



NC Get Covered Coalition Meeting
Friday, July 10, 2015, 10:00 a.m. to 11:00 a.m.

Notes

Building on the Enthusiasm from *King v. Burwell*

Sorien Schmidt,
Director, Enroll America/North Carolina

- The Supreme Court confirmed that Affordable Care Act subsidies will be available to consumers in North Carolina, and throughout the state. The decision erases the anxiety so many enrollees in North Carolina had about scheduling a preventive healthcare appointment, a diagnostic test, or proceeding with needed surgery or treatment plan.
- The priority now is to make sure families across North Carolina know that they should contact the community health centers, ACA application counselors, or health insurance agent in their community to learn if they are eligible during the current Special Enrollment Period or during the Open Enrollment Period that begins November 1.

Institutionalize the Enrollment Process

- We need to build on the enthusiasm and recognition that the ACA is here to stay and reach out to hospitals, local health departments, community colleges, school systems, social service agencies and more.
 - We need make sure that information about the opportunities to get health insurance is part of these systems' intake, admission, or enrollment processes.
 - Asking the question in each setting: "Do you have health insurance?"
- It's important to institutionalize the annual enrollment and re-enrollment process.
- Stress the need to actively re-enroll and in doing so be sure to:
 - Do it by December 15, 2015
 - Update financial and family information
 - Carefully, review the options—there are more options—to find the policy that fits your healthcare needs and budget
 - Do this review with a person trained to assist you
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The Audience is Shifting—those still uninsured present new challenges

- As we approach start of Open Enrollment in November, we need to recognize the audience is shifting—those consumers who remain uninsured are different than the first two years.
- New research by Robert Wood Johnson Foundation and Perry Udem clearly point this out.
 - Find the study at:
 - <https://www.enrollamerica.org/resources/public-education/why-did-some-people-enroll-and-not-others/>

- Key findings from the Perry Udem study are, that those consumers who remain uninsured:
 - They are harder to reach
 - A significant number know about ACA coverage, may have even have gone on Healthcare.gov.
 - But still could afford the premiums
 - Still, another significant number do not know health insurance coverage was potentially available to them
 - Know about ACA coverage, but believe that they'll soon have a job that provides them health benefits
 - Believe they don't need health insurance, because they have been able to find free care and prescriptions when they needed them.

- Reaching out and connecting with these uninsured will require a deeper, richer, perhaps longer discussion.

- The basic core messages remain the same and are still needed
 - Health insurance is important
 - Protects you from the unexpected
 - Avoid expensive treatment of acute or chronic conditions
 - Ability to seek preventive care, management of chronic conditions
 - Health insurance is affordable, premium assistance
 - The Marketplace has new plans, more options
 - Avoid the fine
 - Personal assistance is available at:
 - 855.733.3711 here in North Carolina
 - www.GCAConnector.org (Enroll America site for an appointment)

- The concept of reconciling the income you reported and actually earned is not understood.
- Group settings are good for initial outreach, but health insurance and one's health conditions are personal. It will require a 1:1 conversation

“Shout out!” to Enroll America Connector and North Carolina

- Connector was used by in-person assisters in 20 States
- 50,000 appointment slots were posted on the Connector
 - North Carolina NC Navigator Consortium accounted for 25%
 - Cover Arizona—13 %
 - Univ. of South Florida Cover Kids—13%
 - Palmetto Project/SC—10%

- Analysis of the data from the Get Covered Connector showed:
 - Enrollment Events do work
 - Appointment at enrollment events were 75% more likely to be filled
 - Majority of consumers using the Connector lived within 4.5 miles of their appointment site
 - 90% were within 10 miles
 - Saturday was the best day for appointments
 - Between 8am and 6pm
 - On Weekdays

- Best time for weekday appointments was during the day (one would have thought evening)
- The challenge to In-Person Assisters during OEP3 is:
 - More appointment slots
 - Fill the appointment slots with consumers/enrollees

Medicaid Expansion---What can North Carolina learn from other States' Initiatives

Adam Searing

Senior Research Fellow

Georgetown University McCourt School of Public Policy

- Medicaid expansion is said to be a legacy-defining issue for the Obama administration during the next 18 months, one that may determine whether Affordable Care Act (ACA) achieves its full, desired impact. The administration has assented to conservative demands in exchange for Republican-controlled states accepting the expansion.
- To convince reluctant states to participate, HHS has allowed them to use Medicaid dollars to pay for private insurance, require some enrollees to make small premium payments, create incentives for healthier behavior, and set up voluntary work-referral programs for their beneficiaries.
- That has persuaded states such as Arkansas, Iowa, and Indiana—with a Republican governor, legislature, or both—to expand Medicaid coverage to hundreds of thousands of low-income residents through Medicaid, despite their ambivalence toward or opposition to the ACA. Currently, HHS is 6-for-6 in striking Medicaid expansion waiver deals.

Key Themes that are emerging

- Premiums and cost-sharing in all kinds of new forms are being proposed.
 - Indiana has Health Savings Accounts (HSAs)
 - Premiums for people at 100% -- 138% FPL.
 - Premiums for people below 100% FPL in Indiana and Montana(proposed)
 - But no disenrollment for non-payment
 - Significant body of research has shown that requiring premiums at low-income levels significantly reduces enrollment, e.g. Oregon experienced a 50% drop in enrollment with premiums.
- Using private insurance or premium assistance—through Qualified Health Plans in the ACA Marketplace
- Encouraging work or job training.
 - But CMS has drawn a line at requiring work/employment.
- Promoting “healthy behaviors” and “personal responsibility”

In each of the 6 Republican states with expansion, the Governor played the Central and Key Role.

- Once the Governor offers a plan it becomes the “state’s” plan,
 - i.e. The Arkansas Plan, The Indiana Plan, The Utah Plan, and so forth.
- The governor has put together a broad coalition supporting the “state’s plan”
 - In Utah that coalition includes:
 - The Mormon Church

- The Catholic Church
 - Academic Researchers from universities
 - The state's financial institutions (banks)
 - Business and Industry
- In Tennessee Gov. Haslam has done the same.
- Role of the Media
 - The role moved from Editorial Page support
 - Media assumed an activist role. (See slides)

The "Debate" over a state adopting Expansion is no longer a partisan debate of D's vs. R's

- The "Debate" is within the Republican Party
 - Between those members of the party who favor expansion and those who oppose
- Because the debate is within the party itself, typical lobbying efforts employed by advocacy organizations is not and will not resonate.
- Identify the Republican Members of the Legislature are interested in learning more about the efforts in other states and who can become spokespersons
- But remember, members will be reluctant to speak about the "state's plan" if the Governor has not put forth a plan.

Robert Wood Johnson Foundation and Urban Institute:

Medicaid Expansion, the Private Option and Personal Responsibility Requirements: The use of Section 1115 Waivers to Implement Medicaid Expansion under the ACA May 2015

<http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000235-Medicaid-Expansion-The-Private-Option-and-Personal-Responsibility-Requirements.pdf>

State Overview

1. **Arkansas** Waiver with a private option purchase insurance off the Marketplace
2. **Iowa** Waiver with a private option purchase insurance off the Marketplace
3. **Michigan** Waiver
4. **New Hampshire** Waiver
5. **Indiana** Waiver
6. **Pennsylvania** Moved back to straight expansion from approved waiver with new Governor
7. **Alaska** Considering waiver. State's AG is ruled the Governor can act, without legislation
8. **Montana** Waiver currently, 60 day public comment period, before submitting waiver to CMS in early September)
9. **Utah** Debate has stalled
10. **Tennessee** Debate has stalled
11. **Louisiana** Legislature has enacted legislation giving the next Governor (January 2016) the ability to expand the Medicaid program. The Gubernatorial candidates in both parties have indicated their interest in doing so. State's hospitals have agreed to pay for the state's costs.}
12. **Arizona** Threat to the state's already implemented expansion. Republican legislators brought suit against the legislation, which passed the legislature on a simple majority. Basis for the suit is: The state's portion of the expansion is being funded by fees on hospitals. The suit claims these fees are really a tax on hospitals. Enacting a tax in Arizona requires a "super-majority" in chamber of the legislature.