



NAMD ACA IMPLEMENTATION SNAPSHOT – OPEN ENROLLMENT, WEEK 9

DECEMBER 2ND –DECEMBER 9TH, 2013

THIS SNAPSHOT IS PART OF NAMD'S ONGOING PUBLICATION DESIGNED TO SUPPORT STATES THROUGHOUT IMPLEMENTATION OF THE AFFORDABLE CARE ACT. THE FOLLOWING SUMMARY IS A QUALITATIVE DISCUSSION OF STATE EXPERIENCES DURING THE PREVIOUS WEEK. IN THIS SNAPSHOT, NAMD PROVIDES INFORMATION ABOUT THE STATE PERSPECTIVE ON FFM ACCOUNT TRANSFER OPTIONS, COMMUNICATIONS WITH POTENTIAL MEDICAID BENEFICIARIES, AND EXPANSION STATE PROGRAM SEQUENCING ACTIVITIES. THIS SUMMARY IS BASED ON OUR CONVERSATIONS WITH A REPRESENTATIVE SAMPLE OF STATES.

IN ORDER TO PROVIDE THE MOST TIMELY AND ACCURATE DATA AVAILABLE, NAMD PLANS TO CONTINUE TO PUBLISH A WEEKLY UPDATE, DESCRIBING STATE AND FEDERAL EFFORTS TO REFINE SYSTEMS AND CREATE A SMOOTH PROCESS FOR INDIVIDUALS INTERACTING WITH THE NATION'S MEDICAID PROGRAMS.

THE STATE EXPERIENCE

- ∴ All states surveyed are reporting increases in the number of applications arriving at the Medicaid agency. This is likely due to the approaching cut-off date to receive coverage beginning January 1st. The high level of media coverage focused on the Affordable Care Act is drawing the attention of potentially eligible individuals in all states.

States are working as quickly as possible to process applications they have received. The consumer experience continues to be a top priority for states, as Directors strive to balance the workload, changing and updating regulations from their federal partners and allocating staff according to areas where demand is most urgent.

ALTERNATIVE BENEFIT PLANS

- ∴ States expanding their income eligibility levels are continuing to work on the design of benefit packages for the expansion population. States are developing the alternative benefit packages, setting rates for providers, and negotiating with Medicaid managed care plans. Many of these states are poised to submit State Plan Amendments to CMS or have already shared drafts, and all states are engaged in regular and active conversations with CMS. States expressed the intent to finalize their SPA proposals soon, but are also preparing to enter January without all aspects finalized or CMS approvals completed. These states will need to work with CMS and with their plans and providers on interim solutions to ensure that coverage begins even as the details are finalized.

ENROLLMENT EXPERIENCES

- ∴ The number of applications has been increasing across the states as January approaches. All states are exploring their options and implementing strategies for handling the applicant influx. This includes evaluating their plans for allocation of staff and external resources, workflow management and triage of applications, and other methods to smooth the way for timely enrollment. States are working regularly, even daily, with CMS to tailor and shape their mitigation strategies, and manage the various challenges that arise. These strategies include the following.

OUTREACH TO POTENTIALLY ELIGIBLE

States are using a number of different means to proactively reach out to individuals that have been flagged as potentially eligible for the state Medicaid program. Some states are using “administrative enrollment” procedures, including directly contacting current enrollees in the Supplemental Nutrition Assistance Program (SNAP) – also commonly referred to as the food stamp program -- and other potentially eligible applicants. States also are using their websites, partnerships with stakeholder organizations and other communications vehicles to encourage individuals to apply. States are approaching potential backlogs by prioritizing applications based on various factors.



FLAT FILE WAIVER FOR FFM STATES

∴ On November 29, CMS offered states with a Federally Facilitated Marketplace (FFM) model a new, temporary waiver option for enrolling eligible individuals in the program using an enhanced flat file. To support state action to process certain enrollments using this data file, CMS will begin delivering a flat file with additional applicant data and more information on the basis of the FFM assessment or determination of Medicaid eligibility.¹ Some states expressed an interest in implementing this option, particularly if the state's account transfer capacity is behind schedule.

As reported in last week's Snapshot, states are in various phases of testing the new account transfer system with the FFM. Some states are ready to receive account transfers and others are still in the testing phases. Receiving and sending functions are not up and running in all states, and some states have developed both functions while others may have one or neither of these functions running.

Several states (both expansion and non-expansion) reported there is growing concern and questions coming in from some consumers leading up to January 1. Medicaid coverage in all states is retroactive, but applicants are beginning to express some frustration if they have not received more information about their eligibility and enrollment. In states that have opted to expand their Medicaid income eligibility levels, there are many individual applicants who need to be processed and enrolled in Medicaid. Other applicants do not qualify for Medicaid and need to be transferred to the state or federal health insurance marketplace in a timely manner. States using the FFM seek to work with CMS to make sure potential Medicaid enrollees understand the status of their application. States with state-based marketplaces (SBM) are monitoring the flow of applications between the SBM and Medicaid to be sure there are no gaps.

¹ The "flat file" is a data file CMS is currently providing state Medicaid agencies until the FFM and states can activate the full electronic account transfer process.