California's Mitigation Strategies for the Children's Health Insurance Programs (CHIP)

This document provides the details of California's mitigation strategies for the integration of CHIP eligibility criteria into the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS), specifically the County Children's Health Insurance Program (C-CHIP) and the Medi-Cal Access Program. Some of the strategies for the Medi-Cal Access program have been in place and operating since January 2014. These efforts were developed in consultation with consumer advocates and the CalHEERS team to ensure pregnant women are made aware of available health care coverage options to them.

Background and Challenges

The Affordable Care Act (ACA) requires the use of a Single Streamlined Application for insurance affordability programs. CalHEERS supports California's single streamlined application web portal and houses the modified adjusted gross income (MAGI) eligibility business rules engine (BRE). Due to ongoing CalHEERS development priorities, the full integration of California's CHIP eligibility rules, specifically for the CCHIP, with expanded eligibility in three counties, and the Medi-Cal Access Program have been delayed. California is currently focused on CalHEERS development priorities that address Medi-Cal application processing, the pending caseload, renewal functionalities for Covered California (Covered CA) and Medi-Cal, and updates to the electronic interface between CalHEERS and the Statewide Automated Welfare Systems (SAWS). These efforts are further complicated by the upcoming Covered CA 2015 Open Enrollment period which begins on November 15, 2014. The federal Centers for Medicare and Medicaid Services (CMS) is aware of and acknowledges California's prioritization of these major eligibility development efforts which need to be in place to support Covered CA open enrollment and renewals for both insurance affordability programs (those eligible for advanced premium tax credits and Medi-Cal).

California has prioritized the CalHEERS design and development efforts that impact the largest number of individuals. The redetermination process is critical because it impacts millions of individuals who were enrolled during the 2014 open enrollment period in Covered CA and the Medi-Cal Program as part of the Medi-Cal expansion to new adults. Also, the needed systems changes to address the pending Medi-Cal applications are critical because it impacts hundreds of thousands of individuals. California has made significant progress in reducing the number of backlogged applications from approximately 900,000 to approximately 159,000. While significant progress has been made on the backlog of applications, there are complex system

development efforts that must be completed to aid in processing the remainder of the pended applications.

California remains committed to full integration of the CCHIP and the Medi-Cal Access Program into CalHEERS by taking a phased approach to accomplish this goal. California will first implement an interim phase to comply with the ACA requirements to ensure eligibility determinations are performed in accordance with the new MAGI requirements by using CalHEERS BRE. This phased approach takes into account that these two programs collectively are serving a small population of approximately 6,000 enrollees statewide.

Proposed Mitigation Strategies

Medi-Cal Access Program

For the Medi-Cal Access Program, California has added an important informational links for pregnant women to the CalHEERS web portal providing applicants with information regarding available coverage options (Medi-Cal and the Medi-Cal Access Program) and how to access these programs. When an applicant submits a Single Streamlined Application to Covered CA or applies through the CalHEERS application web portal, CalHEERS will produce a backend data extract file, after the MAGI determination, to identify those pregnant women who are income eligible for the Medi-Cal Access Program and transmit the data file via secured file transfer protocol to the State's administrative vendor, MAXIMUS. This data file is used by MAXIMUS to notify the pregnant women of their eligibility for the Medi-Cal Access Program and information on plan enrollment and premium payment options. This back end data extract process is similar to the current Medi-Cal Access Program application front end data extract process implemented in January 2014. In addition, to comply with the MAGI rules for the program, California revised the Medi-Cal Access Program application in February 2014 which mirrors the Single Streamlined Application to capture required data elements needed to complete a MAGI determination.

CCHIP

California had engaged CCHIP counties on the discussion of the mitigation strategies and these strategies are in the development phase. The proposed strategies for the program are:

• All applicants will use the Single Streamlined Application through the CalHEERS online application portal at the front end and DHCS will leverage the same back end data extract process used for the Medi-Cal Access Program.

- CCHIP counties staff will be provided access to CalHEERS application web portal as Certified Enrollment Counselors (CEC) to assist families with their Single Streamlined Application.
- CalHEERS will identify eligible children in the three CCHIP counties and provide data extract files to each CCHIP counties to notify families to enroll eligible children into the local program.
- Each CCHIP county will provide Covered CA with an enrollment confirmation file for each child enrolled in CCHIP from the CalHEERS data extract.

To ensure consumers understand the program referral process between State and counties, the Department of Health Care Services (DHCS), Covered CA and CCHIP counties will develop and coordinate joint call center scripts and notices to provide clear communication to applicants and subscribers. DHCS will seek stakeholders input in this process.

Additionally, for the current CCHIP enrollees in the program, California is requesting to delay the annual redetermination process for this population until the program application and redetermination processes are fully integrated into CalHEERS. Please advise on next steps regarding this request.

Implementation Timelines

DHCS has initiated a Change Request on the proposed design for incorporating the eligibility policy for the Medi-Cal Access Program and CCHIP into CalHEERS and will include appropriate county partners in the joint application design sessions. The targeted implementation timelines for full integration are contingent upon the priorities established by Covered CA and DHCS, the two executive sponsors of CalHEERS. The incorporation of these two CHIP programs into CalHEERS will be prioritized after the renewal and backlog development implementation efforts. California is targeting the first quarter of calendar year 2015 for the implementation of the CCHIP mitigation strategies and will continue to use these strategies until there is full integration of the program into CalHEERS. California is targeting the fourth quarter of calendar year 2015 for full integration deficient year 2015 for full integration of the CCHIP mitigation of the program into CalHEERS. California is targeting the fourth quarter of calendar year 2015 for full integration of the program into CalHEERS. California is targeting the fourth quarter of calendar year 2015 for full integration of both CCHIP and the Medi-Cal Access Program into CalHEERS. California will provide CMS with regular updates and milestones of the full integration these two programs into CalHEERS and the applicable release schedules, once developed.