Eligibility and Enrollment: Federal Requirements and Key Steps for Meeting Them

California Health Benefit Exchange
Board Meeting

May 24, 2011

Bill Obernesser

California Health Benefit Exchange,
Information Technology Policy Advisor

Overview

I. ACA Requirements: Eligibility and Enrollment Responsibilities of the Exchange

II. The "Customer Experience"

III. Federal Expectations and Principles for Information Technology

IV. Eligibility and Enrollment IT Support

V. Board Decision Criteria

VI. Timeline

VII. Next Steps

I. ACA Requirements: Eligibility and Enrollment Responsibilities of the Exchange

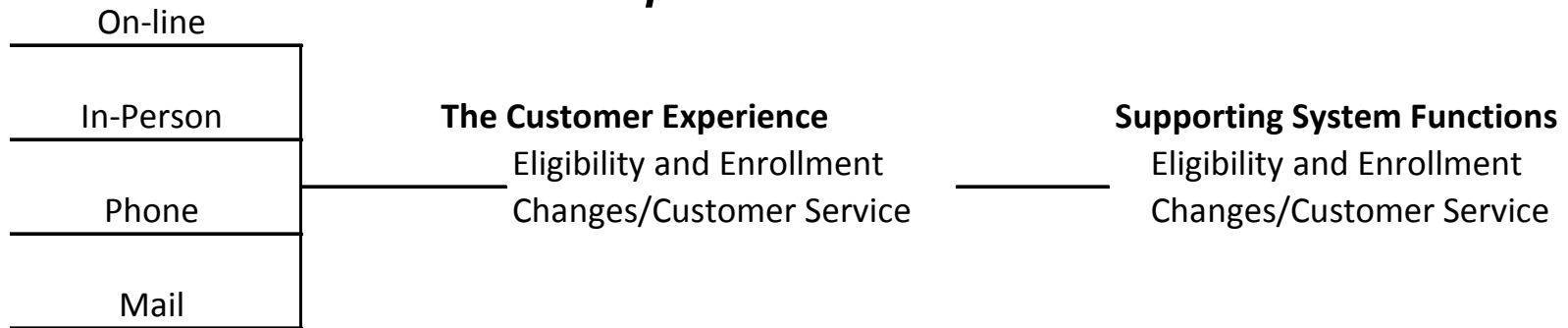**Facilitate the process of individuals obtaining and maintaining health care coverage:**

☐ Available coverage options are to include Qualified Health Plans (QHPs) and public programs – Medicaid and CHIP

☐ Provide consumer information, including understandable comparisons of coverage plans and eligibility requirements for public programs

☐ Provide this information and accept applications for coverage via an internet web site

☐ In addition, accept applications in-person, over the telephone, and by mail

I. ACA Requirements: Eligibility and Enrollment Responsibilities of the Exchange (cont'd)

- Determine individual eligibility for subsidies and public programs

- Streamline the enrollment process for Medicaid and CHIP to meet Exchange standards, for example:
  - use a single application for all programs
  - offer an eligibility and enrollment web site
  - perform electronic matching against federal and state data, as evidence of eligibility and in lieu of paper documentation

- Allow individuals to recertify and manage their eligibility information online

- Provide a toll-free line for consumer assistance

II. The "Customer Experience"

```
On-line
                        The Customer Experience          Supporting System Functions
In-Person
                         Eligibility and Enrollment        Eligibility and Enrollment
Phone                    Changes/Customer Service          Changes/Customer Service

Mail
```

ACA sample citations:

- § 1311(c)(5)(B) …an Internet portal… to assist consumers in making easy health insurance choices.

- § 1413(b)(1)(A) … a single streamlined form that may be used to apply for all … programs and may be filed online, in person, by mail or by telephone

- § 1311(d)(4) …a toll-free telephone hotline to respond to requests for assistance

Subsequent federal guidance:

- Support a first-class customer experience…seamless coordination between Medicaid, CHIP and the Exchange… representing the highest level of service, support and ease of use…provide the same customer experience to all individuals seeking coverage, regardless of … whether they enter the process through the Exchange, Medicaid or CHIP. (OCIIO-CMS Joint Guidance, 11/3/2010)

- Provide a 21st-century customer and partner experience for all individuals – applicants, beneficiaries, plans and providers (CMS Enhanced Funding Requirements, MITS 11-01-v1.0, April 2011)
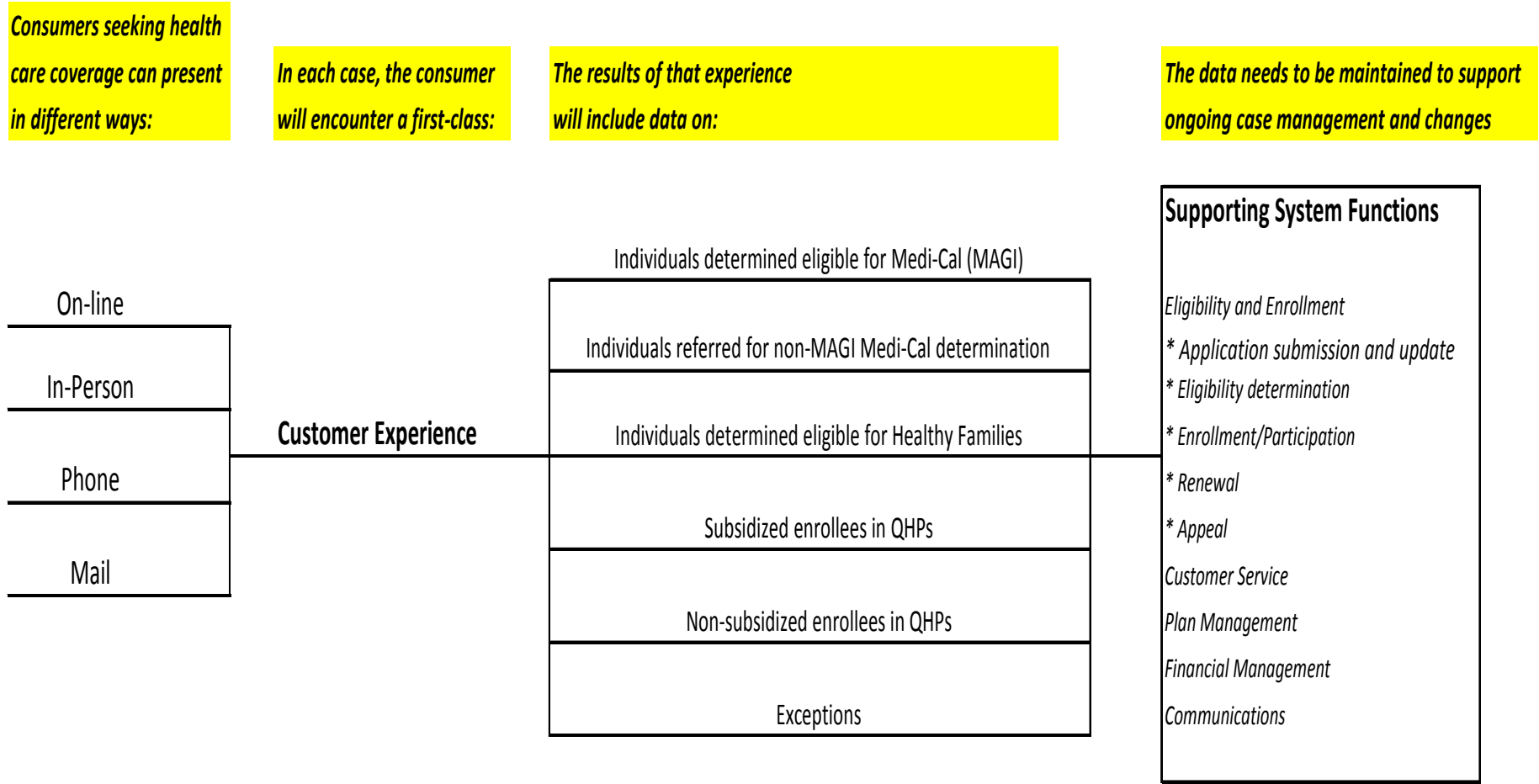
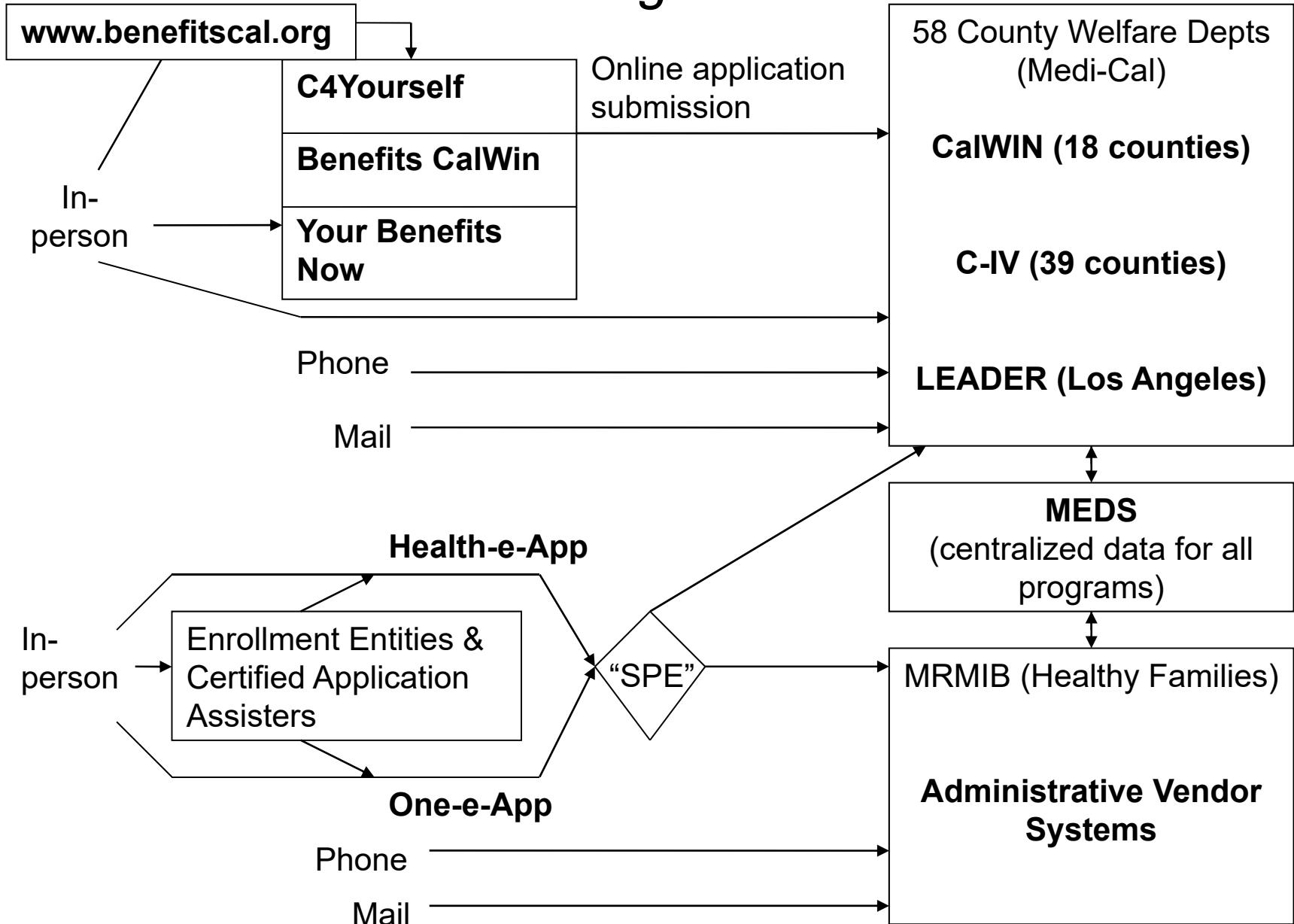*III. Federal Expectations and Principles for Information Technology*

- Business objective: first-class customer experience

- IT is a means to that end

- Collaborate, integrate and share

- Minimize duplication of effort

- Comply with industry standards

- State flexibility, within limits

IV. Eligibility and Enrollment IT Support
Complex functionality is required to support the consumer experience

On-line

In-Person

Phone

Mail

Customer Experience

Individuals determined eligible for Medi-Cal (MAGI)

Individuals referred for non-MAGI Medi-Cal determination

Individuals determined eligible for Healthy Families

Subsidized enrollees in QHPs

Non-subsidized enrollees in QHPs

Exceptions

Supporting System Functions

Eligibility and Enrollment

* Application submission and update

* Eligibility determination

* Enrollment/Participation

* Renewal

* Appeal

Customer Service

Plan Management

Financial Management

Communications

IV. Eligibility and Enrollment IT Support: Current Public Program Environment

www.benefitscal.org

C4Yourself

Benefits CalWin

Your Benefits Now

In-person

Online application submission

Phone

Mail

58 County Welfare Depts (Medi-Cal)

CalWIN (18 counties)

C-IV (39 counties)

LEADER (Los Angeles)

MEDS (centralized data for all programs)

Health-e-App

In-person

Enrollment Entities & Certified Application Assisters

One-e-App

Phone

Mail

"SPE"

MRMIB (Healthy Families)

Administrative Vendor Systems

V. Board Decision Criteria

- The "gap analysis" will lead to the identification of alternative strategies for meeting the business objectives

- Both identification of feasible alternative strategies and selection of a preferred strategy will be driven by the Board's weighing of various criteria

- For example:
  - Compliance with federal and state law and federal guidance
  - Process transparency and stakeholder input
  - Likelihood of meeting the deadlines
  - Program quality and efficiency
  - Cost
  - Risk

VI. Timeline

Exchange Planning - Eligibility & Enrollment Systems				2011				2012				2013				2014			
				I	II	III	IV	I	II	III	IV	I	II	III	IV	I	II	III	IV
	Duration	Start	End																
Reach Agreement on Critical Decisions	6 months	-	1-Oct-11																
Procure needed IT services	9 months	1-Jul-11	1-Apr-12																
Development of required functionality	15 months	1-Apr-12	1-Jul-13																
Implementation of required functionality	6 months	1-Apr-13	1-Oct-13																
Operations	12 months	1-Jan-14	31-Dec-14																

10

VII. Next Steps

- Determine scope and budget for Level 1 grant
- Board Level 1 grant direction (June 15)
- Complete "gap analysis" before submission of the Level 2 grant
  - ☐ Obtain stakeholder input
  - ☐ Evaluate relationship of individual eligibility and enrollment processes with SHOP processes
  - ☐ Review of UX 2014 project applicability to customer experience requirements
  - ☐ Address other functional components: e.g. Plan Management and Customer Service
- Address establishment of a competitive process to select contractors