

**Advocate**  
**Recommendations on**  
**Application and**  
**Redetermination**

**AB 1296 Workgroup**  
**June 29, 2012**



# Advocate Recommendations

- Overarching Issues/Recommendations
- Immigration/Citizenship Status
- Non-MAGI Medi-Cal
- Paper Application
- Verification
- Redetermination
- Horizontal Integration

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# OVERARCHING ISSUES / RECOMMENDATIONS

# Overarching Issues/Recommendations: Application

- Single application for state health subsidy programs
- Provider-based applications may and should be used but others beside the single application should not
- Express Lane Eligibility should also be used to authorize the use of an application for another program, e.g. CalFresh, to initiate a health care application.
- Interface between CalHEERS and SAWS to enable someone to apply for health coverage, CalWORKS and CalFresh using same information

# Overarching Issues/Recommendations

- All levels of submission must be user friendly
- Enable applicants to initiate application through one channel and switch to another without loss of information
- Enable applicants to get assistance through any channel
- Design applications to meet the needs of mixed-status families

# Specific Recommendations on User Friendliness

- Use simple language and instructions
- Don't ask information about non-applicants irrelevant to applicant's eligibility
- Require only information necessary to support eligibility and enrollment
- Include voluntary questions on demographics
- Ask or otherwise identify if mother had coverage at baby's birth to automatically enroll baby

# Specific Recommendations on User Friendliness (cont'd)

- Meaningful access to LEP persons (written forms in Medi-Cal threshold languages at a minimum)
- Protect privacy and confidentiality of applications and recipients
- Make enrollment information severable from eligibility information so plans do not gain access to all of the application information unnecessarily



# Roadmap

- Key Recommendations for an Immigrant and Consumer Friendly Application
- Application Questions
- Verification of Immigration/Citizenship Status
- Reassurance language/Notices

# Key Recommendations

- Application process helps encourage all eligible immigrants, including those in mixed-status families, to apply.
- Data requested only from applicants and only that which is **“strictly necessary”** to determine eligibility. [Section 1411(g) of ACA]
- Clear notices and reassurance of how and for what purpose applicant’s information will be shared.
- Ensuring applicants have and are notified of alternative methods to verify eligibility criteria where electronic data is not available or inaccessible.
- Language accessible applications available through all portals.
- Access to application assistors who are both qualified and culturally and linguistically competent.



# Application Questions

# Whose Information Needed?

- From the start, application should make clear that you can apply on behalf of someone else in the family.
- Clearly allow individuals to designate whether they are applicants or non-applicants.
  - *Defined at 42 CFR § 435.4*
- Request information of only those members who are applying. 42 CFR § 435.907(e); 45 CFR § 155.310
- Make clear that non-applicants will not have to provide their SSN or citizenship/immigration status in order to complete the application.

# Social Security Number

- SSN required only of applicants
  - Note: some “lawfully present” immigrants may not have SSN
- Cannot deny or delay pending issuance of SSN or if eligible only for non-work SSN (42 CFR §435.910)
- Notice to applicants that SSN will be used to gather income information and to verify citizenship status
- Request for SSN of non-applicants must (42 CFR § 435.907):
  - Make clear it is optional/voluntary
  - Not be required to proceed in electronic application
  - Explain how the SSN will be used and shared to determine eligibility for those seeking coverage

# Immigration Status

- “Lawfully Present”
  - Broader than “Qualified” Immigrants
  - Same immigration categories as CA’s CHIPRA option for immigrant kids and pregnant women in Medi-Cal/Healthy Families
  - Defined at 45 CFR §152.2 (for PCIP and Exchange (45 CFR §155.20))
- Date of Entry: N/A for Exchange
  - No waiting periods for eligible immigrants

# Immigration Status

- Non-citizen applicants may not be aware of eligibility or their specific immigration status.
- Initial immigration question should be simple and err on being more inclusive of those with good faith belief they are lawfully present.
- Eligibility determination for immigrants for Exchange or Medi-Cal should start with income eligibility before immigration status eligibility.

# Suggested Sequence

- Are you a U.S. citizen/national? Y/N
- If not, do you have “Satisfactory Immigration Status”? Y/N
- If yes, do you have an Alien Registration Number (A#)?
  - If yes, please provide the A# here.
  - If no, please check this box. (“You may be asked to provide other documentation later.”)
- If no to “Satisfactory Immigration Status,” notify individual they may be eligible for Emergency Medi-Cal or other state/local programs. (CA W&I § 15926(h)(4))

# Things to Avoid

- Don't request applicant to provide "Date of Entry"
- Don't include list of immigration statuses that an applicant must review and check off as their status
- Don't ask for place of birth from non-applicants as proxy for immigration status
- Don't ask family members to identify as undocumented to claim exemption from mandate
- Don't assume that including notices and reassuring messages for privacy, confidentiality, reporting, and public charge in one place is sufficient



# Verification

# Verifying Citizenship Status

- Electronic verification
  - Via federal data services hub (via SSA's database)
  - If unable to federally match, other data sources? = Vital Statistics, other CA programs (e.g., CalFresh)?
- If unable to electronically match or do not have a SSN, ensure opportunity to provide alternative proof of citizenship
- Naturalized citizens have higher error rates in SSA database match
  - Alternative: use SAVE database to verify?

# Verifying Immigration Status

- Must initially provide clear notice that immigration status will be verified only to determine eligibility and not for immigration enforcement or other purposes
- Electronic verification
  - Via federal data services hub via Department of Homeland Security's SAVE database
  - Use Alien Registration Number ("A number")
- If unable to electronically match or do not have an A#, ensure opportunity to provide alternative proof of citizenship
  - Note: Some lawfully present immigrants will not have or be able to obtain an A#

# Verifying Immigration Status

- Need to have process and business rules to verify eligible immigrants who:
  - Don't have an A#
  - Cannot be verified via SAVE
- Existing protections on verification per Section 1137 of Social Security Act remain under ACA
  - No delay pending verification
  - Reasonable opportunity period to provide additional information

# State Residency

- Electronic verification of state residency
  - If electronic data is not reasonably compatible with other data, allow for other proof of residency (per existing Medi-Cal policy), including self-attestation
- CMS: States cannot use an applicant's immigration status to determine he/she is not a state resident (42 CFR §435.956(c)(2))



# Reassuring Language/Notices

# Reassuring Language

Clear notice to applicants that:

- ✓ Language assistance is available at no charge
- ✓ Immigrants, as well as citizens, are likely eligible for health care and will be screened for the appropriate program
- ✓ Individuals may be eligible for Emergency Medi-Cal without providing SSN or immigration status
- ✓ Certain information will be needed only from those applying

# Reassuring Language

- ✓ Privacy protections
- ✓ Assurance that information is to be used solely for administration of the program
- ✓ Assurance that information will not be shared for immigration enforcement purposes
- ✓ Assurance that applying for health care will not harm ability to get green card (with LTC exception) or citizenship (Public Charge)

# Notices

- ✓ Reasonable opportunity period
- ✓ Appeal rights
- ✓ Opportunity to correct/update pre-populated data
- ✓ How to obtain application assistance
- ✓ How to apply if you do not have access to a computer

**NON-MAGI MEDICAL  
ELIGIBLES**

# Recommendations re Non-MAGI Medi-Cal Eligibles

- Streamline application process
  - Do not require applicants to provide information, documentation or verification available electronically from other sources except to resolve “reasonable compatibility” issue
- Information about applicant’s non-MAGI status should not delay enrollment

# **Recommendations re Non-MAGI**

## **Medi-Cal Eligibles: Key application questions**

- Potential disability
- Consumer's need for long term services
- Questions that trigger potential eligibility for a traditional Medi-Cal program where additional benefits may be available that are not part of the Medicaid Expansion benchmark package or otherwise covered by Medi-Cal

## **Recommendations re Non-MAGI Medi-Cal Eligibles: Accessibility and Competency**

- Application assisters and navigators for persons with disabilities should have competency in working with various applicant communities, e.g. mental health, drug & alcohol recovery, chronically ill, homeless
- Must accommodate people with disabilities, e.g.
  - Electronic and paper applications must be available in alternative formats
  - Must ensure programmatic accessibility

# PAPER APPLICATION

# Recommendations re Paper Application

- Make it short, e.g. ask only those additional questions necessary to screen for traditional Medi-Cal
- Make it simple to understand
- Consider use of federal paper application as a model
- Use some components of Medi-Cal/Healthy Families joint application
- Explain how to obtain help and other avenues for applying

**VERIFICATION  
ISSUES AND  
RECOMMENDATIONS**

# Essential information re: verification and pre-population processes

- Give consumers choice to enter their basic information and have income and other data retrieved from databases – or – enter themselves and have it checked vs. databases
- Inform consumers at critical junctures and ask them to confirm if they want database information to pre-populate form
- Clearly and simply explain pros and cons between e-verification and submitting themselves
- Safeguard against applicant/participants creating problems for themselves or households, esp. regarding immigration status

# Verification: “Reasonable compatibility”

- “Reasonable compatibility” = if a discrepancy in information between two sources does not change eligibility determination, grant the benefits without further steps or action.
  - Consistent with Exchange and Medicaid regulations and CMS guidance

# Handling discrepancies in information

- If discrepancy between two data sources impacts eligibility, use most recent source, assuming it is accurate and there is fair process for applicant to correct
- If data source info not compatible with what applicant provided, inform applicant about discrepancy and what the data source is
- If there is no match between applicant and databases or no information about applicant, accept self-attestation (as Healthy Families allows) or alternatively, provide for easy verification submission process and continue processing application.

# **Verification: Provide reasonable opportunity to provide information**

- If discrepancy is not reasonable compatible, consumers should:
  - have reasonable opportunity to provide information before application is denied
  - get benefits for which they appear eligible meanwhile
  - Note: CA allows interim full scope Medi-Cal when citizenship or immigration status cannot be immediately verified

# Verification: Additional concerns/ recommendations

- For consumers who may be Exchange eligible, provide clear notice about risk that if they start using an Advanced Premium Tax Credit and are later ineligible, they must pay back
- Explain to Exchange eligible applicants with inconsistencies that
  - during resolution period, Exchange is required to proceed with eligibility determination and
  - If eligibility determination is different from interim determination, cost-sharing or tax credits may change, but coverage continues

# Verification: Additional concerns/ recommendations (cont'd)

- In addition to using federal verification hub, state should propose in Exchange Blueprint/Medicaid Verification Plan using state data sources that may be more current, e.g. EDD information
- Verification procedures in cases where recipient reports a change in circumstances should be similar to the foregoing
  - Note: Medicaid regs limit use of 3<sup>rd</sup> party data during a change of circumstance to eligibility factors

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# REDETERMINATION

# Redetermination: A New Approach

- Allow for automatic renewals based on existing data sources and only ask for new information and verification if there is a change or correction must be made.
- Eligibility continues until the final determination on redetermination is made and all required notice is given.
- This is supported by federal regulations will require an overhaul of how annual redetermination is done for Medi-Cal.

45 CFR §435.916.

# Redetermination for non-MAGI & Parent Populations

- Same process should be adopted for redetermining eligibility for non-MAGI income individuals.
- Reliance on electronic verification for both income and resources/assets should apply to this non-MAGI population as well
- California will have to repeal Mid-Year Status Reports for parents.

# Redetermination for Former Foster Youth

- Former foster youth eligible for Medi-Cal now until their 21<sup>st</sup> birthday and in 2014 until their 26<sup>th</sup> birthday regardless of income, household composition and other eligibility criteria. The state must not terminate their Medi-Cal benefits unless they move out of state or die.
- This new required Medicaid redetermination procedures are particularly important for this population, many of whom are homeless and move frequently.
- Medi-Cal should stop the practice of terminating benefits when a renewal form is sent back “return to sender.”

# Redetermination: Health Plan Choice

- We recommend consumers stay in the same Medi-Cal plan or Exchange QHP at redetermination unless they choose a new plan.
- Consumers should be reminded of the opportunity to change plans at all redetermination periods.

# Change Reporting

- Change Reporting does not apply to children who have Continuous Eligibility for Children.
- The obligation to report changes must not include changes that will not impact eligibility for a particular program or benefit.
- Consumers should be given the option when they report one changed circumstances to complete any other questions necessary (i.e. impact eligibility) to renew eligibility and restart their 12-month eligibility redetermination clock.

# Change Reporting

- Exchanges may establish a reasonable threshold for income changes below which a consumer does not need to report changes. 45 CFR § 155.330(b)(3).
- We urge the California Exchange to set such a threshold so that consumers are only required to report changes that will change the level of APTC for which they are eligible or their eligibility for another program.

# Data Checking

- The state should not indiscriminately “troll” for information between renewal dates using the data hubs.
- Though Exchanges must periodically examine available data this is limited to specific purposes: identifying enrollees (1) who have died and (2) who may be eligible for Medicare, Medi-Cal, HFP or BHP. 45 CFR § 155.330 (d).
- We urge that California not troll for other data elements.
- If the state does find information that impacts eligibility, it must inform the individual and give an opportunity to correct

# Transitions b/t Health Programs

- If program eligibility changes at renewal consumers should be seamlessly transitioned to the new program.
- We urge that the required interagency agreement between Medi-Cal and the Exchange (45 CFR §435.1200 )include the ability to transfer cases without making a consumer interact with more than one agency unless the consumer may be eligible for non-MAGI Medi-Cal, in which case that must be determined by the county.

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# HORIZONTAL INTEGRATION