

Affordable Care Act Compliance Phase 2 (Changes to Authorized Representatives)

Pungnou Her, Health Care Policy Analyst

April 19, 2018

Income Maintenance Advisory Committee (IMAC) Meeting



Background

- Passed in 2013, the Affordable Care Act (ACA) requires that states allow either an individual or an organization to serve as authorized representative (42 CFR 435.932).
- Wisconsin has been out of compliance with this requirement and only allowed individuals to serve as an authorized representative (AR).
 - There have been multiple requests from advocates and community partners to align policy with federal regulations.
- Recent fair hearing decisions have ruled in favor of applicants or members who wanted to appoint an organization as their AR and were prevented from doing so by current policy.

Overview

- Effective June 23, 2018, applicants and members will be able to appoint either a person or an organization as the authorized representative (AR) for their case.
 - In addition, applicants and members will also be able to designate when the AR should be also listed as the Medicaid (MA) Payee.
 - ACCESS, CARES and Forward Health interChange will be enhanced to capture and/or store details on ARs or MA Payees.

Goals

- Comply with ACA regulations which allow either a person or organization to serve in the role of AR.
- Communicate the responsibilities and other information associated with appointing an AR to applicants, members and ARs.
- Enhance ACCESS, CARES Worker Web and ForwardHealth interChange to collect AR details and be transferred across all systems.

Policy Changes and Clarifications

What is not changing?

- A valid AR appointment requires the signatures of the applicant/member, the AR and a witness.
- ARs are appointed at the case level.
- Only one AR is allowed on a case at a time.
- There is no time limit on the AR's appointment.
 - The appointment is valid until the member chooses to change or remove the AR.
- AR appointment is not a requirement of eligibility.

Authorized Representative Responsibilities

- The AR can act on the member's behalf for any of the following programs:
 - Wisconsin Medicaid
 - BadgerCare Plus
 - FoodShare
 - Family Planning Only Services
 - Caretaker Supplement
- If the member is enrolled in any of the programs above and Wisconsin Works (W-2), Refugee Cash Assistance (RCA), or Refugee Medical Assistance (RMA), the AR can also act on behalf of the member for those programs.
- Note: Child Care does not allow authorized representatives.

Authorized Representative Responsibilities

- An AR is permitted to do any or all of the following:
 - Apply for or renew benefits.
 - Report changes.
 - Receive copies of the member's letters from the agency.
 - Work with the agency on any eligibility-related matters.
 - File eligibility-related grievances and appeals.
- The AR should be familiar with the applicant or member's household situation and is expected to fulfill their responsibilities to the same extent as the individual the AR is representing.

Organizations as Authorized Representatives

- Applicants or members can appoint organizations as the AR in the same way as they would appoint a person as the AR: online through ACCESS or by submitting the paper form.
- Once appointed, an organization may act as an AR for all open programs.
- Organizations are required to list a contact person from the organization for purposes of attesting to understanding the allowable roles and responsibilities of an AR. Also, in case the IM agency needs to contact the organization.
 - If the member allows for the AR to receive copies of their letters, the letters will be addressed to the contact person from the organization.

Organizations as Authorized Representatives

- Once the organization has been appointed as AR, anyone who is part of the organization can act as the AR.
- Organizations are prohibited from serving in any of the following roles:
 - FoodShare Payee
 - Medicaid Payee
 - W-2 Payee

Appointing the Authorized Representative

- The applicant or member can appoint an AR in writing either online when applying for benefits on ACCESS or by submitting the paper form to the Income Maintenance (IM) agency.
- If the applicant or member has a court-appointed legal guardian, conservator, or power of attorney, that person must appoint an authorized representative for the applicant or member if he or she wants someone besides them (legal guardian, conservator, or power of attorney) to be the authorized representative.

Responsibilities of the Medicaid Payee

- The MA Payee must be a person who can fulfill the following responsibilities on behalf of the applicant or member:
 - Receive the ForwardHealth card instead of the member.
 - Enroll the member in an HMO/MCO/IRIS.
 - Contact Member Services or the HMO/MCO about a bill, service or other medical information (including Protected Health Information [PHI]).
 - File a grievance or appeal about the member's health care services (for example, treatment or bills).
- An organization cannot serve as an MA Payee.

Appointing the Medicaid Payee

- The MA Payee is not a separate representative type like the Legal Guardian/Power of Attorney or Authorized Buyer (for FS).
- The MA Payee responsibilities are an add-on role to a person who is already serving in the role of AR.
- If the applicant or member wants the AR to serve as the MA Payee, he or she must complete an authorization for use and disclosure of PHI in writing because the MA Payee will have access to the applicant/member's medical information.
 - This authorization will be part of the revision to the paper AR appointment form and the applicant or member will be able to select to add the MA Payee role to the AR.
 - The MA Payee cannot be designated through ACCESS.

Systems Changes

Changes to ACCESS

- Applicants will be able to appoint either a person or organization through ACCESS Apply For Benefits.
 - ARs have to specify whether they are a person or an organization.
- Applicants will be alerted that the AR appointment is not valid if they proceed to the rest of the application without collecting the required signatures from either the applicant, the AR or the witness.

Changes to CARES Worker Web

- New flag on the Application Summary page
 - If the required signatures from either the applicant, AR or witness were not collected as part of the ACCESS application, a new flag will appear to remind workers the signatures were not collected and the AR is not valid.
- Updates to Case Information Summary page
 - If the required signatures (applicant, AR, or witness) were not collected on the ACCESS application, CWW will not allow workers to systematically add the AR details.
 - Workers will still be able to manually enter AR details by navigating to the Representative Details page but should not be manually entering in any AR details unless the AR form is complete and all signatures have been collected.
 - Note: Copies of the AR appointment completed in ACCESS can be found in the ECF.

Changes to CARES Worker Web

- Updates to the Representative Details page
 - Adding a new field for “Subtype” for ARs, Individual or Organization, to categorize the type of AR on the case.
 - Adding a new field to collect the organization name when an organization is the AR.
 - Adding the Representative Details page to the Person Add and Renewal driver flow when there is an existing AR on the case so the information can be reviewed on a more regular basis.

Changes to ForwardHealth interChange

- AR, Legal Guardian/Power of Attorney, Protective Payees and Alternate Payee details will always be communicated to ForwardHealth from CWW.
 - No longer require the workaround in which the MA Payee appointment must be set so the representative details can be sent to ForwardHealth.
- Representative Details from CWW will be stored in ForwardHealth so Member Services or the Enrollment Broker can view the information without requiring access to CWW.

Other Changes

- Revisions to the AR appointment (paper form and in ACCESS)
 - Separate appointments depending on if it is a person or an organization
 - The member and AR must attest that they understand the responsibilities, the expectations and any potential risks when an AR is appointed to the case.
 - For a person who will be appointed as AR, there will be a PHI disclosure that the member must agree to in order to appoint the AR as MA Payee (paper form only).

Impacts to IM

Expectations

- When entering new AR appointments, IM workers must always be checking to make sure the form is complete:
 - All contact information should be complete.
 - All signatures must be included.
- If the AR appointment is incomplete, the IM worker must follow-up with the member. Benefits should not be delayed solely due to an incomplete AR appointment.
- IM workers should always be checking the Representative Details page before discussing case information with someone who is not the member (unless the member has given verbal consent for a specific interaction).
- When an organization is appointed as AR, allow any staff from the organization to act on the member's behalf.

Important Dates

Activity	Date
Operations Memo Published	June 8
Partner Email	June 8
TAPP Demonstration	June 15
Systems Implementation	June 23
Revised Paper forms available online	June 25

Questions