Access and Enrollment

Strategic Goals adopted by Health Care Reform Advisory Committee:

To facilitate and encourage the purchase and provision of affordable health care coverage.

To provide a one-stop, easy-to-use, accessible portal for consumers and businesses to learn about and compare options for coverage.

To provide a unified and integrated approach for consumer application and enrollment in all health care coverage that is publicly-subsidized, with linkages to existing access points for other health and human services for which people may be eligible.

To assure administrative efficiency and maximize the leveraging of administrative funding.

1) Consumers must be able to obtain information and assistance to enroll in a health plan through a website and over the phone.

ACA Provisions

The Exchange must maintain an Internet website that:

- allows individuals and employers to determine whether they are eligible to participate in the exchange
- directs qualified individuals and qualified employers to qualified health plans
- assists individuals and employers in determining whether they are eligible for a premium tax credit or cost sharing reduction and to
- presents standardized information (including quality ratings) regarding qualified plans, to assist consumers in making a choice
- provides an automatic calculator that allows users to determine the actual cost of coverage after accounting for any premium tax credit and cost sharing reduction

(HHS will develop web portal template that states may use).

The Exchange must also provide for operation of a toll-free telephone hotline to respond to requests for information and to assist with the application process.

As It Is Today: Federal Website Launched

HHS is required to create and operate an Internet portal to help consumers identify and compare affordable coverage options, including Medicaid and CHIP. This website, found at www.healthcare.gov, is a “forerunner” of the kind of portal that exchanges are expected to operate. State websites must be operational by
January, 2014. Pennsylvania has an Internet portal for application for Medicaid, CHIP and other social services programs, but other functions of the portal required by the ACA are not established. The Commonwealth’s COMPASS application has a screening function that helps consumers figure out if they would likely qualify for Medicaid, CHIP or other services that are income-based.

Recommendations

- The exchange must support the needs of all individuals who are required to obtain insurance, including those who are eligible for subsidy.

- The exchange must also meet the needs of small groups/ businesses to enroll in affordable health plans for their employees and obtain tax credits to help pay for it.

- The exchange should operate a robust, state-of-the art web portal for individuals and businesses to provide clear and understandable information about coverage available through the exchange, to enable them to enroll in qualified health care insurance plans and to apply for subsidy (individuals) or tax credits (businesses).
  
  - Work should begin now to plan the web portal, in order to assure that is operational in advance of January 2014.

- The Exchange should also operate a full-service toll-free customer service hotline to answer questions, assist in the enrollment process and help individuals to apply for subsidies and reduced cost sharing.
  
  - Work should begin now to identify the requirements, procurement strategy, staffing plan and opportunities for leveraging existing customer service assistance resources for the Exchange’s customer service call center.

  - The staffing plan must accommodate the need to respond to a large initial volume of inquiries and applications for assistance from small businesses and the uninsured.

- Both the website and the call center must meet the needs of individuals with limited English language proficiency.

- Pennsylvania’s Web portal environment should present CHIP, Medicaid and other subsidized health benefits as a subset of the many products available for health insurance coverage for qualified applicants.

- Avenues for feedback from consumers on the quality of customer service experienced from the exchange, as well as on the quality of the plans offered should be created.
• Publicly report wait times for service through the call center, length of time for application processing and other indicators of quality customer service.

2) **Pennsylvania should have a single application for all subsidies for health care.**

**ACA Provisions**

The law requires that a single, streamlined, user-friendly form for use for all applying for all forms of state subsidy must be in use. (HHS will develop a template, or states can develop their own, but must meet federal standards). Application can be filed online, in person, by mail or by telephone.

**As It Is Today: COMPASS Web Portal**

Pennsylvania has developed COMPASS, which is a web portal through which consumers can apply for Medicaid, CHIP, adultBasic, and the new PA Fair Care Program over the Internet. COMPASS can also be used to apply for a wide menu of health and social services programs, including Supplemental Nutrition Assistance Program, Temporary Assistance to Needy Families, Child Care, Low Income Heating Assistance Program and waiver programs for individuals with mental retardation. It has been adopted by a number of other states, and has been nationally recognized. The Website can be found at:

https://www.humanservices.state.pa.us/compass.web/CMHOM.aspx

Currently, about 18% of Medicaid applications (18,000 a month) and 9% of renewals (4500 a month) are completed through COMPASS.

**Recommendations**

• Pennsylvania should have a single, streamlined, consumer-friendly application that is used for all forms of state and federal subsidy for health care. Renewal of eligibility should be accomplished through a single form as well.

• Electronic applications and renewals should be promoted as the “preferred” means of application, though paper forms must also be accepted.

• The Commonwealth should assess whether COMPASS can provide the vehicle for a single application for all subsidized health care programs.

3) **The eligibility process for all subsidized insurance programs should be integrated.**

**ACA Provisions**

The law requires that states establish streamlined and integrated application and renewal procedures so that there is no wrong door into coverage. States must enable individuals to apply for, be enrolled in or renew Medicaid coverage through an Internet website that is linked to the Exchange website. They must enroll, without
any further need for information, individuals identified by the Exchange to be eligible for CHIP or Medicaid. In addition they must ensure that individuals found ineligible for CHIP or Medicaid are screened for the Exchange and any applicable premium assistance and enrolled without an additional or separate application.

As It Is Today: Eligibility Process Integration

CHIP and Medicaid eligibility processes are already nearly completely integrated. Applications for Medicaid that appear to meet income requirements for CHIP or adultBasic are transmitted electronically to PID for action through COMPASS. Applications for CHIP that appear to meet income guidelines for Medicaid are transmitted electronically to DPW for action. However, this process still has some imperfections that can cause delays in authorization of insurance.

The eligibility process for coverage through the high risk pool recently created by the Commonwealth (PA Fair Care) has been added to COMPASS.

Medical Assistance Eligibility Determination Automation (MEDA), built in to the DPW Client Information System, applies a complex set of rules to determine which eligibility criteria for the many different types of state health care coverage are met by the applicant. MEDA may provide a backbone for achieving eligibility integration. The Department of Public Welfare is in the middle of a multi-year project to modernize the eligibility technology supporting this important function. While the foundation for program integration is established, significant work is likely needed to upgrade the system and build in the new rules for Medicaid eligibility enacted in the ACA.

Recommendations

• The Commonwealth should determine whether it is feasible and cost-effective to build on its present technology in determining whether individuals are eligible for a premium tax credit or cost sharing reduction or another option in the Exchange, or whether it should procure and implement a new technology platform.

• The Commonwealth should identify the system enhancements that would be needed to provide the seamless integration of eligibility processes required by the act.

• The Commonwealth should identify policy and practice obstacles to program integration and develop a plan for making changes needed, including recommendations for changes to the Public Welfare Code.

• Personal health information utilized to determine eligibility for subsidy must be protected.

• The Exchange should be an entry point for other special health programs operated by the Commonwealth.
4) **Demonstrating eligibility for subsidized health care should be as easy as possible and application and verification processes should be simplified and automated.**

**ACA Provisions**

The law increases uniformity in income rules for all health subsidy programs, by using the modified adjusted gross income for Medicaid, with a few exceptions.\(^1\) The law standardizes the information that individual applicants must provide and requires that verifications and determinations of eligibility for participation in the exchange, premium tax credits, cost-sharing reductions, Medicaid and CHIP, as well as exemptions from the individual mandate be done electronically by checking information submitted against federal records. There are no resource limits for eligibility for premium assistance and cost-sharing reductions. Resource limits are eliminated for Medicaid except for individuals eligible due to eligibility for another assistance program, elderly individuals, medically needy individuals, and individuals eligible for Medicare cost-sharing. The new law uses the modified adjusted gross income from the federal income tax form as the basis for eligibility for both expanded Medicaid and for premium assistance.

**As It Is Now: Electronic Data Exchanges**

DPW has used electronic record exchanges to identify discrepancies in eligibility information for Medicaid and other programs for many years, matching applicant information with databases operated by the Social Security Administration, US Department of Labor, Immigration and Naturalization Services, PA Department of Labor and Industry, PA Department of Transportation, and PA Department of Health. Information from the exchanges is used to verify identity and citizenship, but so far, has not been used as the primary source for verifying income. PID has recently made system changes needed to be able to take advantage of these exchanges for verifying citizenship for CHIP applicants. Work is underway to make exchange information more accessible and “consumable”.

**Complex Eligibility Requirements for Medicaid**

The Medicaid application in use today is lengthy, because there are 130 different categories of assistance, each with different eligibility criteria. The application must collect information to discern which, if any, type of assistance the applicant qualifies for.

**Recommendations:**

- Electronic verification processes should replace paper documentation for all public benefit programs and health insurance subsidies. Electronic verification should be done on a real-time basis to the maximum extent possible.

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\(^1\) Exceptions include individuals eligible because of their eligibility for other aid or assistance elderly individuals, medically needy individuals, and individuals eligible for Medicare cost-sharing.
• By broadening the population eligible for Medicaid, the ACA provides an opportunity to greatly simplify the eligibility requirements for Medical Assistance. The Commonwealth should identify and recommend changes in existing policies and rules for CHIP or Medicaid that add unnecessary complexity and are inconsistent with the call for a simplified eligibility process.

• Resource limits should be eliminated for Medicaid, with the exception of eligibility for long term care services and Medicare cost-sharing.

Recommendation:

• By the time that Medicaid coverage is extended to childless adults with income below 133% of the FPL, prescription drug coverage should be extended to all who are eligible for Medicaid.

5) Health plans that participate in the Exchange should be expected to enable continuity of care for individuals and families with income below 400% of the federal poverty level.

ACA Provisions

Exchanges are responsible for implementing procedures for certifying health plans as qualified health plans that are consistent with federal guidelines. One of the criteria is that the plans ensure a sufficient choice of providers.

As It Is Now: Lack of Continuity of Care

Currently, families with children receiving health care coverage through CHIP and/or Medicaid, have difficulty maintaining continuity of care when income changes or when the child has a birthday and coverage switches from Medicaid to CHIP or vice versa. This is because CHIP and Medicaid do not have the same provider networks in some instances. This makes it difficult for families and does not support optimal care, when primary care or specialists that were providing care previously are suddenly not accessible due to the switch in coverage.

Recommendations:

• When eligibility for subsidized benefits changes in any direction, families and individuals should not have to change providers. Medicaid plans should have non-Medicaid plan partnerships that offer access to the same provider network.

• The Exchange should consider how continuity of care can be encouraged through the process of qualifying plans for participation in the exchange - P.

• The state should explore a new approach to coverage changes that allows for continued relationships with care providers through eligibility changes, by
making behind-the-scenes adjustments to charge the correct plan for the cost of premiums.

6) **The Exchange should provide hands-on assistance in the community to inform employers and individuals about opportunities for health coverage and to help them to select a health plan.**

**ACA Provisions**

Exchanges are required to set up a Navigator grant program to provide fair and impartial, culturally and linguistically appropriate information concerning enrollment in qualified health plans and available subsidies through the exchange, facilitate enrollment and provide referrals for complaints. To be eligible for a grant, an entity must demonstrate to the exchange that it has existing relationships or could readily establish relationships, with employers and employees, consumers (both uninsured and underinsured), or self-employed individuals likely to be eligible to enroll in a qualified plan. Grantees may include trade, industry and professional associations, farming organizations, community and consumer-focused non-profit groups, chambers of commerce, unions, small business development centers, and other licensed insurance agents and brokers (but may not be a health insurance issuer or receive any consideration from any health insurance issuer connected to the enrollment of individuals or employers in a qualified health plan).

**As It Is Now: Assistance for Consumers and Businesses**

Two hundred thirty-five community-based organizations and health care providers currently act as partners and provide outreach and application assistance for Medicaid, CHIP and the Supplemental Nutrition Assistance Program in the communities they serve. In August, they assisted 4500 families or individuals to make application for benefits through COMPASS.

**Recommendations:**

- The exchange should establish a Navigator program to provide fair, impartial, culturally and linguistically appropriate information concerning enrollment in qualified health plans and available subsidies through the Exchange, facilitate enrollment in qualified health plans, and provide referrals for complaints.

- The full advisory committee should consider the advisability of insurance broker participation. Individuals should have additional avenues to sign up for health care.

- Community organizations that now serve as COMPASS partners should continue to be able to assist individuals to apply for subsidized insurance through the web portal.

- Uninsured individuals who are hospitalized should be able to apply for subsidized insurance at the hospital. (The state should take the option provided in the
Affordable Care Act to qualify hospitals to grant presumptive eligibility to all Medicaid-eligible populations.)

7) Planning for the Exchange should consider the needs of special populations.

ACA Provisions

States are required to conduct outreach to vulnerable and underserved populations including: children, unaccompanied homeless youth, children and youth with special health care needs, pregnant women, racial and ethnic minorities, rural populations, victims of abuse or trauma, individuals with mental health or substance-related disorders, and individuals with HIV/AIDS.

As It Is Today: Outreach to Special Populations

COMPASS community partners conduct outreach to many hard-to-serve populations. Currently, some Medicaid MCOs make special efforts to reach out to vulnerable group members to assist them to complete renewal processes to maintain their health benefits.

Recommendations:

- The navigator program should be used to do outreach to children, unaccompanied homeless youth, children and youth with special health care needs, pregnant women, racial and ethnic minorities, rural populations, victims of abuse or trauma, individuals with mental health or substance-related disorders, and individuals with HIV/AIDS.

- The hotline and website should accommodate the needs of individuals with disabilities and those with limited English proficiency.

8) A comprehensive communication plan is needed to prepare for implementation of the Exchange.

- The Commonwealth should develop an outreach plan and implement a marketing campaign to reach small businesses and uninsured individuals well before the exchange is operational. This campaign should include town halls, regional and local forum to explain how the Exchange will work and what assistance will be available.

- Outreach materials in multiple formats, including posters, pamphlets, and webinars must be available for small businesses and individuals.

- Products available to consumers at reduced cost (Medicaid, CHIP and premium assistance) should be presented as health insurance products, not as “welfare programs”.

October 13, 2010
Additional Issues for Consideration

1) Should Pennsylvania establish a basic health program to offer one or more standard plans providing at least the essential health benefits through contract for individuals with income up to 400% of the FPL, rather that offering coverage through the Exchange?

**ACA Provision**

States have the option to contract for a basic health plan through a competitive process (as Pennsylvania has done with the CHIP and adultBasic programs). The state would have to ensure that the monthly premiums charged for such a health plan did not exceed limits established in the law an eligible individual (and dependents) would be charged for coverage and that at least the minimum benefits required for a qualified plan are offered.

**Discussion:** By contracting for health care for a large group of individuals and families, the state may be able to obtain lower premiums and cost sharing requirements and/or more or better services for the money expended. On the other hand, adding this large new group of purchasers to the private market will make participating on the Exchange more enticing for insurers.

2) Should all individuals who meet the income guidelines for Medicaid have access to the health services that qualified health plans are expected to cover?

**ACA Provisions**

The new law requires that individuals covered by the Medicaid expansion have access to at least those services covered under a “benchmark” or benchmark-equivalent” plan as defined Section 1937(b) of the Social Security Act. Plans used to establish the benchmark in Pennsylvania all offer some coverage of prescription drugs.

In order to qualify to be offered on the exchange for purchase, private plans will be required to cover essential health services, to be further defined by the Secretary of Health and Human Services, but will definitely include prescription drugs.

**Discussion:** Currently, there are 14 different benefit packages in the Medicaid program. Childless adults now eligible for Medicaid are generally not eligible for prescription drugs, medical devices and vision and dental services, unless they meet the disability standard for Supplemental Security Income benefits. As Medicaid for the expansion group of low income adults will include prescription drugs, the state should consider adding this benefit for lower income adults on Medicaid as a matter of equity. The committee may also wish to consider whether medical devices and dental and vision services should be offered to all individuals covered by Medicaid.
3) How can we ensure continuity of care for pregnant women, who qualify for Medicaid with income up to 185% of the FPL, but who will lose this eligibility upon the birth of her child, qualifying instead for premium assistance?

4) Should the Pennsylvania Health Care Cost Containment Council be asked to work with relevant stakeholders to develop a public reporting system for health plan performance on quality measures, in advance of and in preparation for the inauguration of the Exchange to help consumers and small business select health plans?

ACA Provisions

Exchanges are required to assign a rating to each qualified health plan offered through the exchange in accordance with criteria established by the Secretary (relating to quality and price) and to make this information available in a standardized format on the website.