

STATE HEALTH POLICY

STATE HEALTH POLICY BRIEFING PROVIDES AN OVERVIEW AND ANALYSIS OF EMERGING ISSUES AND DEVELOPMENTS IN STATE HEALTH POLICY.

Many states that are utilizing a Federally Facilitated Marketplace (FFM) or that established a marketplace in partnership with the federal government (SPM) are working to minimize the potential for consumer confusion by coordinating with federal systems and building on their historical experience to regulate and deliver health insurance to their residents. This brief explores ways in which states are sharing the responsibility of consumer assistance with the federal marketplace in three key areas: marketing and advertising initiatives, the work of navigators and other in-person assisters, and the development of a system for eligibility decision appeals. This brief provides specific examples of states utilizing the FFM or those partnering with it for consumer assistance, and illustrates some of the ways that FFM and SPM states can work with their existing consumer assistance structures and with the federal government to help consumers find their way in a new coverage landscape.



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Shared Responsibility in Consumer Assistance: Examples from Federally Facilitated and Partnership Marketplace States

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INTRODUCTION

With the Affordable Care Act (ACA), the federal government took an active role in assuring consumers access to affordable health insurance. But the ACA relies heavily on existing state and private systems that predate it. Today, the federal and state governments—and various agencies within a state—share responsibility for Medicaid, the Children's Health Insurance Program (CHIP), and marketplaces. In this first year of implementation, these agencies must work together to conduct consumer outreach and education, provide enrollment support, and consider eligibility determination appeals so that consumers have a smooth experience applying for health coverage. Many states that are utilizing a Federally Facilitated Marketplace (FFM) or that established a marketplace in partnership with the federal government (SPM) are working to minimize the potential for consumer confusion by coordinating with federal systems and building on their historical experience to regulate and deliver health insurance to their residents.

This brief explores ways in which states are sharing the responsibility of consumer assistance with the federal marketplace in three key areas. The first section discusses coordination between states and the FFM or SPM on marketing and advertising initiatives. States have devised ways to share the responsibility with the federal government for getting the word out about new health insurance options. Some states utilizing or partnering with the FFM have developed their own marketing strategies to raise awareness of new insurance affordability program (IAP) options by expanding their public websites to provide information on the law, or developing state-specific branding for use in mass media and online advertising.

Next, the brief explores how states are coordinating the work of navigators and other in-person assisters in FFM and SPM states. State Medicaid, CHIP, and insurance departments offer walk-in assistance and operate long-established call centers to answer consumers' questions and work with individuals as their circumstances change. Some FFM and SPM states are coordinating these existing consumer assistance functions with new federal assisters by cross-training staff or by referring consumers to the new marketplace consumer assistance entities.

The brief's final section focuses on how state Medicaid agencies in FFM and SPM states are coordinating with the federal government to develop a system for consumers who wish to appeal decisions about their eligibility for insurance affordability programs (IAP). States are connecting their systems with federal systems to ease documentation burdens for these consumers.

Each of the three sections includes examples from states utilizing the FFM or those partnering with it for consumer assistance. These examples illustrate some of the ways that FFM and SPM states can work with their existing consumer assistance structures and with the federal government to help consumers find their way in a new coverage landscape.

MARKETING AND ADVERTISING

Research shows that the very people most likely to benefit from health insurance marketplaces are those least likely to know about the marketplaces and the plans

sold there.¹ People who have been denied insurance in the past, or who have been unable to afford insurance, are skeptical that any available, affordable coverage will also be high-quality coverage.² Thus, there is a need for marketing and public information to allay these concerns by presenting the facts about marketplaces and health insurance plans and options available. The federal government, as well as some of the states that are hosting an FFM or SPM, launched marketing and advertising campaigns to inform the public about these marketplaces. The federal government and some state governments have also established websites and call centers to respond to consumer inquiries.

FEDERAL MARKETING AND ADVERTISING OF THE FFM

The federal government has marketed health insurance marketplaces via a website and through television, radio, and print advertisements.³ In August 2013, the federal government relaunched an updated [HealthCare.gov](http://www.healthcare.gov), the official consumer site for the FFM, with new information about the federal marketplace and subsidies. The federal government also contracted with the public relations firm Webber Shandwick to develop radio and television ads that raise consumer awareness of federal marketplaces.⁴ The Department of Health and Human Services (HHS) allocated 12 million dollars in television advertisements that ran across 12 FFM states beginning September 30, 2013. The number of states and the cost of the campaign are expected to grow during the first open enrollment season.⁵ Federal marketing of the FFM also includes partnerships with sports franchises and celebrity personalities, with the latter targeted toward younger populations.^{6,7}

THE FFM WEBSITE AND CALL CENTER

The federal marketplace website, www.healthcare.gov, provides information about marketplaces and allows for open enrollment, which began October 1, 2013. The website includes a live chat feature available 24 hours a day, seven days a week. The website also lists a toll free number to a continually staffed call center. The Centers for Medicare & Medicaid Services (CMS) is responsible for the operation of the call center, which serves customers using the FFM and SPM. Call center representatives provide general information and answer questions related to consumer eligibility, plan

comparisons, and enrollment. Where possible, call center representatives also help consumers enroll in plans or provide referrals to local in-person assistance programs.⁸

STATE MARKETING AND ADVERTISING OPTIONS

In addition to federal marketing and advertising of the FFM, states have options to advertise FFMs and SPMs. With approval from the Department of Health and Human Services, states may conduct activities to promote the FFM and SPM. These activities may include state-branded consumer assistance websites as well as earned and paid media.⁹ Communications experts recommend tailoring marketing and advertising messages to specific target audiences and aligning messages promoted through media with those delivered individually (e.g., by enrollment agencies and other state agencies that interact with target audiences).¹⁰

State Case Study – A State Marketing and Advertising Campaign

In **Arkansas**, an SPM state, a variety of methods have been used to market and advertise the marketplace. The state's early advertising campaign, branded "Get in," included a broad media approach using television and radio advertisements, grassroots-level print media in over 120 small town newspapers, and billboard covers on high traffic roads. Initial television advertisements that ran through September 30, 2013 used a "Get informed" message as the first step in the "Get in" campaign.¹¹ In an effort to reach consumers of varying demographics and geographic areas, the state used social media, including Facebook, and advertised on popular online services like Hulu and Pandora. The state also planned advertising of the SPM at venues such as the Arkansas State Fair, local festivals, and events like the "Race for the Cure." These efforts were designed to be particularly effective in reaching rural Arkansans. Finally, the state produced bus wraps delivering the "Get in" message to an urban audience.

State Website and Call Center Options

CMS is allowing states to create state-branded consumer assistance websites that link to the FFM website. States can also customize their residents' experience of the federal marketplace website. While the name of the

federal marketplace and the federal marketplace website URL will remain constant across states, states have the option to include state-specific icons, such as a flag or seal, on the state-specific sections of the federal marketplace website.¹²

Although consumers in FFM and SPM states will use the federal call center for enrollment and any other questions, some states have negotiated with the federal government to establish telephone resource centers to help triage consumers.¹³ This option may be appealing, since states already run call centers through their Medicaid programs and departments of insurance to help consumers with enrollment and health insurance questions. A telephone resource center can provide a single phone number for consumers, who can then be routed to the appropriate state or federal call center to meet their needs.

State Case Study – State-branded Marketplace Website

In **Arkansas**, the state tailored the look and branding of the FFM's online portal and the state's in-person assistance (IPA) website. The process started with convening focus groups to determine consumer preferences in terminology. Based on consumer feedback, the state chose the branding: "Arkansas Health Connector, Your Guide to Health Insurance." Arkansas is using this branding for its entire marketplace outreach and education program. The state also changed the name of the state insurance department division overseeing this work to align with the branding. The state's Arkansas Health Connector website links directly to the federal marketplace portal.

State Case Study – State Resource Center

As an SPM state, **Illinois** secured approval to run a telephone resource center.¹⁴ The resource center serves as a "front line" resource to answer consumers' basic questions regarding the marketplace. The resource center can route consumers' calls to one of four call centers: 1) the call center for the state Medicaid office; 2) the state Department of Insurance; 3) the federally-staffed SPM call center; or 4) the federally-staffed Small Business Health Options Program (SHOP) call center. The resource center does not provide eligibility determinations for Medicaid or the SPM. Instead, staff administers screening

questions to assess whether callers are likely to be newly Medicaid eligible, eligible for a marketplace plan, or if they have insurance and require further consultation. The resource center also assists callers with locating consumer assisters in their areas. The resource center helps the Medicaid and SPM call centers to focus on their primary responsibilities of eligibility and enrollment. Illinois expects the resource center to improve the consumer experience by reducing the number of consumers who start at the “wrong” call center (state Medicaid versus SPM).

State Case Studies – State Consumer Assistance Websites

In federal marketplace states where the state has not assumed consumer assistance functions, state insurance departments and insurance commissions have developed websites for consumers, with general information about the Affordable Care Act (ACA) and health insurance available through the federal marketplace.

- **Kansas** – The state insurance department developed the website, www.insureks.org, with the tagline: “Get the facts. Get informed. Get insured.” The website links to the federal marketplace portal for Kansas, and includes information about insurance rates and plans. Website visitors can search a database for in-person assistance by geographic area and can use an online calculator to estimate their monthly premium payments and available tax credits in the marketplace. Through an interactive tutorial narrated by an animated character named “Alex,” website visitors can learn about health care changes under the ACA, tailored to their individual circumstances. The tutorial utilizes software developed by the multimedia company Jellyvision Lab and is accessible in both English and Spanish. Finally, the website includes additional resources in the form of video and print materials, and embeds the state insurance department’s Twitter page, providing real-time updates.
- **Montana** – The state insurance commission developed the website, montanahealthanswers.com, to assist Montanans’ understanding of health insurance under the ACA. The website includes

general information about the marketplace, insurance benefits, Medicare and Medicaid, and a list of contacts for navigators, Certified Application Counselors (CACs) and registered Montana Insurance Agents, known as Certified Exchange Producers. The website also includes information directed to employers and to specific populations such as tribal members, farmers, and ranchers. Website visitors can submit questions to the insurance commission, and receive answers within five business days. The website also lists upcoming public informational meetings led by the state’s Commissioner of Insurance and Securities.

- **South Carolina** – The state insurance department has expanded its website, www.doi.sc.gov, to include sections on the ACA and the federal marketplace in South Carolina. Website visitors can access information targeted to small businesses, learn about key provisions of the law that take effect immediately, and link to webinars, slide decks, and brochures in English and Spanish that support consumers’ understanding of the ACA and the FFM. The website also includes a summary chart of approved qualified health plans by metal level in the individual and small group market available as of January 1, 2014.

NAVIGATORS AND OTHER IN-PERSON ASSISTANCE

Marketing and advertising help raise consumer awareness of IAPs, but individuals may need assistance to complete the application process and follow through to enrollment. HHS is sharing consumer research with states for their use in outreach and education, and has encouraged states to use this information to develop their own outreach efforts. States are developing ways to link their historical in-person assistance programs to new programs established through the ACA.

Navigators and other in-person assistance programs are integral to achieving the ACA’s goals of increasing coverage and offering “no wrong door” entry to insurance coverage. Consumer assistance programs funded by the ACA include: navigators, IPAs, Certified Application Counselors (CACs), agents and brokers,

and federally qualified health centers (FQHCs). The consumer assistance landscape will vary slightly depending on which marketplace model the state has chosen.¹⁵ All State-based Marketplaces utilize navigators and CACs and some may have an IPA program, although it is optional. SPMs that perform consumer assistance functions also engage navigators, IPAs, and CACs. FFM have only a navigator and a CAC program; there is no

federal IPA program. The federal government stipulates training requirements for in-person consumer assisters.¹⁶ States also have the option to create additional certification requirements for these consumer assistance programs. States can work with and through the various types of assisters to help ensure consumers are enrolled in appropriate health coverage.

CONSUMER ASSISTANCE OPTIONS BY MARKETPLACE MODEL

Exchange Models	Navigators	IPAs	CACs	Health Centers	Agents and Brokers
SBM	SBMs award navigator grants.	SBMs can choose to have IPAs.	SBMs certify CACs.	The Health Resources and Services Administration (HRSA) awarded outreach grants to over 1,000 federally qualified health centers (FQHCs) in all states.	SBMs decide the role of brokers.
Consumer Assistance Partnership¹⁷	The federal government awards navigator grants.	SPMs award IPA grants.	The federal government certifies CACs.		The FFM requires agent/broker registration.
FFM		Not available.			

Table adapted from [Enroll America Fact Sheet](#)

PROGRAM LANDSCAPE IN FFM AND SPM STATES

Navigators

Navigators are established in the ACA and have specific statutory and regulatory requirements related to their functions and conflicts of interest. Navigator duties include: public education, maintaining expertise in eligibility and enrollment, providing information in a manner that is fair, impartial and culturally and linguistically appropriate, facilitating Qualified Health Plan (QHP) selection, and making appropriate referrals to other agencies.¹⁸ Navigators in FFM and SPM states may not be a health insurance issuer or a subsidiary of an issuer, or an association that lobbies on behalf of the insurance industry, and may not receive compensation

from issuers for enrolling individuals in QHPs.¹⁹ Navigator programs in both FFM and SPM states are federally funded and federally selected. Navigators in FFM and SPM states are required to complete certification training online and annual recertification is required.^{20,21} In 2013, CMS awarded navigator grants to 105 organizations in 33 states, totaling \$67 million dollars.²²

In-person Assisters (IPAs)

In-person assisters perform many of the same functions as navigators and are held to the same conflict of interest requirements as navigators. They are similarly required to complete training, receive certification, and comply with specific cultural and linguistic accessibility requirements. The FFM does not have IPAs; only SPMs that have

assumed consumer assistance functions are required to establish this program (SBMs may choose to utilize IPAs). States are responsible for selecting and compensating IPAs, but distinct from navigators, states may use federal marketplace establishment grant funding to pay IPAs.

State Case Studies – Navigators and IPAs

In SPM and FFM states, navigators and CACs are federally selected and funded, and some of these states are working creatively with these entities to ensure that consumers have the information and assistance they need when applying for new coverage. Illinois developed state-specific training to help navigators understand the state landscape, while Kansas and Nebraska are providing consumers with information about their options and where they can find in-person assistance.

- **Illinois: State-specific requirements and training** – The state partnered with the University of Illinois at Chicago School of Public Health (UIC) to develop state-specific training for IPAs in Illinois. In conjunction with UIC, the state developed a three-day training schedule: one day of online training, followed by two days of in-person training. The online training focuses on roles, responsibilities, ethics, and an ACA overview, while the in-person training focuses on state-specific programs and issues. The curriculum includes information on the ACA for assister organizations that may be new to health care. Navigators and assisters are required to complete the training; CACs are required to complete a modified online training of about six hours.

Illinois has also integrated federal navigators into activities and processes with their in-person assisters by distributing relevant policy guidance and outreach tools to navigators, including them in weekly webinars with state assister grantees, and assigning regional outreach coordinators employed by the state to IPAs and navigators to monitor activity and ensure that their needs are being met.

- **Kansas: Online tools for consumers and assisters** – Kansas has developed a state-specific website, www.insureks.org, to provide consumers in the state with information on how the marketplace works, what premiums they might pay, tax credits

for which they might be eligible, and where they can find in-person assistance.

The Kansas Insurance Department is a part of the Kansas Marketplace Consortium led by the Kansas Association for the Medically Underserved, a navigator grant awardee.²³ Through this partnership and by partnering with issuers, the department has developed a directory of navigators, brokers and CACs that are available to Kansans. The website allows users to search by zip code or to see all assister organizations sorted by city. The site also has a tax credit calculator that incorporates the actual cost of the second lowest cost silver plan, adjusted for age and region. The tool is helpful not only to consumers, but also to agents/brokers and navigators. The state has also held in-person assistance events around the state to educate consumers, with navigator and issuer participation at some of the events. Finally, the state has developed a statewide calendar of navigator-led events that is updated weekly.

- **Nebraska: Online information and tools to link consumers with assisters** – Nebraska has developed an informational website, www.nehealthinsuranceinfo.gov, including information about the marketplace, a glossary of terms, frequently asked questions (FAQs), and details about options for individuals and small businesses under the ACA. Nebraska requires navigators and other consumer assistance entities receiving federal money for enrollment assistance activities to register with the state. The resulting registration database has allowed the Department of Insurance to create a list of approved navigators in the state, including names and addresses, so that consumers are able to easily find assistance.²⁴ The state also plans to provide a list of FFM-certified brokers available once HHS releases that information.

Certified Application Counselors (CACs)

Certified Application Counselors are a volunteer role designed to help provide consumers with information about their coverage options and with applying for coverage.²⁵ CACs are not required to perform outreach and are not held to the same strict cultural and linguistic accessibility requirements as federal navigators

and IPAs. They must complete training, disclose any potential conflicts of interest, act in the “best interest” of applicants, and comply with privacy and security requirements.²⁶ In FFM states, CACs will be limited to providers, community health centers, hospitals, and social service agencies, are unpaid, and are certified by CMS. There is no limit to the number of organizations that can be designated as CACs.²⁷

Agents and Brokers

Agents and brokers will continue their traditional roles in helping consumers select and enroll in private insurance plans. In SPM and FFM states, agents and brokers must complete training and register with the FFM in order to sell QHPs in the FFM. The federal marketplace will not pay commissions; agents and brokers will continue to receive commission from issuers.²⁸ Brokers are also not required to display all QHPs when assisting consumers, but must adhere to all state laws, regulations, and marketplace requirements.

Community Health Centers

The Health Resources and Services Administration (HRSA) awarded outreach and enrollment grants to more than 1,100 FQHCs across the country to enroll uninsured consumers. The funding will allow health centers to expand their existing outreach and enrollment activities, as well as to facilitate enrollment of eligible patients and service area residents into Medicaid, CHIP, or the marketplace.²⁹ The grants total \$208 million dollars and include all 50 states, Washington, D.C., Puerto Rico, and four additional territories.³⁰ There are training requirements for health center staff that conduct outreach and assess program eligibility: in FFMs and SPMs, health center grantees must apply for CAC designation and must ensure that employees complete the CAC training.³¹

Additional State Requirements

Navigators must comply with all state licensure requirements, as long as those requirements do not interfere with the provisions of the ACA.³² Navigators also cannot be required to be licensed brokers as a condition of being navigators. The Commonwealth Fund has identified 17 states (14 FFM states and three SPM states) that established rules for navigators.³³ These additional requirements include provisions for training

and licensure, registration and reporting requirements, financial requirements, and restrictions on the type of advice navigators can provide to consumers. Some states are also requiring licensure of IPAs and/or CACs. Some of these requirements are being challenged in the court system, and it remains to be seen how courts will interpret the requirement that these state laws not prevent the application of the ACA.³⁴

APPEALS OF ELIGIBILITY DETERMINATION FOR MEDICAID AND ADVANCED PREMIUM TAX CREDITS

Under the ACA, individuals have a right to appeal determinations of eligibility for Medicaid and Advanced Premium Tax Credits (APTC). If a consumer believes that he is eligible for Medicaid or for an Advanced Premium Tax Credit but was denied eligibility, he can file an appeal to be given a “second look” at his application. The right to appeal a determination of eligibility is not an addition to the rights of applicants, but the ACA established new regulations to make the process seamless between Medicaid and marketplaces. Individuals also have a right to appeal a decision about determination of an individual exemption from the mandate to carry health insurance,³⁵ but this brief does not discuss these appeals, nor does it discuss appeals based on categorical Medicaid eligibility such as aged, blind, or disabled. It only discusses appeals of Modified Adjusted Gross Income (MAGI)-based eligibility, which includes income rules, as well as non-financial eligibility rules such as immigration status.³⁶

APPEALS OF MEDICAID ELIGIBILITY DECISIONS

Medicaid agencies have long been required to have an appeals process in place. The new marketplaces must also have an appeals process. Medicaid and marketplaces are required to coordinate appeals to make sure that the process is fair and minimally burdensome for consumers.³⁷ In all states, including states with an FFM, the state Medicaid agency decided how Medicaid appeals would be handled. States could choose from three options. States may opt to: 1) process all appeals within the Medicaid agency; 2) delegate all appeals to the marketplace; or 3) delegate all appeals to a third-party state agency.

Many state Medicaid agencies have chosen the agency that makes the original eligibility determination to also handle any appeals of Medicaid eligibility. States that choose to delegate appeals must do so through a written, formal process that specifies roles and establishes operational protocols and oversight responsibilities.³⁸ Regardless of the agency chosen to handle appeals, application information must be shared across all agencies involved in the initial application and any appeal. Applicants cannot be asked to produce any documents that they have already submitted as part of their application.³⁹ Even when a state Medicaid agency delegates authority to hear appeals to the marketplace (state or federal), in most cases,⁴⁰ individual consumers maintain the right to request an appeal directly through the Medicaid agency.

Administration of Appeals by the State Medicaid Agency

In states that chose this option, the Medicaid agency will hear appeals for all consumers appealing eligibility determinations for Medicaid. Individuals must be allowed to file their appeal through telephone, mail, in person, or by email; states can opt to also allow filing through a website.⁴¹ During 2014, states may use a paper-based process if necessary, but after this first year, states must process appeals electronically.⁴² A consumer must file an appeal within 90 days or within the time frame established for Medicaid, but this cannot be less than 30 days.⁴³

State Medicaid agencies may choose to adopt an informal resolution process to remedy issues before resorting to formal appeals.⁴⁴ In this process, appeals staff and consumers can work to determine the accuracy of supporting documents, submit updated documents, and review the case.⁴⁵ If the consumer is not satisfied with the result of the informal resolution, the case will then continue through the formal appeals process.

State Case Study - Medicaid Agency Hears Appeals

New Hampshire is a partnership marketplace state (SPM) that has decided to process appeals within the Medicaid agency. New Hampshire is an assessment state, relying on the FFM to assess, but not make the final determination, of Medicaid eligibility. Historically, appeals for all New Hampshire State benefit programs, such as Medicaid and the Supplemental Nutrition Assistance

Program (SNAP), are heard by the Administrative Appeals Unit of the state Department of Health and Human Services (HHS). New Hampshire decided to keep this system of hearing appeals through HHS and to make no significant changes to the appeals process.

Delegation of Medicaid Appeals to the FFM

States that are using the FFM to determine (rather than assess) eligibility for Medicaid may choose to delegate appeals to the FFM. In this case, HHS will hear appeals for both Medicaid and APTC eligibility determinations. States officially select this option using the state's rulemaking process to establish a Medicaid regulation.⁴⁶ For consumers who have their appeals heard by the HHS appeals entity, seeking an informal resolution is a required first step.⁴⁷ If the consumer is not satisfied with the informal resolution, he may continue through the formal resolution process.

Importantly, individuals in states that delegate appeals to HHS maintain their right to have a Medicaid appeal heard by the state Medicaid agency. A consumer who chooses to appeal directly to the Medicaid agency may subsequently appeal to HHS. Alternately, if they appeal to HHS and are not happy with the result, they may choose to have a fair hearing with the Medicaid agency. If the consumer does not choose to use the Medicaid agency, the HHS decision stands but is subject to Medicaid legal review.⁴⁸

State Case Study – Delegation of Appeals to FFM

Montana, which uses the FFM to determine, rather than only assess Medicaid eligibility, opted to delegate appeals to the federal marketplace. Since the FFM will be determining eligibility, the state Medicaid agency felt that the FFM is in the best position to show what data were used to determine a person's eligibility for Medicaid and thus best suited to process appeals.

Delegation of Medicaid Appeals to a Third-party State Agency

State Medicaid agencies may choose to delegate Medicaid appeals to a third-party state agency using authority in the Intergovernmental Cooperation Act of 1968 (ICA).⁴⁹ The ICA waiver option has existed for decades, however the ACA added new requirements that states must follow, including using a written agreement that outlines the Medicaid agency's oversight

responsibilities. In states that delegate to a third party agency using the ICA waiver process, a consumer may appeal only to this third party agency. The consumer has no right to appeal through the Medicaid agency.⁵⁰

State Case Study – Delegation of Appeals to Third-party State Agency

Illinois is a partnership marketplace state (SPM) that has elected to have the marketplace assess Medicaid eligibility, leaving the state to complete the final eligibility determination. The Medicaid agency, the Department of Healthcare and Family Services (HFS), will handle Medicaid appeals for most of the consumers who have applied only for Medical assistance. HFS' sister agency, the Department of Human Services (DHS), will handle Medicaid appeals that also involve applications for SNAP, Temporary Assistance for Needy Families (TANF) or other support programs, and appeals involving disability determinations. The division of appeals function reflects how original determinations of eligibility are made: appeals by consumers whose applications are processed by HFS will be heard by HFS, while appeals by consumers whose applications are processed by DHS, including all who apply for multiple HHS benefit programs, will be heard by DHS.

The delegation of eligibility determinations and appeals to DHS was set up prior to the enactment of the ACA. The state is now working with CMS to formalize this relationship in the federally-required state plan amendment governing administration of the Medicaid program in Illinois under the ACA. The Medicaid agency will retain oversight and monitoring duties, which will include random audits, case reviews, and reports.

STATE MEDICAID AGENCY INVOLVEMENT IN APPEALS OF APTC ELIGIBILITY DECISIONS

If an individual has been found Medicaid-ineligible and subsequently files an appeal of APTC eligibility or cost-sharing, that appeal triggers an appeal of the Medicaid eligibility decision, avoiding the need for a person to submit appeals requests to different agencies.⁵¹ In FFM states, the marketplace will notify the Medicaid agency of the appeal using an electronic interface, but how the two agencies will work together to resolve the appeal was still being worked out at the time of this writing.

The ACA's "no wrong door" policy requires Medicaid

agencies and marketplaces to work together to ensure every consumer is enrolled in the correct IAP. The goal of a seamless enrollment experience for consumers extends to the eligibility determination appeals process. State Medicaid agencies have generally chosen to send Medicaid appeals to the agency that first determined eligibility. Similarly, since the FFM is determining eligibility for Advanced Premium Tax Credits, many states appear to be leaving APTC appeals to the federal government. In both cases, Medicaid agencies and marketplaces must share information to correctly and efficiently resolve appeals. It is a bit unclear how the transfer of information for APTC appeals is being implemented in FFM states at this time. As consumers file appeals and agencies gain experience in sharing information to review eligibility determinations, the mechanics of APTC appeals in FFM states should become clearer.

CONCLUSION

As ACA implementation unfolds during 2014 and beyond, states will continue to play a key role in providing education, outreach, and assistance to consumers selecting, enrolling in, and transitioning between IAPs. The state examples included here show that even states not running their own marketplaces can still play a big role in the success of their residents applying for and enrolling in health coverage.

After the first open enrollment period ends, consumer assistance will continue to be an important function for both federal and state governments. Additional marketing and outreach is also needed to ensure all consumers are aware of their options for IAPs. Some consumers will need in-person assistance when life or family circumstances change their eligibility for IAPs, or when making IAP decisions. And when eligibility determinations are complex, consumers will rely on a streamlined appeals process to ensure they are enrolled in the appropriate IAP. As IAPs serve a broader group of Americans, the federal and state governments will need to work together to educate consumers, update in-person assister training, and assure smooth data transfer between federal and state systems. States will likely refine and improve the ways they are working with the federal government as the provisions of the ACA are fully implemented.

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11. The state legislature in Arkansas has not approved federal funding allocated for enrollment and outreach that would go towards the enrollment phase of the marketing campaign.
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13. Ascertained through state interviews.
14. As an SPM, Illinois cannot operate its own call center. Following a federal decision to allow Arkansas, also an SPM, to operate a resource center, the state of Illinois negotiated this option with the federal government.
15. This brief focuses on consumer assistance programs in FFM and SPM states. In SBM states, states select who will serve as navigators, IPAs (if applicable), and CACs. Navigators cannot be paid with establishment grant funding, although IPAs can, and CACs are not required to be compensated.
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