MARYLAND
Department of Health
and Mental Hygiene
Office of
Health Care Financing

Medicaid Update

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Scope of Presentation

- Medicaid Enrollment Update

- Redeterminations

- HBX System Changes:
  - MABS
  - 30 Day Pending Eligibility for Medicaid

- Hospital Presumptive Eligibility (HPE)

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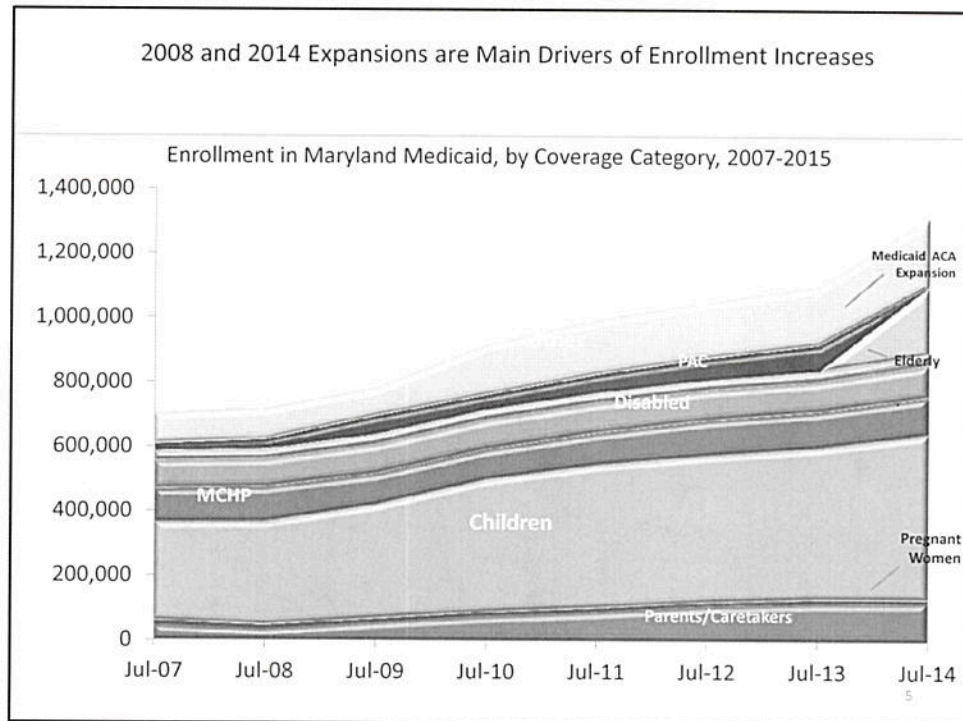
MEDICAID ENROLLMENT

ACA Expansion
(as of April 29, 2015)

Medicaid provides benefits for an average of more than 1.2 million people – approximately one in six Marylanders.

- Over 1 million are enrolled in HealthChoice (managed care).

Enrollment under the ACA

- Over 248,475 individuals have gained Medicaid coverage in 2015 and remain active in Medicaid.
- 125,535 individuals have enrolled in qualified health plans.

2008 and 2014 Expansions are Main Drivers of Enrollment Increases

Enrollment in Maryland Medicaid, by Coverage Category, 2007-2015

Enrollment Periods

- Consumers can apply for Medicaid at **any time** during the year.
- Generally, consumers can only enroll in a Qualified Health Plan (QHP) and qualify for advance premium tax credits (APTC) and cost-sharing reductions (CSR) during open enrollment.
  - **Next open enrollment period begins Nov. 1, 2015**
- If a consumer experiences a life event, they may qualify for a Special Enrollment Period.

Life Events: Medicaid

- Medical Assistance recipients must report changes in circumstances **within 10 days**. For example,
  - Change in address
  - Change in income
  - Pregnancy
- Recipients who qualify on basis of MAGI must report changes using Maryland Health Connection system.
  - Assistance can be obtained at local health department, local department of social services, MHC call center, or Connector Entity
- For recipients who qualify on basis of being aged, blind, or disabled, changes can be reported to recipient's local health department or local department of social services.

Life Events:
Maryland Health Connection

- A special enrollment period allows an individual to apply for benefits using Maryland Health Connection *outside* the open enrollment period.
  - If a consumer thinks s/he may qualify for a special enrollment period, the consumer should contact the Call Center at (855) 642-8572 (TTY (855) 642-8573).

- In most cases, applicants have **60 days** from the date of a triggering event to apply for benefits and select a QHP.

- *Remember:* Consumers can apply for Medicaid at any time during the year!
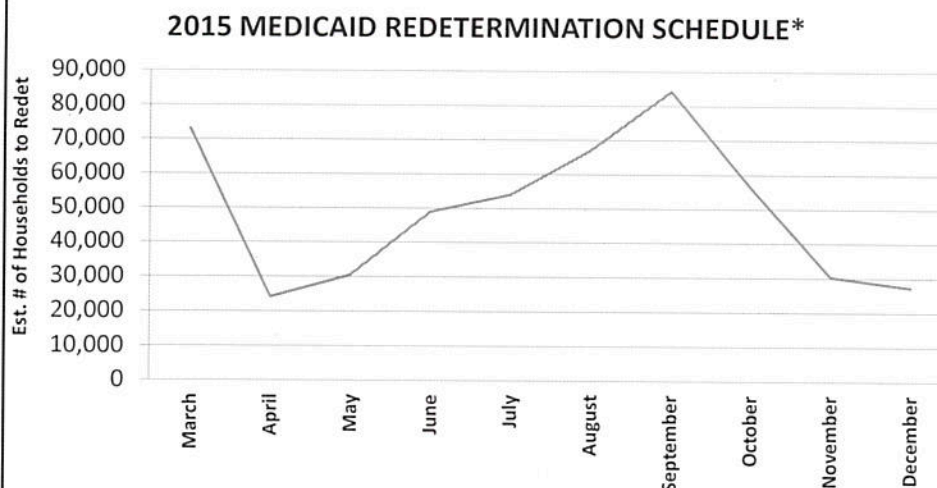
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REDETERMINATIONS

Redeterminations

- This is a transition from a mostly in-person, paper-based Medicaid redetermination process to a web-based, phone-assisted process.
- DHMH is taking an "All-Hands on Deck" approach to point individuals having redetermination difficulties to sources of additional help
  - local health department offices,
  - Local departments of social services; and
  - Maryland Health Connection navigators
- Timeline:
  - Initial notification: 60-75 days before benefits close
  - Recipients enrolled in the HealthChoice Program may also be contacted separately by their managed care organization (MCO).

Redetermination Timeline

2015 MEDICAID REDETERMINATION SCHEDULE*

Est. # of Households to Redet (y-axis: 0 to 90,000)

Months: March, April, May, June, July, August, September, October, November, December

*Consumers who applied for Medicaid using Maryland Health Connection during the 2014 open enrollment season must reapply for benefits beginning in November 2015. These households are not included in the estimates above.

How to Reapply

- **Those eligible for MAGI Medicaid** must reapply using Maryland Health Connection--
    - Create an account and apply online using www.marylandhealthconnection.gov,
    - Visit a local Connector Entity, Health Department or Department of Social Services, or
    - Call Maryland Health Connection Call Center 1-855-642-8572 (TTY: 1-855-642-8573).

- **Aged, blind, or disabled recipients** can
    - Apply for benefits online using https://www.marylandsail.org/ or
    - Visit a local Department of Social Services.

How to Reapply

If a recipient's coverage has ended because they failed to reapply for benefits in a timely fashion, what should the person do?

- Reapply! If eligible for Medicaid, coverage will be effective on the first day of the month in which the individual reapplied. Recipients can apply for retroactive coverage for up to 3 months prior to their application date.

What happens when a HealthChoice recipient loses coverage? If they re-apply will they be enrolled in a different MCO?

- If a former HealthChoice recipient is found eligible for Medicaid again and was enrolled in an MCO within the last 120 days, they will be automatically re-enrolled in the MCO that they received coverage through previously within 10 days.
- Services are covered on a fee-for-service basis until the automatic re-enrollment process is complete.

Helpful Resources

General Information: http://mmcp.dhmh.maryland.gov

o   Medical Assistance Hotline: 1.800.456.8900

o   SAIL online application: https://www.marylandsail.org

o   Local Health Departments:

https://www.marylandsail.org/SailPDFLinks/SailPDFLinks.aspx?PDF=LocalHealthDepartment

o   Departments of Social Services: https://www.marylandsail.org/Maps/DSSMap.aspx

o   Provider Directory Search: https://encrypt.emdhealthchoice.org/searchable/main.action

o   Medicaid Marge Sign-Up: Send an e-mail to dhmh.medicaidmarge@maryland.gov

Additional Resources:

o   Maryland Health Connection: http://www.marylandhealthconnection.gov/
   o   Consumer Support Center 1-855-642-8572 (TTY 1-855-642-8573)

o   Maryland Health Benefit Exchange: http://marylandhbe.com/

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HBX SYSTEM CHANGES

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Maryland Automated Benefits System

- In HBX Medicaid applicants provide monthly income which is validated against the federal hub.

- In May, Maryland Automated Benefits System (MABS) will be added.

  - MABS data is maintained by the Department of Labor, Licensing and Regulations (DLLR) that is used to process and pay unemployment claimant benefits

MABS

- HBX will use MABS wage data as the primary source of income verification for Medicaid applications.
  - The federal hub will continue to be used as a secondary source for individuals that do not have MABS data.
- Because MABS data is more recent, we anticipate this change will decrease the amount of manual income verifications for consumers.

Current 90 Day Temporary Eligibility

- Medicaid recipients currently receive 90 days of temporary eligibility if they have any outstanding verifications in HBX.
  - This includes outstanding identity, income, citizenship, or immigration verifications.
  - New recipients are in fee-for-service Medicaid during this period until documents are provided and verified.
  - Once all outstanding verifications are verified, the individual is able to enroll in a MCO.

Change to 30 Day Pending Eligibility

- However, the ACA only requires a 90 day temporary period for individuals with an outstanding **citizenship** or **immigration** verification.
- A new **30 Day Pending** period is scheduled to be implemented in HBX in August 2015.
  - People with outstanding **income** or **identity** verifications will NOT be given temporary Medicaid eligibility.
  - Their eligibility will be "pending" and they will have 30 days to provide the necessary documentation in order to be enrolled.
  - Those with outstanding **citizenship** or **immigration** verifications ONLY will still be given the 90 day temporary Medicaid fee-for-service period.

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HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE)

What is HPE?

- Qualified hospitals may make temporary Medicaid eligibility determinations based on basic, self attested income and demographic information.
  - MAGI populations are eligible for HPE.
- Hospital employees use the eMedicaid portal to submit HPE applications.
  - Enrollees are not enrolled in MCOs during the HPE period.
- HPE is temporary and all HPE enrollees should file a full MA application.

Participating Hospitals

- In September 2014, DHMH started accepting HPE Agreements from hospitals.
- Currently thirty-four hospitals have active agreements with the Department.
- DHMH continues to accept HPE Agreements on a rolling basis.

HPE Enrollment

- As of April 9, 2015, there have been 1,737 total HPE applications
  - 1,670 approved
  - 67 denied
- To date, 57% have converted to full MA, up from 34% in the January/February report
  - This is lower than expected
  - DHMH is outreaching to providers to work with them on getting conversions up

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QUESTIONS?