

The logo for the Washington State Health Care Authority features the text "Washington State Health Care Authority" in a dark blue, sans-serif font. The word "Authority" is significantly larger than the other words. A thick, dark red swoosh underline starts under the letter 'A' in "Authority" and curves over the top of the word, extending to the right.

Washington State
Health Care Authority

Medicaid Expansion – Facts and Questions

**American Indian Health Commission/HCA Workgroup
March 26, 2013**

Cathy Fisher, Eligibility Policy and Service Delivery

Jenny Hamilton, Health Care Policy

Karin Kramer, Eligibility Policy and Service Delivery

Agenda

- Introduction and Overview
- Medicaid Expansion Changes
- Preparation for HCA Tribal Liaison
 - Brainstorm Outstanding Questions and Challenges
- Updates from Tribes
- Other Questions?

Medicaid Expansion Changes

Resources for More Information

- Web-sites: <http://www.hca.wa.gov/>
 - For information about the Medicaid expansion:
<http://www.hca.wa.gov/hcr/me>
 - For information about the Health Benefit Exchange:
<http://wahbexchange.org/>
 - To contact the HCA concerning the Medicaid expansion:
medicaidexpansion2014@hca.wa.gov
- Webinars and presentations around the state
 - See upcoming schedule and past events at:
<http://www.hca.wa.gov/hcr/me/stakeholdering.html>
- Listserv notification
 - Subscribe at:
<http://listserv.wa.gov/cgi-bin/wa?SUBED1=HCA-STAKEHOLDERS&A=1>

Medicaid – Before and After 2014

- Comparison of changes – see fact sheet

http://www.hca.wa.gov/me/documents/ME2014_Changes_Comparison_Fact_Sheet.pdf

Washington State Health Care Authority	
<p>Medicaid Expansion 2014 Effective January 1, 2014, Medicaid will be expanded to include individuals between the ages of 19 up to 65 with income up to 138% FPL based on Modified Adjusted Gross Income (MAGI). The expansion also moves children, pregnant women and adults with dependent children to the new MAGI methodology. Below is a broad overview of changes to be implemented under the Affordable Care Act in 2014:</p>	
WHO IS ELIGIBLE FOR MEDICAID/CHIP	
CURRENT	JANUARY 2014
<p>Today there are approximately 1.2 million individuals receiving benefits under Medicaid. This includes the following groups:</p> <ul style="list-style-type: none"> • Pregnant Women, Children & Families • Aged, Blind or Disabled individuals and those receiving Medicare Savings Program • All other: Breast & Cervical Cancer Treatment (BCCTP), Alien Emergency Medical (AEM), Medical Care Services and Take Charge 	<p>In addition to the current Medicaid caseload - beginning in January 2014, the 'newly eligible' adult group will be added to Medicaid which includes:</p> <ul style="list-style-type: none"> • Adults between the ages of 19 up to 65 previously not eligible for Medicaid • Anticipated enrollment in the first years: <ul style="list-style-type: none"> ○ 75,000 'Welcome Mat' individuals who are currently eligible, yet not enrolled ○ 250,000 'Newly Eligible' Adults
WHERE MEDICAID ELIGIBILITY IS DETERMINED	
CURRENT	JANUARY 2014
<p>Eligibility for medical benefits is currently determined by medical assistance and financial staff as follows:</p> <p>ADSA</p> <ul style="list-style-type: none"> • Aged, Blind or Disabled and Long-Term Care • Waiver Services <p>ESA</p> <ul style="list-style-type: none"> • Children, Pregnant Women & Families • Some Long-Term Care and Aged, Blind or Disabled • Some Specialty Medical Programs – HWD and AEM <p>HCA</p> <ul style="list-style-type: none"> • BCCTP and Take Charge • Foster Care, Children's Medical and CHIP 	<p>In 2014, medical coverage will be separated in to two groups:</p> <ul style="list-style-type: none"> • MAGI Methodology (HCA) • Classic Medicaid (DSHS) <p>MAGI Methodology Applications/renewals for pregnant women, children, families and the 'newly eligible' adult group will be processed through the Exchange web portal. Eligibility will be determined through an automated data-match process.</p> <p>Classic Medicaid Eligibility for aged, blind or disabled individuals, foster care children and SSI recipients will continue to be processed as it is today.</p>
WHAT SYSTEMS WILL DETERMINE ELIGIBILITY	
CURRENT	JANUARY 2014
<p>Medical eligibility is currently determined through:</p> <ul style="list-style-type: none"> • ACES eligibility system • Washington Connection application web portal 	<p>Health Benefit Exchange web portal:</p> <ul style="list-style-type: none"> • Creation of a new online application system for healthcare coverage • Includes a new rules engine for Medical • For individuals between 0% - 400% FPL
HOW MEDICAID ELIGIBILITY IS ESTABLISHED	
CURRENT	JANUARY 2014
<p>Medical eligibility is determined by financial staff through a stringent income & resource verification process as follows:</p> <ul style="list-style-type: none"> • Income verification for applications and renewals is required. If verification is not available, staff must pend the case for verification before finalizing the eligibility determination. • Resource limits required for all programs (except Pregnancy/Children) • Multiple income disregards based on medical program • Eligibility information is entered by financial staff and processed through ACES 	<p>MAGI households will have eligibility determined as follows:</p> <ul style="list-style-type: none"> • Income and household eligibility will mirror federal tax filing rules • Income verification through automated data-match • Acceptance of 'self-attestation' when income cannot be verified through automated data-match • One 5% income disregard for all programs • No resource/asset limits • Information is entered by the applicant in to the Exchange web portal for an eligibility determination
HOW ELIGIBILITY QUALITY ASSURANCE IS MAINTAINED	
CURRENT	JANUARY 2014
<p>Day income must be manually verified by financial staff prior to completion of:</p> <ul style="list-style-type: none"> • Application • Renewal • Change of Circumstances <p>Medical overpayments are only established when involving criminal prosecution.</p>	<p>HCA will manage a strong 'post-Medicaid' eligibility data matching and review process.</p> <p>Verification of income will only be required of households when:</p> <ul style="list-style-type: none"> • 'Self-attestation' is not reasonably compatible with automated data-match; or • No automated data-match is available
<p>For more information regarding Medicaid Expansion 2014 – visit www.hca.wa.gov/hca/me</p>	

Who is eligible for Medicaid/CHIP?

CURRENT	JANUARY 2014
<p data-bbox="48 428 927 578">Today there are approximately 1.2 million individuals receiving benefits under Medicaid. This includes the following groups:</p> <ul data-bbox="106 649 927 1035" style="list-style-type: none"><li data-bbox="106 649 840 692">• Pregnant Women, Children & Families<li data-bbox="106 706 927 806">• Aged, Blind or Disabled individuals and those receiving Medicare Savings Program<li data-bbox="106 821 927 1035">• All other: Breast & Cervical Cancer Treatment (BCCTP), Alien Emergency Medical (AEM), Medical Care Services and Take Charge	<p data-bbox="985 428 1796 635">In addition to the current Medicaid caseload - beginning in January 2014, the “newly eligible” adult group will be added to Medicaid which includes:</p> <ul data-bbox="1052 706 1854 1035" style="list-style-type: none"><li data-bbox="1052 706 1796 806">• Adults between the ages of 19 up to 65 previously not eligible for Medicaid<li data-bbox="1052 821 1854 1035">• Anticipated enrollment in the first years:<ul data-bbox="1110 878 1854 1035" style="list-style-type: none"><li data-bbox="1110 878 1854 978">○ 78,000 “Welcome Mat” individuals who are currently eligible, yet not enrolled<li data-bbox="1110 992 1854 1035">○ 250,000 “Newly Eligible” Adults

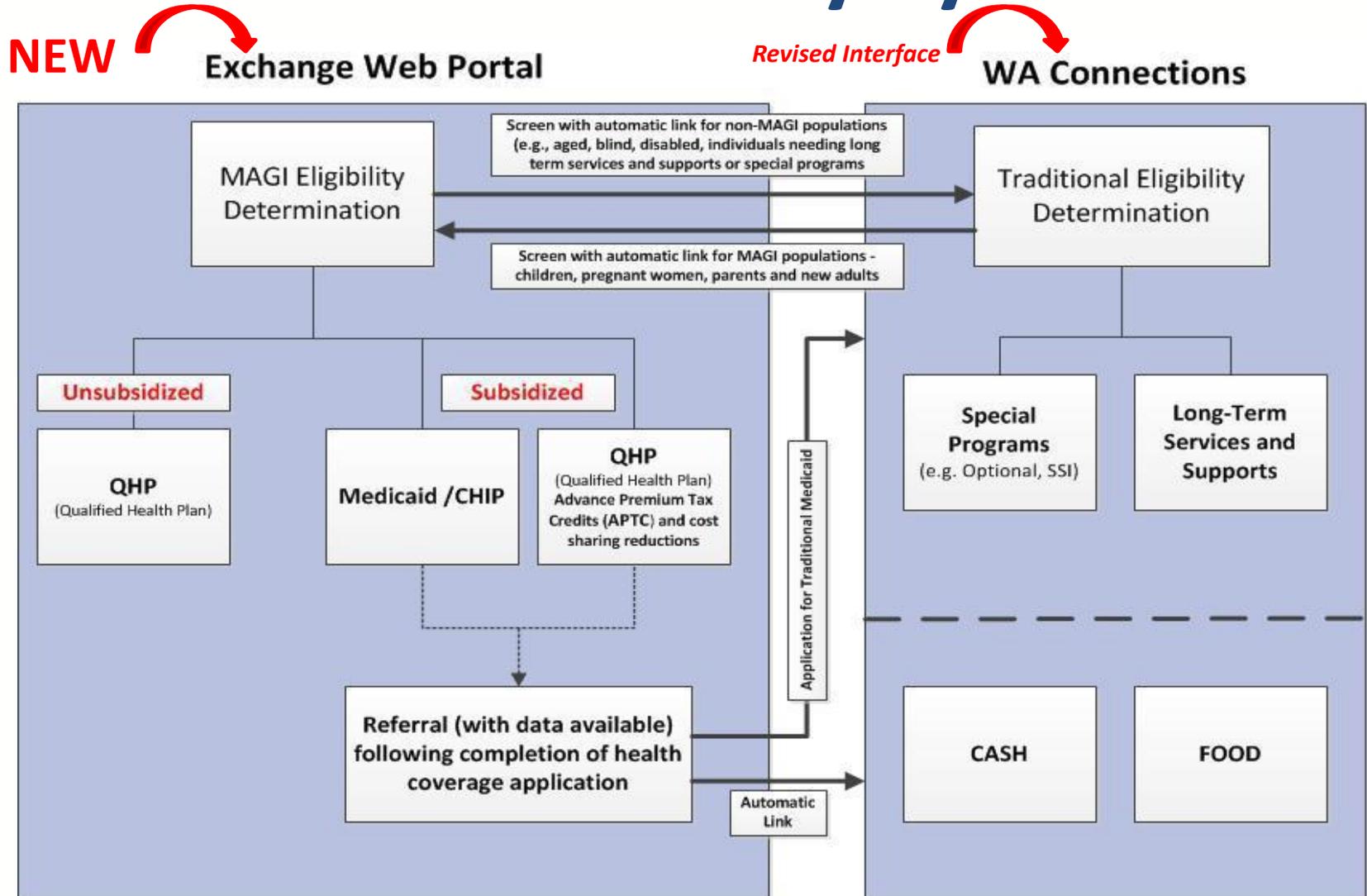
Where is Medicaid eligibility determined?

CURRENT	JANUARY 2014
<p>Eligibility for medical benefits is currently determined by medical assistance and financial staff as follows:</p> <p><u>ADSA</u></p> <ul style="list-style-type: none"> • Aged, Blind or Disabled and Long-Term Care • Waivered Services <p><u>ESA</u></p> <ul style="list-style-type: none"> • Children, Pregnant Women & Families • Some Long-Term Care and Aged, Blind or Disabled • Some Specialty Medical Programs – HWD and AEM <p><u>HCA</u></p> <ul style="list-style-type: none"> • BCCTP and Take Charge • Foster Care, Children’s Medical and CHIP 	<p>In 2014, medical coverage will be separated in to two groups:</p> <ul style="list-style-type: none"> • MAGI Methodology (HCA) • Classic Medicaid (DSHS) <p><u>MAGI Methodology</u> Applications/renewals for pregnant women, children, families and the “newly eligible” adult group will be processed through the Exchange web portal. Eligibility will be determined through an automated data-match process.</p> <p><u>“Classic Medicaid”</u> Eligibility for aged, blind or disabled individuals, foster care children and SSI recipients will continue to be processed as it is today.</p>

What systems will determine eligibility?

CURRENT	JANUARY 2014
<p data-bbox="142 534 923 574">Medical eligibility is currently determined through:</p> <ul data-bbox="200 639 888 782" style="list-style-type: none"><li data-bbox="200 639 622 679">• ACES eligibility system<li data-bbox="200 694 888 782">• Washington Connection application web portal	<p data-bbox="996 534 1576 574">Health Benefit Exchange web portal:</p> <ul data-bbox="1054 639 1800 839" style="list-style-type: none"><li data-bbox="1054 639 1800 731">• Creation of a new online application system for healthcare coverage<li data-bbox="1054 745 1734 785">• Includes a new rules engine for Medical<li data-bbox="1054 799 1746 839">• For individuals between 0% - 400% FPL

Coordinated Entry Systems



Washington Healthplanfinder



SEE HOW THE MENDEZ FAMILY SIGNED UP FOR HEALTH INSURANCE...

Find the Right Health Insurance for You

Welcome Washington residents! The Washington Health Benefits Exchange offers quality, affordable coverage options to Washington families. Shop, compare, and enroll right here. It's your health, be there!

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How is Medicaid eligibility established?

CURRENT	JANUARY 2014
<p>Medical eligibility is determined by financial staff through a stringent income & resource verification process as follows:</p> <ul style="list-style-type: none">• Income verification for applications and renewals is required. If verification is not available, staff must pend the case for verification before finalizing the eligibility determination.• Resource limits required for all programs (except Pregnancy/Children)• Multiple income disregards based on medical program• Eligibility information is entered by financial staff and processed through ACES	<p>MAGI households will have eligibility determined as follows:</p> <ul style="list-style-type: none">• Income and household eligibility will mirror federal tax filing rules• Income verification through automated data-match• Acceptance of "self-attestation" when income cannot be verified through automated data-match• One 5% income disregard for all programs• No resource/asset limits• Information is entered by the applicant in to the Exchange web portal for an eligibility determination

How do we identify AI/AN status?

Questions asked:

- Name of anyone applying who is of AI or AN descent
- Name of the tribe
- If anyone applying is a member of a Federally Recognized Tribe, Band, Pueblo or Rancheria; Shareholder in an Alaska Native Regional or Village Corporation.
- If anyone is a Descendant of a Federally Recognized Tribe, Band, Pueblo or Rancheria; Shareholder in an Alaska Native Regional or Village Corporation.
- If anyone is eligible for Indian Health Services, Tribal Health Services or Urban Indian Health Services, including as a California Indian, Eskimo, Aleut or other Alaska Native

American Indian & Alaskan Native Information

10. American Indian and Alaskan Natives may be eligible for special Washington Apple Health (Medicaid) protections and for special benefits through the Health Benefit Exchange. Skip this section if no one named in #9.1 through 9.6 is of American Indian or Alaskan Native descent. Complete the table below for anyone you are applying for named in question #9 who is of American Indian or Alaskan Native descent.

Name of Person	Tribe Name	Member of a Federally Recognized Tribe, Band, Pueblo or Rancheria; Shareholder in an Alaska Native Regional or Village Corporation	Descendant of a Federally Recognized Tribe, Band, Pueblo or Rancheria; Shareholder in an Alaska Native Regional or Village Corporation	Eligible for Indian Health Services, Tribal Health Services or Urban Indian Health Services, including as a California Indian, Eskimo, Aleut or other Alaska Native
		Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No

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Tribal Membership

Please indicate tribal membership for the following members.

Ashley Jones

Is this person a member of a federally recognized Tribe, Band, Pueblo or Rancheria; Shareholder in an Alaska Native regional or village corporation? * YES NO

Is this person a descendant of a Federally Recognized Tribe Member or Alaska Native Corporation Shareholder? * YES NO

Is this person eligible for Indian health services, including services available to Californian Indian, Eskimo, Aleut or other Alaska Native? * YES NO

Mary Jones

Is this person a member of a federally recognized Tribe, Band, Pueblo or Rancheria; Shareholder in an Alaska Native regional or village corporation? * YES NO

Which Tribe? *

Is this person a descendant of a Federally Recognized Tribe Member or Alaska Native Corporation Shareholder? * YES NO

Which Tribe? *

Is this person eligible for Indian health services, including services available to Californian Indian, Eskimo, Aleut or other Alaska Native? * YES NO

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Your input needed on income question

To determine income in Washington Healthplanfinder and the paper application we ask:

- Do you or someone in your household receive Economic Development funds from a tribe? (For example: per capita distributions from gaming)
- Suggestion from legal advocates is to change “per capita distributions” to “tribal income” on the paper application

Please comment through chat screen so we can get your feedback

How is eligibility quality assurance maintained?

CURRENT	JANUARY 2014
<p>Today income must be manually verified by financial staff prior to completion of:</p> <ul style="list-style-type: none">• Application• Renewal• Change of Circumstances <p>Medicaid overpayments are only established when involving criminal prosecution.</p>	<p>HCA will manage a strong “post-Medicaid” eligibility data matching and review process.</p> <p>Verification of income will only be required of households when:</p> <ul style="list-style-type: none">• “Self-attestation” is not reasonably compatible with automated data-match; or• No automated data-match is available

Medicaid Expansion Changes

Questions?

Preparation for HCA Tribal Liaison

Status of HCA Tribal Liaison Team

- Karol Dixon hired with start-date April 16, 2013
 - Focus on policy and program development
 - Our plan is to introduce her and new HCA Director at next AIHC-HCA workgroup meeting, April 23, 2013
 - Brainstorming today as preparation
- Actively recruiting for operational program support person
 - Announcement posted at www.careers.wa.gov

Outstanding Questions and Challenges

- Previous Medicaid expansion discussions focused on:
 - New adults coming into Medicaid for the first time
 - Transition of adults from current programs like Basic Health, Medical Care Services, ADATSA
 - Conversion of current Medicaid enrollees
- Special training will occur over the summer
- Today's goal to uncover where there are outstanding questions, gaps in knowledge, support needed...
 - So we can target future agendas/special webinars to address them
 - So Tribes are ready for October 1, 2013 Washington Healthplanfinder “go live”

BRAINSTORM



Where are the gaps? What information is still missing?

- New adult group eligible for Medicaid for the first time in 2014
- Transition of adults from current programs like Basic Health, Medical Care Services, ADATSA
 - Follow-up from March 6 webinar - last day for normal enrollment in Basic Health for December 2013 coverage is November 7, 2013
 - Other questions?
- Conversion of current Medicaid enrollees to MAGI income methodology
- Implications for special Tribal programs – what? Tribal TANF?
- Unique issues for AI/AN families whose income changes frequently?

Updates from Tribes

Test Drive National Indian Health Board's Medicaid Expansion Model – to be available in April

Please select State (drop-down box to the right) **Connecticut**

Uninsured AIANs **UNDER 139% FPL** **1,460**

Expenditures/Person pd by Medicaid \$ **4,109**

Please enter a decimal between .25 to 1.00 (to represent 25% to 100%) for your estimated % Take up Rate in the cell below (if left blank, the default is 100%):

100%

Medicaid Spending for Uninsured AIANs w/ incomes under 139% FPL

Projected Revenues w/ above est. Take Up Rate \$ **5,999,140**

State Uninsured AIAN <139%: **1,460**

#Uninsured AIANs residing near I/T/U: **189**

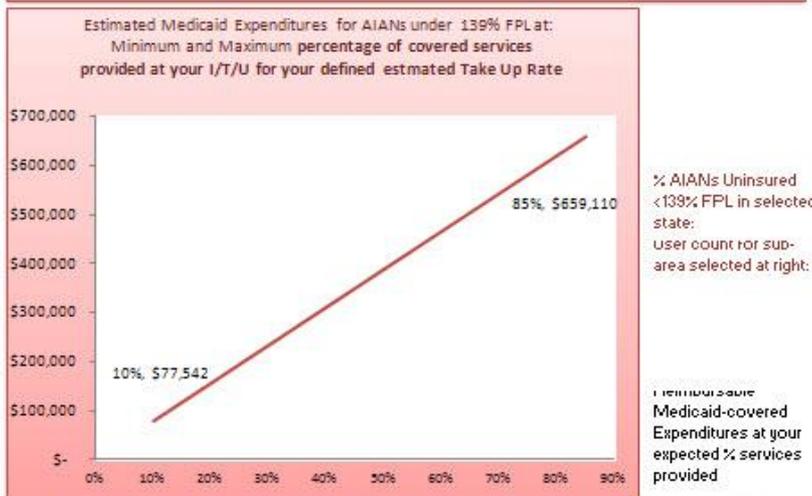
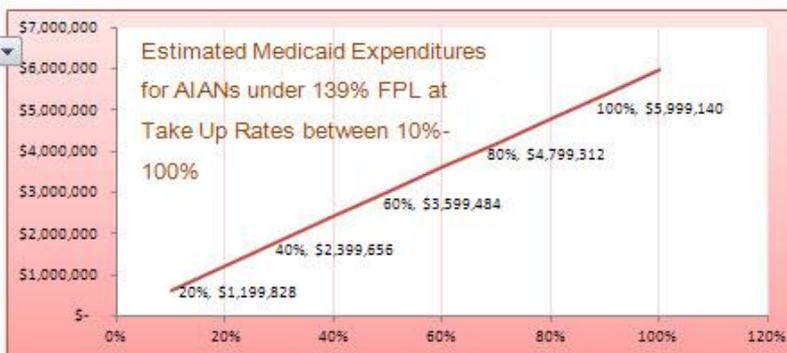
Take Up Rate (inputted at the * above - or default 100%): **100%**

Go to I/T/U for some Svcs: **189**

Percent range of covered svcs provided at your I/T/U for which Medicaid reimburses, please enter your minimum and maximum % estimate in the cells indicated below.

Minimum % of Medicaid covered services provided at your I/T/U:	10%
Maximum % of Medicaid covered services provided at your I/T/U:	85%
covered services provided at your I/T/U:	55%

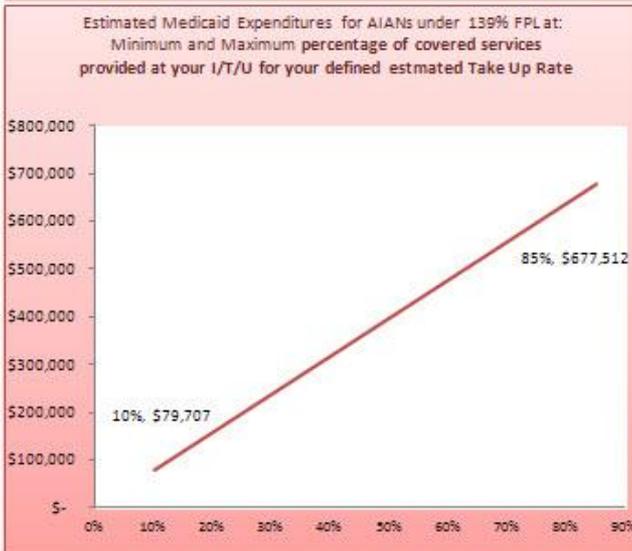
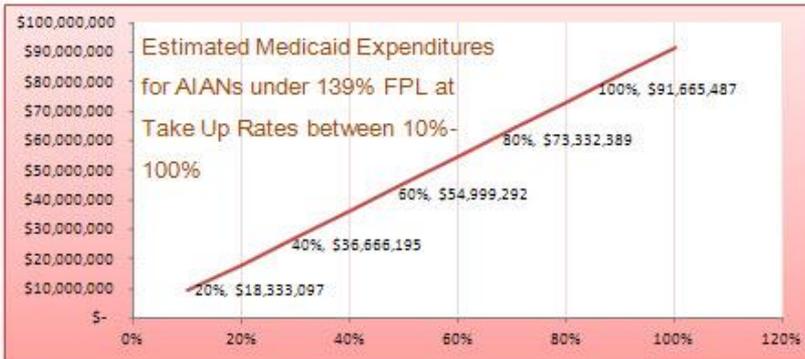
State Avg Medicaid paid per person at your I/T/U at the Expected % listed above: \$ **2,260**



These tables display approximations, not exact calculations which depend on additional factors such as the enrollee's age, family type, location and other details specific to each QHP. Actual cost shares for an individual in any given year will vary from long run averages plotted here.

Sample NIHB Medicaid Expansion Model for Washington

Please select State (drop-down box to the right)		Washington
Uninsured AIANs UNDER 139% FPL		20,743
Expenditures/Person pd by Medicaid	\$	4,419
Please enter a decimal between .25 to 1.00 (to represent 25% to 100%) for your estimated % Take Up Rate in the cell below (if left blank, the default is 100%):	Medicaid Spending for Uninsured AIANs w/ incomes under 139% FPL	
		75%
Projected Revenues w/ above est. Take Up Rate	\$	68,749,115
State Uninsured AIAN <139%:		20,743
#Uninsured AIANs residing near I/T/U:		240
Take Up Rate (inputted at the * above - or default 100%):		75%
# Go to I/T/U for some Svcs:		180
Percent range of covered svcs provided at your I/T/U for which Medicaid reimburses, please enter your minimum and maximum % estimate in the cells indicated below.		
Minimum % of Medicaid covered services provided at your I/T/U:		10%
Maximum % of Medicaid covered services provided at your I/T/U:		85%
Expected % of Medicaid covered services provided at your I/T/U:		55%
State avg Medicaid paid per person at your I/T/U at the Expected % listed above:	\$	2,430



% AIANs Uninsured <139% FPL in selected state: **48%**
 User count for sub-area selected at right: **499**

Estimated Reimbursable Medicaid-covered Expenditures at your expected % services provided

\$ 438,390

These tables display approximations, not exact calculations which depend on additional factors such as the enrollee's age, family type, location and other details specific to each QHP. Actual cost shares for an individual in any given year will vary from long run averages plotted here.

Input from Tribes

- Is there anything you think other Tribes would like to hear about what you're doing?
- Agenda suggestions for next meeting
 - Introduction to Tribal Liaison and HCA leadership
 - ????

Other Questions?