Translating the Medicaid Expansion into Increased Coverage:
The Role of Application Assistance

Webinar
Tuesday, March 19, 2013
Agenda

• Overview

• **Carole Stipelman**  
  Associate Professor of Pediatrics, University of Utah

• **Donna Cohen Ross**  
  Senior Policy Advisor, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services

• **Jennifer Sullivan**  
  Director, Best Practices Institute, Enroll America

• **Jennifer Edwards**  
  Managing Principal, Health Management Associates

• Questions?
Utah’s Experience with One-on-One Application Assistance in Community Health Centers

Carole Stipelman
Associate Professor of Pediatrics,
University of Utah
One-on-One Assistance through Community Health Centers in Utah

• Spurred by interest in increasing enrollment among uninsured children being served by a community health center

• Initial pilot study funded by American Academy of Pediatrics CATCH program
Enrollment Experiences of Children in Pilot Clinic Providing Enrollment Assistance vs. Control Clinic Not Providing Assistance

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>Pilot Clinic</th>
<th>Control Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled</td>
<td>74%</td>
<td>26%</td>
</tr>
<tr>
<td>Not Enrolled Because Application Not Submitted</td>
<td>76%</td>
<td>0%</td>
</tr>
</tbody>
</table>

SOURCE: Carole Stipelman, “AmeriCorps Members Increase Enrollment in Medicaid/CHIP and Preventive Care Utilization at a Community Health Center,” Journal of Health Care for the Poor and Underserved, under consideration.
Well Child Visits During Six Months Following Eligibility Determination

Mean Number of Visits Per Child:

- **0-12 Months**: 2.8 Enrolled, 1.2 Not Enrolled
- **1-5 Years**: 0.7 Enrolled, 0.4 Not Enrolled
- **6+ Years**: 0.5 Enrolled, 0.2 Not Enrolled

SOURCE: Carole Stipelman, “AmeriCorps Members Increase Enrollment in Medicaid/CHIP and Preventive Care Utilization at a Community Health Center,” Journal of Health Care for the Poor and Underserved, under consideration.
Model Spread during CHIPRA Cycle 1

- State primary care association obtained CHIPRA outreach grant to spread the model
- Enrollment specialists on-site at the clinics provide assistance through each step of the enrollment process
- Integrating enrollment specialists into clinic staff provides opportunity to build on provider-patient relationship
- Enrollment specialists are viewed as trusted resources and provide culturally and linguistically appropriate assistance
Most Clinics Found the Model to Be Financially Sustainable

- Enrollment specialists generated additional Medicaid revenue for their clinics.

- Increased revenue enabled them to permanently hire enrollment specialists after the grant funding ended.

- Ameri-Corps workers are a cost-effective resource well-suited to providing enrollment assistance.
Looking Ahead

• Model has continued to grow since grant ended

• Collaborating social service agencies working to spread enrollment assistance statewide and through additional channels

• The database developed during pilot and CHIPRA programs is now a customizable cloud based program that provides reminders for application requirements, renewals dates, preventive care appointments, tracks enrollment outcomes

• Formal training curriculum (8 online modules) developed for other community-based organizations to provide assistance
Donna Cohen Ross

Senior Policy Advisor,
Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services
Survey Findings on Application Assistance

Jennifer Sullivan
Director, Best Practices Institute
Enroll America
Public Perceptions

75% Three out of four of the newly eligible want in-person assistance to learn about and enroll in coverage.

Help gets them from here... ...to here.

Confused
Overwhelmed
Worried
Helpless

Secure
Confident
Reassured

Source: Enroll America, November 2012
Uninsured, but Online and Connected

Source: Enroll America, Forthcoming March 2013
Too Important to Do Online?

Getting health insurance is too important to do online

- All Uninsured
- Uninsured Latinos
- Latinos <139% FPL
- African Americans*
- Uninsured Women

Uncomfortable using a website to find a plan

Getting health insurance is too important to do online

*Data provided are for all African Americans; subset for uninsured African Americans not available.

Source: Enroll America, Forthcoming March 2013
Preferences for Help: The Uninsured

**What Kind?**

- Qualify for financial help: 56%
- Finding the best plan: 52%

**From Whom?**

- State employee whose job it is to help: 48%
- Family member: 34%
- Doctor or nurse: 32%
- Medicaid office: 32%
- Health insurance company: 31%

**How?**

- In-person: 77%
- Telephone: 30%
- Email: 24%
- Online Chat: 7%

**Where?**

- Agent/broker's office: 29%
- Family/friend's home: 27%
- Clinic/doctor's office: 22%
- Medicaid office: 21%

Source: Enroll America, November 2012
Value of In Person Assistance

- **Knowledge**
  - What is and isn’t covered
  - Out of pocket costs

- **Security**
  - In-person beats online/self-service experience

- **Confidence**
  - Have provided all necessary paperwork
  - Have completed application correctly

- **Reassurance**
  - Know when their insurance will start
  - Know what to do if they need health services before they get their card

*Source: Enroll America, Forthcoming March 2013*
State Planning for Enrollment Assistance

Jennifer Edwards
Managing Principal
Health Management Associates
Progress to Date

- About a dozen states have released or are about to release their RFP to contract with navigators, in-person assistors, and/or certified application counselors.
- All states with state-run or partnership exchanges will be doing so by this summer to begin in October.
- States with a federally-facilitated exchange may still choose to build local capacity to assist with enrollment.
- Some states are passing insurance broker-protection legislation which could create conflicts with federal navigator regulations.
States’ Design and Management Considerations for Application Assistance

- Number of assistors needed; scope of duties, coordination of duties among the assistance types
- Recruitment and roles of existing enrollment assistance entities (e.g. CBOs, insurance brokers)
- Funding of startup costs for new assistors, and financial incentives once established
- Coordination between state and federal consumer assistance, and with federal or state marketing campaigns
- Coordination for consumers across the income spectrum, with attention to stigma, churning, etc.
- Licensure, certification, training and monitoring
- Anticipation of federal guidance on many issues, including coordinating state and federal enrollment assistance
IPA Plans in a Partnership State - Arkansas

- Issued an RFQ for in-person assistors (IPAs) on 3/5.
- 535 needed, to reduce by 75% after open enrollment
- Includes assistance for consumers applying for Medicaid or private insurance through the exchange
- IPA role will follow the federal navigator role.
- Agents and brokers may participate but not be compensated by insurers
- AR Department of Insurance to train
- IPAs to receive funds for start-up costs and performance-based incentives for reaching 85% of monthly goals
Navigator and IPA Plans in a State-run Exchange State – New York

- Issued an RFA on 2/13
- State budget is $27.2m/year for 5 years
- Navigators and IPAs provide same services, including application and renewal assistance for all consumers (Medicaid and Exchange)
- Brokers (producers) cannot receive compensation from insurers
- Department of Health will train and certify assistors