

BUILDING A CONSUMER-DRIVEN ELIGIBILITY, ENROLLMENT, AND RENEWAL SYSTEM

Essential Design Features for Effective Health Reform in California



Executive Summary
January 2012

About The Children's Partnership

The Children's Partnership (TCP) is a national, nonprofit organization working to ensure that all children—especially those at risk of being left behind—have the resources and opportunities they need to grow up healthy and lead productive lives. The Children's Partnership focuses particular attention on the goals of securing health coverage for every child and their families and on ensuring that the opportunities and benefits of digital technology reach all children. Consistent with that mission, we have educated the public and policy-makers about how technology can measurably improve children's health, education, safety, and opportunities for success. We work at the state and national levels to provide research, build programs, and enact policies that extend opportunity to all children and their families.

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The full report is available at: <http://www.childrenspartnership.org/enrollmentguide>

Executive Summary

Under the Patient Protection and Affordable Care Act (ACA), California has the unprecedented opportunity to construct a smart, efficient, consumer-centered system that connects people with appropriate health care coverage. As the first state in the nation to approve a Health Benefit Exchange (in addition to passing legislation to construct an integrated eligibility and enrollment system), the stage is set to insure up to 97 percent of Californians.

The ACA and proposed federal guidance set a high bar, calling on states to build a first-class consumer experience with a “high level of service, support, and ease of use, similar to that experienced by customers of leading service and retail companies and organizations.” In order to meet that standard, California policy-makers will need to measure all policy decisions by their impact on the State’s ability to develop a system that consistently helps Californians find and maintain coverage without needless hassle or delay. At the same time, these policy decisions must be made quickly to support the development of a fully functional system by October 2013, when the first Exchange open enrollment period begins (with coverage effective January 1, 2014), and to maximize federal funding.

Getting this right, out of the gate, will be critical to setting expectations for an efficient and workable system, which will, in turn, promote enrollment among the almost 4 million Californians who are the intended beneficiaries of this effort. This report offers a roadmap for some of the more critical eligibility and enrollment policies and design features that are required to fulfill the consumer-friendly expectations laid out in The Children’s Partnership’s prior report *Easy, Efficient, and Real-Time: A Framework for a First-Class Health Insurance Enrollment Experience in California*. Grounded in known federal and state requirements, on-the-ground knowledge of enrollment policy, and stakeholder input, it provides the strategies and technological infrastructure required to achieve the following essential design features of an eligibility,

enrollment, and renewal system, as viewed through the lens of the consumer:

1. Smart connections through multiple doorways and accessible consumer assistance.
2. Integrated eligibility criteria and processes across programs.
3. Real-time, immediate, and ongoing enrollment.
4. Easy navigation of coverage.

Federal Requirements

The ACA’s statutory language and proposed federal rules released by U.S. Department of Health and Human Services and the Internal Revenue Service provide fairly detailed state and program policy directives. Under the law, states will:

- Create “no wrong door” where applicants will enroll in whichever program they are eligible for wherever they apply (whether through a new Web portal, in person, by mail, or over the phone), using a single application.
- Align income eligibility rules and household income definitions, with some exceptions, through application of a Modified Adjusted Gross Income (MAGI) standard that eliminates assets tests and replaces income disregards with a 5% across-the-board increase in income eligibility. Retain pre-ACA rules for certain Medi-Cal populations (i.e., aged, blind, or disabled).
- Establish real-time enrollment through modernized information technology systems that allow for electronic transfer of information and electronic data-matching for verifying eligibility (requiring documentation only when a match is not “reasonably compatible”).
- Set up easy, user-friendly renewal procedures in the insurance affordability programs, and establish one-year enrollment periods.
- Provide new modeling options for determining FMAP without requiring multiple eligibility determinations, and provide enhanced federal funding for building required IT systems.

Roadmap to Essential Design Features

The decisions being made today to implement the ACA will have a greater impact on consumers' access to health coverage than any made in a generation. As these critical choices are made, this set of recommendations will help ensure that the consumer enrollment experience is user-friendly, integrated, simplified, and modernized across Medi-Cal, Healthy Families, and subsidized Exchange coverage (the insurance affordability programs).

To plan for and design these policy elements, California should draw upon all available resources, including federal funding for planning and development of technological systems, the Enroll UX 2014 project, and the stakeholder workgroup established by AB 1296 to develop policy recommendations pertaining to eligibility, enrollment, and renewal process. Additionally, because of the short timeline required for this process, decision-makers will need to keep a strategic eye on the legislative calendar for any policies requiring statutory changes beyond what is already provided in the Exchange enabling legislation.

1. Smart Connections Through Multiple Doorways and Accessible Consumer Assistance

Implement outreach and enrollment strategies that are targeted to harder-to-reach populations who will more likely require hands-on or live connections and assistance.

- Leverage trusted community resources and networks to provide outreach and assistance.
- Target consumers seeking unemployment and emergency room services.
- Deploy outreach beyond Exchange open enrollment periods and innovate to reach younger, underserved populations.

Ensure that the Exchange consumer assistance function and toll-free call center provide consumers with real-time (either automated and live human) assistance.

- Establish accuracy and timeliness standards and other relevant measures to guarantee quality of service.
- Provide assistance in a manner that is accessible to individuals with disabilities and limited English proficiency.

Build the Web portal to support the full coverage experience.

- Engage consumers by designing the online service to allow them to research their options, start and manage an account, and complete eligibility, enrollment, insurance plan selection and ongoing management functions.
- Establish strong privacy protections, allow users to provide access to Navigators and third party facilitators, and make the portal accessible via a range of Web browsers, mobile platforms, and applications.

Use express lane strategies and technology to prepare for large-scale pre-enrollment.

- Use information on file to prepopulate an application form for parents of children currently enrolled in Medi-Cal or Healthy Families who want coverage.
- Automatically transfer children from 101% to 138% FPL from Healthy Families to Medi-Cal and provide support to maintain continuity of care.
- Target and streamline enrollment of adults in other limited health benefit programs, including those receiving coverage through the Section 1115 waiver, FamilyPACT, and Breast and Cervical Cancer Treatment Program (BCCTP).

Leverage enrollment gateways to reach more uninsured consumers.

- Utilize Express Lane Eligibility for adults (seeking federal waiver if necessary), and automatically enroll uninsured beneficiaries of other public programs into the insurance affordability programs, beginning with CalFresh.
- Require hospitals to use the Web portal to automatically enroll infants born to Medi-Cal moms and help others add a child to coverage.

2. Integrated Eligibility Criteria and Processes Across Programs

Use a single shared eligibility system through California’s Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) for all insurance affordability programs, no matter what program door the applicant entered.

- Collect only the minimum amount of information necessary to make an eligibility determination (first for MAGI-based Medi-Cal, then non-MAGI Medi-Cal, Healthy Families, as relevant, and Exchange coverage.)
- Provide full-scope Medi-Cal benefits to “newly eligible” adults to facilitate streamlined enrollment for those below the MAGI Medi-Cal standard.
- Forward non-MAGI Medi-Cal cases to the county Medi-Cal office for necessary follow-up and case management (after providing otherwise eligible applicants with Healthy Families or subsidized Exchange coverage).

Conform income and other eligibility criteria to the greatest extent possible.

- Require applicants to provide information on any predictable drops in income and adopt the state option to maintain Medi-Cal eligibility despite fluctuating income.
- Eliminate the three-month waiting period for children with employer coverage in Healthy Families.

Continue essential health services and create complementary coverage pathways with the insurance affordability programs.

- Maintain California Children’s Services (CCS) and pose a question on the single application to identify potentially eligible children.
- Maintain Child Health and Disability Prevention Program (CDHP) as a gateway to immediate coverage from the provider’s office, ultimately linking children and their family members to the shared eligibility system.
- Enhance and streamline services under pregnancy-related Medi-Cal and AIM by providing full Medicaid coverage to pregnant women up to 300 percent FPL.

Integrate eligibility and enrollment for other human service programs.

- Most immediately, forward eligibility information for those seeking to enroll in other human service programs, with their authorization.
- Integrate human service program enrollment into CalHEERS before the end of 2015, commencing with CalFresh and CalWORKS.

3. Real-Time, Immediate, and Ongoing Enrollment

Develop a modernized enrollment system and state verification hub (with connections to the federal hub) that can provide adequate information to support the application, mid-year updates, and renewal.

- Prepopulate online and paper forms, to the greatest degree possible, pulling information already in state and federal databases. Prioritize state and private data sources that are more up-to-date than the federal hub.
- Utilize attestation of eligibility criteria to the greatest extent allowed by federal law, supported by verification where required, including for citizenship, nationality, and immigration status.
- Automate renewal using available data for both MAGI and non-MAGI-based cases.

Develop a data hierarchy that helps resolve inconsistencies in eligibility data and reduces the need for follow-up with applicants.

- Establish a policy that finds incompatibility within an application only where the data at issue would have a “material” impact on eligibility (i.e., would change the outcome).
- When material data discrepancies exist, provide the consumer with an opportunity to independently resolve the discrepancy and, if documentation is required, allow for submission by e-mail, sending a picture via mobile device, fax, or mail.

Whenever real-time eligibility and enrollment are not possible, provide immediate coverage to otherwise eligible consumers prior to a final determination.

- Provide seamless transition for consumers who undergo a non-MAGI Medi-Cal review, from their initial MAGI-based enrollment into non-MAGI Medi-Cal, where found eligible, and provide continuity of plan/provider choices as much as possible.
- Pending resolution of a data issue, provide immediate coverage for consumers who appear eligible for Medi-Cal, Healthy Families, and Exchange.

Establish consumer-protection policies to govern the use of data.

- Obtain informed authorization prior to retrieving and/or sharing data.
- Guarantee that any information provided will be kept confidential and will be accessed, used, and disclosed only for eligibility and enrollment purposes (and retained only for so long as is reasonably needed for such purposes).

4. Easy Navigation of Coverage

Ensure that health plan enrollment is integrated into the eligibility process and occurs as part of the application and, if possible, in real time.

- Build plan selection, governed by corresponding consumer protections, into CalHEERS such that the whole process from application to plan selection could be accomplished in one sitting.
- Ensure that families in different programs can view and compare across programs about available benefits, carriers, providers, costs, and other important issues.
- Provide consumers with nonelectronic means for completing the plan selection process at their option.

Coordinate premium payment across programs.

- Design the premium payment function in CalHEERS so that consumers receive one monthly bill for the whole family.
- Allow payment through multiple venues, including online, EFT, mail, in person, and mobile devices.
- Discount the Healthy Families premium for mixed-coverage families paying other premiums and

<p>conform the premium grace period to match the Exchange grace period (three months).</p>
<p>Establish consumer-friendly procedures for those facing changing circumstances.</p> <ul style="list-style-type: none"> • Provide clear, easy-to understand instructions as to required change reporting, providing each consumer with a personalized reporting threshold. • Allow change reporting online, over the phone, via mail, in person, or when paying monthly premiums. • Identify consumers who may be experiencing loss of income (such as those applying for unemployment, new benefits, and those failing to pay premiums) and proactively help them adjust subsidies and/or enrollment, as appropriate. • Eliminate unnecessary paperwork and ensure that consumers transferring between programs experience no gaps in coverage.
<p>Establish policies for mixed-coverage families that will assist them in navigating through the different programs.</p> <ul style="list-style-type: none"> • Coordinate and consolidate how mixed-coverage families choose health plans, make premium payments, and receive correspondence. • For families applying outside Exchange open enrollment, enroll eligible children in Healthy Families but reset their renewal date to coincide with parents' eventual Exchange enrollment. • Promote availability of Medi-Cal, Healthy Families, and child-only plans for children even among parents who are not eligible for insurance affordability programs.
<p>Assist Small Business Options Program (SHOP) participants in navigating their health coverage and connecting them to the insurance affordability programs, when appropriate.</p> <ul style="list-style-type: none"> • Provide SHOP participants with the same consumer-friendly features envisioned for the insurance affordability programs, such as hands-on assistance, access to online accounts, and easy-to-understand information on health plan options. • Allow employees to designate on the SHOP application when they have dependents in need of health coverage and promote SHOP employees' ability to access applicable insurance affordability programs for their dependents, where dependent coverage is unavailable or unaffordable, through education and linkages.