:

- Different eligibility rules for Medicaid vs. Exchanges
- Need for parallel and “shadow” eligibility systems:
 - Dual parallel systems to determine eligibility for MAGI and non-MAGI populations
 - Back-end (“shadow”) system to determine who is “newly eligible” to calculate state’s higher match rate
- Conflicting federal and state policies

Gaps and Challenges for States: Eligibility and Enrollment Policy

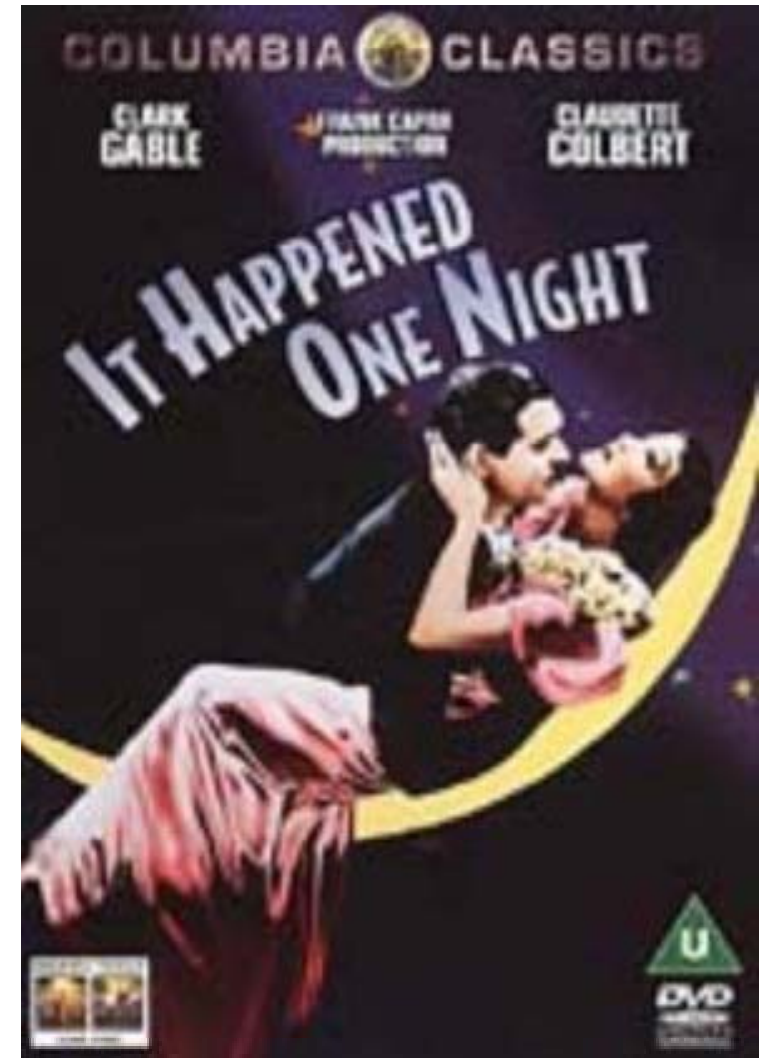
Closing the Gap:

- Simplify processes
- Streamline eligibility policies
- Minimize data collection from individuals and increase reliance on data-sharing among programs and agencies
- Review conflicting laws
- Focus on culture change

Gaps and Challenges for States: Eligibility and Enrollment Policy

Louisiana's ELE Experience

- ELE for SNAP-eligible children implemented February 2010
- Since then:
 - 20,000 children enrolled
 - 11,000 children renewed
 - All work done “overnight” – no worker touches case
- State saving money, decreasing caseload, improving enrollment



Gaps and Challenges for States: Technology and Infrastructure

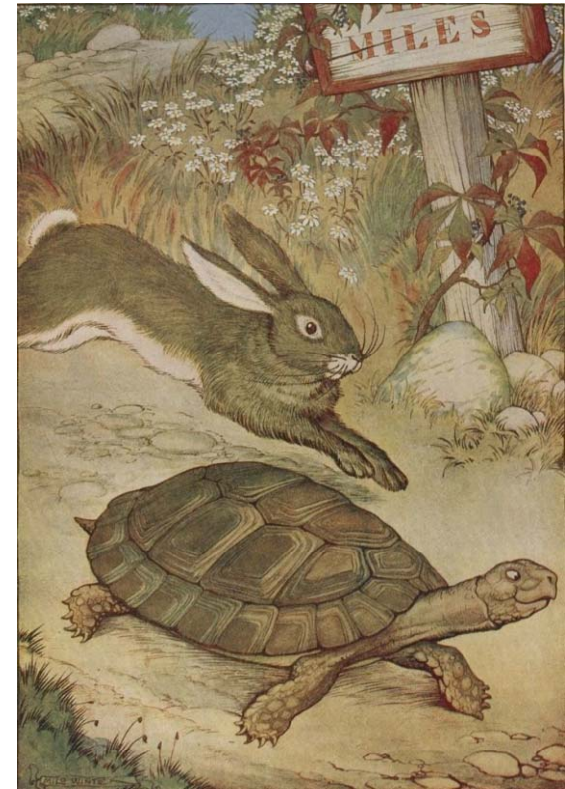
Current State Practice:

- Limited use of online and telephonic enrollment
- Legacy systems
- Multiple, disconnected systems
- Federal interfaces burdensome, complex
- Funding for system improvements limited
- States differ greatly in systems used, degree of adoption of technology

Gaps and Challenges for States: Technology and Infrastructure

Key Challenges:

- Speedy implementation timeframes
- Interconnection requirements
- Mandate to reduce redundancies in system infrastructure
- Exchange self-funded by 2015



Gaps and Challenges for States: Technology and Infrastructure

Recent Federal Guidance: Changing the Game

- CMS MMIS Guidance – 90/10 Match
- CMS-OCIIO Guidance
- OCIIO Innovator Grants
- ONC HIT Enrollment Workgroup



➡ *All have potential to transform state practice quickly*

Gaps and Challenges for States: Technology and Infrastructure

Closing the gap:

- Develop plan for integrated technology and systems improvements that link claims, HIT, and eligibility systems
- Evaluate technological needs and available resources
- Pursue economies of scale in systems investments and improvements through:
 - State collaboratives
 - Adoption of existing “plug and play” system modules
 - Reduction of redundant internal systems
 - Collaboration with federal agencies to maximize efficiencies

Gaps and Challenges for States: Governance and Administration

Current State Practice:

- Major leadership changes
- State agencies work in silos
- State eligibility agency often separate from Medicaid agency
- 20 states administer Medicaid through local agencies
 - Implementation policies and practice vary based on geography
 - Little direct accountability at state level



Gaps and Challenges for States: Governance and Administration

Key Challenges:

- Political leadership for implementation
- Changing culture to de-stigmatize and support coverage, create “consumer-centric” system
- Coordination, integration among multiple agencies
- Considering alternate roles for local agencies:
 - Funding
 - Workforce
 - Culture change
 - Planning for transition
- Integrating eligibility systems for other human service programs (e.g., SNAP, TANF, LIHeAP, WIC, etc.)

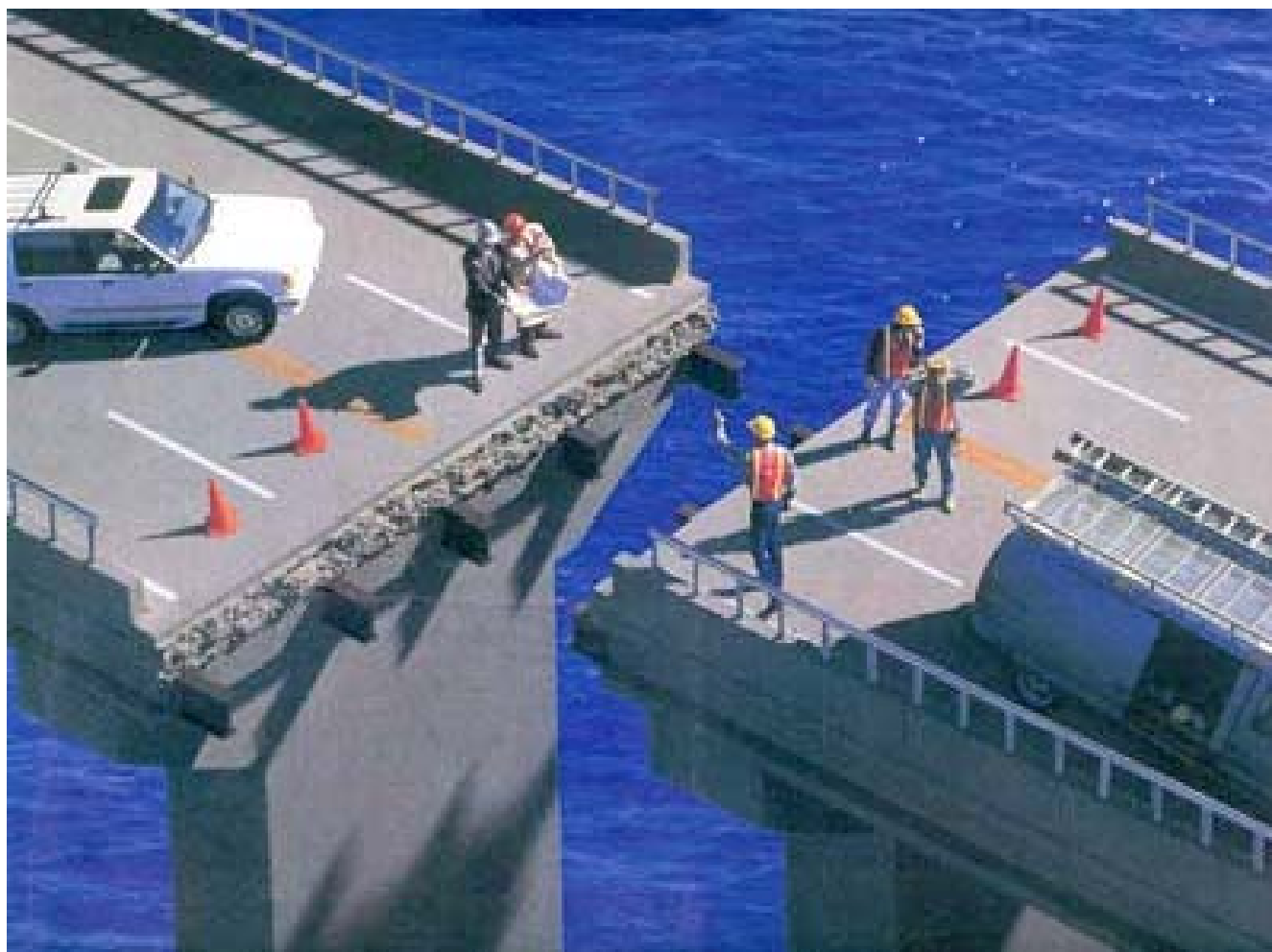
Gaps and Challenges for States: Governance and Administration

Closing the Gap:

- Invest in multi-agency collaboration, relationship-building
- Develop inventory of local functions to determine:
 - Areas of redundancies where centralization promotes efficiency
 - Core functions for localities to retain
 - Options and transition plan for new state functions, funding, workforce (as needed)
- Support a transparent process that enables the state to:
 - Make key choices about implementation
 - Identify longstanding goals that can be achieved through reform
 - Engage state officials and stakeholders in implementation

Bridging the Gap

Helping States Reach 2014



Bridging the Gap: State Action



States need to:

- Quickly develop plans that enable implementation of new eligibility and enrollment systems and prioritize consumer needs
- Maximize grant opportunities
- Promote leadership
- Engage in peer-learning and coordination
- Ensure a transparent, informed implementation process that includes the consumer perspective

Bridging the Gap: Federal Action

Federal assistance needed by states:

- Guidance
- More models, framework for systems implementation
- Support for peer-learning
- Continuation of an “open door” approach



Conclusion

States at Crossroads:

- Major challenges, changes needed
- Opportunities for transformative change
- State investment, leadership, planning critical
- Federal support and oversight also essential
- “Superhighway” within reach

