The Affordable Care Act in Action: Building on State Efforts

On the Road to 2014: Medicaid and CHIP Eligibility and Enrollment
September 8, 2011

Beth Osthimer
Division of Health Reform and Health Insurance Exchange Integration
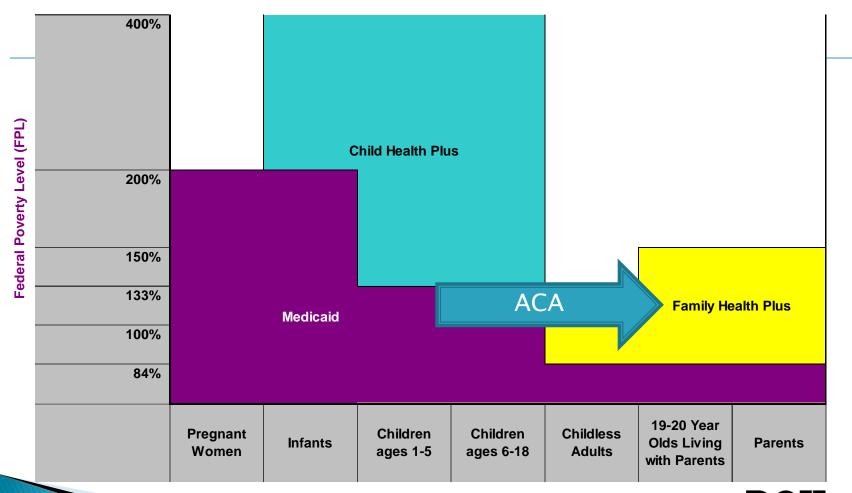Office of Health Insurance Programs

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New York Health Coverage and Enrollment: 2011

- Public programs: 5 million

- Employer-based: 10.5 million

- Uninsured: 2.7 million

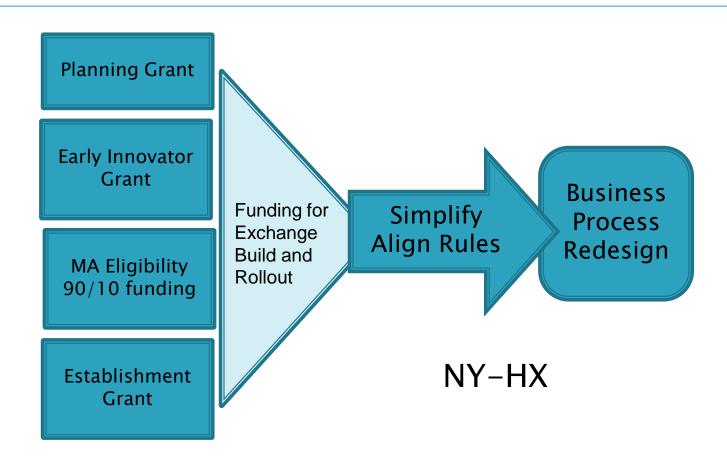# New York Health Coverage and Enrollment: 2011

New York Health Coverage and Enrollment: 2014

- Increase Medicaid enrollment by about 25%

- Add Exchange coverage for over one million more New Yorkers (700,000 subsidized)

How will we get there?

Planning Grant

Early Innovator Grant

MA Eligibility 90/10 funding

Establishment Grant

Funding for Exchange Build and Rollout

Simplify Align Rules

Business Process Redesign

NY-HX

2014 and beyond

NY-HX System Solution: What is It?

- Integrating eligibility and enrollment for all public, subsidized and individual/employee Exchange health coverage through the NY-HX (Medicaid, CHP, Exchange, Basic Health Program, if offered).

- Working with funders/consortia to design "customer experience" (web portal)– IDEO

NY-HX System Solution: What is It?

- Simplify, align and integrate HX eligibility and enrollment determination process

  - Qualified Health Plan
  - Subsidies
  - Medicaid
  - CHP
  - Basic Health Plan

- Procurement pending-Systems Integrator

- Technical infrastructure to support a more uniform, automated, consumer-friendly administration of health coverage programs by 2014

New York : Key Challenges to Bridging the Gap

- Multiple, 30+ year old, "horizontal" legacy eligibility and enrollment systems

- Shared State/local responsibility for administering Medicaid

- Budget and staffing constraints; procurement rules and timelines

- Legislative timeline

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Elimination of Enrollment Barriers Helps Pave the Way : Key Challenge is Automated Eligibility System

- Self declaration of income/ residency at renewal

- 12 month continuous enrollment for children and most adults

- No resource test for most Medicaid beneficiaries

- No finger imaging requirement

- No face-to-face interview

≠ Automated Eligibility

New York : Strategies to Help Bridge the Gap

- Conduct joint application design sessions on business requirements
  - Eligibility and Enrollment
  - Financial Operations
  - Communications
  - Plan Management
  - Customer Service
  - Oversight

- Exploring other state, national potential solutions (e.g. SERFF (NAIC/50 state) system for plan management functionality, IDEO user interface project)

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New York : Strategies to Help Bridge the Gap

- Leverage new MAGI rules– no deductions, no asset test

- Tremendous MAGI simplification-- collapsed sixteen mandatory and optional eligibility categories for parents, pregnant women and children into three.

- Medicaid, CHP and Exchange aligned in many respects in terms of household composition, income

New York : Accomplishments to Help Bridge the Gap

- Statewide Call Center

- Telephone Renewal supported by automated tool/rules

- Medicaid Redesign Team (MRT) workgroup developing recommendations to align state/local responsibilities- late 2011

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Federal Role In Support of State Exchanges Critical

- Proposed MAGI rules simplify and address much, but not all – work in progress

- Robust federal hub, with easy, automated processes for eligibility and verification (e.g. PARIS, death matches, in addition to SSA, HSA and IRS)

- Federal support for Exchange systems and tools - (e.g. plan management- use of SERFF? Plan comparison tool? Well designed user experience (IDEO)

- Align federal audit standards with ACA