

# Coverage Transition Models

*Boston Small Group Convening  
April 23, 2012*

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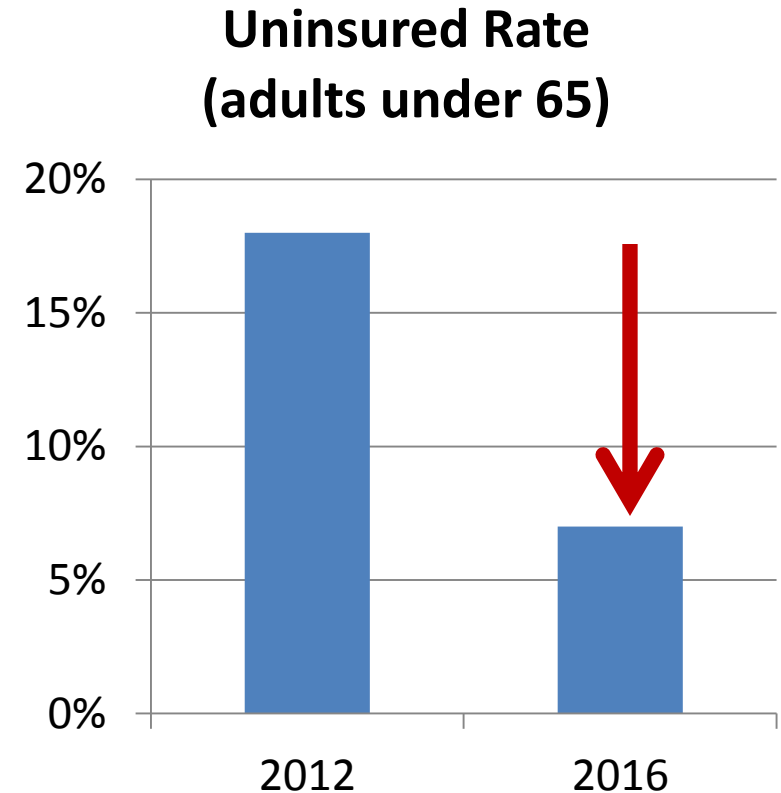
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# Agenda

- Background
- A case study
- Keys to seamlessness
- Models for coverage linkages
- Considerations for states

# Coverage expansion under the ACA

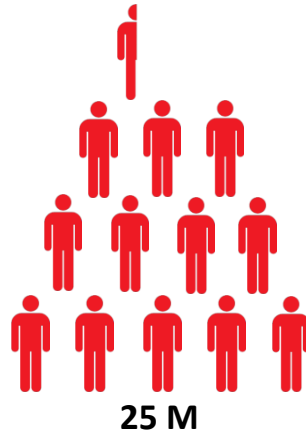
- *Medicaid*: 16 to 20 million new beneficiaries
- *Exchanges*: small group and individual
  - Premium subsidies below 400% FPL
- *Net effect*: decline in uninsured rate



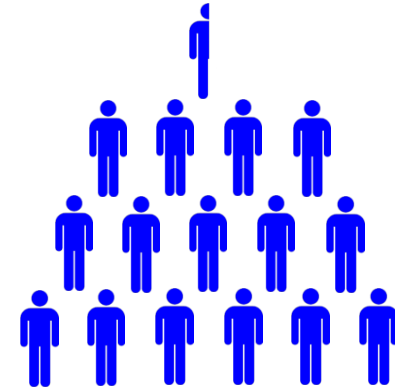
Source: Congressional Budget Office, 2012

# Extent of coverage shifts

**35% Churn in 6 Months  
Adults < 200% FPL**

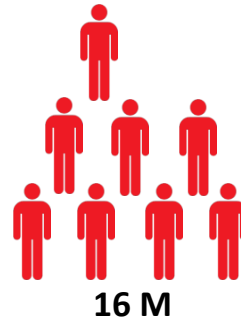


25 M  
Medicaid

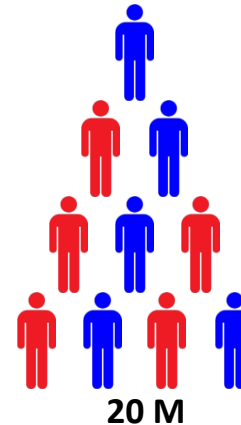


0 M  
Churn

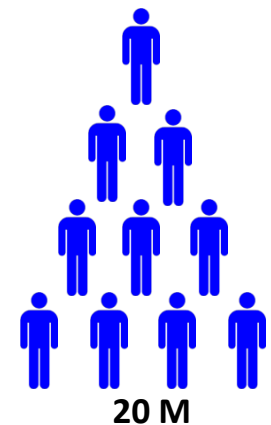
31M  
Exchange




16 M  
Medicaid



20 M  
Churn



20 M  
Exchange

 = 2 Million People

# Focus on *Special Health Care Needs*

- Receiving ongoing services or care by a specialty provider
- Accessing care through alternative points of service
- Hospitalized (at time of transition)
- Pregnant women
- Jail involved



# Case study: Oscar

- 45-year-old single male
- Works for a small landscaping company
- 190% FPL: Exchange with subsidy



## Medical conditions include:

- High blood pressure
- Depression

# Oscar loses his job, gains Medicaid

WITHOUT COORDINATED TRANSITION	WITH COORDINATED TRANSITION
<ul style="list-style-type: none"><li>▪ New health plan doesn't get his medical records → wants to schedule a "first visit"</li></ul>	<ul style="list-style-type: none"><li>▪ New health plan automatically enrolls Oscar in case management for depression and hypertension</li></ul>
<ul style="list-style-type: none"><li>▪ Current PCP is out-of-network; can't get a check-up for two months</li></ul>	<ul style="list-style-type: none"><li>▪ Oscar attends check-up with his old PCP, where a transition plan is made</li></ul>
<ul style="list-style-type: none"><li>▪ SNRI authorization ends; Oscar stops taking anti-depression medication</li></ul>	<ul style="list-style-type: none"><li>▪ SNRI authorization extended for length of transition plan</li></ul>
<ul style="list-style-type: none"><li>▪ As depression worsens, Oscar stops taking his blood pressure medications</li></ul>	<ul style="list-style-type: none"><li>▪ Oscar keeps taking his blood pressure medications</li></ul>
<ul style="list-style-type: none"><li>▪ Crisis looms . . .</li></ul>	<ul style="list-style-type: none"><li>▪ Oscar finds work at a local factory . . .</li></ul>

# Keys to seamless health systems

- Eligibility and enrollment infrastructure
- Purchasing strategies
- Continuity of coverage
  - Benefit
  - Provider
  - Health plan



# Coverage transition models

- Exchange models
- State Medicaid contracts
- National Committee on Quality Assurance (NCQA)
- Medicare Part D



# Benefits coordination

- Pharmacy
- Mental health
- Prior authorizations
- Durable medical equipment and supplies



# Provider coordination

- Continuity of care
  - Non-participating providers
  - Pregnant women
- Medical record transfer
- Provider education and coordination



# Health plan coordination

- Individual transition plans
- Payment responsibility
- Policies and procedures
  - Prior authorization
  - Medical review
  - Timeliness of review



# Other state opportunities

- Benefit alignment between Medicaid and Exchanges
- Health plan participation in both Medicaid and the Exchanges
- Enrollment and eligibility systems designed to facilitate transitions
- Leverage HIT infrastructure

# Visit CHCS.org to ...

- **Download** practical resources to improve the quality and cost-effectiveness of Medicaid services.
- **Subscribe** to CHCS e-mail alerts to learn about new programs and resources.
- **Learn** about cutting-edge efforts to improve care for Medicaid's highest-need, highest-cost beneficiaries.

[www.chcs.org](http://www.chcs.org)

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## Massachusetts' Experience with Medicaid and Exchange Interactions

**Robin Callahan**  
Deputy Medicaid Director,  
Office of Medicaid



# MA21 Eligibility System

- ❑ Introduced in 1997 to accommodate MassHealth 1115 Waiver expansion.
  
- ❑ System reflected new (at the time) eligibility simplification.
  - Elimination of asset test and spend-down for certain groups
  - Gross income test
  
- ❑ New coverage types were added to fill in eligibility gaps.
  - MassHealth Basic (Long-term unemployed)
  - HIV Program
  - Expanded eligibility for children



# MA21 Eligibility System

- ❑ Decision logic determines eligibility for most comprehensive coverage.
  
- ❑ MA21 system design allowed for bringing a wide range of health programs onto the same eligibility platform.
  - State Plan Medicaid
  - CHIP
  - Waiver Expansion
  - State Funded Children's Medical Security Plan
  - Healthy Start Program
  - Uncompensated Care Pool (Now known as Health Safety Net)
  - Commonwealth Care



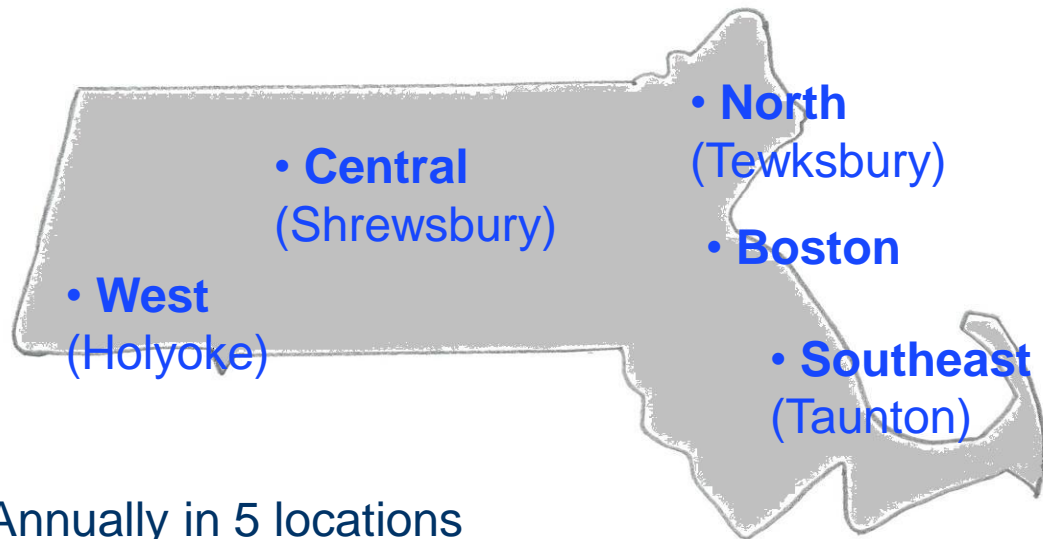
# Massachusetts Health Care Training Forum

## Massachusetts Health Care Training Forum (MTF) - Program Goal

MTF communicates accurate, timely information about operations and policies of Massachusetts State Health Care Programs to community health and human service partners.



# Massachusetts Health Care Training Forum



- 20 Meetings** Annually in 5 locations  
**Total Attendance annually ~ 2,000**
- **Email Updates**
  - **Website**
  - **Outreach** (Formal and Informal)



# Massachusetts Health Care Training Forum

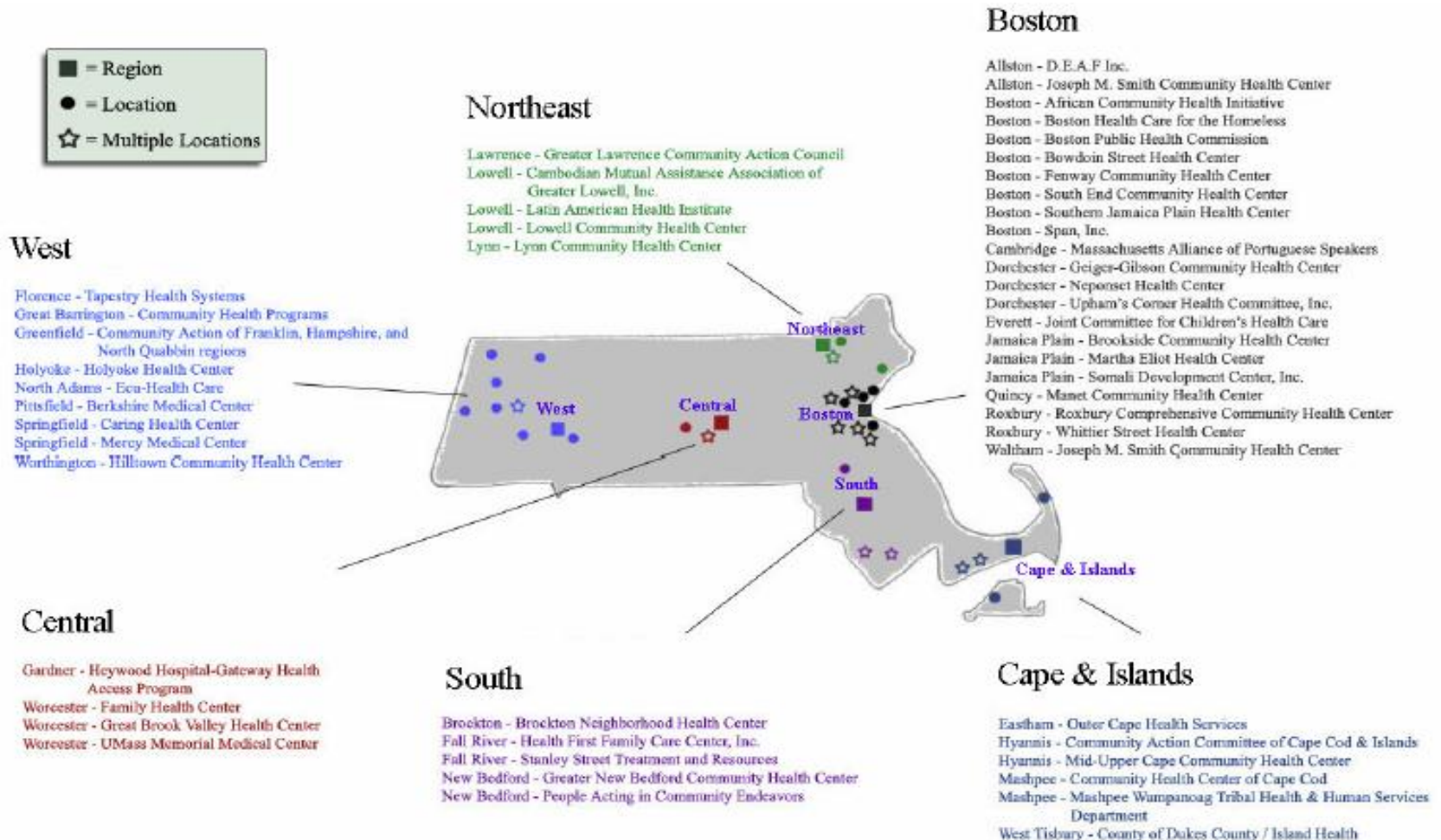
- Formal presentations about issues related to:
  - Eligibility/Enrollment
  - Case Management
  - Billing/Claims
  - Advocacy
  
- Information directly enhances attendees' ability to assist current and potentially eligible individuals.
  
- Roundtable sessions with state experts, trainers and advocates.
  
- Network opportunity for state and community organizations to build collaborative relationship.



# EOHHS Enrollment, Outreach & Access to Care Grants

## Grant Recipients

### 51 Community Based Organizations





# Areas of Collaboration Between MassHealth and Health Connector

- Eligibility processes (system/staff/notices)
- Outreach efforts
- Training
- 1115 Waiver

# Seams Between MassHealth and Health Connector



- Governance
- Post Eligibility Processes
- Policies (anti-crowd out, premium payments, auto-assignment, start dates)
- Budgets
- Customer Service



# Guiding Principles

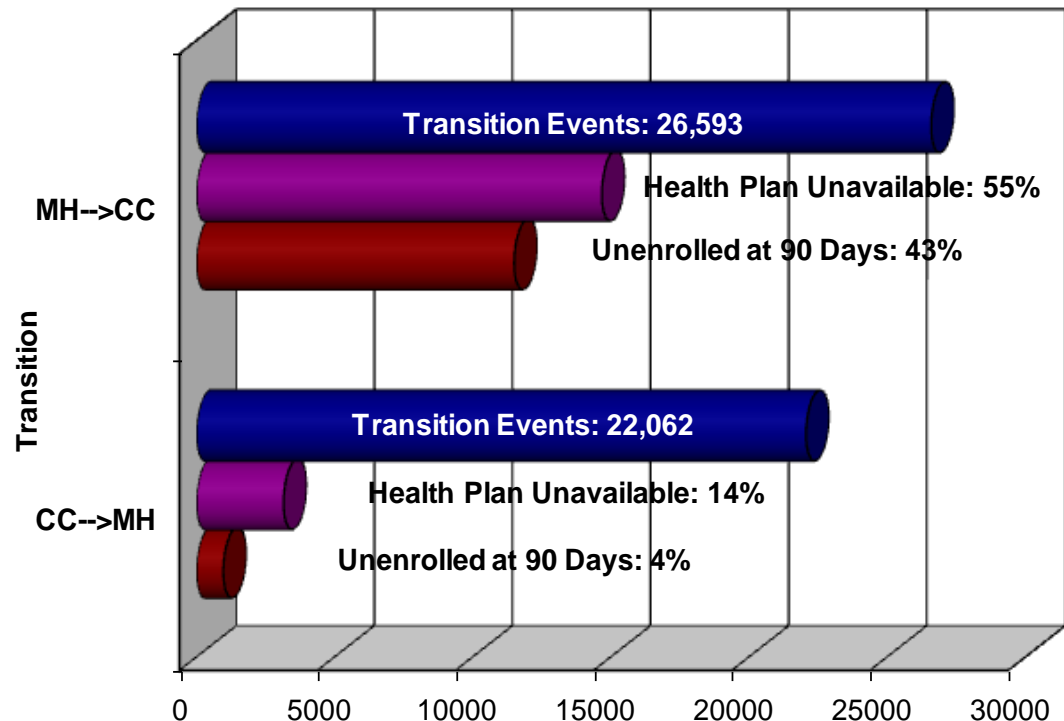
**As we prepare for providing health insurance coverage to Massachusetts' subsidized population under national health care reform in 2014, these guiding principles were developed by inter-agency leaders**

1. Creating a **consumer-centric approach** to ensuring that all eligible Massachusetts residents avail themselves of available health insurance subsidies to make health care affordable to as many people as possible.
2. Creating a **single, integrated** process to determine eligibility for the full range of health insurance programs including Medicaid, CHIP, potentially the Basic Health Program and premium tax credits and cost-sharing subsidies.
3. Offering **appropriate health insurance coverage** to eligible individuals by defining both the populations affected and the health benefits that meet their needs.
4. Working within state fiscal realities, maximizing and leveraging financial resources, such as FFP.
5. Focusing on **simplicity and continuity of coverage** for members by streamlining coverage types, thereby making noticing and explanation of benefits more understandable, and also minimizing disruptions in coverage.
6. Creating an **efficient administrative infrastructure** that leverages technology and eliminates administrative duplication.
7. Building off the **lessons learned** since passage of Chapter 58.
8. Creating opportunities to achieve payment and delivery system reforms that ensure **continued coverage, access, and cost containment** and improve the overall health status of the populations served.



# Key Issue: Continuity

- ❑ MassHealth and CommCare have similar plan offerings with similar provider networks.
- ❑ Data shows significant levels of dropped coverage when moving from MassHealth to CommCare.
- ❑ **New model must prioritize continuity across subsidized programs.**

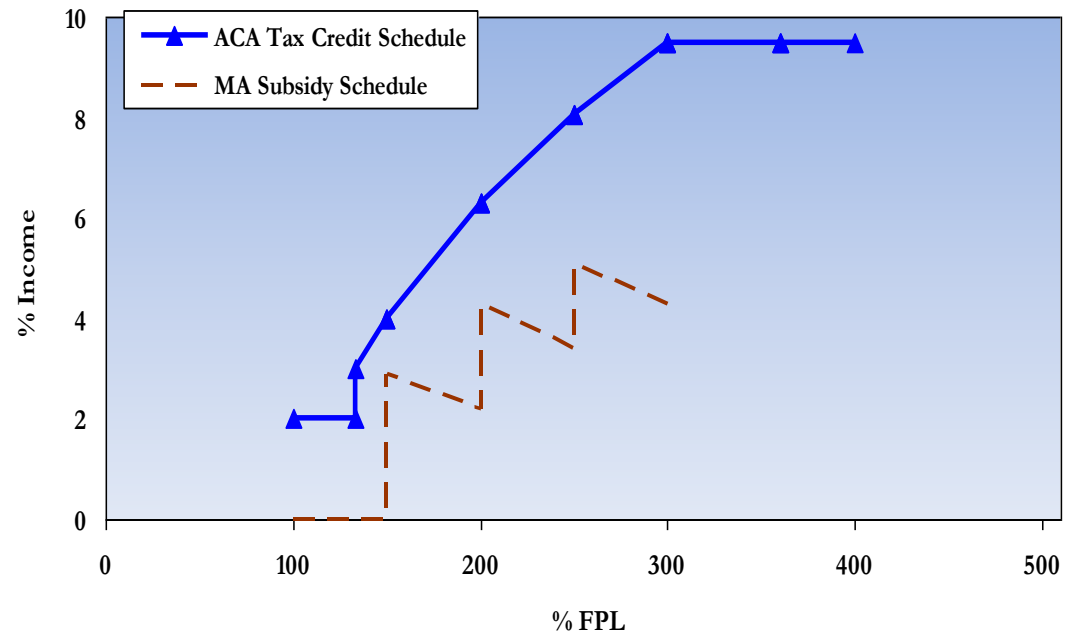




# Key Issue: Consumer Costs

- ❑ ACA cost sharing is significantly higher than MA Chapter 58.
- ❑ **New model must mitigate cost sharing increases.**

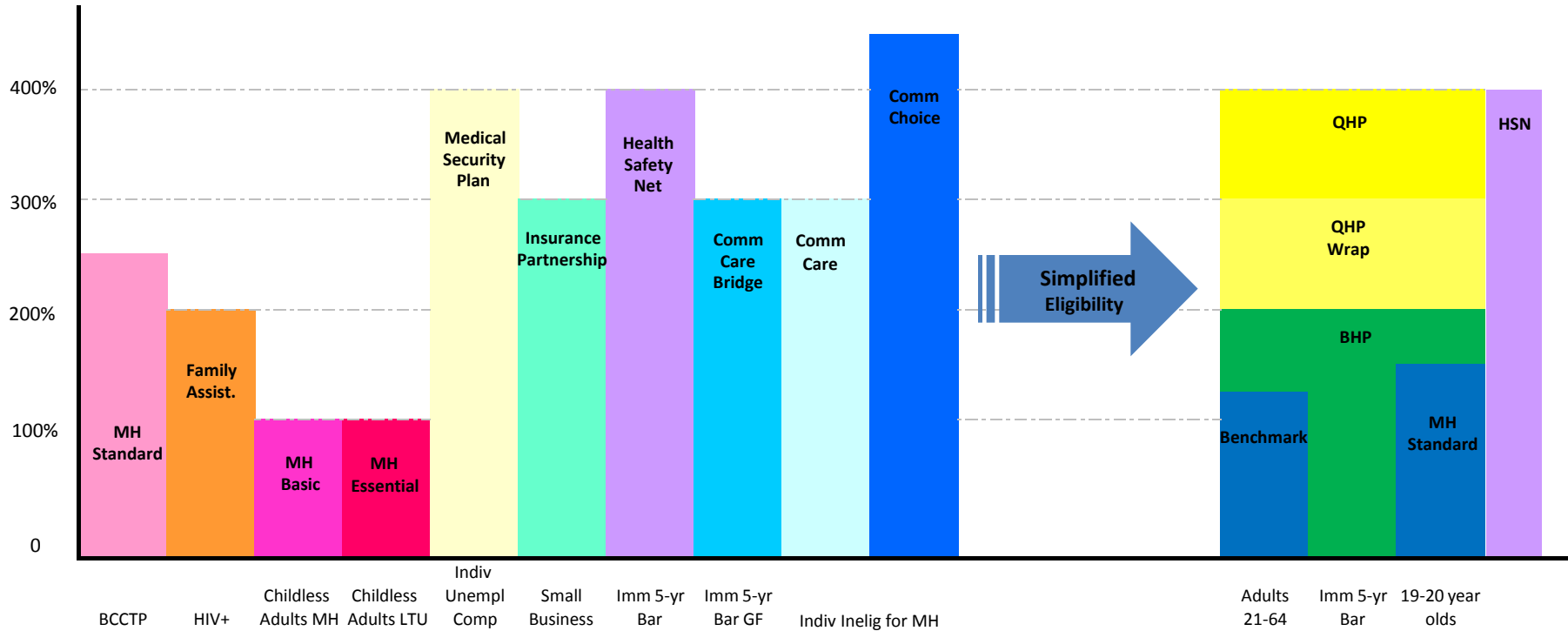
## MA vs. ACA Subsidy Schedule





# Transition Populations

FPL



Population