Eligibility & Enrollment

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Covered California's Eligibility & Enrollment Policy Update

Key Policy Issues:

- **Staff are identifying and recommending key policy issues to the Board and Stakeholders for consideration and discussion.**

- **Stakeholder webinar will be scheduled in early/mid-March 2013 to solicit public feedback.**

- **Staff recommendations guided by the:**
  - ✓ Affordable Care Act
  - ✓ Covered California's vision, mission and values
  - ✓ Interim final Federal Regulations
  - ✓ Recently proposed Federal Regulations (published on January 22, 2013)
  - ✓ Ensuring transparency to consumers by informing and educating them

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Covered California's Eligibility & Enrollment Policy Update

Key Policy Issues
Processing time frames to conduct eligibility determinations
Special exceptions to maintain enrollment after 90-day reasonable opportunity period
Authorized Representative process
Periodic data matching process
Requirements for consumers to self-report changes

Covered California's Key Policy Issue
Processing Time Frames to Conduct Eligibility Determinations

Federal Requirements:	Staff Recommendation:
Affordable Care Act (ACA) and Federal Regulations do not explicitly identify the processing timeframe (e.g., how many days) to conduct an eligibility determination once an application is received. Federal statutes and Regulations state that the eligibility determination must be conducted in "real time" and without "undue delay."	• Complete on-line applications and telephone applications that do not require the resolution of any inconsistency will occur "real time" and immediately. • Complete paper or fax applications that do not require resolution of any inconsistency will be processed within 10 calendar days of receipt. (This is the maximum timeframe that is being recommended for proposed State Regulations.)***** • On-line, paper, or faxed application which require additional information because there are missing data elements will be processed within 10 calendar days of receipt. (This is the maximum timeframe being recommended for proposed State Regulations.)***** • On-line, telephone, paper or faxed applications that require the resolution of inconsistency will result in the consumer being conditionally eligible for Covered California, if their self-reported information qualifies them for coverage. Consumer has 90 days to resolve the inconsistency.

*****Note: *While staff recommends that the 10 calendar day maximum timeframe be identified in our proposed State Regulations, Covered California's internal administrative process will have stricter service level standards. It is recommended that the administrative service level standards to process applications and eligibility determinations occur within 5 business days from the date of receipt of the application.*

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Covered California's Key Policy Issue

Special Exceptions to Maintain Enrollment After 90-Day Reasonable Opportunity Period

Federal Requirements:	Staff Recommendation:
Federal Regulations require Covered California to extend the 90-day reasonable opportunity period on a "case by case" basis for circumstances in which the consumer is unable to provide documentation to resolve the inconsistency. This extension shall not occur in situations where the consumer is resolving an inconsistency pertaining to U.S. Citizenship, National or lawfully present status.	Consumers may submit a request to extend the 90-day reasonable opportunity period. • Must provide the reason why the consumer is unable to furnish documents or why documents do not exist to resolve the inconsistency. • Consumer's justification will be reviewed and must be approved by Covered California in order for the 90-day reasonable opportunity period be extended. Written notification will be sent to the consumer with the outcome of the decision. • If approved, Covered California will follow-up with the consumer, reminding them that they need to resolve the inconsistency during this exception period. ✓ Within 30 days from the date of the approval, Covered California will contact consumer by telephone and send a written reminder notice (in preferred method of communication). ✓ Consumer has 30 days from the date of the reminder notice to respond. ✓ In the event consumer responds to reminder notice and provides additional information as to why they are still unable to furnish documents, Covered California will review the explanation to determine if the consumer continues to qualify for the exception period. Written notification will be sent to the consumer with the outcome of the decision. ✓ In the event the consumer does not respond to the reminder notice, then, they will be disenrolled and will receive a termination letter that identifies their appeal rights.

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Covered California's Key Policy Issue
Authorized Representative Process

Federal Requirements:	Staff Recommendation*:
Recent proposed Federal Regulations were published on January 22, 2013. Proposed Regulations indicate that consumers may designate an Authorized Representative to act on their behalf by signing an application on the individual's behalf, submit an update or respond to a redetermination, receive copies of the individual's notices and other communications from Covered California, and act on behalf of the individual in all other matters with Covered California. • Authorized Representative is valid until the consumer modifies the authorization; • Consumer must notify the Authorized Representative and Covered California that the representative in no longer authorized to act on the consumer's behalf; or • Authorized Representative notifies the consumer and Covered California that they no longer are acting in such capacity.	In staff's comments on the proposed Federal Regulations, staff recommends that Covered California have the flexibility to allow consumers to designate a more limited role for an Authorized Representative. Rather than giving full authority to the representative to act on behalf of the consumer in all matters, the consumer would have the choice to limit the role of the Authorized Representative. For example, the consumer may decide to only allow the Authorized Representative to act on their behalf during any of the following circumstances (or combination thereof): • Initial application process • Initial enrollment or effective date of coverage • Disenrollment process • Appeals process • Annual eligibility re-determination process • Change of circumstances (including self-reporting changes) • Periodic eligibility determinations

***Note:** *The initial implementation of the Authorized Representative process will be consistent with the requirements identified in the proposed Federal Regulations. The recommended approach to permit consumers to limit the role of the Authorized Representative will not be available at the initial implementation launch; however, will be made available at a later date. In addition, the recommended approach will be incorporated into our proposed State Regulations.*

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Covered California's Key Policy Issue
Periodic Data Matching Process

Federal Requirements:	Staff Recommendation:
Federal Regulations require that, once a consumer is determined eligible and enrolled in Covered California, periodic data matching must occur. The periodic data matching will help the program determine whether or not the consumer continues to qualify for coverage during the benefit year. The periodic data matching is not considered to be the annual eligibility redetermination process, but rather occurs mid-year (e.g., within the same benefit year). During the periodic data matching process, Federal Regulations require Covered California to at a minimum verify 1) whether or not the consumer is deceased; and 2) whether or not the consumer had a recent eligibility determination which resulted in enrollment into Medicare or no-cost Medi-Cal. Federal Regulations permit Covered California to consider periodically verifying other eligibility requirements (e.g., income), so long as it would reduce the administrative costs and burdens on individuals meanwhile maintaining accuracy and minimizing delays.	• Periodic data matching process occurs semi-annually. A semi-annual frequency is being recommended because all individuals will be required to go through an annual eligibility redetermination process during each Open Enrollment period. ✓ Staff will later review the periodic data match frequency and re-assess its effectiveness to determine whether or not more frequent matching needs to be considered. • Periodic data matching also occurs for household income. This approach has the following benefits to the consumer: ✓ Help inform and educate consumers about any potential changes to their eligibility for tax credit or cost sharing reductions as a result of a change of income. ✓ Enable consumers to adjust their advance premium tax credit accordingly based on their needs, which will help minimize repayment of excess advance tax credit taken during the benefit year. ✓ Increase the ability to obtain more affordable coverage when income decreases. • In the event the periodic data matching indicates that the consumer's income is different compared to what was originally used to determine their initial eligibility: ✓ A notice will be sent to the consumer which identifies the new income that was indicated using electronic data sources. ✓ The consumer will have 30 calendar days to respond to the notice. ✓ If the consumer does not respond to the notice, the consumer will be able to maintain their Covered California eligibility and tax credit, based on their original eligibility information. • However, the consumer will have to confirm their eligibility during the annual eligibility redetermination process and will be required to reconcile the tax credit at the end of the year through their annual tax filing.

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Covered California's Key Policy Issue
Requirements for Consumers to Self-Report Changes

Federal Requirements:	Staff Recommendation:
Federal Regulations require that consumers self report changes to Covered California within 30 calendar days from the date of a change. Specifically for: • Change in U.S. Citizenship, National or lawfully present status • Change in state residency status • Incarceration status However, Federal Regulations allow Covered California to establish a reasonable threshold Which an individual is not required to report a change of income.	Consumers be required to report any change of income that may result in a change in the amount of their tax credit or cost sharing reduction. As noted earlier in the periodic data matching process, this approach has the following benefits to the consumer: • Help inform and educate consumers about any potential changes to their eligibility for tax credit or cost sharing reductions as a result of a change of income. • Enable consumers to adjust their advance premium tax credit accordingly based on their needs, which will help minimize repayment of excess advance tax credit taken during the benefit year. • Increase the ability to obtain more affordable coverage when income decreases.

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Covered California's Key Policy Issue
Appeals Process

Federal Requirements:	Staff Recommendation:
Recent proposed Federal Regulations were published on January 22, 2013. Proposed Regulations identify the appeals process for Covered California and require the coordination of appeals between Covered California and Department of Health Care Services. Consumers may submit their Covered California appeals on-line, by telephone or by mail if they disagree with any of the following: 1) eligibility determination; 2) determination of the amount of advance payments of the premium tax credit and level of cost sharing reductions; 3) annual redetermination of eligibility; and 4) eligibility determination for an exemption from the individual mandate. Consumers will have 90 calendar days from the notice date of the determination to submit an appeal. When an appeal is submitted, Covered California will have 90 calendar days to adjudicate the appeal. During this 90-day timeframe, Covered California must establish an informal resolution process, prior to the appeal being adjudicated via hearing process. In the event the consumer is dissatisfied with the outcome of the informal resolution, the consumer's appeal will be adjudicated through the formal hearing process. In addition, should the consumer be dissatisfied with the appeal hearing decision, the consumer may appeal directly to HHS.	In staff's comments on the proposed Federal Regulations, staff recommends that the Federal Regulations consider extending the 90-day timeframe to adjudicate appeals to be 120 calendar days. This allows adequate time for Covered California to work closely with the consumer to conduct a thorough and comprehensive informal resolution process. An effective informal process will provide consumers with a quicker resolution of their problem.

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Next Steps

Activity:	Proposed Timeline:
Stakeholder webinar to solicit public feedback and input	Early/Mid-March 2013
First draft of proposed Eligibility & Enrollment State Regulations presented at Board Meeting (discussion item)	March 21, 2013
Stakeholder webinar to solicit public feedback and input	Mid-April 2013
Final proposed Eligibility & Enrollment State Regulations presented at Board Meeting (for Board action)	April 25, 2013
Submission of Final Eligibility & Enrollment Regulations to the Office of Administrative Law	Early-May 2013

Send Comments on

Key Policy Issues to:

Eligibility@covered.ca.gov

Comments Due

March 8, 2013

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California-Based
Single Streamline Application Update

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California-Based Single Streamline Application Update

- **Application data elements currently being developed and identified. And, were guided by:**
  - ✓ Center for Medicare & Medicaid Services (CMS) federal single streamline application data elements
  - ✓ Questions currently identified on the Medi-Cal and Healthy Families applications (MC 210 and MC 321)
  - ✓ Consumer focused specific questions needed to make eligibility determinations for full array of insurance affordability programs
  - ✓ Not asking questions that make it more burdensome for the consumer to apply for coverage
- **Data elements identified currently being used as the basis to design the on-line website portal (e.g., California Healthcare Eligibility, Enrollment, & Retention System [CalHEERS])**
- **Paper application will be developed modeling the data elements that are currently identified and the prototype of the federal paper application**
- **Please refer to Board handout material for list of proposed California-based application data elements**

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Next Steps

Activity:	Proposed Timeline:
Usability of CalHEERS Website Pages Began	January 2013
AB 1296 Stakeholder Process	Early-March 2013
Readability of CalHEERS Website Pages Begins	March 2013
Stakeholder Webinar	Early-April 2013
Readability & Usability Evaluation Begins for Paper Application	April 2013
Focus Group Testing/Field Testing Begins (English, Spanish and Asian languages in northern, central and southern California) Specifically for Paper Application	Summer 2013
Stakeholder Webinar	TBD
Draft Prototype for Paper Single Streamline Application	Summer 2013
Written Translations Begins (to produce application in culturally and linguistically appropriate manners)	Summer 2013
Federal Review and Approval of Paper Application Prototype	TBD

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Send Comments on California-Based Single Streamline Application Data Elements to:

Eligibility@covered.ca.gov

Comments Due

March 11, 2013

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