Maximizing Enrollment
Transforming State Health Coverage

Maximizing Enrollment
Fourth Annual Grantee Meeting

The Dupont Circle Hotel
1500 New Hampshire Avenue, NW
Washington, DC

January 9-11, 2013

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Agenda

Wednesday – January 9, 2013

2:00 pm – 2:30 pm	**Welcome and Introductions**……..……...…….……*Dupont A* *Speakers:* Alan Weil, Executive Director, National Academy for State Health Policy (NASHP) Lori Grubstein, Program Officer, Robert Wood Johnson Foundation (RWJF) Dr. Claude Earl Fox, Professor Emeritus, University of Miami (Chair, Maximizing Enrollment National Advisory Committee) Catherine Hess, Co-Director, Maximizing Enrollment; Managing Director, NASHP
2:30 pm – 3:45 pm	**Grantee State-to-State Sharing: Celebrating Accomplishments and Looking Ahead**.....……*Dupont A* *Moderator:* Maureen Hensley-Quinn, Deputy Director, Maximizing Enrollment; Program Manager, NASHP A representative from each Maximizing Enrollment grantee state will present and share the following information with their colleagues: • Recent accomplishments and challenges in year four of the grant • Major accomplishments over the four-year Maximizing Enrollment grant period • Early thoughts on sustaining accomplishments in the areas of eligibility, enrollment, renewal, and simplification after the grant ends.
3:45 pm – 4:00 pm	**Break**
4:00 pm – 5:30 pm	**State Enrollment Data: How it Fits into Sustaining and Improving Programs in the Future**……..……..……..……...*Dupont A* *Moderator:* Catherine Hess, Co-Director Maximizing Enrollment; Managing Director, NASHP *Speakers:* Christopher Trenholm, Senior Fellow, Mathematica Policy Research Mary Harrington, Director, Health Research, Mathematica Policy Research Mathematica will kick off this session by providing a review of work with Maximizing Enrollment grantee states. Also, Chris and Mary will offer recommendations on enrollment and retention data trends and measures that states should consider as they look ahead to 2014 and beyond. Discussion will then focus on how this kind of data can be used by states in the future. How can states use such data to monitor progress and make and evaluate improvements? What have grantees learned as a result of tracking and using their programs' enrollment and retention data over time?
5:30 pm – 6:15 pm	**Break**
6:15 pm – 8:00pm	**Networking Dinner (Optional)**……..……..……..…*La Tomate* La Tomate Italian Bistro 1701 Connecticut Avenue, NW Washington, D.C. 20009 (202) 667-5505 The group will depart from the hotel lobby at: 6:15

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Thursday – January 10, 2013

8:00 am – 8:30am	**Breakfast**
8:30 am – 10:00 am	**In the Home Stretch – Hurdles and High Jumps on the Last Leg to 2014.**……..…….…… *Dupont A* *Moderator:* Alice Weiss, Co-Director, Maximizing Enrollment; Program Director, NASHP *Speakers:* Judith Arnold, Director, Division of Health Reform and Health Insurance Integration, New York Department of Health Corbin Petro, Chief Operating Officer, MassHealth Rebecca Mendoza, CHIP Director & Director of Maternal and Child Health Division, Virginia Department of Medical Assistance Services Medicaid and CHIP officials from states that are actively implementing the Affordable Care Act's eligibility and enrollment reforms will talk about policy hurdles they have encountered and ways their states are finding to get over any barriers and keep implementation moving, today and in the coming year. This open discussion will provide an opportunity to share lessons learned, ask questions, and discuss how states can continue to work together to reach the goal of streamlined eligibility and enrollment in 2014 and beyond.
10:00 am – 10:15 am	**Break**
10:15 am – 11:45 am	**Breakout Workshops** **1. A Holistic Approach to Consumer Assistance**……..……..……*Kalorama* *Moderator:* Katie Baudouin, Policy Specialist, NASHP *Speakers:* Tricia Brooks, Senior Fellow, Georgetown Center for Children and Families Holly Whelan, Acting Director, Consumer Division, Consumer Group Support, Center for Consumer Information and Insurance Oversight (CCIIO), Center for Medicare and Medicaid Services (CMS) Successful consumer assistance would optimally be seamless across families and programs to promote consistent experience for consumers and efficiency for programs. Health reform offers many opportunities for states to improve on existing programs such as application assistance, as well as build successful new navigator programs. This session will offer tools and ideas to support state planning for a holistic approach to consumer assistance that will support all families regardless of eligibility, including examples of success from the field. **2. Identifying Complex Coverage Issues and Possible Policy Solutions**……..…….…..*Dupont A* *Moderator:* Maureen Hensley-Quinn, Deputy Director, Maximizing Enrollment; Program Manager, NASHP *Speakers:* Jenny Kenney, Senior Fellow and Economist, Urban Institute Stacey McMorrow, Research Associate, Health Policy Center, Urban Institute Jocelyn Guyer, Co-executive Director, Georgetown Center for Children and Families Recent analyses by the Urban Institute estimate that a significant proportion of children and families will face complex coverage issues related to family composition and the varying coverage options that will be available in 2014. Jenny Kenney will kick off this session by sharing data and an overview of the scenarios many families will face to access coverage. Jocelyn Guyer will discuss possible policy solutions that states can employ to minimize coverage disruptions for these families. And there will be opportunity for state-to-state sharing of policies states use today to simplify coverage issues for families and ideas for the future.

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3. Interfacing with the Federally-Facilitated Exchange .....*Georgetown*

Moderator: Andy Snyder, Policy Specialist, NASHP

Speakers:

Ben Walker, Director, Eligibility Policy and Operations Branch, Center for Consumer Information and Insurance Oversight (CCIIO), CMS

Anne Marie Costello, Director, Division of Eligibility, Enrollment and Outreach, Children and Adults Health Programs Group, Center for Medicaid and CHIP Services (CMCS), CMS

Mike Koetting, Deputy Director for Planning and Reform Implementation, Illinois Department of Healthcare and Family Services

In states that do not opt to administer a state-based exchange, coordination between state Medicaid and CHIP programs and the federally-facilitated exchange will be of key importance to ensure that eligible applicants can be enrolled in coverage. In this session, federal and state representatives will discuss operational challenges and potential policy solutions in interfacing on Medicaid and CHIP eligibility and enrollment functions and processes.

11:45 am – 1:15 pm

Lunch: Keeping MaxEnroll Rolling: What Do We Know About How to Sustain Gains in Transformational Initiatives?……*Dupont A*

Moderator: Catherine Hess, Co-Director, Maximizing Enrollment; Managing Director, NASHP

Speaker:

Olivia Golden, Institute Fellow, Center on Labor, Human Services and Population, Urban Institute

Over four years, Maximizing Enrollment has enabled participating states (and NASHP) to keep a strong focus on improving enrollment and retention, yielding changes in systems, policies and procedures. How do we sustain and build on the gains without the same level of resources and support, especially in the face of difficult fiscal environments and challenging political environments? This session will present an opportunity to consider principles and lessons learned from other significant change initiatives.

1:15 pm – 1:30 pm

Break

1:30 pm – 3:00 pm

State Meeting/TA Session I

Individual State Team Meetings……*(Room assignments below)*

These meetings are intended only for state teams and will be used to both inform Maximizing Enrollment's final reports on what the program achieved and to discuss state strategies to sustain achievements beyond 2014. During this time, NASHP staff will meet with four state teams – **Alabama, Illinois, Massachusetts, and New York.** Members of the team not able to attend in person will have the opportunity to participate remotely.

State	Room	Call-in Number	Access Code	Discussion Facilitator
AL	Kalorama	1-866-740-1260	5172814	Maureen
IL	Foxhall A	1-866-740-1260	9032788	Katie
MA	Georgetown	1-866-740-1260	3938541	Andy
NY	Foxhall C	1-866-740-1260	5077580	Cathy

Technical Assistance Session……*Dupont A*

Transitioning Eligibility Categories

TA Providers:

Alice Weiss, Co-Director Maximizing Enrollment; Program Director, NASHP

Deborah Bachrach, Partner, Manatt, Phelps & Phillips, LLP

Grantees not meeting with NASHP staff in their individual team meeting – **Louisiana, Utah, Virginia, and Wisconsin** – will convene for hands-on technical assistance to map out how current Medicaid and CHIP eligibility groups will transition to new groups under the ACA's MAGI-related groups and categories. This session will provide a framework to identify key issues, requirements and considerations for states in mapping out new groups, and cover operational implementation strategies for transitioning existing groups to new groups. During this session, state teams will also have the opportunity to ask questions, analyze their own options for transitioning Medicaid eligibility groups, as well as learn from other states. States have been given a worksheet to complete in advance to identify key areas of interest and discussion for the session.

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3:00 pm – 3:15 pm	**Break**
3:15 pm – 4:45 pm	**<u>Individual State Meetings/TA Session II</u>** **Individual State Team Meetings**…….....…*(Room assignments below)* These meetings are intended only for state teams and will be used to both inform Maximizing Enrollment's final written papers and to discuss state strategies to sustain the mission of the program beyond 2014. During this time, NASHP staff will meet with four state teams – **Louisiana, Utah, Virginia, and Wisconsin.** Members of the team not able to attend in person will have the opportunity to participate remotely. **<u>Technical Assistance Session</u>**……...…….……..*Dupont A* **Transitioning Eligibility Categories** *TA Providers:* Alice Weiss, Co-Director Maximizing Enrollment; Program Director, NASHP Deborah Bachrach, Partner, Manatt, Phelps & Phillips, LLP Grantees not meeting with NASHP staff in their individual team meeting – **Alabama, Illinois, Massachusetts, and New York** – will convene for hands-on technical assistance to map out how current Medicaid and CHIP eligibility groups will transition to new groups under the ACA's MAGI-related groups and categories. This session will provide a framework to identify key issues, requirements and considerations for states in mapping out new groups, and cover operational implementation strategies for transitioning existing groups to new groups. During this session, state teams will also have the opportunity to ask questions, analyze their own options for transitioning Medicaid eligibility groups, as well as learn from other states. States have been given a worksheet to complete in advance to identify key areas of interest and discussion for the session.
4:45 pm – 5:30 pm	**Break**
5:30 pm – 7:00 pm	**Maximizing Enrollment Comes to Washington Reception**……*The Heights (9th Floor)* Welcome by Catherine Hess, Co-Director, Maximizing Enrollment; Managing Director, NASHP and Andrew Hyman, Coverage Team Director and Senior Program Officer, RWJF Invited guests will join grantees for hors d'oeuvres and drinks to welcome grantees to Washington.

State	Room	Call-in Number	Access Code	Discussion Facilitator
LA	Foxhall C	1-866-740-1260	5077580	Cathy
UT	Foxhall A	1-866-740-1260	9032788	Katie
VA	Kalorama	1-866-740-1260	5172814	Maureen
WI	Georgetown	1-866-740-1260	3938541	Andy

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Friday – January 11, 2013

8:30 am – 9:30 am	**Breakfast** State to State sharing – States are paired up to discuss specific issues or questions. **Pair 1**: Alabama & Utah **Pair 2**: Illinois & Wisconsin **Pair 3**: Louisiana & Virginia **Pair 4**: Massachusetts & New York
9:30 am – 11:00 am	**Beyond Maximizing Enrollment: Leveraging Eligibility and Enrollment Resources to Support State Work After 2013**……..……..*Dupont A* *Moderator:* Alice Weiss, Co-Director, Maximizing Enrollment; Program Director, NASHP Leaders from eligibility and enrollment projects will present a brief presentation on the focus of their work and the resources that are available to the grantee states. **External Resources:** • **Work Support Strategies:** Stacy Dean, Vice President for Food Assistance Policy, Center on Budget and Policy Priorities • **Enroll America:** Anita Fête, Director, State Assistance, Enroll America • **Enroll UX 2014:** Catherine Teare, Senior Program Officer, California HealthCare Foundation **NASHP Resources:** • **Exchangers:** Anne Gauthier, Senior Program Director, NASHP • **State Refor(u)m:** Kaitlin Sheedy, Policy Analyst, NASHP • **State Network:** Kathy Witgert, Program Director, NASHP • **Children in the Vanguard and Keeping Children's Coverage Strong:** Joanne Jee, Program Director, NASHP **Federal Resources:** • **Collaborative Application Lifecycle Management (CALT):** Jennifer Ryan, Acting Group Director, Children and Adults Health Programs, CMCS, CMS • **CMS Learning Collaborative:** Ruchika Bajaj, Program Coordinator, Division of Health Reform and Health Insurance Exchange Integration, Office of Health Insurance Programs, New York State Department of Health
11:00 am – 11:30 am	**Break (time to check out)**
11:30 am – 1:15 pm	**Lunch Discussion: A Vision for the Future** ……..…*Dupont A* *Moderator:* Catherine Hess, Co-Director, Maximizing Enrollment; Managing Director, NASHP *Speakers*: Alan Weil, Executive Director, NASHP Donna Cohen Ross, Senior Policy Advisor, Office of the Center Director, CMCS, CMS Stan Dorn, Senior Fellow, Urban Institute National health policy experts that have been involved with the Maximizing Enrollment program from its inception will share their thoughts about the future of health care reform and how the work of the grantee states through this program fits into the overall vision for what eligibility, enrollment, and retention systems will look like post 2014. Panelists will offer their thoughts on how Maximizing Enrollment has contributed to achieving this vision and will offer advice and guidance to states in building on their work in the future.
1:15 pm	**Adjourn**

Please complete the evaluation for this meeting. We are very interested in your feedback.

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Speaker Biographies

Judith Arnold
Judith Arnold is the Director of the Division of Health Care Reform and Health Insurance Exchange Integration within the Office of Health Insurance Programs in the Department of Health. In that capacity, Ms. Arnold is responsible for integrating Medicaid and CHIP into the Exchange required under the Affordable Care Act and a key participant in the Department's work to design and build a new eligibility and enrollment system for the Exchange. She is also responsible for enrollment policy development and operations for Medicaid, Family Health Plus and Child Health Plus. Ms. Arnold is responsible for streamlining enrollment policies and procedures to expand coverage for all those eligible, but not enrolled, in public health insurance programs. Ms. Arnold is also the SCHIP Director for New York State, a position she has held since the program's inception.

Deborah Bachrach
Deborah Deborah has more than 20 years of experience in health policy and financing in both the public and private sectors and an extensive background in Medicaid policy and healthcare reform. She currently advises states and other policy makers as well as private stakeholders on implementation of federal health reform and Medicaid reform strategies. Until 2010, Ms. Bachrach was the Medicaid Director and Deputy Commissioner of Health for the New York State Department of Health, Office of Health Insurance Programs. In this capacity, she was responsible for coverage, care and payment policies for over 4 million children and adults enrolled in New York's Medicaid and Child Health Insurance Programs.

Ruchika Bajaj
Ruchika Bajaj is a Project Coordinator within the Division of Health Reform and Health Insurance Exchange Integration within the Office of Health Insurance Programs at the New York State Department of Health (NYSDOH). Ms. Bajaj works with senior leadership within NYDSOH, NY's Health Exchange, and Computer Sciences Corporation, New York's systems integrator, to develop the business rules and systems design for NY's Individual Health Insurance Exchange. Ms. Bajaj also is involved in evaluating language access policies of federal and state agencies and developing recommendations to improve access to public health insurance for limited English proficient New Yorkers. Her prior work at NYSDOH includes developing and implementing a statewide public health insurance outreach campaign and creating culturally and linguistically appropriate public health insurance materials and tools. As part of the Maximizing Enrollment Project, Ms. Bajaj developed and launched two web-based, consumer application assistance tools to expand access to public health insurance. Before joining NYSDOH, Ms. Bajaj was the Health Policy Coordinator at the Coalition for Asian American Children and Families, a pan-Asian children's advocacy organization. Ms. Bajaj also served as a Research Analyst at Mathematica Policy Research, Inc. and was involved in the Congressionally-mandated evaluation of the State Children's Health Insurance Program. Ms. Bajaj received her master's degree in public health from Boston University School of Public Health and her Master of Science in Social Work from Columbia University School of Social Work.

Katie Baudouin
Katie Baudouin joined NASHP in 2011. Through the Maximizing Enrollment program she works with grantee states to improve their Medicaid and CHIP eligibility and enrollment systems and processes, and also assists as they prepare for health care reform implementation in 2014. Before joining NASHP, she worked for the Louisiana Department of Health and Hospitals on the state's Maximizing Enrollment project, as well as health care reform and managed care implementation. She previously worked with nonprofit and community based organizations as Public Policy Director of the Louisiana Association of Nonprofit Organizations (LANO). Ms. Baudouin earned a master's degree in public administration from Louisiana State University.

Tricia Brooks
Tricia Brooks is an assistant research professor at the Georgetown Health Policy Institute and senior fellow at GHPI's Center for Children and Families, where she focuses on implementation issues affecting public health coverage for children and families. Ms. Brooks co-authors an annual 50-state survey on Medicaid and CHIP eligibility, enrollment, renewal and cost-sharing policies published by the Kaiser Commission on Medicaid and the Uninsured. Previously, she led the effort to expand children's children in New Hampshire as the founding CEO of NH Healthy Kids Corporation (NHHK), a nonprofit responsible for administering CHIP and coordinating outreach and application assistance for Medicaid and CHIP.

Donna Cohen Ross
Donna Cohen Ross is a Senior Policy Advisor in the CMS Center for Medicaid and CHIP Services. She brings over 30 years of experience in improving access to public benefits for children and families. In her current position, Ms. Cohen Ross plays a principal role in the implementation of the outreach provisions of the Children's Health Insurance Program Reauthorization Act (CHIPRA). She leads the national Connecting Kids to Coverage Campaign, an effort to enroll eligible children in Medicaid and CHIP, boost participation rates and reduce the number of uninsured children. She also advises states on CHIPRA performance bonuses and designs and manages national outreach strategies, as well as state and community-based outreach grant programs. Ms. Cohen Ross is working within HHS and with other federal agencies and stakeholders to lay the groundwork for launching enrollment initiatives under the Affordable Care Act. In addition to these activities, she initiated and oversees the CMS Learning Collaborative project which convenes state leaders and CMS experts to address common challenges and pursue innovations in program design and operations with the goal of achieving high-performing Medicaid and CHIP programs.

Prior to joining CMS, Ms. Cohen Ross directed the outreach division at the Center on Budget and Policy Priorities where she worked on strategies to streamline and modernize Medicaid and CHIP eligibility, enrollment and renewal policies. She also spearheaded the Center's nationally acclaimed Earned Income Tax Credit outreach campaign. She has written extensively on these topics and her papers and outreach guides have been used by government agencies and nonprofit organizations across the country. Before coming to Washington, Ms. Cohen Ross worked at the Association for Children of New Jersey on projects to address childhood poverty and hunger. In her early years in New Jersey, she coordinated nutrition programs and communications for the Community Food Bank of New Jersey. She also administered the Child Care Food Program and created award-winning nutrition education programs at the Newark Preschool Council, the state's largest Head Start grantee.

Anne Marie Costello
Anne Marie Costello is the Technical Director for Outreach and Enrollment within the Children and Adults Health Programs Group CMCS. In this role, Ms. Costello is helping to lead outreach and enrollment efforts as well as policy and operational planning for implementation of the Affordable Care Act. Prior to joining CMS, Ms. Costello served as Bureau Director in the Office of Health Insurance Programs at the New York State Department of Health. As Director, she was responsible for oversight of Medicaid policy implementation in New York City. In addition, she was responsible for the Connections to Coverage campaign and other statewide initiatives designed to enroll all children and eligible adults in New York's public health insurance programs. Before joining NYSDOH, Ms. Costello was the Director of Programs at the Children's Defense Fund-New York where she led the organization's health policy initiatives and efforts related to public benefits outreach and education. She also held several other positions in the New York City Department of Health. Ms. Costello holds a master's degree in public health.

Stacy Dean
As Vice President for Food Assistance Policy, Stacy Dean works extensively with program administrators, policymakers, and non-profit organizations to improve the food stamp program and provide eligible low-income families easier access to its benefits. She focuses on nutrition programs, immigrant issues, the federal budget, and cross program integration. Ms. Dean started at the Center in April 1997 as a Senior Policy Analyst working on national policy issues such as the federal budget, the food stamp program, and benefits for immigrants. Before joining the Center, Ms. Dean worked as a budget analyst at the Office of Management and Budget where she worked on policy development, regulatory and legislative review, and budgetary process and execution for a wide variety of income support programs. In 1999, Ms. Dean spent seven months in the United Kingdom as an Atlantic Fellow in Public Policy, examining the integration of benefit and tax policy for low-wage workers. Ms. Dean received both her B.A. and master's degree in public policy from the University of Michigan.

Stan Dorn
Stan Dorn is a Senior Fellow at the Urban Institute's Health Policy Center and has been working on low-income people's health care issues for more than 25 years, at the state and national levels. Mr. Dorn's work before Urban includes service as Health Division Director at the Children's Defense Fund; and Managing Attorney at the National Health Law Program's Washington office. He is now focused on ACA implementation, including strategies to enroll the eligible uninsured into subsidized health coverage; the ACA's Basic Health Program option; and methods for states to leverage their purchasing power to reform health care delivery and payment.

Anita (Ani) Fête
Anita Fête is the Director of State Assistance at Enroll America, a nonprofit, nonpartisan organization whose mission is to ensure that all Americans are enrolled in and retain health coverage. Enroll America is a collaborative organization of health coverage stakeholders—health insurers, hospitals, doctors, pharmaceutical companies, employers, consumer groups, faith-based organizations, civic organizations, and philanthropies—supporting an easy, accessible, and widely available enrollment process. Ms. Fête works to catalyze and provide support for similar state-based efforts to develop outreach plans and adopt simple, streamlined enrollment systems in state insurance exchanges, Medicaid, and CHIP.

Before joining Enroll America, Ms. Fête served as Chief of Government Affairs for the Ohio Department of Health. As an advisor to the Director of Health and the Office of the Governor on legislative outreach and policy development, Ms. Fête successfully directed efforts to secure funding through stimulus and settlement dollars, promote childhood obesity prevention, and modernize environmental health regulations. Ms. Fête also served as a budget analyst for the Office of the Ohio Attorney General and began her career in state government as a legislative aide in the Ohio Senate. Ms. F*ê*te holds a Bachelor of Arts in political science and spanish, summa cum laude, from Wittenberg University in Springfield, Ohio.

Claude Earl Fox
Claude Earl Fox, MD, MPH is a public health physician who has headed federal, state and local agencies in a four decade long career dedicated to equal access to health care. He is professor emeritus in the Department of Epidemiology and Miller School of Medicine at the University of Miami, Adjunct Professor at the Florida Atlantic University, and was the founding director of the Florida Public Health Institute. In 1997 Dr. Fox was appointed as co chair of the Health and Human Services State Children's Health Insurance (SCHIP) Policy Committee that developed the initial SCHIP regulations and approved, with the then Healthcare Financing Administration (HFCA), all initial state SCHIP operating plans. He also has served as Chairman of the Robert Wood Johnson National Advisory Committee on Enroll More Kids in Medicaid and SCHIP. Dr. Fox was previously the first permanent director of the Johns Hopkins Urban Health Institute and Professor of The Johns Hopkins Bloomberg School of Public Health with joint academic appointments in the Johns Hopkins School of Nursing and School of Medicine. Prior to joining Hopkins, Dr. Fox served as the Administrator of the federal Health Resources and Services Administration in the Department of Health and Human Services. HRSA was responsible for administration of the 2 billion dollar Ryan White/HIV AIDS program, the Office of Rural Health Policy, all federally funded community health centers, National Health Service Corp, solid organ and bone marrow transplant programs and numerous health professions training programs.

Dr. Fox is a 1968 graduate of Mississippi College, earned his medical degree at the University of Mississippi in 1972 and received a master's of public health from the University of North Carolina in 1975. He performed his pediatric residency at Johns Hopkins Hospital and the University of Mississippi. He is board certified in Prevention Medicine and Public Health and is a Fellow of the American College of Preventive Medicine and the American Academy of Pediatrics.

Anne Gauthier
Anne Gauthier is senior program director at the National Academy for State Health Policy (NASHP), where she manages a portfolio of projects on state roles in health reform and health system performance. Currently, she directs the State Health Exchange Leadership Network, a peer-to-peer learning community for state officials working on health benefit exchange development, sponsored by the Nathan Cummings Foundation. Ms. Gauthier is also project director for the Office of the National Coordinator for HIT's Trailblazer States project to support states in designing a state-level quality measurement infrastructure. In addition, she directs a study commissioned by the West Virginia Insurance Department aimed at exploring opportunities for regional health insurance exchanges. She serves as project director for a project to foster integrated delivery systems with effective state health policy, funded by Kaiser-Permanente Community Benefit, and is on the evaluation team for the CMS Multi-payer Advanced Primary Care Practice demonstration.

Prior to joining NASHP in July 2009, Ms. Gauthier was assistant vice president of The Commonwealth Fund and deputy director of the Fund's Commission on a High Performance Health System, vice president of Academy Health, and senior researcher for the National Leadership Commission on Health Care. She also held a position in the congressional Office of Technology Assessment from 1980 to 1986. Ms. Gauthier holds an A.B. in molecular biology from Princeton University and a M.S. in health administration from the University of Massachusetts School of Public Health.

Olivia Golden

Olivia Golden, an Institute fellow at the Urban Institute, is an expert in child and family programs at the federal, state, and local levels with a special interest in the way services are delivered on the front lines. Golden first served as an Institute fellow at the Institute from 2004 to early 2007, guiding its Assessing the New Federalism project, which tracked the federal government's transfer of authority for health and social welfare programs to states. She later shepherded the project's transformation into a research unit focusing on low-income working families.

During 2007, she oversaw the management of all state government agencies as Eliot Spitzer's director of state operations in his first year as New York's governor. She returned to Urban Institute as a senior fellow in January 2008. From 2001 to 2004, she was director of the Child and Family Services Agency of the District of Columbia, leading the agency out of federal court receivership. From 1993 to 2001, she served in two presidentially appointed positions within the U.S. Department of Health and Human Services, first as commissioner for children, youth, and families and then as assistant secretary for children and families. In these roles, she was responsible for over 60 programs, including Head Start, Early Head Start, childcare, and child abuse and neglect.

She was also director of programs and policy at the Children's Defense Fund (1991–1993), a lecturer in public policy at Harvard University's Kennedy School of Government at (1987–1991), and budget director of Massachusetts's Executive Office of Human Services (1983–1985). Her book, Poor Children and Welfare Reform (1992), draws lessons from welfare programs around the country that tried to make a difference to families by serving two generations, both parent and child. Ms. Golden holds a doctorate and a master's degree in public policy from the Kennedy School of Government at Harvard, where she earned a B.A. in philosophy and government.

Lori Grubstein

Lori K. Grubstein, MPH, MSW, MPA, program officer, helps to develop and manage programs to expand health coverage and maximize enrollment in existing coverage programs as well as to improve the quality of health care Americans receive. Working in both the Foundation's coverage and quality/equality program areas, she enjoys the "opportunity to work with some of the best people in the field to tackle some of the most difficult health care problems our nation faces today." She also values the chance to "give people and communities an authentic, strong consumer voice in health care policy and systems change efforts and in the changes that can affect their lives." After joining the Foundation in 2001, Ms. Grubstein initially worked as a program associate in the area of community and family health. As a program officer, she has been responsible for one of the Foundation's largest programs, Covering Kids & Families.

Previously, she was a senior research associate at the Crime and Justice Research Institute in Philadelphia, where she worked on an outcome-based information system tracking youth in the juvenile justice system. Prior to that position, she was a research associate at the Michigan Public Health Institute, where she provided technical assistance and training to community-based organizations in their efforts to evaluate their sexual assault, rape crisis and juvenile justice programs. In addition to these areas, she has also addressed the issues of HIV/AIDS, teen pregnancy, domestic violence and pediatric asthma. In 2005, Ms. Grubstein completed the executive master of public policy and administration program at Columbia University's School of International and Public Affairs.

She received her dual master's degree in public health (health behavior and health education) and social work (community organization) from the University of Michigan in 1997. Her training also includes a B.A. in psychology from Clark University (1992) and a certificate of study from the London School of Economics and Political Science. She has successfully completed the educational component and skills assessment of Motorola's Six Sigma Green Belt Certification.

Jocelyn Guyer
Jocelyn Guyer is co-executive director at Georgetown's Center for Children and Families (CCF) and a senior researcher at the Georgetown University Health Policy Institute. At Georgetown's CCF, she has worked extensively on child and family health issues, including on the implications of the health reform law for children and families, reauthorization of CHIP, and the role of Medicaid in covering families. She joined Georgetown's CCF from the Kaiser Commission on Medicaid and the Uninsured, where she served most recently as an associate director. At the Commission, she led analysis of several emerging issues in health care for vulnerable Americans, including the implications of the Part D Medicare drug benefit for impoverished seniors and people with disabilities, and major proposals to restructure Medicaid. In the past, she has served as a senior health policy analyst on health and welfare policy at the Center on Budget and Policy Priorities, where she designed policy initiatives to expand coverage to low-income parents and worked with several states to implement family-based coverage expansions. She has also served as legislative research assistant to Senator Daniel Patrick Moynihan. She holds a Master of Public Affairs in economics and public policy from Princeton University's Woodrow Wilson School and a Bachelor of Arts in political science from Brown University.

Mary Harrington
Mary Harrington is director of health research in Mathematica's Ann Arbor office and a principal investigator on the Maximizing Enrollment evaluation. An expert in health care programs and policies for low-income children and the uninsured, she has evaluated Medicaid and Children's Health Insurance Program (CHIP) coverage reforms and impacts on safety net delivery systems. She is currently directing a congressionally-mandated evaluation of CHIP, a multifaceted evaluation that includes among other components a household survey in 10 States of CHIP and Medicaid enrollees and disenrollees, case studies in the same 10 States, and an assessment of enrollment and retention outcomes using state administrative data.

Maureen Hensley-Quinn
Maureen Hensley-Quinn is a Program Manager at the National Academy for State Health Policy (NASHP) where she focuses on states efforts to cover eligible individuals, particularly children within public and publicly subsidized programs. Ms. Hensley-Quinn serves as the Deputy Director of Maximizing Enrollment, a $15 million national initiative of the Robert Wood Johnson Foundation focused on streamlining and simplifying enrollment and retention of individuals eligible for public health coverage programs, including Medicaid. Prior to joining the staff of NASHP, Ms. Hensley was the Medical Specialist at the Community Transportation Association of America (CTAA). At CTAA, she focused on the public's access to health care through analysis of public health coverage (Medicaid in particular) and state and federal transportation policies. Prior to working at CTAA, Ms. Hensley-Quinn was employed by the Massachusetts State Attorney General's Office within its Insurance Division as a Mediator/Legal Analyst. In this role she advocated on behalf of Massachusetts residents for improved treatment and coverage, particularly in health care (both public and private). Ms. Hensely-Quinn received a bachelor's degree in political science from Merrimack College in Massachusetts and earned a master's degree in public affairs from the John W. McCormack School of Public Policy, which is a school within the University of Massachusetts in Boston.

Catherine Hess
Catherine Hess is Managing Director for Coverage and Access, working with a group of staff in developing and implementing initiatives focused on public and private insurance coverage, access to care and health care reform. She serves as co-director for *Maximizing Enrollment: Transforming State Coverage*, a $15 million program of the Robert Wood Johnson Foundation (RWJF) and Co-Expert Director for the RWJF sponsored *State Refor(u)m* web-based platform for exchange on health care reform. She also oversees longstanding work funded by the David and Lucile Packard Foundation to provide assistance and report on state children's health insurance programs, as well as an Atlantic Philanthropies project to address children and health care reform. She was principal investigator for the National Workgroup to Integrate a Safety Net into Health Reform Implementation, supported by The Commonwealth Fund, and is a senior advisor on a federal cooperative agreement focused on Medicaid and the safety net. Ms. Hess earlier served as the first executive director of the Association of Maternal and Child Health Programs, a position she held for 14 years. Afterward, she worked as a consultant to national organizations and federal and state agencies. In the 1980s, she served as director of the policy office for the Massachusetts Department of Public Health's Division of Family Health, where she played an instrumental role in developing the nation's first state maternity care insurance program, Healthy Start. Ms. Hess holds teaching appointments at both Johns Hopkins and George Washington Universities' schools of public health. She graduated magna cum laude with a Bachelor of Arts from the University of Rochester and has a Master of Social Work from the Boston University School of Social Work.

Andrew Hyman
Andrew D. Hyman, JD, team director for the Foundation's Coverage team, is responsible for developing and executing strategies designed to achieve the Foundation's goal of securing for all Americans meaningful access to health care coverage. He recognizes that "the promise of equal opportunity in this country is empty while we permit millions to be uninsured." Having joined the Foundation in 2006 as a senior program officer in the Health Care Group, he and the Coverage team work with policy-makers, researchers and advocates to help our nation's leaders craft and enact policies designed to expand coverage.

Mr. Hyman came to the Foundation after serving as director of Government Relations and Legislative Counsel for the National Association of State Mental Health Program Directors, which represents the public mental health systems in every state. In that role, he sought to advance policies that secure positive health outcomes and full community participation for individuals with mental disorders. Prior to his work in the mental health field, from 1998–2001 Mr. Hyman was the deputy director and then director of the Office of Intergovernmental Affairs at the U.S. Department of Health and Human Services (HHS), serving as Secretary Donna Shalala's liaison to state, local, and tribal governments. His work at HHS also included efforts to combat tobacco use, implement the Children's Health Insurance Program (CHIP), and advise the Secretary on Medicaid. He began his service at HHS as the special assistant to the general counsel in 1993. Mr. Hyman received a J.D. from the Fordham University School of Law, and a B.A. from Columbia College.

Joanne Jee
Joanne Jee joined NASHP in 2012, and is a Program Director for work related to children's coverage. She directs work to support the Children's Health Insurance Program directors and their efforts to expand children's access to care. Ms. Jee also leads the Children in the Vanguard project, an initiative funded by The Atlantic Philanthropies that focuses on children's coverage in the context of health care reform. Prior to joining NASHP, Ms. Jee was a senior analyst at the U.S. Government Accountability Office, where she led teams working on quality and access to care. Ms. Jee also was a senior manager at The Lewin Group, where she led work for state and other clients related to Medicaid, CHIP, and managed care. Ms. Jee has also held various positions as a Presidential Management Intern in the Department of Health and Human Services, including in the Office of the Assistant Secretary for Legislation, the Office of the Assistant Secretary for Management and Budget, and the Health Resources and Services Administration. She has an M.P.H. in community health Sciences/Health Policy from UCLA, and got her B.S. at UC Davis.

Genevieve Kenney
Genevieve M. Kenney, Ph.D., is a senior fellow and economist at The Urban Institute, with over twenty years of experience conducting policy research. She is a nationally renowned expert on Medicaid, The Children's Health Insurance Program (CHIP), and the broader health insurance coverage and health issues facing low-income children and families. She has led a number of Medicaid and CHIP evaluations and published over 80 articles and briefs on insurance coverage and access to care for low-income children, pregnant women, and other adults. In her current research, she is examining the implications of the Affordable Care Act, Medicaid coverage of family planning services, and state efforts to enroll more children and adults in Medicaid and CHIP. Dr. Kenney is a graduate of Smith College and received a Ph.D. in economics and an M.A. in statistics from the University of Michigan.

Michael Koetting
Michael Koetting is the Deputy Director for Planning and Reform Implementation at the Illinois Department of Healthcare and Family Services, with primary responsibility for coordinating the Medicaid aspects of implementing Health Reform in Illinois. The largest part of his previous career was VP for Planning at the University of Chicago Medical Center where he spent almost 25 years. He retired from there but was lured out of retirement by opportunity to play a leadership role in the Illinois implementation of the ACA.

Rebecca Mendoza
Rebecca Mendoza is the Director of the Division of Maternal and Child Health (MCH) at the Virginia Department of Medical Assistance Services (DMAS) and serves as the state's Children's Health Insurance Program (CHIP) Director. As Director of the MCH Division, Ms. Mendoza oversees the health care programs for children and pregnant women enrolled in the Medicaid and CHIP programs, which cover one in four children in Virginia. She is also responsible for administering Virginia's EPSDT program, the BabyCare program for high-risk pregnant women and infants, and the Plan First family planning program. In addition, she oversees Virginia's *Maximizing Enrollment: Transforming State Health Coverage* grant from the Robert Wood Johnson Foundation.

Prior to her current position, she served as the Marketing and Outreach Manager for the Maternal and Child Health Division for four years. Before joining DMAS, she worked for six years with Affiliated Computer Services (ACS), a DMAS contractor managing the state's CHIP Central Processing Unit and Medicaid Managed Care Helpline contracts. In addition, she has five years management experience working in non-profits serving low-income communities in Virginia and Tennessee. Ms. Mendoza also serves on the Virginia Commissioner of Health's workgroup to reduce infant mortality and on the Centers for Medicare and Medicaid Services (CMS) Children's Coverage Technical Advisory Group (TAG). She received her B.A. and M.A. in Sociology from University of Tennessee.

Corbin Petro

Corbin Petro is the Chief Operating Officer (COO) of the Massachusetts Department of Medicaid (MassHealth). In this role, she oversees all operations, including eligibility, enrollment, member and provider services; Medicaid IT functions and projects; and several program areas including the Health Safety Net and the EHR Incentive Payment Program. Current initiatives she is involved with include: building a Health Insurance Exchange/Integrated Eligibility System, implementing a pre-payment predictive modeling application for program integrity, transitioning to ICD-10, developing new payment models, and advancing data analytics.

Previously, Ms. Petro worked extensively in the healthcare and the public sector, most recently as a management consultant at Bain and Company. Prior health care experiences include advising a US Senator on health reform and roles at Deloitte Consulting, Goldman Sachs Investment Banking, and American Management Systems. Ms. Petro received a B.A. in history from Yale University and an M.B.A. from the Wharton School at the University of Pennsylvania.

Jennifer Ryan

Jennifer Ryan is the Acting Director for the Children and Adults Health Programs Group (CAP) in the Center for Medicaid, CHIP and Survey & Certification (CMCS) at CMS. Ms. Ryan oversees CMS' work on eligibility and coverage for children and adults through Medicaid and the Children's Health Insurance Program (CHIP). In this capacity, she is managing the implementation of major provisions of the Affordable Care Act, including the expansion of Medicaid coverage to low-income adults as well as the Children's Health Insurance Program Reauthorization Act (CHIPRA). Prior to joining CAP in January 2011, Ms. Ryan served as the Senior Advisor to Cindy Mann, the Director of CMCS. In that role, she facilitated the operations of the Office of the Center Director and led CMCS' efforts to strengthen relationships with States and stakeholder organizations.

From 2001 – 2009, Ms. Ryan was a Principal Policy Analyst at the National Health Policy Forum, an affiliate of the George Washington University. During her first tour with the federal government from 1994 – 2000, Ms. Ryan served in several roles at CMS (then HCFA) including technical director of the CHIP Division and Special Assistant to the HCFA Administrator on Medicaid, CHIP, and welfare reform issues.

Kaitlin Sheedy

Kaitlin joined NASHP in 2012 as a Policy Analyst with the State Refor(u)m project. Prior to NASHP, Ms. Sheedy worked as a Program Manager at Health Leads, a national organization mobilizing undergraduate volunteers, in partnership with urban health centers, to connect low-income patients with resources such as food, housing, and energy assistance. As a Policy Associate at the American Public Health Association (APHA), Ms. Sheedy provided capacity building technical assistance to APHA's 53 state and regional affiliates, by supporting Affiliate Leaders in their state and local advocacy initiatives. She also worked on APHA's Get Ready preparedness education campaign and the annual National Public Health Week campaign. Ms. Sheedy received a B.A. in community health and anthropology from Tufts University and a master's degree in public health in health promotion from The George Washington University School of Public Health and Health Services. She is a Certified Health Education Specialist (CHES) and a member of Delta Omega, the Honorary Society in Public Health.

Andrew Snyder

Andrew Snyder joined NASHP in 2011 as a policy specialist and is responsible for analyzing state policies related to eligibility, enrollment, and benefit design in Medicaid and CHIP programs. He has worked on issues relating to data systems, public health, the healthcare safety net, and particularly on issues related to oral health. Previously a program manager at the Pew Children's Dental Campaign, Mr. Snyder oversaw large research projects, including an extensive 50-state comparison of policies related to children's dental care. From 2002 to 2006, Andy was a policy analyst at the Wisconsin Medicaid program, where he staffed a Governor's Task Force on Access to Oral Health Care. He holds a master's degree in public affairs from the University of Wisconsin-Madison.

Catherine Teare
Catherine Teare is a senior program officer for the California HealthCare Foundation's Health Reform and Public Programs Initiative, which is working to support implementation of health reform and advance the effectiveness of California's public coverage programs. Ms. Teare manages projects focused on health insurance eligibility and enrollment and on access and quality monitoring in public programs. Prior to joining the foundation, Ms. Teare was an independent policy consultant and researcher whose clients included local and state governments, private foundations, nonprofit organizations, and safety-net providers. She also worked at Children Now and at the National Center for Youth Law, both in Oakland, California.

Christopher Trenholm
Christopher Trenholm (Ph.D., Economics, University of North Carolina at Chapel Hill) is a senior economist and associate director for health research at Mathematica Policy Research, Inc. Dr. Trenholm currently serves as project director for the evaluation of the Maximizing Enrollment for Kids (MaxEnroll) Project, a grant initiative of the Robert Wood Johnson Foundation to encourage best practices among states for enrolling and retaining children in Medicaid and CHIP. Prior to this project, Dr. Trenholm served as a principal investigator for the evaluation of the Covering Kids and Families (CKF) Program, a major outreach initiative funded by the RWJF to assist states and communities in enrolling and retaining children eligible in public health insurance. The study design for the evaluation combined statistical methods with qualitative follow-up to identify the most effective methods (best practices) for enrolling eligible children. Dr. Trenholm applied similar methods to an earlier evaluation of outreach efforts for a multi-year evaluation of the CHIP, funded the Centers for Medicare and Medicaid Services. Dr. Trenholm also led a major study of enrollment, retention, and disenrollment for the Congressionally Mandated Evaluation of CHIP, based on a survey of nearly 18,000 CHIP enrollees and disenrollees across 10 states.

Benjamin Walker
Benjamin Walker is Director of the Eligibility Policy and Operations Branch in the Exchange Policy and Operations Group in the Center for Consumer Information and Insurance Oversight (CCIIO) at CMS. In this role, Mr. Walker leads the development of eligibility policy related to the health insurance Exchanges created by the Affordable Care Act, including for advance payments of the premium tax credit, cost-sharing reductions, and interaction with Medicaid and CHIP. He also leads the implementation of the eligibility components of the Federally-facilitated Exchange, as well as eligibility services that will be used by State-based Exchanges. Prior to joining CMS, Mr. Walker spent six years with the Massachusetts Office of Medicaid.

Alan Weil
Alan Weil has been executive director of the National Academy for State Health Policy (NASHP) since September 1, 2004. Before coming to NASHP, Mr. Weil was the director of the Assessing the New Federalism (ANF) project at the Urban Institute. One of the largest privately funded social policy research projects ever undertaken in the United States, ANF monitors, describes and assesses the effects of changes in federal and state health, welfare, and social services programs. Mr. Weil was formerly the executive director of the Colorado Department of Health Care Policy and Financing. This cabinet position is responsible for Colorado's Medicaid and Medically Indigent programs, health data collection and analysis functions, health policy development, and health care reform. He is the editor, with colleagues, of two books: *Welfare Reform: The Next Act* and *Federalism and Health Policy*. He has authored chapters in a number of books and published articles in a broad range of peer-reviewed journals. He is a frequent speaker on health reform, Medicaid, and federalism. He has testified before Congress more than half a dozen times. Mr. Weil was an appointed member of President Clinton's Advisory Commission on Consumer Protection and Quality in the Health Care Industry, which drafted the patient's bill of rights. He is a member of the Institute of Medicine's Board on Health Care Services, the Kaiser Commission on Medicaid and the Uninsured, and the Commonwealth Fund Commission on a High Performing Health System. He is a member of the editorial boards of *Health Affairs* and *State Health Watch*. Mr. Weil received his bachelor's degree in economics and political science from the University of California at Berkeley. He holds a Master of Public Policy degree from the John F. Kennedy School of Government at Harvard, and a J.D. from Harvard Law School.

Alice Weiss

Alice Weiss joined NASHP in 2007, and is the co-director of Maximizing Enrollment: Transforming State Health Coverage, a national initiative funded by the Robert Wood Johnson Foundation that aims to help states increase enrollment and retention of eligible children in Medicaid and CHIP and establish and promote best practices as states prepare enrollment and retention systems for health reform implementation in 2014. Ms. Weiss also provides technical assistance expertise and leadership to other projects relating to eligibility and enrollment issues, health reform implementation, children's coverage, and Native American health coverage. Ms. Weiss came to NASHP from the U.S. Senate Finance Committee, where she was health counsel for Chairman Max Baucus (D-MT), with primary responsibility for Medicaid, CHIP, and private health insurance coverage issues. During her tenure at Finance, Ms. Weiss helped write the bipartisan CHIP Reauthorization Act (CHIPRA), Hurricane Katrina health relief legislation, and the Indian Health Care Improvement Act and was integrally involved in Medicaid reform debates. Ms. Weiss has also held senior health policy positions at the National Partnership for Women & Families and the U.S. Department of Labor's Pension and Welfare Benefits Administration, supporting private coverage and Medicaid reform legislative initiatives, most notably in her work on the Patients' Bill of Rights managed care reform legislation. She received a B.A. from Haverford College and a J.D. from Northeastern University Law School.

Holly Whelan

Holly Whelan is the Acting Division Director in the Consumer Services Division of CCIIO's Consumer Support Group. She leads a group of Health Insurance Resource Specialists who are developing the FFE Navigator program and who provide training and direct support to Consumer Assistance Program grantees. Prior to CMS, Ms. Whelan worked for The Endocrine Society as the Associate Director of Health Policy, where she worked on issues related to the Patient-Centered Medical Home and Medicare reimbursement issues. She also spent a number of years with the American Diabetes Association where she focused on policy issues related to private health insurance and Medicaid. She is co-author of the report "Falling Through the Cracks: Stories of How Health Insurance Can Fail People with Diabetes". Ms. Whelan has a bachelor's degree in social relations and policy from Michigan State University and a master's degree in public administration from The George Washington University.

Katharine Witgert

Katharine Witgert joined NASHP in July 2008 after serving as an analyst for the Florida Legislature, where she evaluated various aspects of Florida's Medicaid program.Ms. Witgert's work at NASHP is concentrated on health system innovations, safety net systems, and coverage expansions. She has conducted research and analysis on issues including Medicaid funding for women's health, state-funded coverage expansions, retail health clinics, and state implementation of the Affordable Care Act. Ms. Witgert holds a master's degree in public health from the Yale School of Public Health.

Maximizing Enrollment Fourth Annual Grantee Meeting

Welcome and Introductions **2:00pm - 2:30pm**

Speakers: **Alan Weil**, Executive Director, National Academy for State Health Policy (NASHP)
Lori Grubstein, Program Officer, Robert Wood Johnson Foundation (RWJF)
Dr. Claude Earl Fox, Professor Emeritus, University of Miami (Chair, Maximizing Enrollment National Advisory Committee)
Catherine Hess, Co-Director, Maximizing Enrollment; Managing Director, NASHP

Maximizing Enrollment Fourth Annual Grantee Meeting

Grantee State-to-State Sharing: **2:30pm - 3:45pm**
Celebrating Accomplishments and Looking Ahead

A representative from each Maximizing Enrollment grantee state will present and share the following information with their colleagues:

- Recent accomplishments and challenges in year four of the grant
- Major accomplishments over the four-year Maximizing Enrollment grant period
- Early thoughts on sustaining accomplishments in the areas of eligibility, enrollment, renewal, and simplification after the grant ends.

Moderator: **Maureen Hensley-Quinn**, Deputy Director, Maximizing Enrollment; Program Manager, NASHP

Maximizing Enrollment
Transforming State Health Coverage

Grantee State-to-State Sharing

Celebrating Accomplishments and Looking Ahead

Wednesday, January 9, 2013
2:30pm-3:45pm

25th anniversary NATIONAL ACADEMY for STATE HEALTH POLICY

Robert Wood Johnson Foundation

Maximizing Enrollment
Transforming State Health Coverage

Alabama

Viki Brant
Director, Program Operations & Professional Support Division

25th anniversary NATIONAL ACADEMY for STATE HEALTH POLICY

Robert Wood Johnson Foundation

Recent Accomplishments & Challenges

- **Accomplishments**
  - Online Renewal Application (April 2012)
  - Initiated contract to conduct programming for Phase III of ELE (Medicaid, December 2012)
- **Challenges**
  - Ever-changing environment at the state and federal level
  - Time required for initiating change (data sharing agreements; contracts; policies; culture)

Major Accomplishments of Grant

1. **IT Systems Improvements**
   - New CHIP Eligibility System
   - Document Imaging and Management System (CHIP)
   - Online Renewal Application (joint application with CHIP and Medicaid)
2. **Enrollment Modalities Improvements/Enhancements**
   - Online Renewal Application
   - Telephone renewal capability for CHIP
   - ELE in Medicaid
3. **Changes in Program Eligibility Policies**
   - Expanded the upper income limit for CHIP eligibility to 300% FPL
   - Added State Employee Dependents to CHIP eligibility
   - Express Lane Eligibility for Medicaid
   - Greater alignment of policies between AL CHIP and Medicaid

Ways to Sustain Focus on Enrollment Simplifications

- Currently developing a joint eligibility system which will allow for increased streamlining of processes and opportunities for sharing data and conducting evaluation activities
- Continue to look toward streamlining policies and procedures within each program and between programs
- Committed to finding additional efficiencies in and between each program without compromising quality

Maximizing Enrollment
Transforming State Health Coverage

Illinois

Lynne Thomas
Chief, Bureau of All Kids

Recent Accomplishments & Challenges

- **Accomplishments**
  - Design work has begun on our new eligibility system.
- **Challenges**
  - Legislative initiatives and changes in state law;
  - Reductions in income limits for children and caretaker relatives

Maximizing Enrollment

Major Accomplishments of Grant

1. Work with Vicki Grant on work flow and culture change;
2. Began work on electronic case records;
3. Opportunity to learn from other states.

25th Anniversary NATIONAL ACADEMY for STATE HEALTH POLICY Robert Wood Johnson Foundation

Ways to Sustain Focus on Enrollment Simplifications

- New eligibility system and continued work on electronic case records will simplify and automate enrollment for our staff and our customers.

Maximizing Enrollment
Transforming State Health Coverage

Louisiana

Penny B. Chapman
MaxEnroll Project Manager

Recent Accomplishments & Challenges

- **Accomplishments**
  - Consolidated Verification Summary (CVS)
  - Medicaid Portal Redesign
  - Newborn Eligibility Data Streaming
  - Partnership with ARC
- **Challenges**
  - Reliance on sister agencies for CVS data
  - Continued budget cuts

Major Accomplishments of Grant

1. Automated Express Lane Eligibility (ELE) for Enrolling and Renewing Eligible Children
2. Medicaid Application Integration (MAI)
3. Consolidated Verification Summary (CVS)

Ways to Sustain Focus on Enrollment Simplifications

- Keep simplification as a mindset.
- Keep the frontline workers involved.
- Keep an open mind.

Maximizing Enrollment
Transforming State Health Coverage

Massachusetts

Amy Dybas
Director of Member Policy Implementation

Recent Accomplishments & Challenges

- **Accomplishments**
  - Began Express Lane Renewal process on 9/24/12 for families receiving both subsidized health benefits and SNAP.
  - ACA and HIX/IES implementation has progressed significantly and is at full speed.
- **Challenges**
  - Getting it all done for open enrollment in October 2013.

Major Accomplishments of Grant

1. Streamlined the annual eligibility review process for 220,000 members through administrative and Express Lane renewal.
2. Electronic Document Management (EDM) System implemented.
3. Ended a quarterly wage and new-hire data match processes that caused unnecessary administrative closings and replaced it with a new targeted match processes.
4. Customer-facing My Account Page implemented.
5. Redesigning member eligibility notices to be readable and comprehensible, have a recognizable style, and be written in plain English.

Ways to Sustain Focus on Enrollment Simplifications

- Enrollment simplifications are required through the ACA's requirement for data-driven eligibility determinations.
- MassHealth Strategic Goal #1 supports enrollment simplification: Deliver a seamless, streamlined, and accessible member experience.
- Strategies that improve retention/reduce paper processing will continue to be helpful in both alleviating pressure in the operational work flow and gaining efficiencies.

Maximizing Enrollment
Transforming State Health Coverage

New York

Judith A. Arnold
Director of Division of Health Reform and Health Insurance Exchange Integration

Recent Accomplishments & Challenges

- **Accomplishments**
  - Received conditional approval from HHS to operate State-Based Exchange
  - Continue to work with Systems Integrator to develop IT systems solution for NY's Health Exchange (NY-HX)
- **Challenges**
  - Time is of the essence
    - Only 10 months until open enrollment!
      - Need to test data exchange with Federal Data Hub, build State Data Hub, program MAGI rules into new system and much, much more!

Major Accomplishments of Grant

1. Eliminated face-to-face interview requirement for Medicaid
   - Revised ACCESS NY (ANY) Health Care Application
   - Launched "fill and print" ANY Health Care Application and the ACCESS NY Public Health Insurance Eligibility Screening Tool (English/Spanish)
2. Phased in mail-in and telephone renewals through EC
3. Implemented Express Lane Eligibility
4. Developing user interface for NY-HX

Ways to Sustain Focus on Enrollment Simplifications

- Leverage existing resources
  - What Exchange-related business functions, processes and systems currently exist within state agencies
  - How/if those functions and systems should either interface, change, migrate or be built/bought as part of NY-HX
- Apply lessons learned from enrollment simplifications
  - Build on best practices from redesigning the ACCESS NY Application as we create NY-HX application
  - Develop policies and procedures for processing applications and renewals by phone based on NY's experiences with telephone renewals through the Enrollment Center

Maximizing Enrollment
Transforming State Health Coverage

Utah

Laura Belgique
Research Consultant

Recent Accomplishments & Challenges

- **Accomplishments**
  - Successful completion of 5 of 8 projects
  - Surveys, reports
  - MyCase, third party access, new online application
- **Challenges**
  - ACA
  - Exchange

Major Accomplishments of Grant

1. Successful completion of enrollment and retention improvement and simplification processes.
2. Improved policy better aligns with our technologically savvy system.
3. AGI, SVES
4. Through comparison with other states, illustrated areas that need improvement (i.e., retention).

Ways to Sustain Focus on Enrollment Simplifications

- Continue current processes in order to qualify for final year of CHIPRA bonus.
- Utilize newly created closure/denial/churn reports to determine areas that need improvement.
- eVerifs – auto populate into eRep
- Mathematica – ongoing data reports
- Implementing mandatory pieces of ACA

Maximizing Enrollment
Transforming State Health Coverage

Virginia

Kate Honsberger
MaxEnroll Grant Coordinator

Recent Accomplishments & Challenges

- **Accomplishments**
  - Online Deemed Newborn enrollment process
  - Text message reminders for CHIP
  - Updated uninsurance data from Urban Institute
  - Teen Health Week
- **Challenges**
  - Still have pending decisions about implementation of ACA
  - Wrapping up grant projects in remaining time

Major Accomplishments of Grant

1. **Enhancements at the CHIP Central Processing Unit:** Pre-populated Online Renewal, E-Signature for Online Applications, E-Submission of Verification Documents, Administrative Renewal and Telephonic E-signature
2. **Improving Relationships with State DSS agency and local DSS agencies:** focus groups with eligibility workers, new methods of communication and increased communication.
3. **Using Data in new ways:** building of an ESS to combine data from multiple systems, creation of new measures, uninsurance data from the Urban Institute and sharing of data with partners

Ways to Sustain Focus on Enrollment Simplifications

- Champion the lessons learned in CHIP expansion – both internally and externally
- Share impact of enrollment simplifications at the CHIP CPU on operations and enrollment

Maximizing Enrollment
Transforming State Health Coverage

Wisconsin

Shawn Smith
Director
Bureau of Enrollment Policy and Systems

Recent Accomplishments & Challenges

- **Accomplishments**
  - Improved Workload Management Tools
    - Workload Tracking Tool – Piloted 8/2012; Statewide roll-out October 2012
    - Integrated Client Scheduling
- **Challenges**
  - Coordination with various state agencies (integrated eligibility determination system)
    - Training of eligibility workers
    - Developing the new tool to meet the needs of each of the newly formed consortia

Major Accomplishments of Grant

Improved Workload Management Tools:

1. Workload Tracking Tool – Piloted 8/2012; Statewide roll-out October 2012
   - A suite of tools to assist with the tracking and monitoring of timely case processing, efficiency and accuracy.
   - Provides a single summarized view of outstanding work that IM workers are responsible for in order to help them prioritize and complete their work.
   - Consistently measure performance of workers, teams, counties/tribes, consortia, and the state as a whole.
2. Integrated Client Scheduling
   - A modern web-based interface for creating and managing client appointments.
   - Enhance and improve client scheduling correspondence.
   - Improve the quality and consistency of service.

Ways to Sustain Focus on Enrollment Simplifications

- Wisconsin has a long-standing history of streamlining enrollment for its Medicaid and CHIP programs.
- PPACA requires a new level of simplifications, including: adoption of passive renewals, reliance on data available through the federal hub, use of "reasonably compatible" standards for purposes of verification.
- States will need to balance their ability to streamline enrollment while ensuring accurate eligibility determinations.

Maximizing Enrollment Fourth Annual Grantee Meeting

State Enrollment Data: **4:00pm - 5:30pm**
How it Fits into Sustaining and Improving Programs in the Future

Mathematica will kickoff this session by providing a review of work with Maximizing Enrollment grantee states. Also, Chris and Mary will offer recommendations on enrollment and retention data trends and measures that states should consider as they look ahead to 2014 and beyond. Discussion will then focus on how this kind of data can be used by states in the future. How can states use such data to monitor progress and make and evaluate improvements? What have grantees learned as a result of tracking and using their programs' enrollment and retention data over time?

Moderator: **Catherine Hess**, Co-Director, Maximizing Enrollment; Managing Director, NASHP

Speakers: **Christopher Trenholm**, Senior Fellow, Mathematica Policy Research
Mary Harrington, Director, Health Research, Mathematica Policy Research

Using State Enrollment Data to Sustain and Improve Programs

Fourth Annual Maximizing Enrollment Grantee Meeting
January 9, 2013

Mary Harrington
Christopher Trenholm

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What Did We Set Out to Do?

1. Track MaxEnroll states' progress enrolling and retaining children in coverage
   - Provide feedback to states, NASHP, RWJF
2. Assist states to measure their own progress
   - Help assess capability and quality of states' data
   - Help states gain expertise using data for tracking progress
3. Advance understanding of "what works" to enroll and retain kids in coverage

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Tracking Progress

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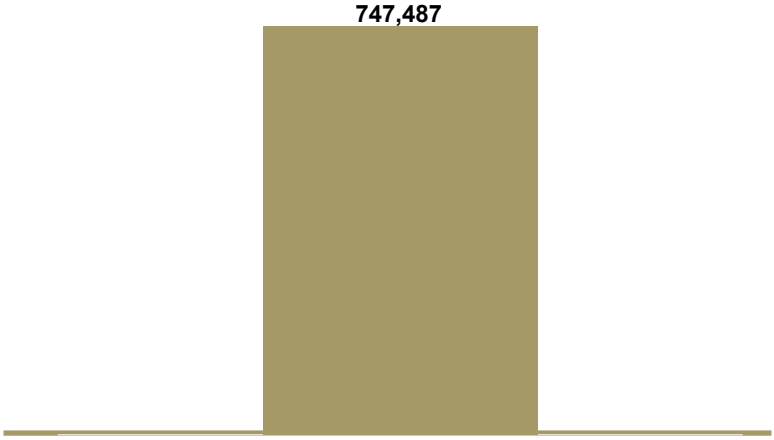
Good News Worth Repeating..

Increase in Total Enrollment, MaxEnroll States (2009 -)



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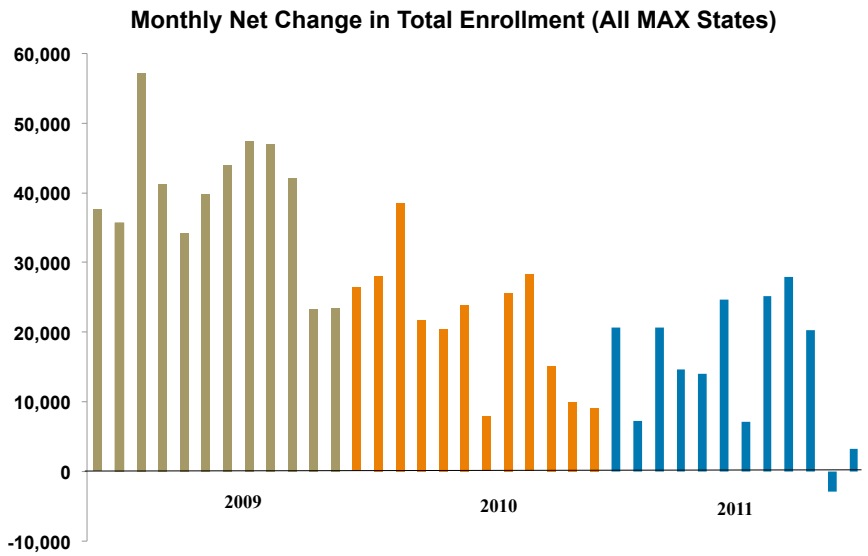
…And Repeating



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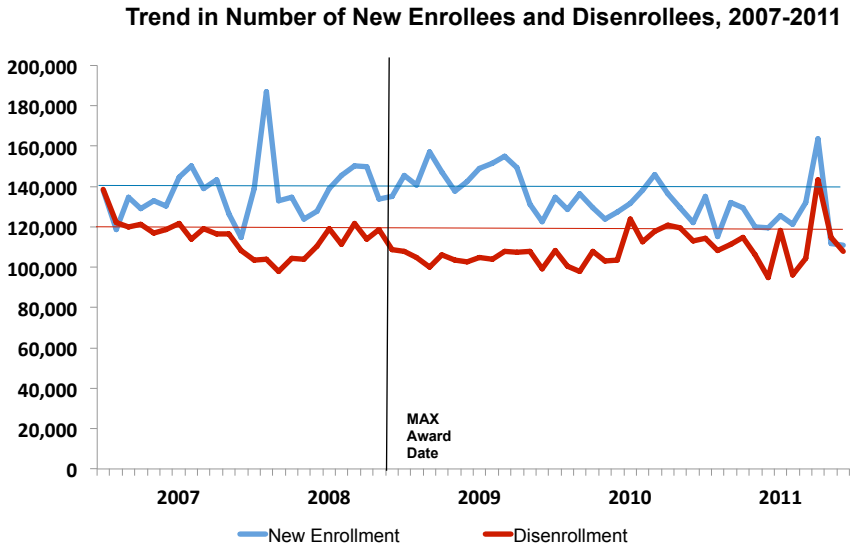
Big Part of this Progress: Retention



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Assist States to Measure Progress

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Data Quality and Capabilities: Observations

- Data system, data system, data system, data syste….
  - Promise Land: a single system for all programs, with integrated MIS and eligibility capabilities
- Warehouses will always need people
- Automation yields efficiency; efficiency yields quality
- Reasons for leaving coverage remain elusive
  - But progress is evident and ACA may raise expectations

Help with Measures: Observations

- Monitoring performance starts with tracking enrollment and disenrollment counts over time
- If you can only track one more: choose retention
  - E.g. Proportion of kids still enrolled after 18 months
  - Account for all programs
- Tracking reasons for leaving coverage requires good data AND good codes
- Take our briefs, take our SAS programs – Please!
  - http://www.nashp.org/nashp-pubs/54

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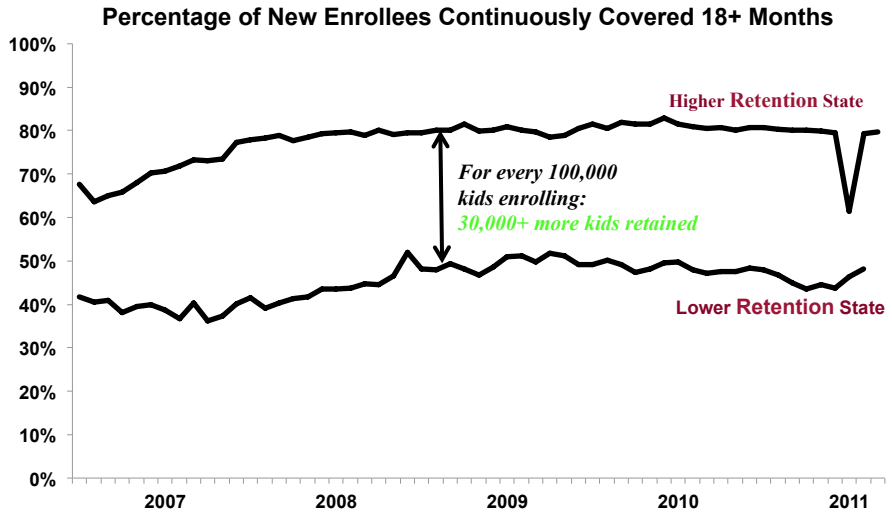
Retention: Cross-State Comparison of Trends



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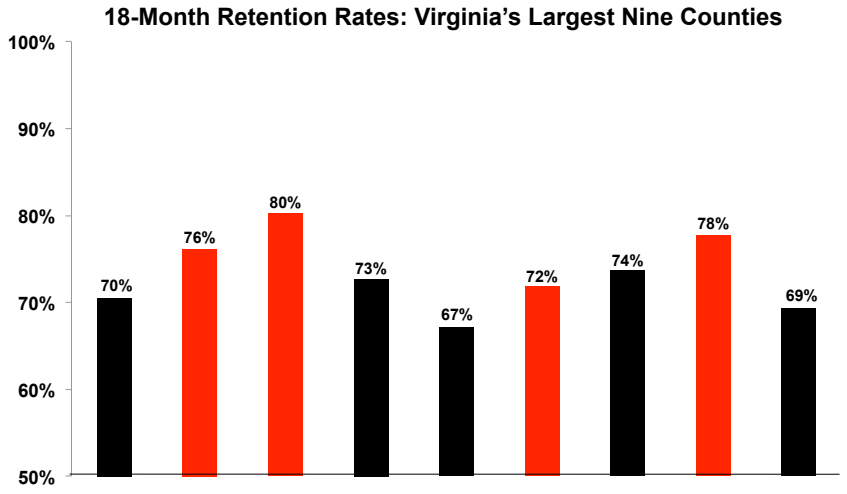
Retention: Within-State Comparison



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Example of Good Reason Codes

Ineligibility verified

Code	Description
1	Death
2	Age
3	Citizenship or immigration status
4	Income, assets, earnings
5	Household or family composition
6	Time-limited eligibility period ended
7	Residency status (household, state, institution)
8	Other coverage (already has it or it is available)
9	Medical/health status or condition; need for care
10	Other eligibility criteria not met (child support; cash assistance; work hours; school attendance)

Ineligibility not relevant

Code	Description
11	Declined enrollment (i.e., after ELE or ex parte) or requested to be disenrolled
12	Failed to pay premium

Eligibility cannot be established

13	Lost to follow up, unable to locate
14	Missing forms, verification, other information

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Advance Understanding of What Works

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What Works: Observations

- Knowing why a state makes progress, or why its progress differs from another, can be difficult
  - Checkboxes are easy to quantify
  - But behind them are systems, culture, resources, champions (not to mention economics, demographics) that matter
- But seeing progress is easy – we simply need to monitor and compare trends for useful measures
- And, to do that, we just need to check 3 boxes:
  1, Quality, accessible data
  2. Meaningful measures to track
  3. Resources (to turn data into measures)

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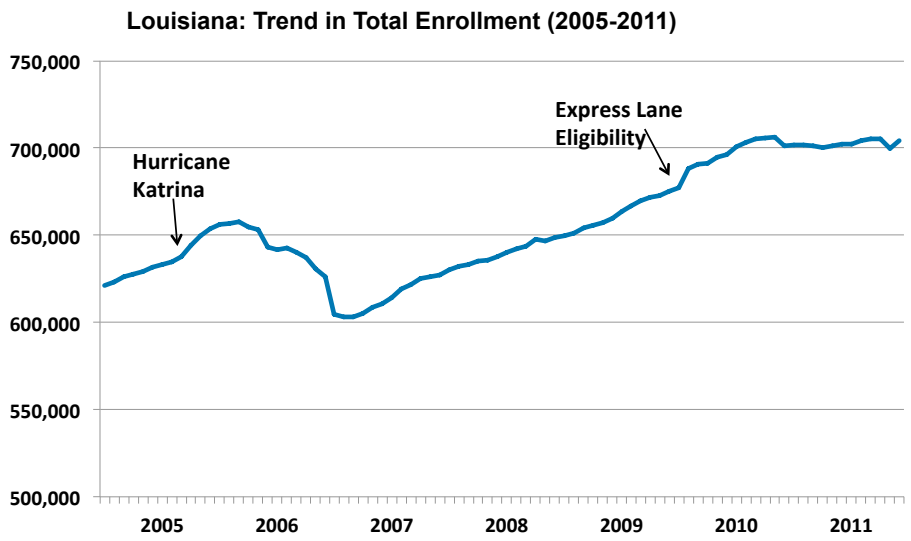
ELE Example: Well that Worked.



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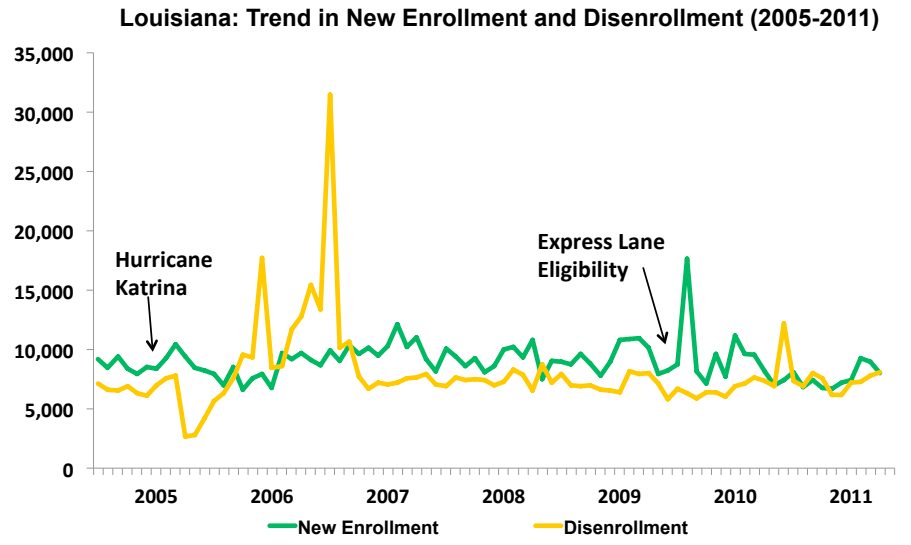
ELE Example: But How Much Did It Matter?



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2013 Plans: Assess Progress

- Receive one last round of state administrative data
  - Through Dec. 2012
- Estimate effects on Medicaid/CHIP enrollment of:
  - The overall Maximizing Enrollment grant effort
  - Specific policies/procedures that (you believe) mattered most
- Share findings with RWJF (Sept 2013)
- Assist NASHP with its lessons, policy findings and reflections from the grant effort

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Looking Forward:

Gathering Your Thoughts and Lessons From the Evaluation

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1. Lessons from the Overall Evaluation

- Insights about state data and data systems
  - Anything important you learned about your data?
  - Any surprises?
- Changes in how states use their data
  - Have any changes been made from what you have learned?
  - Are there barriers that prevent doing more? What are they?

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MaxEnroll Measures: Brief Summary

- The evaluation settled on three groups of measures
  - Differing in their use and complexity
- They support state-specific and cross-state monitoring
- We tracked them at the program level on a monthly basis
- But they can be defined for different populations and/or different periods depending on their use
  - e.g. defined for specific eligibility groups or locations

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Group One: Basic Counts

- Total enrollment
  - Number of individuals with at least one day of coverage in specified program(s) during a given month
- Total new enrollment
  - Number of individuals enrolling in specified program(s) during a given month
- Total disenrollment
  - Number of individuals disenrolling from specified program(s) during a given month

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Group Two: Retention, Churn, Transfers

- Continuous enrollment
  - Proportion of new enrollees in a given month who are continuously covered for a specified period (e.g. 18 months)
- "Churn"
  - Proportion leaving and then returning *to the same program* with a less than (<) 6 month gap
- Seamless transfers
  - Proportion *transferring to another program* without any gap
- Non-seamless transfers
  - Proportion *transferring to another program* with a <6 month gap

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Group Three: Using Exit Codes (to Learn More)

- Exit because of ineligibility
  - Proportion exiting because of program eligibility criteria (*Allows for an "eligible retention" measure*)
- Exit not related to eligibility
  - Proportion exiting voluntarily, declining enrollment, or failing to pay premiums
- Exit where eligibility cannot be established
  - Proportion exiting because forms or information is missing or unable to locate

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2. Thoughts on the MaxEnroll Measures

- Which MaxEnroll measures have been most useful?
- Which measures are currently feasible to include in routine state monitoring?
- What other kinds of measures might have been helpful for the evaluation to have developed/monitored?

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3. Thoughts Looking Forward to ACA

- How does the ACA change the way states think about enrollment and retention?
- What measures will be important for states to track in 2014 and beyond?
- What will be valuable to track uniformly for all states?

(*See handout for potential measures*)

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Potential Performance Measures for Eligibility and Enrollment Systems Under Health Reform[1]

Measure	Definition
Total enrollment count	Number of all enrollees in specified program(s)
New enrollment count	Number of new enrollees in specified program(s)
New to public coverage	Number of new enrollees in specified program(s), excluding churns and transfers within a specified time period
Disenrollment count	Number of disenrollees from specified program(s)
Disenrollment count, known ineligibles	Number of disenrollees from specified program(s)verified to be ineligible
Disenrollment count, eligibility not relevant	Number of disenrollees from specified program(s)exiting voluntarily, declining ELE enrollment, or failing to pay premiums
Disenrollment count, eligibility cannot be established	Number of disenrollees from specified program(s) lost to follow up or missing forms, verification or other information
Churn rate	Proportion of disenrollees from specified program(s) reenrolling within a specified period (e.g., 3, 6 months)
Continuous coverage rate	Proportion of new enrollees in specified program(s) remaining in public coverage for a specified period (e.g., 12, 18, 24 months)
Transfers into program	Number new program enrollees in specified program(s)that transferred in from another program without a coverage gap
Transfers out of program	Number of disenrollees from specified program(s)who transfer to another program without a coverage gap
Timely approval rate (applications)	Proportion of all approved applications for specified program(s) with start and end dates within a pre-specified number of days
Timely approval rate (renewals)	Proportion of all approved renewals for specified program(s) with start and end dates within a pre-specified number of days
Administrative approval rate (applications)	Proportion of all approved applications for specified program(s) with income verified administratively
Administrative approval rate (renewals)	Proportion of all approved renewals with income verified administratively

[1] Selected measures from "Performance Measurement Under Health Reform: Proposed Measures for Eligibility and Enrollment Systems and Key Issues and Trade-offs to Consider." Kaiser Commission on Medicaid and the Uninsured, December 2011.

Maximizing Enrollment Fourth Annual Grantee Meeting

In the Home Stretch – Hurdles an High Jumps on the Last Leg to 2014 **8:30am - 10:00am**

Medicaid and CHIP officials from states that are actively implementing the Affordable Care Act's eligibility and enrollment reforms will talk about policy hurdles they have encountered and ways their states are finding to get over any barriers and keep implementation moving, today and in the coming year. This open discussion will provide an opportunity to share lessons learned, ask questions, and discuss how states can continue to work together to reach the goal of streamlined eligibility and enrollment in 2014 and beyond.

Moderator: **Alice Weiss**, Co-Director, Maximizing Enrollment; Program Director, NASHP

Speakers: **Judith Arnold**, Director, Division of Health Reform and Health Insurance Integration, New York Department of Health
Corbin Petro, Chief Operating Officer, MassHealth
Rebecca Mendoza, CHIP Director & Director of Maternal and Child Health Division, Virginia, Department of Medical Assistance Services

* *Speakers in this session will not be using slides*

Maximizing Enrollment Fourth Annual Grantee Meeting

Breakout Workshops **10:15am - 11:45am**

A Holistic Approach to Consumer Assistance……*Kalorama*
Successful consumer assistance would optimally be seamless across families and programs to promote consistent experience for consumers and efficiency for programs. Health reform offers many opportunities for states to improve on existing programs such as application assistance, as well as build successful new navigator programs. This session will offer tools and ideas to support state planning for a holistic approach to consumer assistance that will support all families regardless of eligibility, including examples of success from the field.

Moderator: **Katie Baudouin**, Policy Specialist, NASHP

Speakers: **Tricia Brooks**, Senior Fellow, Georgetown Center for Children and Families
Holly Whelan, Acting Director, Consumer Division, Consumer Group Support, Center for Consumer Information and Insurance Oversight (CCIIO), Center for Medicare and Medicaid Services (CMS)

*****_Speakers will be providing additional slides for this session_

Maximizing Enrollment
Transforming State Health Coverage

A Holistic Approach to Consumer Assistance

Maximizing Enrollment
Annual Grantee Meeting

January 10, 2013

25th anniversary NATIONAL ACADEMY for STATE HEALTH POLICY

Robert Wood Johnson Foundation

Maximizing Enrollment

Design Marketing and Outreach That Meets Requirements

- **Medicaid** agencies must furnish timely information in plain language on:
  - eligibility requirements, Medicaid services, and rights and responsibilities of applicants and beneficiaries
- Information must be provided by paper, electronically, or orally.
- Information must be provided in plain language and accessible to those with limited English proficiency and disabilities.

25th anniversary NATIONAL ACADEMY for STATE HEALTH POLICY Robert Wood Johnson Foundation

Maximizing Enrollment

Design Marketing and Outreach That Meets Requirements

- **Exchanges** must provide culturally and linguistically appropriate information on:
  - Eligibility and enrollment options, benefits, services available
  - Both through the exchange, and Insurance Affordability Programs (IAPs).
- Resource:

  Building a Consumer Oriented Exchange: Key Issues

  http://www.nashp.org/sites/default/files/Building_a_Consumer_Oriented_Exchange_final.pdf

Maximizing Enrollment

Cover Oregon Website

www.coveroregon.com

Maximizing Enrollment

Develop Effective Call Centers and E-Communications

- **Call Centers** will be the first experience many have with Medicaid and CHIP agencies, as well as exchanges.
  - **Rhode Island** will procure a contact center to serve Medicaid, CHIP, and the exchange. It will provide help via phone, online chat and in person.
- **E-Communications** will relieve pressure from call centers, especially after the first rush.
  - **Utah's** Medicaid program has found success with online chat, enotices, and consumer account access.

Georgetown University
Health Policy Institute
CENTER FOR CHILDREN AND FAMILIES

A Holistic Approach to Consumer Assistance

Maximizing Enrollment Grantees Meeting

January 2013

Tricia Brooks

Meeting the Needs of Consumers

- Needs (Demand)
  - Accessibility
  - Demographics
- Resources (Supply)
  - Capacity and expertise of consumer assisters
- Other factors impacting need for assistance
  - Communications & marketing
  - Technology ease of use
  - Eligibility & enrollment process
  - Coordination between agencies

Demand for Consumer Assistance

- Depends on consumers who will gain coverage
  - Geography
  - Education levels
  - Age
  - Ethnicity
  - Accessibility requirements
  - Internet usage
- Studies show that lower-income, rural, non-English speaking consumers less likely to use web

Supply of Consumer Assistance Resources

- Internal and out-stationed eligibility staff
- Call center staff
- Outreach coordinators
- Community outreach partners
- Navigators
- In-person assisters
- Brokers and agents

No Wrong Door but….

Supporting consumer self-service is as important a consumer assistance service as providing a human touch!

- Must provide alternative paths to enrollment
  - telephone, in-person, via mail
- Still want to drive applications to the web, to greatest extent through self-service and otherwise facilitated with direct online entry by call center, navigators, IPAs

Promoting Electronic Applications

- Ease of use
- Promote link & assistance
- Match assistance to times internet is used
- Maximize technology tools
  - FAQs, alerts, pop-ups, chat, co-browsing, e-mail, click to call, e-communications, online accounts
- Monitor & address where consumers get "hung-up"
- Smartphone and mobile applications
- Assister portal; focus navigators on those less likely to use web
- Public-use computers with consumer assistance
- Worker portal – interactive tool
- Phone queue messages encouraging web use

Even savvy web-users appreciate the availability of assistance!

Washington State Survey and Stakeholder Interviews

- Consumers fairly evenly split on how to get assistance
  - 38% online
  - 31% telephone
  - 30% in person

SOURCE: http://www.hca.wa.gov/hbe/documents/policy/HBE_Policy_Navigator_Paper_Draft.pdf.

Focus Groups/Survey of Likely Medicaid Eligibles in AL, MD, MI

- Phone or in-person more popular than online
  - 43% - 47% versus 19% - 28%
- 70% - 73% interested in enrolling online

SOURCE: Preparing for 2014! Findings from Research with Lower-Income Adults in Three States; Lake Research Partners, June 2013

Coordination and Support

- The most successful outreach and application assistance models are integrated at the community level and supported by regionally-based coordinators
- Dedicate call center/policy staff to community-based assisters
  - Provides deeper level of expertise; problem-solving
  - Identifies training gaps, system issues
  - Offers effective feedback mechanism

Prioritize and Focus Limited Resources

- Maximize consumer self-service
- Identify gaps
- Target more limited 1:1 services on those who need the most help
  - Navigators, in-person assisters

It's a journey; key is to perfect over time!

- Integration or coordination between agencies?
- Re-engineer staff roles
- Align performance for staff and assisters expectations with consumer assistance goals
- Training and retraining
- Stakeholder engagement (including staff)
- Ongoing evaluation, system improvements and realignment of resources

Georgetown Health Policy Institute
Center for Children and Families

Tricia Brooks

Assistant Research Professor – Georgetown Health Policy Institute

Senior Fellow – Georgetown Center for Children and Families

pab62@georgetown.edu

Our Website: http://ccf.georgetown.edu/

Say Ahhh! Our child health policy blog:
http://www.theccfblog.org/

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AND FAMILIES

Maximizing Enrollment Fourth Annual Grantee Meeting

Breakout Workshops **10:15am - 11:45am**

Identifying Complex Coverage Issues and Possible Policy Solutions……..……..…..*Dupont A*
Recent analyses by the Urban Institute estimate that a significant proportion of children and families will face complex coverage issues related to family composition and the varying coverage options that will be available in 2014. Jenny Kenney will kick off this session by sharing data and an overview of the scenarios many families will face to access coverage. Jocelyn Guyer will discuss possible policy solutions that states can employ to minimize coverage disruptions for these families. And there will be opportunity for state-to-state sharing of policies states use today to simplify coverage issues for families and ideas for the future.

Moderator: **Maureen Hensley-Quinn**, Deputy Director, Maximizing Enrollment; Program Manager, NASHP

Speakers: **Jenny Kenney,** Senior Fellow and Economist, Urban Institute
Stacey McMorrow, Research Associate, Health Policy Center, Urban Institute
Jocelyn Guyer, Co-Executive Director, Georgetown's Center for Children and Families

******Speakers will be providing additional slides for this session*

Coverage for Children: Opportunities and Challenges under the ACA

Stacey McMorrow and Genevieve Kenney
Urban Institute
January 2013

Research Funded by The David and Lucile Packard and The Robert Wood Johnson Foundation

"Addressing Barriers to Health Insurance Coverage Among Children: New Estimates for the Nation, California, New York, and Texas." 2012. Stacey McMorrow, Genevieve M. Kenney, Christine Coyer. The Urban Institute.

"Addressing Coverage Challenges for Children Under the Affordable Care Act." 2011. Stacey McMorrow, Genevieve M. Kenney, and Christine Coyer. Washington, DC: The Urban Institute.

Overview

- Substantial progress on children's coverage over the last decade, including during the recession
- Certain children still face challenges in obtaining coverage
- Under the ACA, families will gain new options for obtaining affordable coverage and increased responsibility for covering children
- Maximizing coverage for children under the ACA will require special attention to those in complex scenarios

Complex coverage scenarios under the ACA

- Two types of scenarios
  - Parents and children may be eligible for different types of coverage
  - Coverage for children living apart from one of their parents
- Using the Annual Social and Economic Supplement to the Current Population Survey, we quantify the number of children facing complex coverage scenarios in 2009

Children in complex ACA coverage scenarios

- Nationwide, just over half of all children (40 million) face at least one complex coverage scenario
- Those in complex scenarios are currently more likely to be uninsured than other children
  - 11.2 percent versus 7.1 percent
- Children in complex scenarios represent 62 percent of uninsured children and 76 percent of Medicaid/CHIP eligible uninsured children
- Same general patterns found in CA, NY, and TX as in nation, though importance of a particular scenario varies across the three states

Children eligible for Medicaid/CHIP, parents may be eligible for exchange

- These children may benefit as parents seek and obtain coverage in the exchange, but may face challenges due to complex eligibility and enrollment systems
- National estimates
  - 15.7 million children (20 percent of all kids)
  - 8.8 percent are uninsured

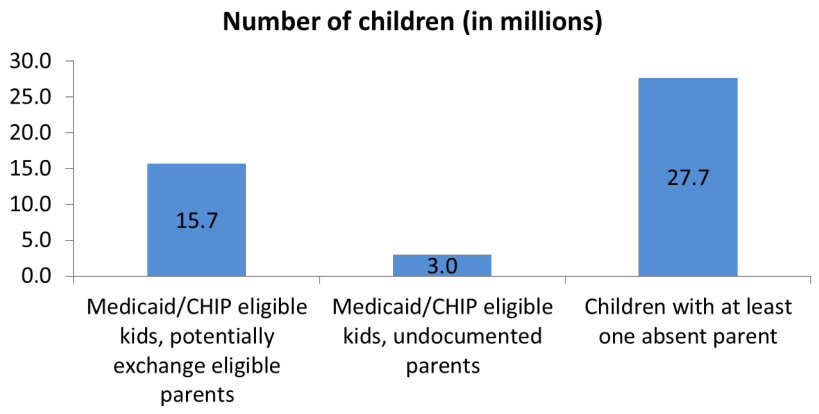
Children eligible for Medicaid/CHIP, parents are undocumented

- Historically difficult population to reach
- ACA has elements intended to improve enrollment and retention, but these children will need extra attention
  - Parents will not be gaining eligibility
  - Less likely to be subject to individual mandate
- National estimates
  - 3.0 million children (4 percent of all kids)
  - 19.0 percent are uninsured

Children living apart from at least one of their parents

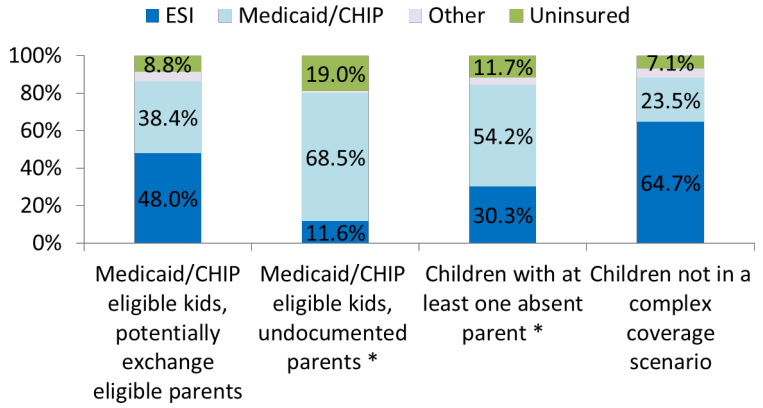
- Parents and guardians may gain new coverage options under the ACA and will face additional responsibility to cover children
- ACA requirements to obtain coverage may be at odds with existing child support orders
- National estimates
  - 27.7 million children (35 percent of all kids)
  - 11.7 percent are uninsured

U.S. children in complex ACA coverage scenarios



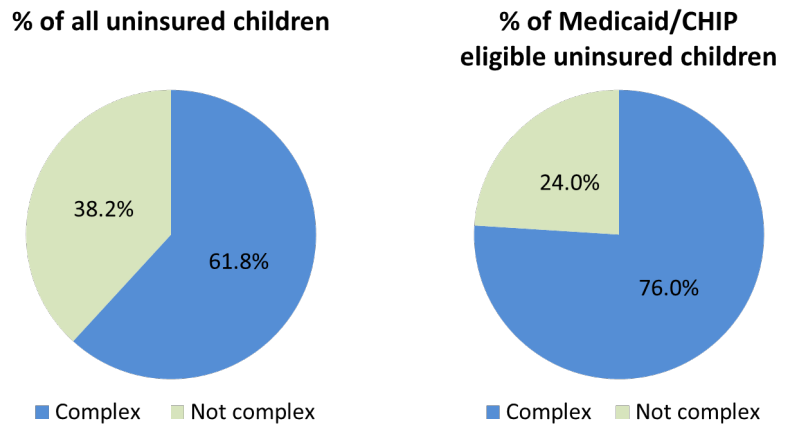
Source: Urban Institute analysis of the 2010 CPS ASEC.
Notes: Potentially exchange eligible parents are citizens/legal residents (5+ yrs) with income 138-399% FPL or legal residents (<5 yrs) with income below 400% FPL. These parents may or may not qualify for exchange subsidies depending on the ESI coverage that is available to them.

Health insurance distribution of U.S. children in complex ACA coverage scenarios



Source: Urban Institute analysis of the 2010 CPS ASEC.
Notes: Potentially exchange eligible parents are citizens/legal residents (5+ yrs) with income 138-399% FPL or legal residents (<5 yrs) with income below 400% FPL. These parents may or may not qualify for exchange subsidies depending on the ESI coverage that is available to them. Other includes private non-group insurance and other public coverage.
A * indicates that the uninsurance rate is statistically different from the uninsurance rate for children not in a complex coverage scenario at the 5 percent level.

Share of uninsured children in complex ACA coverage scenarios



Source: Urban Institute analysis of the 2010 CPS ASEC. Notes: Complex coverage scenarios include Medicaid/CHIP eligible kids with potentially exchange eligible parents, Medicaid/CHIP eligible kids with undocumented parents, and children with at least one absent parent. Potentially exchange eligible parents are citizens/legal residents (5+ yrs) with income 138-399% FPL or legal residents (<5 yrs) with income below 400% FPL. These parents may or may not qualify for exchange subsidies depending on the ESI coverage that is available to them.

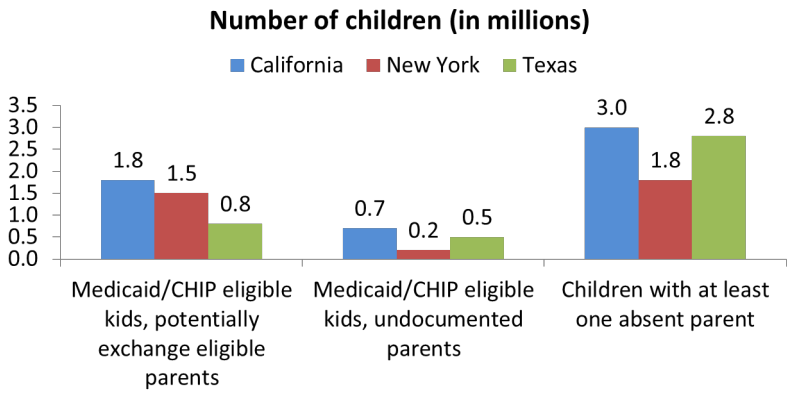
Complex ACA coverage scenarios in California, New York and Texas

- Large proportions of children in each state face at least one complex scenario
  - 48% in California, 63% in New York, 50% in Texas
- Children in complex scenarios are more likely to be uninsured than other children in CA and NY
- Children in complex scenarios represent large shares of uninsured and Medicaid/CHIP eligible uninsured in each state

Policy Discussion

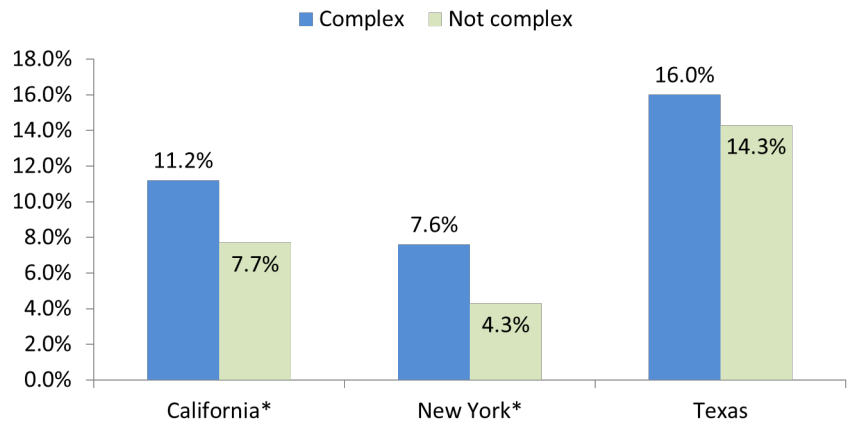
- Integrating Medicaid/CHIP and exchange eligibility and enrollment processes
  - Basic Health Plan
  - Premium stacking
- Outreach to families with undocumented parents
- Child-only policies in exchange
- Medical support orders and the ACA
- Exchange subsidy eligibility and ESI affordability

Children in complex coverage scenarios, by state



Source: Urban Institute analysis of the 2010 CPS ASEC.
Notes: Potentially exchange eligible parents are citizens/legal residents (5+ yrs) with income 138-399% FPL or legal residents (<5 yrs) with income below 400% FPL. These parents may or may not qualify for exchange subsidies depending on the ESI coverage that is available to them.

Uninsurance among children, by complex coverage status



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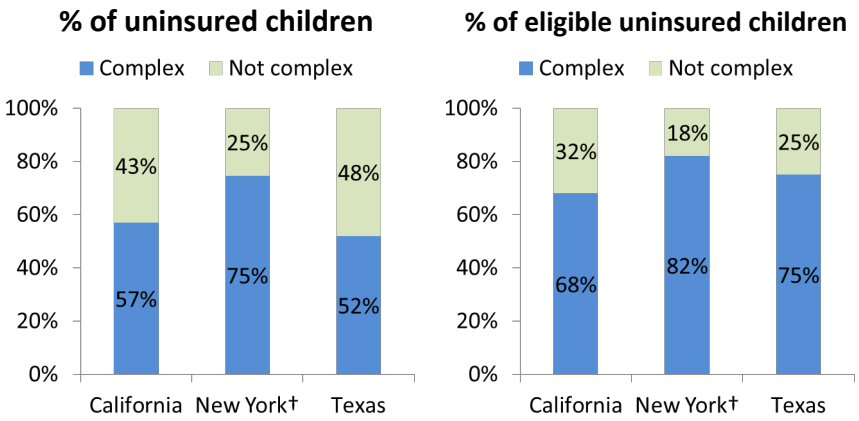
Share of uninsured children in complex ACA coverage scenarios



Source: Urban Institute analysis of the 2010 CPS ASEC. Notes: Complex coverage scenarios include Medicaid/CHIP eligible kids with potentially exchange eligible parents, Medicaid/CHIP eligible kids with undocumented parents, and children with at least one absent parent. Potentially exchange eligible parents are citizens/legal residents (5+ yrs) with income 138-399% FPL or legal residents (<5 yrs) with income below 400% FPL. These parents may or may not qualify for exchange subsidies depending on the ESI coverage that is available to them. A † indicates that the sample of uninsured children is less than 200 and results should be interpreted with caution.

Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

Policy Strategies for Addressing Families with Complex Coverage Situations

Jocelyn Guyer,
Co-Executive Director,
Center for Children and Families
Georgetown University Health Policy Institute

Maximizing Enrollment Meeting
Washington, DC
January 10, 2013

ACA Shifting the Country Away From Family-Based Coverage

- The ACA is shifting us away from family-based coverage
  - "Split" eligibility:
    - Parents in Exchange/ESI and children in Medicaid/CHIP
  - Person-by-person pricing of private products in individual and small group markets
- Important implications for families
  - Enrollment complexity
  - Out-of-pocket costs
  - Paradox of choice
  - Employers not obligated to offer coverage for spouses, nor to subsidize coverage for children

POLICY STRATEGIES FOR ADDRESSING COMPLEX COVERAGE SITUATIONS

Designing Family-Friendly Application and Enrollment Procedures

- Single, streamlined application is required
  - HHS Model application still under development
- As important may be whether states adopt unified application and enrollment procedures and policies
  - Align income measures (e.g., state option to take into account anticipated changes when evaluating Medicaid/CHIP eligibility)
  - Adopt a single, shared eligibility determination system
  - Train assistors (Navigators, in-person assisters, call center staff) to help families with both Exchange and Medicaid/CHIP

What About States with Federally-Facilitated Exchanges?

- Option to allow FFE to conduct eligibility determinations for Exchange and Medicaid/CHIP
- If state conducts final Medicaid eligibility determinations….
  - Press for robust "assessment" of Medicaid coverage (e.g., adopt state procedures)
  - Prepare for smooth "hand offs" (federal requirement)
  - Avoid duplicative requests for information (federal requirement)
  - Avoid duplicative requests for verification (federal requirement unless FFE uses different procedures)
- Prepare for renewal challenges

STRATEGIES FOR SPECIFIC KINDS OF FAMILIES

Strategies for Helping Children in Mixed Immigration Status Families

- Design immigrant-friendly applications (HHS model likely to address)
  - Avoid asking for immigration status/SSN of non-applicants (federal requirement)
  - Provide assurances around confidentiality and use of information (federal requirement)
- In-person assistance from trusted community partners, including navigators (federal requirement that they provide information in a manner that is culturally and linguistically appropriate)
- Ensure Web site and call centers provide information to individuals who are limited English proficient (federal requirement)
- Ensure the privacy and security of information (federal requirement)

Strategies for Helping Children in Families with Parents Living Apart

- Parent who claims a child as a tax dependent may not be the parent living with the child
  - Final Medicaid rule allows the custodial parent to enroll the child in coverage as part of his/her family (despite lack of tax deductibility)
  - IRS rule does not
- Need for Exchange coordination across states
- Assisters will need detailed knowledge of options for parents living apart

Georgetown Center for Children and Families

Jocelyn Guyer
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Our Website: http://ccf.georgetown.edu/

Say Ahhh! Our child health policy blog:
http://www.theccfblog.org/

Maximizing Enrollment Fourth Annual Grantee Meeting

Breakout Workshops **10:15am - 11:45am**

Interfacing with the Federally-Facilitated Exchange .....*Georgetown*
In states that do not opt to administer a state-based exchange, coordination between state Medicaid and CHIP programs and the federally-facilitated exchange will be of key importance to ensure that eligible applicants can be enrolled in coverage. In this session, federal and state representatives will discuss operational challenges and potential policy solutions in interfacing on Medicaid and CHIP eligibility and enrollment functions and processes.

Moderator: **Andy Snyder**, Policy Specialist, NASHP

Speakers: **Ben Walker**, Director, Eligibility Policy and Operations Branch, CCIIO, CMS
Anne Marie Costello, Director, Division of Eligibility, Enrollment and Outreach, Children and Adults Health Programs Group, Center for Medicaid and CHIP Services (CMCS), CMS
Mike Koetting, Deputy Director for Planning and Reform Implementation, Illinois Department of Healthcare and Family Services

* *Speakers in this session will not be using slides*

Maximizing Enrollment Fourth Annual Grantee Meeting

Lunch: Keeping MaxEnroll Rolling: 11:45am - 1:15pm
What Do We Know About How to Sustain Gains in Transformational Initiatives?

Over four years, Maximizing Enrollment has enabled participating states (and NASHP) to keep a strong focus on improving enrollment and retention, yielding changes in systems, policies and procedures. How do we sustain and build on the gains without the same level of resources and support, especially in the face of difficult fiscal environments and challenging political environments? This session will present an opportunity to consider principles and lessons learned from other significant change initiatives.

Moderator: **Catherine Hess**, Co-Director, Maximizing Enrollment; Managing Director, NASHP

Speaker: **Olivia Golden**, Institute Fellow, Center on Labor, Human Services and Population, Urban Institute

**The speaker in this session will not be using slides*

Maximizing Enrollment Fourth Annual Grantee Meeting

State Meeting I **1:30pm - 3:00pm**
State Meeting II **3:15pm – 4:45pm**

Individual State Team Meetings I

These meetings are intended only for state teams and will be used to both inform Maximizing Enrollment's final reports on what the program achieved and to discuss state strategies to sustain achievements beyond 2014. During this time, NASHP staff will meet with four state teams – **Alabama, Illinois, Massachusetts, and New York.** Members of the team not able to attend in person will have the opportunity to participate remotely.

State	Room	Call-in Number	Access Code	Discussion Facilitator
AL	Kalorama	1-866-740-1260	5172814	Maureen
IL	Foxhall A	1-866-740-1260	9032788	Katie
MA	Georgetown	1-866-740-1260	3938541	Andy
NY	Foxhall C	1-866-740-1260	5077580	Cathy

Individual State Team Meetings II

These meetings are intended only for state teams and will be used to both inform Maximizing Enrollment's final reports on what the program achieved and to discuss state strategies to sustain achievements beyond 2014. During this time, NASHP staff will meet with four state teams – **Louisiana, Utah, Virginia, and Wisconsin.** Members of the team not able to attend in person will have the opportunity to participate remotely.

State	Room	Call-in Number	Access Code	Discussion Facilitator
LA	Foxhall C	1-866-740-1260	5077580	Cathy
UT	Foxhall A	1-866-740-1260	9032788	Katie
VA	Kalorama	1-866-740-1260	5172814	Maureen
WI	Georgetown	1-866-740-1260	3938541	Andy

Fourth Annual Grantee Meeting
Individual State Team Meeting – State Interview Protocol for Final Reports
January 10, 2013

We will have approximately 45 minutes during the individual state meetings at the Annual Grantee Meeting to reflect back on the work that grantee states have done in the grant. We will use this time to discuss each state's accomplishments, challenges, and lessons learned. We will use this information in writing a series of five reports for release in 2013 that will report out lessons from Maximizing Enrollment to other states and the policy community.

Our final reports will be organized along four key themes of the program, and the fifth will serve as an executive summary, and will also discuss the effects of the national eligibility and enrollment policy changes that occurred during the course of the grant. We will share drafts of these reports with you in advance of publication.

Accomplishments and Challenges
(1) What were the strategies your state pursued for improving enrollment and retention throughout the period of the Maximizing Enrollment program?

- What was the most consequential thing that you achieved? Why?
- Were there strategies that were unsuccessful or incomplete? Why?

(2) One of our reports is going to focus on strategies related to simplifying and streamlining eligibility policies and processes. Of the work you did related to this area, what were valuable changes you made to policies (e.g., elimination of face-to-face interviews, ELE, administrative renewals) and processes (e.g., application redesign, website redesign, online customer accounts)? What were you able to gain in terms of efficiency, reduced administrative costs, or time?

(3) The second report topic is program coordination. What were the key things you did in the grant to coordinate with other federal, state, or local entities? What were the key relationships you had to build? What stakeholders did you gain through the grant?

(4) The third report topic is on data driven decision-making. Did the grant's focus on regular data submission and analysis help you focus on enrollment and retention? Did the data Mathematica provided or that you analyzed related to the project result in any changes in policy or process improvements? Did the work with Mathematica factor at all into any decisions you might have made about performance measurement in building new eligibility systems?

(5) The fourth report area is on use of technology. Did Maximizing Enrollment help to prepare your state for the ACA's shift to an online, paperless, real-time environment? What benefits or drawbacks do you see to this shift?

(6) The idea of a "culture of coverage" – reorienting organizational culture from "gatekeeper" to "helping enrollees get into programs they're eligible for" – was a theme throughout the program. Did your state attempt such a shift in the course of the grant? If so, how did you go about it? What were the big challenges? Do you feel these efforts succeeded?

Insights and Lessons Learned

(7) The grant period coincided with a number of large environmental changes – CHIP reauthorization, the passage of the ACA, changes in state leadership, and the recession among them. How did these environmental changes affect your work on the grant?

(8) What was the biggest thing that you got from one of the other grantee states (an idea, a program design, a piece of technology you built based on a model from another state) as a result of the program? What was the most helpful form of TA in the program: the annual grantee meeting, state-to-state exchanges, monthly grantee calls, personal assistance from TA faculty, connections with other states, or something else?

(9) Are there lessons from your Maximizing Enrollment work that you feel are particularly applicable to other states as they move forward with health reform – either particular program or policy changes they should prioritize, challenges they should expect, or insights they should know?

Maximizing Enrollment Fourth Annual Grantee Meeting

TA Session I **1:30pm - 3:00pm**
TA Session II **3:15pm - 4:45pm**

Technical Assistance Session: Transitioning Eligibility Categories

Grantees not meeting with NASHP staff in their individual team meeting will convene for hands-on technical assistance to map out how current Medicaid and CHIP eligibility groups will transition to new groups under the ACA's MAGI-related groups and categories. This session will provide a framework to identify key issues, requirements and considerations for states in mapping out new groups, and cover operational implementation strategies for transitioning existing groups to new groups. During this session, state teams will also have the opportunity to ask questions, analyze their own options for transitioning Medicaid eligibility groups, as well as learn from other states. States have been given a worksheet to complete in advance to identify key areas of interest and discussion for the session.

TA Providers: **Alice Weiss**, Co-Director Maximizing Enrollment; Program Director, NASHP
Deborah Bachrach, Partner, Manatt, Phelps & Phillips, LLP

2014 ELIGIBILITY TRANSITIONS IN MEDICAID AND CHIP: TECHNICAL ASSISTANCE SESSION

Alice Weiss
Program Director, NASHP
Co-Director, Maximizing Enrollment
Maximizing Enrollment Grantee Meeting
January 10, 2013

25th anniversary NATIONAL ACADEMY for STATE HEALTH POLICY

Overview

- Goal of Session: Providing Insights and Tools to Support Transitioning Medicaid and CHIP in 2013
- ACA's Eligibility Transition Mandates
- Implications for Eligibility Groups
- Transition Options and Considerations
- Discussion

25th anniversary NATIONAL ACADEMY for STATE HEALTH POLICY

ACA's Eligibility Transition Mandates

- The ACA establishes new MAGI eligibility structure
  - Non-disabled, non-elderly Medicaid and CHIP populations
  - 4 MAGI EligibilityGroups: Children, Pregnant Women, Parents & Caretaker Relatives, Adults
  - Simplified income methodology: Modified Adjusted Gross Income (MAGI)
- By 2014 all states will need to transition their Medicaid and CHIP eligibility groups to new structure
  - Current Medicaid and CHIP groups
  - Any new groups (e.g. new adults)
- Considerations and decision points for states:
  - Whether to retain optional categories
  - Operational issues
  - Smoothing impact of transitions on consumers, providers
  - FMAP implications

Implications for Eligibility Groups

- Children
- Pregnant Women
- Parents and Caretaker Relatives
- Other Adults

Children: New Eligibility Rules

	Medicaid	CHIP
Minimum Eligibility	0-1: 185% FPL (or higher if in effect on 12/19/89) 1-19 (or up to 21): 133% FPL	Above Medicaid levels
Maximum Eligibility Level	Highest level in effect on 10/23/10 or 12/31/13 (or 185% for 0-1 year-olds, if higher)*	Higher of: 1. 200% FPL 2. Medicaid eligibility in effect 3/31/97 + 50% FPL* OR 3. Eligibility level in effect 12/31/13*

* Converted to MAGI-equivalent income level

Children: Key Considerations

- Maintenance of Effort:
  - Applies to all "children" (up to 21, including "unborn") – Medicaid and CHIP
  - Longer than adults – expires on 9/30/19
- Children Must Be Enrolled Before Parents
  - Non-Expansion States Issue: States need to plan to verify MEC for parents as part of eligibility determination process for children
- Increased Eligibility for Medicaid Children 6-19 (or 21)
  - 42 states now cover with CHIP funding (separate CHIP, Medicaid expansion, or combo)
  - CHIP FMAP still available for these children post-2014
- Former Foster Care Children Covered Until Age 26
  - Not MAGI category – EPSDT benefit required
  - States must cover former all foster care youth under 26 beginning on 1/1/2014
- Categorical and § 1931 Eligibility Children
  - Categorically eligible (e.g., SSI, foster care, adoption assistance) are non-MAGI
  - §1931 eligible will shift to MAGI

Pregnant Women: Eligibility Rules

	Full Medicaid	Pregnancy-Related Services**
Minimum Eligibility	AFDC income standard in effect on 5/1/88	133% FPL (or up to 185% FPL if in effect on 12/19/89 or had authorizing legislation by 7/1/89)
Maximum Eligibility	Highest income in effect for pregnant women on 3/23/10 or 12/31/13*	Higher of: 1. 185% FPL OR 2. Highest income level in effect for pregnant women as of 3/23/10 or 12/31/13*

* Converted to MAGI-equivalent income level

** Pregnancy-related services: Final Medicaid eligibility rule encourages states to cover services for pregnant women that it would cover for other Medicaid-eligible adults and requires states to describe rationale for determining such services are not pregnancy related in state plan amendment.

Pregnant Women: Key Decision Points

- Determining Future Eligibility/Coverage Options (discussed in next section)
- Counting Pregnant Women for Household Income:
  - State has option of counting pregnant woman as:
    - self(1)
    - self + expected child (2), or
    - self + expected child(ren) (2+)
- Notice/Enrollment Issues for Low-Income Pregnant Women Enrolled in QHPs:
  - Must provide notice of potential Medicaid eligibility
  - No obligation to monitor and enroll into Medicaid

Parents and Caretaker Relatives: Eligibility Rules

	Parents and Caretaker Relatives
Minimum Eligibility	AFDC Income standard in effect on 5/1/88*
Maximum Eligibility	Higher of: 1. Income level (including disregards) in effect for § 1931 families on 5/23/10 or 12/21/13* 2. AFDC income standard in effect on 7/16/96, increased by no more than the Consumer Price Index

* Converted to MAGI-equivalent income level

Parents and Caretaker Relatives: Key Considerations and Decision Points

- TMA:
  - Non-MAGI eligibility group
  - Additional guidance forthcoming
- Deprivation Standard:
  - Expansion states will want to consider value of continuing requiring eligible parents to meet "deprivation standard"
- Caretaker Relatives:
  - Special Rule for Caretaker Relatives 65 and Older
  - New Flexibility on Definition – includes additional relatives, domestic partner or other primarily responsible adults

Other Adults: Eligibility Rules

	Optional Medicaid Expansion	Family Planning Option	Breast and Cervical Cancer Prevention and Treatment Program (BCCPT) Participants	Other Nonelderly Adults
Minimum Eligibility	N/A			133% FPL**
Maximum Eligibility	Established by state (but state subject to standard FMAP for optional expansion above 133% FPL)	Cannot be higher than eligibility level for pregnant women	250% FPL for screening by CDC, which determines Medicaid eligibility; no income eligibility test for Medicaid	133% FPL

** Note that this is a mandatory coverage group, but states are not subject to a penalty for noncompliance under the Supreme Court's decision in *NFIB v. Sebelius*

Medicaid Eligibility Transitions Toolkit

Medicaid Eligibility Transitions Toolkit

- NASHP resource created for State Network by Mary Henderson, Abby Arons and Alice Weiss, published in July, 2012.
- Draws on technical assistance provided to 2 State Network states on how eligibility groups might transition given ACA requirements and options
- Provides 3 toolkit resources to assist state agencies in transitioning from current Medicaid and CHIP categories to MAGI-related and ACA-compliant categories in 2014
- Available to download by all states/interested stakeholders on State Network site at: http://www.statenetwork.org/resource/2014-medicaid-eligibility-transition-toolkit-for-states/

Toolkit Contents

1. **Issue Brief**
   - *Analysis of Eligibility Changes and Implications for Selected Medicaid and CHIP Eligibility Groups in 2014*
2. **Instructions**
   - Step-by-step instructions on how to fill out the Eligibility Matrix
3. **Matrix:**
   - **Blank Matrix**: Blank Excel file states can use to crosswalk existing categories to new categories
   - **Example Matrix:** Completed matrix filled out with "Sample State A's" information to help states use the matrix

Matrix

ınk Eligibility Matrix (for eligibility crosswalk) - Other Adults (Not disabled, under 65)

State: NM_, State and Federal Health Coverage Programs, 2012 and 2014 Eligibility Categories -- Other Adults (Not disabled, under 65)

37%-200% for parents, 0-200% for childless adults (with capped enrollment)

Eligibility Category	Income Eligibility (% of FPL)[2]	Presumptive Eligibility[3]	Funding Program[1]	FMAP / Federal $	Benefit plan type(s)	Covered services
Adult group (Medicaid)	(0%) 37% - 133%	Optional		[illegible] (if newly		Benchmark coverage
Option: optional Medicaid group	>133% up to state defined limit					Full Medicaid
Option: Basic Health Program	>133% - 200%	NA	Basic Health Program	95% of cost of APTC/reduced cost sharing		At least EHB
APTC/reduced cost sharing through Exchange	Above Medicaid (or BHP, if any) and < 400%	NA	APTC/reduced cost sharing	APTC/reduced cost sharing is federally subsidized	QHP	At least EHB
Option: Retain waiver	(0%) or 37%-133%		Medicaid	[Regular Medicaid FMAP] 69.36%	Commercial MCO	
Adult group (Medicaid)	≤ 133%		Medicaid	100%[4]		

(0%) 37%-133%

Eligibility Category	Eligibility (AFDC Inco…	Income Eligibility (% of FP… Asset lim…	Benefits				Covered services
…dicai… …ess A…lts …, 1H… …aiver… …gory…	37% - 200% for parents, 0% - 200% for childless adults (with capped enrollment)	NO	Medicaid	[Regular Medicaid FMAP] 69.36%	Commercial MCO	Employer & individual purchased coverage with an annual $100,000 cap	

FMAP issue: … benchmark or b… will be newly e… in the Adult gro…

Tracking Issue … expansion grou… been offered, bu… optional group … Going forward, … reconfigure the … extend Medica… for those betwe… to expire, and t… and those over … coverage with … affordable, be u…

Children <19 | Exempt & Grandfather Children | Pregnant Women | Other Adults | Addendum | Social Security Act Key

Ready | Sum=0

NATIONAL ACADEMY for STATE HEALTH POLICY

Questions?

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NATIONAL ACADEMY for STATE HEALTH POLICY

ACA Transition Options and Considerations for Current Coverage Programs and Beneficiaries

Maximizing Enrollment
Grantee Meeting
January 10, 2013

manatt

Populations & Programs: 2014 Options

Parents with Incomes > the Welfare Level

Breast and Cervical Cancer Treatment Program

Family Planning Waivers & SPAs

Expansion Populations under 1115 Waivers

Medically Needy Spend Down

Maintain

and/or

Transition to:

1. Medicaid New Adult Group*
2. QHP/Premium Tax Credits in Exchange (possibly with cost sharing support)
3. Basic Health Program

manatt

**Section 2001(e) of the ACA also provides States with the option under new Section 1902(a)(10)(A)(XX) to expand Medicaid eligibility levels above 133% FPL*

Transition Goals

- Maximize consumer access to affordable coverage and necessary services and providers
- Leverage federal dollars to provide state fiscal relief
- Maximize continuity of coverage from "as is" to "to be" environment
- Optimize administrative simplification opportunities across coverage options

Transition to Medicaid New Adult Group

- Cost Sharing Limits Apply
  - Sections 1916 and 1916A
  - Additional CMCS guidance anticipated
- New Benchmark Benefits
  - 10 EHBs
  - NEMT and EPSDT for 19 and 20 year olds
  - Mental health parity applies
  - Benchmark exemptions apply; certain new adults (e.g. medically frail) eligible for standard benefits

Implications for Consumers

Transition to Qualified Health Plans

- **Benefits**: Individuals will receive EHBs through Qualified Health Plans (QHPs) offered in the Exchange
- **Costs**: Individuals will be subject to premiums, deductibles and co-pays

Federal Poverty Level (2012):

Federal Poverty Level	Annual Income: Individual	Annual Income Level: Family of 3
133%	$14,856	$25,390
200%	$22,340	$30,260
300%	$33,510	$45,390
400%	$44,680	$60,520

Premium Tax Credits:

Income Level	Premium as Percent of Income
Up to 133% FPL	2% of income
133-150% FPL	3-4% of income
150-200% FPL	4-6.3% of income
200-250% FPL	6.3-8.05% of income
250-300% FPL	8.05-9.5% of income
300-400% FPL	9.5% of income

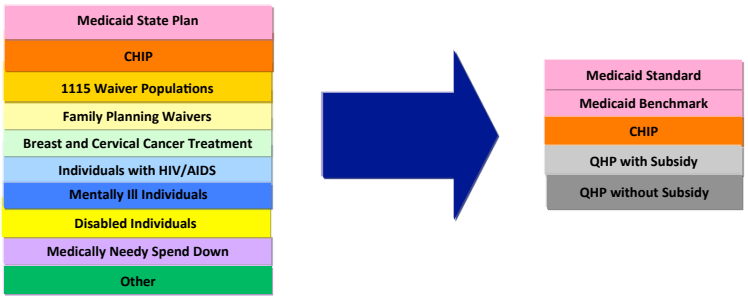
Cost Sharing Reductions:

Income Level	Reduction in Out-of-Pocket Liability
100-150% FPL	94% of the actuarial value*
150-200% FPL	87% of the actuarial value
200-250% FPL	73% of the actuarial value

**Of the second lowest cost Silver plan*

Implications for States

Streamlining Coverage Landscape

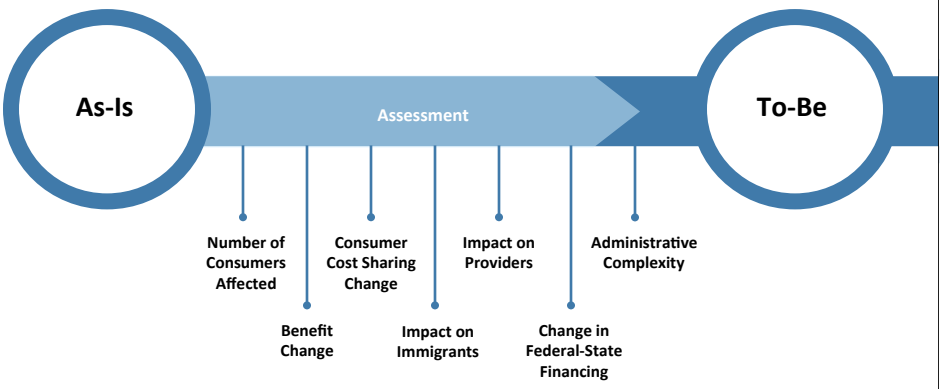


Reducing State Expenditures

- Enhanced FMAP for Medicaid Beneficiaries
  - State will receive enhanced FMAP for newly eligible childless adults and parents in the Medicaid new adult group
  - Expansion states will receive enhanced FMAP for childless adults in the Medicaid new adult group
- Federal Subsidies for Individuals with Incomes >133% FPL
  - States will not be responsible for the cost of tax credits for individuals with incomes between 133% and 400% of FPL; federal government bears the cost

Evaluating Transition Options

Transition from As-Is to To-Be: Assessment



Assessment Framework: "As-Is" Landscape

Existing Coverage Programs	# of Consumers Covered	Covered Benefits	Consumer Cost-Sharing Requirements	Immigrant Coverage	Provider Networks	Provider Reimbursement	Federal/ State Funding	Admin Responsibility	Other Considerations
Programs Supported with Federal & State Dollars									
Section 1115 Waiver Populations									
Breast and Cervical Cancer Treatment Program									
Family Planning Waivers/SPA									
Medically Needy Spend-Down									
To be completed…									
Programs Supported with State-Only Dollars									
Non-Federally Qualified Immigrants									
State-Only Uncompensated Care									
Disease/Population-Specific Supports									
To be completed…									

Assessment Framework: "To-Be" Landscape

Existing Coverage Programs	# of Consumers To Be Covered	Covered Benefits	Consumer Cost-Sharing Requirements	Immigrant Coverage	Provider Networks	Provider Reimbursement	Federal/ State Funding	Admin Responsibility	Other Considerations
Programs Supported with Federal & State Dollars									
Breast & Cervical Cancer Program									
Tuberculosis Program									
Family Planning Waivers/SPA									
Medically Needy Spend-Down									
To be completed…									
Programs Supported with State-Only Dollars									
Mental Health & Substance Abuse Services									
State or Locally Funded Uncompensated Care									
Disease/Population-Specific Supports									
To be completed…									

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Assessment Framework: Summary

Transition Options: [Fill in name of Program]									
Current Program *Current program and eligibility level*	**Future Options** *Range of options available for transition*	**Number of Consumers Affected** *Consumers impacted by transition*	**Benefit Change** *Differences in covered services*	**Consumer Cost Sharing Change** *Differences in co-premiums and co-pays required of consumers*	**Impact on Immigrants** *Implications for coverage of undocs, PRUCOL, 5-year bars*	**Impact on Provider Network** *Description of implications for consumers' access to providers*	**Impact on Provider Reimbursement** *Description of implications for reimbursement of providers*	**Federal State Financing Change** *Differences in state spending and federal financing*	**Administrative Complexity** *Operational implications of maintaining or eliminating*
	Maintain								
	Transition all, or portion of consumers, to Medicaid New Adult Group								
	Transition all, or portion of consumers, to QHP/APTCs								
	Transition all, or portion of consumers, to BHP								
	Maintain for some consumers								

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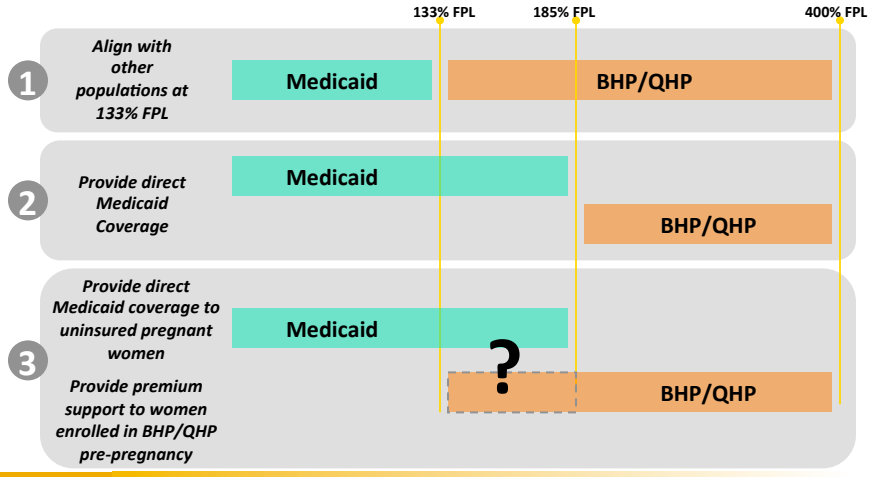
Transition Options for Pregnant Women

Federal Medicaid Requirements for Coverage of Pregnant Women

- **Minimum Eligibility Levels:**
  - (1) pregnant women up to 133% FPL; or
  - (2) if State raised Medicaid income eligibility levels for pregnant women higher than 133% FPL before December 19, 1989, the State's minimum eligibility level is that level up to 185% FPL (referred to as "PW Expansion State" in this presentation); and
  - (3) if State covers pregnant women under CHIP's unborn child option, appears State must maintain that coverage until 2019 under children's MOE requirement
- **Medically Needy Coverage:**
  - Must maintain medically needy coverage for pregnant women, if offered currently (tied to children's MOE requirement)
- **Deemed Newborn:**
  - Must deem child born to mother on Medicaid "to have applied for and found eligible" for Medicaid coverage. Child remains eligible for one year
- **Benefit Package:**
  - (1) full Medicaid benefit package up to State AFDC level
  - (2) "pregnancy-related benefits" between State AFDC and maximum level. State flexibility in defining "pregnancy-related benefits."

State Transition Options for Pregnant Women: Non-PW Expansion State

Hypothetical State with Current Eligibility Level at 185% FPL



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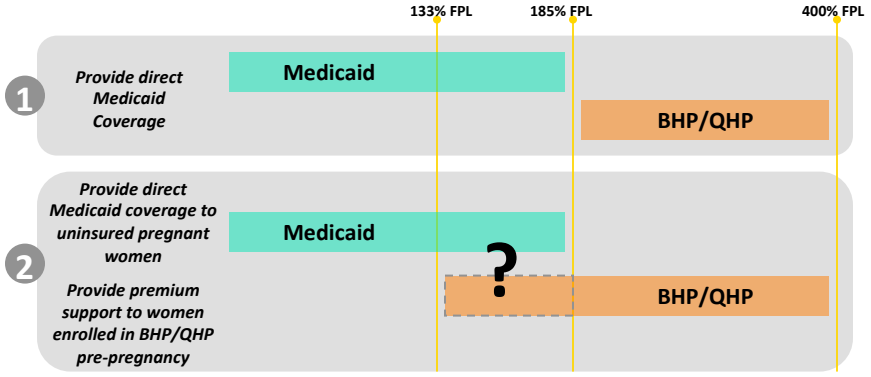
State Transition Options for Pregnant Women: PW Expansion State

Hypothetical Expansion State with Current Eligibility Level at 185% FPL



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Operationalizing Transitions

State Goals in Operationalizing Transitions

- Effectuate the transition as of January 1, 2014
- Avoid coverage gaps and ensure seamless transitions
- Manage coverage transitions in a manner that is operationally efficient for the Medicaid Agency
- Maintain a transparent process with clear and timely communications
- Other?

Implementing the Transition of Populations: Possible Pathways Being Explored by States

- **"Administrative" pathway?**
  - Automatically transition populations with incomes < 139% FPL based on a "MAGI conversion proxy"
  - Full MAGI renewal will take place at regularly scheduled 2014 renewal
  - Conduct full MAGI review for populations with incomes > 138% FPL based on MAGI conversion proxy
- **"Renewal" pathway?**
  - State secures additional household and income information for MAGI determination and applies a renewal-like process
  - Populations < 139% FPL transition to new Medicaid category on January 1, 2014
  - Populations > 138% FPL transition to Exchange for APTC determination and QHP selection for coverage effective January 1, 2014
  - Next renewal date for transitioned population could be January 1, 2015 or staggered
- **Other pathways?**

Implementing the Transition: Questions

- **Questions:**
  - When does the state need to determine its transition approach?
  - When will the transition processing commence?
  - What information will the state need to collect?
  - When will the state collect additional information?
  - Will this option require systems modification?
  - When do systems changes need to be in place?
  - What consents must be obtained?
  - What notices must be generated?
  - What are the renewal caseload implications of each option?
  - What CMS approvals are required?

Questions?

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Maximizing Enrollment Fourth Annual Grantee Meeting

Beyond Maximizing Enrollment: 9:30am - 11:00am
Leveraging Eligibility and Enrollment Resources to Support State Work After 2013

Leaders from eligibility and enrollment projects will present a brief presentation on the focus of their work and the resources that are available to the grantee states.

Moderator: **Alice Weiss**, Co-Director, Maximizing Enrollment; Program Director, NASHP

Speakers:

External Resources:

- Work Support Strategies: **Stacy Dean**, Vice President for Food Assistance Policy, Center on Budget and Policy Priorities
- Enroll America: **Anita Fête**, Director, State Assistance, Enroll America
- Enroll UX 2014: **Catherine Teare**, Senior Program Officer, California HealthCare Foundation

NASHP Resources:

- Exchangers: **Anne Gauthier**, Senior Program Director, NASHP
- State Refor(u)m: **Kaitlin Sheedy**, Policy Analyst, NASHP
- State Network: **Kathy Witgert**, Program Director, NASHP
- Children in the Vanguard and Keeping Children's Coverage Strong: **Joanne Jee**, Program Director, NASHP

Federal Resources:

- Collaborative Application Lifecycle Management (CALT): **Jennifer Ryan**, Acting Group Director, Children and Adults Health Programs, CMCS, CMS
- CMS Learning Collaborative: **Ruchika Baja**, Program Coordinator, Division of Health Reform and Health Insurance Exchange Integration, Office of Health Insurance Programs, New York State Department of Health

*****_Speakers will be providing additional slides for this session_

Beyond Maximizing Enrollment: Leveraging Eligibility and Enrollment Resources to Support State Work After 2013

Resource	Funder/ Organizational Home	Website	Technical Assistance	State Learning (Open/Closed Network)	Materials/ Products	Stakeholder Connections[1]	Other
CALT	CMS	https://calt.cms.gov	✓	✓(Open to states, with permission)	✓[2]		Implementation materials from CMS and states. CMS approval required for access.
CMS Learning Collaboratives	CMS/Manatt Health Solutions, Mathematica Policy Research, and CHCS	http://www.medicaid.gov/State-Resource-Center/MAC-Learning-Collaboratives/Medicaid-and-CHIP-Learning-Collab.html	✓	✓(Closed)			Six collaborative topics: Exchange Innovators in IT Expanding Coverage FFE Eligibility & Enrollment Data Analytics Promoting Efficient & Effective IT Practices Value-Based Purchasing.
Children in the Vanguard	Atlantic Philanthropies/ NASHP	www.nashp.org/childrens-health-insurance	✓[2]	✓(Closed)		✓	Includes states and advocacy groups.
Enroll America	RWJF and Sponsoring Organizations	www.enrollamerica.org	✓		✓	✓	Outreach and enrollment process focus.
Enroll UX 2014	CHCF and other funders	www.ux2014.org	✓	✓(Closed)	✓	✓	Design reference for state and federal exchanges.
Exchangers	RWJF/NASHP	www.nashp.org	✓[2]	✓(Open to exchange staff)	✓[2]	✓	Exchange planning focus.
Keeping Children's Coverage Strong	David and Lucile Packard Foundation/ NASHP	http://nashp.org/childrens-health-insurance	✓	✓(Open to CHIP directors)	✓		CHIP policy and operational focus.
State Network	RWJF/Princeton University	www.statenetwork.org	✓[2]	✓(Closed)	✓		Focus on major ACA coverage provisions.
State Refor(u)m	RWJF/NASHP	www.statereforum.org	✓	✓(Open)	✓	✓	Interactive website with many state documents.
Work Support Strategies	Ford/Urban Institute	www.urban.org/worksupport/	✓[2]	✓(Closed)	✓	✓	Horizontal integration of enrollment focus.

[1] Connections to non-Medicaid and CHIP partner agencies, or stakeholders external to state government.
[2] Available to participating network members.

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Work Support Strategies:
Streamlining Access, Strengthening Families

Stacy Dean
Vice President for Food Assistance Policy, Center on Budget and Policy Priorities (CBPP)

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About Work Support Strategies Initiative

- Provides select group of states grant funding and technical assistance to design, test, and implement more effective and integrated approaches to delivering key supports for low-income working families.
- Key work support programs for this initiative include:
  - Health coverage
  - Nutrition benefits,
  - Child care subsidies, and
  - Other programs states choose to include such as LiHEAP or TANF.
- Initiative consists of two phases: a one-year planning phase and a three-year implementation phase.
  - Just completed first six-months of three- year implementation phase

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Work Support Strategies Funders

FORDFOUNDATION | OPEN SOCIETY FOUNDATIONS | The Annie E. Casey Foundation | THE KRESGE FOUNDATION | URBAN INSTITUTE | Center on Budget and Policy Priorities

- Ford Foundation- the project's lead funder- has committed $21 million over five years.
- The Annie E. Casey Foundation, Open Society Foundations, and the Kresge Foundation provided critical additional support.
- The Urban Institute administers the grants and is conducting the evaluation, and CBPP coordinates technical assistance to states.

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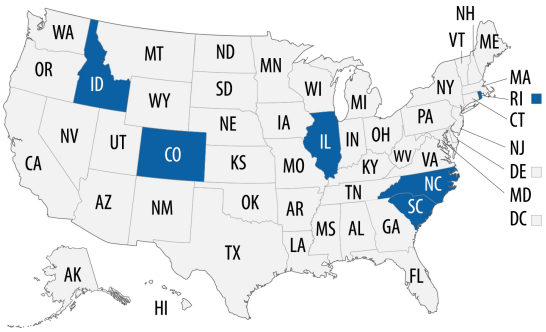
Work Support Strategies States

- During Phase I, nine states received funding and TA:
  - CO, ID, IL, KY, NC, NM, OR RI, & SC
- During Phase II, six states received funding and support for three-year implementation phase:
  - CO, ID, IL, NC, RI, & SC



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What the Initiative Offers to Grantees

- Planning Grants
  - Nine states selected to participate in Phase I of the initiative received planning grants of $250,000 for one year.
- Implementation Grants
  - Six states in the implementation phase of the initiative receive multi-year grants of approximately $1-1.5 million over three years to implement their action plans.
- Technical Assistance and Peer-to-Peer Support
- External System Assessment and Tailored Reports of Phase I States
- Information-Sharing with Federal Officials

What WSS States are Doing

- Work plans are focused on several key areas:
  - Simplifying and streamlining program rules
  - Business process reengineering
  - Data collection and management reporting
  - Communications and staff readiness
  - Coordination with state HIX planning
  - Coordination with development of new IT systems
  - Unique state-based initiatives

Note: Key is this is a multi-program initiative.

Eligibility and Enrollment Resources

- Suggested resources publicly available related to WSS themes:
  - **ACA Implementation and Human Services Integration Toolkit** from CBPP: http://www.cbpp.org/cms/index.cfm?fa=view&id=3791
  - **Assessing the Evidence about Work Support Programs and Low-Income Families** from UI: http://www.urban.org/worksupport/Resources.cfm
  - **Designing Subsidy Systems to Meet the Needs of Families** from UI: http://www.urban.org/worksupport/Resources.cfm
  - **Improving the Delivery of Key Work Supports** from CBPP: http://www.cbpp.org/cms/index.cfm?fa=view&id=3408

Resources Coming Soon

- Several papers from the Urban Institute and CLASP on linking **child care subsidies** with other work support programs: Currently available upon request
- Recorded **webinars** from the WSS series on a range of topics: Currently available upon request
- State-specific evaluation reports from Phase I: Due out in early 2013 on UI website

How Maximizing Enrollment States Can Get Involved and Access Resources

- Urban Institute website for general information and recordings of First Monday Forum with WSS State Leaders: http://www.urban.org/worksupport/index.cfm
- CBPP website for papers and other resources: http://www.cbpp.org
- Contact WSS TA Director Stacy Dean for individualized requests and referrals to other resources: dean@cbpp.org or 202-408-1080

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Transforming State Health Coverage

Enroll America

Ani Fête
Director of State Assistance

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Enroll America

Our Mission

Ensure that all Americans get enrolled – and stay enrolled – in health coverage.

Two-fold Strategy

1. Promoting Enrollment Best Practices
2. Raising Public Awareness

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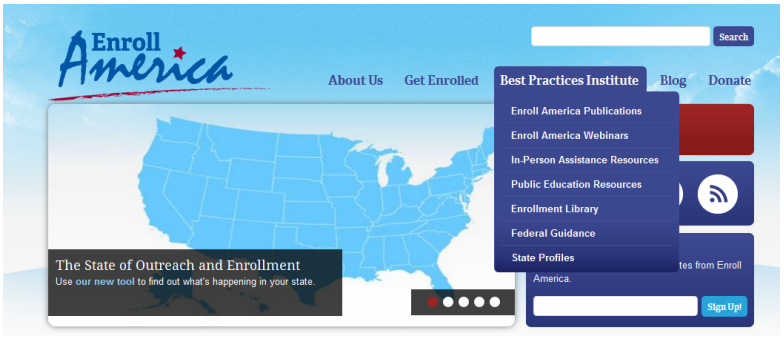
Best Practices Institute



Maximizing Enrollment

Come Together!

1. Define success.
2. Gather partners.
3. Develop a vision of outreach and enrollment assistance.
   - Who are the uninsured?
   - What partners must be engaged to reach them?
   - How much assistance is needed and where?
   - Coordination with Medicaid
4. Communicate with state **and** federal leadership.

Outreach and Enrollment Resources

More Information On:

- Enrollment Assistanc
  Resource Center
- Exchange branding
  research
- Public opinion polling
- Statewide marketing
  and outreach plans

State Profiles and Maps

Enroll America

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Ohio

Exchange Implementation Update

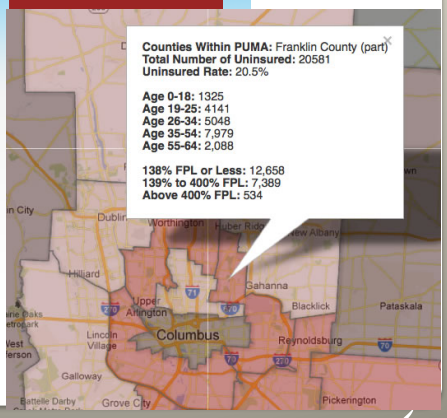
Type of Exchange Planned: Federally-Facilitated Exchange

All states will have a fully operational health insurance exchange by January 1, 2014. Ohio can choose to operate a state-based exchange, enter into a state-federal partnership exchange, or default into an exchange operated by the federal government. On November 16, 2012, Governor Kasich decided against operating a state-based exchange. In his letter to HHS, however, he did not specify whether the state would enter into a state-federal partnership to manage the plan management and/or consumer assistance functions of the federal exchange. If Ohio does not submit an exchange blueprint to HHS by December 14, 2012 or enter into a state-federal partnership by February 15, 2013, then the federal government will assume responsibility for running a health insurance exchange in the state.

Total Federal Grant Funding: $1,000,000

Ohio has received $1,000,000 from HHS to support establishment of a health insurance exchange in the state.

Best Practices Home



Maximizing Enrollment

Thank you!

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Enroll UX 2014

Catherine Teare
California HealthCare Foundation

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About Enroll UX 2014

- Goal: to develop a highly customizable, first-class user experience (UX) design for health insurance exchanges
- Public-private partnership between 8 foundations, CMS, 11 state governments, and design firm IDEO
- Enroll UX 2014 design is a toolkit for state and federal implementers featuring a variety of materials ; not a functional website
- Models end-to-end eligibility, enrollment, plan comparison and selection, premium payment and retention experience for all health insurance affordability programs

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Eligibility and Enrollment Resources

- Design Reference Prototype
- Design Specifications Manual
- Iconography and Illustrations
- Policy and Implementation Considerations Supplement
- User Evaluation Summary
- Communications materials for sharing design: video, taped webinar, handouts
- All deliverables are available at no cost: www.ux2014.org

How Maximizing Enrollment States Can Get Involved and Access Resources

- Regular updates from project: sign up on site
- Potential user group on usability issues: challenges and solutions
  - Broader than UX 2014 design
  - Interest?

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The State Health Exchange Leadership Network (Exchangers)

Anne Gauthier
Senior Program Director

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What is Exchangers?

- Peer-to-peer learning community for state officials working on health benefit exchange development
- Established January 2011
- Over 300 members, representing all 50 states and DC
- Initially funded by the Nathan Cummings Foundation and currently funded by the Robert Wood Johnson Foundation and state contributions
- Transitioning to a 2-year project with a new governing Steering Committee, designed to support all exchange models in all states

Network Activities

- Activities to date:
  - Active management of Exchangers listserv
  - Webinars
  - Peer-to-peer conference calls
  - Issue briefs and blogs
    - "Building a Consumer-Oriented Health Insurance Exchange: Key Issues" http://nashp.org/publication/building-consumer-oriented-health-insurance-exchange-key-issues
    - Profiles in Exchanges—Nevada, New York, Arkansas available at www.statereforum.org
  - Coordination with CCIIO and Community Catalyst
  - In-person meetings at NASHP's annual conference and May 2012 CCIIO Grantee Meeting
- Planning for sustainability of State Health Exchange Leadership Network

Exchangers Listserv

- State officials working on exchange development, including some Medicaid officials
- Every state and DC represented
- Share resources and discuss important implementation issues
- Receive announcements about upcoming peer sharing calls and webinars

In the Year Ahead

- **Project Goals**
  - Continue and strengthen the participation of **all** states and exchange models
  - Strive for the creation, development and operation of strong exchanges
- **Key Project Activities**
  - Peer-to-peer learning
  - In-person meetings
  - Long-term planning and sustainability
  - Federal-state communications

NASHP's Exchangers Team

Anne Gauthier
Senior Program Director

Sarabeth Zemel
Program Manager

Abigail Arons
Policy Analyst

Rachel Dolan
Policy Analyst

Christina Miller
Policy Analyst

Kimm Mooney
Research Assistant

We Encourage Maxenroll Grantees to:

- Join the listserv through your state's exchange leads
- Sign up for NASHP's e-news and State Refor(u)m to learn about new resources
- Meet regularly with your state's exchange staff as you build the seamless system we all seek

Contacts

- For questions related to this project, please contact Anne Gauthier agauthier@nashp.org
- For administrative and listserv inquiries, please contact Kimm Mooney kmooney@nashp.org

Maximizing Enrollment
Transforming State Health Coverage

State Refor(u)m
National Academy for State Health Policy

Kaitlin Sheedy, MPH
Policy Analyst

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About State Refor(u)m

- NASHP's online network for health reform implementation
- Community of nearly 5,000 state officials, researchers, advocates
- Library of over 1800 documents
- Engage in discussions in a variety of health reform topics

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Eligibility and Enrollment Resources on State Refor(u)m

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There are lessons for other states in the implementation work your state or organization is doing.

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- **Grants and Contracts** — Includes federal grant applications, procurement documents, requests for proposals, contract language, and notices of grant awards
- **Legislation** — Includes draft legislation, signed legislation, and law
- **Presentations and Announcements** — Includes presentation slides, transcripts, consumer education materials, news articles, press releases, and proclamations
- **Regulation** — Includes executive orders, guidance, regulations, comments on regulations, state plan amendments and other executive branch materials
- **Report** — Includes white papers, fiscal analyses, budget documents, evaluations, and reports
- **Working Materials** — Includes workplans, timelines, meeting notes, organizational charts, needs assessments, and materials

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sort by:

Title	State	Date	Contributor	Related Discussions
Language Access in Washington Under the Patient Protection & Affordable Care Act" download	Washington	Dec. 13, 2012	Juana Ramos	Stakeholder Communication, Exchange IT, Exchange Program Integrity, Exchange Stakeholder Input, Language/Disability, Application Access, Cultural Competency, Health Equity
How Exchanges Can Use Assisters view	National	Dec. 11, 2012	Jennie Mollica	Consumer Assistance/Navigators
MO State Bill to Reduce Medicaid Eligibility Limits view	Missouri	Dec. 11, 2012	Kaitlin Sheedy	Medicaid, Programs
FAQ on Exchanges, Market Reforms and Medicaid view	National	Dec. 10, 2012	Rachel Dolan	Exchange Federal-State Partnership, Federal Exchange, Medicaid
Consumer Plan Choice Business Rules – L/F & III download	National	Dec. 06, 2012	Alana Ketchel	Exchange IT, Exchange Outreach and Education, Exchange Public Website
Coordination of Eligibility and Enrollment Between Medicaid/CHIP and the Exchange download	National	Dec. 05, 2012	Kaitlin Sheedy	Aligning Eligibility Criteria, Eligibility Simplification, Children's Health Insurance Program (CHIP), Medicaid
FL Agent Consultation download	Florida	Dec. 03, 2012	Rose Naff	Stakeholder Communication, Exchange Stakeholder Input, Brokers
Medicaid Expansion: An Overview of Potential Impacts in Mississippi download	Mississippi	Nov. 30, 2012	Therese Hanna	Eligibility Categories, Medicaid Benefits, Medicaid, Programs
Bridging the Enrollment Gap: The Importance of Providing In-Person Assistance view	National	Nov. 30, 2012	Deepak Madala	Exchange Outreach and Education, Consumer Assistance/Navigators
Translations that Hit the Mark download	National	Nov. 30, 2012	Jenny Sullivan	Exchange Outreach and Education, Outreach Planning/Materials, Cultural Competency, Health Literacy
Best Practices in Outreach and Enrollment for Health	National	Nov. 30,	Jenny	Exchange Outreach and Education, Outreach Planning/Materials, Community

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weekly insight and analysis

States Prepare to Roll Out the Welcome Mat
December 13, 2012 by Kaitlin Sheedy
October 1, 2013, when millions of individuals will begin to enroll in new health insurance options, is less than a year away, and many of those consumers will be brand new to the health care system. Many states are hard at work figuring out how best to develop effective messages about obtaining coverage and disseminate them to a diverse audience of residents and stakeholders. In an earlier State Refor(u)m Weekly Insight, we profiled some helpful lessons from CHIP.

Cutting the Coding Clutter: How Revamping Denial and Disenrollment Codes Can Keep People Covered and Lower Costs
December 07, 2012 by Andrew Snyder
States typically don't have great information on the reasons why people fall off of Medicaid, or are denied coverage in the first place. Complex, outmoded coding systems can obscure the real story behind an applicant's denial or disenrollment.

see all

charts and infographics

Map: Where States Stand on Exchanges
December 17, 2012 by Rachel Dolan
Find out where states are on exchanges: state, partnership, federal, or undecided?

Exchange Blueprint Chart
December 17, 2012 by Rachel Dolan
Track state exchange blueprints as they come in- and see which options states are choosing.

see all

filter by category

Populations Programs Providers and Medical Services Financing and Program Integrity Health Reform Coordination Insurance Exchanges Commercial Insurance Eligibility and Enrollment Provider Capacity Benefit Design Care Coordination Population Health Public Engagement Quality and Efficiency

archived: webinar on exchanges

Engineering an Exchange: A Look at State Blueprints and Decisions
Held Thurs. December 13, 3:00 PM (EST)

Panelists discussed exchange choices states have made, and the policy goals behind the choices. The webinar covered state-based, partnership, and federally facilitated exchanges.

Read more here.

see all

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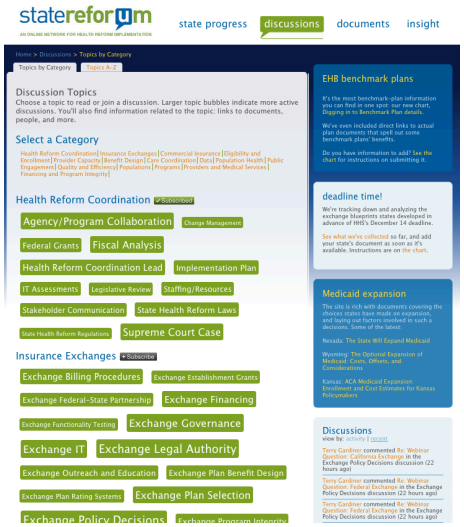
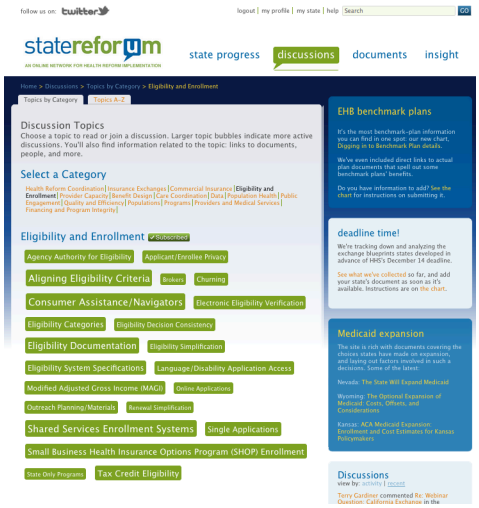
Join a discussion



Maximizing Enrollment

Eligibility and Enrollment discussion topics



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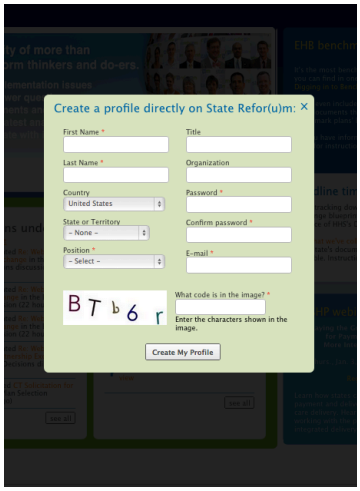
Maximizing Enrollment

Maximizing Enrollment

Register for State Refor(u)m



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statereforum

AN ONLINE NETWORK FOR HEALTH REFORM IMPLEMENTATION

state progress | discussions | documents | insight

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Email Subscriptions

Click below to subscribe to email alerts about the issues important to you. Click again to unsubscribe.

Newsletters

✓ Subscribed State Refor(u)m Newsletter (weekly)

Discussion Notifications

Receive daily or weekly email digests of discussions across 15 categories of health reform implementation.

Daily Digest | Weekly Digest

+ Subscribe Health Reform Coordination	+ Subscribe Population Health
+ Subscribe Insurance Exchanges	+ Subscribe Public Engagement
+ Subscribe Commercial Insurance	+ Subscribe Quality and Efficiency
✓ Subscribed Eligibility and Enrollment	+ Subscribe Populations
+ Subscribe Provider Capacity	+ Subscribe Programs
+ Subscribe Benefit Design	+ Subscribe Providers and Medical Services
+ Subscribe Care Coordination	+ Subscribe Financing and Program Integrity
+ Subscribe Data	

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NATIONAL ACADEMY for STATE HEALTH POLICY

Robert Wood Johnson Foundation

Support for this project was provided by a grant from the Robert Wood Johnson Foundation

Maximizing Enrollment

Thank you!

Visit us: www.statereforum.org

Contact us: Kaitlin Sheedy, MPH

Policy Analyst, ksheedy@nashp.org

OR

statereforum@nashp.org

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Maximizing Enrollment
Transforming State Health Coverage

State Health Reform Assistance Network

Kathy Witgert, Program Director, NASHP
Heather Howard, Director, State Network

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About State Network

- RWJF-funded program providing technical assistance to states to maximize coverage expansions under ACA
- Theory of Change: focus on a diverse group of 10 states to develop successful implementation models and share lessons learned
- Technical Assistance Strategies:
  - Multi-disciplinary team providing operational level technical assistance
  - Meet each state where they are
  - Deploy a team of technical experts outside state procurement
  - Facilitate peer-to-peer learning
  - Inform Federal policymaking

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About State Network (cont.)

Alabama
Colorado
Maryland
Michigan
Minnesota
New Mexico
New York
Oregon
Rhode Island
Virginia

Eligibility and Enrollment Resources

- **Regulatory analysis**: *Overview of Final Medicaid Eligibility Regulation*
- **Policy brief**: *Analysis of Eligibility Changes and Implications for Selected Medicaid and CHIP Eligibility Groups*
- **Webinar**: "Reasonable" Flexibility: Exploring Models to Help States Resolve Inconsistencies in Income for Medicaid, CHIP, and Tax Credit Eligibility
- **Template**: State Based Health Insurance Exchange Individual Eligibility Business Requirements

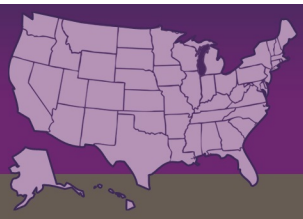
How Maximizing Enrollment States Can Get Involved and Access Resources

STATE HEALTH REFORM ASSISTANCE NETWORK

State Network

CHARTING THE ROAD TO COVERAGE

www.statenetwork.org



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ABOUT THE STATE NETWORK

The *State Health Reform Assistance Network (State Network)* is a Robert Wood Johnson Foundation (RWJF) funded program dedicated to providing technical assistance to states in order to maximize coverage expansion under the Affordable Care Act (ACA).

The program and the dissemination of models and lessons learned from this work are key elements of RWJF's goal of ensuring that nearly all Americans have health coverage by 2020.

The *State Network* is managed at Princeton University's Woodrow Wilson School of Public and International Affairs with significant support from State Coverage Initiatives (SCI), also an RWJF national program, housed at AcademyHealth.

MORE ABOUT THE STATE NETWORK »

Get Email Updates

enter email

Subscribe to periodic email updates from the State Network.

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Maximizing Enrollment
Transforming State Health Coverage

Keeping a Focus on Children's Coverage

Joanne Jee
Program Director

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Robert Wood Johnson Foundation

About NASHP's Children's Coverage Work

Children in the Vanguard

- Supported by the Atlantic Philanthropies
- Nine state learning collaborative of state officials and advocates
- Focusing on advancing children's coverage

Keeping Children's Coverage Strong in the Context of ACA

- Supported by the David and Lucile Packard Foundation
- Supporting and advancing progress on children's coverage
- Ongoing support for CHIP directors

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Eligibility and Enrollment Resources

- Briefs
  - Lessons Learned from Children's Coverage Programs: Outreach, Marketing, and Enrollment
  - Keeping Children's Coverage Strong in the Context of the Affordable Care Act: Perspectives from State Children's Health Insurance Leaders
- CHIP Factsheets
- Webinar and meeting materials
- Coming soon
  - Additional briefs and webinars
  - Toolkit on children and health reform

How Maximizing Enrollment States Can Get Involved and Access Resources

- Resources are available on the Children's Health Insurance page at www.nashp.org
- Email me: jjee@nashp.org

Medicaid and CHIP: Moving Forward to 2014

Jennifer Ryan
Acting Director
Children and Adults Health Programs Group
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services

ACA Implementation Resources for States

- SOTA Calls and Webinars
- Medicaid.gov State Resource Center (http://www.medicaid.gov/State-Resource-Center/State-Resource-Center.html
- The CALT
- Regulations and other Guidance

SOTA

- More than 250 calls to date
- Policy and systems discussions/questions
- Toolkit for States
- Promoting guidance; keeping work moving forward
  - MAGI Conversion
  - Eligibility & Benefits SPAs
  - Verification Plans
  - Outreach/Enrollment Strategies

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Key Activities and Milestones

KEY
X – State Action
- CMS technical assistance
- State Plan Amendment
- Operational

	Type of Action	2012		2013				2014				2015	
		CY Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
E&E Systems													
SDLC* – complete initiation, concept & planning	★	X	X	X									
SDLC – complete requirements & design phase	★	X	X	X									
SDLC – complete development & test phase	★			X	X	X							
SDLC – complete implementation, begin ops/mt	★				X	X	X						
Eligibility Policy & Operations													
Convert to MAGI	★▲		X	X	X								
Submit Medicaid and CHIP eligibility SPAs	▲				X	X	X	X	X				
Plan and complete 1115 waiver transition (as applicable)	★			X	X	X	X						
Implement targeted enrollment strategies	★					X	X	X					
Process applications & determine eligibility	★						X	X	X	X	X	X	X
FMAP													
Submit FMAP methodology & implement changes	★				X	X	X						
Submit 37 budget report	★						X						
Health Plans & Benefits													
Submit benchmark benefit SPAs	▲			X	X	X	X						
Submit health plan contracts	★				X	X	X	X					
Outreach													
Develop and implement communication strategy	★					X	X	X	X				
Implement outreach initiative w/local partners	★					X	X	X	X				
Information Systems													
Test and utilize new web-based SPA system, MACPro	★			X	X	X	X	X	X	X	X	X	X
Report on performance standards	★							X	X	X	X	X	X
Submit T-MSIS data	★							X	X	X	X		
Hub & FFE Interactions													
Submit eligibility information for FFE build	★			X	X								
Conduct Hub and FFE integration testing	★		X	X	X	X							

Medicaid.gov

- Comprehensive resource -- information for states/stakeholders
- Medicaid Modules; New and Notable
- State Resource Center (webinars, FAQs)
- Recent guidance –
  - Medicaid Alternative Benefit Plans
  - MAGI Conversion
  - Eligibility, Benefits and Appeals/Notices NPRM

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

CALT Recent Additions

- Medicaid/CHIP Eligibility Verification Plan Template/Webinar
- Single Streamlined Application Questionnaire
- 7 Critical Success Factors & Contingencies for Day 1 Slides/Webinar
- Hub 101 and Testing 101 Slides/Webinars
- MAGI Business Rules – COMING SOON!

CMS
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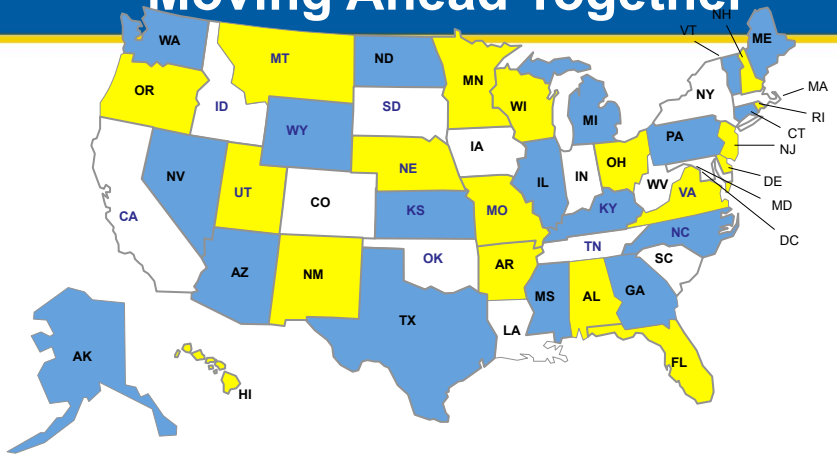
Building on Successful Strategies Moving Ahead Together



Maximizing Enrollment
Transforming State Health Coverage

NY's Experience with the Exchange Innovators Learning Collaborative

Ruchika Bajaj
New York State Department of Health

About Exchange Innovators LC

- Forum to discuss and collaborate on common operational, business, and systems issues, facilitated by Manatt Health Solutions
  - By invitation of CMS/CCIIO
  - Began in December 2011
  - Initial EI collaborative participants were all "Early Innovator" grantee states
    - LC has expanded membership to include additional states
      - 15 states currently participating in LC

About Exchange Innovators LC cont'd

- Focus on "critical path" topics and issues central to achieving successful "Day 1" Exchange operations
- Discussed issues related to:
  - Eligibility and enrollment
    - Income and verification
    - MEC/ESI
    - Notices
  - Plan selection
    - 834 Transaction
  - IRS safeguarding requirements
  - Identity proofing

Eligibility and Enrollment Resources

- New York used information shared and discussed through EI LC to make policy decisions and formulate business requirements for NY-HX
  - Reasonable compatibility rules for income
  - Eligibility and enrollment notices
  - Safeguarding requirements

Maximizing Enrollment Fourth Annual Grantee Meeting

Lunch Discussion: A Vision for the Future **11:30am - 1:15pm**

National health policy experts that have been involved with the Maximizing Enrollment program from its inception will share their thoughts about the future of health care reform and how the work of the grantee states through this program fits into the overall vision for what eligibility, enrollment, and retention systems will look like post 2014. Panelists will offer their thoughts on how Maximizing Enrollment has contributed to achieving this vision and will offer advice and guidance to states in building on their work in the future.

Moderator: **Catherine Hess**, Co-Director, Maximizing Enrollment; Managing Director, NASHP

Speakers: **Alan Weil**, Executive Director, NASHP
Donna Cohen Ross, Senior Policy Advisor, Office of the Center Director, CMCS, CMS
Stan Dorn, Senior Fellow, Urban Institute

* *Speakers in this session will not be using slides*

System Map

wmata.com
Customer Information Service: 202-637-7000
TTY Phone: 202-638-3780

Legend

- RD Red Line • Glenmont to Shady Grove
- OR Orange Line • New Carrollton to Vienna
- BL Blue Line • Franconia-Springfield to Largo Town Center
- GR Green Line • Branch Ave to Greenbelt
- YL Yellow Line • Huntington to Fort Totten
- SV Silver Line • Future Dulles Corridor Line

Station Features
- Bus to Airport
- Parking
- Hospital
- Airport

Connecting Rail Systems
AMTRAK VRE MARC

Transfer Station
Planned Station
Under Construction
Full-Time Service
Station in Service
Rush-Only Service: Monday-Friday 6:30am - 9:00am 3:30pm - 6:00pm

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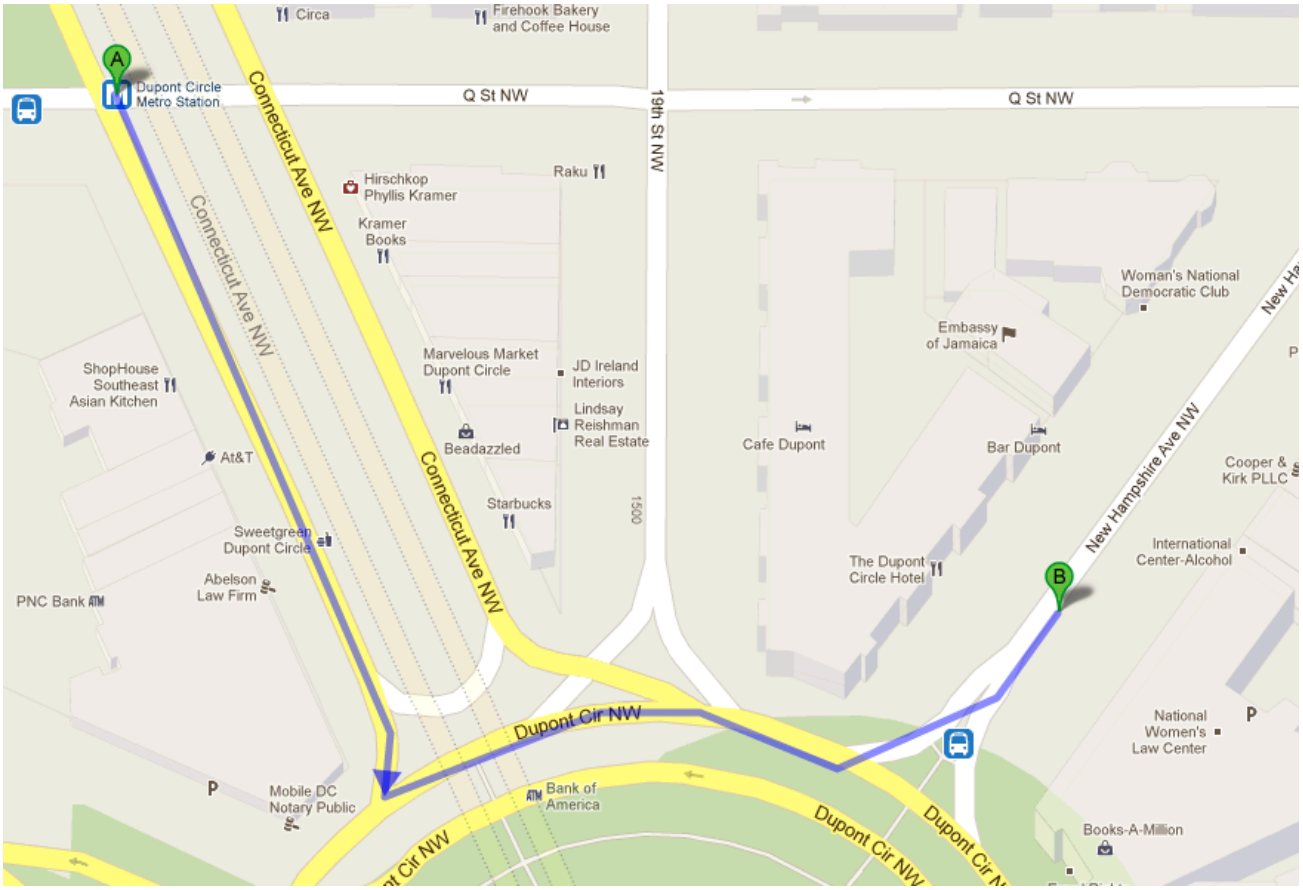
No Smoking
No Eating or Drinking
No Animals (except service animals)
No Audio (without earphones)
No Littering or Spitting
No Dangerous or Flammable Items

Directions

Dupont Circle Metro to The Dupont Circle Hotel

1. Dupont Circle Metro—North Entrance



A= Dupont Circle Metro North Entrance (Red Line)
B= The Dupont Circle Hotel

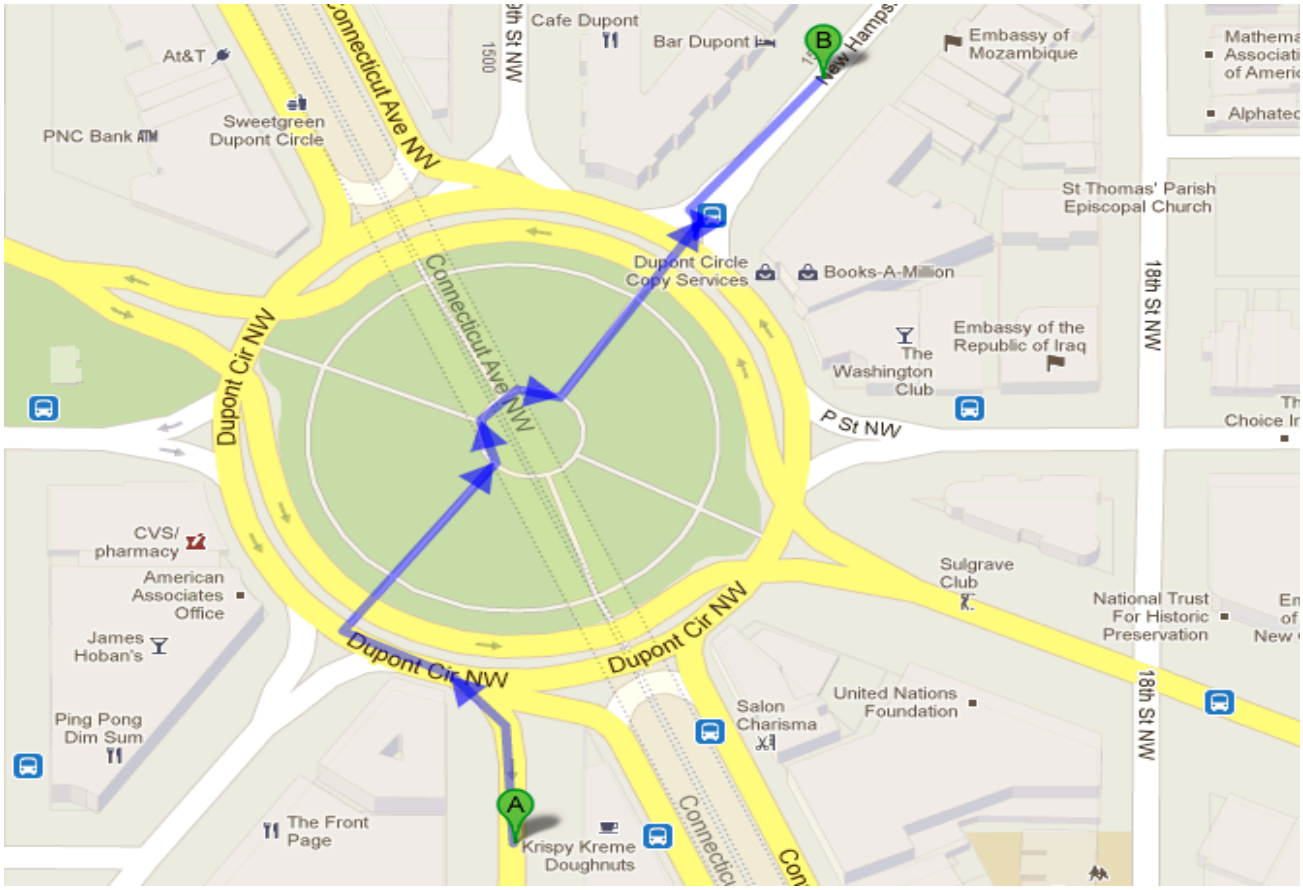
Dupont Circle Metro Station

1. Head **southeast on Connecticut Ave NW** — go 390 ft
   About 1 min — total 390 ft
2. At the traffic circle, take the **5th** exit on **New Hampshire Ave NW** — go 390 ft
   Destination will be on the left — total 0.1 mi
   About 2 mins

The Dupont Hotel

1500 New Hampshire Avenue Northwest, Washington, DC 20036

2. The Dupont Circle Metro—South Entrance



A= Dupont Circle Metro South Entrance (Red Line)
B= The Dupont Circle Hotel

Dupont Circle Metro Station

1. Head **north** on 19th Street NW toward **Connecticut Ave NW**	go 174 ft
2. At the traffic circle, take the **2nd** exit	go 295 ft
3. Turn left toward **New Hampshire Ave NW**	go 39 ft
4. Turn right toward **New Hampshire Ave NW**	go 79 ft
5. Turn left toward **New Hampshire Ave NW**	go 197 ft
6. Turn left toward **New Hampshire Ave NW**	go 13 ft
7. Turn right toward **New Hampshire Ave NW**	go 161 ft

Destination will be on the left

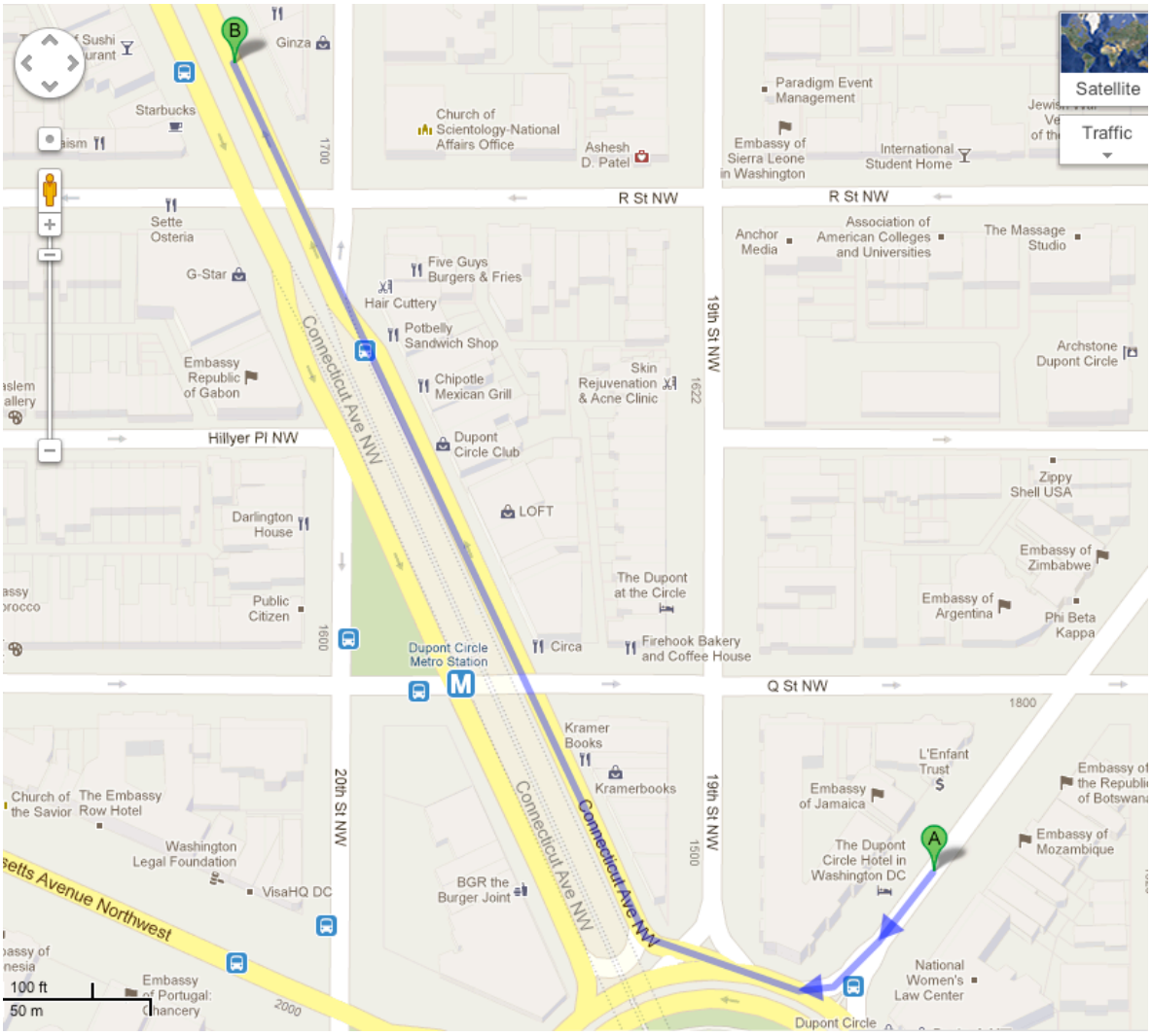
The Dupont Hotel

1500 New Hampshire Avenue Northwest, Washington, DC 20036

Directions

The Dupont Circle Hotel to Networking Dinner

LaTomate
1701 Connecticut Avenue NW
Washington, DC



A= Dupont Circle Hotel
B= LaTomate

The Dupont Circle Hotel

1. Head **southwest on New Hampshire Ave NW**
2. Slight right to stay on **New Hampshire Ave NW**
3. At the traffic circle, take the **2nd** exit onto **Connecticut Ave NW**

   Destination will be on the right

LaTomate

1701 Connecticut Avenue NW

Area Restaurant List

The Dupont Circle Hotel
1500 New Hampshire Ave NW
Washington, DC 20036

BGR The Burger Joint
1514 Connecticut Ave NW
Washington, DC 20036
0.1 miles

Chipotle
1629 Connecticut Ave NW
Washington, DC 20009
0.2 miles

CIRCA at Dupont
1601 Connecticut Ave NW
Washington, DC 20009
0.1 miles

Cosi
1350 Connecticut Ave NW
Washington, DC 20036
0.2 miles

Firehook Bakery
1909 Q St NW
Washington, DC 20009
0.1 miles

Five Guys Burgers and Fries
1645 Connecticut Ave NW
Washington, DC 20009
0.2 miles

Hertiage India
1337 Connecticut Ave NW
Washington, DC 20036
0.2 miles

Kramerbooks & Afterwords Café
1517 Connecticut Ave NW
Washington, DC 20036
0.1 miles

Le Pain Quotidien
2000 P St NW
Washington, DC 20036
0.2 miles

Luna Grill & Diner
1301 Connecticut Ave NW
Washington, DC 20036
0.2 miles

New Dynasty
2020 P St NW
Washington, DC 20036
0.2 miles

Panera Bread
1350 Connecticut Ave NW
Washington, DC 20036
0.2 miles

Pizzeria Paradiso
2003 P St NW
Washington, DC 20036
0.2 miles

Potbelly Sandwich Works
1635 Connecticut Ave NW
Washington, DC 20009
0.2 miles

Raku
1900 Q St NW
Washington, DC 20009
0.1 miles

Sette Osteria
1666 Connecticut Ave
Washington, DC 20009
0.3 miles

Starbucks
1501 Connecticut Ave NW
Washington, DC 20036
466 feet

Sweetgreen
1512 Connecticut Ave NW
Washington, DC 20036
0.2 miles

Teaism
2009 R St NW
Washington, DC 20009
0.3 miles

Thai Chef Sushi Bar Restaurant
1712 Connecticut Ave NW
Washington, DC 20009
0.3 miles

The Cantina at Darlington House
1610 20th Street NW
Washington, DC 20009
0.2 miles

The Front Page
1333 New Hampshire Ave NW
Washington, DC 20036
0.2 miles

Zorba's Cafe
1612 20th St NW
Washington, DC 20009
0.2 miles