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State of Implementation Webinar Series

Enrollment 1.0: State Reflections on ACA’s First Year and What’s Next

July 22, 2014, 2:00-3:30 p.m. Eastern

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# Agenda

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<td>2:00-2:05 p.m.</td>
<td>Introduction</td>
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<td>- Anne Gauthier, Director, State Health Exchange Leadership Network and Senior Program Director, National Academy for State Health Policy</td>
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<td>2:05–2:20 p.m.</td>
<td>Surfacing State Enrollment Experience and Innovation from Year 1 of the ACA</td>
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<td>- Alice Weiss, Director, Enrollment 2014 Project and Program Director, National Academy for State Health Policy</td>
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<td>2:20–3:00 p.m.</td>
<td>Implementation Insights from the States</td>
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<td><strong>Moderator:</strong> Anne Gauthier, NASHP</td>
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<td><strong>Panelists:</strong></td>
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<td>- Carrie Banahan, Kentucky</td>
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<td>- Christina Goe, Montana</td>
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<td>- Nathan Johnson, Washington</td>
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<td>3:00–3:25 p.m.</td>
<td>Question and Answer</td>
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<td>*Use the chat feature to submit your questions</td>
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<td>3:25-3:30 p.m.</td>
<td>Wrap-up</td>
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Surfacing State Enrollment Experience and Innovation From Year 1 of the ACA

Alice Weiss
Director, Enrollment 2014 Project
Program Director
National Academy for State Health Policy (NASHP)
Enrollment 2014

- Project Goal: surface state enrollment and retention lessons and promising practices from first year of ACA implementation to promote spread and rapid learning

- Two Components:
  - 1. Research: Key Informant Interviews with 10 States
  - 2. FFM State Learning Network

- Funded by Robert Wood Johnson Foundation
Research Areas of Focus

- Outreach and Consumer Assistance
- Eligibility and Enrollment
- Transitions and Renewals
- Operations
- Governance
- State Priorities for Next Open Enrollment
Outreach and Consumer Assistance

- Direct assistance
- Regional/local model
- Linguistically/culturally/geographically accessible
- ACA opposition/confusion and low health literacy
- State-wide branding and marketing campaigns
- Agents and certification requirements
- Strategic partnerships
Outreach/Assistance Innovations

- **Increasing Accessibility of Assistance:**
  - Micro-regional assistance strategy (CT)
  - State-wide centralized scheduler (NC)
  - Retail marketing through enrollment stores (CT)
  - “Circuit riding” as strategy for IPAs to reach rural areas (NC)
  - Mobile tablets reach homeless/rural populations (WA, WV)

- **Improving Public Understanding of ACA/Coverage:**
  - “First-Timers” Medicaid guide (WA)
  - ACA bookmark explaining eligibility guidelines (WV)
  - “Ask Away” insurance department site with ACA FAQs (MT)
Outreach and Assistance Innovations

- Innovative strategies for vulnerable/target populations:
  - Translating health information, forms and website (CT, FL)
  - Social media concert ticket promotion, concerts (CT, WA)
  - Thunderclap with partner organizations (WA)
  - Hulu, Duck Dynasty, Kardashians (KY)

- Leveraging Familiar Structures/Partners:
  - Libraries, fairs, festivals, faith groups, schools (KY, MT, WA)
  - Family Resource Networks, Extension agents (WV, MT)
  - Community clinics, critical access hospitals
  - 211 Information line (CT)
Eligibility and Enrollment

- System functioning critical factor in state success
- SNAP facilitated enrollment eased caseload volume
- Communication models supported information flow
- Language, immigration status, credit history common barriers
- Plan selection/enrollment processes important final step
Eligibility/Enrollment Innovations

- Updating workers/assistors on policy changes:
  - “Top 5 Things People Calling About” fact sheets (CA)
  - “Guidebook” of manual workarounds (WA)

- Smart system management/design:
  - Delaying system launch until tested/ready (OH)
  - Integrated, seamless system design (KY)
  - Mobile apps for smartphones (CT, FL, KY, WA)

- Maximizing enrollment and minimizing churn:
  - Follow-up calls and second notice for SNAP (WV)
  - Medicaid “do nothing” notice to current enrollees (MT)
  - CHIP “in-reach” to parents (WV)
Transitions:
- Less than half of states report tracking coverage transitions
- Tracking doesn’t appear a top priority at this stage
- FFM “looper”/duplicate cases prompting concern

Renewals:
- Concern about renewal process – systems/consumers not ready; see as “major challenge”
- Some exploring models to make process as seamless, “passive”, automated as possible
- States not yet fully engaged with renewal processes
Operations

- Data collection/reporting varies
- Limited resources for Medicaid assistance drove innovations and partnerships for many states
- Communications plans helped states craft cohesive/statewide messages and control responses
- Business process/change management investments helping states to reimagine work with new resources
- Seeking and using feedback to adapt to dynamic environment helped states progress
- FFM states cited account transfer process as barrier
Data Reporting Innovations

State Refor(u)m Exchange Enrollment Report Compilation

MEDICAID ENROLLMENT BY AGE

MEDICAID NEWLY COVERED

Total: 423,221

- <19: 81,507
- 19-25: 65,196
- 26-35: 105,026
- 36-50: 94,539
- 51-64: 74,758

Note: 64 years and over enrollment total is 195

Medicaid Newly Covered: Includes Medicaid Newly Eligible Adults who have qualified and enrolled in a Medicaid plan under the Medicaid expansion and does not include those who have transitioned from other Medicaid programs. This number also includes Medicaid Previously Eligible but not Enrolled adults (children, pregnant women, low-income.

Governance

- Coordination among agencies varies
  - Medicaid and Exchange program goals/communication sometimes dissonant
- Local role and contribution significant
  - Louisville taskforce (KY)
  - Seattle county elected officials’ engagement (WA)
  - Family Resource Networks (WV)
- State agency leaders instrumental
State Priorities for Open Enrollment

- Education
- System Build/Fixes/Improving Stability
- Improving Consumer Experience/Communication
- Call Center Investments (Training, Staffing, Separate Line for Navigators)
- Medicaid Infrastructure & Education
- Renewals
Key Takeaways

- Assistance is critical
- States are innovating despite challenges
- Major changes/system improvements still ongoing
- Many states will need to quickly shift focus to Y2 preparations (renewals, transitions, adjustments)
- Medicaid and Exchange coverage still transitioning to seamless coverage continuum
Today’s Panel

**Moderator: Anne Gauthier**
Director, State Health Exchange Leadership Network  
Senior Program Director, NASHP

**Carrie Banahan**
Executive Director  
Office of Kentucky Health Benefit Exchange (kynect)

**Christina Goe**
General Counsel  
Montana Commissioner of Insurance

**Nathan Johnson**
Director of Policy, Planning and Performance  
Washington Health Care Authority
What were the primary successes and challenges of the most recent open enrollment period?

Tell us what your state is doing at statereforum.org.
Kentucky Marketplace

Over 640,000 uninsured Kentuckians

KY Health Report Card - opportunity for improvement
- 45 - Outcomes Rank
- 47 - High Blood Pressure
- 48 - Diabetes
- 50 - Smoking/Lung Cancer

Increase Access and Affordability to Coverage
- Medicaid Expansion
- State Based Exchange
Factors Resulting in kynect’s Success

• Browse for QHPs and check eligibility anonymously for Medicaid and APTC without creating an account.
• Single streamed lined application process.
• Integrated Medicaid and Exchange eligibility system.
Business Metrics After Open Enrollment

Over 400,000 enrolled in healthcare coverage through kynect

- Approximately 322,000 Medicaid/K-CHIP
- Approximately 80,000 enrolled in a QHP
- Approximately 21,000 enrolled in a Dental Plan
- 51% of enrollments under the age of 35
- 33% of QHP enrollments under the age of 35
- Three Issuers in Individual Market
  - 75% Kentucky Health Cooperative (CO-OP)
  - 12.5% Anthem
  - 12.5% Humana
Montana’s Marketplace Model

- Montana has a federally facilitated exchange (FFM).
- The Montana Office of the Commissioner of Securities and Insurance (CSI) is the marketplace plan manager for the FFM.
  - Review all rates;
  - Approve and recommend for certification all policy forms and benefit templates;
  - Review and approve network adequacy; and
  - Continues as the primary insurance regulator, handling all consumer complaints/appeals concerning health insurance
- Montana has not expanded Medicaid
  - New proposals to expand may be debated in the 2015 legislature
Enrollment Analysis: Successes

• CSI recently completed its own issuer enrollment survey of the individual and small employer group markets, which produced the following results:
  • Between January 1 and May 1, 2014, enrollment in the individual market grew by 26,429 covered lives, compared to enrollment on December 31, 2013, an increase of 54.5%
  • During the same time period, the small employer group market decreased by an estimated 10,306, a decrease of 19.1%
    • CSI estimates that at least half of that number moved to self-funded Multiple Employer Welfare Arrangements (MEWAs) and the remainder to the individual market
  • The net gain in traditional Medicaid and CHIP enrollment during that time period was 8,739
Enrollment Analysis: Successes, cont.

- CSI estimates that approximately 30,000 previously uncovered individuals gained coverage between January and May 2014.

- The estimate of uninsured in Montana was 195,000 (approx. 20%).

- The uninsured number has been reduced by 15.4%, reducing the overall uninsured rate to 16.9%.

- The number of individuals estimated to be in the Medicaid “gap” is at least 50,000, according to the Montana Department of Public Health and Human Services (DPHHS).

*Some national estimates show Montana’s previous uninsured rate at closer to 22% and current uninsured rate at 17.65%.
Marketplace Challenges

- Because the state did not control the IT or the website, getting enrollment problems resolved was frustrating.
  - Some individuals did give up.
- Additional difficulties in remote rural areas.
  - Slow internet connection/speed meant more website problems for some assistors.
Non-Lagged Medical Programs Enrollment
June 2013-May 2014

Growth has been among expansion adults

Expansion Adults
Other Federal Programs
Partial Duals
Family Planning
Former Foster Care Adults
Pregnant Women
Elderly Persons
Disabled Children
Disabled Adults
Caretaker Relatives (Family Medical)
What outreach and consumer assistance strategies were most effective in enrolling vulnerable and hard to reach populations?

Tell us what your state is doing at statereforum.org!
Outreach and Enrollment

- CSI conducted extensive outreach and education regarding the ACA and exchange enrollment opportunities
- Town hall meetings in the Fall of 2013 in all major cities
- Consumer education events totaled more than 76 events in 36 towns and cities
- A new website for exchange and health reform information tailored to Montanans: [www.montanahealthanswers.com](http://www.montanahealthanswers.com)
  - “Ask away” function allowed consumers to email questions, and get basic answers, be referred to assisters, or to CSI’s consumer complaint division
Navigator/CAC/Exchange Producer Training and Certification

• In 2013 the Montana legislature passed a law requiring state-based training and certification
  • CSI designed training materials and conducted webinars that included training on state law
  • CSI had bi-weekly calls with assisters during open enrollment to discuss questions/problems
  • CSI attempted to get problems resolved with CMS when navigators were unsuccessful with the FFM
American Indian Outreach

• 7% of Montana’s population is American Indian; Montana has 7 reservations and 12 tribes
• In February and March, the Commissioner travelled to all 7 reservations and 2 urban Indian centers to hold educational events.
  • Collaboration between tribal and urban Indian health departments, IHS, DPHHS, navigators, and insurance agents
  • Enrollment assistance was offered
• The commissioner met with tribal council members from every tribe
American Indian Outreach: Takeaways

• Visits to reservations are critical. Even though turnout may be small, you can reach community leaders.
• 1:1 communication is important – word of mouth is most effective.
• Tribal council interaction is critical; every tribe is distinct.
• Important to conduct outreach on the reservation and in urban areas.
One Door to Coverage: Healthplanfinder

- Healthplanfinder web portal
- Community-based volunteers and partners
- HCA medical assistance specialists in each county (~50)
- Regional HCA representatives

Resources
- Training modules
- Enrollment process descriptions
- Customer support referral guides
- General webinars & training
- Outreach toolkit
- Guide to Apple Health coverage

Translated Information
- Materials in 8 languages
- Translated enrollment reports to Spanish for news media
- PSAs in Spanish

www.wahealthplanfinder.org
Engaging Business and Agents/Navigators

- Louisville Metro Board of Health
  - Diverse Members
  - Community Feedback
  - Target Population

- Established Agent/Navigator Subcommittee
  - Established Roles and Responsibilities
  - Discussion of Issues
  - Improved Relationship
  - Provided Valuable Feedback
How is your state handling the renewal process?

Tell us what your state is doing at statereforum.org
Apple Health - 12 Month Look at Renewal Rates

% Who did Not Renew – Pre MAGI

% Who did Not Renew – Post MAGI

Rate of non-renewal

HealthPlanFinder begins (MAGI eligibility determination)
QHP Renewals

- Passive Renewal Process
  - Remain enrolled in current QHP
  - Issue notice November 1
  - Notify enrollee of 2015 premium and new APTC amounts
  - Access HUB to verify income
  - Issue RFI if income can not be verified through HUB, allow 90 day inconsistency period to verify income
Has your state experienced a “welcome mat” effect in Medicaid or CHIP?

Tell us what your state is doing at statereforum.org
Medicaid Enrollment Growth

• “Welcome Mat” estimated by DPHHS to be 5,648 as of April 2014
  • 2,604 children
  • 3044 adults

• Total Medicaid enrollment growth from Dec. 31 2013 to Apr. 2014 was 8,739
  • 4959 children
  • 3780 adults
* The “welcome mat” includes adults and children who would have been eligible for Medicaid based on standards before the ACA implementation, but they never enrolled at that time. It specifically reflects caseload growth resulting from ACA implementation that is beyond historical growth averages.

For further details on the welcome mat impact see June Caseload Forecast Council update June 18, 2014.
What are your state’s key priorities as you plan for open enrollment this fall and beyond?

Tell us what your state is doing at statereforum.org
Priorities for 2015

- Revamping SHOP
- Implementing an Issuer Portal
- Adding more customer service representatives and phone lines for call center
- Releasing a kynect app
- Conducting additional training for agents and navigators
2015 Open Enrollment

• Continue/improve assistor training and ongoing support.
  • Actively seeking ideas for improvement from those assistors
  • Continue consumer education-focus on specific interest groups

• Continue partnership and ongoing communication with CMS/FFM
  • Explore ways to improve communication with FFM on enrollment issues

• Continue to develop/improve and promote the
  www.Montanahealthanswers.com website

• Review and require improvements to insurer’s provider directories
Resources

cgoe@mt.gov
www.MontanaHealthAnswers.com
www.csi.mt.gov
Washington’s ACA Goals

- **Streamline administrative processes** to capitalize on opportunities
- **Leverage new federal financing opportunities** to ensure the Medicaid expansion is sustainable
- **Maximize use of technology** to create consumer-friendly application/enrollment/renewal experience
- **Maximize continuity of coverage & care** as individuals move between subsidized coverage options
- **Reform the WASHINGTON WAY**—comply with, or seek waiver from, specific ACA requirements related to coverage and eligibility, as needs are identified
Question and Answer

Submit your questions in the chat box on the left
Knowledge Network

Experts will be available to answer your questions!
Post them now on State Refor(u)m in our Eligibility and Enrollment discussion

Samantha Artiga
Director, Disparities Policy Project and Associate Director, Kaiser Commission on Medicaid and the Uninsured
Kaiser Family Foundation

Tricia Brooks
Senior Fellow
Georgetown University Center for Children and Families

Judith Solomon
Vice President for Health Policy
Center on Budget and Policy Priorities

Jennifer Sullivan
Director of the Best Practices Institute
Enroll America

http://www.statereforum.org/discussions/eligibility-and-enrollment
See you online!

- Webinar Q&A continues online at: https://www.statereforum.org/discussions/eligibility-and-enrollment
- Find resources on the topic at: https://www.statereforum.org/resources/ under the category of Eligibility and Enrollment
- Special collection on state marketplace enrollment reports: https://www.statereforum.org/state-marketplace-enrollment-rep
- Find webinar recording and slides at: http://www.statereforum.org/webinars
- Visit and register to participate: http://www.statereforum.org/user/register
- Questions? Email us: statereforum@nashp.org

Support for this project was provided by a grant from the Robert Wood Johnson Foundation
Have You Tried State Refor(u)m’s New Dashboard?

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- Keep up to date with the latest resources and hot topics
- Follow and contact the community’s experts
- Track how others are using the resources you’ve posted

Get started by logging in at the top of www.statereforum.org!
New to the site? Register at http://www.statereforum.org/user/register

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