

**North Dakota Department of Human Services**  
Testimony for Health Care Reform Review Committee  
Representative George Keiser, Chairman  
November 12, 2013

**State Plans**

Medicaid  
CHIP  
Alternate Benefit Plan  
FMAP

RFP for Coverage  
1915 (b) Waiver  
Plan Assignment  
Process for Medically Frail

**Administrative Rules**

Contract  
Quality Strategy  
Readiness Review

**Managed Care Rate Setting**  
Range Development  
Methodology Review &  
Approval



**Eligibility**

Contingency Vendor  
Children moving  
Converted Income Levels  
Presumptive Eligibility  
Renewals/React to Changes

**Outreach**

Trained County Eligibility Staff  
Community Meetings  
Meetings/Conferences  
Online Information

**Reporting**

Daily Desk officer calls with  
CMS  
“Daily” requests for information

**Work in progress**

Policy answers  
Coverage questions  
Approval of above items

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Medicaid Eligibility and Enrollment

Developed and Hosted by ITD

Individuals Seeking Medicaid  
Expansion coverage

<http://www.nd.gov/dhs/>

1-877-543-7669

214 paper applications received

Nearly 700 telephone calls received  
(state and county offices)

**HealthCare.gov**

Federally Facilitated Marketplace  
(Exchange)

Developed and Hosted by Federal  
Government

Individuals Seeking Private Coverage  
and Advance Premium Tax Credits  
*May also apply for Medicaid*

<https://www.healthcare.gov/>

1-800-318-2596

365 applications assessed as  
"Medicaid-eligible"

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1. If income <138% of FPL, do we direct to social services and not write a health plan since they will not be eligible for a subsidy or advanced premium tax credit (APTC)?

**ANSWER:**

If someone expects to be eligible for Medicaid Expansion, they should be directed to <http://www.nd.gov/dhs/> where they can complete a fillable PDF. Individuals can also be directed to their local county social service office. Individuals eligible for Medicaid Expansion are not eligible for the APTC.

2. How we can figure if people will qualify for Medicaid on January 1, 2014? I was first told they are going to use pay stubs to calculate their income. Then I was told they are going to use the AGI on the 2012 tax return (bottom line on 1st page of 1040). Then I was told they really aren't sure and are waiting for guidelines. Then I was told they may not have any information til December. Then I was told people could pick up paper applications since the computer app wasn't ready yet but those paper apps would just sit in a stack until they can be entered. Then I was told there is no way these people will know by Dec 15th if they qualify for Medicaid on Jan 1st.

Dec 15th is the deadline in which to apply through the marketplace for a plan to be effective on Jan 1st. If they qualify for Medicaid, they are not eligible for a subsidy or APTC.

**ANSWER:**

There are many variables with Medicaid eligibility. In general, eligibility based on modified adjusted gross income (MAGI) is based on current income times 12 to determine an annual income. This information may be compared to a tax return; and for those who are self-employed, the tax return is used. For new applications, Medicaid is required to use current, point-in-time income, adjusted for reasonably anticipated future changes. Medicaid eligibility will be based on the individual's taxable income with a few adjustments.

The Department is contracting with a vendor for call center, data entry and application processing assistance. The contract term will extend until the State's eligibility system is fully functioning. The contract is expected to begin November 20, and the vendor will be expected to process pending applications quickly to ensure anyone who is not eligible for Medicaid Expansion will be referred to the Federal Marketplace. The Department is aware of the December 15 deadline and is working to ensure applications receive before December 15 are processed as soon as possible.

3. What establishes residency in ND? Need specifics. We already learned the rest of the family living out of state can be on the plan as long as plan holder (subscriber) has residency in ND.

**ANSWER:**

For Medicaid, the individual needs to be residing in North Dakota, with an intent to stay.

4. Who determines which state you should be filing taxes in if this happens to be one of the ways to establish residency in ND?

**ANSWER:**

This is not a question that the Department of Human Services can answer. Where an individual files their taxes is not a factor in determining the state of residency under Medicaid rules.

5. When does a member have to notify Medicaid or the marketplace of changes in estimated 2014 income?

**ANSWER:**

For Medicaid, the Department is awaiting a response from the Centers for Medicare and Medicaid Services about "reacting to income changes". Depending on the response received, Medicaid may be reacting to changes starting in April 2014 or it may be as late as July 2014.

6. How will the timing work when someone loses Medicaid and applies for Marketplace Plan? What is the necessary timing to apply so there is no gap in premium? How soon will Medicaid notify the member before they lose Medicaid?

**ANSWER:**

Medicaid will notify individuals who may lose eligibility at least 10 days before the end of the month. This has been a long-standing Medicaid requirement and was not changed as a result of the ACA. Our understanding is that private insurance coverage through the Marketplace must be approved by the 15<sup>th</sup> of the month prior to the effective date of the coverage. It is possible that there will be a gap with these two varying timelines.

7. Where does an applicant apply online for Medicaid? When is this going to be working? How long before applicants receive a reply? Can it be appealed? How long does Medicaid have to respond to appeal?

**ANSWER:**

If someone is expected to be eligible for Medicaid Expansion, they should be directed to <http://www.nd.gov/dhs/> where they can complete a fillable PDF. Individuals can also be directed to their local county social service office. Eligibility decisions are appealable. Individuals will be provided instructions on how to appeal when they receive their denial. Individuals must file an appeal for Medicaid within 30 days of the date of the notice of action they are appealing. The response time will vary based on whether a hearing is held, scheduling and several other variables.

8. Here's the link I found to the SFN 1909 [http://www.nd.gov/dhs/services/medicalserv/medi caid/apply.html](http://www.nd.gov/dhs/services/medicalserv/medi%20caid/apply.html) which is the pdf to the family application if you are under age 65, not disabled, and you want medical coverage ONLY in ND. Is there a PDF of the single application?

**ANSWER:**

The SFN 1909 (Revision date 9/2013) is the streamlined application. The SFN 1909 includes all that is on the single application and individuals only need to complete the sections that apply to them.

9. What is the fastest way to get a determination and documentation that someone is eligible for Medicaid on Jan 1, 2014? Are people going to be without coverage until this determination has been completed? Will they back date effective dates if the completed application is not through processing by Jan 1?

**ANSWER:**

The Department is contracting with a vendor for call center, data entry and application processing assistance. The contract term will extend until the State's eligibility system is fully functioning. The contract is expected to begin November 20, and the vendor will be expected to process pending applications quickly to ensure anyone who is not eligible for Medicaid Expansion will be referred to the Federal Marketplace. The Department is aware of the December 15 deadline and is working to ensure applications received before December 15 are processed as soon as possible.

10. I have male client age 25 who married in 2013 to a 21 year old that is still covered under her parents plan. The male makes \$34,000/yr. and not MA eligible. Does that make the 21 yr. old wife also ineligible now? They filed separate returns in 2012 but not sure how they will file for 2013. What is required? If they file separately, does that make them both ineligible?

**ANSWER:**

There is not enough information in the question to provide an accurate response. The individuals should contact their local county social service office. Medicaid eligibility depends on the individual's tax filing status, and who is in the household. If this individual is living with a spouse, they will be considered part of each other's household and their incomes will be counted together. Depending on others in the household, and whether either spouse is claimed as a tax dependent or is claiming others as dependents, the household size and countable income may vary.

11. Are the Medicaid benefits 100% coverage with no premium, deductible, coinsurance, copay or other cost? Does Medicaid have to supply a Summary of Benefits and Coverage to the eligible member? Does Medicaid coverage include any infertility coverage? They do have to cover the 10 min EHB, right?

**ANSWER:**

There are no premiums, deductible, or coinsurance for the individuals eligible for Medicaid Expansion; however, they will have nominal copays for certain services. The Health Plan(s) who will provide the coverage will provide a member handbook and other materials explaining the covered services. Infertility coverage will not be included. The Medicaid Expansion coverage will include the Essential Health Benefits.

12. Does the eligible member over 19 get Dental and Vision coverage if eligible for Medicaid?

**ANSWER:**

Individuals eligible for the Medicaid Expansion who are 19 and 20 years of age will have access to dental and vision coverage, per the requirements under the Medicaid Early and Periodic Screening, Diagnosis, and Treatment.

13. Are eligible Medicaid members limited to certain "network" providers? If so, is there a list of providers available online with a search engine?

**ANSWER:**

The Medicaid Expansion coverage will be provided by private health insurance plans, and their network will be used. Part of the consideration in selecting a plan(s) is the network available.

14. Can a provider who accepts Medicaid for current clients refuse to take any new Medicaid clients?

**ANSWER:**

The coverage for the Medicaid Expansion population will be through private insurance companies, and providers will have the ability to decline enrolling in a private insurance network.

15. Some providers are not accepting Medicaid clients at all. Then what? Do they need to ask for providers that accept "Medicare/Medicaid assignment?"

**ANSWER:**

There is no "Medicaid" assignment. The Department will pay a premium on behalf of Medicaid Expansion enrollees. The management of the coverage, payment of claims, setting fee schedules, etc. will be the responsibility of the private insurance companies.

16. Is it OK for a child under 26 to apply for Medicaid instead of staying on parents plan if they earn less than \$15,856? Many plans now have Max Out of Pocket (MOOP) of \$6,350 for a single. Wouldn't Medicaid be better than taking a plan with high deductibles or MOOP of \$6,350?

**ANSWER:**

There are many variables including the type of plan, the living arrangements, and how the tax returns are filed. The individuals in this situation should contact their local county social service office.

17. When does premium change after a member's birthdate? If they turn 26 or drop off parents plan before end of the year and outside of open enrollment, what are the timing rules to get into a new plan? When must a person apply to be covered continuously?

**ANSWER:**

This is a question related to private coverage and the Department of Human Services cannot answer this.

18. How can 1st premium be submitted? Can it be after app is submitted? Will they cash right away if submitted with app? Any plans available that are not auto drafted? What if member doesn't have bank account?

**ANSWER:**

This is a question related to private coverage and the Department of Human Services cannot answer this.

19. Does Medicaid automatically renew each year if 5 yr. box is elected? Would they ever back cancel because info received when taxes are filed on April 15th show the MAGI was more than allowed? If so, is member liable for paid claims and premium?

**ANSWER:**

Information received from routine checks of income would only impact prospective eligibility, unless it is determined that the recipient knowingly misrepresented the information submitted. The 5 year box is only there to allow Medicaid and/or the FFM to access the individual's IRS information without requiring a new release signed at every inquiry.

20. Who are we supposed to call with questions relating to Medicaid to help the people across the desk that may qualify? Who is knowledgeable enough to answer these questions that we are getting? I was given 800-755-2604 for Dept. of Human Services, Medical Division by the local office. Is that correct? I've left a message for them to call me.

**ANSWER:**

Questions related to coverage of the Medicaid Expansion population can be directed to the Department of Human Services at 1-877-543-7669 or to local county social service offices. Questions related to private insurance coverage should be directed to the federal Health Insurance Marketplace at 1-800-318-2596 or can be referred to federally-approved **Navigators and Certified Application Counselor/Assister organizations**. Contact information is online at [www.healthcare.gov/contact-us/](http://www.healthcare.gov/contact-us/). Scroll down to the *Find Local Help* heading, enter location information, and click *Find Help*.