



Healthy Louisiana Kickoff: Lessons from the Research



Healthy Louisiana Kickoff

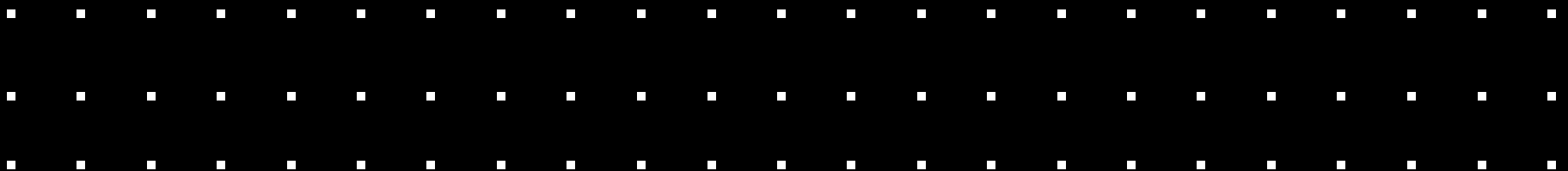
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Baton Rouge, LA

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Overview of presentation

Coverage matters

Application assistance matters

Moving forward



Children gain when their parents have coverage

Children more likely to enroll, per Urban Institute

- 3.0 percentage point increase for children's coverage in expansion states
- 1.8 percentage point increase in non-expansion states

Eligible children's participation in Medicaid: Non-expanding states, 2014

Rank	State	Participation
1	Alabama	93.7%
2	Maine	93.7%
3	North Carolina	93.4%
4	Mississippi	93.2%
5	South Carolina	92.7%
6	Louisiana	92.6%
7	Tennessee	92.4%
8	Idaho	90.6%
9	Nebraska	90.4%
10	Wisconsin	90.4%
11	New Hampshire	89.8%
12	Pennsylvania	89.5%

Rank	State	Participation
13	Georgia	89.2%
14	Florida	88.4%
15	Virginia	88.3%
16	Kansas	88.2%
17	Oklahoma	87.6%
18	South Dakota	87.2%
19	Indiana	86.9%
20	Missouri	86.2%
21	Montana	86.1%
22	Texas	86.0%
23	Wyoming	82.9%
24	Alaska	81.5%
25	Utah	79.8%

Eligible children's participation in Medicaid: All states, 2014

Rank	State	Participation	Rank	State	Participation
1	Vermont	99.9%	15	Oregon	93.5%
2	D.C.	98.1%	16	North Carolina	93.4%
3	Massachusetts	97.0%	17	Illinois	93.3%
4	Arkansas	95.8%	18	Mississippi	93.2%
5	Hawaii	95.2%	19	Minnesota	93.0%
6	Connecticut	95.1%	20	Washington	92.7%
7	Rhode Island	94.8%	21	South Carolina	92.7%
8	Michigan	94.7%	22	West Virginia	92.7%
9	New York	94.5%	23	Louisiana	92.6%
10	Maryland	94.1%	24	Tennessee	92.4%
11	Iowa	94.0%	25	California	92.3%
12	Kentucky	94.0%	26	Ohio	92.1%
13	Alabama	93.7%	27	New Jersey	91.4%
14	Maine	93.7%	28	New Mexico	91.2%

Eligible children's participation in Medicaid: All states, 2014 (continued)

Rank	State	Participation
29	Delaware	90.8%
30	Idaho	90.6%
31	Nebraska	90.4%
32	Wisconsin	90.4%
33	New Hampshire	89.8%
34	Pennsylvania	89.5%
35	Georgia	89.2%
36	Colorado	89.0%
37	Florida	88.4%
38	Virginia	88.3%
39	Kansas	88.2%
40	Arizona	87.8%

Rank	State	Participation
41	Oklahoma	87.6%
42	South Dakota	87.2%
43	Indiana	86.9%
44	North Dakota	86.7%
45	Missouri	86.2%
46	Montana	86.1%
47	Texas	86.0%
48	Nevada	85.7%
49	Wyoming	82.9%
50	Alaska	81.5%
51	Utah	79.8%

Medicaid, parental depression, and children

Medicaid expansion caused **30% relative decline in adult depression, per Oregon study**

Impact of parental depression on children

- “Depressed women produce higher levels of stress chemicals during pregnancy, which reduce fetal growth and are associated with an increased risk for premature labor”
- “Children who experience maternal depression early in life may experience lasting effects on their brain architecture”
- “Chronic maternal depression over many years of a child’s life also predicts cardiovascular patterns suggestive of emergent hypertension in childhood”

-Harvard University Center on the Developing Child, 2009

Impact of parental depression on children, cont.

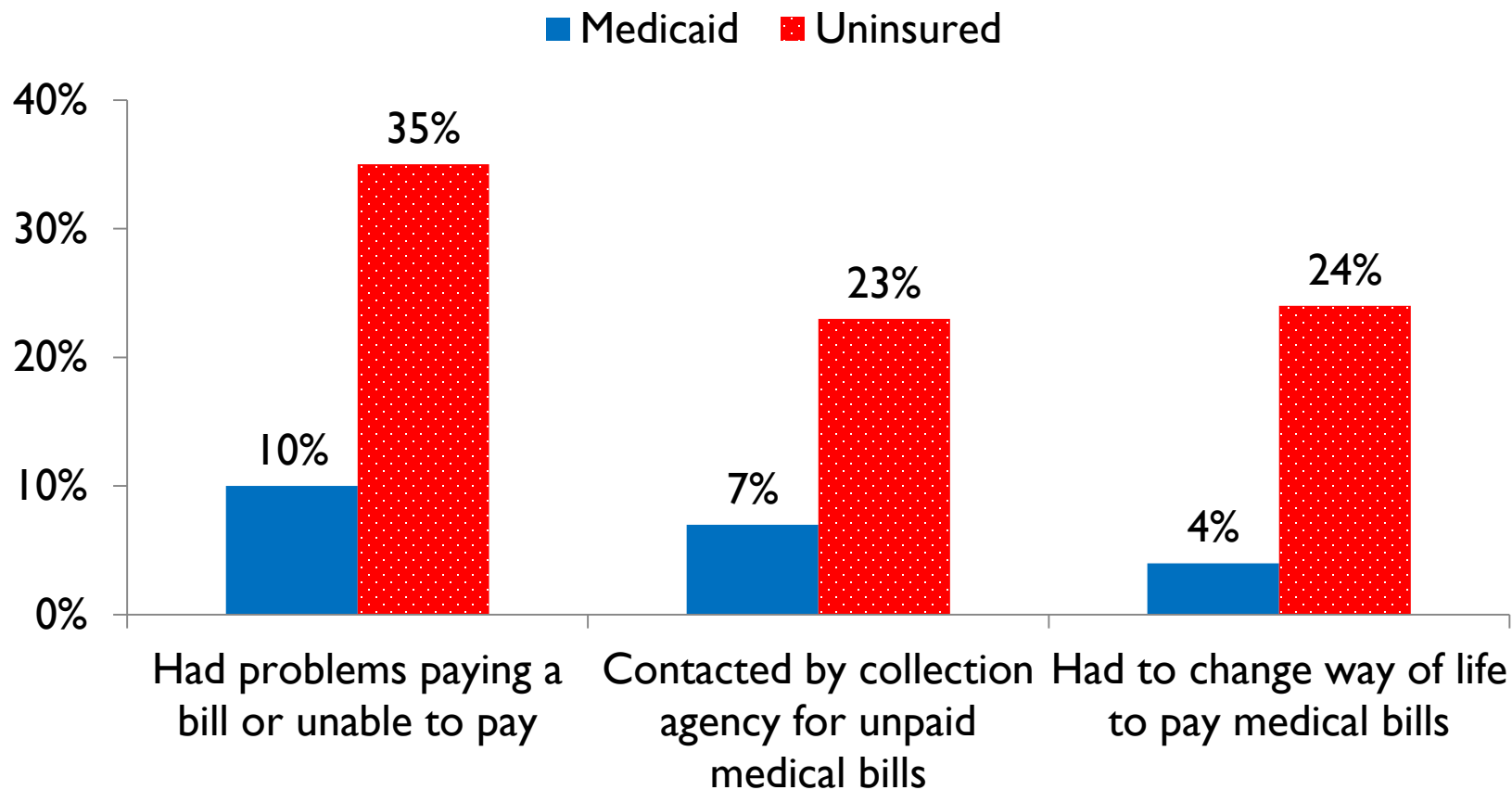
Stage	Effects on children
Prenatal	Inadequate prenatal care, poor nutrition Higher preterm birth, lower birth weight, spontaneous abortion
Infant	Passivity and withdrawal Lower cognitive performance
Toddler	Less interaction and creative play Lower cognitive performance
School Age	Anxiety disorders, conduct disorders ADHD, lower IQ scores
Adolescent	Anxiety disorders, depression, panic disorders, conduct disorders, substance abuse, alcohol dependence ADHD, learning disorders

-Canadian Paediatric Society, 2004 and 2015

But wait—adults are people too!

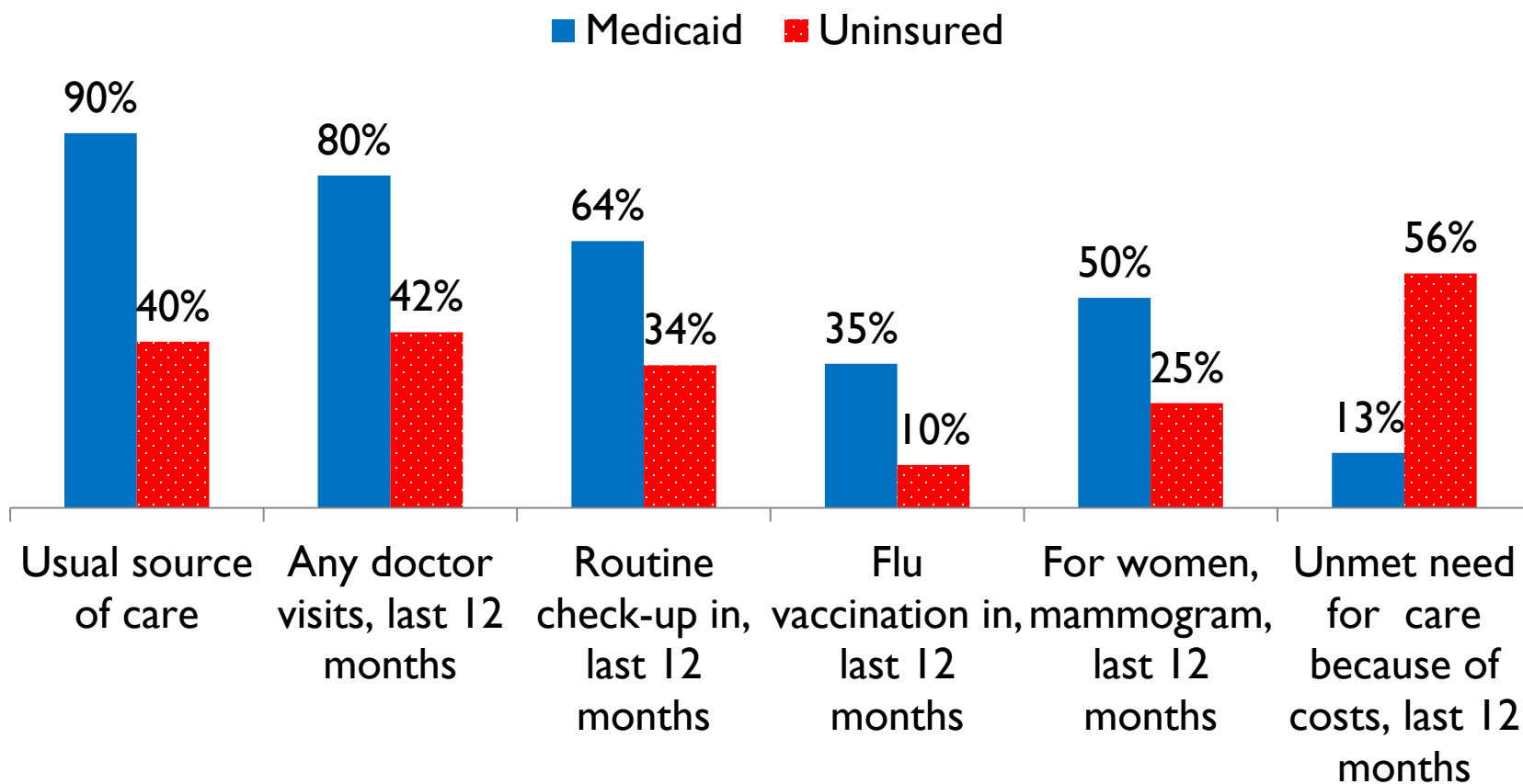


Compared to the uninsured, Medicaid adults report fewer problems with medical bills



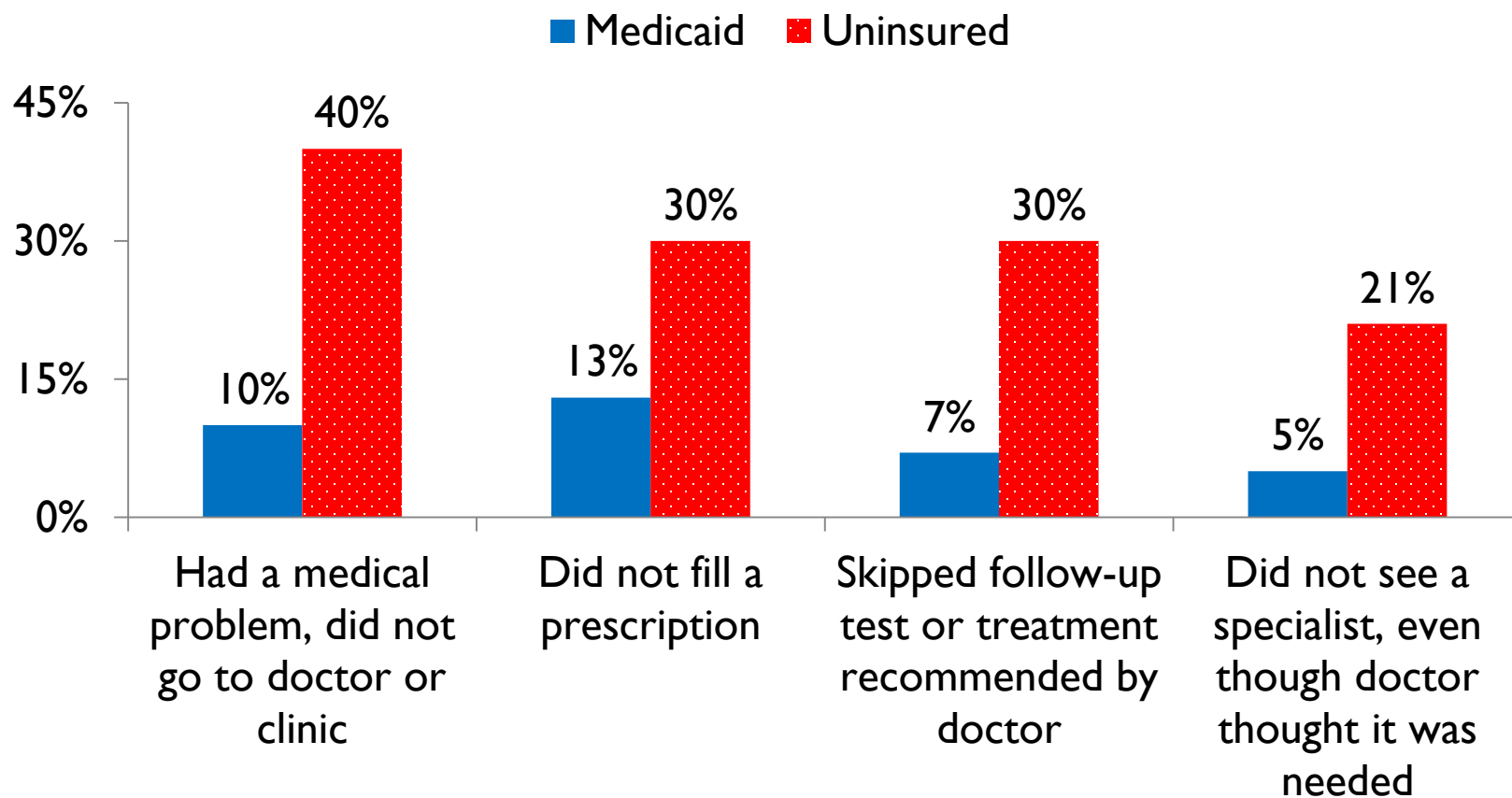
Source: The Commonwealth Fund Biennial Health Insurance Survey, 2014

Compared to the uninsured, Medicaid adults report better access to care



Source: Urban Institute analysis for MACPAC of the 2009 National Health Interview Survey.

Fewer cost barriers are reported by Medicaid adults than by uninsured adults

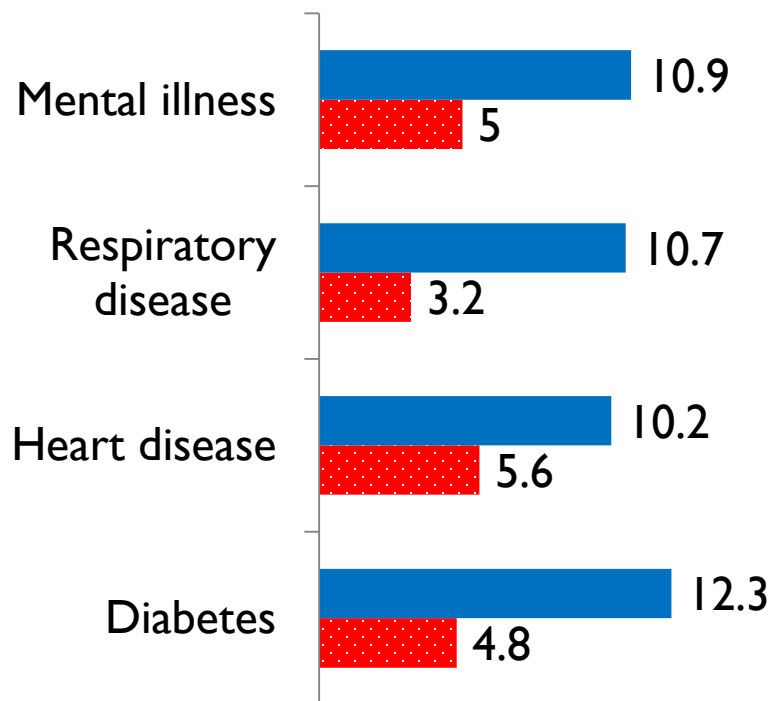


Source: The Commonwealth Fund Biennial Health Insurance Survey, 2014

Chronically ill adults <138% FPL receive more care with Medicaid than without coverage

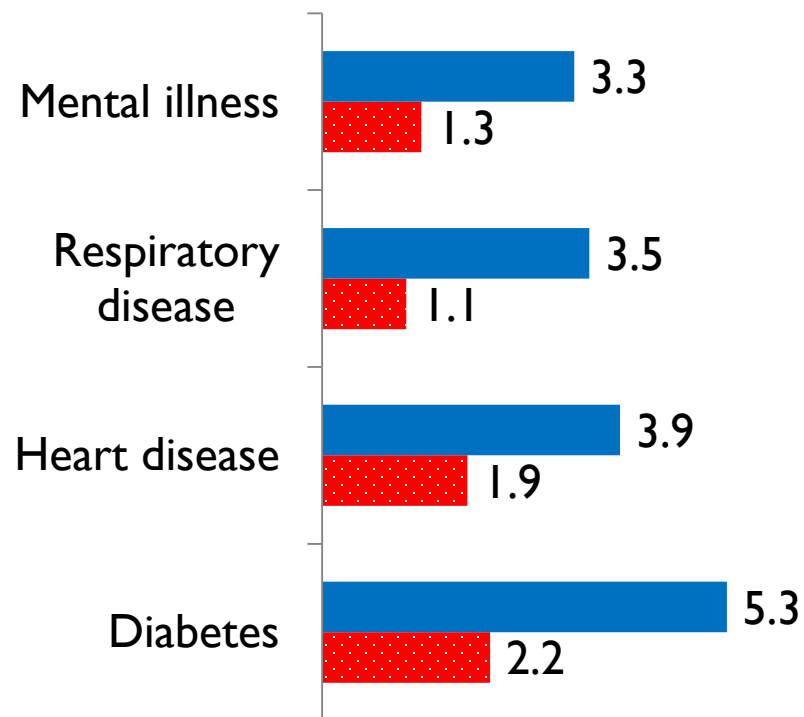
Doctor visits/year

■ Medicaid ■ Uninsured



Prescriptions/month

■ Medicaid ■ Uninsured

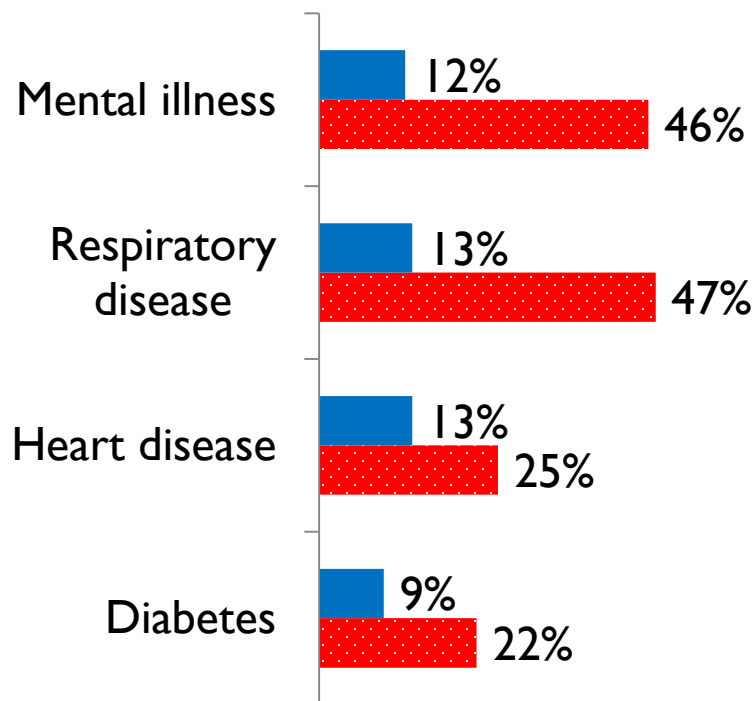


Source: Kaiser Commission on Medicaid and the Uninsured analysis of MEPS data for 2009.

Chronically ill adults <138% FPL who have Medicaid encounter fewer barriers to care

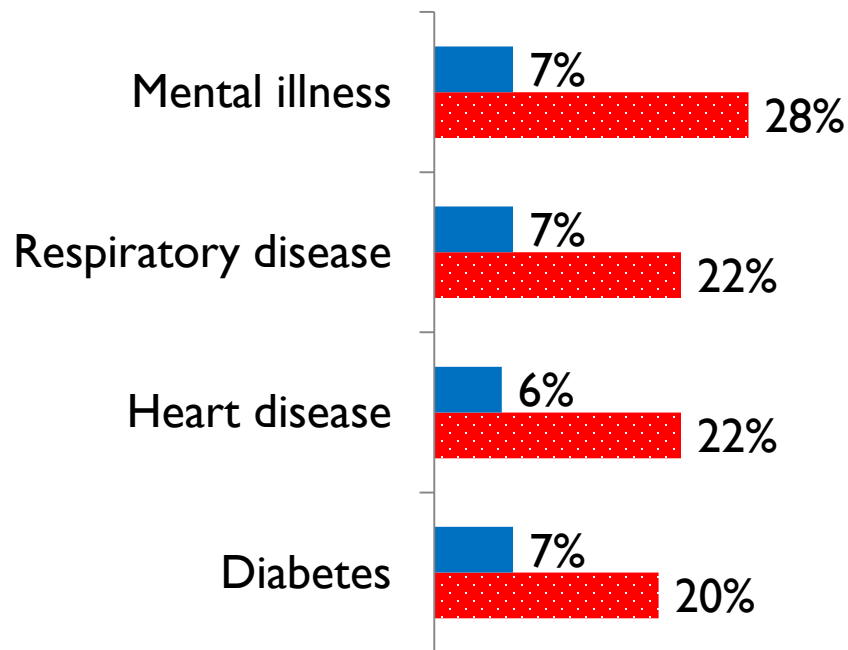
No check-up in 2 years

■ Medicaid ■ Uninsured



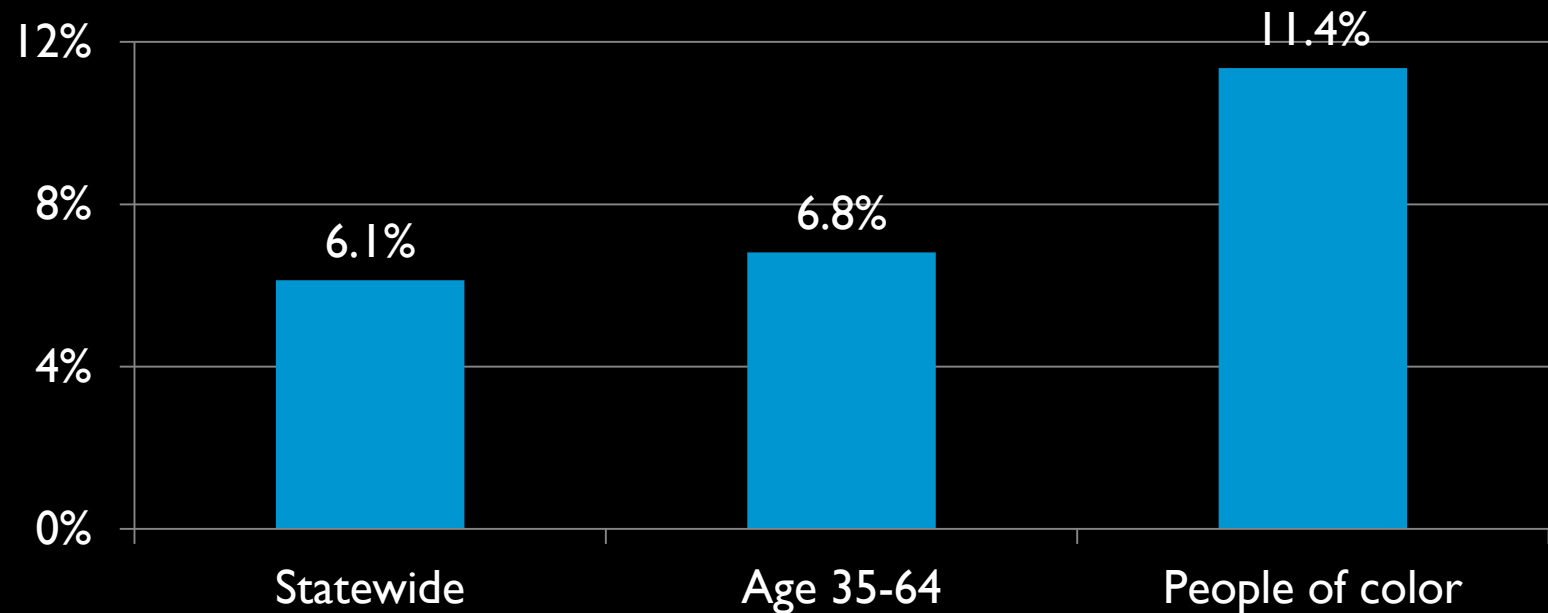
Unable to access needed care

■ Medicaid ■ Uninsured



Source: Kaiser Commission on Medicaid and the Uninsured analysis of MEPS data for 2009.

Reduction in adult mortality rates associated with Medicaid expansion



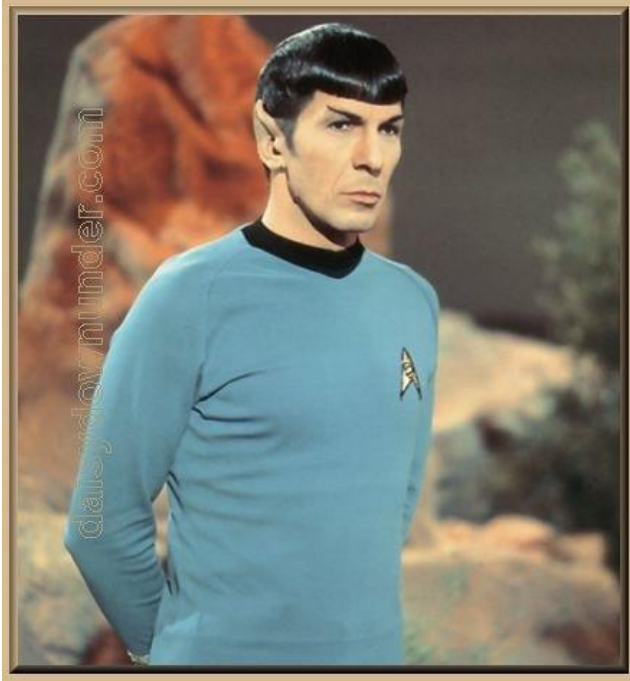
Source: BD Sommers, K Baicker, AM Epstein. Mortality and access to care among adults after state Medicaid expansions. *N Engl J Med.* 2012;367(11):1025–1034 . *Note:* Results are for adults under age 65. Two columns on right are author's calculations from study results.

Overview of presentation

Coverage matters

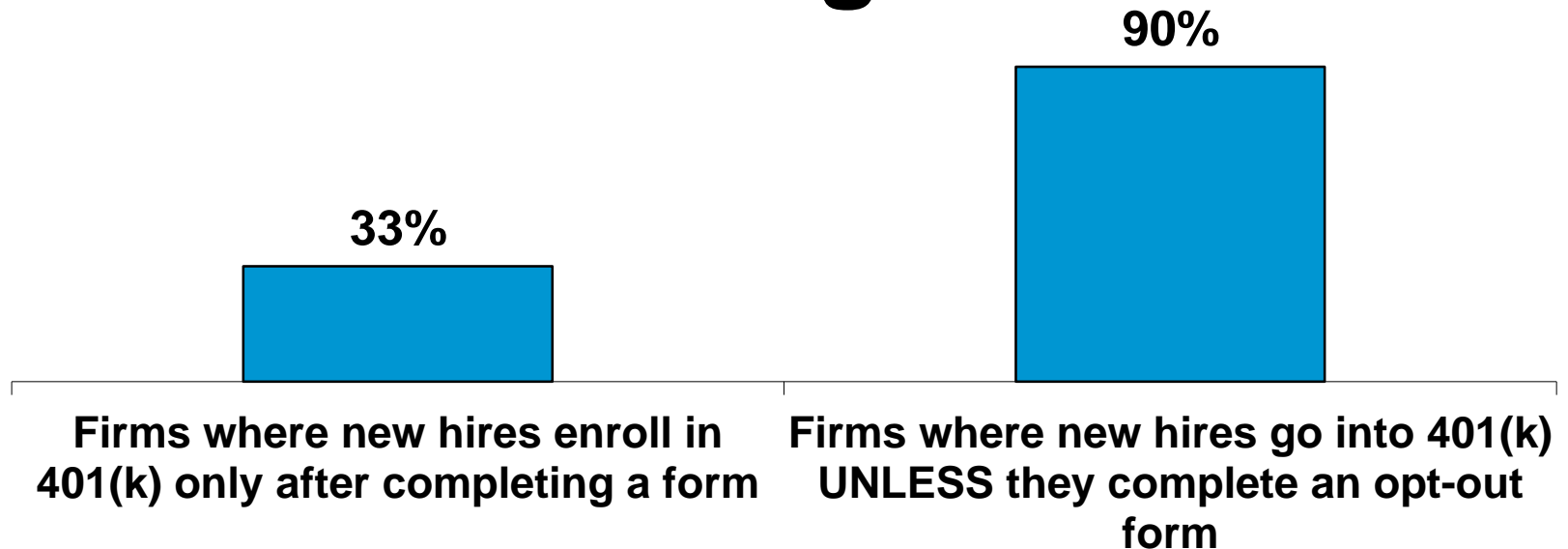
**Application assistance
matters**

Moving forward



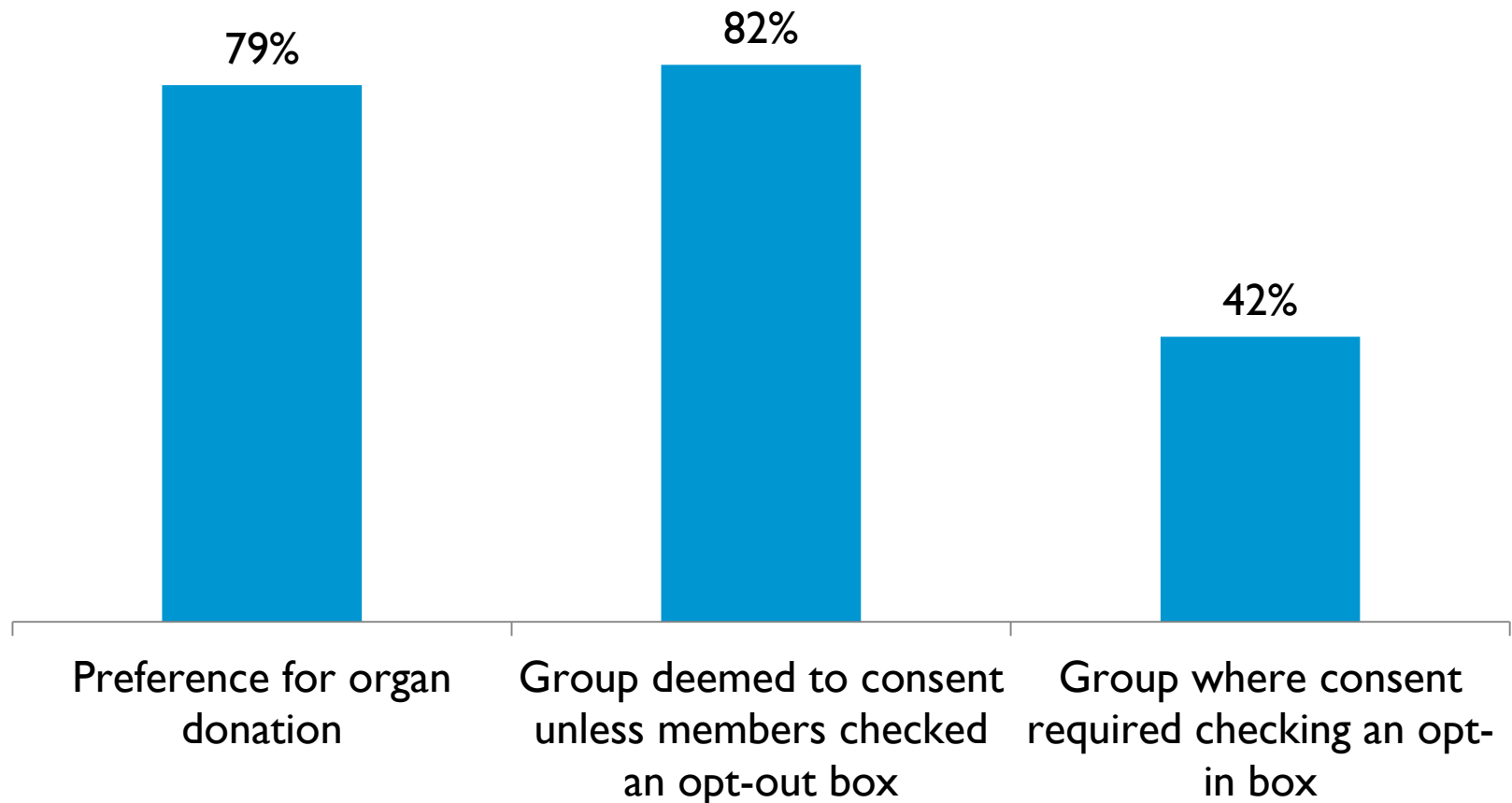
People are basically logical and rational. Let them know about available benefits, and surely they'll do the minimal work required to enroll. Right?

Percentage of eligible workers who join 401(k) accounts within six months of hiring



Source: Laibson (NBER), 2005.

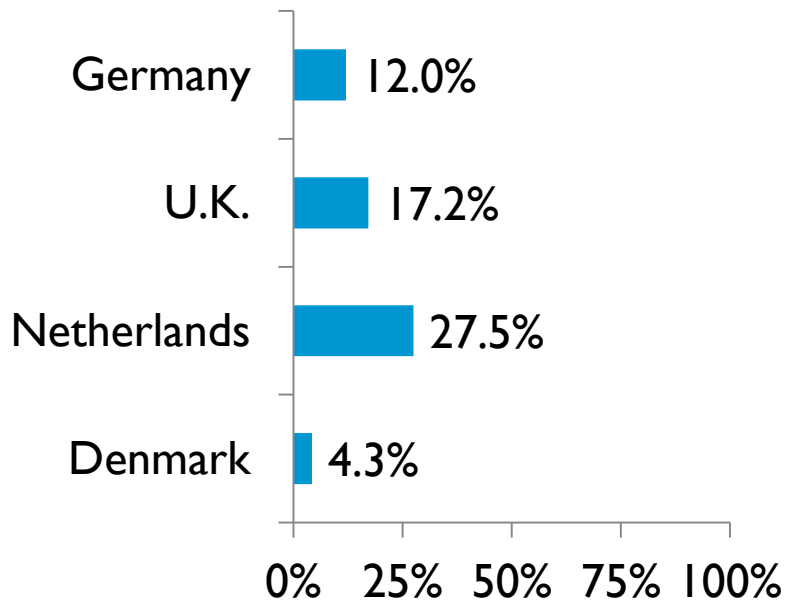
Organ donation rates in a randomized, controlled trial



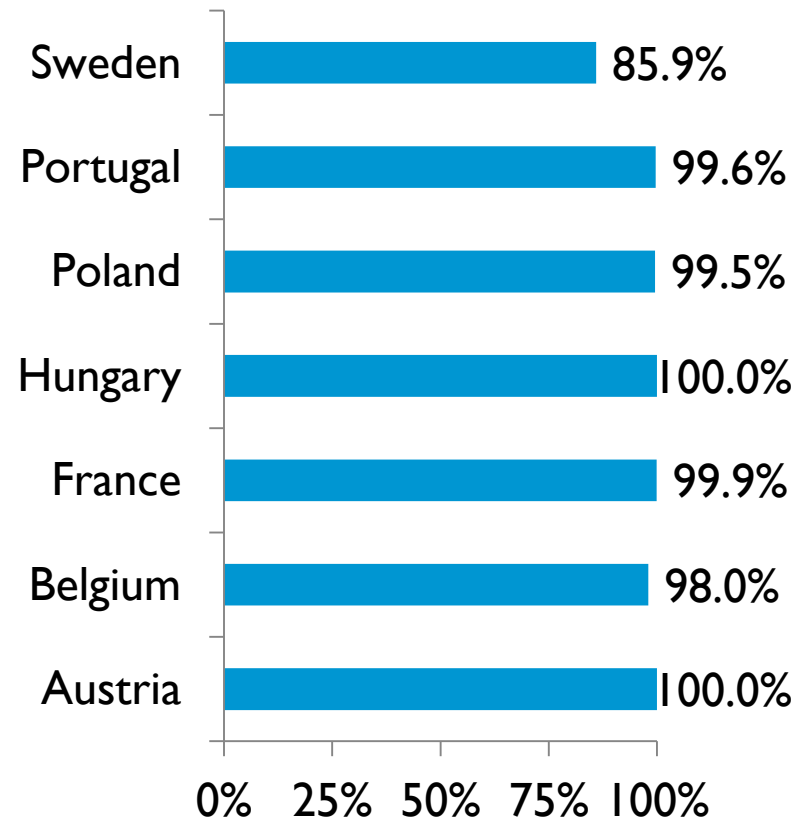
Source: Johnson and Golstein (Transplantation), 2004.

Organ donation rates in the real world

Countries requiring affirmative consent



Citizens consent by not opting out



Source: Johnson and Golstein (Transplantation), 2004.

H&R Block SNAP study

Control group received SNAP background information and blank SNAP forms

Experimental group 1 had H&R Block complete the forms and file them for customers, initiating the SNAP application process

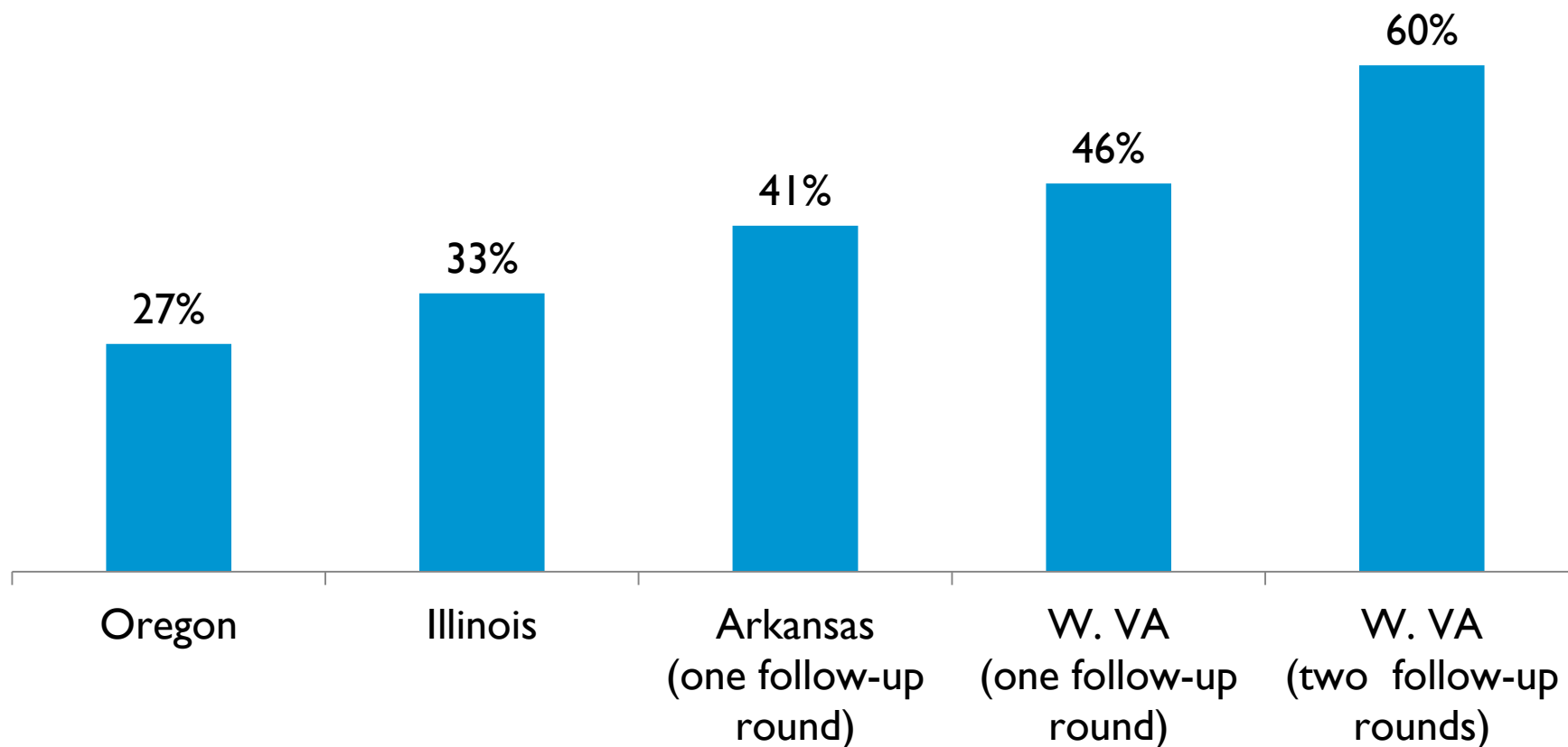
- 80% relative increase in SNAP participation, compared to control group

Experimental group 2 had H&R Block complete the forms, hand them to consumers, and provide information about where and how to file them

- Compared to control group, no statistically significant change in SNAP participation

Source: Schanzenbach (Institute for Research on Poverty) 2009.

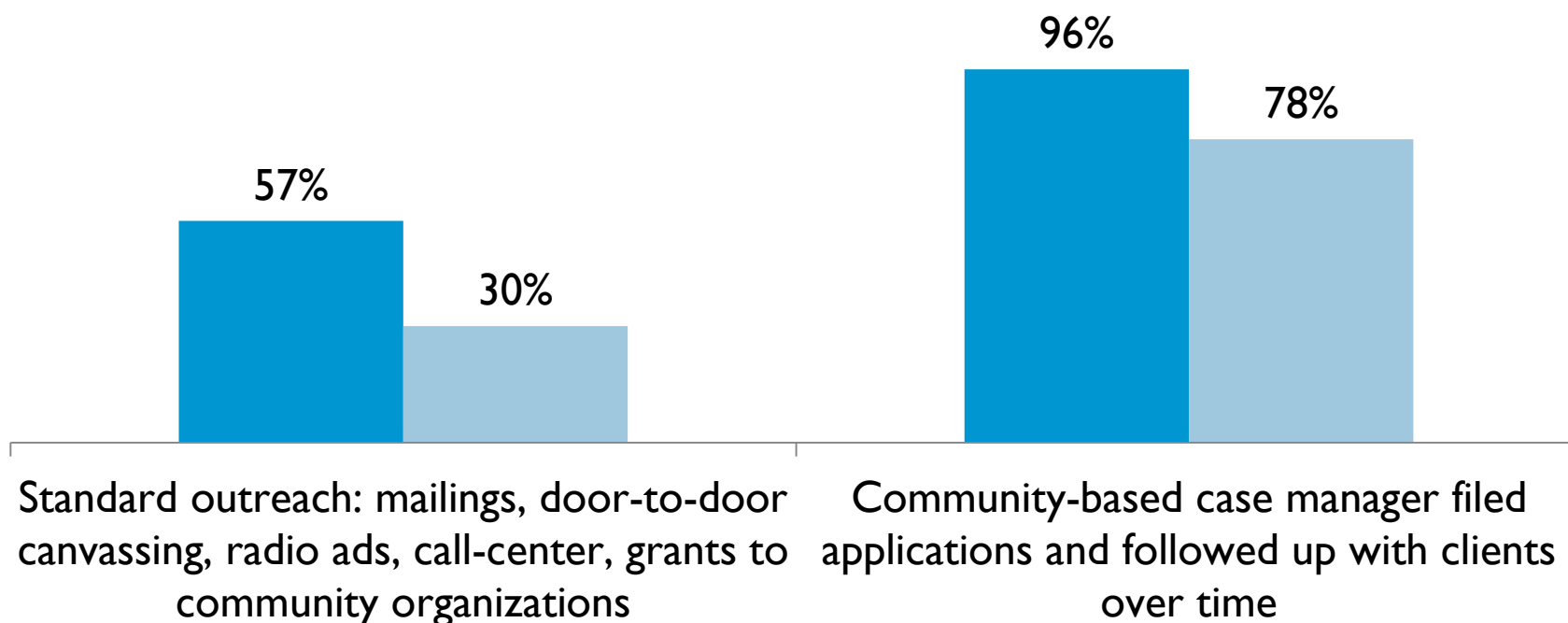
Medicaid targeted enrollment: response rate to SNAP mailings



Source: Manatt Health Solutions and Kaiser Commission on Medicaid and the Uninsured, 2013; CMS, 2014. Initial calculations in Blavin, Dorn, and Dev 2014.

Randomized, control trial in a low-income, Latino neighborhood in Boston

- Percentage of children initially enrolling in Medicaid
- Percentage enrolled continuously throughout one year



Source: Flores, et al. (Pediatrics) 2005.

Why don't people fill out forms on their own?

Hassle aversion?

- Procrastination?
- Boredom?

Confusion?

- Uncertainty?
- Self-doubt?
- Fear of error?

Other priorities?

- Exhaustion?

The bottom line:

Your help will often make the
difference between coverage
and uninsurance



Overview of presentation

Coverage matters

Application assistance matters

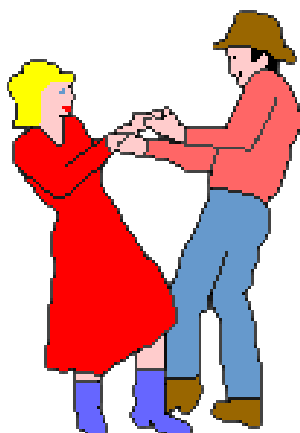
Moving forward

What could possibly be better than application assistance?



**“Applications?
We don’t need no stinkin’ applications!”**





KICK UP YOUR HEELS FOR THE NEW

TEXAS TWO STEP

The Louisiana Three-Step



1. **Whenever possible, enroll eligible consumers without requiring applications**

- Greater New Orleans Community Health Connection
- Take Charge Plus
- Builds on past success with
 - Express Lane Eligibility and
 - Ex parte renewal



2. **When applications are needed, require the least possible amount of work from consumers**

- Targeted enrollment
- Healthcare.gov grants Medicaid eligibility



3. **Assisters help consumers complete**

Three further steps to consider

1. Follow-up the SNAP mailer

- How? Perhaps further mailers, maybe texts, definitely phone calls
- Who? Community groups, state staff
 - What about Medicaid plans? If they pass consumer to Maximus for plan selection, does that avoid federal prohibitions against cold-call marketing?

2. Ongoing help from assisters

- Option for appointment as authorized representative
- Receive copies of correspondence, allowed to intervene on behalf of client
- Important to MA success with 2006 reforms

3. Leveraging tax season, 2017

Federal income tax forms are filed in LA by

- 62% of Medicaid-eligible adults under expansion
- 78% of Medicaid-eligible children

Tax preparers have almost all information needed to complete a healthcare.gov application

- Need 5-6 minutes of additional questions

As seasonal employees making \$10-15 an hour, tax preparers motivated by small fees for Medicaid enrollees

Maximus handles plan choice, so tax preparers have little need to learn about health issues

One major tax prep firm has enrolled many clients in Medicaid

Source: Urban Institute, 2015, including unpublished estimates for nonexpanding states that choose to expand Medicaid..

WANTED BY THE FBI

BANK ROBBERY

UNLAWFUL FLIGHT TO AVOID CONFINEMENT - ARMED ROBBERY

Photograph taken October 24, 1945

Photograph taken April 3, 1945



WILLIAM FRANCIS SUTTON

Risk: unethical, incompetent tax prep firms

Strategy: use an enforceable “quid pro quo” to limit risks

Quid: What tax prep firms get	Quo: What tax prep firms agree to
Payment for successful Medicaid enrollment of tax clients	Competence. Either be a licensed attorney, licensed CPA, IRS-enrolled agent, or a participant in the IRS Annual Tax Filing Season Program
E-filing. Secure internet portal through which Medicaid applications can be electronically filed. Allow Medicaid modules within tax prep software.	Charges. No charges for health applications. Limited tax prep charges for low-income families.
Public education about approved tax preparers	If preparer enrolls consumers into healthcare.gov: (1) enrollment must be done by marketplace-certified preparer or broker, and (2) tax firm may not leverage tax credits for loans, securitization, or other monetization

Conclusion

Medicaid greatly helps adults and children

- For some, a matter of life and death

Small procedural requirements prevent many consumers from enrolling. Two implications:

- Eliminate needless procedural requirements
- Complete forms on behalf of consumers

Louisiana is continuing its leadership role streamlining enrollment and retention

- The state may be able to do even more