



Reconciliation / 'Simultaneous Enrollment' Overview

August 7, 2014 C4HCO Operations Committee Meeting

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Issue

Simultaneous enrollment in Insurance Affordability Programs (IAPs-Medicaid, CHP+, APTC, CSR) occurs when an individual is covered by more than one IAP. If an individual, who is covered by a QHP and receiving APTC/CSR, is newly determined eligible for Medicaid or CHP+, they will be eligible back to their application date or earlier if Retro-Medicaid is requested by the individual in their application.

Cause

Simultaneous enrollment can occur for various reasons outlined on the next page of this presentation

Current State

- Joint Task Force led by DOI with participation from HCPF, C4, carriers, and providers
- Emphasis on driving to a solution that will keep the customer, provider, and carriers “whole”

Future State

- Deeper-dive, joint policy discussions
- Tighter reconciliation process in Release 2.0

Reconciliation / 'Simultaneous Enrollment' Issues and Solutions

Causes for 'Dual Enrollments'	Sample Scenarios	Solutions
<p>Multiple redeterminations in PEAK resulting in frequent changes in eligibility. Applicants who qualified for Medicaid / CHP+ after they already started receiving APTC were not automatically dis-enrolled from APTC. Updates to state system to handle Medicaid expansion in late 2013 resulted in majority of these cases.</p>	<p>Applicant may have received a Medicaid denial in January based on last 3 months income and been enrolled in APTC effective Feb 1. They then lost their job in February, reported this change to PEAK and were retroactively enrolled in Medicaid from Feb 1.</p>	<p>SES provides better reconciliation processes, partially solving this issue. However, a manual process to identify new approvals and redeterminations will still exist. Policy solutions that are currently being discussed could also assist in solving.</p>
<p>Medicaid / CHP+ eligibility is retroactive to date of application and APTC / CSR (private insurance) eligibility is prospective.</p>	<p>A Medicaid/CHP+ applicant is being reviewed by a Medicaid worker. The review process takes 45 days. During that time, the applicant enrolls in a QHP with a valid denial. The Medicaid application is approved effective the date of the initial application, resulting in dual coverage for 2+ months.</p>	<p>Policy solutions being discussed.</p>
<p>To ensure no one was left without coverage in 2014, C4HCO accepted Medicaid denials that were later overturned</p>	<p>For example, we may have received a denial reason code 'MA0228' which means 'Client transferred resources without fair consideration.'. Upon further review, the denial was withdrawn and the applicant given Medicaid. In other cases, the denial may have been for lack of payment of the CHP+ enrollment fee or other reasons that were easily remedied and overturned.</p>	<p>Will be resolved by SES</p>
<p>Human error by applicants or question confusion in different systems means it is possible for individuals to fall through cracks</p>	<p>Applicant incorrectly enters information into PEAK and is given a new CBMS ID and a Medicaid denial. Later, applicant corrects data and is found to have been already covered by Medicaid under a different case id. Applicant answers income questions differently in PEAK than C4HCO. PEAK is 'what did you make last month?', C4HCO is 'what will you make this tax year?'. Applicant may answer both questions in such a way that they appear to be eligible for both or eligible for neither.</p>	<p>With SES there will be less opportunities for error and confusion with better reconciliation processes.</p>