



## LONG-TERM CARE IN BRIEF: EXPLAINING THE MEDICAID STREAMLINED ENROLLMENT INITIATIVE

### **HR 3590, Sec. 2201. Enrollment Simplification and Coordination with State Health Insurance Exchanges**

*The Patient Protection and Affordable Care Act (The Affordable Care Act) signed into law on March 23, 2010, includes several provisions aimed to coordinate enrollment in, and access to benefits through, the state Medicaid agency, the state CHIP agency, and the state Exchange (HR 3590, Sec. 2201). These efforts are designed to streamline eligibility determinations and improve upon service provision to ensure quality throughout the continuum of care. Beginning January 1, 2014, a state must ensure that the enrollment simplification requirements are met as a condition for receiving federal Medicaid dollars.*

**What technology will be utilized?** States must develop a website that allows individuals to enroll or reenroll in Medicaid online. The enrollment website should link to the Exchanges, the state CHIP agency and the state Medicaid agency, allowing individuals to compare coverage options, including benefits, premiums and cost-sharing. Additionally, the state Medicaid agency, the state CHIP agency and the Exchange must electronically and securely share the information necessary to both determine eligibility and enroll qualified individuals into these programs.

**How will Medicaid, CHIP and the Exchanges coordinate screening procedures?** In efforts to reduce duplication, individuals applying for either Medicaid, CHIP, or premium tax credits through the Exchange will be screened for enrollment eligibility in all of these programs. Where applicable, these individuals will subsequently be automatically enrolled or referred to the appropriate program for enrollment.

**How will Medicaid, CHIP and the Exchanges streamline enrollment?** The implementation of a single, uniform application to be used by individuals applying for coverage under Medicaid, CHIP, or for premium credits through the Exchange, will help to ensure a streamlined health care system. Additionally, the state Medicaid and CHIP agencies will participate in, and comply with, the other requirements for a streamlined enrollment process that are established under Section 1413 of The Affordable Care Act. In accordance with this section, residents of a state may both apply and receive an eligibility determination for participation in applicable state health subsidy programs, which include CHIP, Medicaid, the Exchange, premium subsidies in the Exchange, and a basic health program established by a state to provide low-income individuals not eligible for Medicaid with coverage, under Section 1331 of The Affordable Care Act. Additionally, the Exchanges may contract with the state Medicaid agency or the state CHIP agency to allow either agency to determine if an Exchange-eligible individual is also eligible for premium credits. If the agency determines that an individual is qualified to receive this assistance, the agency will provide advance payment of these funds.

**How will the administrative efforts associated with streamlining enrollment be financed?** States generally receive a fifty percent match rate on administrative services for Medicaid, but in some cases there may be more favorable match rates for implementing new systems under The Affordable Care Act. It is expected that CMS will work with states to develop guidelines, regulations and to provide technical assistance around administrative responsibilities as states move forward to implement health reform. The Secretary is required to



establish a system meeting the requirements under Section 1413 of The Affordable Care Act. Accordingly, it is expected that further guidance will be released from the Department of Health and Human Services regarding the implementation and financing of enrollment simplification.

## IMPORTANT DATES

<b>January 1, 2014</b>	<b>States must ensure enrollment simplification and coordination with the Exchanges, Medicaid and CHIP</b>
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*Please note that NASUA's analysis of The Affordable Care Act will be updated as additional information becomes available.*