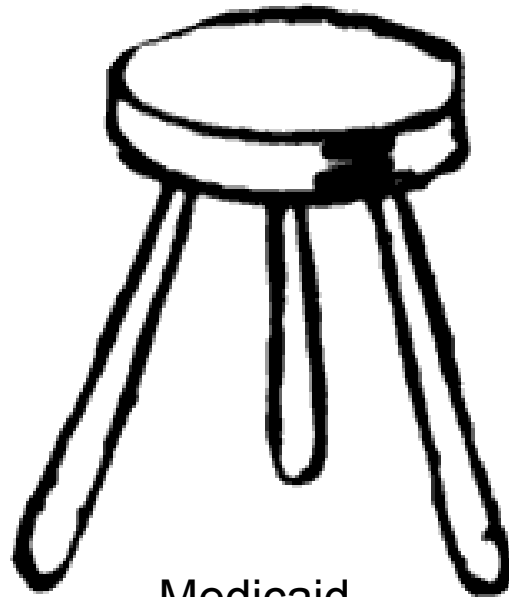


The Changing Face of Medicaid and what you can do about it

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Medicaid is the foundation of reform's three legged stool



Medicaid

Employer
sponsored
coverage

Insurance
exchange

Medicaid history in CT

- Medicaid patients three times more likely to have an ER visit that did not require hospitalization
- Overspending on HMOs at least \$50 million/year
- Very difficult to find a provider and get an appointment
- Transparency problem – Freedom of Information
- Provider rates too low?

CT Medicaid changes

- National health reform
 - Increase primary care rates temporarily
 - 133,000 new enrollees – mainly adults
 - Fate of HUSKY parents unclear
 - Must integrate with insurance exchange and individual mandate
- ICO, quality based payments, shared savings
- PCCM/patient-centered medical homes/health homes
- Link with insurance exchange
- SustiNet

National health reform & Medicaid

- To 133% FPL regardless of family circumstances
- Effective Jan. 1, 2014
- States have option to increase to childless adults
– LIA in CT
- Primary care rate increase to Medicare level, feds pay full cost 2013-2014
- Pilots for community based care, payment reforms
- \$\$ for care coordination, chronic disease management

Medicaid restructuring in CT

- Announced in January, implement January 2012
- Moves all Medicaid , HUSKY A & B, Charter Oak to ASO model, self-insured
- No more capitation
- RFP out now
 - Centralized care coordination – concerning to advocates
 - Medical model for care coordination
 - Could be one or more ASOs
- Performance-based payments

Current PCCM program

- Primary care case management for all Medicaid
 - No HMOs involved
 - **Patient-centered medical home**
 - Team based care – not all about the doctor
 - Each patient has a personal provider
 - Self-management tools and support
 - Expanded hours
 - PCPs paid for services they provide as usual, plus \$7.50 pmpm for coordination services
- Now 230 providers, 532 consumers in program (May 1st)
- Four communities
- DSS not historically supportive

New PCCM/health home program?

- Not calling it PCCM – politics
- Tension between PCMHs for only a few vs. for all
- Health Homes
- Questions about standards – use NCQA, other national accreditation vs. state-based ones
- Question about changing and/or risk adjusting the \$7.50 pmpm care coordination fee

HUSKY parents, Basic Health Program option

- National health reform only covers adults to 133% FPL regardless of family circumstances
- Thousands of HUSKY parents 133 to 185% FPL could be forced into insurance exchange
 - Higher costs – premiums, copays & deductibles
 - Lower benefits
 - Have to change providers
- Basic Health Program option in national reform bill
 - Allows CT to put all adults 133 to 200% FPL into Medicaid-clone plan , not just HUSKY parents
- Fate unclear as yet in CT

Medicaid and insurance exchange

- Exchange and their navigators will get many applications for people eligible for Medicaid
- “No wrong door” for applications
- Have to screen appropriately, move to Medicaid enrollment system seamlessly
- Income instability will shift people between Medicaid and exchange often
- Important to have safety net/CHC options in exchange plans for care continuity
- Navigators, public education critical

ICO proposal

- Integrated Care Organization
- Expect 13,000 to 20,000 Medicare and Medicaid eligible consumers to enroll
- Voluntary
- Managed care network of providers and hospitals
- Paid based on fee-for-service plus “shared savings”
- Creates patient-centered medical homes to coordinate care, encourage prevention and self-management of disease
- May offer more services than traditional program

SustiNet

- Merge (in some form) Medicaid with state employee plan
 - Then include municipalities, nonprofits, and individuals – in that order
 - Completely voluntary
- Emphasizes, supports team-based patient-centered medical homes
- Emphasizes prevention
- Payment reforms
- Quality of care initiatives
- Addresses health care workforce shortages, new training

What reform means to the uninsured

- Individual mandate to buy/get coverage
- Many/most will enter Medicaid
 - Unclear what will happen to HUSKY parents
- More fair insurance market
 - More affordable insurance options
 - Essential benefit package
 - More information on options
- Possible safety net capacity problem
- Employer mandate –
 - More likely to offer benefits
 - Small business subsidies
- Undocumented immigrants left out completely

What reform means to current Medicaid consumers

- More providers to choose from
- Providers paid more
- Managed care for all, but different than old HUSKY program
- Will need to change behavior
 - ER use → PCMH
 - Must engage in their own health care decision making
- More coordination, less duplication

What reform means to providers

- No more bad debt, or at least less of it
- Higher Medicaid primary care rates
- More Medicaid clients
- Pressure to coordinate care, join larger groups
- More scrutiny on costs and quality of care
- Support for care coordination, HIT → lower admin costs
- More data requirements
- Team based care
- Electronic medical records

What reform means to government(s)

- Lower cost increases
- Far more oversight – state and federal
- New data and analysis needs
- Vigilance
- Create and monitor exchanges
- Difficult role of enforcing mandates, insurance regulation
- Massive Medicaid increases
- States get unprecedented federal subsidies, federal deficit reductions

More than you wanted to know

- CTHealthbook.org
- CT Health Notes Blog
 - www.cthealthblog.org
- Kaiser health reform site
 - www.healthreform.kff.org
- Sustinet
 - www.healthcare4every1.org
 - <http://www.ct.gov/sustinet/site/default.asp>

Advocacy tools

Agitators are a set of interfering, meddling people, who come down to some perfectly contented class of the community and sow seeds of discontent amongst them. That is the reason why agitators are so absolutely necessary. Without them, in our incomplete state, there would be no advance toward civilization.

-- Oscar Wilde

legislative advocacy

- This is often what people first think of as “advocacy” or lobbying
- Legislative process is far more open and responsive to the public than other branches
- Public input is a formal part of the process



legislative advocacy

- **Patience** – rare that a bill passes in its first year
- **Perspective** – understand that your issues have to get in the queue
- **Understand and respect the system** – experience has value, seek it out
- **Create relationships** – most important of all
- **Offer solutions** – don't just complain
- **Recruit a champion, then TRUST them**

I congratulated a DSS official on her promotion and asked "Isn't it great being up there where the buck stops?" Her answer: "I'm not sure where the buck stops. I don't really think that it's here. But I have seen it roll over us at times."

administrative advocacy

- Very powerful
- Include them early – both top and bottom of food chain
- Create relationships of trust -- can be champions and important sources of info
- They implement the laws – they are the devil in the details
- They are not elected, they don't answer to you or to voters
- Appointed vs. civil service
- Agency turf issues
- Current climate – staff reductions, great anxiety, overworked

Tools

- Media
- Coalitions
- Lobbyists
- Judicial advocacy
- Electoral advocacy
- Join councils and task forces
- Testimony
- Letters, calls, visiting policymakers
- Offer to help

common advocate mistakes

- Learn the system first
- They don't have to "get religion", they just have to vote yes (or no)
- Don't leave without closing the deal
- Always follow through
- Don't take anything personally
- Be patient
- Be flexible

tips no advocate should forget

- Always be polite
- Say thank you, to everyone who helps
- Get your story straight
- NEVER make up an answer
- Trust your champion
- Patience
- Perspective

Opportunities now

- SustiNet bill creates a consumer advisory committee
- Health insurance exchange bill includes requirements for consumer surveys
 - Unfortunately Board includes no consumer rep.s
- DSS hired consultants to get consumer input on PCMH/PCCM development
- Many councils include consumer members

Unless someone like you cares a whole awful lot, nothing is going to get better. It's not.

-- Dr. Seuss



For help – CT Health Policy Project
Advocacy Toolbox

www.cthealthpolicy.org/toolbox