

# STATE HEALTH POLICY

STATE HEALTH POLICY BRIEFING PROVIDES AN OVERVIEW AND ANALYSIS OF EMERGING ISSUES AND DEVELOPMENTS IN STATE HEALTH POLICY.

The number and scale of the tasks that must be accomplished in health care reform means all resources—and all stakeholders—must be brought into the work. Strengthening or establishing relationships between state officials and consumer advocates is critical for successful implementation of health care reform. In March 2011, state officials and consumer advocates from nine southern states came together at a meeting convened by the National Academy for State Health Policy (NASHP), in collaboration with the national consumer advocacy organization, Community Catalyst. This *State Health Policy Briefing* highlights key lessons learned in building stronger or more effective relationships between state officials and consumer advocates and ways in which these groups can work together as health care reform implementation proceeds at the state level.

NATIONAL ACADEMY  
for STATE HEALTH POLICY

# Briefing

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## BUILDING PARTNERSHIPS: STATE OFFICIALS AND ADVOCATES WORKING ON HEALTH REFORM

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States have long been working to improve their own health care systems. Federal health care reform—through the Affordable Care Act (ACA)—provides tools to achieve some of the health care reform goals many states have been working on for years, but also poses significant implementation challenges.

Achieving state goals for health care reform takes collaboration between many state officials and stakeholders in a way that values differing views, builds trust, and harnesses the strengths and resources of all parties. The number and scale of the tasks that must be accomplished in health care reform means all resources must be brought into the work. Strengthening or establishing relationships between state officials and consumer advocates is important as implementation of health care reform moves forward in order to ensure reforms are implemented successfully.

In March 2011, state officials and consumer advocates from nine southern states came together in Atlanta, Georgia at a meeting convened by the National Academy for State Health Policy (NASHP), in collaboration with the national consumer advocacy organization, Community Catalyst.<sup>1</sup> This meeting was part of Southern Health Partners, an initiative funded by the Public Welfare Foundation. During the meeting, state officials and consumer advocates discussed

key health care reform policies, the importance of consumers and state officials working together, and ways to harness the strengths and resources of both groups throughout health care reform implementation. This paper highlights some background on the Southern Health Partners initiative, key lessons learned in building stronger or more effective relationships between state officials and consumer advocates, and ways in which these groups can work together to improve health care systems at the state level.

## SOUTHERN HEALTH PARTNERS

Established in 2008, the Southern Health Partners initiative (SHP), sought to build and strengthen the capacity of state-based consumer organizations that represent the needs and concerns of the uninsured, underinsured, and underrepresented in 11 states—Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia. With funding from the Public Welfare Foundation, the national consumer advocacy organization Community Catalyst sought to support and foster a learning community of southern health advocates dedicated to sharing campaign, coalition, and advocacy work experiences while promoting health care reform in the region. With the passage of the ACA, the SHP expanded its focus to foster collaborative and result-driven relationships between consumer advocates and state officials throughout the implementation of health care reform.

From March 2010 to May 2011, the Public Welfare Foundation brought the National Academy for State Health Policy (NASHP) in to the SHP initiative to identify opportunities for alignment between the priorities of the consumer advocates involved in the project with those of state officials in these 11 southern states. While Community Catalyst continued its role in supporting state-based consumer advocate communities, NASHP worked closely with elected, career, and appointed state officials to develop frameworks for working together with advocates as a means of advancing effective state health policy and practice. To this end, NASHP's work centered on the following goals:

- Cultivate, foster, and build relationships between state health officials and the advocate community;
- Enhance communication between state health officials and the advocate community as a way to improve sharing, problem solving, and priority setting; and
- Increase the knowledge base of state health officials

and the advocate community around key components of health care reform and its implications for the southern states.

NASHP worked to accomplish these goals through various activities, including working with Community Catalyst to convene a meeting of consumer advocates and state health officials from the south to discuss how to work together effectively on issues related to national health care reform, as well as hosting a webinar for a national audience highlighting some of the lessons learned at the convening.

## BACKGROUND ON HEALTH POLICY PRIORITIES IN THE SOUTH PRIOR TO NATIONAL HEALTH CARE REFORM

As elsewhere across the country, health care reform is not a new concept in the southern states, and most of these states were already engaged in activities to improve health care system performance prior to passage of the ACA. States in the south face many public health and health system challenges, including health provider shortages, and high rates of chronic disease. Political and economic issues—not unique to the south—also present particular challenges in addressing these population health issues.

In order to gain a better understanding of how these states' health systems worked prior to the ACA's passage, as well as new priorities related to health care reform implementation, NASHP conducted 17 telephone interviews in late spring and early summer 2010, primarily with state Medicaid Directors and Insurance Commissioners in the eleven southern states. During these interviews, officials were asked to describe their agencies' ongoing health-related priorities, state planning activities related to health care reform implementation, and opportunities and challenges within the new federal health care reform law.

At the time of the interviews, state officials reported numerous health-related priorities taking precedence within their agencies, including improving healthcare quality and outcomes, improving reimbursement methodologies, supporting chronic disease management, promoting care coordination, and harnessing the benefits of health information technology. However, officials reported that budget constraints significantly affected their states' abilities to successfully manage these efforts.

NASHP also interviewed consumer advocates participating in the SHP initiative to learn about the focus of these groups and

how they worked with state officials. State and community-based consumer advocates, even prior to the passage of the ACA, were invested in opportunities to engage with state agencies and officials, especially in areas related to Medicaid and Children's Health Insurance Program (CHIP) coverage and eligibility. While some advocate organizations were primarily focused on informing state legislatures through policy analysis and producing educational materials, others engaged in opportunities to provide public comment and attend meetings with state health officials.

## STATE OFFICIALS AND CONSUMER ADVOCATES WORKING TOGETHER ON HEALTH CARE REFORM AND HEALTH SYSTEMS IMPROVEMENT

At the March 2011 meeting, state officials and consumer advocates from nine of the Southern Health Partners states came together.<sup>2</sup> The meeting focused on how to build effective working relationships between state officials and consumer advocates as both groups work on improving health systems, especially on several specific health care reform areas that states are generally confronting first: eligibility and enrollment systems and the creation of health insurance Exchanges. However, health provider capacity and provider supply issues are critical to the ultimate success of health care reform and these issues surfaced many times over the course of the discussion. The following sections highlight some of the themes discussed at the meeting for how state officials and consumer advocates can more effectively work together on these issues.

### STRENGTHENING RELATIONSHIPS BETWEEN STATE OFFICIALS AND CONSUMER ADVOCATES

Regardless of region or state, relationships between state officials and consumer advocates can vary – from limited communication to close, complementary working relationships. Although both groups share the common goal of ensuring health care needs, particularly for the vulnerable, are met, there are inherent tensions in the relationship between state officials and advocates since each group operates within different contexts and constraints.

At the March meeting, two of the presentations by participants—a state official from Virginia and a consumer advocate from Louisiana—were particularly illustrative on ways state agencies and consumer advocates were able to establish effective working relationships with each other in past or current initiatives. These examples may offer lessons for other states

trying to build relationships between the two groups as work on health care reform proceeds.

### Virginia: The Importance of State Leadership, Agency Culture, Support, and Structures for Communications

Several years ago, the Virginia Department of Medical Assistance Services (DMAS), the agency that administers the state's Medicaid and CHIP programs, implemented a significant shift in how it interacts and responds to consumers and stakeholders in decision-making processes. Prior to this shift, the agency asked for public input through public hearings and posting notices. When a new governor assumed leadership in 2002 and prioritized increasing enrollment in the state's CHIP program, the Children's Health Insurance Program Advisory Committee (CHIPAC) was established and codified into law. CHIPAC's mission is to assess the policies, operations, and outreach efforts for the CHIP program and advise the Medicaid Director and the Secretary of Health and Human Resources about ways to optimize program effectiveness. The 20-member group is made up of legislative and state agency representatives, as well as other stakeholder and advocate representatives, and includes provider associations, the Virginia Health Care Foundation, and children's advocacy groups.

Virginia statute mandates that each of these groups and/or individuals are represented in the CHIPAC and that CHIPAC must hold public meetings to engage consumer advocates. In recent years, CHIPAC has successfully incorporated community health centers and insurance enrollment application assisters in the group's activities.

The agency also experienced a cultural shift over the last decade, which may have resulted in better relationships with advocates. Advocates were hired into key positions at the agency, which shifted the agency perceptions of advocates and other stakeholders. The Robert Wood Johnson Foundation (RWJF)-supported national Maximizing Enrollment initiative also provides support and tools for the agency to continue to develop and implement strategies to streamline enrollment in public programs to reduce barriers rather than act as a gatekeeper. Although already working on improving enrollment and retention, the agency used its involvement in Maximizing Enrollment to further engage with key stakeholders, including advocates in this area.

### Louisiana: A Consumer Advocate Perspective On Working with State Officials

At the March meeting, a consumer advocate from Louisiana

discussed how his coalition and the state developed an effective working relationship on the state's current initiative to transition the state's Medicaid program from a traditional fee-for-service model to managed care. From the consumer advocate perspective, this shift to managed care was seen as potentially positive since it could create greater access to coordinated care for Medicaid enrollees and could prepare the state to provide access to care for the expanded Medicaid population newly eligible under federal health care reform. Advocates were pleased with the degree of transparency shown by state agencies and their willingness to engage with the advocacy community as the state makes implementation decisions, including making public records available through a website, opportunities for eliciting public comments, and holding public forums across the state to ensure open channels of communication between stakeholders and the state. Advocates tried to reciprocate the state's heightened communication efforts by offering well-defined and concrete suggestions. Both state officials and consumer advocates have worked to ensure there are no hidden agendas, and emphasized the commonalities they share rather than their differences, which has resulted in a better, more trusting, and productive working relationship.

### Lessons from Already Established Working Relationships Between State Officials and Consumer Advocates

The Virginia and Louisiana experiences, as well as experiences shared by other states at the meeting, highlight some important lessons for strengthening or establishing effective working relationships between state officials and consumer advocates.

- **Create formal or informal structures for regular communication**—Whether it is formal structures for consumer engagement like Virginia's CHIPAC group, or informal structures, like periodic check-in calls, regular opportunities for direct communication may help establish effective relationships between state officials and stakeholders, and these partnerships may help the agency advance state health policy. Meeting participants stressed that early, constant, and consistent communication between state officials and consumer advocates was critical to achieving progress on health care reform implementation.
- **Ground relations and communications in fact and trust**—Meeting participants stressed that collaboration between groups needs to be grounded in sharing

facts rather than misinformation, ideology or politics. Participants also stressed that the best and strongest advocate-state official relationships are built on trust and respect. Providing advance notice about a forthcoming policy change or press statement rather than surprising the other party helps to build trust among these groups.

### EXCHANGES

The federal health care reform law calls for the creation of health insurance Exchanges that are expected to be the source of health insurance coverage for millions of Americans beginning in 2014. Primary responsibility for establishing Exchanges rests with the states, although the federal government will step in to create them in states that choose not to build them on their own. States that decide to establish an Exchange will need to make a host of decisions, including developing policy goals and governance structure; building enrollment systems and information technology infrastructure; and adopting health insurance plan rating, billing, and other systems.

There are many points at which state officials and advocates need to come together in order to ensure the success of Exchanges. First, the ACA calls for states to solicit stakeholder input in Exchange design. All stakeholders, including consumer advocates, can help to develop the vision, policy goals, and governance structure of an Exchange. Consumer advocates can play a key role in future outreach and marketing efforts, since the Exchange must know its customer for effective marketing and outreach. Advocates are also a critical part of the feedback loop that will be important in making improvements. Finally, new consumer assistance and navigator programs are areas where consumer advocates have much experience to share with state officials.

While Exchange planning is still in the early stages, a number of meeting participants noted that states are incorporating consumer advocate participation in stakeholder meetings being convened around the states to discuss Exchange-related issues. Although Tennessee could not participate in the March meeting, the state has been coordinating open "roundtable" meetings for the provider and advocate communities to discuss Exchange planning issues.

Consumer advocates are also part of broader health care reform coordinating bodies, such as workgroups concentrating on Exchange issues. For instance, in North Carolina, six health care reform workgroups, including one on Exchanges,

have been created through a partnership between the state and the North Carolina Institute of Medicine. The Exchange workgroup includes the participation of consumer advocates. Georgia's governor signed an executive order in June 2011 establishing the Georgia Health Insurance Exchange Advisory Committee to make recommendations to the legislature on whether to establish a state-based Exchange. The advisory committee also includes consumer advocate representation.

### Ways to Move Forward on Exchanges

Meeting participants noted that as Exchange planning moves forward, there are a number of challenges that need to be confronted, and the expertise of consumer advocates, coupled with the knowledge and work of state officials, will be needed to tackle them effectively. State officials and consumer advocates can work together in the following ways:

- **Educating consumers about commercial health insurance**—Consumer education will be needed in order to help individuals who are new to commercial health insurance understand the need for coverage. Consumer advocates and community-based organizations will be very important here, especially for low-income and racial and ethnic minority populations.
- **Consumer assistance and Navigator programs**—In an Exchange, there will potentially be many health insurance options to choose from and individuals will also need assistance in choosing a plan. Consumer advocates have historically played a large role in consumer assistance programs and this will need to continue when the Exchange is in operation.
- **Continuity with Medicaid**—As their income fluctuates, individuals will transition between Medicaid and Exchange coverage. The interaction between the Exchange and Medicaid will be very important for ensuring smooth transitions. Many consumer advocates have experience working on Medicaid issues and may be able to identify issues or contribute to work being done by the state in this area.

### ELIGIBILITY AND ENROLLMENT ISSUES

In 2014, millions of Americans will receive health coverage through Exchanges and the expansion of Medicaid. In order to improve systems to efficiently enroll current and future eligible individuals, states need to simplify eligibility policies

and processes, maximize use of effective technology, minimize paperwork, and integrate systems so individuals are efficiently enrolled in the coverage for which they qualify.

The ACA introduces a simplified eligibility standard, based on modified adjusted gross income (or MAGI), for public and publicly-subsidized coverage, including Medicaid, CHIP, and subsidized coverage through Exchanges. States are also required to have seamless, “no wrong door” enrollment systems. States will need to upgrade or replace eligibility system technology and develop policies and processes aligned with new federal standards for simplification and integration to ensure that consumers can enroll in coverage through one process.

At the meeting, participants discussed some successes in simplifying eligibility and enrollment systems, as well as improving program retention. Three states at the meeting—Alabama, Louisiana, and Virginia—are part of the RWJF Maximizing Enrollment initiative, which began in 2008 with a focus on improving children's enrollment and retention in public programs in eight states. With the ACA's passage, the program's mission has been modified to focus on systems improvements to benefit children now and that will be ready for the challenges of the 2014 expansion of eligibility for public and publicly-subsidized coverage. The program's successes and lessons learned provided meeting participants with some ideas for moving forward in eligibility and enrollment planning related to health care reform implementation. Participants also discussed the ways partnerships between states and a broad set of stakeholders, including consumer advocates, contributed to past achievements or plans for future work in improving eligibility and enrollment systems:

- **Alabama's** CHIP and Medicaid agencies convened consumer focus groups to provide feedback on various methods of application, reasons for non-renewal, and to help identify barriers for children transitioning between CHIP and Medicaid. The agencies have also looked at ways to refocus outreach and education strategies to increase awareness of all insurance benefits and programs. Additionally, Medicaid has implemented effective ways to enroll children using express lane eligibility.
- With support from a new governor and assistance from the advocacy community **Kentucky** has eliminated the face-to-face interview requirement for children, suspended premiums for KCHIP members,

and made strides on outreach at the grassroots level. KCHIP hopes to continue expanding outreach at the community level. In addition, the state created online reports detailing monthly enrollment data for Medicaid and KCHIP children at the county level. The reports allow outreach coordinators to determine areas of the state that may need additional resources to reach eligible but unenrolled children. State officials and outreach coordinators maintain communication with advocacy groups by attending regional coalition meetings, sharing program-specific data, and maintaining an open-door policy.

- **Louisiana's** LaCHIP program held focus groups across the state, as well as conducted one-on-one interviews with parents of children in Medicaid and LaCHIP to test program outreach materials, notices, and online and paper enrollment applications. The agency is also partnering with non-profit organizations to identify and enroll hard to reach children (i.e. rural populations and English as a Second Language families), as well as with regional Covering Kids and Families Coalitions.
- **Virginia's** Medicaid and CHIP programs plan to work with local departments of social services and advocates in health care reform-related grant workshops and activities, as well as engage a broad set of stakeholders through a Health Care Reform Summit focused on the impact of health care reform on child health programs in the Commonwealth.

### Ways to Move Forward on Eligibility and Enrollment Issues

As health care reform planning moves forward it will be important for consumer advocates to continue to work with state officials. Meeting participants noted the importance of partnerships between state officials and consumer advocates in the following ways:

- **Harnessing Eligibility and Enrollment Expertise—**Consumer advocates have worked on eligibility and enrollment related issues in Medicaid and CHIP for many years and can bring their wealth of experience to health care reform implementation. They may also have expertise with “hard-to-reach” populations. For example, while the state is focused on outreach to

families, Louisiana advocates are currently conducting research on outreach for newly eligible populations in 2014—childless adults working in the low-wage tourism industry.

- **Leveraging Resources for Outreach Efforts—**Collaborations between state officials and consumer advocates can bridge resource gaps, especially in outreach efforts. In Louisiana, consumer advocates are trained and certified as application assistors in Federally-Qualified Health Centers and other community-based organizations to ease the burden on state eligibility workers.
- **Sharing Data and Information—**Even beyond eligibility and enrollment issues, states have information systems that can help monitor and analyze the outcomes of policies and procedures. These data can be shared with stakeholders. Consumer advocates may also have information systems or research capabilities, but perhaps more importantly, many have on the ground knowledge of the needs and experiences of consumers. Sharing this knowledge with the state can help the state identify problems or issues and drive systems improvements.

### HEALTH PROVIDER CAPACITY

While not a formal part of the agenda, throughout the meeting, participants frequently raised issues relating to provider capacity needs. Provider shortages are already a major problem, but with the influx of newly insured through Exchanges and Medicaid, provider supply will be even more critical.

Strategies to address provider shortages by addressing scope of practice issues may be one area where state officials and consumer advocates can work together. Traditionally, provider associations are resistant to expanding scope of practice for mid-level providers or creating new provider types. Consumer advocacy could help generate the political will to change scope of practice regulations and licensing rules.

### CONCLUSION

Health care reform is a complex undertaking. The tasks ahead will take the efforts of many. As states continue to move forward on health care reform, effective working relationships between state officials and advocates remain critical. Through-

out this meeting, both state officials and consumer advocates stressed that in order to work effectively together or strengthen existing relationships in order to move forward on health reform implementation issues, state officials and advocates need the following:

- **Regular communication**—Early, constant, and consistent communication between state officials and consumer advocates is necessary. Whether through formal mechanisms like advisory committees or informally through regular phone meetings, ensuring that both groups talk together on a regular basis can help build stronger relationships.
- **Share data and information**—Data collected by states can help monitor and analyze the outcomes of policies and procedures. These data can be shared with stakeholders. Likewise, consumer advocates have “on the ground” data, having knowledge of the needs and real experiences of consumers. Ensuring two-way communication efforts between state officials and consumer advocates can help each group identify problems or issues and drive systems improvements.

- **Ground relations and communications in fact and trust**—Along with consistent communication and sharing between state officials and consumer advocates, the information shared between state officials and consumer advocates must also be grounded in sharing facts rather than misinformation, ideology or politics. And, in order to build trust, state officials and advocates should share information in advance of taking action to avoid surprise.

Although NASHP’s formal involvement in the Southern Health Partners initiative has ended, NASHP is continuing to support state officials in effectively engaging all stakeholders—including consumer advocates—in their health care reform planning and implementation efforts, as well as helping to build and strengthen relationships between these groups. In fact, it is one of 11 priorities around which NASHP is organizing its health care reform-related work. As state implementation efforts proceed, state efforts and progress on engaging stakeholders and additional NASHP work can be found at State Refor(u)m ([www.statereform.org](http://www.statereform.org)) and [www.nashp.org](http://www.nashp.org).

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## ENDNOTES

1. State officials and consumer advocates represented the following states: Alabama, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Texas, and Virginia.
2. State officials and consumer advocates from Florida and Tennessee were unable to participate.

### NATIONAL ACADEMY for STATE HEALTH POLICY

#### About the National Academy for State Health Policy:

The National Academy for State Health Policy (NASHP) is an independent academy of state health policy makers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice. As a non-profit, non-partisan organization dedicated to helping states achieve excellence in health policy and practice, NASHP provides a forum on critical health issues across branches and agencies of state government. NASHP resources are available at: [www.nashp.org](http://www.nashp.org).

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