DRAFT Timeline - Phase 1 planning for 2014

Low-Income Coverage - simplified glance at the first steps: focus on potential 2011 legislative policy direction for 2014 changes

	2010								2011												2012											
TASKS/Areas of Focus	My	Ju	Jl	Au	Sp	Oc	Nv	Dc	Jn	Fb	Mr	Ap	My	Ju	Jl	Ag	Sp	Oc	Nv	Dc	Jn	Fb	Mr	Ap	My	Ju	Jl	Ag	Sp	Oc	Nv	Dc
Review federal law																																
Review literature																																
Identify key questions states need to answer -Identify key questions to ask HHS																																
HHS planning grants application/research $																																
Research Phase -Focus on data/ analysis needed for key questions* *(see next page)*																																
Consultant research: *deliverable phase 1 (inc. preliminary technology assessment) # Phase 2 deliverable on technology							*		*						#																	
National research grps/group learning																																
Decision Points: Framing Legislation																																
HHS Rules and/or CMS clarifications													?	?	?	?	?															

Suggested Phase 1 Policy Questions - *for discussion*

1. Clarify coverage (eligibility) options for 2014 changes:

Maintenance of effort requirements with the federal law appear to apply to all current Medicaid coverage (including optional coverage)in place as of March 23, 2010 - through December 31, 2013 for adults; through 2015 and potentially through 2019 for children/CHIP

- What happens to those people in programs today above the 133% line in 2014?
- Do people below 133% have an enrollment choice or does federal law (or new HHS rules) require Medicaid only if Medicaid eligible?
- What happens to those people not eligible for Medicaid, not eligible to purchase through the Exchange, and not eligible for employer coverage?

Example of possible coverage options for the state to decide how to provide coverage to the subsidized population, e.g.,

- Medicaid Option for those above 134% - "200"% (or current program line, like 185% for pregnant women)
- Federal Basic Health Option for 134%-200% (and 0%-200% non-Medicaid eligibles)
- Exchange option for 134%-400%+++ (subsidies available for individuals up to 400%)
- Exchange option 200%-400%+++

**(critical linkage with Exchange and functionality needs for system linkage and market impacts)*

Linked question: What populations/programs could be pooled for risk sharing purposes, e.g.,

- Does the federal law allow people covered in a Basic Health option to be pooled with Medicaid? It does not appear to allow pooling with the Exchange. (HHS clarification will be needed)
- Research from actuarial consultants will help inform the impact on risk pools /markets of various options

2. What system capacity exists or is needed (technology architecture and infrastructure) for:

- a potential addition of ~400,000 new enrollees,
- required interface and seamless program delivery with an exchange and possible Basic Health option
- new eligibility/income determinations with MAGI for many people but not all

Examples of Future/Phase 2 Policy Questions (dependent on more information from HHS)

- Benefit Design (minimum essential benefits for new eligibility group? (linked to federally defined essential benefits)
- Cost Sharing for new eligibility group/new programs?
- Tribal interface - cost-sharing not allowed; how to define tribal status and document, how to put new requirements in the field, etc.
- Eligibility determination - process, location, MAGI clarification/streamlining, etc.
- Outreach