

Report to the Health Reform Task Force

Options to Maximize Employer Sponsored Coverage & Strategies to Increase Enrollment of Medicaid Eligible Children

Prepared by the Division of Medicaid and Health Financing

November 30, 2016



This report is submitted in response to the following language passed in House Bill 437 by the 2016 Legislature:

"The department shall study, in consultation with health care providers, employers, uninsured families and community stakeholders options to maximize (the) use of employer sponsored coverage for current Medicaid enrollees and strategies to increase participation of currently Medicaid eligible and uninsured children, and report the findings of the study to the Legislature's Health Reform Task Force before November 30, 2016."

BACKGROUND

The Utah Department of Health (Department) held three public meetings at the Cannon Health Building, inviting stakeholders to participate in a discussion on options and strategies to maximize use of employer sponsored coverage, also known as employer sponsored insurance (ESI), for Medicaid members and on increasing participation of Medicaid eligible, yet uninsured children.

The first two public meetings were held on November 3 and November 8, 2016. They were announced on the Utah Public Notice Website as well as through the Medical Care Advisory Committee (MCAC). The MCAC is comprised of health care providers and consumers, including recipients of Medicaid services, consumer advocate groups, minorities, and the business community. Invitations were sent to interested stakeholders including health advocates, employers, health insurance brokers, Avenue H, the Salt Lake Chamber of Commerce, and other individuals and community organizations.

Attendees for the first two meetings included stakeholders from the following organizations:

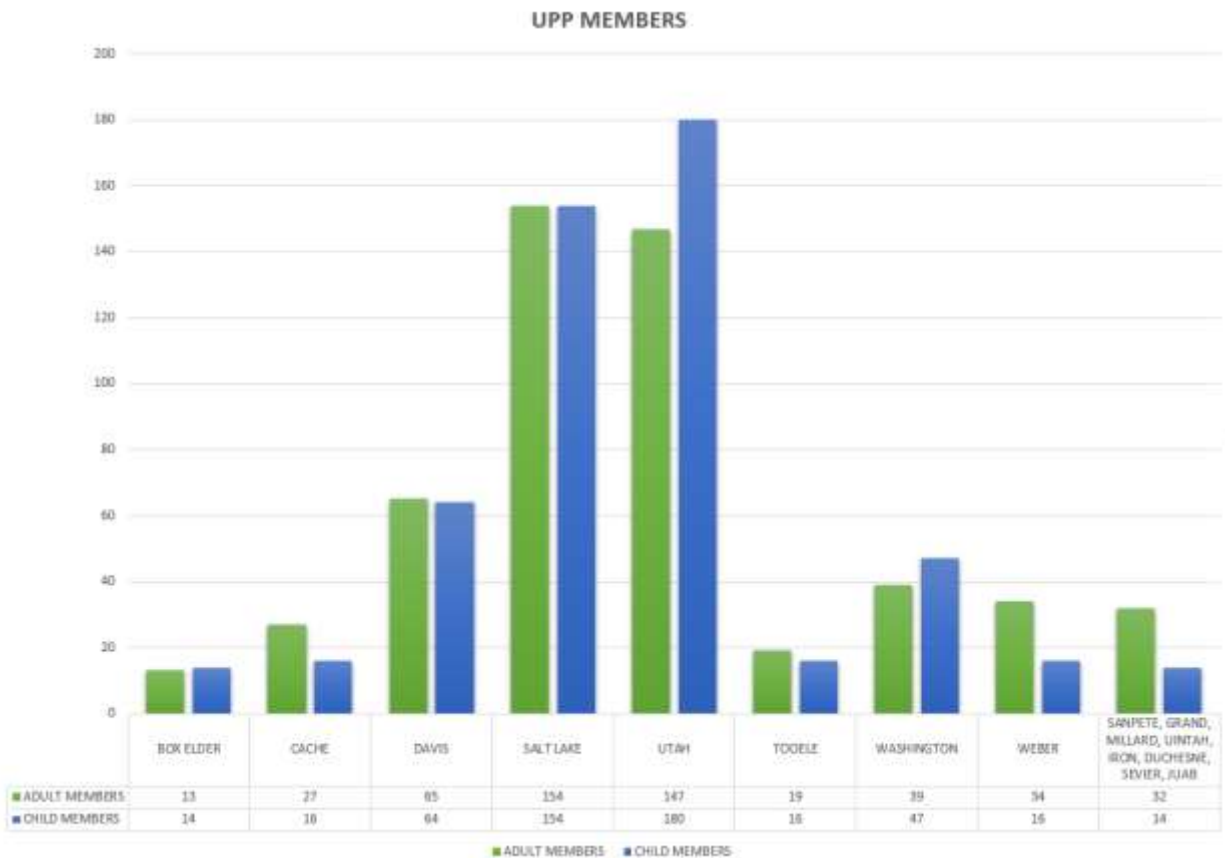
- Health Access Project
- Utah Health Policy Project (UHPP)
- The Arc of Utah
- Association for Utah Community Health (AUCH)
- Take Care Utah (TCU)
- Avenue H
- Utah Department of Health
- Voices for Utah Children
- American Association of Retired Persons (AARP)
- Select Health
- Utah Family Voices
- Utah Parent Center
- Health Choice Utah
- University of Utah Health Plans (UUHP)
- Queen Center

A third meeting was held on November 10, 2016 with the Utah Indian Health Advisory Board (UIHAB).

UTAH'S PREMIUM PARTNERSHIP FOR HEALTH INSURANCE (UPP)

Utah maximizes the use of employer sponsored coverage through UPP. UPP helps low-income families, including those eligible for the Children's Health Insurance Program (CHIP), pay a portion of their monthly health insurance premiums for their employer sponsored health insurance plan or COBRA continuation health coverage. Individuals qualify for UPP based on several eligibility criteria including income, citizenship, and access to affordable insurance.

As of October 2016, there were a total of 1,051 UPP members: 521 children and 530 adults. Below is a breakdown by county:



MEDICAID CHILDREN

As of October 2016, there were a total of 196,260 children enrolled in Medicaid. Below is a breakdown by county.

Children on Medicaid Oct. 2016			
BEAVER	538	PIUTE	124
BOX ELDER	3,724	RICH	123
CACHE	8,261	SALT LAKE	72,923
CARBON	1,841	SAN JUAN	2,223
DAGGETT	18	SANPETE	2,401
DAVIS	16,054	SEVIER	1,817
DUCHESNE	1,925	SUMMIT	1,152
EMERY	826	TOOELE	4,451
GARFIELD	255	UINTAH	3,100
GRAND	674	UTAH	34,226
IRON	4,825	WASATCH	1,353
JUAB	838	WASHINGTON	12,679
KANE	462	WAYNE	188
MILLARD	1,053	WEBER	17,887
MORGAN	319		

STAKEHOLDER RECOMMENDATIONS FOR BOTH AREAS

The public meetings produced the following stakeholder recommendations to both maximize employer sponsored coverage and increase participation of Medicaid eligible children who have not yet enrolled. Implementing the recommendations is contingent upon having sufficient funding and staffing.

MARKETING

- **Create Partnerships with Medicaid and CHIP Managed Care Plans:** Pool funds from contracted managed care plans to market Medicaid, CHIP, and UPP programs. Marketing materials and campaigns will share the same generic message about the programs without violating federal regulations regarding managed care marketing.
- **Advertise:** The Department could attend fairs, do television ads, and advertise Medicaid, CHIP, and UPP on billboards. The Department could also explore networking with different agencies and use the Department's social media formats to promote the programs.
- **Create Specialized Media:** Develop culturally appropriate specific brochures and pamphlets to appeal to specific populations such as American Indians and Alaska Natives.
- **Develop Reports/Collect Data:** Develop demographic specific reports and data. Demographics should include ethnicity and race by county. The reports and data will help identify where to target our marketing efforts.

EDUCATION

- **Improve Education:** Provide better education for community outreach workers and application assistors on the Medicaid, CHIP, and UPP programs. These individuals can make potential members aware of the programs and can help individuals navigate the application process.
- **Fund Application Assistors:** Fund application assistors to help families enroll in these programs. Funding would need to be appropriated and directed by the Legislature.
- **Provide Employer Education:** Identify employers with low income employees. Work with the Department of Workforce Services (DWS) to obtain a list of these employers. Work with these employers to educate their employees about Medicaid, CHIP, and UPP. Distribute educational messages and material for employers through various professional associations.
- **Conduct Focus Groups:** Develop focus groups for different demographics to see what works and what does not work for them regarding the application process for Medicaid, CHIP, and UPP.

PROCESS IMPROVEMENT

- **Increase Access to Application Counselors and Navigators:** Add language to applications, notices, and forms to inform individuals about certified application counselors (CAC) and navigators that can help them navigate through the application process.

- **Decrease Documentation:** Within the program parameters, require/request less eligibility verification for medical programs while maintaining the accuracy and integrity of the Medicaid, CHIP, and UPP programs.
- **Improve Clarity of Review Notices:** Review and make necessary modifications to the review notices to ensure the language is clear. There are instances in which members mistakenly interpreted the review notification for a case closure notification.
- **Develop Performance Metrics:** Produce performance metrics that are specific to the outreach goals.
- **Create Mobile Applications:** Create a mobile app. for the online application.
- **Improve myCase Online Application:** Develop more dynamic application questions. Add Spanish language to the online buttons. Some online buttons have are not translated into Spanish when the individual chooses to complete the application in Spanish.
- **Improve Understanding of Third Party Access:** Educate third party representatives and members regarding what information a third party may have access to and how to permit third party access to specific case information.

STAKEHOLDER RECOMMENDATIONS FOR EMPLOYER SPONSORED COVERAGE

The public meetings produced the following stakeholder recommendations to maximize employer sponsored coverage. Implementing the recommendations is contingent upon having sufficient funding and staffing.

ELIGIBILITY CRITERIA

- **Eliminate Crowd Out Policy Provisions:** Eliminate the 5 percent access to insurance threshold to allow more individuals to be eligible for UPP.
- **Review Access Threshold:** Review the 5 percent access to insurance threshold to determine if there is more flexibility in the percentage applied.
- **Implement Annual Open Enrollment:** Create an annual UPP open enrollment period for applicants who are already enrolled in an employer sponsored insurance plan. During that period, the requirement to be uninsured would be waived. This requires an amendment to Utah's current 1115 waiver.
- **Increase the FPL:** Increase the Federal Poverty Level (FPL) to 400 percent for UPP. This will require legislation, an appropriation and an amendment to the 1115 waiver.
- **Change the 90 Day Sanction Period:** Decrease or remove the 90 day sanction period for those who voluntarily drop their health care coverage.
- **Change Covered Individuals Policy:** Allow covered or recently covered individuals to apply for and receive UPP payments. This requires an amendment to Utah's current 1115 waiver.

NETWORKING

- **Partner with Brokers:** Work with insurance brokers to provide education and awareness of UPP.
- **Connect with HRs and CEOs:** Connect with Human Resources and CEOs of companies to educate them regarding UPP. Since they help employees with onboarding and enrolling in health insurance coverage, it is good to work with these individuals to get the word out on the UPP program.
- **Educate Eligibility Workers:** Share more education and information with DWS workers that are not UPP specialists. These workers can share information about UPP with families who are not aware of it.

STAKEHOLDER RECOMMENDATIONS FOR ENROLLMENT OF MEDICAID ELIGIBLE CHILDREN

The public meetings produced the following stakeholder recommendations to increase enrollment of Medicaid eligible children who are not yet enrolled. Implementing the recommendations is contingent upon having sufficient funding and staffing.

OUTREACH

- **Destigmatize Medicaid:** People tend to associate Medicaid with other welfare programs and do not want to apply for Medicaid due to this social stigma. Therefore, find a way to destigmatize Medicaid. Some suggestions were:
 - Change the name for the children's Medicaid program. Re-brand the name to disassociate it from welfare programs. Perhaps use CHIP as the program name for ALL public medical programs for children.
 - Remarket materials for Medicaid. Associate a jingle; make it a good thing to apply for medical benefits.
- **Communicate a Positive Message:** Many individuals in Hispanic and mixed immigration households believe that Medicaid will pass their information to the Immigration and Naturalization Services (INS). Therefore, there may be eligible children who have not yet applied for Medicaid (or CHIP.) The recommendation is to deliver a positive message to the Hispanic community to assure them that it is okay to apply for Medicaid for their eligible children. It is recommended this message come from someone in authority, such as the Governor. The message can also be aired on Telemundo or other media that would reach this population.
- **Incentivize Health Outreach Events:** Provide individuals with the incentive to come to health outreach events and apply for Medicaid. For example, partner with a film vendor and/or schools. Send health flyers home with children to give to their parents to inform parents of the event.
- **Partner with the Science, Technology, Engineering, and Mathematics (STEM) Program:** Collaborate with STEM, using the STEM Bus Program as a promotional opportunity for Medicaid to reach Medicaid eligible individuals in rural Utah.

- **Provide Seed Money:** The Department provide the seed money to fund and develop marketing materials that community partners can utilize to further promote Medicaid.
- **Develop Strategic Outreach Plan:** The Department should develop a comprehensive strategic outreach plan to reach Medicaid eligible children.
- **Create Outreach Coordinator:** The Department should dedicate a position to serve as an outreach coordinator.

PROGRAM CHANGES

- **Create State Program Brand:** Like the outreach option to destigmatize Medicaid, re-brand Medicaid and CHIP under a new name.
 - Under this new name, add a new all state funded program to be available alongside Medicaid and CHIP. This new program would cover other children not eligible for Medicaid and CHIP. The program would create more access to health care for Utah's children, regardless of their citizenship status. Families applying for this program would also bring along other Medicaid eligible children who have not yet enrolled.
- **Allow Continuous 12 month Eligibility:** Consider changing to 12 months continuous eligibility for children. Once a child qualifies for Medicaid, benefits would continue for 12 months for most children.
- **Expand Medicaid:** Implement Medicaid expansion for adults. Though Medicaid expansion would mainly affect the adult population, this may indirectly bring about the "welcome mat effect" for Medicaid children as these adults may have eligible dependent children who have not applied for Medicaid.