# State Health Reform Assistance Network Charting the Road to Coverage

Eligibility and Enrollment for the Non-MAGI Population

September 24, 2015

# **Agenda**

**Current Landscape** 

**Key Non-MAGI Requirements and Options** 

**Emerging Approaches** 

**Issues and Challenges** 

**Next Steps** 

Information in this presentation was developed in conjunction with CMS and the MACPIE Expanding Coverage Learning Collaborative

# **Current Landscape**

# **Current Status of Non-MAGI Simplification Efforts**



Non-MAGI not a major focus in first few years of ACA, but CMS now turning its attention to simplifying eligibility and enrollment for non-MAGI



Although not always recognized, many of the ACA rules and options aimed at simplification also apply to non-MAGI groups



Extension of 90/10 funding to non-MAGI a major new opportunity and driving force behind further improvements



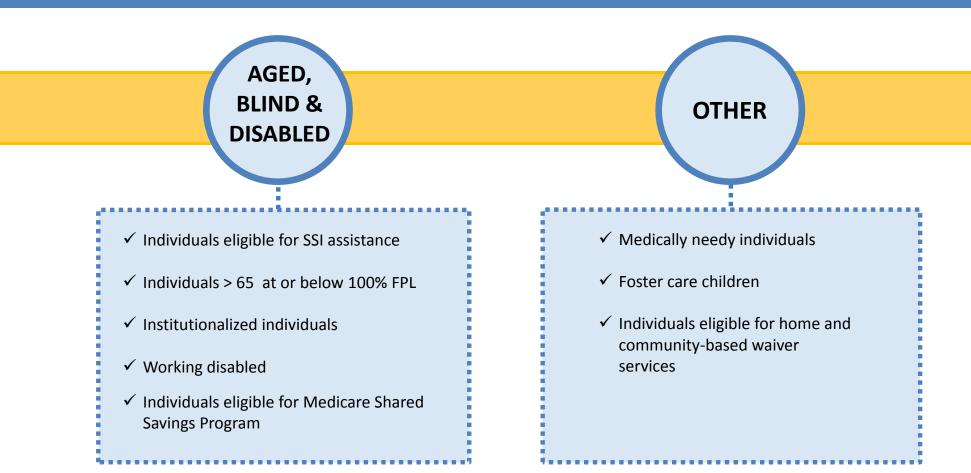
Many states are incorporating non-MAGI determinations into single, unified system for all Medicaid groups and social service programs



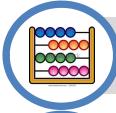
Key features of non-MAGI determinations are distinct, requiring a different approach in for some non-MAGI issues

#### Who Are the Non-MAGI?

#### **Common Eligibility Categories and Populations**<sup>1</sup>



## Major Differences: MAGI and Non-MAGI Eligibility Groups



Different household composition and income counting rules apply (e.g. use of disregards, types of countable income)



Applicants for disability-based eligibility may need a disability determination



Many non-MAGI groups are subject to an asset test and asset verification



Post-eligibility requirements apply to many non-MAGI groups, including treatment of income, spousal impoverishment provisions, and transfer of asset restrictions

## **Enhanced Funding for IT Can be Used for Non-MAGI System Changes**

- In 2011, CMS authorized an enhanced matching rate for eligibility and enrollment systems
- Funding is intended to help support the adoption of integrated eligibility systems and modernize Medicaid/CHIP eligibility and enrollment processes, including for Non-MAGI populations



- New eligibility and enrollment systems builds
- More efficient and effective Medicaid eligibility and enrollment systems



- 75% Federal Funding
- Maintenance and operations of systems that were built using enhanced 90/10 funding



On April 16, 2015, CMS issued proposed regulations to make available permanently enhanced funding for eligibility and enrollment systems.

# **Key Non-MAGI Requirements and Options**

## **Application**



#### **Application Submission Modalities**

42 CFR § 435.907(a)

- Must accept application online, over the phone, through the mail, in person
  - Should accept the application through all modalities, even if Non-MAGI applicants are required to have an in-person interview
- Must accept electronic, including telephonically recorded, signatures

42 CFR § 435.907(f)



#### **Application Type**

42 CFR § 435.907(b), (d)

- May use either:
  - Single streamlined application with supplemental forms, or
  - Application designed to determine eligibility on Non-MAGI basis
- Application(s) must be submitted to the Secretary



#### **Limits on Information**

42 CFR § 435.907(e)

 May only require individual to provide information necessary to make an eligibility determination or for a purpose directly connected to the administration of the State Plan



#### **In-Person Interview**

42 CFR § 435.907(d)

In-person interviews are not a federal requirement

Note: Additional provisions also apply.

#### **Verification**



#### **Electronic Data**

42 CFR § § 435.945,(k), 435.948(b), 435.949(b)

- Must use electronic data if available; can request documentation only if electronic data is not available and establishing a data match would not be effective
- Must obtain and use data from the federal data services hub ("hub") when available
- If state has alternative data source(s) that will reduce administrative costs and burdens on individuals and states, while maximizing accuracy and minimizing delay, it may request a waiver of requirement to use the hub



#### **Reasonable Compatibility**

42 CFR § § 435.952(b)

- When applicable, must determine/renew eligibility if information provided is reasonably compatible with data sources
- Must consider income reasonably compatible if attestation and data are both above or at or below the applicable income standard



#### **Self-Attestation & Reasonable Explanations**

42 CFR § § 435.945(a), 435.952,(c) 435.956(e)

- May accept self-attestation of all non-financial eligibility criteria except citizenship and immigration status [exception for pregnancy status\*].
  - Income can be verified post-eligibility, so states can accept self-attestation at application with post-eligibility data matching
- May accept reasonable explanations of discrepancies between attested information and electronic data

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\*State must accept self-attestation of pregnancy, unless the state has information that is not reasonably compatible with the attestation. Note: Additional provisions also apply.

#### Renewal



#### 12-Month Renewal Period

42 CFR § 435.916(b)

- Must redetermine eligibility for factors that may change at least every 12 months
  - May limit to once every 12 months



#### **Renewal Based on Available Information**

42 CFR § 435.916(b)

 Must use available information to renew coverage, if sufficient information is available to do so



#### **Pre-Populated Renewal Form**

42 CFR § 435.916(a)

 If eligibility cannot be renewed based on available information, state may use a prepopulated renewal form to gather needed information

# **Emerging Approaches**

# **Application**

#### **Potential State Approaches**

- ✓ Rely on fully integrated application portal for consumers
  - Structure the application in such a way that people who are clearly Non-MAGI
    are given fastest route to completing the application (e.g. childless elderly,
    groups without an income test)
  - Allow applicants who want to apply for Non-MAGI coverage to complete (not just initiate) entire application process online, including answering supplemental questions and providing documentation
- Even if back-end eligibility system is not fully integrated, establish a single portal for consumers
- ✓ Eliminate in-person interview requirement
  - If in-person interview requirement remains, permit telephonic interview

#### Verification

#### **Potential State Approaches**

- ✓ Allow attestation for certain eligibility criteria, such as age/date of birth, state residency, and household composition
- ✓ Use same verification procedures for MAGI and Non-MAGI, as appropriate
- ✓ Allow applicants to submit document electronically through upload or as part of application or by email



#### Renewal

#### **Potential State Approaches**

- ✓ Limit renewals to once every 12 months
- ✓ Send beneficiary a pre-populated renewal form when available information is insufficient to determine continued eligibility



# **Issues and Challenges**

## **Issues and Challenges: Questions for Discussion**

<u>Status Update</u>: Where are you in the process of updating and simplifying your non-MAGI determinations? Can you "break apart" the phrase non-MAGI and identify which groups of seniors and people with disabilities could most benefit from improvements to eligibility and enrollment procedures?

<u>To Combine or Not to Combine</u>: What are the pros and cons of using the same system and procedures for non-MAGI groups as MAGI groups? Are there ways to add in non-MAGI determinations without unduly increasing the length and complexity of MAGI determinations?

<u>Lessons from MAGI</u>: What lessons did you learn when building your MAGI system that you are applying to non-MAGI changes? How has the MAGI experience affected how you approach IT builds for non-MAGI, policy decisions, and operational decisions?

#### **Distinct Non-MAGI Issues:**

**Assets**: How significant are asset tests as a barrier to simplifying eligibility for non-MAGI groups? What strategies have you used to ease administration of asset tests (e.g., eliminating for selected groups? Disregarding certain assets? Modifying verification procedures)?

**Disability Determinations**: What effect, if any, has the ACA and related MAGI changes had on how you approach disability determinations? How are they currently integrated into your eligibility and enrollment procedures, and what changes would you like to make? How are you handling it when someone who appears ineligible for MAGI-based coverage indicates that they may have a disability?

# **Next Steps**

- What do you see as next steps for making it easier for eligible seniors and people with disabilities to enroll in coverage?
- What already-available tools might you use in the future to simplify eligibility and enrollment?
- What additional tools would you like?

