Affordable Care Act – Exchange Eligibility Requirements

Health Care Access
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Exchange Eligibility Requirements

- Some mandates, but considerable state flexibility
- Potential for program and operational alignment and simplification
- Potential to leverage existing state initiatives

Exchange Eligibility Requirements – Overview

- High level overview of requirements
- Options to consider
- Interaction with state initiatives

High Level Requirements

- HHS/IRS will establish a process to determine eligibility for premium tax credits and cost-sharing reductions through the Exchange
- Exchange must establish, and make available, a calculator to determine actual cost of coverage after costsharing reductions

- Exchange must inform individuals of eligibility requirements for Medicaid, CHIP, and other state public health care programs
- Exchange will enroll individuals in public programs if determined eligible

High Level Requirements

State Medicaid agency may contract with the Exchange to determine eligibility for Exchange premium tax credits.

Exchange must operate:

- an initial open enrollment period,
- an annual open enrollment period,
- special open enrollment periods, (births, marriages, etc...)
- special monthly open enrollment periods for Native Americans

High Level Requirements

- State must conduct outreach to enroll vulnerable and underserved populations in public health care programs.
- Exchange must provide "Navigator" services to educate people about Exchange health plans and subsidies, and provide enrollment assistance for those plans.

The state may allow agents or brokers to enroll individuals in Exchange health plans and assist with applying for premium tax-credits and cost-sharing reductions through the Exchange.

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High Level Requirements

- State may establish a basic health care option for individuals who are not eligible for Medicaid and are at or below 200% FPG and under age 65
- Individuals participating in the basic health plan are not eligible to participate in the Exchange

State may create its own application for all health subsidy programs including Exchange subsidies, Medicaid, CHIP, and other state programs.

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High Level Requirements

Each state must develop a secure, electronic data exchange interface to facilitate determination eligibility for public programs and Exchange subsidies.

State must ensure that the agencies administering Medicaid, CHIP, and the Exchange use the secure electronic interface for eligibility/subsidy determinations and enrollment.

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Options

Exchange and MHCP administrative flexibility enhanced by aligning:

- Eligibility rules
- Processes
- Systems
- Benefits/providers

Options- "Integrated Exchange"

- Exchange performs <u>all</u> eligibility determinations for Exchange plans and Minnesota Health Care Programs (MHCP)
- Same tools and processes for all determinations; e.g. systems, databases, etc....
- Alter responsibilities for 2000+ statewide eligibility workers

Options - "Choice of Venue"

- Exchange performs MHCP and Exchange eligibility determinations coming through the Exchange
- State/county staff perform MHCP and Exchange eligibility determinations coming through the Medicaid agency
- Same tools and processes regardless of who is determining eligibility

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Options – "Separate Doors"

- Exchange performs MHCP and Exchange eligibility determinations coming through the Exchange
- State/county staff only perform eligibility determinations for applications coming through the Medicaid agency
- Separate processes and tools connected by interface

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Interaction with State Initiatives

- Minnesota Health Care Connect initiatives/SHAP Grant:
 - Online application
 - Consumer website
 - Enterprise verification
 - Customer contact center
- Gap analysis based on Exchange requirements

Interaction with State Initiatives

- Minnesota Community Application Agent (MNCAA) program
 - Pay for performance application assistance
 - Target community organizations serving populations with disparate health outcomes
- Gap analysis based on ACA requirements

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Interaction with State Initiatives

- Basic Health Plan analysis
- Benchmark benefit set analysis
- Overall assessment of alignment options
 - Rules
 - Processes
 - Systems