

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

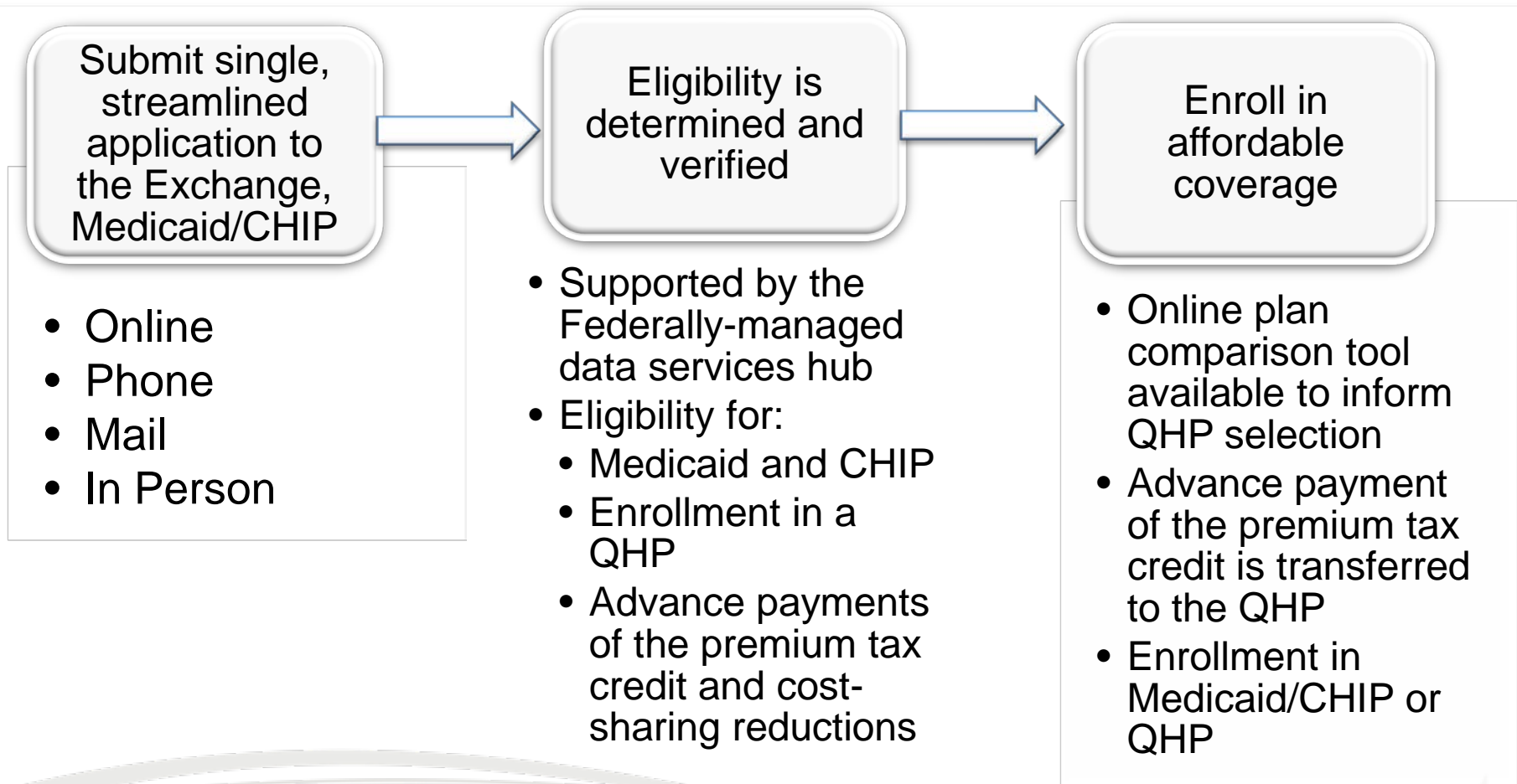


Application, Verification and Renewals

Centers for Medicaid and CHIP Services

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Seamless, Streamlined System of Eligibility and Enrollment



Single, Streamlined Application State Options

Options for MAGI-based eligibility:

- Model released by the Secretary
 - Usable paper and dynamic online forms
- Alternative application(s) approved by the Secretary
 - This can include a multi-benefit application, but applicants must have the option of a health coverage-only application

Options for non MAGI-based eligibility (States to submit all MAGI-exempt applications and forms to Secretary)

- Single Streamlined application plus supplemental forms
- MAGI-exempt application(s)

Single, Streamlined Application

All applications must be receivable via:

- Online , telephone, in-person, mail, and other electronic means as commonly available
- No in-person interviews for MAGI eligibility

Applications can be signed by:

- Applicant
- Non-applicant in applicant's family or household
- Someone acting responsibly for a minor or person incapacitated
- An authorized representative, as designated

Minimizing Consumer Burden

(apply at application and renewal – Medicaid and CHIP)

- May only require an individual to provide information that is necessary to make an eligibility determination or is directly connected to the State plan
- May request information for other insurance affordability programs or benefit programs
- Requesting SSNs of non-applicants is permitted if:
 - It is voluntary
 - It is used only to determine eligibility or for a purpose directly connected to the State plan
 - Clear notice is provided to individual

Application: Principles of An Effective Online Application

- **Dynamic-** should be a “smart” application that tailors the questions based on responses or an individual’s circumstances
- **Real-time verification-** electronic verification process should be integrated throughout the application
- **Pre-populate when available–** if the system knows something include it on the application where appropriate

Scenario: Applicants and Non-Applicants

Non-applicant parent wants coverage for applicant child

- What should be asked for on the application from the non-applicant:
 - Contact information
 - To calculate household composition for child: Tax filing status, familial relationship, pregnancy at State option
 - To calculate child's MAGI: Parent's income self-attestation.—to check income databases, the parent's SSN may be requested, but application must clearly indicate that the SSN is voluntary
- Do not ask: citizenship/immigration information

Assistance

- Agency must provide assistance through all modes of application submission
- Agency must allow individual to utilize other assistance of his/her choice
 - Authorized Representatives
 - Assisters
- Assistance must also be provided at renewal

Verification

Goals:

- Maximize automation through data sources
- Minimize need for documentation; reduce administrative burden
- Simple and transparent process for consumers
- Ensure program integrity

Primary Reliance on Electronic Sources

- The Federal data services hub: a service that enables immediate access to multiple data bases via a single electronic transaction
 - Data available will be available from SSA, IRS and DHS
- To the extent that information is available through the Federal data services Hub, the Medicaid/CHIP agency must obtain the information through such service.
- Other Electronic Data Sources:
 - Other Federal and State agencies, commercial entities, other data the State obtains through data sharing agreements, PARIS

Reliance on Electronic Sources

- States have flexibility to decide the "usefulness, frequency and time-frame for conducting electronic data matches"
 - Accuracy
 - Timeliness – ability to access and age of the data
 - Comprehensiveness - population covered by data source, completeness of data for verifying attestation

Decreased Reliance on Paper Documentation

- Individuals must not be required to provide additional information or documentation unless information cannot be obtained electronically or it is not reasonably compatible with attested information.
- Documentation from the individual is permitted only to the extent that establishing a data match would not be effective, considering factors such as:
 - Admin costs related to establishing and using the data match vs. admin costs related to relying on paper documentation
 - Impact on program integrity

Self-Attestation

- Can be accepted from:
 - the applicant, an adult in the applicant's household or family, authorized representative, someone acting responsibly for the individual (if minor or incapacitated)
- For all factors of eligibility except as required by law, i.e., citizenship and immigration status
- Pregnancy
 - States accept self-attestation of pregnancy, unless information provided is not reasonably compatible with other information in the State's files

Self-Attestation

- Accepting Self-Attestation Does Not:
 - Limit the State's program integrity measures
 - Affect the State's obligation to ensure that only eligible people receive benefits
 - Affect the State's obligations under section 1137 of the Social Security Act to conduct data matches with other agencies and programs (SSA, IRS, SWICA)
 - State Agency defines "usefulness"

Reasonable Compatibility

What if multiple sources say something different?

- Apply the “Reasonable Compatibility” standard:
 - Information is relatively consistent and does not vary significantly or in a way that is meaningful for eligibility
 - Income information obtained through an electronic data match is reasonably compatible with income information provided by or on behalf of an individual **if both are either above or both are at or below the applicable income standard** or other relevant income threshold.
 - Other information sources, including self-attestation, provide a reasonable explanation for discrepancies among the verification sources.
 - For Citizenship and Immigration Status: follow statute, regulations and guidance for verification and reasonable opportunity.

Verification Plan

- Medicaid/CHIP agencies will establish their verification policies and procedures in a Verification Plan:
 - When self-attestation will be accepted
 - Define reasonable compatibility standards
 - How it will determine which data sources are useful and the data sources that will be used for verification
 - If alternative data sources or a mechanism other than the Hub will be used

Program Integrity

- The final rule codifies and builds on current State flexibilities
- Option to conduct post-eligibility data matching
- Verification Plan
- Importance of aligning program integrity rules and procedures with new eligibility rules, taking the role of Exchanges into account

Additional Verification Policies

- Exception to providing and verifying an SSN (42 CFR 435.910(h))
 - If not eligible for an SSN or may only receive an SSN for non-work purposes
- Residency (42 CFR 435.956(c)(2))
 - Evidence of immigration status cannot be used to determine that individual is not a State resident
- Household Composition (42 CFR 435.956(f))
 - Self-attestation is an option

Reasonable Compatibility Scenario #1

- Eligibility level = 133% FPL
- Attested Income = 115% FPL
 - Only reports earnings from work
- Data Sources:
 - IRS (previous year) = 130% FPL
 - Quarterly Wage (past 3 months) = 125% FPL
- No affect on eligibility = reasonably compatible
Determine eligible for Medicaid

Reasonable Compatibility Scenario #2

- Eligibility level = 133% FPL
- Attested Income = 160% FPL
- Data Sources:
 - IRS (previous year) = 180% FPL
 - Quarterly Wage (past 3 months) = 165% FPL
- No affect on eligibility = reasonably compatible
- Above Medicaid limit so determine ineligible and screen for CHIP (if applicable) or APTC/CSR through the Exchange.

Reasonable Compatibility Scenario #3

- Eligibility level = 133% FPL
- Attested Income = 125% FPL
- Data Source
 - IRS (previous year) = 160% FPL
 - Quarterly Wage (past 3 months) = 140% FPL
- State applies its reasonable compatibility standard = not reasonably compatible
- What are the options?

Reasonable Compatibility Scenario 3, cont

- Options:
 1. Request an explanation of the discrepancy. If reasonable, determine eligible. If not reasonable, require further verification.
 - May request documentation from individual if no other data sources available.
 2. Require further verification, including documentation from the individual if no other data source available.

Periodic Renewal

- For beneficiaries whose eligibility is based on MAGI:
 - Eligibility must be renewed once every 12 months, unless there is a change that affects eligibility
- For beneficiaries eligible based on MAGI or non-MAGI:
 - The agency renews eligibility, without requiring information from the individual, if it is able to do so based on the information in the account or other more current information available to the agency.

Renewing Eligibility

- If the individual is renewed based on available information:
 - Agency must notify the beneficiary, but cannot require that the notice be signed and returned
- For MAGI eligibility, if the beneficiary can't be renewed based on the available information:
 - The agency must provide a renewal form pre-populated with the information available and request the additional information needed to determine eligibility and to sign and return the form

Pre-Populated Forms

- The State should:
 - Allow for response online, over the telephone, by mail and in person
 - Provide at least 30 days for response
 - Verify information provided by the beneficiary
 - Notify the beneficiary of the decision

Changes in Circumstance

- Conduct redetermination when there are changes
 - that may affect eligibility
 - As reported by beneficiary
 - As received via data matching
- Limit requests to beneficiary
- Start new 12-month renewal period as appropriate

If Found Ineligible at Renewal

- Prior to making a determination of ineligibility, the agency must consider all bases of eligibility.
- If a beneficiary does not respond to the renewal form, and coverage is terminated on that basis, eligibility can be reconsidered if the individual responds within 90 days without being required to submit a new application.
 - Can be longer at State option
- If a beneficiary is ineligible due to an increase in income, the agency should determine potential eligibility for CHIP, APTC, and BHP, and transmit the electronic account as appropriate.

Renewal Scenario #1

- Initial application shows beneficiary is a citizen and has two jobs, with income verified by quarterly wage data
 - At annual renewal, the State checks the quarterly wage database, and finds the income from those two jobs is similar, still within Medicaid range, and no new jobs appear. State does not re-check citizenship because it is not subject to change.
 - The state renews eligibility for the beneficiary and sends him/her a notice showing the information used to make the decision and a requirement to report if any information used to determine eligibility is incorrect or has changed. The State does not wait for a response to renew.

Renewal Scenario #2

- Initial application shows beneficiary is self-employed, with income verified by self-attestation.
- At annual renewal, the State checks income data sources but finds no information about the individual.
- The state pre-populates a form with the available information and sends it to the beneficiary for review and response. The State waits up to 30 days (or more at State option) for a response before renewing or terminating coverage.

More information on the final rule:

<http://www.medicaid.gov/AffordableCareAct/Provisions/Eligibility.html>

Webinar information:

<http://www.medicaid.gov/State-Resource-Center/Eligibility-Enrollment-Final-Rule/Eligibility-and-Enrollment-Final-Rule-Webinars.html>