



Affordable Care Act, DHS and MNsure Implementation

Supervisors' Conference
September 9, 2013



Expand Access to Affordable Coverage



ACA New Affordability Programs

Insurance Affordability Programs – Financial assistance programs available through MNsure including Medical Assistance (MA), MinnesotaCare, and APTC.

- Advanced Premium Tax Credits (APTC) – subsidy for purchasing a qualified health plan (QHP), administered by IRS and reconciled on your tax return – available in MNsure 10/1/13 for 1/1/14 coverage.
- Qualified Health Plan – A private health insurance plan that is certified to be issued through Mnsure.
- Basic Health Plan Option – state administered program with federal subsidies
- Mnsure – A new, one-stop health insurance marketplace where Minnesotans can find, compare, choose, and obtain private and public health care coverage that best fits their needs.
- Modified Adjusted Gross Income (MAGI) – The measurement of income for eligibility determination for all Insurance Affordability Programs (IAPs) starting in 2014.



Expand Medical Assistance

Minnesota's Answer – Expand Medicaid

- Changes to Income and Asset Standards (1/1/14)
 - Increase in income standards for
 - Children under age 19 – 275% FPG from 150% FPG
 - Children ages 19-20 – 133% FPG from 100% FPG
 - Parents and caretakers – 133% FPG from 100% FPG
 - Adults without children – 133% FPG from 100% FPG
 - Asset test for parents is eliminated
 - Many of these groups are currently eligible for MinnesotaCare.
- Changes to Income Methodology (1/1/14)
 - Modified Adjusted Gross Income (MAGI) based on a household's taxable income and tax filing unit as stated on the tax return with some adjustments
 - Standardized income counting across programs.



Medicaid Expansion Impacts

- Early Expansion for childless adults to 75% FPG
 - 84,000 Minnesotans including those previously enrolled in GAMC and MinnesotaCare (March, 2011).
- Continuing to 133% FPG
 - Additional 57,000 Minnesotans including most of our current MinnesotaCare clients (January, 2014).
- Combination of early and full expansion will save the state budget over \$1 billion for 2011-2015 fiscal period.

Improved MinnesotaCare: Minnesota's BHP



Minnesota's Answer – Modify MinnesotaCare



- Changes to Income and Asset Standards (1/1/14)
 - 19-20 year old children and adults with income >133% to 200% FPG
 - Asset test for parents is eliminated
- Changes to Income Methodology (1/1/14)
 - Modified Adjusted Gross Income (MAGI) Household composition is based on tax filers and who they expect to claim as tax dependents
- Lower and Simpler Premiums (1/1/14)
 - Each individual required to pay a premium based on income level
 - Aligns premiums across all family sizes based on income level
- Better Benefits (1/1/14)
 - \$10,000 annual cap on inpatient hospital services eliminated
 - 10% co-pay (up to \$1,000) on inpatient hospital services eliminated



MinnesotaCare Improvement Impacts

- Bigger and Better MinnesotaCare becomes our BHP
 - Current enrollment is 153,000.
 - 110,000 will move to MA in 2014
 - 10,000 will move to MNsure in 2014
 - Expect 100,000 new enrollees by July of 2014
 - Expect total enrollment of 193,000 by January 2016
- Accessing BHP funding in 2015 will result in an estimated \$650 million in additional federal funding relative to Medicaid funding over the 2014-2016 period.

Eliminate Coverage Gaps

Minnesota's Answer – Align Programs

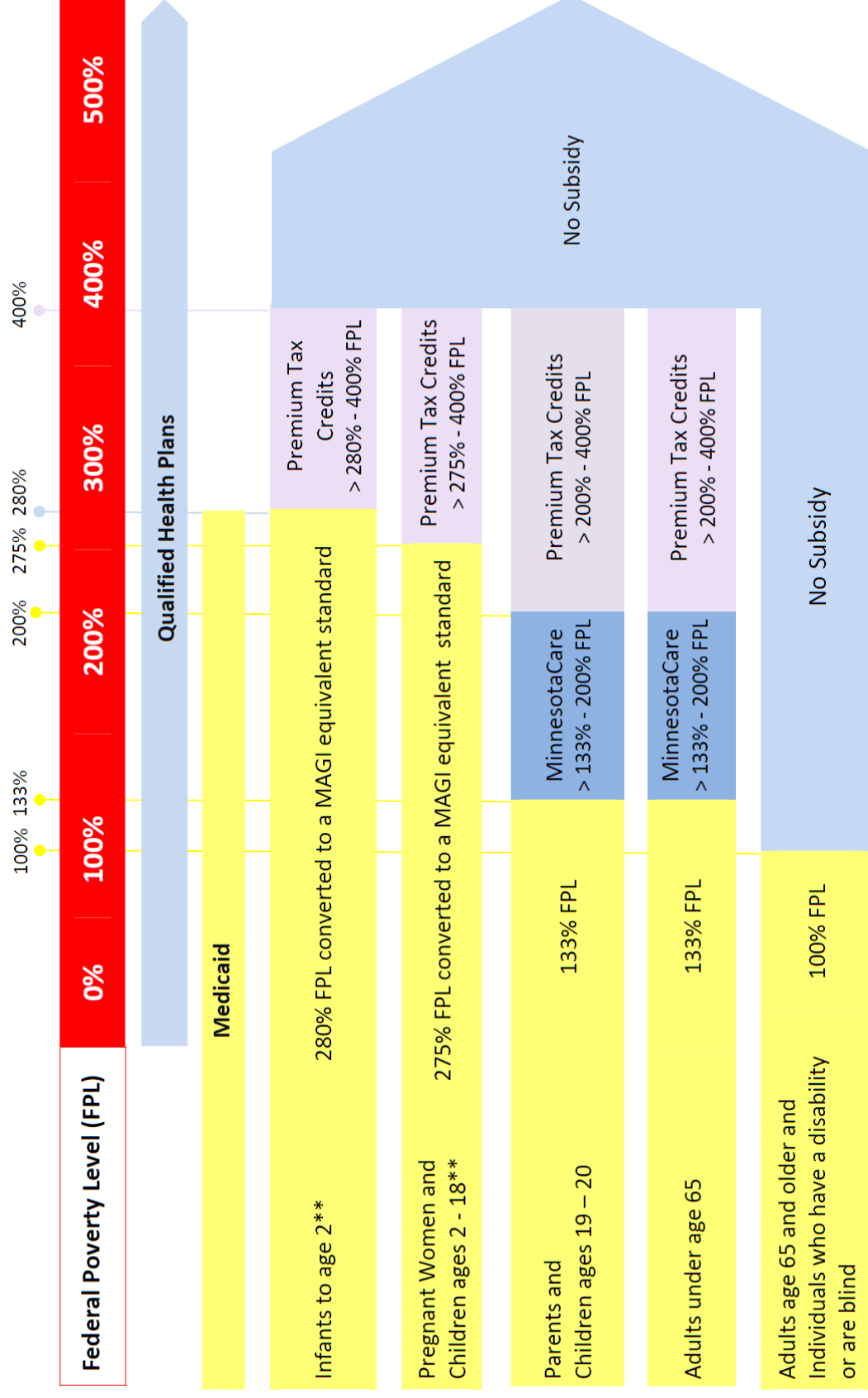
- One Application
 - Serves Medicaid, MinnesotaCare and Subsidized Premiums in MNsure
- One Income Counting Method
 - Medicaid, MinnesotaCare, and Subsidized Premiums in MNsure all use the same income counting method – MAGI.
 - Eases transitions between programs.
- Mutually Exclusive Programs
 - Bright lines between Medicaid, MinnesotaCare, and MNsure – enables real time eligibility determinations
 - People with affordable coverage at work are barred from MinnesotaCare MNsure.



Process Improvement For MA and MinnesotaCare 1/1/2014

- Applications may be submitted via the web, mail, telephone or in person.
- Eligibility renewed on an annual basis.
- Verification of eligibility factors will be conducted via electronic data sources to the extent possible.
- Hospitals participating in MA may make presumptive eligibility determinations for all populations.

Minnesota Coverage Continuum in 2014*



* Subject to additional federal guidance related to maintenance of effort requirements.

** Income standard in effect on June 1, 1997, must be maintained to comply with the CHIP maintenance of effort.

Coverage Changes

- 45,000 new enrollees in MA
- MinnesotaCare enrollment expected to be 193,000 by 2016
 - 110,000 current MinnesotaCare enrollees move to MA
 - 10,000 current MinnesotaCare enrollees move to Tax Credits
 - 32,000 current MinnesotaCare enrollees remain on MinnesotaCare
 - 40,500 new MinnesotaCare enrollees in January 2014
 - 143,000 new MinnesotaCare enrollees by January 2015

Overall Impact of Coverage Changes

- Number of Uninsured Expected to Decline
 - From 500,000 to 160,000 by 2016
 - A 68% reduction!
 - but
- Our Work is Never Done
 - Half of the 160,000 remaining uninsured look like they should be eligible for MHCP.

Why an Exchange? Why MNsure?

Subject of ongoing dialogue in Minnesota since 2006

Provision within the federal **Affordable Care Act (ACA)** enacted in March 2010

State-based Exchange signed into law by Governor Dayton in March 2013



MNsure Governance

State Board



7 members
Appointed by the Governor
Confirmation by the House and Senate



4 year staggered terms
2 term limit

Why MNsure?

Simple One-Stop Shop

Easier for individuals to search, select and enroll, easier for small employers to administer, and streamlined access for public /private coverage – “Focus is on the person, not the program”

Choice

Individuals and employees of small businesses can pick from among multiple quality plans that best fit their needs

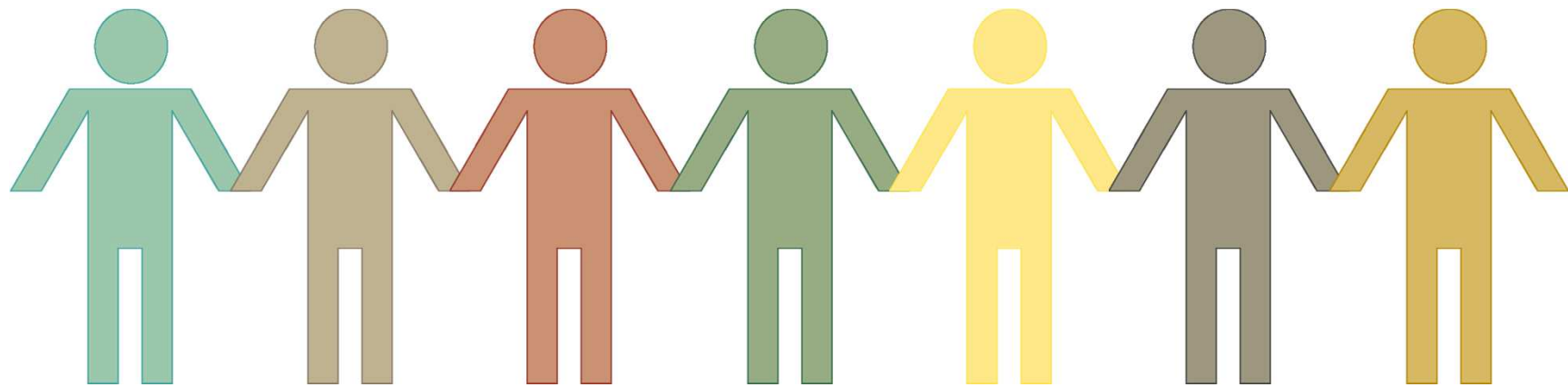
Affordability and Value

Financial assistance and greater market incentives for competition and innovation on cost, quality, satisfaction, etc.

Comparable Information

Consumers can find easy to use, comparable information on plans and providers

Who will MNsure serve – Over 1 million Minnesotans projected by 2016



**Individual Consumers –
300,000**

**Small Businesses and
Employees – 150,000**

**Medical
Assistance/MNCare –
880,000**

Who will MNsure serve?

- **Individuals**

- Those seeking individual market coverage
- Tax credits available from 100% to 400% FPL to limit benchmark plan (second lowest cost “silver plan”) premiums from 2.0% to 9.5% of income
- Tax credits available to those without “affordable” employer coverage (employee share of premiums above 9.5% of income) and those not eligible for public programs

- **Small Employers**

- < 50 employees through 2015, < 100 employees starting 2016
- Tax credits for < 25 employees below \$50,000 average wage

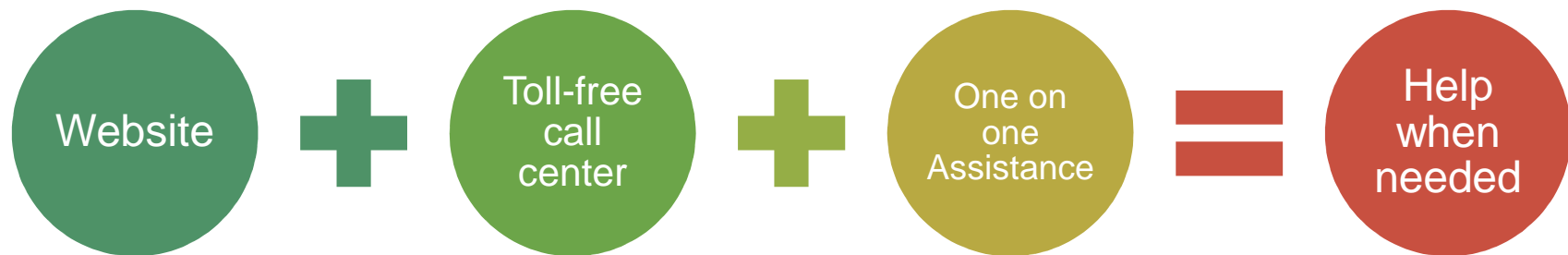
- **Medical Assistance and MinnesotaCare**

- Medicaid Assistance: Adults below 133% FPL, kids under 275% FPL
- MinnesotaCare: Adults between 133% and 200% FPL

When can people enroll?

- Initial open enrollment runs October 1, 2013 through March 31, 2014
- Annual open enrollment periods after that run October through December
- Special enrollment periods available in certain circumstances during the year
- Members of federally-recognized tribes may enroll or change plan designations one time per month
- Small employers can enroll/renew throughout the year at one time of their choosing
- Individuals may apply and be eligible for Medicaid throughout the year

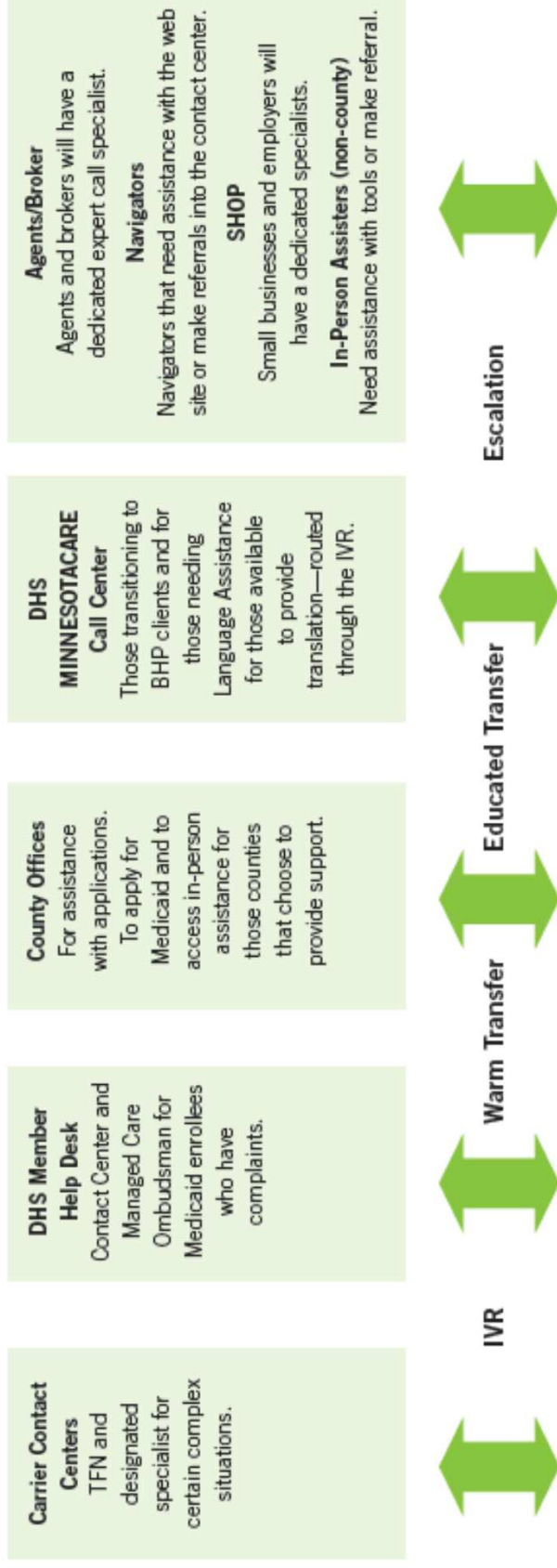
Consumer Assistance Network



Call Center Framework

- Virtual call center utilizing existing and new resources with seamless consumer assistance
- New MNsure single “front door” call center and staff
- Work closely with existing contact centers at DHS, the Counties and the One Stop Shops such as Senior LinkAge Line® and Disability Linkage Line® for appropriate populations and referrals
- Immediate connections to IPA, Navigators, Health Plans, DHS call centers for MA and MNCare/BHP, Counties, Brokers, Tribes, MCHA, etc.
- Upgrade technology across the new MNsure call center and existing call centers at DHS and look for additional opportunities to build on the virtual model
- Phone, secure email, secure chat, callback messaging/dialing, IVR, fully accessible system
- Hours Monday- Friday 7:30 a.m. – 8:00 p.m. with weekend hours during high volume times such as Open Enrollment
- Bilingual, language translation and oral interpretation services
- Accessible assistance in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act
- Go Live Date of September 3, 2013

Health Insurance Customer Service Framework



Health Insurance Exchange Contact Center

Tier 1— Main Phone Line

- Web chats
- Response to emails
- Language Line
- Unique accessibility and accommodation requests/service delivery
- Robust IVR to route calls.

Tier 2—Second Line Specialist

- Up to seven specialists who handle enrollment issues for complex situations (pharmacy and families with multiple needs or approaches)
- Understand the tax credit, Handle agent/broker concerns.
- Complaint handling and appeals.
- Second level review issues for escalation to carrier.
- Will include SHOP specialists for small businesses and employers

Health Insurance Exchange Front Door

1-800-XXX-XXXX

www.HIXwebportal.com

Web chat

[help@\[insert url\].org](mailto:help@[insert url].org)

Call Center- Best Practices

- First Call Resolution
- Educated and Warm Transfers
- Simple IVR that gets people to the right place with few selections
- 2 minute average speed of answer
- Utilize agents 90% of the time
- Assignment of Account Rep and Case Number
- Highly trained agents – tiered contacts management
- Rapid access to a live person - not on hold for more than 5 minutes
- Transfer to a team lead or supervisor for problems that do not get resolved efficiently

One On One Assistance

- Four types of one on one assisters:
 - Navigator: MNCAA program for 2014 and state/MNsure funded
 - In Person Assister: Federally Funded for 2014, transitions to MNsure funded singular Navigator program in 2015
 - Certified Application Counselor: Not funded by MNsure or insurers, but can help people enroll (i.e. health care providers, HR departments, etc.)
 - Agent/Broker: Functions similar to today
- April 29th rules described programs for assisters:
 - Participation requirements/eligibility
 - Responsibilities
 - Training requirements
 - Compensation structure

Assisters and Navigators

- Counties may be In-Person Assisters (and future Navigators)
- Compensation is available for In-Person Assisters (and future Navigators):
 - Infrastructure and outreach grants (\$4 million) – counties not eligible, but can receive FFP for all individual eligibility determinations
 - \$70 per QHP enrollment up to cap (\$7 million) – counties eligible
 - Payment per MinnesotaCare enrollment will be made through In-Person Assister Program – payment level yet to be determined
- MNsure Certification Training
 - Training will be coordinated between MNsure and DHS
 - Training will include 5 courses and competency tests

Paper Applications

- **Paper application for all Insurance Affordability Programs (IAPs)**
 - Application developed by the Secretary of Health and Human Services
 - States may use an alternative if approved by the Secretary
- **Separate paper application for individuals who wish to purchase a Qualified Health Plan (QHP) without financial assistance**
- **Any application or supplemental form must be accessible to:**
 - Individuals who are limited English proficient (LEP)
 - Individuals with disabilities

State Developed Paper Application

- Building a Minnesota specific paper application for the IAPs off the federal model application using the person-by-person approach
- Focus on collecting only the data required to determine eligibility
- Goal is to solicit sufficient information so that in most cases no further inquiry will be needed from the individual to minimize the burden on individuals and processing entities

State Developed Paper Application

- **Developed with the help of a work group**
 - 4 counties (Anoka, Dakota, Ramsey and Sibley) with DHS and MNsure staff
- **Determines eligibility for all IAPs**
 - Medical Assistance (MA)
 - MinnesotaCare
 - Advanced Premium Tax Credits (APTC) and Cost Sharing Reduction (CSR)

Verifications

- **Reliance on electronic data sources to verify attestation**
 - ACA requires the use of electronic data sources as the primary source of verification for eligibility factors such as citizenship, immigration status, SSN and income
 - Decreased reliance on paper documentation
 - States decide the usefulness, frequency and time-frame for conducting electronic data matches
- **The new eligibility system will interface with the following electronic data sources:**
 - Federal Data Services Hub includes SSA, DHS, IRS and TALX
 - Other Electronic Data Sources including DEED, PRISM and PARIS



Verification Requirements: Medical Assistance (MA)

- ACA allows flexibility in defining verification requirements under MA
- MN is working with CMS to finalize MA verification plan
- Accept self-attestation of family size, residency, and pregnancy as long as reasonability compatible with electronic data
- Verification of income required before eligibility can be determined
 - When unable to verify income electronically, request reasonable explanation or paper documentation within 10 days – eligibility pends until verified
- Continue to allow reasonable opportunity period to provide verification of citizenship, immigration status, and SSN

Verification Requirements: Advance Premium Tax Credits (APTC)

- Verification requirements are defined by federal regulation
- Reasonable opportunity period for all required verifications when not reasonably compatible or no electronic data available
- Individual must agree they intend to file taxes or expect to be claimed as a tax dependent for the coverage year

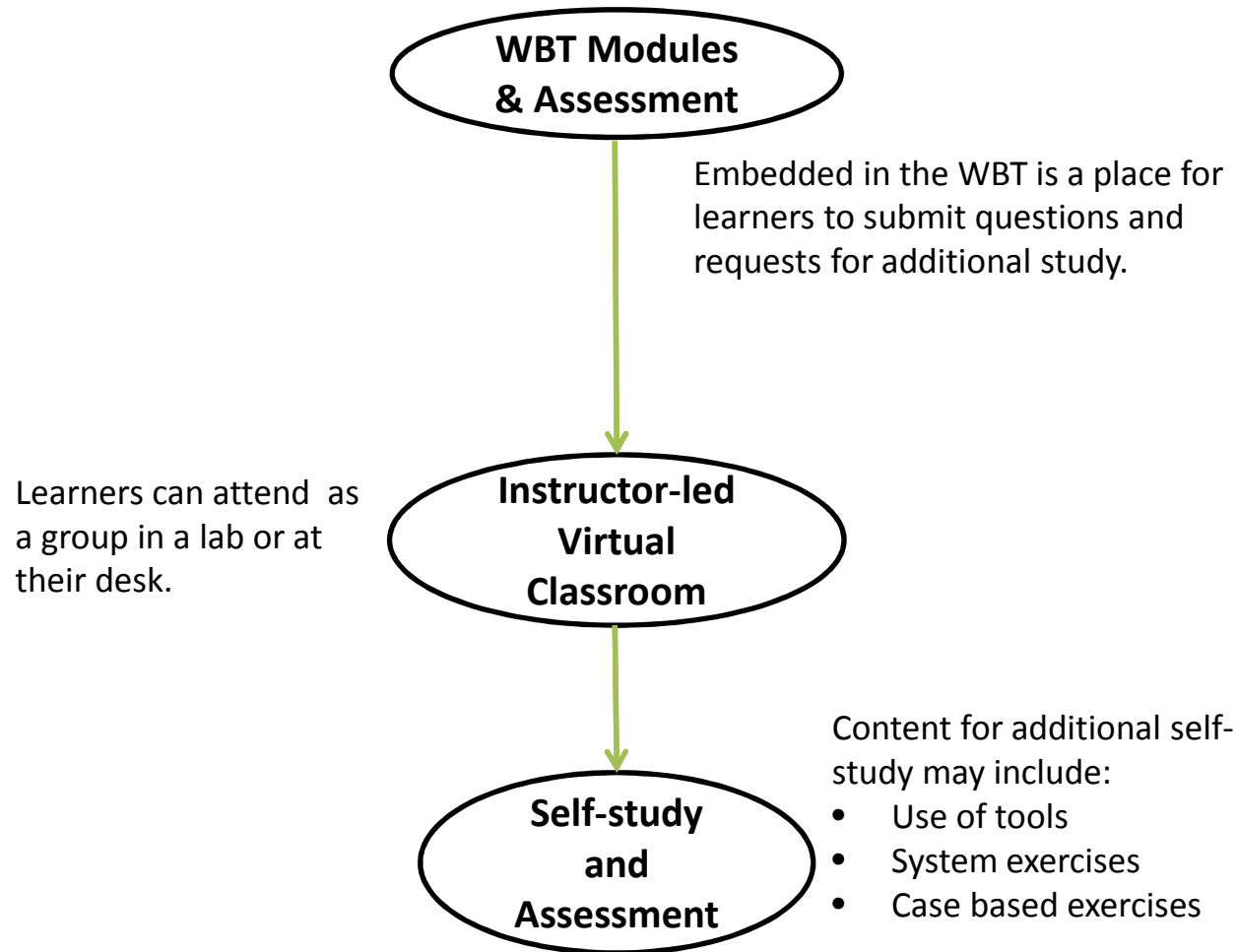
Verification Requirements: MinnesotaCare

- **MinnesotaCare will follow APTC verification rules and processes**
- **Significant changes to verification process for MinnesotaCare**
 - Like APTC allows for approval of eligibility based on attestation and 95 days to resolve inconsistency when not reasonably compatible
 - Individual must agree they intend to file taxes or expect to be claimed as a tax dependent for the coverage year

Health Care Training

- **Role based to focus on tasks critical at go-live**
- **Training modules used across multiple audiences**
 - Eligibility Workers
 - County/Tribe Front Line Staff
 - MinnesotaCare Operations
 - Navigators
 - In-Person Assistors

Health Care Training



Security

- **General Requirements to Access the System**
 - Training
 - Privacy and Security
 - Within the last 10 months
 - By September 20, 2013
 - Health Care training
 - Within 60 days after the last module is made available
- **Bulk Load for Day One**
 - Spreadsheet to review by September 10, 2013
 - Business Reason access is needed

Anticipated MNsure System Functionality on 10/1/2013

- **Application**
 - Online application
- **Eligibility Determination**
 - MA for Families with Children and MA Adults
 - MinnesotaCare
 - QHP with subsidy (i.e., APTC/CSR)
 - QHP without subsidy
 - Exemption from mandate
- **Appeals**
 - Basic appeal submission

Anticipated MNsure System Functionality on 10/1/2013 (continued)

- **Case Management**
 - Application routing
 - Case transfer
 - Worker tasks and notifications
 - Non-MAGI referral
- **Interfaces**
 - Federal Data Services Hub
 - MMIS

Anticipated MNsure System Functionality on 1/1/2014

- Expanded functionality to include:
 - Retro MA
 - EMA
 - Presumptive eligibility for hospitals

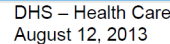
Anticipated MNsure System Functionality after 1/1/2014

- **Expanded functionality to include:**
 - Online health plan selection and enrollment for MA and MinnesotaCare
 - Renewals
 - MA cost-effective insurance determination
 - TPL information
 - Self-service change reporting

User Acceptance Testing

- Conducted over the last two weeks
- Does the system work the way we expected?
- Anyone have someone participating?

A decorative graphic consisting of several overlapping squares in various colors: green, red, orange, and teal. The squares are arranged in a cluster, with some partially obscured by others, creating a layered effect.



Enhanced Administrative Match

- **75% FMAP for On-Going Operation of our Eligibility System**
 - 75% enhanced federal match will be available for certain eligibility activities.
 - Not time limited (unlike the 90% systems match)
 - Available for county, state and tribal eligibility workers.
- **Will be tracked and claimed via the current Time Studies**
- **Is available for eligibility determination activities for all IAP programs (Medicaid, MinnesotaCare, Tax Credits)**
- **Eligibility activities benefiting health care AND other human services programs (MFIP, SNAP) must be cost-allocated.**



Enhanced Admin Match - Activities

- **The enhanced match is available for the following:**
 - Intake – receipt of the application or application data
 - Acceptance – edits, verification, resolution of inconsistencies
 - Eligibility Determination – assisting the automated determination
 - Outputs – notices, updates, transactions
 - On-going Case Maintenance
 - Customer Service – related to eligibility only
 - Maintenance and Routine Updates – systems maintenance, security updates.

Enhanced Admin Match - Activities

- **The enhanced match is NOT available for the following activities which are still matched at 50% rate:**
 - Outreach and Marketing – general outreach and education
 - Plan Choice, Counseling and Enrollment
 - Staff Development and Training – except for Operational Readiness training
 - Community-based Application Assistance
 - Program Integrity and Appeals
 - Customer Service – related to benefits, education, and plan choice and enrollment.

Enhanced Admin Match - Timing

- **Available once the eligibility system is certified**
 - 75% match does not expire like the 90% systems match but is available as long as the system is operating successfully.
- **Operational Readiness - Training**
 - Enhanced match is also available for eligibility worker training costs for as much as three months prior to the deployment of the eligibility system.
 - DHS must submit a planning document to CMS and get approval in order to claim match on the pre-operational training costs.

Resources/Communication

DHS Health Care Reform:

<https://connect.mn.gov/sites/dhs-hc/HealthReform/default.aspx>

mnsure.org

healthreform.mn.gov

healthcare.gov



Questions?

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