What is the Exchange?
The Rhode Island Health Benefits Exchange

- The Exchange will be a marketplace for all Rhode Islanders to identify their health coverage options and, for those eligible, purchase coverage.
- The Exchange will operate as part of a larger healthcare environment.
The Rhode Island Health Benefits Exchange

Single Application

Single Eligibility System

Many Programs

- MAGI Medicaid
- APTCs and CSRs for low-income applicants not Medicaid eligible
- Basic QHP coverage
- Plus other programs available through Exchange
  - SHOP
  - Mandate Exemption
Exchange Eligibility Rules

Eligibility rules for individual coverage on Exchange:

• Legally present in US
• RI State resident
• Not incarcerated

Eligibility for APTCs (in addition to above):

• Not eligible other affordable coverage
• Income (MAGI) up to 400% of (FPL)
  • About $45,000/year for single person / $90,000/year family of four

Medicaid eligibility also linked to MAGI
# Eligibility Appeal Types

<table>
<thead>
<tr>
<th>Current System</th>
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<tbody>
<tr>
<td>• Medicaid/CHP/RItcCare Eligibility</td>
</tr>
<tr>
<td>• “Complex” Medicaid Eligibility Appeals (Aged, Disabled, Blind)</td>
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<tr>
<td>• Benefit Access for Medicaid Enrollees</td>
</tr>
<tr>
<td>• Sometimes after RItcCare plan appeal</td>
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<td>• (Currently hearing office also handles food stamps, cash assistance, etc.)</td>
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<table>
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<tr>
<th>New ACA Appeals</th>
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<tbody>
<tr>
<td>• MAGI Medicaid Eligibility</td>
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<tr>
<td>• Old populations and new populations (childless adults)</td>
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<tr>
<td>• QHP Eligibility</td>
</tr>
<tr>
<td>• Including eligibility for premium tax credits (PTCs) and cost-sharing reductions (CSRs)</td>
</tr>
<tr>
<td>• Small Business Exchange (SHOP) Eligibility</td>
</tr>
<tr>
<td>• Employers and Employees, eligibility to use the Exchange</td>
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<tr>
<td>• Large Employer Appeals</td>
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<tr>
<td>• 50+ Employees, subject to penalties when not offering affordable coverage</td>
</tr>
<tr>
<td>• Individual Mandate Exemptions</td>
</tr>
<tr>
<td>• Appeals from denials of exemptions</td>
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**Out of Scope:** Appeals to health plan about access to a benefit.
CMS released proposed rules in January

- State must coordinate appeals for:
  - MAGI Medicaid/CHIP eligibility
  - QHP/APTC/CSR eligibility

- Rules modernize current appeals regulations:
  - Expedited appeals process for certain cases
  - Request a hearing:
    - Phone
    - In-Person
    - Mail/Fax
    - Electronic
Medicaid, CHIP, and Exchange Appeals – Proposed Rules

States can choose how to address individual eligibility appeals

- **Integrated/Delegated Appeals Approach**
  - OHHS or Exchange is appeals entity across programs

- **Bifurcated Appeals Approach**
  - OHHS retains authority over Medicaid
  - Exchange retains authority over its coverage groups

- For Exchange appeals, HHS will operate federal system
- If State Exchange has its own system, consumer must try that first

State defers to HHS
# Medicaid, CHIP, and Exchange Appeals - Approaches

## Integrated Approach
- One channel & one point of contact
- One appeal, one determination, one judge, one decision
- Lower volume
- Efficient for consumers
- Efficient for State

## Bifurcated Approach
- Two channels & two points of contact (OHHS & Exchange)
- Individual could go through two appeals process from one determination
- Mixed families and confusion over where to appeal
- Possibility of “dueling” appeal decisions
Example: Patrick from Woonsocket

Patrick: $20,000/yr
166% FPL

Exchange

APTC Eligible:
QHP = $75/mo

Too expensive

Appeal

Is this a Medicaid appeal or a QHP/PTC appeal?
Example: Patrick from Woonsocket: Bifurcated Approach

SBE APTC/CSR AND MEDICAID: PARALLEL

- Consumer receives eligibility determination
- Notice consumer within 15 days of hearing
- Adequate written notice to consumer prior to hearing
- Exchange has 90 days to appeal
- Medicaid Agency issues decision
- Exchange issues decision
- HHS appeals

Timeframe:
- Applicant has 90 days to request an appeal
- Exchange must issue decision 90 days from appeals request; Medicaid agency must issue decision 90 days from appeals request (and not more than 45 days from Exchange decision)
- Max. Timeframe: 90 days
- Total Timeframe: 180 days
Example: Patrick from Woonsocket: Bifurcated Approach

SBE APTC/CSR AND Medicaid APPEALS: SEQUENCED

1. Exchange Hearing 1st
   - Consumer receives eligibility determination
   - Appeal before Exchange/State Agency
   - Exchange/State Agency issues decision
   - Medicaid/State Agency issues decision
   - HHS appeals
   - HHS decision

2. Medicaid Hearing 1st
   - Consumer receives eligibility determination
   - Appeal before Medicaid/State Agency
   - Medicaid/State Agency issues decision
   - Exchange/State Agency issues decision
   - HHS appeals
   - HHS decision

Timeframe:
- Applicant has 90 days to request an appeal
- Exchange must issue decision 90 days from appeals request
- Medicaid must issue 90 days from Exchange appeals decision
- MAX. Timeframe if Exchange 1st: 90 days
- MAX. Timeframe if Medicaid 1st: 90 days
- Exchange must issue within 90 days of initial appeals request
Example: Patrick from Woonsocket: Integrated Approach

- Receives eligibility determination
- Appeal Before Integrated Appeals Office
- Decision
- HHS Appeal Upon Exhaustion of State-based Appeals Process
- HHS Issues Decision

Timeframe:
- Applicant has 90 days to request an appeal
- Exchange must issue decision 90 days from appeals request
- Applicant has 30 days to request an HHS appeal

Max. Timeframe:
- 90
- 180
- 210
- 300
RHODE ISLAND HEALTH BENEFITS EXCHANGE

Rhode Island Appeals Approach

OHHS will be the appeals authority over individual appeals for both Medicaid and Exchange eligibility.

Exchange staff to provide training, policy, and operational support.

Exchange hearings to be held at DOA or in OHHS Central Office

OHHS office to also serve SHOP and Large Employer appeals

Why an Integrated Approach?

• Better for consumers
• Conserves State resources
Informal Resolutions

Regulations promote informal resolution

Resolving appeals before they go to hearing is **cost effective** and **good customer service**.

- Quicker resolve of discrepancies
- Faster access to benefits
- Greater chance to outreach and explain determinations
- Less financial and resource burden
- Limits challenges posed by retroactivity of coverage
## Informal Resolutions – Rhode Island

<table>
<thead>
<tr>
<th>Currently</th>
<th>Post 10/1</th>
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<tr>
<td>• “Adjustment Conferences”: Case work supervisors generally meet with Medicaid appellants in-person during business hours for informal resolution</td>
<td>• Adjustment Conferences still available</td>
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<tr>
<td></td>
<td>• UHIP contact center can provide additional support</td>
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<td></td>
<td>• Consumer Assistance Programs and Navigators/In-person assisters</td>
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Discussion Items

Should large employer appeals go through the State system?

- The other option is to default to the federal system.

Should hearings for SHOP and for large employers be in-person or a desk review?
Thank You!

If you have any questions, please contact me at:
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