

Family Planning & the Single Streamlined Application

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Medicaid Family Planning and the ACA: MAGI and the Single, Streamlined Application NFPRHA Medicaid Peer-to-Peer Meetin October 1, 2013

NATIONAL ACADEMY for STATE HEALTH POLICY

Overview

- Single Streamlined Application
- Alternative Applications
- Non-MAGI Applications
- Where Are States Today?
- Implications for Family Planning Programs





NATIONAL ACADEMY for STATE HEALTH POLICY®



ATE HEALTH POLIC

- 26 year-old non-profit, non-partisan health research and policy organization
- Mission: Promoting excellence in state health policy
 - Provide research, technical assistance and convene states
 - Work across branches and agencies of government
 - Broad range of health policy topics
- Host Statereforum website fostering exchange on state health reform implementation
- For more information, visit <u>www.nashp.org</u> and <u>www.statereforum.org</u>
 NATIONA

Single Streamlined Application: Requirements

- ACA requires *all* states to use a single, streamlined application for all insurance affordability programs (IAPs)
 - IAPs = Medicaid, CHIP, Basic Health Program, Subsidized Health Insurance Marketplace Coverage
- "No wrong door" to coverage
- Applicants can submit online, in person, by phone and by mail
- No in-person interviews for MAGI-based Medicaid eligibility groups
- Limits on information requested
- Compliant with civil rights laws
- Written in plain language



H.R.3590

One Hundred Eleventh Congress of the United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Tuesday, the fifth day of January, two thousand and ten

An Act

Entitled The Patient Protection and Affordable Care Act.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Patient Protection and Affordable Care Act".
 (b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I-QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Subtitle A—Immediate Improvements in Health Care Coverage for All Americans Sec. 1001. Amendments to the Public Health Service Act.

001. Amendments to the Public Health Service Act. "PART A—INDIVIDUAL AND GROUP MARKET REFORMS

"SUBPART II-IMPROVING COVERAGE

Single Streamlined Application: Models





- CMS guidance requires states to use either model single, streamlined application or HHS Secretaryapproved alternative for all IAPs
- CMS has created model online and paper applications
- Alternative application must meet standards and be approved
- For non-MAGI groups: states can use either an alternative application or a supplemental form

Single Streamlined Application: Online Application



- Individual account sign up
- Privacy statement
- Contact information
- Financial assistance option
- Additional question topics
- Dynamic questioning



- Verification of income, tax filing household during application
- Review and sign
- Plan enrollment questions (for APTC/QHP eligible applicants)

Alternative Applications



- Must meet 4 general principles:
 - 1. Only request information needed to determine coverage
 - 2. Only ask questions needed to determine eligibility for coverage in or administration of IAPs
 - 3. Information requests must minimize the burden on applicants (e.g., dynamic formatting online)
 - 4. Rely first on available electronic data sources only request paper when data unavailable/ inconsistent
- Customizing/minimizing burden



Adding non-MAGI eligibility questions Approval needed

Non-MAGI Applications

- Non-MAGI = individuals whose eligibility is not based on MAGI
 - MAGI eligible = non-disabled, non-elderly adults
 - with income under 133% FPL in Medicaid expansion state or converted MAGI eligibility levels in non-expansion state
- Individuals can apply using supplemental form or completely separate application
- Must still minimize burden on consumers
- Must be submitted to HHS and available for public review, but no approval required





Where are States Today? Applications

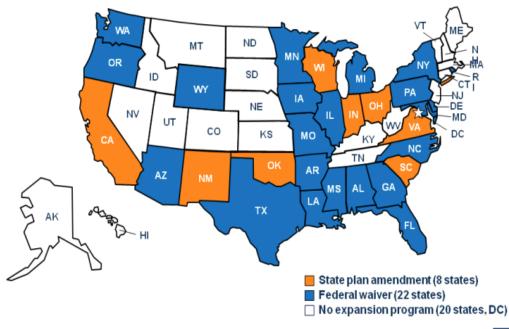


- States preparing final applications for October 1 launch
- A few states already approved for alternate applications
- States will continue to submit revisions, alternate applications and forms through 2014 and update as needed, but may be fewer new applications launched in 2014
- Stakeholders interested in your state's application plans should contact the Medicaid or Health Insurance Exchange offices (www.medicaid.gov; www.healthcare.gov)

Where are States Today? Family Planning Programs



Medicaid Family Planning Programs, 2012



SOURCE: Guttmacher Institute, Medicaid Family Planning Eligibility Expansions, State Policies in Brief, November 2012.

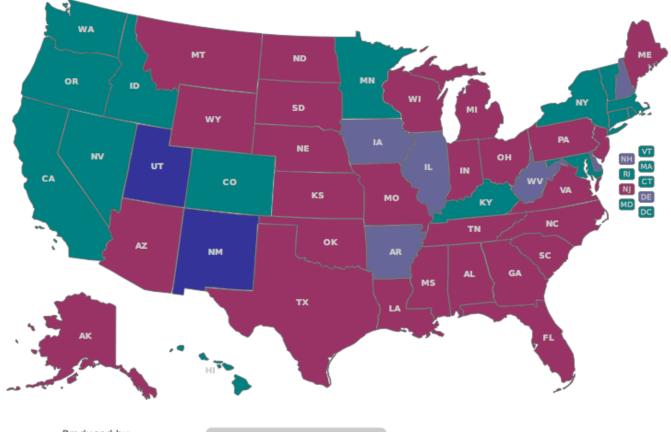
THE HENRY J KAISER FAMILY 31 states extend Medicaid eligibility for family planning services:

- 26 have incomebased eligibility
- 5 states have eligibility based on other factors (prior Medicaid eligibility or 2 year postpartum period)

Where are States Today? Health Insurance Marketplaces



Where States Stand on Exchanges

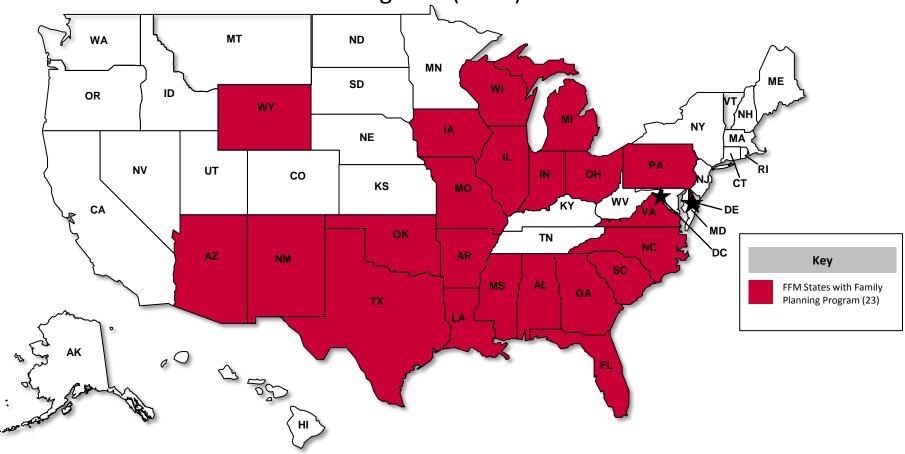


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Where are States Today? FFM States with FP Programs



States with Federally Facilitated Marketplace/Partnership and Family Planning Programs (2013)



Source: State Refor(um. "Where States Stand on Exchanges." Retrieved September 30, 2013. https://www.statereforum.org/where-states-stand-on-exchanges

Implications for Family Planning Programs

- Optional family planning groups are generally MAGI groups
- Most states will use the single streamlined application/approved alternative application to determine eligibility
- Where eligibility is based on other factors or additional data is needed, state may use a supplemental form or program-specific application
- In federally facilitated marketplace (FFM) states, the FFM will *not* determine family planning eligibility, state Medicaid programs need to do family planning determinations.





Key Takeaways

- State applications still in flux for 2014 and future years
- Federal Medicaid assessment/ determinations will not include family planning without policy changes
- State and federal policymakers need inputs from stakeholders about applications/process
- Implications for family planning enrollment unknown – good area for research in your state and nationwide





For More Information...



Coordinating Human Services Programs with Health Reform Implementation: A Toolkit for State Agencies (CBPP, June 2012) Applications: <u>http://www.cbpp.org/files/6-6-12health-mod2.pdf</u> Appendix: <u>http://www.cbpp.org/files/6-6-12health-mod2app.pdf</u>

 Supporting Statement for Data Collection to Support Eligibility Determinations for Insurance Affordability Programs and Enrollment through Affordable Insurance Exchanges, Medicaid, and Children's Health Insurance Program Agencies <u>http://www.cms.gov/Regulations-and-</u> <u>Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-</u> Items/CMS-10440.html

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