

Coverage of Low-Income Adults Under Health Reform: Lessons from State Experience

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for

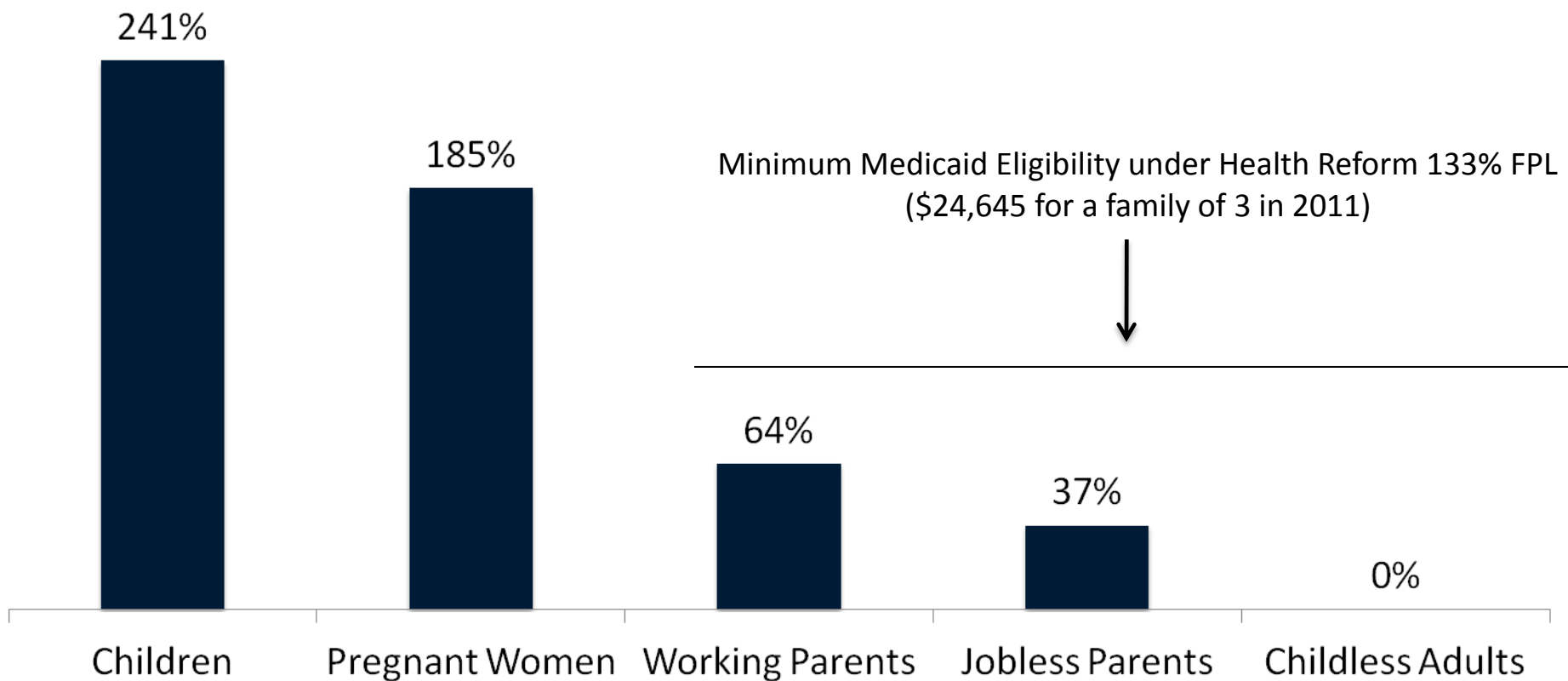
On the Road to 2014: Medicaid and CHIP Eligibility and

Enrollment Conference

September 8, 2011

FIGURE 1

Median Medicaid/CHIP Eligibility Thresholds, January 2011

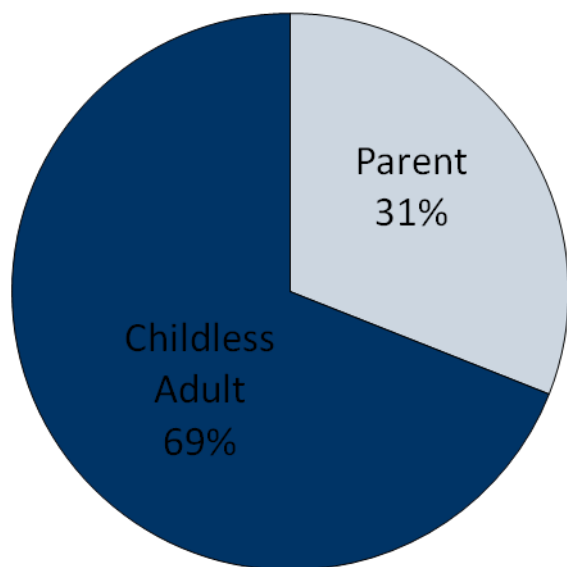


SOURCE: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2011

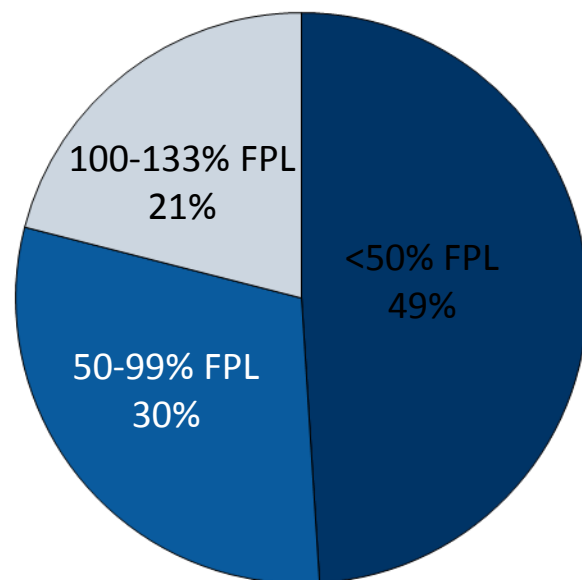
FIGURE 2

Uninsured Adults at or below 133% FPL by Parent Status and Poverty Level, 2008

Parent Status



Poverty Level



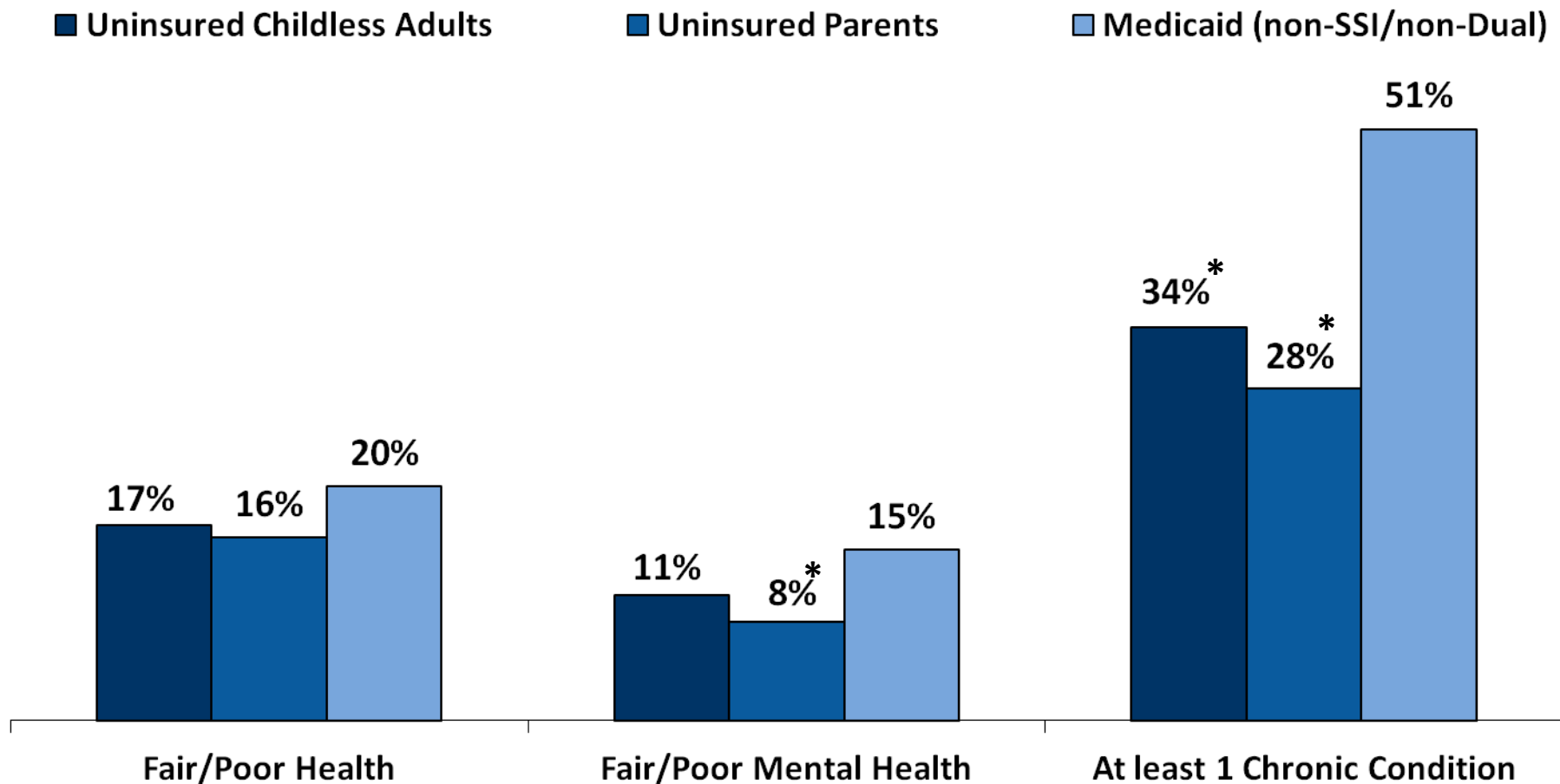
Total:
17.1 Million Uninsured Adults \leq 133% FPL

The HHS federal poverty guidelines were \$10,400 for an individual and \$21,200 for a family of four in 2008.

SOURCE: KCMU/Urban Institute analysis of 2009 ASEC Supplement to the CPS.

FIGURE 3

Health Status of Adults at or below 133% FPL by Insurance Status, 2007



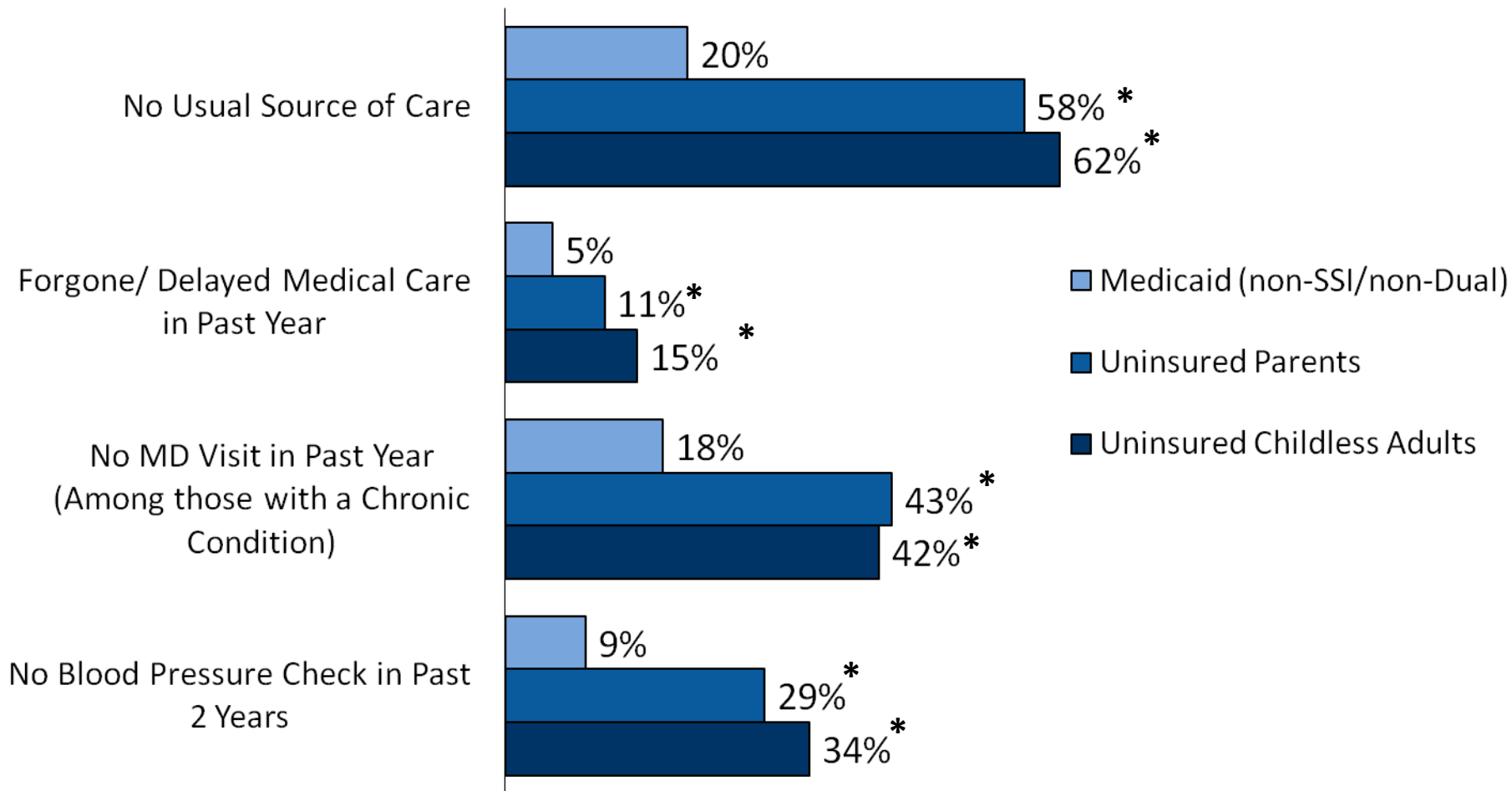
* Statistically different from Medicaid ($p < 0.05$)

All insurance groups include only those with full-year coverage.

SOURCE: Kaiser Family Foundation analysis of 2007 Medical Expenditure Panel Survey data.

FIGURE 4

Access to Care and Utilization Among Adults at or below 133% FPL by Insurance Status, 2007



* Statistically different from Medicaid (p<0.05).

All insurance groups include only those with full-year coverage.

SOURCE: Kaiser Family Foundation analysis of 2007 Medical Expenditure Panel Survey data.

Public Coverage for Low-Income Adults Today

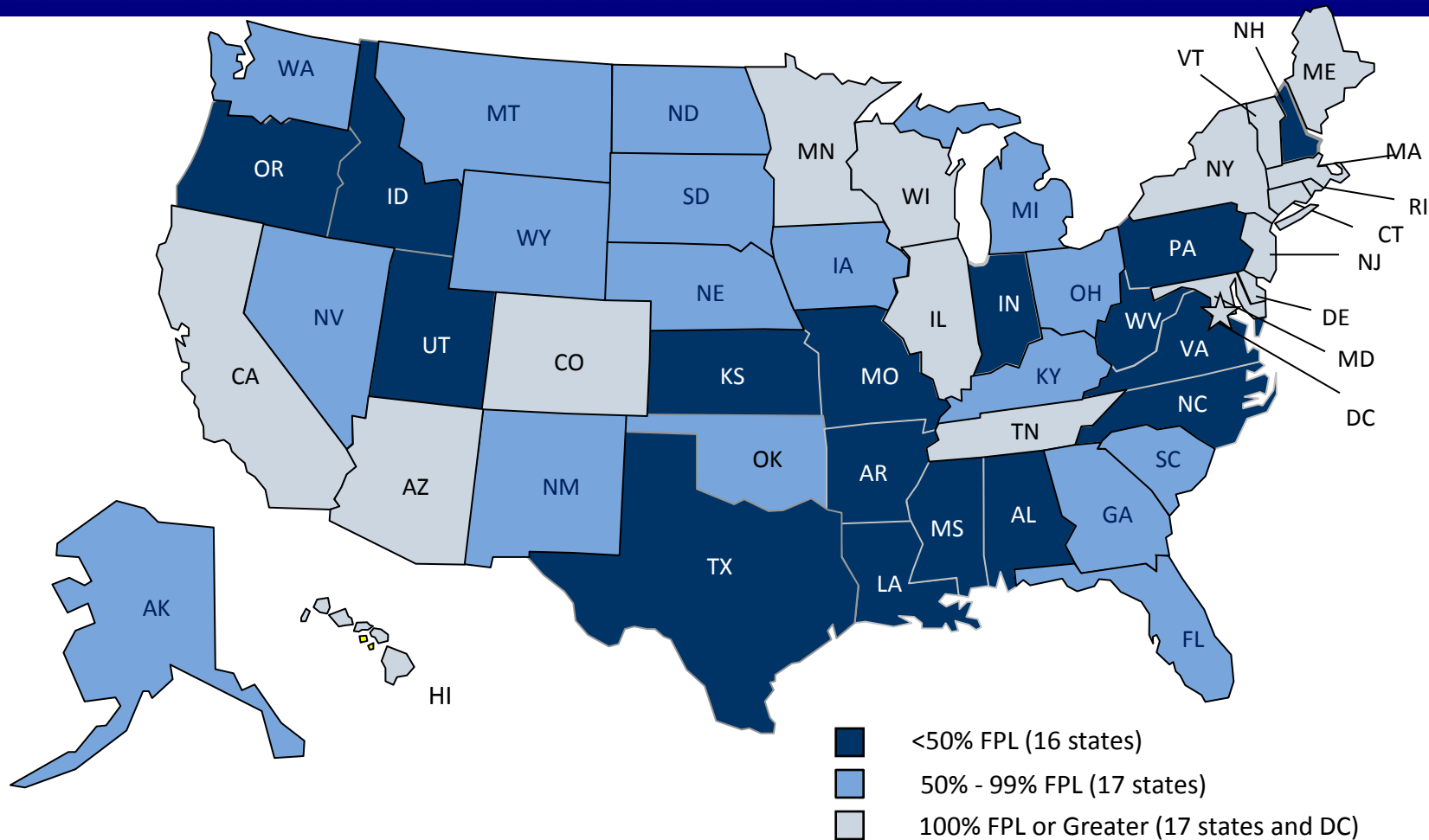
- Coverage Pathways
 - Mandatory and optional Medicaid eligibility for parents
 - New adult coverage option created by ACA
 - Section 1115 waiver coverage
 - Fully state-funded programs
- Coverage Types
 - Medicaid or Medicaid look-alike
 - More limited than Medicaid
 - Premium subsidies for employer-sponsored insurance
- Recent state actions
 - ACA early adult coverage option: CT, DC, MN
 - Section 1115 waivers to expand adult coverage: CA, DC, NJ, WA
 - Cuts to adults coverage: PA; AZ and NJ proposals

Examples of Limitations in Some Waiver and State-Funded Coverage

- Enrollment caps and waitlists
- Work-related eligibility requirements (e.g., must work for small employer)
- Limited benefit packages that range from:
 - Similar to a commercial plan (e.g., MA, NM)
 - Primary care only (e.g., MD, UT)
- Enrollment fees, premiums, cost sharing above Medicaid limits

FIGURE 7

Medicaid Eligibility for Working Parents by Income, 2011

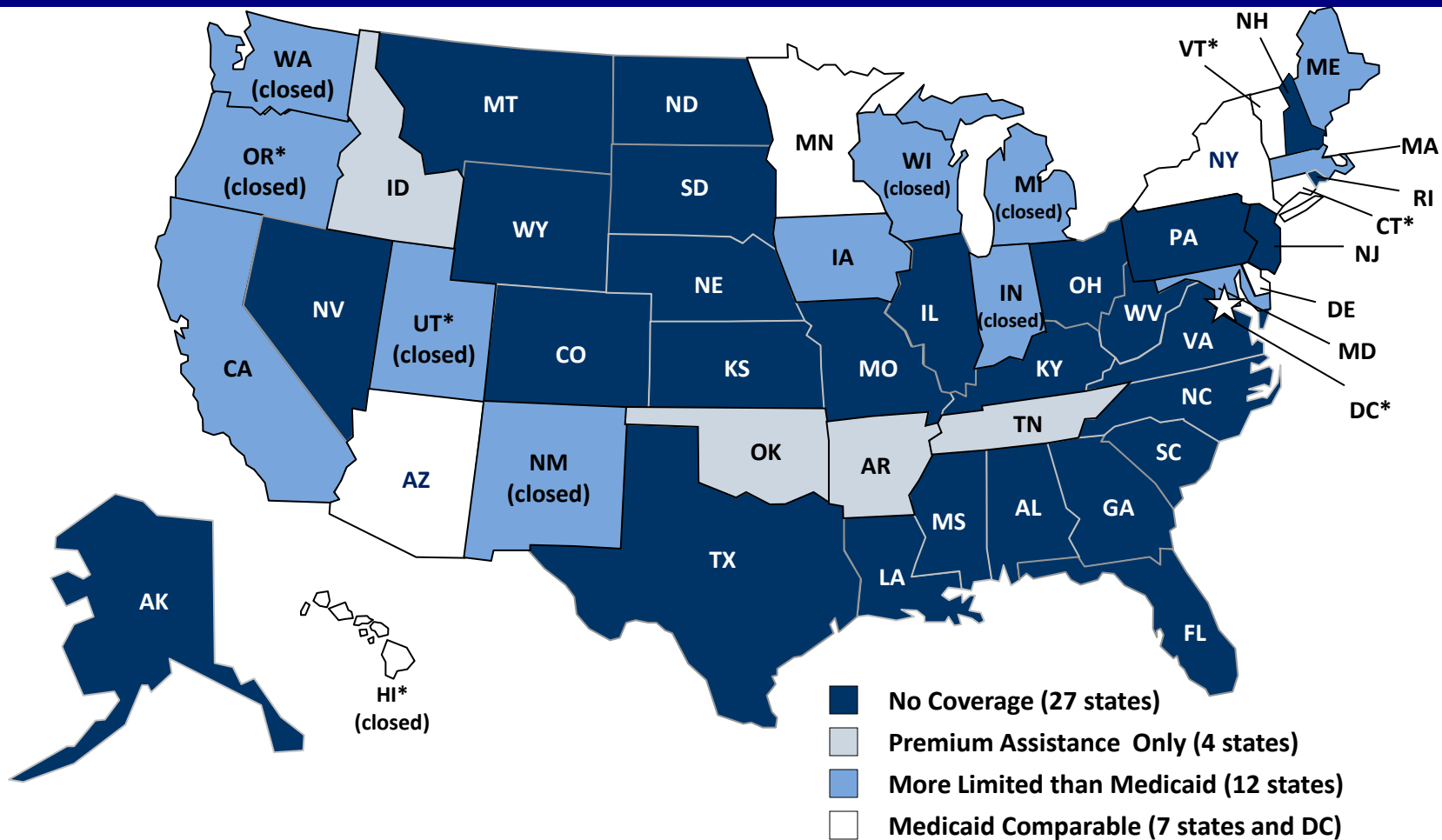


Notes: The federal poverty level (FPL) for a family of three in 2011 is \$18,530 per year. Several states also offer coverage with a benefit package that is more limited than Medicaid at higher income levels.

SOURCE: Kaiser/Georgetown Medicaid Eligibility and Enrollment Survey, 2011.

FIGURE 8

Coverage of Childless Adults by Scope of Benefit Package, 2011



Map identifies broadest scope of coverage available in the state. CT, DC, HI, & VT also more limited coverage; OR & UT also offer “premium assistance” with open enrollment.

SOURCE: Kaiser/Georgetown Medicaid Eligibility and Enrollment Survey, 2011.

Lessons from State Experience Providing Coverage to Low-Income Adults

- Eligible adults face a range of potential enrollment barriers
 - Historic lack of eligibility to Medicaid
 - Limited connection to public programs
 - Fluctuating incomes
 - Language and cultural barriers
- Best practices for enrolling parents and children will apply
 - Streamlined procedures with minimal paperwork
- Reaching adults will also require new outreach strategies and messages
 - Communicating the change in eligibility rules
 - Highlighting services covered and financial and health risks of being uninsured
 - Partnering with CBOs and providers; facilitated enrollment
 - New outreach avenues (unemployment offices, job training programs, community colleges)

Lessons from State Experience Providing Care to Low-Income Adults

- Adult enrollees often have greater health needs and lower incomes than anticipated
- Some have significant mental health needs and substance abuse problems
- Connecting adults with a primary care provider or medical home will be key
- Assessments and care management programs can help identify high-need cases and connect them with care

Looking Ahead to 2014

- Integrated enrollment process for Medicaid, CHIP, and Exchange coverage
 - Supported by technology
 - Real-time determinations
- Simple and seamless enrollment, renewal, and coverage transition processes will be key
- Continuity of care through coverage transitions will also be particularly important for low-income adults
 - High-need cases, with behavioral health needs
- States have a long road ahead to upgrade and develop systems

Additional Resources

- Holding Steady, Looking Ahead: Annual Findings Of A 50-State Survey Of Eligibility Rules, Enrollment and Renewal Procedures, And Cost Sharing Practices in Medicaid and CHIP, 2010-2011
<http://www.kff.org/medicaid/8130.cfm>
- Expanding Medicaid under Health Reform: A Look at Adults at or below 133% of Poverty <http://www.kff.org/healthreform/8052.cfm>
- Expanding Medicaid to Low-Income Childless Adults Under Health Reform: Key Lessons From State Experiences
<http://www.kff.org/medicaid/8087.cfm>
- Expanding Coverage to Adults through Medicaid Under Health Reform: Key Issues to Consider for Implementation
<http://www.kff.org/healthreform/8102.cfm>
- Coordinating Coverage and Care in Medicaid and Health Insurance Exchanges <http://www.kff.org/healthreform/8118.cfm>