



HEALTH MANAGEMENT ASSOCIATES

# Outreach and Enrollment: Maximizing Marketplace and Medicaid Penetration

Speaker:

Cathy Kaufmann, Principal, HMA

Moderator:

Annie Melia, HMA Information Services

December 1, 2015

# HEALTH MANAGEMENT ASSOCIATES



Cisco WebEx Event Center


File Edit Share View Communicate Participant Event Help

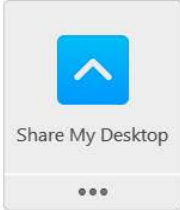
Quick Start Event Info

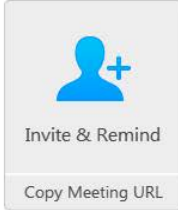
Test

Host: HMA Events  
Event number: 666 221 939

 Record  End Event

 I Will Call In

 Share My Desktop


 Invite & Remind  
Copy Meeting URL

Participants Chat Recorder Q&A

Participants (1)

Speaking:

Panelists: 1

 **HMA Events** (Host, me)

Attendees: 0 (0 displayed)

Chat

Send to: All Panelists

Select a participant in the Send to menu first, type chat message, and send...

Send

Q&A

All (0)

Select a question, and then type your answer here. There is a 256 character maximum.

Send Send Privately...

Connected

# HEALTH MANAGEMENT ASSOCIATES

Cisco WebEx Event Center

File Edit Share View Communicate Participant Event Help

Quick Start Event Info

## Test

Host: HMA Events  
Event number: 666 221 939

Record End Event

I Will Call In Share My Desktop Invite & Remind

Copy Meeting URL

Participants (1)

Speaking:

Panelists: 1

**HMA Events** (Host, me)

Attendees: 0 (0 displayed)

Chat

Send to: All Panelists

Select a participant to send a message to:

- Host
- Presenter
- Host & Presenter
- All Attendees
- All Panelists**
- All Participants
- Select an Attendee...

Select a question, and then type your answer here. There is a 256 character maximum.

Send Send Privately...

Connected

# HEALTH MANAGEMENT ASSOCIATES

Cisco WebEx Event Center

File Edit Share View Communicate Participant Event Help

Quick Start Event Info

Test

Host: HMA Events  
Event number: 666 221 939

Record End Event

I Will Call In

Share My Desktop

Invite & Remind

Participants Chat Recorder Q&A

Participants (1)

Speaking:

Panelists: 1

HMA Events (Host, me)

Attendees: 0 (0 displayed)

Chat

Send to: All Panelists

Type your question here

Send

Q&A

All (0)

Select a question, and then type your answer here. There is a 256 character maximum.

Send Send Privately...

CISCO

Connected

# Outline of Today's Webinar

- Medicaid, CHIP and Marketplace Enrollment
- The Remaining Uninsured
- Current State of Outreach & Assistance
- Strategies to Reach the Remaining Uninsured
- The Future of Outreach & Assistance
  - New funding opportunity!

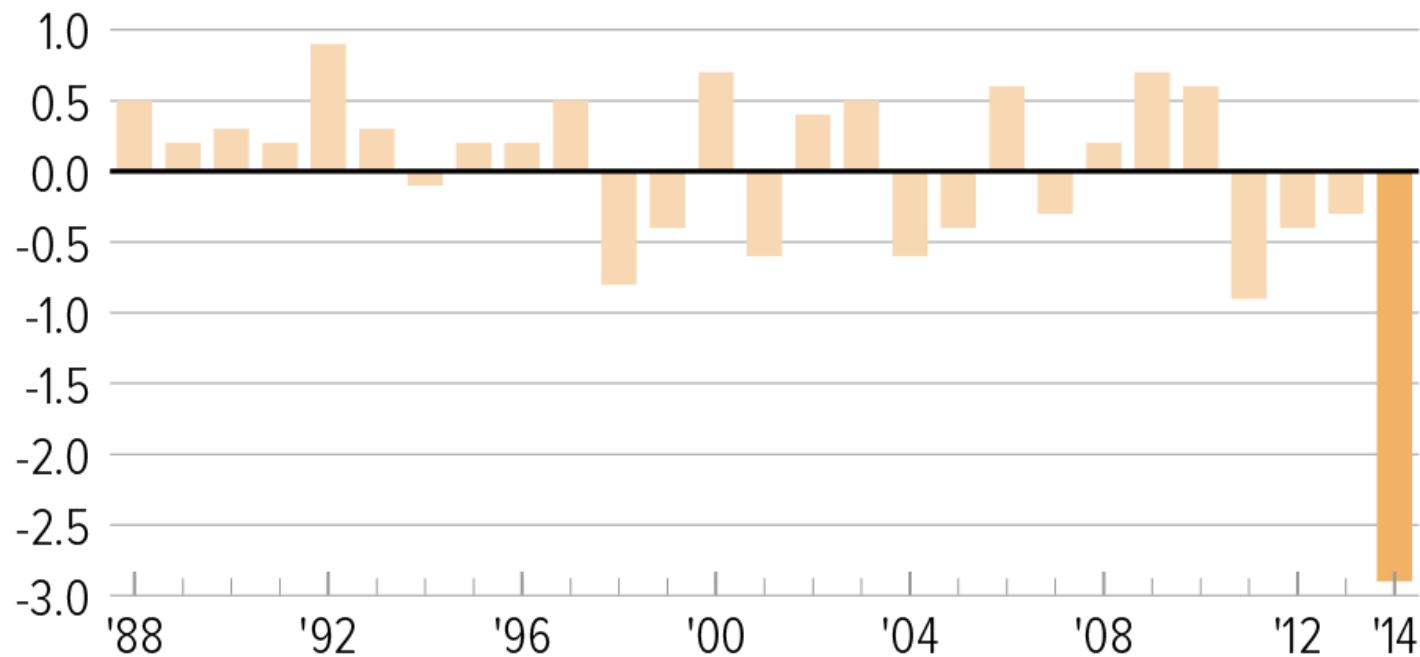
# More People Have Health Coverage

- Uninsured rate has fallen to a new low of 9 percent
  - 17.6 million uninsured people gained coverage since the beginning of open enrollment in Oct. 2013
- Medicaid has had a significant impact on coverage rates
  - Uninsured rate in states that expanded Medicaid dropped from 18 percent to 10 percent since 2013
  - In states that did not expand the program, the decline was smaller, from 22 percent to 16 percent

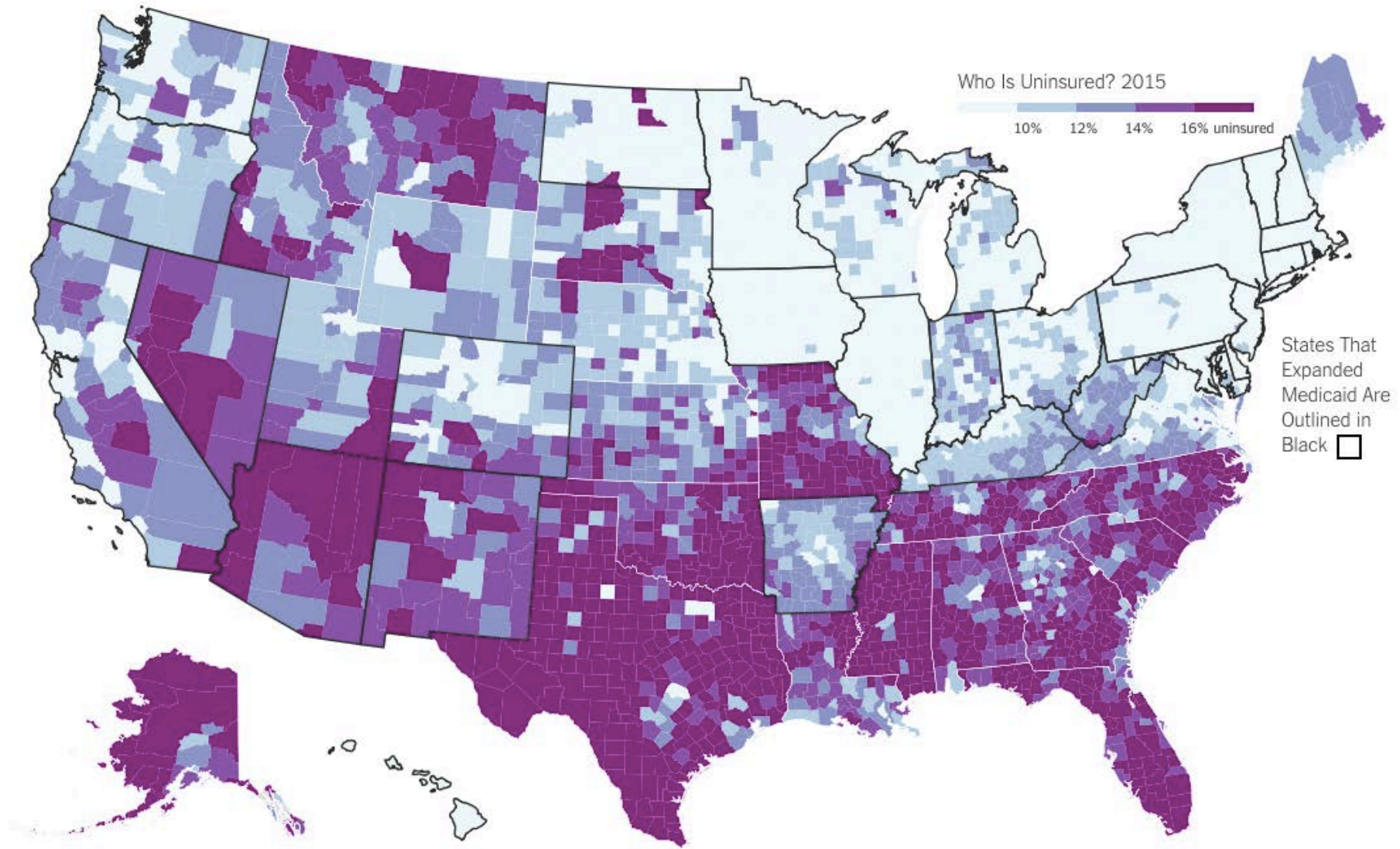


## 2014 Drop in Uninsured Rate Biggest on Record

Change, in percentage points



Source: CBPP analysis of Census Bureau, Current Population Survey data. Adjustments are made using Census Bureau guidance to account for survey design changes in 1999 and 2013.





# Medicaid/CHIP and QHP Enrollment

- 71.6 million people enrolled in Medicaid and CHIP (Sept. 2015)
  - 13.3 million increase since Oct. 2013
- 9.9 million effectuated enrollments in the FFM and state-based marketplaces at the end of 2015

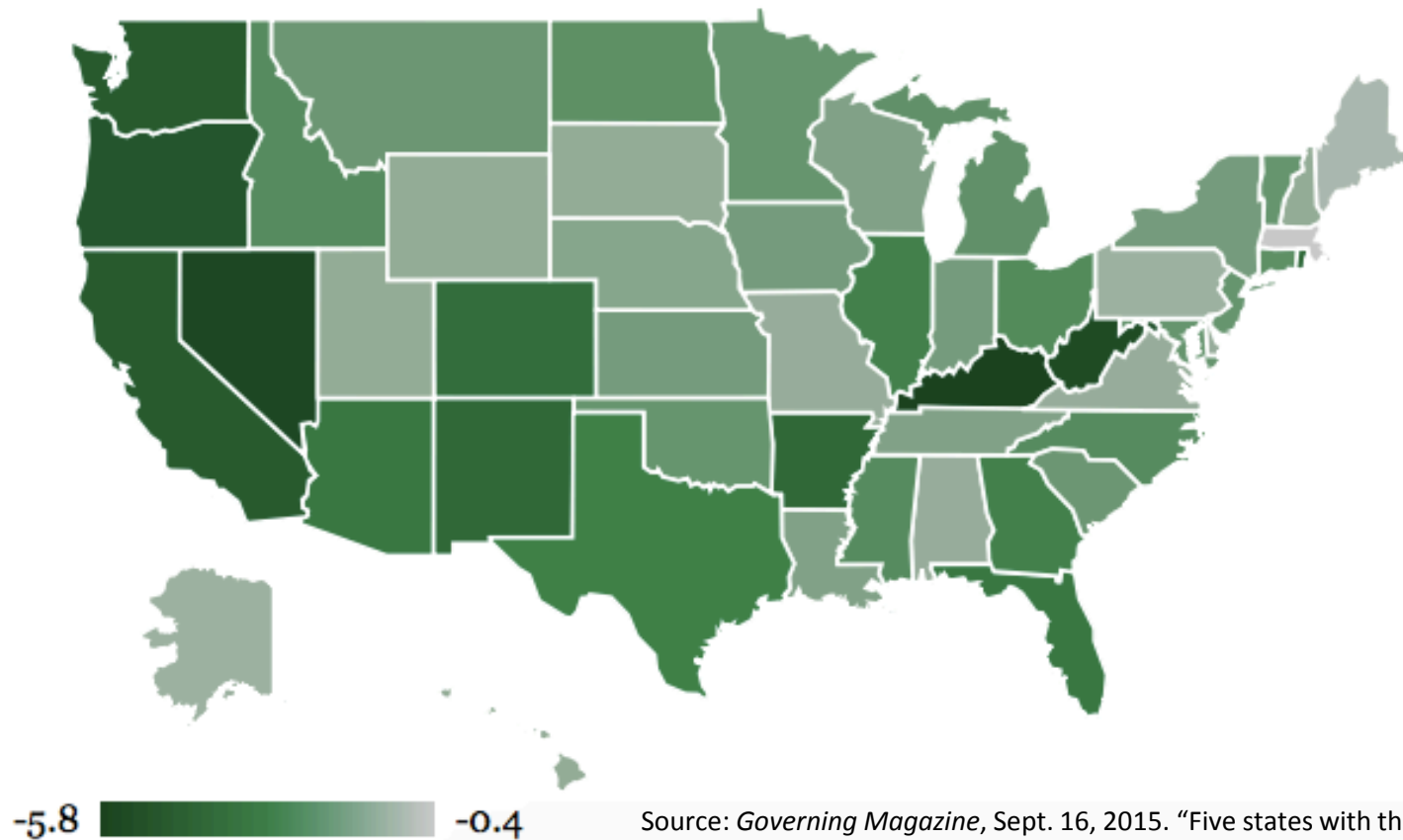
## *Ten States With Largest Reductions in Percentage of Uninsured, 2013 vs. First Half of 2015*

"Do you have health insurance?" (% No)

<b>State</b>	<b>% Uninsured, 2013</b>	<b>% Uninsured, first half of 2015</b>	<b>Change in uninsured (pct. pts.)</b>	<b>Medicaid expansion and/or state/ partnership exchange in 2014</b>
Arkansas	22.5	9.1	-13.4	Both
Kentucky	20.4	9.0	-11.4	Both
Oregon	19.4	8.8	-10.6	Both
Rhode Island	13.3	2.7	-10.6	Both
Washington	16.8	6.4	-10.4	Both
California	21.6	11.8	-9.8	Both
West Virginia	17.6	8.3	-9.3	Both
Alaska	18.9	10.3	-8.6	Neither
Mississippi	22.4	14.2	-8.2	One
North Dakota	15.0	6.9	-8.1	One

### Changes in State Uninsured Rates

The following map shows percentage-point changes in the share of each state's population without health insurance, according to the 2014 American Community Survey.



Source: *Governing Magazine*, Sept. 16, 2015. "Five states with the biggest drop in uninsured rates."

## Open Enrollment 3

- Third open enrollment is underway (Nov. 1 – Jan. 31)
- In the first 3 weeks, 1.6 million have selected coverage
  - 1 million renewing/600k new enrollees
- Technology glitches appear to be a thing of the past
  - Immigrant/migrant populations eligible for marketplace coverage and consumers with limited credit histories continue to struggle with ID proofing.
- Modest projection of 10 million enrolled by the end of open enrollment

# Who are the remaining uninsured?

- ASPE estimates that roughly half (10.5 million) of the remaining uninsured are QHP-eligible.
- One-third are potentially eligible for Medicaid/CHIP.
  - 12% eligible but unenrolled
  - 11% in the Medicaid coverage gap
  - 7% children in families below 250% FPL
- 21% ineligible because not lawfully present in the U.S.



# Characteristics of All Uninsured People

- Three-quarters believe having health insurance is important
- Primary concern about insurance is affordability
- Many are financially insecure
  - Half report struggling to afford basic necessities, like housing or food
  - 80% have less than \$1,000 in savings and half have less than \$100
- Most (60%) do not understand or are unaware of the premium tax credits

# Characteristics of QHP-eligible Uninsured

- Half between the ages of 18 and 34
- 70% are employed but with incomes likely to qualify for APTC:
  - Nearly half between 100% and 250% FPL
  - Almost one-third between 250% and 400% FPL
- One-third are people of color:
  - 19% Latino
  - 14% African American
- Two-thirds report excellent or very good health
  - 8% report very

## Barriers to Coverage

- Many don't believe they can afford coverage, haven't shopped for it and are unaware of their eligibility for free or lower cost coverage
  - A survey by KFF found that 40% of the uninsured reported they were told they were ineligible for coverage programs, though half of appeared to be eligible for APTC (30%) or Medicaid (19%)
- 60% are unaware of Special Enrollment Periods
- Many (40%) were unaware of the tax penalty for 2016 but a third of these indicated the size of the penalty would spur them to enroll

## Impact of the Penalty

- People without coverage for most of calendar year 2016 will have to pay either 2.5% of their annual household income, or a flat fee of \$695 per adult and \$347.50 per child, whichever is higher (cap of \$2,085)
- For low- and moderate-income Americans, that ACA tax could wipe out all or most of their tax refund
- People who don't purchase coverage for 2016 and didn't buy it in 2015, face a “double whammy”
  - Penalty for 2015, outside of open enrollment for 2016

# How can we get more eligible people enrolled?

- Messages that work
- Application assistance
- Strong partnerships
- Targeted outreach efforts
- Smart enrollment (and renewal) strategies



# Messages that Work

- Simple, positive messages are critical to convincing a consumer to enroll
  - Avoid jargon
- Messages and materials need to reflect the people you are trying to reach
  - Remember cost is the #1 driver for the remaining eligible uninsured
- Don't scare people away – it's easy to get enrolled in coverage you can afford....
- But do emphasize the fine and the January 31<sup>st</sup> deadline.

# Enroll America's 5 Messages Consumers Need to Hear:



Source: Enroll America, "Reaching Consumers in OE3: Who are they and what do they need to hear"

# Application Assistance

- The importance of application assistance learned during efforts to get more kids enrolled in Medicaid/CHIP in the years before the ACA expansions
- Now there are 4,600 assister programs across the country and more than 30,000 full time equivalent staff and volunteers
  - Navigator Programs (15%) funded by FFM/SBM
  - Assister Programs in FQHCs (25%) funded by HRSA grants
  - CACs (60%) funded by foundations or their sponsoring organization

# Application Assisters

- Navigators and FQHCs served the majority (70%) of consumers who got help
- Nearly 6 million consumers received application assistance this year
- Consumer demand for application assistance remains high
- The need for assistance is year round
  - Changes in family status, income, etc.
  - Post-enrollment problems/questions

# Application Assistance Challenges

- Application assistance is time intensive
- System challenges remain when it comes to integration of Medicaid/CHIP and marketplace application
- Coordination among assister programs in a state is critical...yet it rarely happens systematically
- Lack of certainty about funding



## Brokers

- Brokers also assist consumers with their application and plan selection but with some key differences:
  - Brokers engage in less outreach/public event;
  - Brokers assist fewer consumers apply for Medicaid;
  - Brokers help fewer people who are uninsured at the time of assistance; and
  - They are less likely to serve Latinos or consumers who need language translation.
  - However, brokers do report a higher degree of client continuity between OE1 and OE2 than assisters.

# Reaching the Young Invincibles

- Feeling that “I can’t afford it” and lack of understanding of financial support
- Face-to-face contact and social media ranked far more effective than advertising or more traditional marketing
- Targeted outreach events with trusted community partners
- Service and artist industry outreach
- Community Colleges and technical/professional schools

# Reaching Communities of Color

- ACA has resulted in a historic decline in uninsured rates among communities of color but disparities in coverage persist
- Outreach and application assisters from within the community key to success
- Help must be available year-round
- Materials must be culturally and linguistically relevant
- For many communities, will take time and repeated outreach efforts to build trust

# Reaching the Justice Involved Population

- Exploding prison population with high rates of mental health, substance use disorder and other health issues
- Health coverage at re-entry reduces chance of recidivism
- Application assistance as part of discharge planning
- States can also choose to suspend rather than terminate Medicaid

# Medicaid Strategies



# Targeted Enrollment Using SNAP

- CMS offering expanded ability to transfer or “fast track” consumers enrolled in SNAP whose gross income makes it highly likely they are Medicaid eligible
- States may now opt to use fast track through a state plan amendment
- No longer limited to states facing applications backlogs
- Can be used for renewals

**Enrollment Using Targeted Enrollment Strategies Between October 2013 & January 2015**

<b>State</b>	<b>Populations transferred<sup>1</sup></b>	<b>Enrollment</b>
Arkansas	SNAP	63,465
California	SNAP/Parents	406,027
Illinois	SNAP	35,900
New Jersey	SNAP/Parents	6,921
Oregon	SNAP/Parents	43,697
West Virginia	SNAP/Parents	70,574
<b>Total</b>		<b>726,584</b>

<sup>1</sup> “SNAP” refers to individuals enrolled into Medicaid based on Supplemental Nutrition Assistance Program eligibility; “Parents” refers to parents enrolled based on information contained in the Medicaid case record of children already enrolled into Medicaid, another strategy offered in the May 17, 2013 State Health Official Letter.

# Hospital Presumptive Eligibility

- Presumptive eligibility is a way for hospitals to enroll patients who are uninsured and appear eligible for Medicaid right away
  - Was an option for children and pregnant women but is now an option for all consumers
- Hospitals can decide to use presumptive eligibility (their choice, not the state's)
- Hospital notifies state and must follow state's policies
- Must make sure patients also complete the full application for health coverage (and get application assistance, if needed)

## Connecting Kids to Coverage National Campaign



[www.insurekidsnow.gov](http://www.insurekidsnow.gov)

# The Future of Outreach & Assistance

- Maintaining assisters and outreach is critical going forward, especially for vulnerable populations
- Funding levels for outreach/assistance going forward are uncertain
  - Will need increased partnerships among local community groups, health insurers, hospitals and clinics
  - Opportunities exist to use assisters to do more than health coverage: connect consumers to other social services, strengthen patient engagement, improve health literacy, contribute to community health goals, etc.

# Funding Opportunity

- CMS has just announced a new round of outreach and enrollment funding for organizations working on connecting children to Medicaid and CHIP
- CMS [expects to award a total of \\$32 million](#) in 30 cooperative agreements, with funding lasting for two years (starting May 2016)
- LOI due Dec. 16<sup>th</sup> and Applications are due January 20, 2016



# HEALTH MANAGEMENT ASSOCIATES

## Q & A

Cathy Kaufmann, Principal, HMA  
[ckaufmann@healthmanagement.com](mailto:ckaufmann@healthmanagement.com)

December 1, 2015