



Transcript provided by the Kaiser Family Foundation<sup>1</sup>  
(Tip: Click on the binocular icon to search this document)

---

**Modern Era Medicaid and CHIP:  
Findings from a 50-state Survey of Eligibility, Enrollment,  
Renewal, and Cost-Sharing Policies  
Kaiser Family Foundation  
January 20, 2015**

---

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Modern Era Medicaid and CHIP:  
Findings from a 50-state Survey of Eligibility,  
Enrollment, Renewal, and Cost-Sharing Policies  
1/20/2015**

2

[START RECORDING 012015\_kff\_webinar.mp3]

**SAMANTHA ARTIGA:** Hello, and welcome to today's Kaiser Family Foundation Web Briefing to highlight key findings from our newly released report, Modern Era Medicaid: Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2015.

Thank you all so much for joining us today. My name is Samantha Artiga with the Kaiser Commission on Medicaid and the Uninsured and we look forward to sharing findings from this 13<sup>th</sup> Annual Survey, which was conducted by the Kaiser Family Foundation's Commission on Medicaid and the Uninsured and the Georgetown University's Center for Children and Families.

Today, we are just one year into implementation of key ACA provisions that have contributed to significant transformation of Medicaid by expanding coverage and accelerating state efforts to provide a streamlined modernized enrollment experience for individuals. These new survey findings provide a comprehensive look at state's Medicaid and Children's Health Insurance programs, eligibility, enrollment, renewal, and cost-sharing policies one year into the post-ACA era identifying key state advancements towards fulfilling the ACA's vision, as well as areas of continuing work.

We will begin today's briefing with a presentation of the survey's key findings from two of the report's coauthors,

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Jessica Stephens, the Senior Policy Analyst with the Foundation's Kaiser Commission on Medicaid and the Uninsured and Tricia Brooks, the Senior Fellow with the Georgetown University Center for Children and Families.

We will then hear perspectives on the survey findings from a really great panel of federal and state officials who we're so excited to have join us today. They include Vikki Wachino, Deputy Director of the Center for Medicaid Services at the Centers for Medicare and Medicaid Services; Judith Arnold, Director of Division of Eligibility and Marketplace Integration, the New York State Department of Health; Rex Plouck, Portfolio Manager of the Governor's Office of Health Transformation in Ohio, and finally; Linda Nablo, Chief Deputy Director of the Virginia Department of Medical Assistance Services. Following their remarks, we will then open the discussion up for a Question and Answer period.

I will note that the presentation today will touch on the survey findings at a high level. I would encourage you to take a look at the full report for more details including state-based tables, which is now available on our website at [kff.org](http://kff.org).

Before we turn to the key findings, I want to acknowledge the many many people who made this survey happen, as it truly is a team effort. First, I want to recognize all

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

the other report coauthors in addition to Jessica Stephens and Tricia Brooks, who we will be hearing from today. They include Alexandra Gates with the Kaiser Commission on Medicaid and the Uninsured and Joe Tuschner of the Georgetown University Center for Children and Families.

I also want to thank the many state officials who participated in the survey and generously shared their time and expertise with us amid their extremely busy schedules. The survey simply would not be possible without them and we truly appreciate their assistance with this work.

Finally, a few housekeeping items before I turn this over to Jessica and Tricia. First, slides and a recording of this webinar will be available after the event on our website at [kff.org](http://kff.org). We will hold the Question and Answer session after all panelists have provided their remarks so you should feel free to submit questions as we proceed. We have a lot of folks listening in today so we would be unlikely to get through all the questions but we will do our best to get through as many as possible.

Now to get started, let's turn it over to Jessica Stephens with the Kaiser Commission on Medicaid and the Uninsured and Tricia Brooks with the Georgetown University Center for Children and Families to tell us more about the key findings from the survey.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**JESSICA STEPHENS:** Thanks, Samantha. I will jump right in to provide a brief overview of the survey and discuss some of the findings related to Medicaid and CHIP eligibility across states and then turn it over to Tricia to provide more detail on enrollment and renewal processes and cost-sharing requirements that we documented in the report.

As Samantha mentioned, this is our 13<sup>th</sup> Annual Survey report on Medicaid and CHIP policies in all 50 states and DC and as the previous year, it's based on telephone interviews with Medicaid and CHIP program administrators. The report covers policies in place as of January 1, 2015, for children, pregnant women, parents, and other nondisabled adults. This includes policies related to eligibility, enrollment and renewal processes, systems, and premium and cost-sharing requirements across states. As a whole, it provides a snapshot of state Medicaid and CHIP policies in place one year after key Medicaid provisions of the Affordable Care Act took effect.

Starting with eligibility for adults, over half the states, specifically 29, which are shown in the darkest blue on this map, extend Medicaid eligibility for parents to at least 138-percent of the federal poverty level, the new ACA minimum threshold under the expansion. This is as of January 2015 and that's about \$27,000 for parents and a family of three. The other 22 states shown as the lightest and medium blue here are

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

all states that have not adopted the Medicaid expansion and in most of them, eligibility limits for parents are much lower, below half of the federal poverty level. I'll talk more about eligibility levels for parents in non-expansion states in a moment. First, switching to talk about how this developed.

As is the case for parents, eligibility levels for childless adults is at or above 138-percent of poverty in the 28 states including DC that have adopted the Medicaid expansion as of January 2015 and those are the states that are shaded in the darkest blue on this map. None of the 23 remaining non-expansion states except Wisconsin provide full Medicaid coverage to childless adults as of January 2015. In Wisconsin, Medicaid eligibility extends to adults with incomes up to the poverty level but that's still below the Medicaid expansion limit of 138-percent FPL. As one might expect, median Medicaid eligibility levels for adults have increased compared to pre-ACA levels in states have adopted the Medicaid expansion. This is especially true for childless adults who were ineligible for Medicaid in most states prior to the ACA.

This one here, we see that in the 28 states that are adopting the Medicaid expansion, the median Medicaid eligibility limit for parents increased from 106-percent of the federal poverty level to 138-percent of the federal poverty level as of January 2015. For childless adults, the median

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

eligibility limit in the expansion states increased from zero to 138-percent FPL. However, eligibility for adults remains limited in states that are not adopting the Medicaid expansion at this time and looking at the first set of bars on the left in this slide, you see that 19 of the 23 non-expansion states limit Medicaid eligibility to parents with incomes below the poverty level and as I alluded to before, 14 states limit Medicaid eligibility to parents below half of the federal poverty level as of January 2015. That's a little less than \$10,000 per year for a parent with a family of three. On the right side of the slide, we see again that childless adults remain ineligible for full Medicaid in all 23 non-expansion states except Wisconsin where the income eligibility limit per adult is 100-percent of the FPL.

Now looking at eligibility across states, we find that even with the expansion, Medicaid and CHIP eligibility levels for children and pregnant women remain higher than those for adults. Nationally, the median income eligibility limits for children and pregnant women are 255-percent FPL and 205-percent FPL respectively compared to 138-percent for parents and other adults. These differences are even starker in non-expansion states shown in the lighter blue bars here. Across those 23 states that are not adopting the Medicaid expansion at this time, the median Medicaid eligibility limits are 0-percent for

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

childless adults, 45-percent for parents compared to more than 200-percent of the federal poverty levels for both children and pregnant women.

Now separate from the eligibility levels themselves, states have adopted a number of options to increase access to Medicaid and CHIP coverage for children and pregnant women and these are documented in the report. To give you a snapshot, for children, nearly two-thirds of states, 33, now have no waiting period for CHIP, meaning that there's no specified period of time that a child has to be without group coverage before enrolling in the program.

Secondly, over half of states have eliminated the five-year waiting period required for lawfully-residing immigrant children to enroll in Medicaid or CHIP. Also, under the ACA, all states must provide Medicaid coverage for former foster youths up to age 26 if they were in foster care in the state and enrolled in Medicaid on their 18<sup>th</sup> birthday. Twelve states have taken up the option to extend this coverage to former foster youth from other states as well.

Now looking towards the right side of the slide, for pregnant women, we see that nearly half of the states, 23, have eliminated the five year waiting period for lawfully-residing immigrant pregnant women, and 15 states cover income eligible pregnant women regardless of their immigration status to CHIP's

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.



Unborn Child option. With that, I'll turn it over to Tricia to talk a little bit more about some of the streamline enrollment and renewal processes.

**TRICIA BROOKS:** Thanks, Jess and hello everyone. Thanks for joining us today. I'm going to delve into the enrollment, renewal and cost-sharing policies, at least the highlights of those that we collect in the report.

One of the key goals of the ACA is to move away from paper driven processes and you can clearly see that in this slide where we're recording the number of states offering an online application or a telephone application. What's most important is the progress that's been made. All states except for Tennessee now have an online application and that's up from 37 states just two years ago. In the same period of time, the number of states allowing individuals to apply over the phone has tripled from 15 to 47.

In addition to some of the options Jess mentioned about increasing access to coverage, several rules also allow states to offer several temporary or permanent ways to facilitate enrollment and retention of eligible individuals. These strategies may expedite access to healthcare services as is the case with presumptive eligibility, which more than half of the states use or these strategies may fast track enrollment or

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

improve retention by relying on data from other programs to identify and enroll or renew eligible individuals.

In addition to boosting enrollment, states report reduced administrative costs when options like the Express Lane eligibility or using SNAP data to enroll newly eligible adults are deployed. While all states must establish 12-month renewal periods, states have the option to go one step further and adopt 12-month continuous eligibility. Continuous eligibility helps to reduce churn and can improve the ability to measure health care quality by eliminating gaps in coverage. Almost two-thirds of the states now offer 12-month continuous coverage to children in either Medicaid or CHIP.

Another key goal of the ACA is to move states toward verifying eligibility through trusted electronic sources of data. States must verify citizenship and immigration status through electronic sources, which include the Social Security Administration and the Department of Homeland Security. States must also verify income through electronic sources but they have the option to do so prior to enrolling an individual, which 40 states do, or post enrollment, which has been adopted in 11 states.

For other eligibility criteria, states have the flexibility to accept the applicant's attestation or to verify either pre or post enrollment. As you can see from this slide,

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

states are more likely to verify age, date of birth before enrollment than accept self-attestation, which for state residency and helpful composition, at least two-thirds of the states accept the applicant self-attestation unless the state has conflicting information on file.

Moving on to take a look at renewals, about two-thirds of Medicaid agencies and separate CHIP programs delayed renewals for some period of time in 2014 as they prepared for the first round of MAGI-based renewals. About half of those states, 17, report that they would still be processing 2014 renewals in 2015.

In this year's survey, it was really tricky to capture a complete up-to-the-minute picture of swiftly evolving processes like renewals because the policy and systems environment continues to rapidly change and improve on a week-to-week basis. Achieving the ACAs highly automated paperless renewal processes has been challenging for states for a number of reasons including their needing to develop the system capacity and data linkages, transferring data for existing enrollees from their old legacy-based computer systems, and collecting new information to facilitate no longer access to marketplace subsidies when individuals are determined ineligible for Medicaid or CHIP. Establishing and refining

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

these paperless renewal processes will be a top priority in many states in 2015.

When you look at moving to paperless processes and using electronic sources, it's very clear that at the heart of the ACA is the goal to accelerate the use of new high performing interconnected information technology systems. How states are integrating their systems of cross coverage options and with other public programs depends on the marketplace structure. States with a state-based marketplace have the option to fully integrate eligibility and enrollment for all their coverage programs into a single system, of which 12 states have done so like New York, who we will hear from in a few minutes.

Two of the state-based exchange states have separate marketplace and Medicaid systems while three state-based marketplace states use healthcare.gov for eligibility and enrollment. Along with the 34 states that are federal marketplace states, all of these Medicaid agencies must maintain a separate system from the marketplace and then must have an electronic process in place to transfer accounts between programs. While the account transfer process experienced significant challenges during the ACAs first open enrollment period, the process has significantly improved in the second open enrollment period.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Deploying these new eligibility systems is very complicated. Doing so in phases can facilitate the process while minimizing the number of bugs and glitches that are inherent in launching any new system. To this end, a number of states that previously operated a multi-benefit eligibility system that is an integrated system that managed eligibility for medical assistance and other programs such as SNAP or childcare subsidies—these states have delinked their Medicaid program from the other assistance groups. Only 19 of the 45 states that previously operated integrated systems continue to determine eligibility for both Medicaid and non-health programs. A dozen states; however, indicate that they plan to phase in other programs in the future and now that CMS has signaled its intent to extend enhanced funding for systems integration, more states may explore this option in the future.

Reflecting on the very low income of enrollees, you can see from this slide that very few states charge premiums or monthly payments in Medicaid. On the other hand, due to the modestly higher income levels in CHIP, 27 of the 36 separate CHIP programs charge premiums. Cost-sharing for parents and adults in Medicaid is more common with 40 states requiring cost-sharing of parents, while 20 of the 28 expansion states charge adults cost-sharing. About half of the states also assess cost-sharing for children, again, mostly in CHIP.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

In closing and looking ahead, I think one of the key takeaways from this report is that the longstanding gap in coverage for adults has been eliminated in the 28 states that expanded Medicaid but persists in the 23 non-expansion states where parents are covered at a median eligibility of 45-percent of the federal poverty level. That's like \$9,000 a year for a family of three and nondisabled adults without dependent children remain ineligible for coverage. To put this in perspective, a single parent in Texas or Alabama with two children cannot get Medicaid if she earns just a little more than \$300 a month. States are making meaningful progress in implementing new systems and paperless enrollment processes but work is ongoing.

In the coming year, states will continue to expand and enhance their system functionality including immigrating non-managed by Medicaid and non-health programs into their system. The key focus for the states in 2015 will be refining their automated renewal processes, widening their use of electronic data sources, and improving seamless coordination between Medicaid or CHIP and the Marketplaces. In the year ahead, we'll be keeping an eye on the broader policy environment, which has implications for coverage. These include state decisions to adopt the Medicaid expansion as well as delivery and payment system reform. By the end of September, Congress

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

must act to extend funding for CHIP and any delay could have a significant impact on our country's success in achieving historic low rates of uninsurance among children.

Last but not least, there'll be continuing debate over the ACA in the political and legal fields and those, too, including the Supreme Court's consideration of King versus Burwell could have effect on the progress that we've made.

**SAMANTHA ARTIGA:** Great, thank you so much, Jessica and Tricia. That was a great overview of the survey findings. Again, I would encourage you to take a look at the full survey report for additional details and state-by-state tables, if you're interested in seeing policy specific to your state. I will also remind you that if you have any questions, you can feel free to submit them through the chat function as we proceed and we'll come back to them at the Q and A session at the end. Now I want to turn it over to Vikki Wachino with the Center for Medicare and Medicaid Services to hear from her perspective on today's survey findings. Thanks, Vikki.

**VIKKI WACHINO:** Thanks, Samantha, and thank you to the entire Kaiser and Georgetown team for this important work. Every year I look forward to reading the results of this survey because it is such a great marker of our progress at both the federal and state level in simplifying coverage for low income people and I think that this year's findings do not disappoint.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

They are very notable for the progress we have made over the past year in simplifying the enrollment process, the eligibility process, and ultimately, in getting people into coverage. As many of you know, we track state progress and our progress in enrolling people in coverage and we measure against a pre-open enrollment 2013 baseline. We compare enrollments that took place through this past October–October 2014 to enrollment levels from before the first open enrollment period in October 2013 started. We know from that data that over the past year plus, almost 10 million people have gained coverage for Medicaid and CHIP and I can't think of a better way of demonstrating the success and the effect of the efforts that states have made in simplifying the process and expanding coverage to low income people than that. We should have updated enrollment numbers out shortly.

With that as a start, I'll talk a little bit about where we've come from over the past year, which really has been a year of enormous progress and look ahead to the year ahead where I think more progress to come in many of the areas, especially that Tricia noted.

As of today, 27 states and the districts, as you heard Jessica say earlier, have expanded Medicaid coverage for low-income adults. In those states we have seen not only significant gains in coverage; we've also seen a notable impact

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.



in the health system including the cost of uncompensated care. HHS's assistant secretary for planning and evaluation did an analysis, just looking at the cost of uncompensated care in hospitals post ACA implementation. They found that three-quarters of the reduction in uncompensated care accrued to states that have expanded Medicaid, which I think really speaks to the impact that coverage expansion has. As many of you know, we're working actively with states that have not yet taken up the expansion, to consider doing so, and we are always open for discussion with additional states who are thinking about it.

Turning it next to the enrollment process and some of the findings that Tricia identified, I really appreciated the title of Kaiser's report, Modern Era Medicaid and CHIP Eligibility. I do think that we have crossed the threshold into the modern era. If you look and many of you on this call have been working on eligibility issues for some time and recall in 2010 when ACA was first enacted, it clearly established a vision for a simple streamlined system for Medicaid and CHIP beneficiaries in conjunction with the simple streamlined system that applied to the marketplace beneficiaries. I think over the course of 2014, we saw that vision largely realized.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

As Tricia pointed out, there's widespread use of our single streamline application. Both online and phone applications use across states is high and as the Kaiser data points to, the functionality of those applications is growing. Increasingly, we're seeing states being able to use dynamic online applications, which minimizes the numbers of questions that applicants have to use—have to answer in order to get coverage. We've seen states adopting electronic verification using a range of data sources to verify eligibility in real-time and we see increasing numbers of states making eligibility determinations for the populations whose eligibility is determined using modified adjusted growth income in real-time or close to real-time, which is a really remarkable sign of progress.

Looking ahead to the rest of 2015, it really just started, but we have a lot more to do. I think Tricia highlighted one key area for us, which is the renewal process. We know many Medicaid agencies are conducting administrative renewals or using pre-populated renewal forms and we expect most states to be using them by the end of 2015. We're looking forward to working with states on that front and as Tricia noted, progress on the renewal front is evolving so rapidly that it's hard to keep up with and our staff is available to work with states as they work on their streamlined renewal

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

process including using some of the processes that some states use to enroll beneficiaries through a fast track enrollment process of using SNAP to help enrollment. You can apply the similar process to renewal and many states have.

Underlying all of the functionality in the systems and the ability to enroll people is the ability of automated systems to accurately and quickly process MAGI determinations. As Tricia noted in her comment, CMS last October announced that we would extend the availability of the enhanced 90-percent matching rate for eligibility enrollment systems that perform essential functions for determining eligibility quickly and in coordination with the marketplace and we are developing rule-making to implement that 90/10 match on an ongoing basis and you can look for that later this year.

As we look ahead, I think some of the keys for us we'll continue to work with states on are expanding the use of multi-benefit applications. Tricia forecasted that a number of states will be moving forward with integrated applications this year and also working intensively with some states on pulling their eligibility systems to their non-MAGI population into the streamline process so much more to come on that. Those conversations are in the early stages with most states.

I'll just end on the note before we turn it over to the other panelists to give you much more of a ground level

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

perspective, on noting that the ability to give people coverage, to offer broad coverage and to get them enrolled and keep them enrolled is really the underpinning of having strong delivery systems for Medicaid insured beneficiaries. Another key priority of ours at CMS is working with the states and stakeholders to really become the most accepted payers possible and to advance quality of care, so much more to come on that in 2015 and beyond as well. Samantha, I'll turn it back over to you.

**SAMANTHA ARTIGA:** Thanks so much, Vikki. That was great and I think it really helped frame the survey findings from the perspective of CMS. We're now going to turn it over to Judy Arnold in New York to hear about some of her reflections on the survey findings from there. Thanks, Judy.

**JUDY ARNOLD:** Thank you, Samantha. Hello, everyone. Kaiser's 50-state survey clearly shows that there have been significant gains in Medicaid eligibility and enrollment as well as improvements in how consumers apply for coverage as a result of the ACA. I'm going to give you a snapshot of how this plays in New York and in New York, we added half a million people to Medicaid in 2014. Of these, about 10-percent were newly eligible and that was a result that our expansion was actually small because—and essentially New York's Medicaid expansion consisted primarily of converting the Medicaid waiver

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

population to the new adult group. That conversion of a waiver population is most of our new adult group population but we did have some newly eligible and they were childless adults with incomes between 100 and 133-percent of poverty. Most of our half a million newly enrolled individuals were previously eligible but not enrolled. Many of them came in with looking for tax credits and ended up being Medicaid eligible. The state's eligibility levels for other populations remain largely the same as they were prior to the ACA. New York operates a fully integrated eligibility system for merging Medicaid population and QHP coverage with real-time eligibility determinations. In one year, we successfully reduced paper applications to less than 1-percent of all applications and this from a state that was almost exclusively paper prior to our new system.

Most individuals apply online with an assistant or by phone and most also upload verification documents electronically. Families apply on one application and receive tailored eligibility determinations. What that means is the family can enter all their information into the online application and receive eligibility results for each member of the family even if the individuals are eligible for separate programs. In New York, most families have mixed eligibility given the high level of our CHIP program. Most adults

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

receiving tax credit have children in CHIP. We also have families with members eligible for Medicaid, CHIP and QHPs and being able to apply as a family without referrals to other programs has improved the user experience.

After families receive their eligibility determination, they can go on to select a plan for each member of the family even if the members are eligible for different programs. Families then receive integrated eligibility notices and enrollment notices, a major improvement from the past when family members might receive a separate notice for each person and certainly separate notices by programs.

Integration allows families to move freely in between programs as circumstances change and at renewal. If families report changes in income, they can update their application and move through their Medicaid, CHIP, or QHP coverage without a gap and often in the same health plan. In October, we launched administrative renewal whereby we can use the electronic verification sources to renew individuals and provide them an opportunity to make changes. While we don't yet have data on the percent that administratively renewed without taking any action vs those who return to update their information, anecdotal evidence suggests that many people return to update their information. The electronic sources, particularly for income are not as current as we would all like.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

2013 and 2014 were incredibly challenging years in terms of getting the system up and running and we faced and continue to face some key challenges. Among them are electronic verification of immigration status through the VIP service has been extraordinarily challenging for us and we still continue to work with CMS on resolving some of our issues there. Implementing system changes to keep up with changing federal guidance has also been a challenge and moving the volume in our legacy system to the new eligibility system.

I would say our greatest challenge has been in embracing integration itself. While New York fully embraced the ACA's vision of full integrated automated eligibility determinations, siloed federal rule development and increased rule complexity in lieu of the hope for meaningful simplification and streamlining has unfortunately resulted in significant barriers to integration and increased system development costs. Looking ahead, we are focused on completing our system development and making improvements to the user experience as well as adding the non-managing Medicaid population into the new system. Thank you, and we'll answer questions later.

**SAMANTHA ARTIGA:** Thanks, Judy. It's great to hear all about the progress and achievements in New York. Now we're

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

going to turn it over to Rex Plouck from Ohio to hear from perspectives on their experience there.

**REX PLOUCK:** Thank you and thanks for the opportunity to share Ohio's story with all of you today. It's interesting as I listened to the conversation and the presentation is we've got this far along and that much of what I've heard really reflects, I think, what we've experienced and achieved here in Ohio and I think you'll see that here as I go through the slide.

What I'd like to say is that Ohio is heading down a path of replacing a 30-year-old legacy system, and we'll call those-old curveball system that many states probably are heading down the same path. We're heading down a path of an enterprise eligibility platform that we intend to go beyond just Medicaid, SNAP, and TANF. You'll see that we intend to put many other income based human services programs on this eligibility platform so that we can get a holistic view of what our citizens need, what sources they're using, and then use that data to drive better policy decisions in the state.

Looking back since our initiation of this program and we can call this Ohio's Benefits program, we were a late state to get started but launched our system in 2013—in August 2013 and since that point in time, we've had 1.4 million Ohioans apply for benefits through the new system. What I think is

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.



really interesting is that we've had over 60-percent of those applications got initiated via a self-service portal and Ohio never had really a functional self-service portal prior to this initiative and we've been able to, in a short period of time, draw 60-percent of our folks to an online process.

Many of these cases have been marked and 90-percent of the cases have already been processed. We've been able to, and I've heard the other folks talk about this, we've been able to convert over 1.5 million individuals, the case data from our legacy system and this is critical to a foundation of transferring to a modern platform is to be able to get that key data out of your legacy system and into your new system.

We've heard many times I think already today, about the pace of change and this, I think, is one of the things that reflects in Ohio's case. Since going live in October of 2013, we have had over 20 major upgrades to our system. What we try to do is to get functionality out there as quickly as we can and keep adding to it and keep improving on the system. There are challenges obviously and this first little point, I think I misstated what I really wanted to say here. We have struggled with authenticating individuals and not necessarily their citizenship status but if we have Bob Smith apply via the self-service portal, we're really having to struggle with trying to identify which Bob Smith this is or if we can identify Bob

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Smith and his family uniquely. When we fail to do that, we, obviously, can't verify data but it also means the application and the process of the application falls out and becomes a manual process.

Verifying data for us has been a challenge, in particular the income data. We're finding much of the data that we have citizens submitting does not match what the IRS data that we check with via the federal hub and so then again, this creates another manual process for us to contact those individuals and verify their income.

Notice of Actions or NOAs just has been a limited functionality for us and it's a combination of our state policy and disconnects with our system functionality and this NOA limitation really is limiting our ability to drive county-shared services, which is something I'll tend to talk about as something we see in the future.

We have a strong vision of where we want to go to and in the next 18 months to two years, we plan to make significant progress. We'll get the age, blind and disabled Medicaid population onto the new platform as well as getting SNAP and TANF and those concessions are well underway and much of that work will be done within the next 12 months. We want to really enhance data, the electronic verification of data and move away

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

from paper. I noted New York's success in this and we'll probably reach out to them.

We have a heavy county work system—work force and we really want to drive the paper out of the system to free those folks up to work on more complex cases. We want to drive the county-shared services so that when one county has a high influx of applications, that any county can pick those applications up and work them or if there was a disaster in one county, that another county can work cases. We have a large state initiative and working well with our county partners to drive towards county-shared services in Ohio.

Then lastly, we begun work and plan to move WIC and childcare onto the Ohio platform within the next few years and that'll be the next big progress for us to move this beyond just Medicaid, SNAP and TANF and have a very broad enterprise application for human services, benefits eligibility. With that, I'll turn it back over.

**SAMANTHA ARTIGA:** Thanks so much, Rex and next we're going to hear from Linda Nablo in Virginia who will be our last speaker on today's panel. I would also encourage you to get your questions in via chat. We're going to turn to a Q&A after we hear from Linda. We look forward to your remarks and perspectives from Virginia. Take it away.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**LINDA NABLO:** Thank you, Samantha. This is Linda.

First, again, thank you to Kaiser for producing this report.

As I read through it in preparation for this advanced copy, it very much depicts what's been happening in Virginia and I'm sure other states as well. It's a very accurate reflection of what we've been experiencing and where we're headed.

Virginia is, unfortunately, a little different from New York and Ohio in that we have not yet expanded Medicaid. We are—on all those charts, you will notice that Virginia covers children and pregnant women essentially to 200-percent of poverty and parents only up to about 45-percent of poverty and we do not cover childless adults in the current Medicaid programs.

We are an assessment state with a FFM as opposed to determination state, which has some challenges to it. We did—prior to the ACA—we did have online and telephonic applications for our children's programs and we have built on that compliance with ACA. We did adopt early MAGI to get started on all of this.

In terms of key challenges, just like the other states, even though we didn't expand Medicaid, we certainly had many system development challenges on our hands and still do. We too are building an integrated system integrated with other human services programs. The plan at this point is in late

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

2015, to bring the non-MAGI and Medicaid population into the same system. Childcare is already there and then following that, it'll be SNAP, TANF, and whatever else can fit in there.

I just have to say that I think that kind of an integrated system, while it's a very worthy goal, certainly presents many of its own challenges, everything from the different federal rules governing the different programs to the intense coordination that is required amongst the human service agencies. In our case, it's not the Medicaid agency that is administering the development of the new system. There are challenges all along the way with that, although I suppose when we get to the end, it's going to be a very good thing for the citizens of the Commonwealth.

We've had challenges with migrating the cases out of the old legacy system. We were finally able to migrate all the MAGI Medicaid cases by the end of October so we're happy with that. There have been many releases. I didn't count them up like Ohio did but it's probably approaching that number in Virginia. At this point, it's about monthly to implement fixes, tweaks and significant enhancements as well.

We certainly got the MAGI rules in on time, in fact, early to implement early MAGI but there's a lengthy list of things that need to be improved to the system, I just spent

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

this morning in a two-hour meeting going through, at least a partial list of those.

I also have to say that I think a significant challenge for Virginia, even without expansion, was training for local workers. There were, as we all know, brand new rules and a brand new system, and anybody who's ever implemented a brand new system knows that it comes with many difficulties and problems initially as people get used to using it. It was a huge challenge for local Departments of Social Services. There are probably almost 4,000 eligibility workers spread across the Commonwealth of Virginia and many of them deal in the Medicaid program at least partially and so learning the new MAGI rules as well as a new system to implement those rules was a significant hurdle to overcome.

Now a big challenge for Virginia was application body and even though we didn't expand Medicaid, some describe it as our pseudo expansion meaning we did all the work but unfortunately, we didn't gain any real coverage expansion through it. We are bordered by DC, Maryland, West Virginia states that have all expanded Medicaid and, of course, in addition, last October—there was a—I mean October 2013, there was a great deal of publicity about the opportunity for individuals who get coverage. We, like states that did expand, were flooded with applications and weren't prepared for it

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

being a non-expansion state. In fact, from the first year the— from October 1, 2013 through to September 30, 2014, there was a 43-percent increase in front door applications that flooded into local Departments of Social Services. In fact, in that first nine-month period, it was a 62-percent increase and again, I would say we were unprepared for that volume to hit us.

In addition to that, of course, there are the FFM account transfers and Virginia had in 2014 or from the beginning of enrollment in 2013 through the end of that first period, we got 62,000 account transfers to deal with as well. That was a very big challenge for us to deal with here. That resulted in a significant backlog, certainly of the FFM applications but also an unacceptably high number of front door applications that were out of compliance with the 45-day and the growing number of overdue renewals as well.

We are pulling ourselves out of that. We have made tremendous headway with the FFM applications although not completely out of the woods there. The challenge between focusing on timely processing of applications when we seem to attack that, it tends to up the number of overdue renewals and when we focus attention on getting rid of the overdue renewals, we tend to get delayed processing of applications. I would say

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

we are not yet in balance in Virginia with meeting the challenge of all these applications.

Looking ahead, in addition to some of the issues that we're concerned about that the whole nation is concerned about, such as the funding for CHIP and with the coming Supreme Court decision, we—in Virginia one of our primary strategies to address the application volume was to create a centralized processing center for—at first, at least—the FFM applications. We have created a central unit so that the local Department of Social Services do not even see the FFM applications and that began in mid-August and has processed so far, about 47,000 applications in a fairly short amount of time. The plan is for that unit to be able to take some of the more straightforward and simplified Medicaid applications coming in online and telephonically in the future as well and leave the more complex or multi-benefit applications for the local Department of Social Services.

We have this year attempted— we do have a new governor this year - we've switched from Republican to Democratic governor and so this year we are trying to do a better job of messaging to the citizens of Virginia, more navigators, more application assisters. Virginia did very little of that in preparation for the 2013 open enrollment.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.



Again, a laundry list of continued system enhancements, budget requests in for both more local eligibility workers, as well as continued funding for that simple processing unit that I talked about.

All in all, I would say we too here in Virginia have made great strides in modernization. We are working to improve our electronic verification to increase the level of what we call, no touch applications, which I think probably are quite in real-time, or near real-time determinations. They are using user-friendly client accounts for changes and renewals and checking on status, et cetera. We have made, I think, really big strides like all states in modernization but still have a ways to go.

For us, expansion is still an open question. We have a Governor who is passionately committed to expansion and a legislature that's not so much. We still deal, month-by-month, with trying to build a system and capacity that could quickly and easily move to expansion should we get that opportunity going forward. I think that's all I have to say; Samantha, back to you.

**SAMANTHA ARTIGA:** Thanks, Linda. That was great and I think your remarks really clearly illustrate that even in a state that has not adopted the Medicaid expansion, you've made significant changes and been implementing a lot of upgrades to

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

your system as a result of the ACA. We're now going to turn it over to Questions and Answers. Again, you can submit questions through the chat function on your screen and we're going to do our best to get through as many of them as possible.

I want to start with a question for Jessica. Thinking about non-expansion states and children aging out of Medicaid or CHIP in those non-expansion states where the eligibility levels are much higher, what are the coverage options as folks become young adults in those states if they're above those low Medicaid eligibility levels?

**JESSICA STEPHENS:** Sure. As children age out of coverage as children, they essentially become adults and the coverage options that are available to them are the same that would be available for other adults in the states. In states that have adopted the Medicaid expansion, children with family—I guess, young adults with income below those Medicaid expansion limits, so 138-percent of the federal poverty in most states will be eligible—continue to be eligible for Medicaid.

For those with incomes above those limits, there remain options for them to obtain coverage through the marketplace and they are eligible for tax subsidies to obtain coverage—to purchase private coverage in the marketplace if you have incomes up to 400-percent of the federal poverty level.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

In states that have not expanded Medicaid, there is a slightly different situation. If they have income, if they are parents or fall into some other category where they meet the often low limit, they may still be eligible for Medicaid. If they're childless adults and don't have another source of coverage that is through an employer, for example, and they do not have income above the federal poverty level, many of them may fall into what we described as the coverage gap and resources are available on the Kaiser website with more information but essentially, in states that have not expanded Medicaid, young adults or others who have income above the low Medicaid eligibility limits and below the federal poverty level, they are ineligible for coverage and will likely remain uninsured.

Many of these individuals if they have income above those limits may also still continue to be eligible for financial assistance to obtain coverage through the marketplace.

**FEMALE SPEAKER:** I think we should also add that that is a group that qualifies for buying catastrophic coverage in the marketplace, which would be a high deductible plan but given the purchasing power of the marketplace, the cost of those policies would be less than they were pre-ACA. Even though the

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

coverage isn't great, it provides at least some protection against injury or illness.

**SAMANTHA ARTIGA:** Sticking with some eligibility related questions, Vikki, maybe you can address this one. What is the CMS eligibility policy for non-citizens under the President's Executive Action?

**VIKKI WACHINO:** I assume that the question is referring to the executive action taken late last year with respect to people coming to the United States and the policy was generally that people, who fall into that category under the executive order, are not eligible for health coverage.

**SAMANTHA ARTIGA:** Thanks for that clarification, Vikki. Now for our state partners on the line, maybe you can—you each spoke about many of the advancements that have been achieved in your enrollment processing through your new systems and upgrades. Have any of you tracked how the time to enroll a person has changed pre-ACA versus today?

**REX PLOUCK:** This is—

**SAMANTHA ARTIGA:** Go ahead, Rex.

**REX PLOUCK:** Yes, this is Rex Plouck. It's been very hard for us to track that because under the legacy system it was very hard to track timeliness as well as it was hard to distinguish a Medicaid case from SNAP and TANF case. It's nearly impossible for us to compare the two systems side-by-

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

side; however, we do know that well over 90-percent of our cases have been worked today, which really tells me that our county workers are doing a great job of keeping up with the tremendous amount of work in the increased caseload that we've seen since the ACA and going live with Medicaid expansion in 2014.

**SAMANTHA ARTIGA:** Linda or Judy, do you have any perspectives on how enrollment plan may have shifted as a result of the ACA?

**JUDY ARNOLD:** This is Judy in New York. We know that it shortened. We don't have pre/post data as requested. I mean we know a lot of our applicants get done in less than a day. They get a determination online but the closest we've been able to look at it is if somebody owes income documents for Medicaid, we pend them for 15 days to provide the income documents and about 85-percent of our enrollees are not pended, which means that 85-percent are getting through in a day. The pended ones are pended and we don't have the timeline information but we still believe it's well below 45 days.

**LINDA NABLO:** This is Linda. I would say we, too, don't have the metrics that really measure pre and post. We're nowhere near New York in the percent that are getting through that quickly, which is why I'll probably be calling Judy too after this phone call. All I can say is that at least a

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

percentage of applications are moving through with nobody having to touch them or do anything to them and very quickly. We didn't have that at all before the ACA and we're working hard to increase that percentage every month.

**SAMANTHA ARTIGA:** Rex, we've gotten a couple of questions in about the county shared service program that you mentioned in your remarks. Can you talk a little bit about what your envisioning for this program besides balancing application volume and also a little bit how-about the funding for the upgrades at the county level?

**REX PLOUCK:** Sure. Relative to the vision of what shared services is goes well beyond the concept of just processing a case for another county. What we really want to get to is a consistent process and a consistent expectation for the citizens because in Ohio, it has been the history that one county will do work in one manner and the county right next door, it'll be a completely different process. Also, what we see is that in Ohio, and I assume in many other states, you may reside in one county but work in another county and it might be much more advantageous to use a citizen, especially if you're working to apply for coverage in the county where you work vs the county where you live.

Moving towards shared services really provides that value and a better experience with citizens and provides

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

consistent work processing across counties and we're trying to leverage and take best practices from one county and move those to others so that the counties can learn and adopt things that work from other counties.

Relative to the funding what is called the local Government Innovation Funding in the state of Ohio, there has been a group of counties in North East Ohio that got innovation funding from the state and this is the funding that the governor has set up to encourage local governments to innovate and move towards shared services and we have 23 counties in North East Ohio who got this innovation money and is using that to pull themselves together and they are looking to function as a single county and will be one of our first group of folks onto the shared services platform as it goes live later this year.

There has been additional funds that the state has provided to counties to help them during this transition period, especially while we roll out a new system in counties that are using both the new and the legacy system until such time that we can get SNAP and TANF onto the new platform.

**SAMANTHA ARTIGA:** Thanks, Rex. Maybe, Judy, you can take this next one because it sounds like you've really had the significant success in achieving highly automated enrollment. Can you speak to how moving forward with more automated

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

enrollment and eventually renewals may impact consumer's choice of plans and how you continue to ensure that consumers make an active choice of health plans?

**JUDY ARNOLD:** There are several ways, one is when you move on—so let's say you get a Medicaid eligibility determination and you're ready to move on to select a plan. You're offered the full choice of plans and we have some filters so people can filter, they can search by their provider to get the plans that their providers are in. There's full electronic functionality for helping you choose electronically. But if you don't choose to do that, we also have an enrollment broker, which can help you select a plan, as we've always had and that number's available right on—to consumers. I believe it's on the screen, and you could also go to an assister for help also if you're not able to choose based on the online tools. No one is just given a couple of plans. They're given the full choices of Medicaid plans they can select from.

**SAMANTHA ARTIGA:** Linda, there's a question asking about funding for the additional workers and system enhancements associated with your ACA implementation. What were the key funding sources you relied on there and how has your spending been impacted by changing enrollment in the state?

**LINDA NABLO:** First, let me explain that we really haven't changed a lot in enrollment because, although, we had

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.



an enormous volume of applications to process, unfortunately since we didn't expand Medicaid and the eligibility level remained the same as pre-ACA, the only real significant bump we saw in enrollment was into the family planning waiver, which does have a threshold of 200-percent FPL. Many of the individuals who were seeking full coverage were only eligible for the family planning waiver. We didn't really experience the woodwork effect of an increased enrollment. We just processed the applications and a large volume ended up denied.

The 90/10 funding for systems and the enhanced funding for eligibility work is not—fortunately for us, is not tied to expansion so all states had access to that increased funding and Virginia, like the others, made full use of that funding. Our system enhancements, we really haven't increased local eligibility staff. We did—when I said we established the centralized processing, we did tap into some system money and some enhanced funding for eligibility work that's available to all states regardless of their expansion status.

How is our spending trending? Let me think. I think all states are—if you're talking about combined federal and state funding, I think all states are very aggressively using that 90/10 system funding and the 75/25 eligibility funding that's available to them, we wouldn't be getting the work done without it.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**TRICIA BROOKS:** Also, that 75-percent funding was extended to eligibility workers who are doing the work in the system. Previously, those workers would have qualified only for 50-percent administrative match from the federal government. There definitely are federal resources beyond the systems investment that are helping states to stretch their dollars more in terms of their actual eligibility staff.

**SAMANTHA ARTIGA:** Thanks so much. Vikki, maybe you can speak a little to this, so as we have increased enrollment within Medicaid, what initiatives and work is underway to help work with physicians and medical providers to meet the needs of the increased number of enrollees in the program?

**VIKKI WACHINO:** Sure. Thanks, Samantha. I'll just tag onto what Tricia just said before I answer that question. Is that anyone who's interested in learning more about the availability of the enhanced 75-percent match for eligibility workers can go to our website [medicaid.gov](http://medicaid.gov) where we've got guidance that lays out what qualifies but Tricia's absolutely right in her assessment that there's help available from the federal level for eligibility workers.

I think there are a number of ways that we are working, Samantha, to your question of helping to better connect people to care as they get enrolled. As many of you know, we have been working extensively with states to develop models of care

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

that support integrated health homes for individuals. We are working on major delivery system reform, initiatives around a number of areas including helping to improve the provision of care around substance use disorder, as well as other areas. So, there's a number of ways that as people come into the system, we are working with states in that event and there's a lot more going on at the state levels including potentially with the states that are on the call of really helping to provide coordinated care to people as they enroll in coverage.

**SAMANTHA ARTIGA:** Thanks, Vikki, and I'll throw another one at you, which is from the national perspective. Do you have a sense of who some of our hard to reach enrollees are that are left out there to try and connect with and get enrolled in the program and what strategies are being deployed to try and reach those folks and then I'd also ask each of our state level panelists if they have thoughts who their hard to reach groups are in the state and what they're working on to that regard? Vikki, do you want to start on that?

**VIKKI WACHINO:** I can start but I think I would probably defer to the states with their closer ground level perspective. The populations that occur as needing special attention as we accelerate our efforts to eligibility enrollment are clearly around people who have limited English proficiency and wanting to make sure that they get into the system as quickly as

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

possible as well as potentially populations who are homeless. Why don't I turn it over to Rex and Linda and Judy and see what they're seeing in their states.

**SAMANTHA ARTIGA:** Rex, do you want to get us started on that?

**REX PLOUCK:** Sure. I mean I think we've been inundated with increased applications and so I can't say we've had a real focus on who has been hard to or underrepresented in the enrollment process but I think the one comment that was just made that struck with me—struck me is the homeless population and trying to put an address in the system and get them enrolled. It's been a struggle but we've come up with some state-wide processes to deal with getting the homeless folks enrolled properly. Other than that, I can't think of—I can't really think of a group that has struggled to get enrolled that we're aware of.

**SAMANTHA ARTIGA:** Judy, do you have any insight from your experiences in New York?

**JUDY ARNOLD:** Yes, I mean I would echo what Rex said and I will just add that we've always had a big assistor component in New York or assistors with a multi-lingual ability who were a big presence in helping people enroll for Medicaid and CHIP. Those have been expanded under the ACA and a lot of our applications do come from assistors, from community-based

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

organizations that work with these populations and we've been doing that for a long time. I can't think of—I mean we also are dealing with large volumes of applications and we did have the early effort on the homeless around the addresses and ID proofing's been an issue and how to get people ID proof that may have problems and we've worked that through with manual processes. I think our assistors play our biggest role in helping the hard to reach.

**SAMANTHA ARTIGA:** One question is whether there's anything that helps companies, which I'm assuming is referring to managed care plans can do to help facilitate a new modern enrollment process in Medicaid. Is there anything that any of the healthcare plans in your states are doing that is really helping this to smooth enrollment?

**LINDA ARNOLD:** This is Linda.

**SAMANTHA ARTIGA:** Go ahead.

**LINDA ARNOLD:** I would say I think the health plans have—we're a heavily managed care state, and I think that health plans can play a very valuable role especially when it comes to renewals to learn about the different avenues for renewal and the policies around renewal and help us help educate their members or how to facilitate the renewal process to the greatest extent possible. I think that's a very valuable role they can play.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**SAMANTHA ARTIGA:** Judy, so there's been a lot of admiration of the levels of integration and capabilities that you all have achieved in New York. Can you speak a little bit about how you built that system? Was that something that you all built in-house and really what you thought as the keys that helped make creation of that system so successful to date?

**JUDY ARNOLD:** Good question. It's mostly a custom system and we started with a platform of a incentives and a incentives is anyone of the other states that have used it as a platform for plan selection and account creation, it did not have eligibility rules, so for the whole thing that I was focused on, which is in the eligibility rules in the new system, that was all custom. We embraced integration and tried to from the beginning—and we had two challenges, one is integration. The rules were coming out and after we were building and subsequent to building and that's just the world we all lived in and CMS did the best they could—it's the world we continue to live in, which is building things and then seeing the rules later and going, "Oh maybe not."

I think one major key to our success was phasing in the operations of our system to just in time. We focused on what did we need by October 2013, what did we need by January and we really—we focused on achieving that.

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

The difficulty where we sit now is we were unable to open and successfully take action and have integration but it's been challenging to continue to add and sometimes adding to the system means we work in stuff that was before it. We all would have liked to allot more time to maybe have done more in this initial opening than we were able to do with a phase-in approach. The phase-in approach was a key to our success but it also created challenges from where we sit right now.

**SAMANTHA ARTIGA:** Tricia, in your remarks you noted the timeline for CHIP funding. Can you just remind us a little bit about what the future holds for CHIP and some of the implications to consider based on the survey findings we see here today?

**TRICIA BROOKS:** CHIP was lastly authorized in 2009 with funding provided for four years and when the ACA passed, it extended funding for two additional years. What doesn't line up is a projection within the ACA that requires states to hold steady on their eligibility levels for children through 2019. Technically, CHIP does not have to be, quote, "re-authorized," but there will be no federal funding after September of 2015 of this year, unless congress acts to extend that funding.

We know that there are active conversations going on in Capital Hill but, as yet, there is no specific bill that's

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

moving forward and it sort of remains to be seen as to how quickly Congress will act.

**SAMANTHA ARTIGA:** Vikki, one thing you picked up on your remarks and I think that Tricia also highlighted in the survey findings was the focus on renewal strategies moving forward. Can you speak to some of the—I know you mentioned that there's some strategies available the states take up to help facilitate renewals moving forward. Can you talk a little bit about those?

**VIKKI WACHINO:** Sure. I think, overall, we've seen a lot of progress on the renewal front and I think Tricia's data speaks well to the number of states that this time last year or even just a few months ago, had delayed renewals and are now starting to work through them. One strategy that we've worked with some states to effectuate in order to quickly process those renewals and keep people enrolled in coverage is the ability to use data, particularly, from the SNAP program to verify people's current income so that they can keep people enrolled in coverage. That's just one way—one prominent way that we've used to try to support continuous coverage for people in states as they work to strengthen their renewal process.

**SAMANTHA ARTIGA:** I think we're going to start wrapping up in the next few minutes. I wanted to give each of our

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.



speakers an opportunity to add any final comments or thoughts that they want to share. I'll start here with Tricia and Jessica to see if they have any closing comments.

**TRICIA BROOKS:** It's really exciting to watch the work that's going on in the states. Not that the ACA created anything new under the sun but the fact that between the funding for systems and some of the rule changes, it really is accelerating that modernization of Medicaid and CHIP programs around the country. I also want to add that my favorite data point, which Jess got to present, is the fact that, in fact, two years ago, there were 38 states that required that children be uninsured for a period of time before being enrolled in CHIP coverage. Recognizing the goal of the ACA is to provide ready access to coverage universally, we're really pleased to see that count is down to 18.

**JESSICA STEPHENS:** The only thing I guess I would add is to echo what Samantha said in the beginning, which was that I would encourage everybody to take a look at the report because we did present these findings at a relatively high level and there's information for each state on a number of the topics that we discussed today including some additional data points that you may be interested in.

**SAMANTHA ARTIGA:** Vikki, any closing comments from you?

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**VIKKI WACHINO:** I don't think I have any key things but I'll just say that as I listened to Rex and Judy and Linda describe the challenges that they faced with their systems with processing any backlogs, with balancing tradeoffs between things like renewals and incoming applications, every single thing on their list resonated with me as an area that we're hearing not just from those states but from many states. I think they did a great job of articulating the challenges ahead. As far as we've come, we still have work to do and I think you heard from three terrific states about what the path forward entails.

**SAMANTHA ARTIGA:** Judy, any thoughts from your end in New York?

**JUDY ARNOLD:** Just to echo what Vikki said. We certainly still have work to do but it's useful to get a 50-state snapshot to take an appreciation for how far we've come in this last year. Sometimes—and when states are dealing with our daily issues, it's hard to sort of step back and have that perspective so I thank you for that.

**SAMANTHA ARTIGA:** Great, Rex, your thoughts?

**REX PLOUCK:** I'd just like to thank the Kaiser Family Foundation for the opportunity and for the valuable data in the report and also for pulling the states together. I find that every time I talk to another state, I learn more than I think I

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

probably share and I appreciate the opportunity to connect with our other state partners.

**SAMANTHA ARTIGA:** Last but not least, Linda, your thoughts from Virginia.

**LINDA NABLO:** Ohio and New York stole my thoughts but I would reiterate that it's good to take a minute and stop and think about how far we have come even in the non-expansion states because day by day, we are still very much in the throes of trying to change this program and modernize this program.

I look forward to—I don't know—two, three, four, five years from now being able to look back and tell the old stories of what it used to be like in Medicaid because we're not there anymore. With Tricia, I would like to echo what Tricia said. If you can get rid of the waiting period in CHIP in a conservative state like Virginia, you can do it in the rest of those states too, so good luck.

**SAMANTHA ARTIGA:** I think as we see in the report and here from the remarks today, we really see that there have been major advancement and progress achieved in the past year with implementation of the ACA. We're so thankful to all our panelists for joining us here today and giving us some perspectives on the data findings that are in the report. I would encourage you as Jessica mentioned, to go take a look at the full report on our website and also will note that a

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Modern Era Medicaid and CHIP:  
Findings from a 50-state Survey of Eligibility,  
Enrollment, Renewal, and Cost-Sharing Policies  
1/20/2015**

52

recording of this briefing will be available on the website later this week as well as a copy of the slides available for download.

Thank you all for sharing your time with us today. We hope that you found this briefing informative and look forward to you joining us at an upcoming event sometime soon. Take care and have a great day.

[END RECORDING 012015\_kff\_webinar.mp3]

<sup>1</sup> The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.