



BOARD MEETING: SIMULTANEOUS ENROLLMENT UPDATE

September 14, 2015

Simultaneous Enrollment - *Overview*

- Simultaneous enrollment (SE) is dual coverage that occurs when an individual covered through a private health insurance plan on the Marketplace becomes eligible for Medicaid, or vice versa
- Medicaid eligibility can be determined retroactively
- Most retroactive determinations are dated within the preceding 90 days, and some determinations are applied further than 90 days in arrears
- Private health insurance is not a retroactive coverage
- Eligibility for Medicaid can be determined more than once in a 12 month period
- QHP eligibility is made for one policy year cycle
- Colorado was the first state to identify and set forth a process for addressing Simultaneous Enrollment

Simultaneous Enrollment – *Overview, cont'd*

- CMS and IRS requires Marketplaces to administer APTC/CSR for eligible Individuals and Families
- Connect for Health Colorado is required to remove the financial assistance in the instance of Simultaneous Enrollment
- There has been very limited guidance from federal regulatory agencies defining parameters and establishing rules
- Guidance offered by CMS in March 2015 seemed to conflict with IRS guidance
- Colorado was the first state to bring attention to this issue, and is one of only four States addressing it

Simultaneous Enrollment – *Stakeholder Impact*

- **Consumers**- potential tax liability for receiving tax credits when eligible for Medicaid; paying full price private insurance premiums; when a no cost coverage is available; lack of continuity of care between provider panels; loss of accumulators if change occurs into the policy
- **Carriers**– may pay claims for a customer who should be covered under Medicaid. May incur bad debt for full price coverage when APTC/CSR is removed
- **Providers**– may render care while patient is covered by an alternative coverage; may need to accept a different reimbursement amount or forego reimbursement

Summary of Efforts - 2014

Actions	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Begin process of establishing data elements & reporting needed between Medicaid & C4HCO to identify S.E. customers, perform outreach, resolve incidences	■											
Process on hold, refining outreach process, seek legal input. Division of Insurance convenes a multi-stakeholder workgroup to develop consensus position on plan to address impacts created by a backlog of S.E. incidences				■								
Monthly process continues, as the DOI lead workgroup meets & develops a consensus recommendation: outlines a complex operational & financial process. Guiding principles include consumer, Carrier & Providers being held harmless					■							
C4HCO conducts reconciliation with all 2014 customers not yet contacted. Business decision was made to proceed with monthly process, outreach protocol & not await federal guidance										■		

Summary of Efforts - 2015

Actions	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Automated monthly report in tech. queue, continue monthly process & perform YE2014 reconciliation efforts for S.E. customers who renewed. Must confirm their desire to move to Medicaid or remain in a private insurance plan with NO APTC/CSR	[Blue bar]											
CMS guidance received, at odds with IRS guidance			[Orange bar]									
Process on hold based on conflicting guidance and data set issues with monthly "manual" report. Limitations in C4HCO system, making separating APTC/CSR in mixed families with one family member who is S.E. & other COMPLEX scenarios				[Purple bar]								
Automated report delivered-in test and refinement							[Red bar]					
Guidance letter re: 2014 Consensus Process received. Letter of clarity sent to CMS by C4HCO re: consumer "wholeness"								[Black bar]				
Monthly process continues, and reconciliation of incidences from early 2015. C4HCO develops workarounds for system limits, requiring manual workarounds. Currently working Sept 2015 monthly process						[Green bar]						
Exclude Oct S.E. customers from auto-renewal, conduct multiple periodic I.D. & customer outreach during OEP3										[Light Blue bar]		

Current Number of SE Cases Backlogged

- Total Simultaneous Enrollment cases worked YTD 2015: 3,749
- Current backlog from previous months: 96
- Cases worked in September for October 1 effective change: 108

Simultaneous Enrollment – 2016 and Beyond

- *Short Term:* Stabilize monthly, automated customer intervention process, obtain guidance from CMS as to consumers being “made whole” per their August 2015 update, collaborate with HCPF on 1095s for 2015
- *Mid-Term:* Participate where appropriate on 2014 workgroup recommendations, research Arkansas and other States churn reduction efforts