

Where the Rubber Hits the Road: State Issues and Experience in Outreach and Enrollment

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NASHP work on outreach and enrollment includes...

- *State Refor(u)m*- online learning network and resource (RWJF)
- *State Health Reform Assistance Network* – under this umbrella, helping states outside the 11 state network, including FFM (RWJF)
- *State Health Exchange Leadership Network* – supporting sharing among state marketplace leads (RWJF)
- *ACA implementation and MCH/CSHCN programs* – Developing tools to assist states (Maternal & Child Health Bureau, HRSA, HHS)
- *Children in the Vanguard* –network of Medicaid/CHIP officials and advocates; focus on children's coverage & reform (Atlantic)
- *Children's Coverage: Preparing for 2014 and Beyond* – supporting all states, especially CHIP, to make progress (Packard)
- *Maximizing Enrollment* – 8 state Medicaid/CHIP grants '09- 13; NASHP national office continues to Jan. to share results (RWJF)

Lessons Learned from Maximizing Enrollment

- Use Technology Effectively
 - Policy needs to drive technology, not other way around
 - Details in how its used determine effectiveness
 - Human touch still needed
- Simplify and streamline
 - Not so simple!
 - Process maps and engineering helpful
 - Renewal as well as enrollment
- Manage Well
 - Collect and use data needed for improvement
 - Provide leadership to coordinate agencies, change culture
- Webcast briefing with Urban Institute in December



It's very early, but how is it going so far?

- Federal marketplace technological issues
- Some state exchanges doing well, e.g.
 - Kentucky-11,000 enrolled in Kynect at 2 weeks
 - Washington state- 25,000 enrolled in Healthplanfinder
- Some state exchanges delayed or with glitches, e.g.
 - Oregon
 - Maryland
- Some states enrolling more in Medicaid
 - Maryland- 82,500 – intensive public health outreach
 - Enrolling SNAP participants- OR (56,000-10% of uninsured)
 - Also AR, IL, WV
- States will report on standard federal indicators

Important State Challenges 2013-2014 (Besides Technology)

- FFM states: policymaker support & resources for outreach, education, marketing & in person assisters
- Assessing and improving training for assisters
- Coordinating across state agencies, between state and local levels, and between public and private efforts
- Messaging, especially in FFM and bordering regions
- Being ready for renewals and transfers
- Monitoring hospital presumptive eligibility
- Moving children from CHIP to Medicaid
 - 18 states moving over half a million children

Important Challenges 2013-2014

(Besides Technology)

- Enrolling sub populations requiring special attention
 - Those with low literacy
 - Those speaking languages other than English
 - Native Americans
 - Children and youth in out of home placements
 - Pregnant women
 - People with disabilities
 - Immigrant populations
 - Institutionalized people
- Informing/educating the public
 - Currently insured as well as uninsured
 - Seniors

Longer term challenges

- Minimizing and managing churn
 - TN bridge
 - WA Apple Health Plus
 - Basic Health Program Option
- Ensuring continuous coverage
- Simplifying eligibility within and across Medicaid, CHIP and exchanges
- Closing remaining gaps

Some Roles for Foundations

- Convening state officials and stakeholders on what is working, what is not and how to improve
- Supporting information/education on insurance, options
- Supporting outreach for special populations
- Supporting more training for assisters in needed areas

And for more information...

chess@nashp.org

www.nashp.org

www.statereforum.org

www.maxenroll.org