

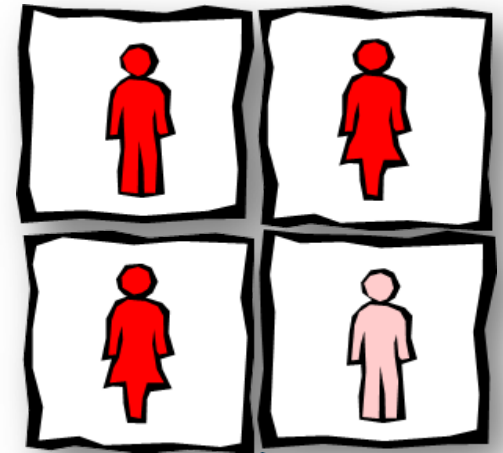
# Providing Accessible Enrollment Assistance Under the ACA

Association of University Centers on Disabilities Conference

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# The Need for Assistance

- 75% of those eligible for coverage say they will want personalized assistance to learn about their options and enroll (Enroll America)
- 78% of those who will qualify for subsidies have never heard of health insurance marketplaces. (CVS Caremark)





# Understanding the Population

- **Marketplace enrollees will have unique needs:**
  - 65% previously uninsured
  - 77% have high school diploma or less
  - Lower income than currently insured
  - More racial and ethnic diversity
  - 23% speak a language other than English at home
- **Populations with expanded eligibility for Medicaid:**
  - Adults without dependent children
  - Parents (jobless and working)
  - People with disabilities

# Coverage Under the ACA

## Qualified Health Plans (QHPs)

- State selected benchmark plan, covers 10 Essential Health Benefits
- Advanceable premium tax credits for individuals with incomes 100-400% FPL, silver plans have cost-sharing reductions under 250% FPL

## Medicaid for expansion population (income under 138% FPL)

- Alternative Benefit Plan (ABP), includes EHB + other required services
- Or, Secretary approved, which may cover state plan benefits, HCBS
- ABPs are likely to cover fewer benefits than traditional Medicaid, but could be better in some categories depending on the state

## Traditional Medicaid

- If categorical eligible will get traditional Medicaid
- If qualify under expansion AND part of exempt category (ex. Medically frail) can also get traditional, may have choice
- Must still meet needs-based criteria to receive 1915(c) waiver or 1115 demonstration services, including institutional services

# Which is the right coverage option?

- Significant differences in the scope of benefits and costs under each option
- Most consumers will not know which type of coverage they will be eligible to enroll in
- Many families will have “split eligibility”
- Need to ensure people who are categorically eligible AND people who are in exempt populations have access to traditional Medicaid

# “No Wrong Door” for Enrollment

- **One application** to determine eligibility for Medicaid, CHIP, premium tax credits, and cost-sharing reductions
- Verify information and pre-populate forms using **electronic data sources**, paper required only when necessary
- Secure **data sharing** between entities determining eligibility for application, renewal and change reporting
- **Coordinated and then combined consumer notices**
  
- **Four ways to apply:** online, in-person, by phone, by mail

# Qualifying for Traditional Medicaid

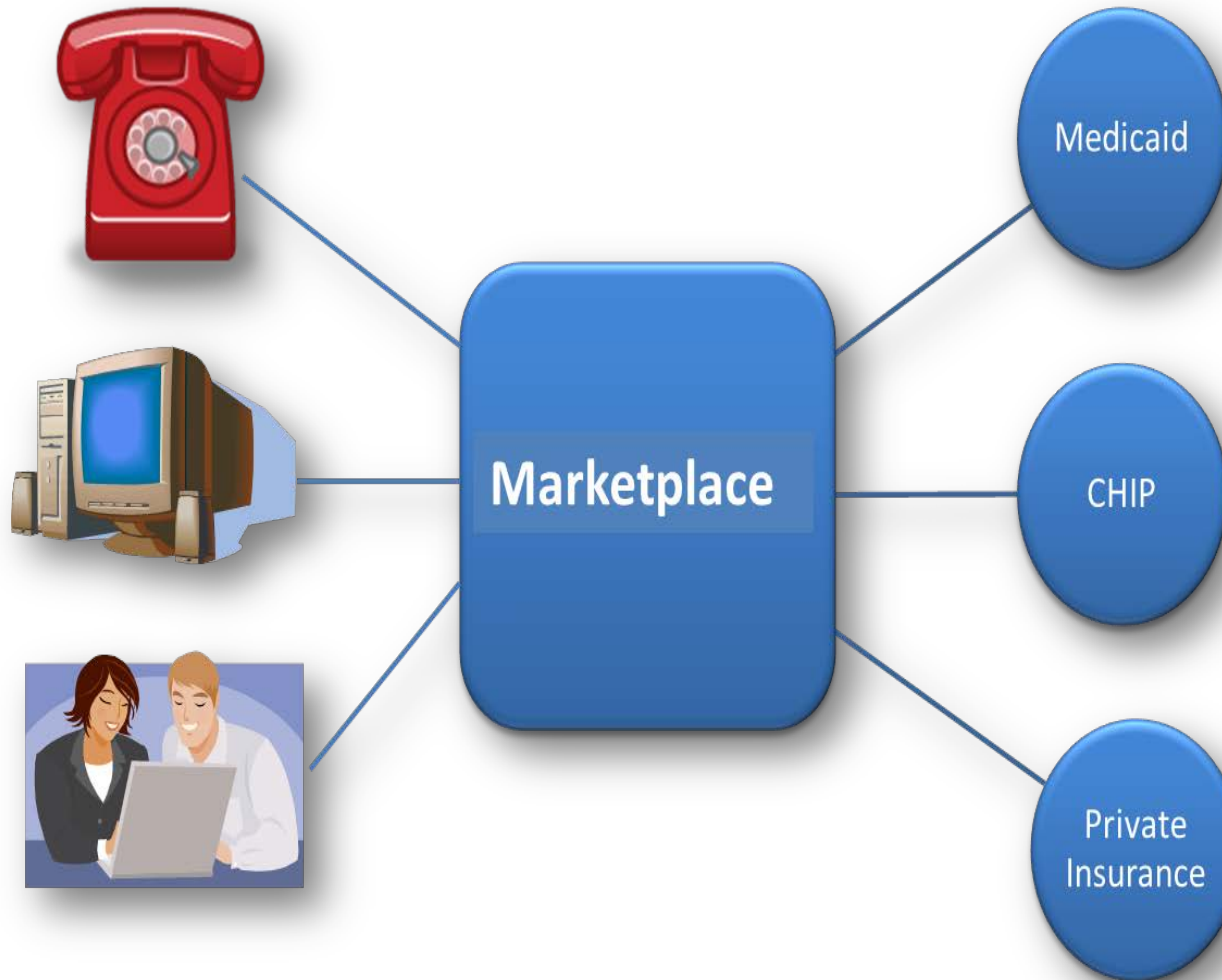
## **CMS draft application asks only about disability status and need for help with ADLs**

- Should include language that helps identify the nature or scope of a condition that may be considered a disability and use modifiers
- Definitions for exempt populations may change under the ACA
- Many people will not be aware that they qualify
- Ask about expenses to determine eligibility for medically needy
- How will those who may qualify be notified?

## **Verification of eligibility requires transfer of information for full determination**

- Can enroll in Medicaid expansion coverage if qualify based on income (MAGI) or a QHP while waiting for determination

# Consumer Assistance





# Accessibility Requirements Under the ACA

- Website content and telephone assistance must be available in alternative formats for individuals with hearing or vision impairments, auxiliary aids and services must be available at no cost.
- Exchange and health plan communications (applications, forms, notices, etc.) must be written in plain language and available in alternative formats in a timely manner.
- Enrollment assistance must be provided in a manner that appropriate and accessible to individuals with disabilities.
- Venues that a state uses to fulfill in-person application filing requirement must be physically accessible

# Navigator Program

- Required in all marketplaces
  - State-run, partnership and federally-facilitated (FFE)
- Funded by grants from operational budget
- Each entity must conduct the following activities:
  - Provide public education about marketplace health coverage and financial assistance options
  - Distribute fair, accurate, and impartial information about full range of coverage options available through exchange, including public programs
  - Facilitate enrollment in qualified health plans (QHPs)
  - Make referrals to health insurance consumer assistance or ombudsman programs and to state agencies for help with grievances, complaints, appeals, and questions about using coverage
- States may add additional duties
- At least one navigator entity must serve small employers

# Who can be a Navigator?

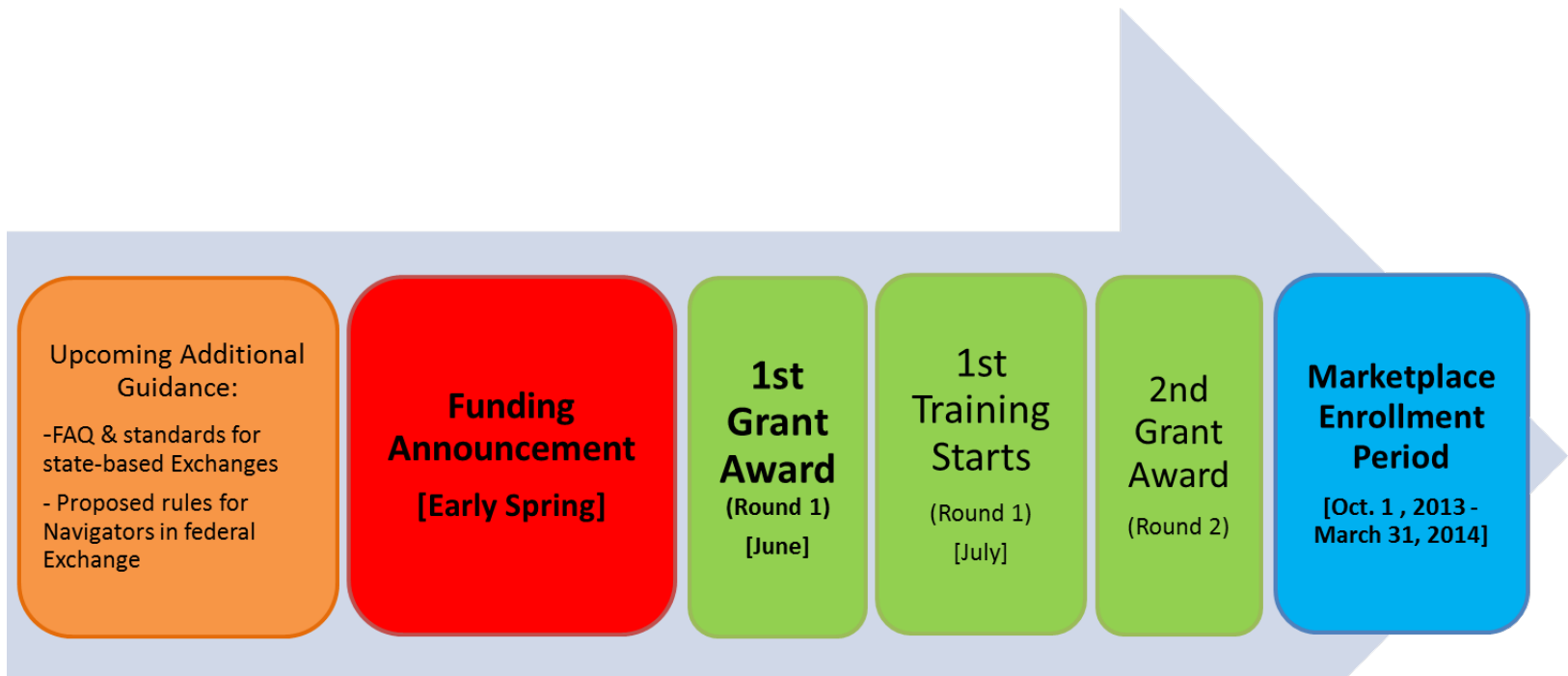
- ❑ ***Must be at least two types, at least one entity must be a consumer-focused nonprofit***
- ❑ Navigators must have ***existing relationships*** (or the ability to readily establish relationships) with populations likely to be eligible for Marketplace coverage
- ❑ Navigators can target services to specific populations
- ❑ ***Cannot*** be health insurers, have affiliations with health insurers, or accept any form of payment from insurers, as this may create a conflict of interest.

# Training for Navigators

## Core topics outlined in the ACA:

- The needs of underserved and vulnerable populations
  - Exchange eligibility and enrollment procedures
  - The range of QHPs and insurance affordability programs (premium tax credits and cost-sharing reductions) available through the marketplace
  - State Medicaid, CHIP, and Basic Health programs
  - Privacy and security standards
- ❖ HHS will release training standards and is developing training & certification for FFEs

# HHS Timeline for Navigator Grants in FFEs & Additional Guidance



**\*Dates are tentative and have not yet been formally announced, with the exception of the Enrollment Period dates**

# Registering to Apply for Grant

- Registration process can take **UP TO 30 DAYS**, so register **NOW**. You should not wait for the Navigator grant announcement to come out to register.
- For information about registering your organization, go to:
  - [grants.gov/applicants/organization\\_registration.jsp](https://grants.gov/applicants/organization_registration.jsp)
- **Includes information on important steps:**
  1. Obtaining a DUNS Number
  2. Registering with the System for Award Management (SAM)
  3. Creating your Authorized Organization Representative (AOR) profile and
  4. AOR Authorization

# In-person assistance programs (IPA)

- Required in consumer partnership marketplaces
- Optional in state-run marketplaces
- No funding available in FFEs that do not partner
- Funded through establishment grants until 2015
  
- There is flexibility in the duties assisters can perform, which may include helping consumers file applications, obtain eligibility determinations, report changes in status, compare coverage options, and facilitate enrollment in a QHP.
- Assisters can be used to reach anyone who needs help, including those not targeted by navigator grantees.
- States have flexibility in developing conflict of interest and training standards for assisters

# Certified Application Counselors

- Introduced in January proposed federal regulation
- Provides states the option to build on Medicaid application assistance
- Proposed rule requires marketplaces to certify CACs
- Certification provides a pathway for entities that are likely to be engaged in application assistance, but may not receive navigator or assister funding, such as community health centers, to receive training on program requirements, the online enrollment portal, exchange privacy and security standards
- CACs will not receive funding from states or exchanges



# Strengthening Accessibility

- Require development of program policies and procedures for providing accessible services
- Provide scheduled home visits
- Provide specialized training for staff
- Partner with agencies and organizations that serve individuals with specific needs
- Develop a resource list for assistive technology providers and sign language interpreters
- Ensure that community-based enrollment sites and venues for outreach events are physically accessible
- Provide program, outreach and educational materials in accessible formats

# Ways to Engage: Assistance

- Conduct targeted outreach to consumers with disabilities, caretakers, service providers and advocacy networks
- Apply to become navigators, assisters, or CACs
- Secure access to assistive technologies, transportation, interpreters for applicants/enrollees
- Provide backup for complex cases, take referrals from enrollment assistance programs

# Ways to Engage: Program Development

- Provide training for enrollment assisters
  - Topics might include identifying assistance needs, effective communication strategies, working with authorized representatives, awareness of common medical needs, etc.
- Inform development of telephonic and in-person procedures for providing accessible services
- Provide technical assistance and counseling support resources for enrollment assisters
- Help to identify and report consumer problems

# Ways to Engage: Policy Advocacy

- Advocate for an integrated eligibility determination process
- Inform the development of seamless hand-offs
- Recommend your state align benefits for the expansion population with the Medicaid state plan
- Make sure application includes sufficient questions to screen for Medicaid eligibility
- Ensure eligibility notices include information about traditional Medicaid and appeal rights
- Consumer test notices, application and web tools
- Ensure notices, website, call center and health plan consumer information meets accessibility standards

# Resources

- *Help Wanted: Preparing Navigators and Other Assisters to Meet Consumer Needs*  
<http://www.familiesusa.org/resources/tools-for-advocates/preparing-navigators-tool-kit/>
- *Enroll America, In-Person Assistance Resources State Profiles*  
<http://www.enrollamerica.org/best-practices-institute/assistance-resource-center>
- *The Center for Consumer Information & Insurance Oversight (CCIIO)* <http://cciio.cms.gov/>

# Questions?

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