

# MEDICAID ENROLLMENT & THE ACA: Changes Coming to the HCH Community

Fact Sheet

July 2013

Starting on October 1, 2013 open enrollment begins for millions of people nationwide who are newly eligible for health insurance as a result of the Affordable Care Act (ACA). In 2011, just over 46 million Americans were without health insurance and of these, nearly one-third (29%, or 13 million people) were living below the federal poverty level (FPL).<sup>1</sup> Of the 825,295 people experiencing homelessness who visit Health Care for the Homeless (HCH) grantees, 90% were below the poverty level yet 62% were uninsured.<sup>2</sup> The ACA seeks to reduce the number of uninsured through state health insurance Marketplaces (also known as 'Exchanges'), through a state option to expand Medicaid to non-elderly adults (ages 19-64) earning at or below 133% FPL, and by simplifying the current process for enrolling all individuals into insurance programs. **In states that choose to expand Medicaid, the vast majority of people experiencing homelessness will be newly eligible to enroll.** More detailed information about enrollment is available in the Council's related policy brief, but this fact sheet gives a quick overview of enrollment requirements & options, as well as recommendations for making enrollment more successful.<sup>3</sup>

## Requirements for All States

All states are required to make the following changes to their systems to ensure a simplified, streamlined enrollment process, regardless of their decision to extend eligibility to non-elderly adults earning  $\leq 133\%$  FPL:

- Allow enrollment online as well as over the telephone, by mail, and in person.
- Use a single, streamlined application for all insurance programs, including Medicaid
- Use no asset tests
- Verify income and citizenship electronically
- Prohibit paper documentation and personal questions not related to eligibility (requiring back-up documentation from applicants only if there's a problem with electronic verification).
- Make the process accessible for those with limited English proficiency and those with disabilities (at no cost to the individual)
- Offer enrollment assistance
- Make eligibility re-determinations through electronic verification every 12 months (no more or less frequently), requiring action only if there is a change in income that would jeopardize continued eligibility.

These changes should help facilitate a faster, more efficient enrollment process, thus enabling a greater number of people to access health insurance, including those who are currently eligible for Medicaid but are not enrolled (perhaps due to current administrative barriers that will be removed). The changes related to automated verification and redetermination and the removal of paperwork burdens will be particularly helpful when assisting individuals experiencing homelessness.<sup>4</sup>

## Options for States

States have the option to implement additional changes that could further enhance enrollment efforts.

- Expand Medicaid eligibility to adults at or below 133% FPL
- Expand Medicaid eligibility to individuals with income above 133% FPL
- Use projected annual income or current monthly income
- Screen for other benefits on health insurance applications (e.g., food stamps, TANF, etc.)
- Establish longer grace periods for any paperwork needed to address changes that impact redeterminations

These options, particularly to expand eligibility to those at or below 133% FPL, are key to successfully enrolling individuals who are homeless into Medicaid or other health insurance.

## Resources for States and/or Service Providers to Consider

Because many people will need help enrolling – due to limited access to technology, low literacy skills, language/cultural barriers, confusion over eligibility, or simply personal preference – states and community organizations should be maximizing the resources available to offer in-person assistance.<sup>5</sup> There are a number of new roles being established related to enrollment (bolstering existing programs), each connected to resources that states and/or grantees can use to maximize enrollment.

- **Navigator** (required): Affiliated with state marketplaces (exchanges) to assist all individuals with enrollment
- **In-person assister** (IPA, state option): States can use flexibly to help with enrollment and education
- **Certified Application Counselor (CAC)**: Typically in community-based organizations with staff who help with benefit applications and enrollment
- **Outreach and enrollment workers** funded through Medicaid (typically state employees stationed at health centers and safety net hospitals) or through HRSA's Health Center program
- **Projects for Assistance in Transition from Homelessness (PATH)**: Funds can be used to help enroll those experiencing homelessness who have behavioral health conditions
- **Cooperative Agreements to Benefit Homeless Individuals (CABHI)**: Funds can be used to help enroll those experiencing homelessness who have substance use disorders.

These resources are avenues that the HCH community can use to help add new staff, formalize the roles of existing staff, or partner with entities who are conducting enrollment using these types of assistance.

## Ten Recommendations for the HCH Community

1. Discuss with your state Medicaid director how your state is implementing the required enrollment changes and whether it is pursuing any of the state options; ask how your project can be a partner in enrollment activities.
2. Use existing health center staff to provide enrollment assistance, and ensure they are trained and certified as appropriate, and ensure that your State Medicaid program is aware of the increased Federal match for Outstationed Eligibility Workers placed in FQHCs and DSH hospitals.
3. Add additional staff by participating in a navigator or assister program.
4. Partner with other organizations to maximize enrollment among clients.
5. Educate clients about new health insurance options available to them.
6. Incorporate enrollment into outreach activities and standard intake procedures.
7. Pursue all available funding opportunities, whether federal, state, local or private.
8. Investigate (or expand) state options allowing health centers to conduct presumptive eligibility.
9. Maximize training, technical assistance or other resources from the National HCH Council, your Primary Care Association, or other recognized experts (and encourage or assist them in developing a focus on special populations, like homeless and other hard to reach groups).
10. Help craft the state's single, streamlined application to help ensure it facilitates enrollment for hard-to-reach populations, which may include using a multi-benefit application.

### NOTES:

<sup>1</sup> U.S. Census, 2011 American Community Survey. (September 2012.) Selected characteristics of the uninsured in the United States. Available at: [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_11\\_1YR\\_S2702&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_1YR_S2702&prodType=table).

<sup>2</sup> Health Resources and Services Administration (HRSA) Uniform Data System (UDS), 2011. *National data for homeless: selected patient characteristics*. Available at: <http://bphc.hrsa.gov/uds/view.aspx?q=r4&year=2011&state=&fd=ho>.

<sup>3</sup> National Health Care for the Homeless Council. (May 2013.) Medicaid Enrollment and the ACA: Changes Coming to the HCH Community. Available at: [http://www.nhchc.org/wp-content/uploads/2013/05/Policy-Brief-Medicaid-Enrollment\\_05\\_15\\_2013.pdf](http://www.nhchc.org/wp-content/uploads/2013/05/Policy-Brief-Medicaid-Enrollment_05_15_2013.pdf).

<sup>4</sup> For additional information on administrative burdens impacting homeless populations, see National HCH Council (August 2010.) *Reducing Medicaid enrollment barriers for individuals who are homeless*. Available at: <http://www.nhchc.org/wp-content/uploads/2011/10/ReducingMedicaidBarriersAug2010.pdf>.

<sup>5</sup> Madala, D. (August 2012.) *Bridging the enrollment gap: The importance of providing in-person assistance*. Enroll America. Available at: [http://files.www.enrollamerica.org/best-practices-institute/publications-and-resources/2012/In-Person\\_Enrollment\\_Assistance.pdf](http://files.www.enrollamerica.org/best-practices-institute/publications-and-resources/2012/In-Person_Enrollment_Assistance.pdf).