



NAMD ACA IMPLEMENTATION SNAPSHOT – OPEN ENROLLMENT, WEEK 4

OCTOBER 21st – OCTOBER 28th, 2013

THIS NAMD SNAPSHOT PROVIDES A SUMMARY OF THE STATE EXPERIENCE DURING THE FOURTH WEEK OF THE OPEN ENROLLMENT PERIOD. THIS REPORT DISCUSSES THE PROGRESS OF STATE IMPLEMENTATION ACTIVITIES AS A QUALITATIVE SUMMARY. THIS WEEK, WE FOCUS ON COMMUNICATIONS WITH FEDERAL PARTNERS, NEW PERFORMANCE INDICATORS PROCESSES, AND ISSUES THAT WILL SHAPE THE EFFICIENCY OF THE ACCOUNT TRANSFER PROCESS BETWEEN MEDICAID AND THE STATE AND FEDERAL MARKETPLACES.

STATES ARE WORKING THROUGH A MULTITUDE OF COMPLEX ISSUES ALONG THE IMPLEMENTATION CONTINUUM. PROGRESS IS MEASURABLE FOR MANY OF THE TASKS AT HAND, INCLUDING LAUNCHING NEW FUNCTIONALITIES, COMPLYING WITH REPORTING REQUIREMENTS, AND KEEPING CONSUMERS AND OTHER STAKEHOLDERS INFORMED. MEDICAID AGENCIES ARE IN CONSTANT STATE OF TRANSITION AT THIS TIME -- AS THEY COMPLETE CERTAIN TASKS THEY MUST REFOCUS THEIR RESOURCES ON NEW PRIORITIES AND REQUIREMENTS OF THE AFFORDABLE CARE ACT. EACH NAMD SNAPSHOT PROVIDES A PICTURE OF THE MAJOR DEVELOPMENTS AND ISSUES IN THE IMPLEMENTATION PROCESS DURING A WEEK.

THE ACA SNAPSHOTS ARE 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.

THE STATE EXPERIENCE

- ∴ During the fourth week of open enrollment, the state experience remained varied depending on the type of Marketplace operating in the state and whether the state is planning to expand Medicaid eligibility January 1, 2014. States seeking to expand coverage must conduct additional steps in the coming few weeks. All states described a range of complex issues in their efforts to integrate with the Marketplaces, with the specifics dependent on the use of a Federal or state model.

Beyond these variables, all states continued to develop or refine a number of complex aspects of their eligibility and enrollment systems, reporting mechanisms and tools for interfacing with consumers and stakeholders. Medicaid agencies are all working to comply with the January 1, 2014 effective date for using Modified Adjusted Gross Income (MAGI) to determine eligibility for certain Medicaid applicants as well as ensuring their systems provide the best experience for applicants and enrollees.

FEDERAL COMMUNICATIONS

- ∴ On October 17th, the federal government shutdown ended. Upon the return of CMS' technical and policy staff, the federal agency was able to return to "full-power" in its implementation discussions with states. States reported that CMS staff were resuming regular communications on ACA as well as non-ACA matters.

DATA REPORTING

- ∴ With the adoption of new eligibility criteria and systems, there are new accompanying metrics to assess the operations of those systems. State Medicaid agencies are working closely with CMS to respond to data requests from federal and state policymakers, consumers and other stakeholders about eligibility and enrollment in the new environment. States report they are continuing to make progress in assessing system performance with each passing week.

However, several operational challenges have emerged and are described below. States reported that they have discussed these concerns with CMS, and that the federal agency is working individually with states on remedies and work-arounds. Specifically, some states have legacy systems that are currently unable to create new data reports, produce the data in the format or within the parameters requested, or process reports in different timeframes. This is true both for baseline data (pre-10/1) and going forward. Furthermore, new eligibility systems were built before the data definitions were finalized, so for both current data and for baseline, states are having to manually extract the data, reengineer programming, or caveat where the data they can provide differs from the new requirements.

States are working diligently to submit data during this transition period for eligibility and enrollment systems and policies, and to ensure their systems can produce this data

more easily going forward. To date, many reported they were able to provide baseline data and were working to improve the strength and validity of the information in the weekly reports, although most of their data points continued to require “clarifications or caveats.” As clarifications have emerged from CMS about what the data should reflect, a number of states have also revised and resubmitted data in the baseline and past weekly reports to improve accuracy.

States are also preparing to comply with CMS’ monthly reporting requirement—with the first reports due in early November. However, as NAMD previously noted, variation in the reporting process and data definitions will require careful analysis and may limit the reliable conclusions that can be drawn about the Medicaid experience on a national or state-specific basis or both during this period.

States raised questions about CMS’ plans for national level reports and how state-specific information will be validated and portrayed. In particular, states with federally facilitated marketplace (FFM) were unsure how their Medicaid data will align with reports the FFM will generate. States with a state-based marketplace (SBM) expressed greater confidence in their ability to align reporting at the state level across these programs. All states are eager to work with CMS on a process to review state-specific data prior to release, and to ensure clarity in efforts to interpret their data.

MEDICAID AND THE MARKETPLACE

- ∴ States continue to closely monitor eligibility systems and application processing. This week, states did not report adding any additional functionalities to their systems.

FEDERALLY FACILITATED MARKETPLACE STATES

States using the Federally Facilitated Marketplace (FFM) received the second week of CMS’ “flat file,” the document that contains some basic data on the group of individuals the FFM has referred to that state’s Medicaid agency. As mentioned in last week’s Snapshot, the flat file is a mitigation strategy that CMS is employing until the FFM’s real-time electronic account transfer functionality is launched. (The account transfer process is a hand-off of the application and documentation from the FFM to the state Medicaid agency.) Also of note this week, CMS announced that the account transfer process from the FFM to state Medicaid agencies would not be launched on November 1st as previously scheduled. Instead, the agency is now prepared to start testing this function with any state Medicaid agency that is ready, but did not give a new target date for transfers to begin.

States discussed the utility of the flat file, and shared how they are using this important data point. States are using the information from the flat files to inform work-load planning in advance of the actual electronic transfer of accounts. Beyond the total number of applicants, several states conducted a deeper analysis of the flat file that showed: 1) a number of the individuals listed in the file are current Medicaid

beneficiaries or have household members who are enrolled, and 2) there were some “empty data fields” in the flat file that may indicate the need for follow-up with consumers. These additional features may impact the magnitude and intensity of the workload stemming from the account transfer process.

This week several states report they are working with CMS to ensure beneficiaries receive timely and clear information about their eligibility and enrollment. Individual consumers are being referred by the FFM to their state agencies as potentially eligible for Medicaid, but states expressed concern that these individuals may be confused by what this “referral” means when the application processing cannot yet move forward. States report that they have sought but not yet received the form letter the FFM has sent to Medicaid applicants in their state. They also described efforts to ensure sufficient capacity to assist consumers who reach out to the Medicaid agency with questions.

STATE BASED MARKETPLACE

State Based Marketplaces (SBMs) are providing information between their eligibility and enrollment systems in a number of different ways. Account transfers were reported as smoothly occurring between SBMs and state Medicaid agencies, as their transfers are mostly internal hand-offs between the SBM eligibility systems and Medicaid. Though SBM states are not experiencing the same transfer issues as FFM states, they are reporting some difficulties with system-specific functionalities that they are working through on a state level, but these are very specific to local circumstances and not generalizable.
