



Income Dynamics and Coverage Transitions of Health Reform Expansion Populations

SHARE Webinar

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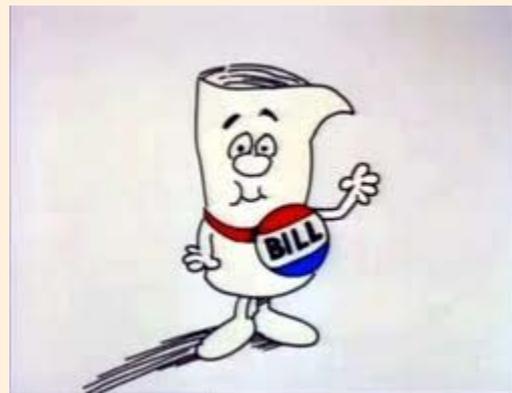
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What the ACA Tells Us About Seamlessness

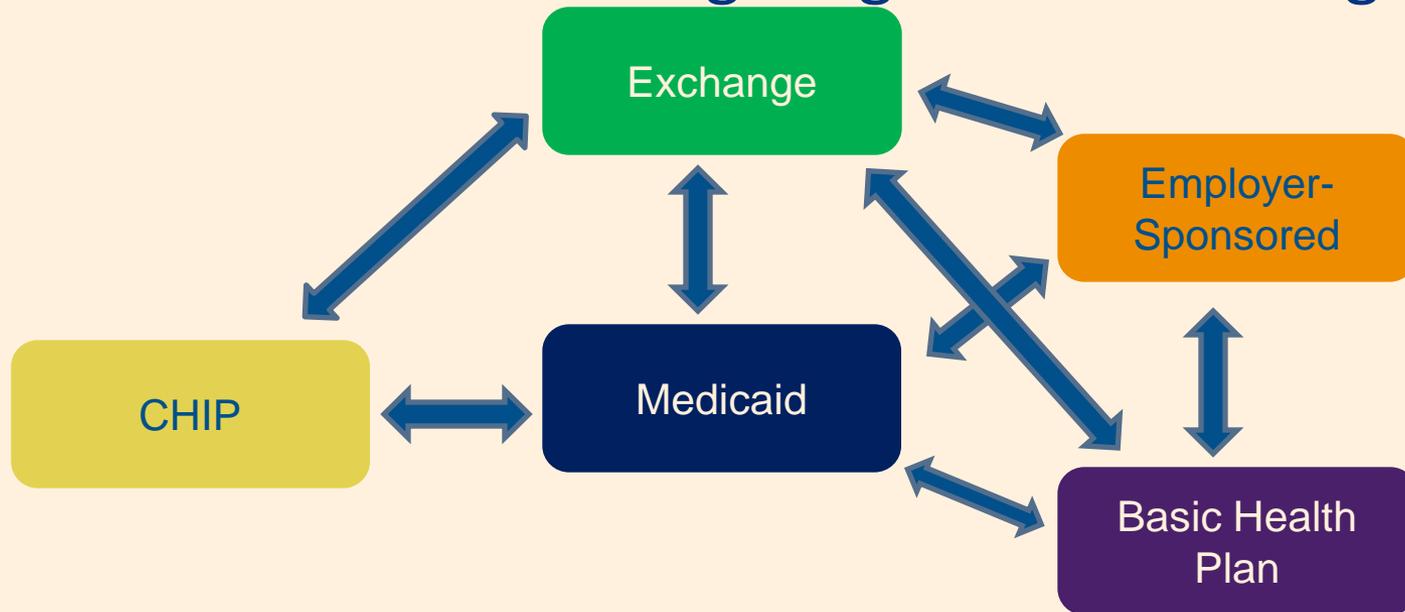
“A state shall seek to coordinate the administration of, and provision of benefits...with the state Medicaid program...the state child health plan... and other state-administered health programs to maximize the efficiency of such programs and to improve the continuity of care.”



SOURCE: 42 USC § 18051

What is Churn and Why Do We Care?

- As a consumer's income fluctuates, their eligibility for different programs may change, leading to coverage discontinuities, or "churn"
- Churn is not new and navigating will be challenging



Consequences of Churn: California



- California study from 2008 examined loss of coverage over a 5-year period, among a large population, and identified a direct correlation between:
 - ▶ Interruptions in Medicaid coverage, and
 - ▶ Higher rates of hospitalization for ambulatory care-sensitive conditions

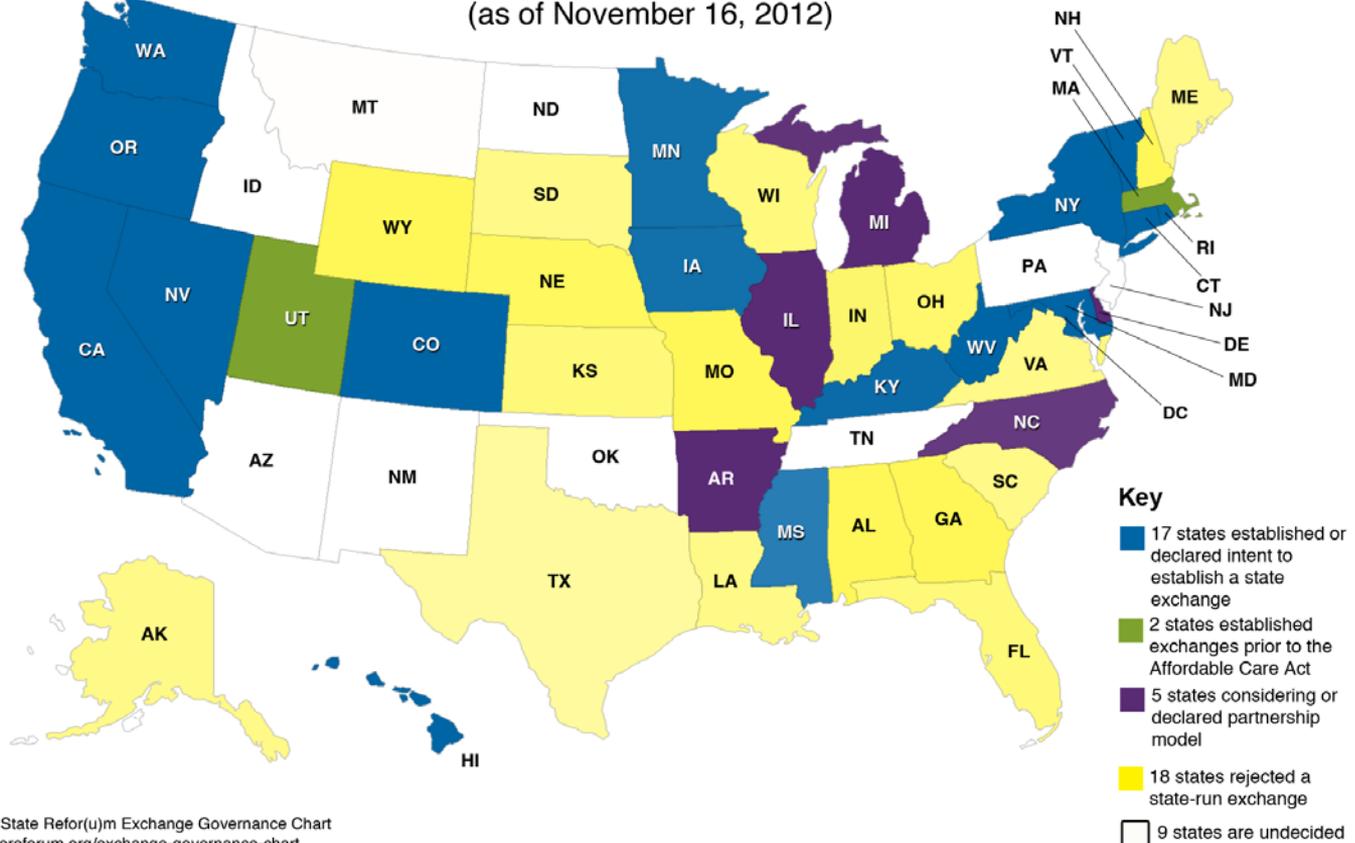
Increasing National Focus on Building Seamless Health Systems

- Benefit alignment between Medicaid and the exchanges
- Health plan participation in both Medicaid and the exchanges
 - ▶ What does this mean for states seeking innovation opportunities?
 - Emphasis will have to be around data solutions
- Enrollment and eligibility systems designed to facilitate transitions
- Leverage HIT infrastructure and cost allocation



Health Insurance Exchange Governance

State, Partnership, or Federal Health Insurance Exchange?
Where States Stand So Far
(as of November 16, 2012)



Sources: State Reform Exchange Governance Chart
<http://staterforum.org/exchange-governance-chart>

State Reform Exchange Blueprint Chart
<http://www.staterforum.org/exchange-blueprint-chart>

staterform

Keys to Seamless Health Systems

- Identifying and managing churn
- Outreach, eligibility and enrollment infrastructure
 - ▶ 'Express lane' eligibility
- Provider engagement and network requirements
- Purchasing strategies including health plan contracting mechanisms
 - ▶ Continuity of coverage and care requirements for physical health
 - ▶ Pharmacy
 - ▶ Mental health
 - ▶ Durable medical equipment and supplies



Outreach Tools to Minimize Churn

- “No wrong door” approach
- Role of navigators
- Existing and expanding outstationing, outreach and application assistance efforts
- Partnering with brokers
- Exchange and Medicaid call centers



Single, Streamlined Application Can Minimize Churn

Baseline Applicant Information	Income and Additional information	Program-Specific Questions	Confirmation And Eligibility Determination	Qualified Health Plan Enrollment
Household Contact Information – name, address(es), phone number(s), language(s), paperless notices and other forms of communication (email, text), applying for coverage for self	Projected Annual Income – amount and option for “don’t know”	Exchange – employer name, EIN, contact information, hours per week, offer of health coverage, date of future enrollment, name of lowest cost plan, employee contribution and frequency, minimum value standard, eligibility for other public coverage, SSNs of tax filer(s) if not provided, Special Enrollment Period information	Application Summary – opportunity to make edits if needed	Tobacco use (TBD)
Authorized Representative – (if applicable, skip if no representative) name, organization, address, phone number, email, permissions, signature of applicant, or legal proxy	Current/Monthly Income – (if applicable, some people will skip) employment, self-employment, Social Security benefits, unemployment benefits, other income, frequency of income, adjustments to income		Rights and Responsibilities & Signatures	Plan Selection and Confirmation – plan name(s)/ plan ID(s), start date
Seeking help paying for health insurance and Privacy Statement	Discrepancies – employment changes in last 6 months: loss of a job, decrease in hours, change in job	Medicaid – past medical expenses, pregnancy, absent parent		Amount of APTC applied toward premium
Build Your Household – list primary tax filer, spouse, dependent(s), and other relevant relatives, non-filers list household members, indicate whether each is applying for coverage	Additional Information – <i>All household members:</i> pregnancy, other addresses including intended change of residency <i>Applicants only:</i> blindness, disability, need for long-term care, full-time student, enrollment in other health insurance, American Indian/Alaska Native questions	CHIP – past health coverage end date and reason for termination, child of public employee	Determination and Notice(s) – withdrawal of a Medicaid application, Request for a full Medicaid determination	
Applicant/Non-Applicant information – date of birth, family relationship, SSN (optional for non-applicants) Applicant(s) – sex, citizenship, eligible immigration status, race/ethnicity (optional)			Voter Registration ¹	

¹Pursuant to the National Voter Registration Act of 1993, 42 USC Sec. 1973 GG-5

Benefits Coordination

- Pharmacy
- Mental health
- Prior authorizations
- Durable medical equipment and supplies



Provider Coordination

- Continuity of care
 - ▶ Non-participating providers
 - Pregnant women
 - Individuals with multiple complex conditions
 - Mental health
- Require medical record/data sharing to establish continuity of care
- Provider education and coordination



Opportunities for Health Plan Coordination

- Licensure across markets
 - ▶ Is regulatory structure nimble enough to accommodate?
 - ▶ Are health plans willing to play?
 - ▶ Are state agencies working together?
- Individual transition plans
- Payment responsibility
- Policies and procedures
 - ▶ Prior authorization
 - ▶ Medical review
 - ▶ Timeliness of review



Best Practices – Existing Coverage Transition Models

- State efforts
 - ▶ South Carolina
 - ▶ Tennessee
 - ▶ Massachusetts
- National Committee on Quality Assurance (NCQA)
- Medicare Part D
- More on this in CHCS coverage transition paper:
“Creating Seamless Coverage Transitions Between Medicaid and the Exchanges”



Transition
Checklist

(Access at: http://www.chcs.org/publications3960/publications_show.htm?doc_id=1261361)

State Efforts to Manage Churn: Enrollment Tools in South Carolina



- South Carolina initiated a data-driven decision making process to identify potential simplifications to its Medicaid enrollment process
- The state identified significant churn in Medicaid
 - ▶ 140,000 children were losing coverage annually, with 90,000 returning within the year; 60,000 of whom returned in one month
- The state used SNAP and TANF data to conduct “express lane renewals” and renewed coverage for about 80,000 children in just nine months
- South Carolina was one of seven states that earned a CHIPRA performance bonus in 2011 for the first time, earning \$2.3 million

State Efforts to Manage Churn: Tennessee Bridge Plan

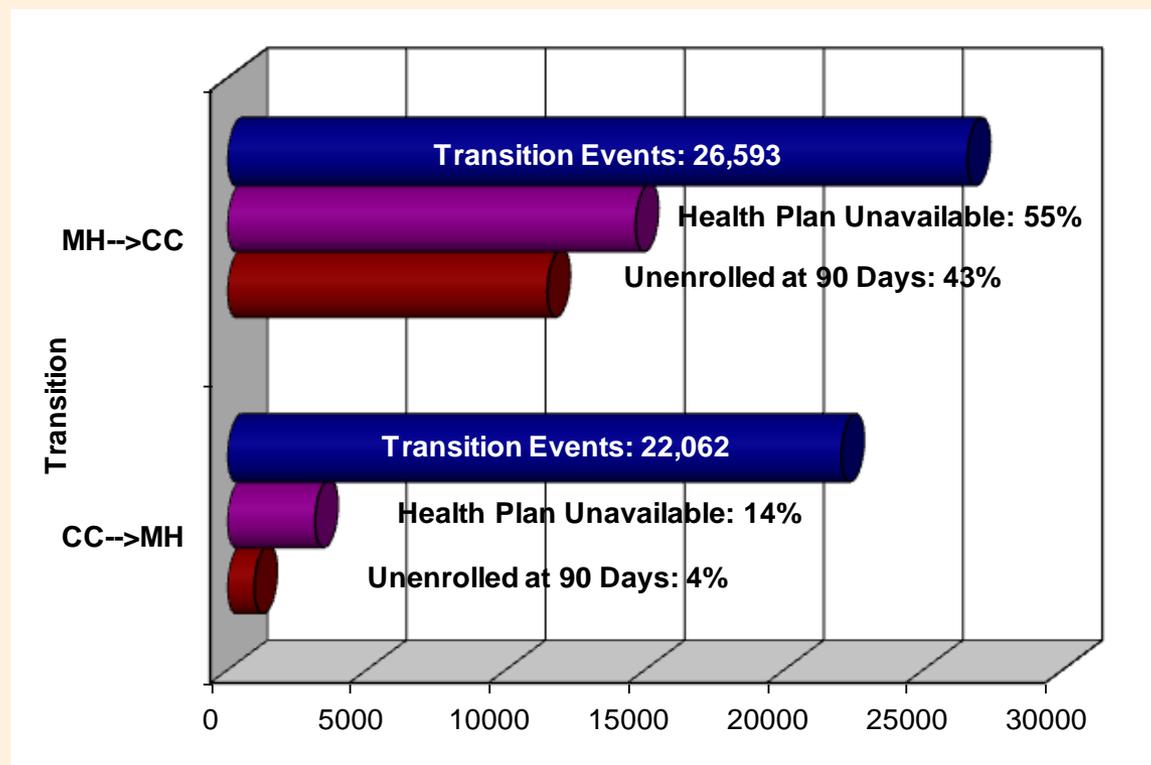


- Proposal to CMS to allow family be covered by the same MCO/network, regardless of program enrollment and eligibility status
- Goal is to facilitate continuity of coverage by allowing individuals to retain coverage through the same insurer/provider network when they have a change in status
- TennCare MCOs will provide a single card for use by the entire family while a dependent was enrolled in the Medicaid/CHIP programs and for a defined period thereafter

Massachusetts Key Issue: Minimize Transition Events



- MassHealth and CommCare have similar plan offerings with similar provider networks
- Data shows significant levels of dropped coverage when moving from MassHealth to CommCare
- New model must prioritize continuity across subsidized programs



Source: MassHealth

Guiding Principles for Medicaid-Exchange Collaboration in Massachusetts

Interagency leaders in Massachusetts developed 8 guiding principles for continued Medicaid-exchange collaboration as the state works through ACA Implementation:

1. Create **consumer-centric approach** to ensuring that all eligible residents avail themselves of existing health insurance subsidies to make health care affordable to as many Massachusetts residents as possible.
2. Create a **single, integrated process** to determine eligibility for the full range of health insurance programs, including Medicaid, CHIP, potentially a BHP, and premium tax credits and cost-sharing subsidies.

Source: MassHealth

Guiding Principles for Medicaid-Exchange Collaboration in Massachusetts *continued*

3. Offer **appropriate health insurance coverage options** to eligible individuals by defining both the populations affected and the health benefits that meet their needs.
4. Work **within state fiscal realities**, maximizing and leveraging financial resources, such as FFP.



Source: MassHealth

Guiding Principles for Medicaid-Exchange Collaboration in Massachusetts *continued*

5. Focus on **simplicity and continuity of coverage** for members by streamlining coverage types, thereby making noticing and explanation of benefits more understandable, and also minimizing disruptions in coverage.
6. Create an **efficient administrative infrastructure** that leverages technology and eliminates administrative duplication.



Source: MassHealth

Guiding Principles for Medicaid-Exchange Collaboration in Massachusetts *continued*

7. Build off the **lessons learned** since the exchange was implemented.
8. Create opportunities to achieve payment and delivery system reforms that ensure **continued coverage, access, and cost containment** and improve the overall health status of the populations served.



Source: MassHealth

What's Next For States Seeking to Build Seamless Health Systems?

- Exchange and Medicaid expansion decisions will be key
 - ▶ Legislative and executive branch decisions loom large
- Tying payment system reform, delivery system reform, and quality to coverage expansions
 - ▶ SIM – planning and testing
- Section 1332 waivers are the new 1115 waivers
- Articulating a clear vision that managing churn matters
- Interagency coordination
- Health plan and provider engagement
 - ▶ How can states partner with providers, health plans and other partners to implement a seamless system?
- Convening key stakeholders



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