



IDAHO FREEDOM
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Medicaid expansion enrollment process review

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The following summary recaps a meeting between Idaho Freedom Foundation Vice President Fred Birnbaum, Idaho Department of Health and Welfare Director Dave Jeppesen, and IDHW Deputy Director Lori Wolff on December 12, 2019, to review the Medicaid expansion enrollment process.

The genesis for this meeting was the observation that once Medicaid expansion enrollment officially began on November 1, 2019, the rapid pace of enrollment suggested that some sort of streamlined or “auto-enrollment” process was underway. Stated differently, the number of enrollees went from 0 to over 30,000 in a few days.

For the sake of simplicity, I won’t refer specifically to H&W, the director or deputy director, and just refer instead to the “Department.”

1. The Department’s position is that it is not using an auto-enrollment process, as officially described by the federal Centers for Medicare & Medicaid Services (CMS). CMS encouraged Idaho to seek a federal waiver to “auto-enroll” eligible participants, which would have required a lower standard of eligibility verification than the department was comfortable with.
2. The Department is using a streamlined enrollment process that is tied to its “integrated eligibility system.” This system uses a single database to determine a participant’s eligibility for every program offered by the Department.
3. The Department began the screening process using SNAP (food stamps) enrollees and the required 6-month verification process, designed to verify ongoing eligibility. Because this is a 6-month rolling verification, the Department started the verification in July with the view that everyone enrolled in SNAP would be subject to a “pay-stub” review of actual pay by January 2020. Those that were qualified to remain on SNAP were also asked if they wanted to apply for Medicaid

expansion. If the individual wanted to apply for Medicaid, an application was created using the SNAP data, and it was printed out and signed by the applicant with a statement of attestation. Because the data was in the Department's integrated eligibility system, it was easy to populate the Medicaid enrollment form using data from SNAP enrollment.

4. For those on the Your Health Idaho (YHI) exchange, the re-enrollment process was used to migrate newly eligible participants to Medicaid. This began later than the SNAP process but also before November 1. When an applicant attempts to enroll via the YHI website, the applicant's information is sent electronically to a Department portal. The Department performs 100% of all Advance Premium Tax Credit (APTC) verifications for everyone (not just those transitioned from YHI-subsidized private insurance to Medicaid) applying for the APTC on the exchange. The Department has an "auto-interface" feature that allows it to verify eligibility for myriad benefits via access to IRS, Department of Labor, and Social Security data using the participant's Social Security number. Once APTC eligibility is determined, that information is sent back to the YHI/APTC enrollee.

For those newly enrolling in Medicaid who did not come via the SNAP route (or were not previously insured), the Department can use the same "auto-interface" structure to obtain employment and income data from these same databases. The streamlined application process means that those who attempted to get health care coverage through YHI, and cannot get the APTC because their income makes them eligible for Medicaid will automatically be enrolled in Medicaid. They would have to call and affirmatively decline Medicaid coverage. (Author's note: We believe that providing a "decline Medicaid" option at the time of enrollment would save a person the extra step of having to call and decline after being enrolled, since it is not appropriate to assume that those seeking private insurance want Medicaid as a fall-back.)

5. Applicants can apply either on the phone, in an office, online or by mail. If they choose to apply over the phone, the Department's employees may fill out the enrollment to save the applicant time, and a telephonic signature can be used. The Department reads the attestations and make a recording of the telephonic signature.
6. In our discussions following the Department's process outline, I pointed out that anecdotally I had heard that its employees were actually encouraging people to sign up for Medicaid. One example, a woman who had enrolled her child was encouraged to sign up; the Department asked her for information to determine her eligibility unprompted. She conveyed to me that the employee was very persistent even though she was not interested. I was also informed that a man was enrolled without providing his telephonic signature, but have not verified that.

Other information – obtained outside of this meeting.

Does Idaho Statute 41-6105 grant the Department the authority to verify APTC's under the language listed below? This is a question for further review.

According to the Department, Your Health Idaho delegated authority to the Department to complete the eligibility determination for APTC. The Department had all the infrastructure and rules engines already established, and federal law allows exchanges to delegate authority related to eligibility decisions.

41-6105. powers and authority of the exchange.

b)The exchange shall be financially self-supporting and shall not request any financial support from the state and shall not have the power to tax or encumber state assets;

c) (i) The exchange shall be a voluntary marketplace with the purpose of preserving individual choice and facilitating the informed selection and purchase of health benefit plans by eligible individuals, eligible employers and eligible employees. To that end the exchange portal shall be constructed to permit health insurance shoppers to anonymously input information to comparison shop, and only upon submission of an application require login names, passwords and identifying information.

(g)Before the exchange begins taking applications or collecting information from exchange users, the board shall certify to the director and governor that personal information collected from and about any person who voluntarily uses the exchange including, but not limited to, health care records and income, is and will continue to be secure;