



State Advocate To-Do List for 2013

2013 will be a busy year! We've pulled together some ideas about key issues you may want to tackle in your state this year. We know that you won't have time to do everything on this list, but here's a place to start. Topics include:

- Medicaid Expansion
- Exchanges
- Medicaid, CHIP, and Exchange Eligibility and Enrollment
- General Private Insurance Work (outside of the exchange, too)
- Dual Eligibles
- Uninsured/Underinsured

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Medicaid Expansion

- **For advocates in all states**
 - Make your voice heard in the federal budget negotiations. The Medicaid expansion will only work if the program stays strong. Make sure that your members of Congress hear from you that Medicaid should not be cut as part of the budget negotiation process. See Families USA's Medicaid Defense Center at familiesusa.org for information on where we are in federal budget negotiations, talking points, and other tools to make the case to protect Medicaid.
 - Follow the Medicaid, CHIP, and Exchange Eligibility and Enrollment to-do list on page 5 to make sure that your state is on track for updating its Medicaid eligibility and enrollment systems.
- **For advocates in states that haven't made a firm commitment to expand Medicaid**
 - Keep pushing your state in that direction. Use your best campaign strategies to move the expansion forward. Contact Families USA's Field department if you'd like help developing arguments, reviewing analyses, discussing messaging, developing story banking strategies, or connecting with advocates in other states to discuss strategies that work.
 - Carefully evaluate any analyses of Medicaid expansion costs that are put out by your state to make sure that the assumptions are realistic, costs aren't overstated, and that the state has included all potential savings. See Families USA's Medicaid Expansion Center at familiesusa.org for resources to help you evaluate your state's financial analysis.
 - Don't let your state put off deciding for too long. Make sure that legislators and state officials have a realistic sense of the time that will be required between declaring the intent to expand and having all systems in place to expand—dragging their feet may mean that they can't actually expand when they might want to.
- **For advocates in states expanding Medicaid**
 - Get involved in your state's Medicaid benefit plan selection. Medicaid has to include the essential health benefits but can include more. Identify the individuals who will be most involved in determining Medicaid benefits for the expansion population and meet with them. Build a coalition to advocate for comprehensive benefits appropriate for the Medicaid expansion population and make sure that the benefits comply with mental health parity requirements in the Affordable Care Act.

- Find out who is managing outreach and enrollment efforts in your state. Expanding Medicaid will only help people if they actually get enrolled in the program. Outreach will have to start before October 2013, so your state should be thinking about materials, branding and outreach infrastructure, and the best way to reach and communicate with potential enrollees right now. Enroll America (EnrollAmerica.org) tracks best practices for enrollment and recently launched an enrollment campaign. Check with them to make sure that your state is doing all it can to maximize enrollment and to learn how you can get involved and move enrollment forward in your state.
- It isn't too early to start thinking about tracking expansion results. Find out what your state plans to do to measure consumer experience and access for the expansion population.

Exchanges

- **For advocates in all states**
 - Advocate for and share expertise on effective in-person outreach and assistance programs:
 - Ensure that your state and/or the federal government know the best existing resources, such as community-based organizations and Consumer Assistance Programs, to build on in the development of the navigator program and in-person assistance programs. (It's important to note that in-person assistance programs will only operate in state consumer assistance partnership exchanges and in state-based exchanges that choose to implement this program).
 - Share your expertise with your state and HHS to inform how the navigator program should operate and how the entities assisting consumers should be trained. If your state has declared a partnership exchange or is planning to use assisters in its state-based exchange, provide input on the development of plans for the design and operation of the in-person assistance program.



Resources

Consumer Assistance Programs, available online at familiesusa.org/resources/resources-for-consumers/consumer-assistance-programs-resource-center/.

Help Wanted: Preparing Navigators and Other Assisters to Meet Consumer Needs, available online at familiesusa.org/resources/tools-for-advocates/preparing-navigators-tool-kit/.

Filling in Gaps in Consumer Assistance: How Exchanges Can Use Assisters, available online at familiesusa2.org/assets/pdfs/health-reform/How-Exchanges-Can-Use-Assisters.pdf.

- Advocate for and monitor the implementation of a “feedback loop” for navigators and assisters (where applicable) to report problems with the exchange and the enrollment and eligibility processes to exchange officials.
- Help entities that may be interested in becoming navigators or in-person assisters learn about the programs and how they can prepare to participate.
- Make sure your exchange is communicating with your state Medicaid agency in the development of the navigator program and the in-person assistance program (where applicable) to ensure coordination and use of federal administrative match funds to provide enrollment assistance to consumers who are eligible for Medicaid and the Children’s Health Insurance Program (CHIP).
- Prepare to serve as a watchdog and help with troubleshooting once the exchange is up and running: For all types of exchanges, there are bound to be glitches during the first year that may present challenges for eligibility determinations and enrollment. Advocates should plan to monitor for and report these issues and issues related to insurance plan compliance with Affordable Care Act and exchange consumer protection standards to exchange officials.
- Respond to federal comment opportunities regarding exchanges: Comments on federal guidance and regulations are an important avenue to influence federally facilitated, partnership, and state-based exchange development and policy. Respond to comment opportunities, and if you have input regarding guidance for which there is no formal comment period, reach out to Families USA at stateinfo@familiesusa.org so that we can help you find the right person at HHS to contact.
- Work to ensure affordable coverage for the 100 percent to 400 percent of poverty population. If you are in a willing state, think about ways your state or charities can further help people with insurance and care costs:
 - Can you help families that pay multiple premiums (such as one to CHIP, one to an exchange plan, one to an employer) by, for example, requiring CHIP to reduce premiums for such families?
 - Will plans offer some low-deductible options? Can charities/state programs/hospital financial assistance programs help low-income people pay for care until they reach a deductible? Can they assist with other cost-sharing?
 - Will your state pursue any expansion alternatives available this year, such as expanding Medicaid beyond 133 percent of MAGI or providing Basic Health (or any other alternatives that CMS permits)?

■ For advocates in states implementing state-based or partnership exchanges

- Continue to urge for consumer-friendly outcomes on policy decisions that your exchange will make this year. These may include: standards and processes for qualified health plan (QHP) certification; methods for ensuring continuity of care when consumers transition from one coverage program to another (i.e., Medicaid to exchange QHP coverage and vice versa), the role of agents and brokers in the exchange, and other pressing issues.
- If you are in a state that has received conditional approval to operate a state-based or partnership exchange, monitor your state's progress towards compliance with all applicable Affordable Care Act exchange requirements by the beginning of open enrollment (October 1, 2013) and its progress towards on-schedule achievement of the tasks outlined in its blueprint.



Resources

Brokers and Agents and Health Insurance Exchanges, available online at familiesusa2.org/assets/pdfs/health-reform/Exchanges-Brokers-and-Agents.pdf.

■ For advocates in states with a federally facilitated exchange (FFE)

- Work with partners to provide input on critical consumer issues: Although avenues for communication are not always easy to identify, it is important for advocates to share their expertise and input on issues like marketing, the development of the navigator program, and qualified health plan (QHP) standards and selection for the federally facilitated exchange (FFE). You can also share input on how to create a more effective process for engaging stakeholders in FFE development. Write to and set up calls and meetings with HHS representatives, set up meetings with any willing state officials, and use the media, your online advocacy platforms, and other avenues of communication to promote your priorities for your state's federally facilitated exchange.

Medicaid, CHIP, and Exchange Eligibility and Enrollment

■ For advocates in all states

- Create consumer-friendly, seamless eligibility and enrollment systems for Medicaid, CHIP, and exchange coverage
 - Consumer-test your state's version of the new single, streamlined application for health coverage.
 - Make sure your state provides high-quality translations of the new application for health coverage for all the main languages spoken in your state.
 - Encourage your state to adopt or expand its use of presumptive eligibility, continuous eligibility, and express lane eligibility to make getting and keeping coverage easier for consumers.
 - Encourage your state to allow the exchange to make Medicaid eligibility determinations (not just assessments), so no one falls through the cracks.
 - Ask your state how it plans to integrate other public benefits into the process of applying for health coverage (through screenings or developing a new multi-benefit application).
 - Ask your state about what it is doing to address increased volume of applications beginning in October 2013.



Resources

Presumptive Eligibility: A Step toward Streamlined Enrollment in Medicaid and CHIP, available online at familiesusa2.org/assets/pdfs/Presumptive-Eligibility.pdf.

Continuous Eligibility for Medicaid and CHIP Coverage, available online at insurekidsnow.gov/professionals/eligibility/continuous.html.

Express Lane Eligibility: What Is It and How Does It Work?, available online at familiesusa.org/assets/pdfs/Express-Lane-Eligibility.pdf.

General Private Insurance Work (Outside of the Exchange, too)

■ For advocates in all states

- Work with your state to pass individual and small group market laws that echo federal requirements on guaranteed issue and community rating and build in further protections:
 - Speak up about the importance of Affordable Care Act's protections for people with pre-existing conditions and the need for fair premiums for people in less-than-perfect health.
 - Urge your state to place further restrictions on tobacco rating: 1.5 times the age-rated premium price can put insurance out of reach for many. At a minimum, states should ensure that rates immediately drop for people in tobacco cessation programs—even if final federal regulations don't require this.
 - Add details about open and special enrollment periods, like how they will be advertised.
 - Help your state decide whether to merge the individual and small group market.
 - Advocate for your state to establish state consumer protections for wellness incentive programs in the small group market that exceed federal requirements. These could include further restricting the magnitude of the maximum allowed incentive; prohibiting incentives tied to meeting standards related to a health status factor; requiring wellness incentives to be offered in conjunction with free, evidence-based wellness programming and supports; and requiring wellness plan sponsors to annually evaluate their wellness incentive program.
- Help your state pass or update a law about “stop-loss” insurance, so that insurance companies won't market stop-loss policies to small businesses that self-insure as a way of evading Affordable Care Act protections.
- Be active on rate reviews, providing consumer comment about insurers' proposed premium increases. If your state doesn't already have the authority to reject unreasonable premium increases, work for such authority.

- If your state has a consumer assistance program that helps with appeals and other insurance problems (broader than exchanges), keep in touch with people in the program to learn what problems they are hearing about from consumers and to help promote the program to state and federal lawmakers, working for its continued funding. If your state doesn't have a consumer assistance program, watch for any federal or state funding opportunities that would allow your state to create one. Within an exchange, work to establish adequate in-person assistance, including navigator programs and telephone help, and ensure coordination with existing consumer assistance programs.
- Help to publicize Affordable Care Act reforms that will take place in 2014 and the October 2013 open enrollment period. Help to train community groups to answer consumers' questions.
- Work with your state to finalize its definition of what is covered in its essential health benefits package and to develop a transparent enforcement mechanism for ensuring issuers fully cover the scope of services required by the essential health benefits.
 - Urge your state to establish limits on the types of benefit substitutions issuers can make within essential health benefits categories, and to develop a transparent, public review process for approving plans' proposed benefit substitutions.
 - Work with your state to develop a review and enforcement mechanism to ensure issuers' coverage complies with federal mental health parity requirements.
 - Urge your state to adopt a comprehensive definition of the scope of services that must be covered under habilitative services, as part of the essential health benefits package.

Dual Eligibles

- **For advocates in states with duals demonstrations**
 - If your state is pursuing a dual eligibles financial alignment demonstration, there are multiple stages of development where advocates can play a useful role. The Medicaid-Medicare Coordination Office (MMCO, the dual eligibles office) at CMS is very serious about making sure states have ongoing consumer input, and MMCO wants to hear directly from advocates as well.
 - Even if the state and federal government are still negotiating the memorandum of understanding (MOU), you may provide feedback and comments on developments to CMS staff. (For example, some states have selected plans while the memorandum of understanding negotiation is ongoing. Insights of state advocates are welcome.)
 - After the MOU is signed and released, CMS has asked for comments from advocates. The MOU will likely also leave some further details to be resolved during contracting or later implementation.
 - CMS will be conducting a readiness review prior to starting enrollment. The criteria for the review will be publicly available. Advocates are welcome to provide feedback on the criteria.
 - Prior to the start of any demonstration, there should be substantial beneficiary outreach and education. This includes notices, materials, public education events, etc. Advocates should ask to provide feedback on these materials before they go to the public.
 - Check to see if the demonstration includes a funded, conflict-free ombudsman office. If not, advocate for one.
 - Several funding opportunities are likely available for beneficiary education and ombudsman services, either through the state or from CMS.

The earliest implementing states are expected to start mid-2013. If you are in one of those states (or even if not), you may want to consider developing a coalition to monitor implementation (or make sure existing coalitions have the capacity to do so). Consider issues like clear understanding of opt-out rights, network adequacy, transition benefits, access to services, adequacy of assessments and care plans, etc.

Uninsured/Underinsured

- **For advocates in all states**
 - Remind state policymakers that some people will still need a safety net in 2014, including the remaining uninsured, people who cannot afford deductibles or cost-sharing, and those who have uncovered medical expenses. Review non-profit hospitals' community benefits and financial assistance policies. Find out when the hospitals will be updating those policies and provide input about changing needs. Consider state laws about hospital financial assistance.



State Advocates To-Do List for 2013

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