



Transforming the Enrollment of Children and Families into Health Care Coverage: An Update on Federal and State Activity on ACA Implementation

Jocelyn Guyer,
Co-Executive Director,
Center for Children and Families
Georgetown University Health Policy Institute

Washington, DC
February 7, 2012

From Paperwork-intensive to Simple, Seamless On-line Enrollment




Vision of the ACA

Current Procedures

- ◆ Manual, paperwork-intensive process
- ◆ Limited use of online applications and enrollment
- ◆ Heavy involvement by caseworkers

Post-ACA: Tax Credits, Medicaid, CHIP


- ◆ Seamless, simple eligibility and enrollment system
- ◆ Apply for/renew coverage online in “real time”
- ◆ Electronic verification of data in federal data hub and state databases
- ◆ Caseworkers (and/or Navigators) still available for people who require personal assistance

3


Structure of Affordability Programs Under the ACA

	Qualified Health Plans without Financial Assistance		
400% FPL			
	Qualified Health Plan with Premium Tax Credits-133%-400% FPL		
250% FPL			
	Cost-sharing reductions between 133% - 250% FPL	Medicaid/CHIP	
133% FPL			
	Medicaid		
	Adults	Children	

75% of parents eligible for Exchange coverage will have children eligible for Medicaid/CHIP

4


3 Proposed Rules on Eligibility

- ◆ Initially released August 12, 2011
- ◆ Now at OMB for finalization
- ◆ Three Rules on eligibility and enrollment
 1. Medicaid Program: Eligibility Changes Under the ACA (CMS)
 2. ACA: Exchange Functions in the Individual Market and Eligibility Determinations (CCIO)
 3. Health Insurance Premium Tax Credits (IRS)

5

“Partnership Model”

- ◆ Released September 19, 2012
 - States: Plan management and/or consumer assistance
 - Federal government: All other exchange functions, including eligibility determinations
- ◆ State uproar over “losing control” of Medicaid determinations
- ◆ Federal government relented; now eligibility determinations can be split between the federal government and states.

6

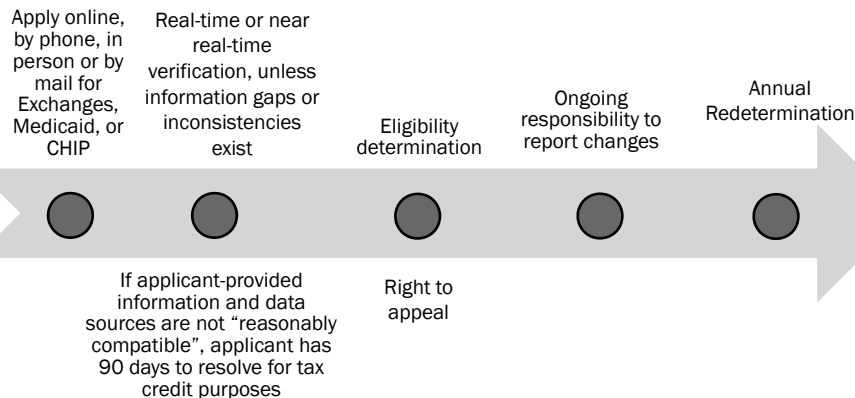
Key Themes Across All 3 Rules

- ◆ Must rely on electronic databases to maximum extent feasible
- ◆ Can request additional information only if electronic data are not “reasonably compatible”
- ◆ Cannot require people to provide more than minimum information necessary to evaluate eligibility (e.g., SSNs)

7



Proposed Process



8



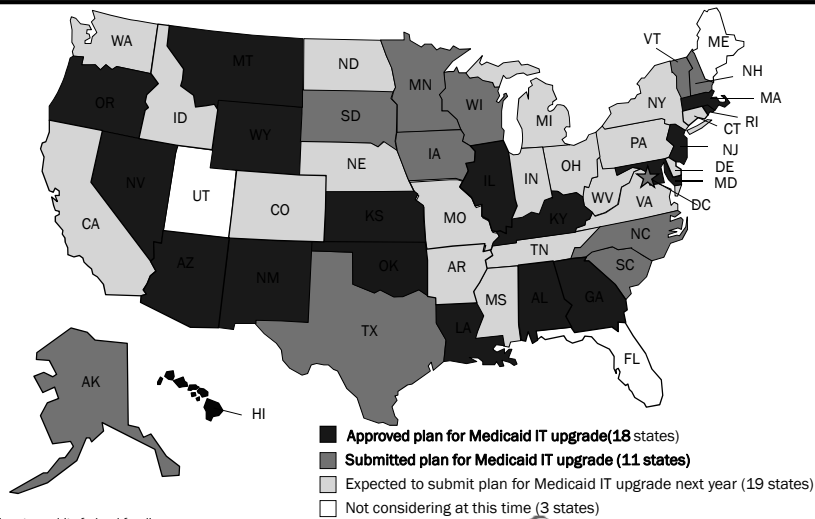
Major Issues in Months Ahead

- ◆ Timing and details of final federal regulations
 - "Guardrails" for states reluctant to implement ACA
 - Backup plans for families who otherwise would be bounced between programs
 - Steps to ensure the partnership model works as intended
- ◆ Status of sub-regulatory guidance
 - model application
 - federal data hub
 - "business processes"
- ◆ Ability of the nation's technology vendors to do the work on tight timelines
- ◆ Status of implementation efforts in anti-ACA states
- ◆ Development of the role of Navigators/consumer assistance

9

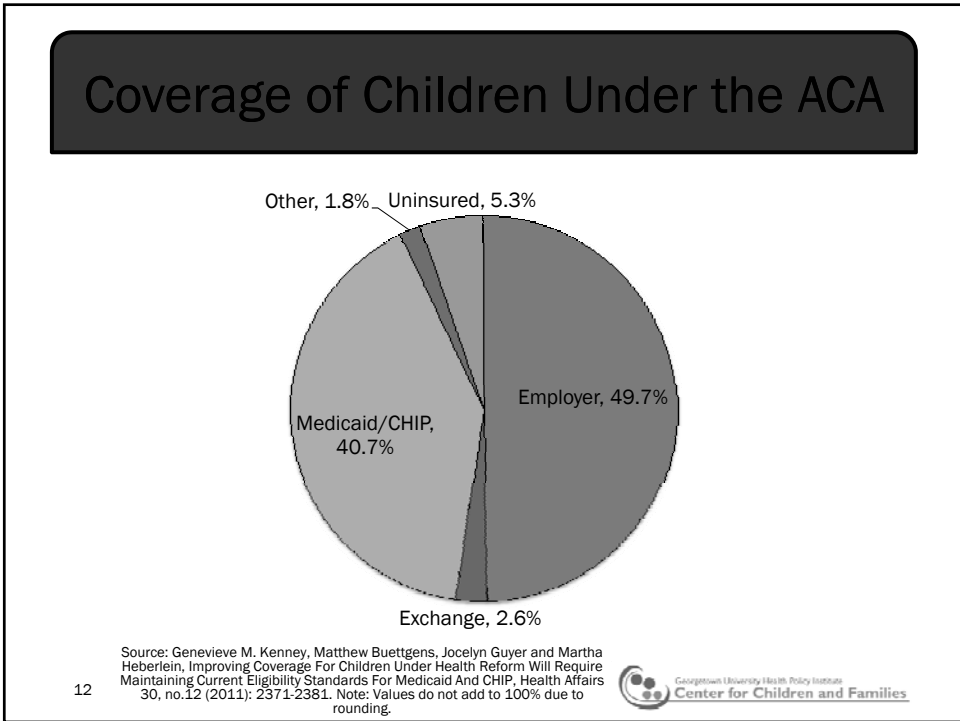
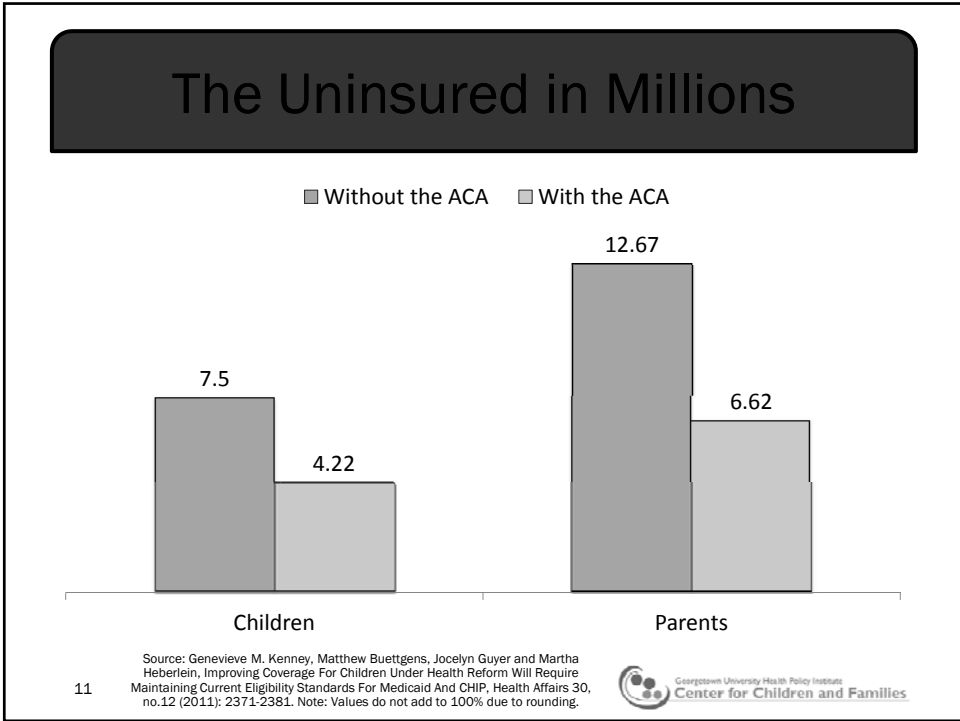


Enhanced Federal Funding for Technology Spurs State Actions



Note: Wisconsin returned its federal funding.
 Source: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2012.





Georgetown Center for Children and Families

Jocelyn Guyer

jag99@georgetown.edu

Our Website: <http://ccf.georgetown.edu/>

Say Ahhh! Our child health policy

blog:<http://www.theccfblog.org/>