The Enrollment Imperative
Realizing and Acting Upon the Opportunity for Health Centers in 2014

Phillip Bergquist, CHCEF
Natasha Robinson
Michigan Primary Care Association
www.m pca.net
Health Coverage in 2014

- Employer Sponsored
- Medicaid/CHIP
- Health Exchange with Tax Credit
- Unsubsidized Health Exchange
- Individual Market
- Uninsured

Key Facts:
- The poverty level in 2011 is $10,890 for a single individual and $22,350 for a family of four.
- In 2010 employees paid $899 on average towards the cost of single coverage in an employer plan and $3,997 for a family of four.

http://healthreform.kff.org/the-basics/access-to-coverage-flowchart.aspx
Changing Medicaid Eligibility

**Medicaid Today**
- 40+ different ways to qualify for Medicaid
- Eligibility requirements vary widely among the eligibility categories
- Eligibility determinations based on a complex matrix of policies

**Medicaid in 2014**
- It gets a lot easier…
- MAGI

Medicaid Today

- Low-Income Adults: 37%
- Parents: 63%
- Aged/Blind/Disabled: 100%
- Infants: 185%
- Children: 150%
- Pregnant Women: 185%
- Plan First: 185%
- CHIP Infants/Children: 200%

Medicaid in 2014

- Low-Income Adults: 133%
- Parents: 133%
- Aged/Blind/Disabled: 133%
- Infants: 185%
- Children: 150%
- Pregnant Women: 185%
- Plan First: 185%
- CHIP Infants/Children: 200%

- Many factors play a part in determining Medicaid eligibly, the numbers above are only a guideline.
- The Medicaid expansion isn’t a done deal, yet…
New Enrollment Application

- The Federally-Facilitated Exchange (FFE) used in an exchange partnership is based upon the model application built by CMS.
- It’s dynamic, integrates electronic verification and follows a different “flow” than traditional Medicaid applications do today.
# New Enrollment Assistance Options

- **Navigators**
- **In-Person Assisters**

<table>
<thead>
<tr>
<th>Question</th>
<th>Navigators</th>
<th>Assisters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Can these programs receive federal grant funding for their day-to-day operations?</td>
<td>No. Grants that go to navigator entities must come from an exchange’s operating funds.</td>
<td>Yes. In-person assistance can be funded through Level One establishment grants, which last one year.</td>
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<tr>
<td>2. What duties are these programs responsible for?</td>
<td>The law sets out specific responsibilities for navigators, including facilitating enrollment in qualified health plans.</td>
<td>There is flexibility in the duties assistants perform, which may include helping consumers file applications, obtain eligibility determinations, report changes in status, compare coverage options, and select and enroll in qualified health plans.</td>
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<tr>
<td>3. Who will perform these roles?</td>
<td>Exchanges must use at least 2 types of navigators, one of which must be a community-based, consumer-focused nonprofit organization. The other type might be a trade association, licensed agent or broker, or other entity with a relationship to the populations likely to be eligible for exchange coverage.</td>
<td>An exchange is not required to select two types of in-person assisters. It can use staff, contractors, and/or grantees as assisters.</td>
</tr>
<tr>
<td>4. What groups will these programs target?</td>
<td>Navigators may target specific groups of people who are likely to qualify for exchange coverage.</td>
<td>Assisters can be used to reach anyone who needs help, including those not targeted by navigator grantees.</td>
</tr>
</tbody>
</table>

New Minimum Coverage

- Michigan’s Essential Health Benefits (EHB) benchmark selection:
  - Priority Health HMO
  - Pediatric Dental Supplement: MIChild Dental
  - Pediatric Vision Supplement: FEDVIP Blue Vision

- The EHB is meant to “reflect typical employer health benefit plans”, it is not equal to Medicaid

http://www.michigan.gov/lara/0,4601,7-154-35299_10555-278783--,00.html
State Background

- **Under Moderate Growth** (Congressional Budget Office Projected Rate)
  - 445,000 Increased Medicaid Enrollment (57%)
  - 88,000 Potential Additional Medicaid if Employer-Sponsored Insurance (ESI) is Dropped (20%)
  - 242,000 Health Benefits Exchange Enrollment (50%)

- **Under High Growth**
  - 570,000 Increased Medicaid Enrollment (73%)
  - 176,000 Potential Additional Medicaid if ESI is Dropped (40%)
  - 338,000 Health Benefits Exchange Enrollment (70%)
State Background

Medicaid Forecasted Enrollment by County
(as % of Total Population)

Legend
- MI Health Center Sites
- Medicaid Forecast %
  - 12.97% - 21.97%
  - 21.98% - 24.34%
  - 24.35% - 27.67%
  - 27.68% - 34.97%
County Background

- County by county estimates are available on MPCA’s website
  - [www.mpca.net/outreach](http://www.mpca.net/outreach)

<table>
<thead>
<tr>
<th></th>
<th>May 2011 Medicaid Enrollment</th>
<th>Increased Medicaid enrollment if CBO’s 57% “take up” rate</th>
<th>Potential Additional if 20% of Medicaid Eligible Drop ESI</th>
<th>Total Medicaid in 2014</th>
<th>Health Benefits Exchange Enrollment at 50% take up</th>
<th>Residual Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE TOTAL</td>
<td>1,835,135</td>
<td>444,900</td>
<td>87,800</td>
<td>2,467,835</td>
<td>241,050</td>
<td>677,050</td>
</tr>
<tr>
<td>Alcona</td>
<td>1,801</td>
<td>680</td>
<td>136</td>
<td>2,617</td>
<td>380</td>
<td>580</td>
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<tr>
<td>Alger</td>
<td>1,524</td>
<td>470</td>
<td>96</td>
<td>2,090</td>
<td>260</td>
<td>610</td>
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<tr>
<td>Allegan</td>
<td>19,331</td>
<td>5,940</td>
<td>1,136</td>
<td>26,407</td>
<td>3,120</td>
<td>6,810</td>
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<tr>
<td>Alpena</td>
<td>6,491</td>
<td>1,360</td>
<td>274</td>
<td>8,125</td>
<td>760</td>
<td>1,360</td>
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<tr>
<td>Antrim</td>
<td>4,500</td>
<td>1,740</td>
<td>334</td>
<td>6,574</td>
<td>920</td>
<td>1,410</td>
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<tr>
<td>Arenac</td>
<td>3,698</td>
<td>960</td>
<td>188</td>
<td>4,846</td>
<td>520</td>
<td>810</td>
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<tr>
<td>Baraga</td>
<td>1,645</td>
<td>420</td>
<td>80</td>
<td>2,145</td>
<td>220</td>
<td>710</td>
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<tr>
<td>Barry</td>
<td>9,166</td>
<td>2,720</td>
<td>514</td>
<td>12,400</td>
<td>1,410</td>
<td>3,350</td>
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<tr>
<td>Bay</td>
<td>20,777</td>
<td>4,580</td>
<td>906</td>
<td>26,283</td>
<td>2,490</td>
<td>5,490</td>
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<tr>
<td>Benzie</td>
<td>3,128</td>
<td>1,320</td>
<td>248</td>
<td>4,696</td>
<td>680</td>
<td>1,170</td>
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<td>Berrien</td>
<td>34,579</td>
<td>7,550</td>
<td>1,458</td>
<td>43,587</td>
<td>4,010</td>
<td>13,040</td>
</tr>
</tbody>
</table>
### Local Background

<table>
<thead>
<tr>
<th>Zip Code</th>
<th># Served</th>
<th>% of the Non-Elderly Population Who Could Benefit from ACA Coverage Expansions</th>
</tr>
</thead>
<tbody>
<tr>
<td>488**</td>
<td>1,007</td>
<td>13%</td>
</tr>
<tr>
<td>489**</td>
<td>3,104</td>
<td>13.3%</td>
</tr>
<tr>
<td>489**</td>
<td>4,054</td>
<td>13.5%</td>
</tr>
<tr>
<td>489**</td>
<td>6,094</td>
<td>13.3%</td>
</tr>
<tr>
<td>489**</td>
<td>2,079</td>
<td>13.5%</td>
</tr>
<tr>
<td>489**</td>
<td>1,509</td>
<td>14%</td>
</tr>
<tr>
<td>489**</td>
<td>1,262</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

* Patients in these zip codes represent ___% of the Health Center’s total population served.

[http://healthreform.kff.org/coverage-expansion-map.aspx](http://healthreform.kff.org/coverage-expansion-map.aspx)
Health Center Coverage Expansion Projection

- Full Medicaid expansion would result in 106,000 currently uninsured adult Health Center patients gaining coverage
  - If Health Centers continue to serve this newly covered population it could result in an additional $47 million in revenue per year
- The vast majority of the remaining 39,000 uninsured Health Center patients will be eligible for coverage subsidies through the exchange

* Data Source: 2011 UDS
* Data presented is an estimate
Health Center Coverage Expansion Projection

- The potential for “converting” a large portion of our currently uninsured patients to Medicaid represents a significant opportunity for Health Centers to stabilize the payer mix and grow.
- Enrollment assistant in the future will require more staff, more professional training and service/process standards and more complex communication and business planning.
What Health Centers Can Do

- Advocate for Medicaid Expansion
- Educate current patients, staff, and board members internally about the Affordable Care Act and its direct impact on them
- Educate community members, community partners, and future patients about what Health Centers provide as it relates to their potential new coverage under the Affordable Care Act
- Start working on an enrollment plan!
What MPCA Can Provide For Your Health Center

- On-site **MI Bridges Training** from Michigan Benefits Access
- Links to other resources and supports in your community
- Support in developing/improving an outreach and enrollment program at your Health Center
- Updates on state health exchange information
- Assistance increasing coverage enrollment FTE
Questions?

For further information, please contact:

Phillip Bergquist, CHCEF
517-827-0473
pbergquist@mpca.net

Natasha Robinson
517-827-0476
nrobinson@mpca.net