



# NAMD ACA IMPLEMENTATION *REFLECTIONS FROM THE FIELD*

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THIS NAMD REPORT IS AN OVERVIEW OF AND REFLECTION ON STATES' WORK DURING THE OPEN ENROLLMENT PERIOD. STATES ARE WORKING THROUGH A MULTITUDE OF COMPLEX ISSUES ALONG THE IMPLEMENTATION CONTINUUM. AS THEY COMPLETE CERTAIN TASKS THEY MUST REFOCUS THEIR RESOURCES ON NEW PRIORITIES AND REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). NAMD DISCUSSES THE PROGRESS OF STATE IMPLEMENTATION ACTIVITIES AS A QUALITATIVE SUMMARY, FOCUSING ON STATES' WORK TO PROVIDE RELIABLE SYSTEMS, FUNCTIONAL PROGRAMS AND A QUALITY CONSUMER EXPERIENCE.

THIS WEEK'S REFLECTION IS A PART OF NAMD'S ONGOING WORK TO SUPPORT STATES THROUGHOUT THE AFFORDABLE CARE ACT IMPLEMENTATION PROCESS. IN ORDER TO PROVIDE TIMELY AND ACCURATE DATA, 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 STATE MEDICAID PROGRAMS.

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## THE STATE EXPERIENCE

- ∴ All states continue their efforts to comply with requirements set forth in the Affordable Care Act and subsequent federal regulations. Despite wide variability in starting points, states have made considerable progress in the tasks set before them, and will continue their efforts over the coming weeks and months. Throughout this process, they have placed the consumer experience at the forefront of their decision making because they are committed to providing individuals that interact with their agency accessible information, timely responses, and the best experience possible during such a transformational point in the program's history.

Current enrollment numbers for the Medicaid program have been spotlighted elsewhere in the media. As the measures are more clearly defined and data collection systems are refined, these numbers may shift. It should be noted that to date enrollment levels remain firmly within the parameters of state expectations, and are consistent with previous program launches.

### *A LOOK FORWARD - JANUARY 1<sup>ST</sup>*

October 1<sup>st</sup> was an important milestone for Medicaid agency preparations for January 1<sup>st</sup>. States are preparing to receive the individuals whose coverage will begin at that time, either under the new MAGI rules or those who qualify under the expansion eligible group in some states. In essence, current system development and open enrollment serves as a ramp up period in advance of the first of the year.

## STATE OUTREACH AND EDUCATION

- ∴ States are working to provide as timely information as possible on program and system changes to individuals impacted by the changes as well as the broader stakeholder community. This is a consistent priority regardless of whether states are expanding their Medicaid income eligibility levels on January 1, 2014.

States have developed a range of strategies to reach providers and other community stakeholders that interact with the agency—leveraging these connections to improve enrollment processes. So-called “non-expansion” states are working to provide information on changes in their current programs, and educate current enrollees about their options. States that have chosen to increase their Medicaid income eligibility levels on or after January 1, 2014, are working with provider groups, application assisters and others impacted to ensure a coherent and seamless consumer experience for current and future enrollees.

## OVERSIGHT AND TESTING

- ∴ The type of activities required to develop new or modernize existing Medicaid eligibility systems has varied based on the starting point for each state system. However, every state has undertaken major work to comply with the ACA's eligibility vision and regulatory requirements. Some of the most arduous tasks included

rebuilding eligibility systems, reworking application procedures and business processes, and in some cases starting from scratch in order to comply with new requirements. Medicaid agencies also have worked through their processes to change state laws and rules to comply, where needed.

- ∴ Many states expressed the view that ACA's new requirements have provided an opportunity to revamp outdated systems and to identify model practices. In particular, states have new tools and techniques to improve the efficiency of their procurement processes. Importantly, states also identified lessons learned about means of tracking and oversight of system readiness, refinements to their contract processes that improve the accountability mechanisms, and best practices in managing project timelines.

#### MITIGATION STRATEGIES

- ∴ Regardless of whether a state has a federal or state run marketplace model, the state Medicaid agency is working to ensure smooth interactions with their eligibility and enrollment processes. In either marketplace model, state Medicaid agencies have experienced glitches and delays that are largely consistent with previous experiences in standing up new programs and systems. State Medicaid agency mitigation strategies provide patches to systems and processes while further refinement is developed and applied. Whether the state is handling paper applications or using other types of workarounds, states are working through these issues as they arise and have refined their mitigation strategies to overcome systems challenges.

As state Medicaid agencies work to adopt changed policies and modernize their systems, much focus is placed on the experience of current and future consumers. To the greatest extent possible, states are working to ensure that any mitigation strategies have limited, if any, practical impact on the consumer experience.

#### *FEDERALLY FACILITATED MARKETPLACE STATES*

States prioritize early and frequent communication and collaboration with their contractors and other state agency partners when bringing up new systems. In states where a Federally Facilitated Marketplace (FFM) is operating, working with a new federal agency within CMS added another layer to the already complex work of designing and implementing new systems and building secure, real-time connections between these systems. As has been previously reported in NAMD Snapshots, development and launch of the FFM has had some downstream impacts on Medicaid agency's work in those states.

States will continue to work closely with CMS officials to ensure the systems and specific services are functional as quickly as possible. States will also ensure they adapt or create new mitigation plans to reflect the readiness of both the FFM and the state to add new services, including the electronic account transfer of individuals assessed/determined eligible for Medicaid by the FFM. Improved communication and consistency between the administering agencies and their systems is a critical part



of ensuring consumers receive timely, accurate information about their eligibility for Medicaid and other public programs.

*STATE BASED MARKETPLACE*

Medicaid agencies with a State Based Marketplace (SBM) model have served as the backbone for the eligibility and enrollment systems for consumers. State Medicaid staff have contributed the vital expertise they've garnered from previous work with Medicaid's complex eligibility policies and systems. Their ability to grasp operational minutia and implement manual workarounds while also supporting work to rectify issues with the new systems has proven crucial. It is important to note that in order to ensure that individuals move through the application and enrollment process smoothly, SBM states have refined systems and are working through system issues on the back end to provide a seamless entryway for individuals seeking coverage.

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