

Open Enrollment Period: State Considerations

**Robert Wood Johnson Foundation
State Health Reform Assistance Network
Medicaid Meeting
April 25-26, 2013**

*Support for this resource provided through a grant from the Robert Wood Johnson Foundation's
State Health Reform Assistance Network program*

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Agenda

Open Enrollment Period: Federal Regulations & Overview

Effectuating Eligibility Determinations during Open Enrollment Period

Questions & Answers

Open Enrollment Period: Overview & Federal Regulations

Open Enrollment Period Overview



This presentation is focused on **NEW APPLICANTS** who apply for coverage during the Open Enrollment Period (OEP)



OEP takes place from **October 1 through March 31, 2014**



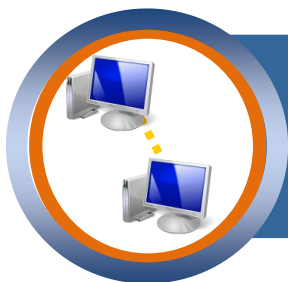
HHS' goal for OEP: "No matter where applicants submit the single, streamlined application during the initial open enrollment period, they will receive an eligibility determination for all insurance affordability programs (IAPs) and be able to enroll in appropriate coverage for 2014, if eligible, without delay."

NPRM Preamble, 78 Fed Reg 4594

Overview of Federal Regulations for OEP



By October 1, 2013, State Medicaid and CHIP agencies must be able to accept the single, streamlined application



By October 1, 2013, States must be able to accept and send electronic accounts to/from other IAPs

Overview of Federal Regulations for OEP (cont.)



For applications submitted to Medicaid/CHIP agencies, the agency must determine eligibility based on MAGI methodologies for coverage effective on January 1, 2014

MEDICAID ELIGIBLE

If agency determines applicant Medicaid eligible using MAGI methodologies and 2014 eligibility rules, the agency must:

- **Provide notice** to applicant with effective date of coverage; furnish Medicaid on January 1, 2014
- **Ensure applicants make timely and accurate reports** of any change in circumstances that may affect their eligibility
- Promptly **redetermine eligibility** if agency receives change in circumstance information
- **Renew** applicant for the first time any time between 12 months after the application date and January 1, 2015

NOT MEDICAID ELIGIBLE

If agency determines applicant Medicaid ineligible using MAGI methodologies and 2014 eligibility rules, the agency must:

- **Determine potential eligibility** for other IAPs
- **Transfer the individual's electronic account** to the appropriate entity
- Provide **notice and fair hearing rights**

During OEP, states must also be able to determine the eligibility of an applicant based on current State plan or waiver coverage

Multiple Income Rules, Eligibility Levels and Pathways

States are required to accept

○ Single, streamlined application (or Secretary-approved alternative)

States are required to be able to determine eligibility based on both:

○ 2014 MAGI methodologies for 2014 eligibility levels

○ 2013 methodologies* for 2013 eligibility levels

**unless the State gets a waiver to allow the application of MAGI methodology with 2013 eligibility levels*

Lag Between Application/Verification and Coverage Effective Date

Some individuals determined eligible for coverage effective January 1, 2014 may experience changes affecting their eligibility between their application date (as early as October 1, 2013) and their effective coverage date



States must ensure beneficiaries report in a timely manner changes in their circumstances affecting eligibility. Upon receipt of change information, agencies must promptly redetermine eligibility

42 CFR 435.916

Coverage Transitions

Some individuals found eligible in 2013 (using 2013 methodologies and eligibility levels) will be eligible through a different vehicle as of January 1, 2014 (under MAGI methodologies and 2014 eligibility levels)

Example: An individual with income at 150% FPL (under 2013 methodologies) is eligible for Medicaid (under 2013 eligibility levels) through a waiver; however, the waiver expires on 12/31/13, and under 2014 eligibility levels and MAGI methodologies, the state determines the individual to be 154% FPL and eligible for APTC/CSR

States must consider which waiver and state plan populations will move into the new adult group and/or the Exchange on January 1, 2014 and consider the implications for individuals enrolling during Open Enrollment Period

Effectuating Determinations during Open Enrollment Period

Potential Eligibility Determination Approaches during Open Enrollment Period

- 1 Default: apply different methodologies and income levels for current and future eligibility determinations
- 2 Use MAGI methodology with 2013 and 2014 eligibility levels
 - Requires waiver
- 3 Use MAGI methodology and expand Medicaid early
 - Requires waiver
 - No enhanced FMAP before January 1, 2014

Default: Apply Different Methodologies & Income Levels

Apply Different Methodologies & Incomes for Current and Future Eligibility Determinations



State determines current eligibility using 2013 methodologies and 2013 eligibility levels;
State determines future eligibility using MAGI methodologies and 2014 eligibility levels



States are permitted to determine future eligibility and notify the applicant that for a current eligibility determination they must submit a separate application to the Medicaid agency

Use MAGI Methodology with 2013 and 2014 Eligibility Levels

Use MAGI Methodology with 2013 and 2014 Eligibility Levels*

**requires a waiver*

- State determines applicant's current eligibility for October 1, 2013 through January 1, 2014 using the MAGI methodology by MAGI converting 2013 eligibility levels
- Individuals with income < MAGI converted levels are currently eligible;
Individuals with income > MAGI converted levels are NOT currently eligible;
All individuals receive eligibility determinations for 2014 coverage using MAGI rules and 2014 eligibility levels

Use MAGI Methodology and Expand Early

Use MAGI methodology* and expand early

**requires a waiver*

For Medicaid expansion states only

- Use MAGI rules with 2013 and 2014 income levels and expand Medicaid to 138% FPL starting October 1, 2013
- State no longer needs to MAGI convert 2013 eligibility levels because they are equivalent to 2014 eligibility levels
- States enrolling newly eligible applicants for 2013 coverage do not receive enhanced FMAP until January 1, 2014

Questions & Answers

Thank You!

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