

EVENT SUMMARY

GETTING THE MOST BANG FOR OUR POST-HEALTH REFORM BUCK: ENROLLING AND RETAINING EVERYONE WHO'S ELIGIBLE

December 1, 2009

The Alliance for Health Reform, along with its co-sponsor, The Pharmaceutical Research and Manufacturers of America (PhRMA), held a briefing at the Columbus Club in Union Station, Washington, DC. The briefing addressed the issue around enrollment and retention in public programs. A question-and-answer session designed to address the concerns of the audience followed the talks of the panelists.

Ed Howard began by setting the background on the issue, mentioning that increased subsidies accomplish little if they go unused and that large gaps exist between eligibility and participation. However, creative and efficient mechanisms already exist to determine eligibility and then enroll these people across blue and red states.

Stan Dorn began by discussing the statistics behind enrollment and retention efforts in public programs. Within the first 10 years, the Medicare program had only enrolled a third of eligible members; CHIP had almost 60-percent enrolled only 5 years after its inception. Medicare part D captured 74-percent of eligible people in less than six months. Massachusetts had only two- to six-percent of non-elderly persons left uninsured after two years. In Massachusetts, the individual mandate played an important role in decreasing uninsured numbers, however also effective to that end were a number of other things: the state implemented a major public education campaign, they determine eligibility using existing data (six out of seven people who are uninsured in Massachusetts file income tax forms), a single application is used for many subsidy programs with intensive assistance, and provider incentives are distributed. The Senate bill states that it will use income tax data for subsidies for Medicaid and CHIP; however, there are no provisions for this to automatically occur. Neither bill gives incentives for community-based organizations or providers to help enlist and enroll. Finally, he said, we must exploit the power of unity, using one form and one process.

Tricia Brooks began by talking about how the number of uninsured kids has dropped to its lowest number in over 20 years and that 40% of uninsured kids were enrolled in Medicaid or CHIP over the prior year. She stated that major barriers to enrollment and retention include: excessive paperwork and red tape, lack of communication and public relations infrastructure about who is eligible and what is necessary to get enrolled, affordability, out-dated technology, the existing cultural mindset to access healthcare in certain areas. She said that there is also a lack of coordination among programs that should have common goals. She also said that we must have the political will, available state resources, and ability to collect and analyze data to lessen the effects of these barriers. Additionally, we must keep the system simple and consistent for families and for support community-based assistance, and we must push for accountability and transparency, and offer affordable premiums w/flexible payment policies.

Ruth Kennedy stressed simplification and streamlining of enrollment and eligibility determination mechanisms. In 1992, Louisiana eliminated the asset test and face-to-face renewals and used community based organizations to assist applicants. In 1998, they began using a twelve month

continuous eligibility period. In 2000, an aggressive telephone follow-up for renewal requests occurred, netting major gains in re-enrollment. There was also an ex parte renewal for all children in the food stamp program. In 2003, rolling- and off-cycle renewals were permitted and the requirement for a signed renewal form for non-ex parte cases was eliminated. In 2007, an online-based renewal option came into existence. As of September 2009, 40% of renewals occurred ex parte, 17% by phone, 38% by an administrator, 3% by enrollee form, and 2% by web. As other states follow in Louisiana's path, Ruth said, it will be important for them to remember that: if you build it, they may come. She said that experience challenges classical economic theory; be careful what you ask for; and strong resources are needed, so a reduced burden on states will allow for them to move forward more easily.

Stan Rosenstein discussed the complications of the situation. States must balance budgets and are also reducing provider rates and program benefits. Additionally, he asked if it makes sense to continue the patchwork of programs. He stated that there is a need to simplify and sort out new enrollees and those currently enrolled. As of now, Medicaid is under major stress. State tax revenue is down around 20%, and it'll take states nearly a decade to fully merge from the current recession. There will also be an obligation to states for funding if enrollment increases. Ultimately most states do indeed want to simplify the process for enrollment and retention. However, the questions that will be essential to achieving this outcome are whether federal coverage and claiming rules will facilitate simplification and whether states can pay for the increased caseload of doing so.

A lively question and answer period followed.