Navigating the maze of new opportunities… Reaching out to the uninsured

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Morton Plant Mease Hospitals
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Affordable Care Act drives change

In 2010…

2014 seemed like a long way off…

Affordable Care Act drives change

Major changes

in how people secure healthcare…

Medicaid and CHIP expansion/improvements

Health Insurance Marketplace

Private insurance reforms

Affordable Care Act drives change

Intent and expectation is to:

Improve access to healthcare

Change insurance practices

Reduce healthcare costs

Reduce uninsured

Affordable Care Act drives change

- **States required to make changes to the way eligibility is determined for Family Related Medicaid and the Children's Health Insurance Program (CHIP).**

- **New approach to eligibility determination will align income rules for Family Related Medicaid and CHIP to those of the Federally Facilitated Marketplace (FFM).**

Affordable Care Act drives change

- **Medicaid, CHIP and the Advance Payment Tax Credit (APTC) -- *Insurance Affordability Programs* (IAP).**

- **Income determination changes result in "*no wrong door"* approach to eligibility**

- **An application for one program becomes an application for all programs since each program uses the *same methodology* to calculate an individual's income. The FFM will determine eligibility for the APTC program.**

Affordable Care Act drives change

What is the Effect of MAGI (Modified Adjusted Gross Income) on Medicaid Eligibility?

- **Beginning January 1, 2014, Family Related Medicaid and CHIP eligibility will use a new income methodology – MAGI - defined in the Federal Tax Code. Most of the people who are eligible in 2013 will still be eligible under the new rules.**

- **This change will *align the income counting rules* for family related Medicaid and CHIP with those of the Federally Facilitated Marketplace (FFM).**

Affordable Care Act drives change

- **New state application and *technology* implemented to *electronically* transfer applications between programs without requiring any action on the customer's part.**

- **Most factors of eligibility can be *verified electronically*, allowing states to complete eligibility determinations and provide medical assistance in the *shortest possible time.***

  Federal Data Services(HUB – IRS, SSA, Homeland Security)

  Florida wages data base – "reasonable accountability" - within 10%

Affordable Care Act drives change

EXPANDED ELIGIBILITY

MINIMIZE PAPER DOCUMENTATION

SINGLE APPLICATION

AUTOMATION

STREAMLINED

ELECTRONIC DATA EXCHANGE

SIMPLIFIED ELIGIBILITY AND ENROLLMENT RULES

MULTIPLE ACCESS TO APPLY

COVERAGE IMPROVEMENTS

REAL TIME ELIGIBILITY

COORDINATION BETWEEN SYSTEMS

Presumptive Medicaid

Medicaid eligibility changes

The Marketplace

501(r)

Medicaid Expansion

Presumptive Medicaid

- **Presumptive Medicaid eligibility regulations allow hospitals to temporarily enroll patients in family related Medicaid coverage at the point of service with basic pieces of information for each member of the household such as name, date of birth, and income – *self attestation*.**

- **Patients may be required to attest to immigration and residency status**

Presumptive Medicaid

To be authorized to make presumptive eligibility determinations, a hospital must:

- **Participate as a Medicaid provider**
- **Notify the state Medicaid agency of its decision to make presumptive eligibility determinations**
- **Agree to make determinations consistent with state policies and procedures**
- **Assist individuals in completing and submitting the full application, at the states' discretion**
- **Not be disqualified by the agency**

Presumptive Medicaid

- **Temporary eligibility period lasts until the end of the month following the month in which the presumptive eligibility determination was made.**
- **One presumptive eligibility period in 12 months**
- **Payments follow existing Medicaid payment models**
- **Path to long term coverage**

Presumptive Medicaid

- **AHCA is the lead agency - authorize, manage and monitor**
- **DCF responsible for training materials that include new eligibility guidelines – on AHCA website**
- **Applications submitted through the provider view**

Presumptive Medicaid

- **December, 2013: AHCA distributed provider contract amendment language related to presumptive eligibility**
  - **97% presumed eligible will be determined eligible for regular Medicaid**
  - **Providers must submit complete eligibility paperwork for 95% of presumed eligible within 10 days of presuming individuals eligible**

- **Corrective action plan process and coordination to achieve compliance**

Presumptive Medicaid

- **December, 2013: AHCA submitted a State Plan Amendment and the Department of Children and Families training materials to CMS. *New proposal may have been sent to CMS with lower thresholds***

- **January 1, 2014: Presumptive eligibility process available**

- **February, 2014: Provider view operational to process presumptive eligibility**

IS ANYONE PROCESSING

PRESUMPTIVE MEDICAID APPLICATIONS?

Medicaid Eligibility Changes

- **Relative care givers – 2 can derive eligibility from a child**
- **Up to 21 not in household/part of tax filing unit applies on own**
- **Adults ages 19-26 could be covered by Medicaid if they aged out of the Child Welfare Foster Care Program.**
- **Based on the tax filing status, a stepparent is potentially eligible for Medicaid due to stepchildren in the home. Income will count toward the eligibility of step children in the home**

Medicaid Eligibility Changes

- No longer an asset test for Family-related Medicaid
- Child support and VA income no longer counted as income
- Some children age 6-19 will switch between Kidcare and Medicaid
- Self attestation for pregnancy

Medicaid Eligibility Changes

- **No one will lose eligibility because of these changes until at least April 2014. Most changes will take effect at the next eligibility interview.**

- **Eligibility rules did not change for people age 65 or older and the disabled. Without Medicaid Expansion, adults who are not pregnant, elderly, or disabled do not qualify for Medicaid but may get help with insurance costs through the Federal Marketplace**

The Marketplace

Create an account

First you'll provide some basic information. Sign up for Marketplace emails now and we'll let you know as soon as you can create an account.

Apply

Starting October 1, 2013 you'll enter information about you and your family, including your income, household size, and more.

Visit HealthCare.gov to get a checklist to help you gather the information you'll need.

Pick a plan

Next you'll see all the plans and programs you're eligible for and compare them side-by-side.

You'll also find out if you can get lower costs on monthly premiums and out-of pocket costs.

Enroll

Choose a plan that meets your needs and enroll!

Coverage starts as soon as January 1, 2014.

What are you doing at your facility?

The Marketplace and BayCare

- **USF Grant – Family Healthcare Foundation**
  - **5 Navigator positions**
- **Incorporated as an assistance program in established screening process of uninsured**
  - **100% - 250% FPL cost sharing reductions**
  - **100% - 400% FPL premium tax credits**
- **Hospital based Navigators**
  - **Direct referrals of uninsured patients**
  - **Admitted patients visited while in the hospital**
  - **Discovered problems between FFM and FL MD**

The Marketplace and BayCare

- **Contracted with Blue Cross(not low level plans), Cigna, Humana(now), Coventry**

- **Volumes low now**

  223 accounts $3.7M charges $1.5 expected

  How many were insured before?

Is anyone paying premiums
on the Marketplace for patients?

The Marketplace and BayCare

After April 1st…

- **Internal/external education and outreach**
- **855# opens door to assist community/non-patients with Medicaid, Fl KidCare, county applications**
- **Marketplace appeals, exemptions and assisting with special enrollment periods**
- **Continuation grant for next open enrollment…**

  Nov 15, 2014 – Feb 15, 2015

501(r) – new requirements

- **Community Health Needs Assessment**
- **Financial Assistance Policy**
- **Limitation on Charges**
- **Billing and Collections**

501(r) – new requirements

Financial Assistance Policy (FAP)

Each tax exempt hospital must establish, implement, and make widely available written policies regarding financial assistance.

Reasonable efforts to notify and widely publicize

In English and secondary language if 10% of community served

Must include:

- ✓ **Eligibility criteria**
- ✓ **Calculating amounts charged to patients**
- ✓ **Free or discounted care**
- ✓ **Application process**
- ✓ **How publicized**
- ✓ **Plain language summary**

501(r) – new requirements

Reasonable Efforts to Notify

✓Admission

✓Discharge

✓Written (statements) and oral (calls) communication re bill

✓Before collection action or reporting to credit agency

✓Checklist on 990 reporting

Widely Publicize

✓Website

✓Posted in emergency and waiting rooms

✓Posted in admission areas

✓Full policy available on request

Checklist on 990 reporting

501(r) – new requirements

Limitations on charges if full write off not offered

- Charges for emergency or other medically necessary care provided to patients eligible for financial assistance cannot be more than the lowest amount charged to insured patients

- Multiple options available to determine

501(r) – new requirements

Billing and Collection practices

- A tax exempt hospital cannot take "extraordinary collection actions(ECA's)" until it has made "reasonable efforts" to determine whether a patient is eligible for financial assistance.

- Notification period – date of care through 120 days following first statement
  - Plain language summary with all bills(3)
  - Inform of FAP in all oral communication
  - No ECA's during this time

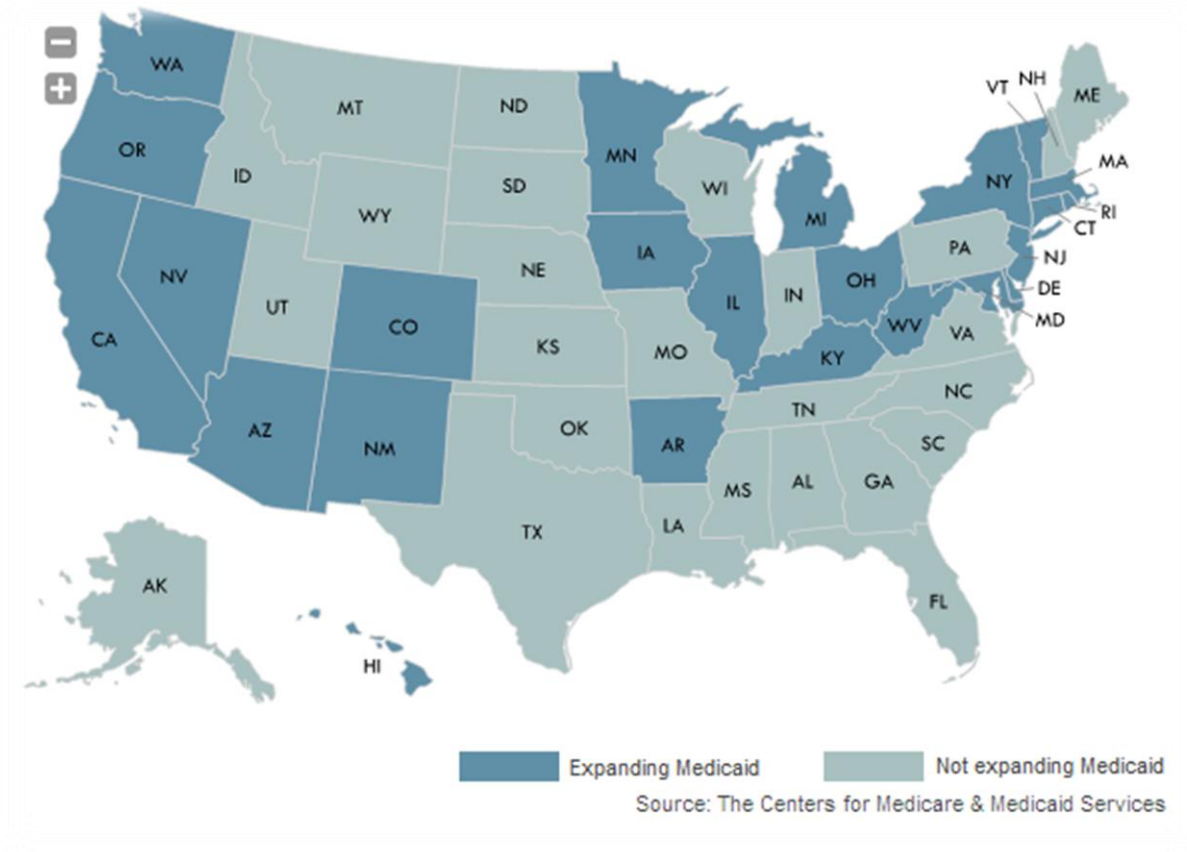
501(r) – new requirements

Billing and Collection practices

- **Application period - date of care through 240 days following first statement**
  - **ECA's can be used**
  - **ECA's must halt if patient applies for assistance**
- **Responsible for actions of third parties under contracts**

How are you meeting the requirements?

Medicaid Expansion



Medicaid Expansion

- **One of highest rates of uninsured in US**

  FL – 29% US – 21%

- **Coverage gap – 764,000 Floridians**

  23% are adults with children – Medically Needy

- **37% of uninsured have path to health care without expansion – 68% if expanded**

- **FL losing $7M a day**

Where are we today?

The journey continues…

Expect some decrease in uninsured volumes due to expectations that people are required to have health insurance

- **Increased MD enrollment prior to 1/14 and now due to publicity, Marketplace, new eligibility rules**
- **Newly insured after 1/14 – effect of the Marketplace**
- **Increased use of Marketplace plans but will it be at the level expected?**

Is there more to do or think about?

And our healthcare transformation journey continues…

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