The Impact of Access to Health Insurance and Care on Family Stability

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Key Questions

1. What methods can be used to increase access to public health insurance?
2. What are the practical reasons to emphasize coverage stability?
3. What are the advantages of more stable coverage?
4. How can states achieve more stable coverage?

1. What methods can be used to increase access?

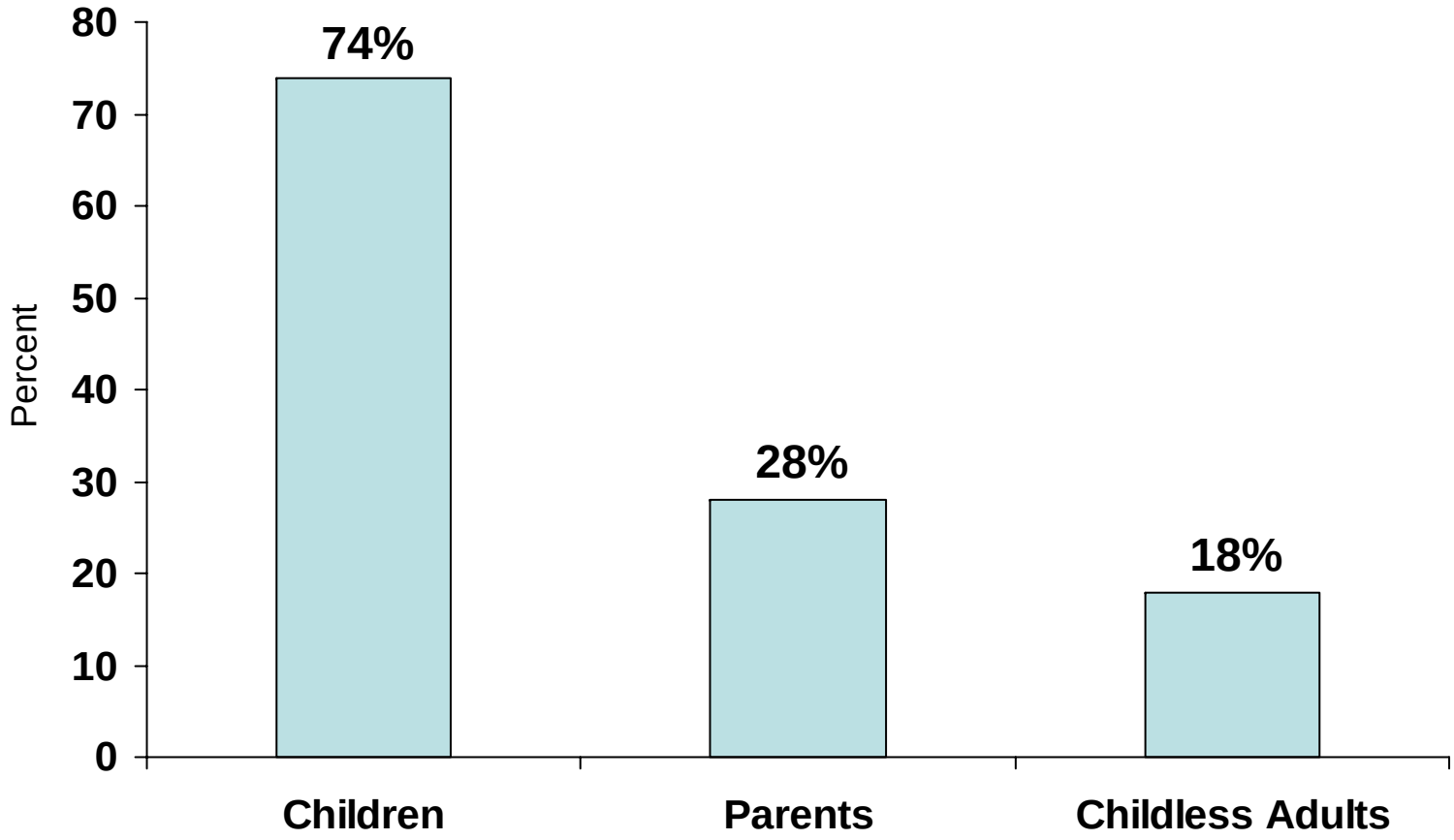
- Expand eligibility
- Cover those already eligible
- Ensure stable coverage for those already enrolled

Income Eligibility Limits for Public Insurance Programs

	Arizona (limit as % of Federal poverty level)	Number of other States with limits equal or higher
Children	200%	44
Parents	200%	10
Childless adults	100%	15

Sources: Ross, Donna Cohen and Aleya Horn, *Health Coverage for Children and Families in Medicaid and SCHIP: State Efforts Face New Hurdles*, Kaiser Family Foundation, January 2008. Dorn, Stan, *Medicaid Coverage for Poor Adults: a Potential Building Block for Bipartisan Health Reform*, Economic and Social Research Institute, November 2004.

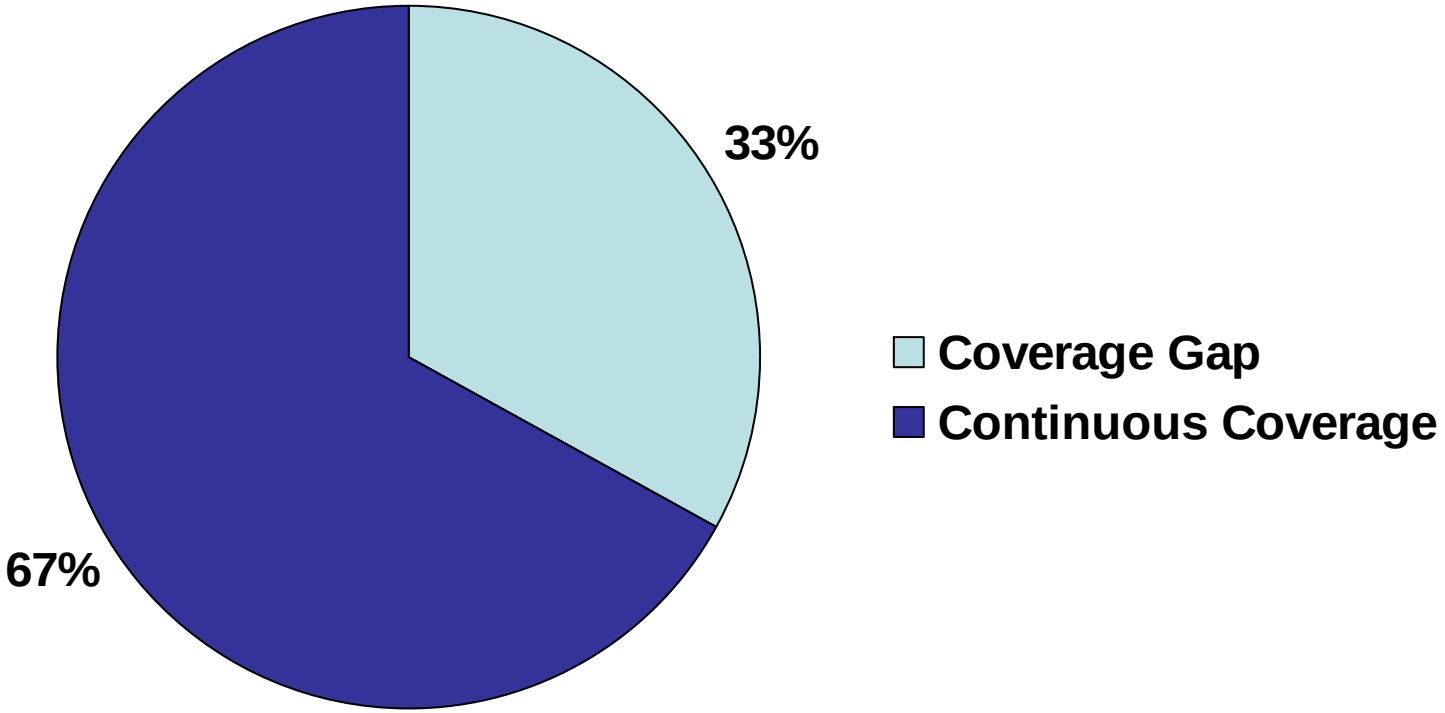
Proportion of Uninsured Individuals Eligible for Public Coverage but Not Enrolled



Source: Dubay, Lisa, John Holahan, and Allison Cook, "The Uninsured and the Affordability of Health Insuranc Coverage," *Health Affairs* 26, No. 1 (2007).

Coverage Stability for Children with Public Insurance in Arizona

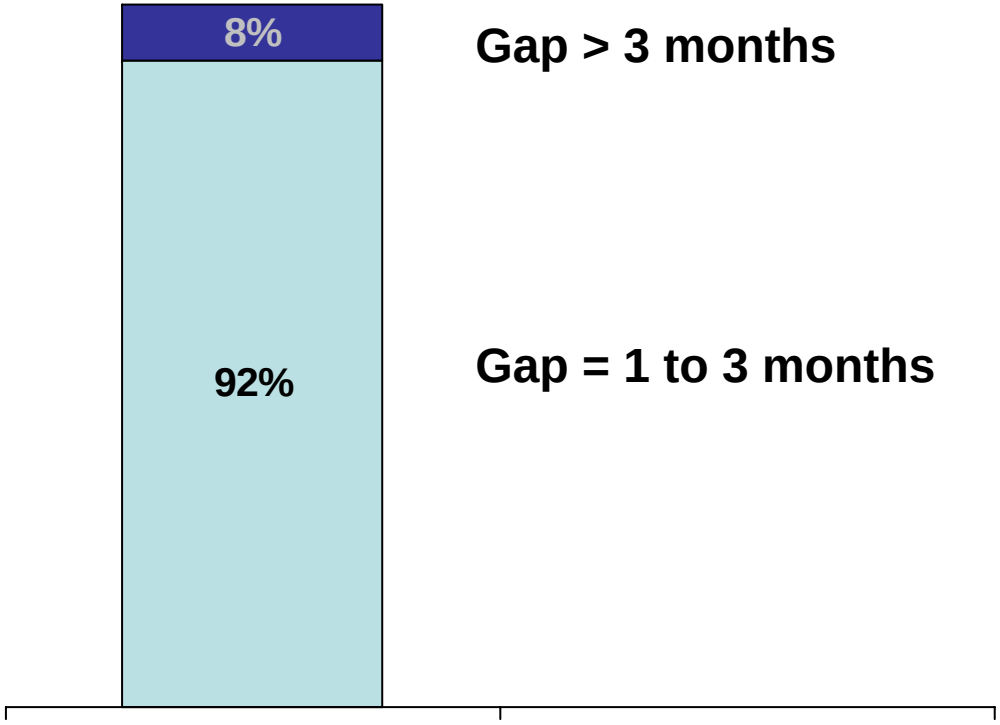
(2 year period beginning January 2006)



Source: Arizona Health Care Cost Containment System (AHCCCS), 2007.

Length of Coverage Gaps for Children in Arizona's Medicaid and KidsCare Programs

(2 year period beginning January 2006)



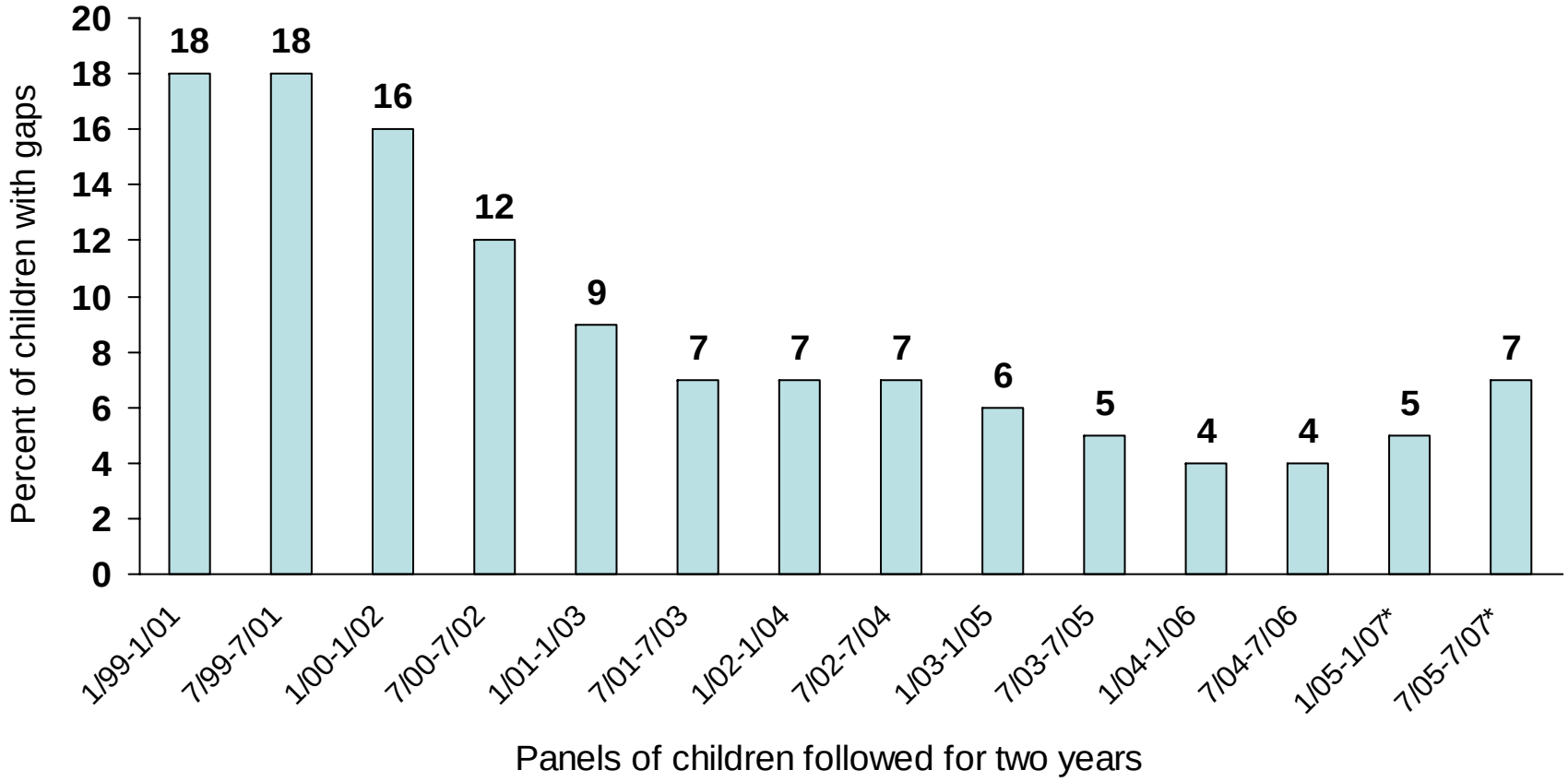
Source: Arizona Health Care Cost Containment System, 2007.

2. What are the practical reasons to emphasize coverage stability?

- Problem that has been identified and can be corrected with changes in policies and practices that are not expensive to implement (and may generate some administrative savings)
- Can make progress even in difficult economic times

Coverage Gaps for Panels of Children in Louisiana's Medicaid Program

January 1999–June 2007

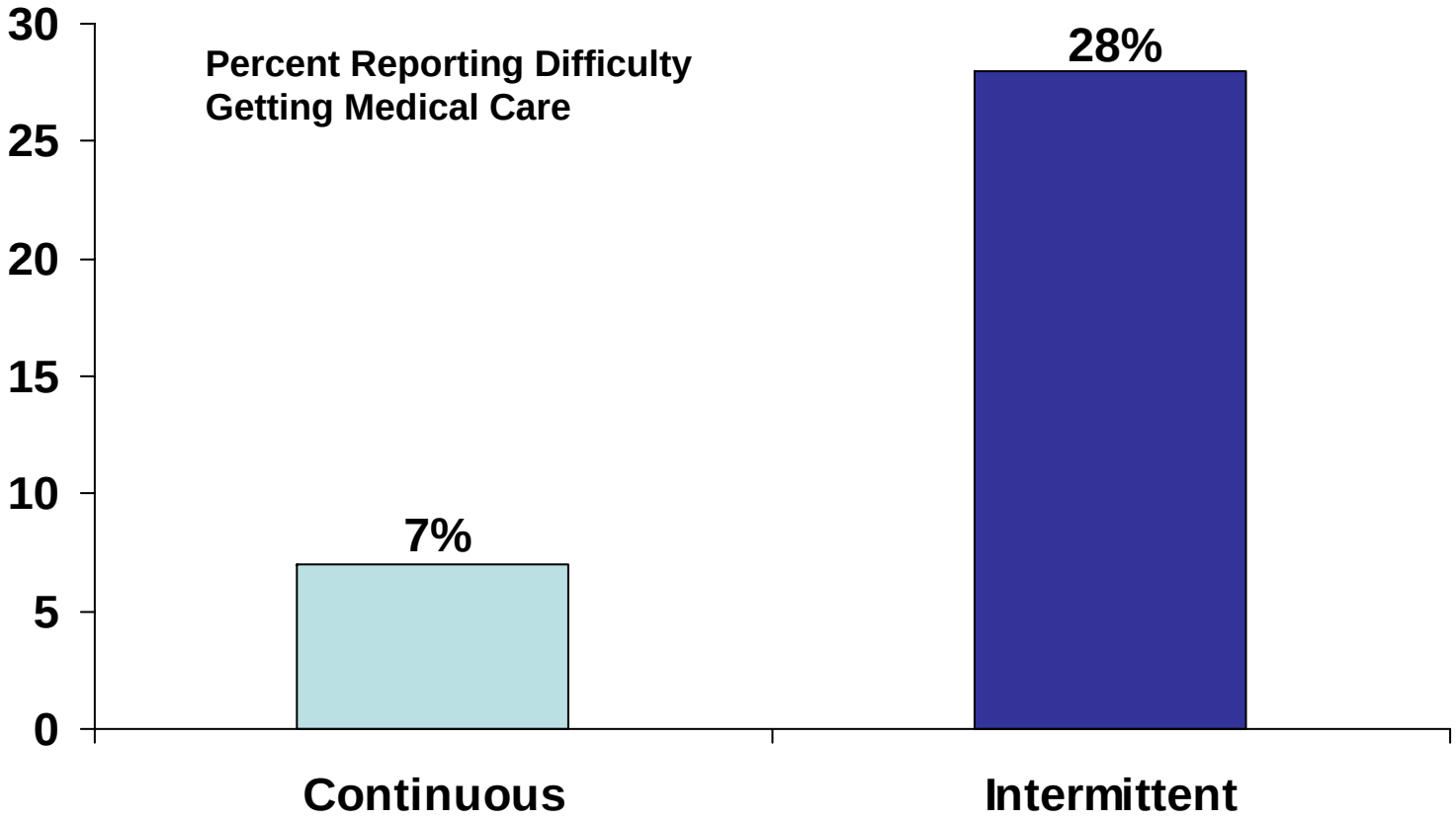


*These panels include the time, July 2006, when citizenship-documentation rules were implemented.
Note: Each panel was followed for a two-year period. Panels included all children eligible in the beginning month who did not have coverage in the previous month and would not "age out" over the subsequent two years.
Source: Louisiana Department of Health and Hospitals, Division of Health Economics, 2007.

3. What are the advantages of more stable coverage?

- Provides financial and health advantages (physical, mental, emotional) for families
- Promotes delivery and receipt of optimal health care
- Keeps administrative costs low

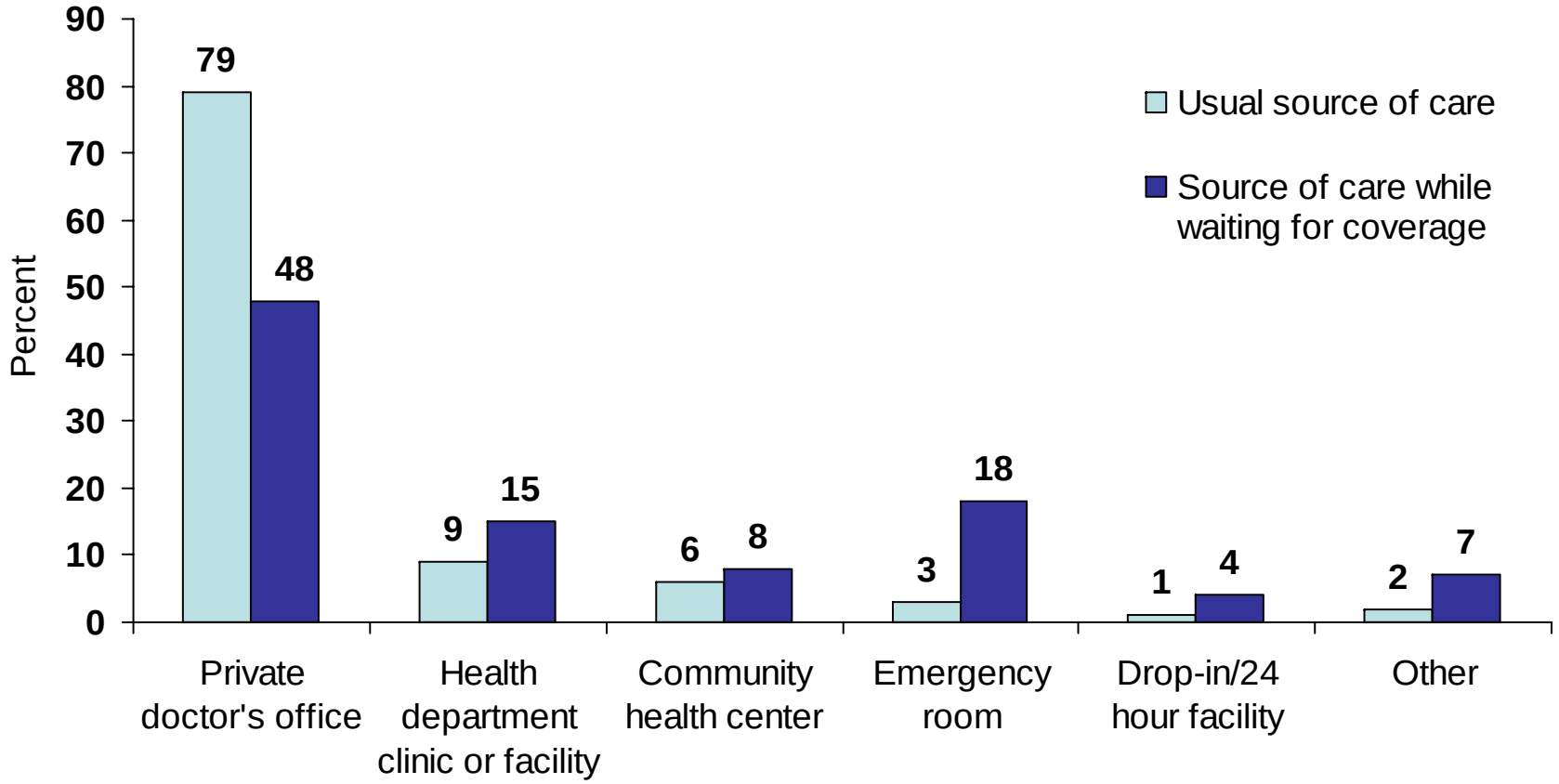
Children's Ability to Obtain Care, Affected by Continuity of Coverage in RIte Care



Source: Griffin, J., *Do Gaps in Children's Health Coverage Make a Difference? Results of RIte Care Family Health Survey*, September 2004.

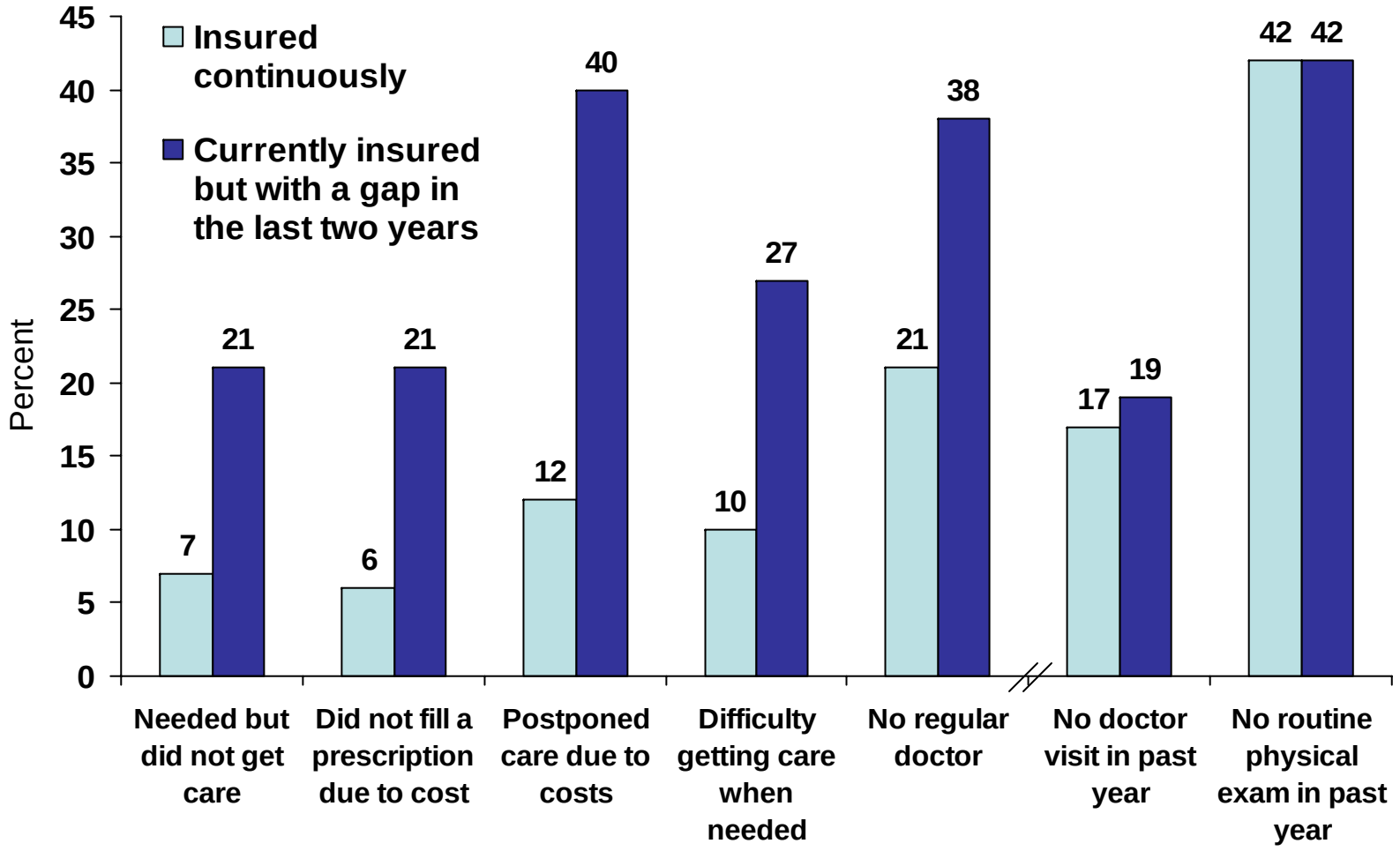
Sources of Care for Children in Virginia's Medicaid Program:

Usual and While Waiting for Coverage



N = 359. Children who received some or all of the care they needed while waiting for coverage.
Source: *Unintended Consequences: The Impact of New Medicaid Citizenship Documentation Requirements on Virginia's Children,* the Virginia Health Care Foundation, 2007.

Access to Health Care Among Working-Age Adults By Type of Coverage



Source: Hoffman et al, “Gaps in Health Coverage Among Working-Age Americans and the Consequences.” *Journal of Health Care for the Poor and Underserved.* 12, no. 3 (2001): 276.

Administrative Costs Associated with Coverage Gaps

	States and Localities	Health Plans	Providers
Enrolling, disenrolling, reenrolling – extra paperwork, system updates, mailings.	✓	✓	✓
Delivering new member services multiple times		✓	✓
Researching and reconciling billing problems	✓	✓	✓
Verifying enrollment status and assisting with enrollment	✓	✓	✓
Managing and monitoring care; measuring quality		✓	✓

Source: Summer and Mann, “Instability of Public Health Insurance Coverage for Children and Their Families: Causes, Consequences, and Remedies.” The Commonwealth Fund, June 2006.

Evidence of "Pent-Up" Demand for Medicaid Services

Group studied	Comparison	Outcomes for those with gaps in coverage
Utah: Adults with schizophrenia	With and without gaps	• More hospitalizations • More hospital days
Florida: Adults with diabetes	Periods before and after gaps	• Higher hospitalization rates • Longer lengths of stay • Higher rates of ER visits • Expenditure increase of $259 per member per month
California: Adults with "ambulatory care-sensitive conditions"	With and without gaps	• Higher risk of hospitalization

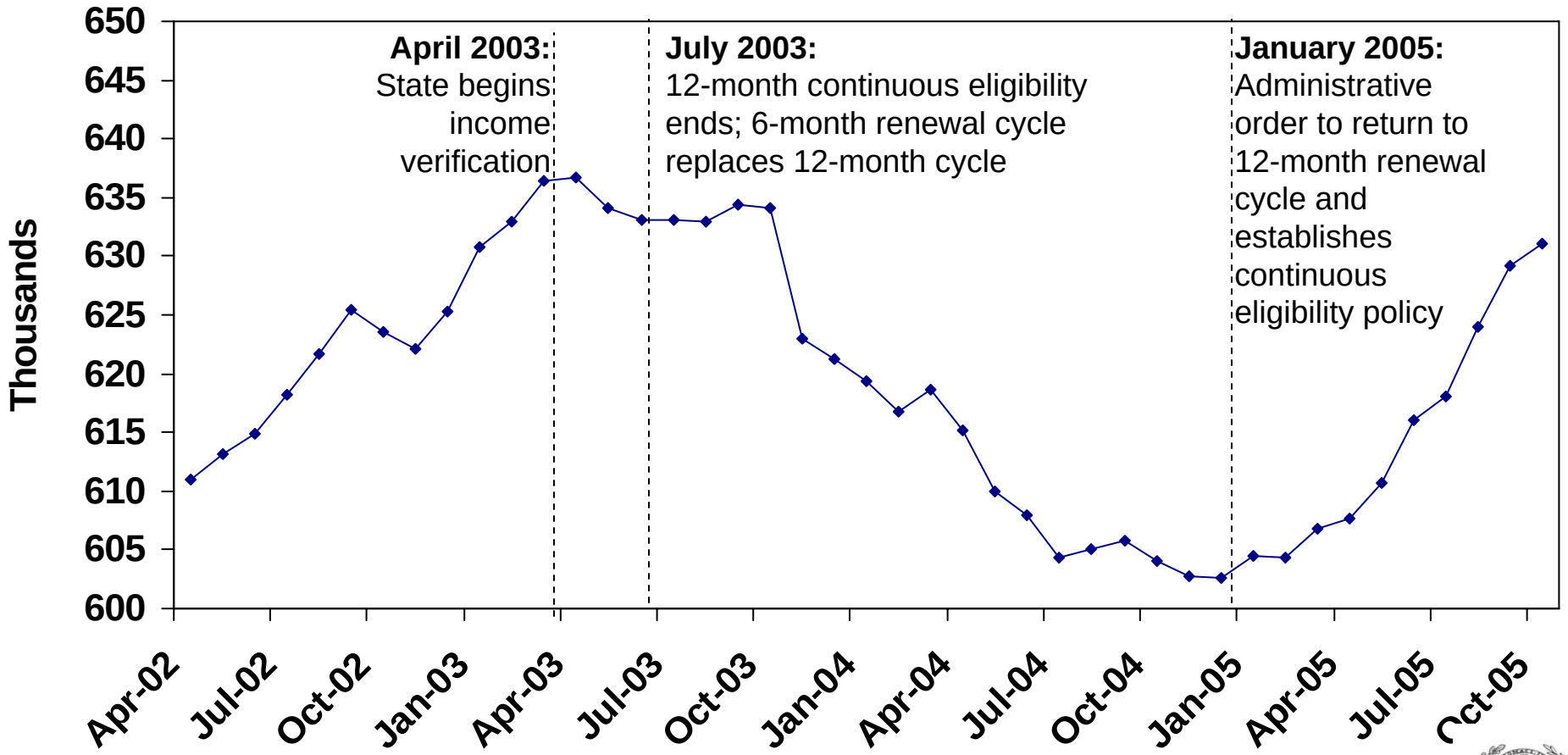
Source: Harman et al, "Association between Interruptions in Medicaid Coverage and Use of Inpatient Psychiatric Services," *Psychiatric Services* 2003, 54(7): 999-1005; Hall et al, *Lapses in Medicaid Coverage: Impact on Cost and Utilization Among Diabetics Enrolled in Medicaid,* (Tallahassee: Florida Agency for Health Care Administration) 2005;; Andrew Bindman et al, "Interruptions in Medicaid coverage and risk for hospitalizations for Ambulatory Care-Sensitive Conditions," *Annals of Internal Medicine*, December 16, 2008.

4. How can states achieve more stable coverage?

- Provide 12-month eligibility period
- Conduct passive renewals
- Develop simple applications and renewal forms
- Do not require face-to-face interviews
- Use technology in new ways
- Provide assistance
- Ensure smooth transitions
- Provide family coverage
- Provide options for premium payments

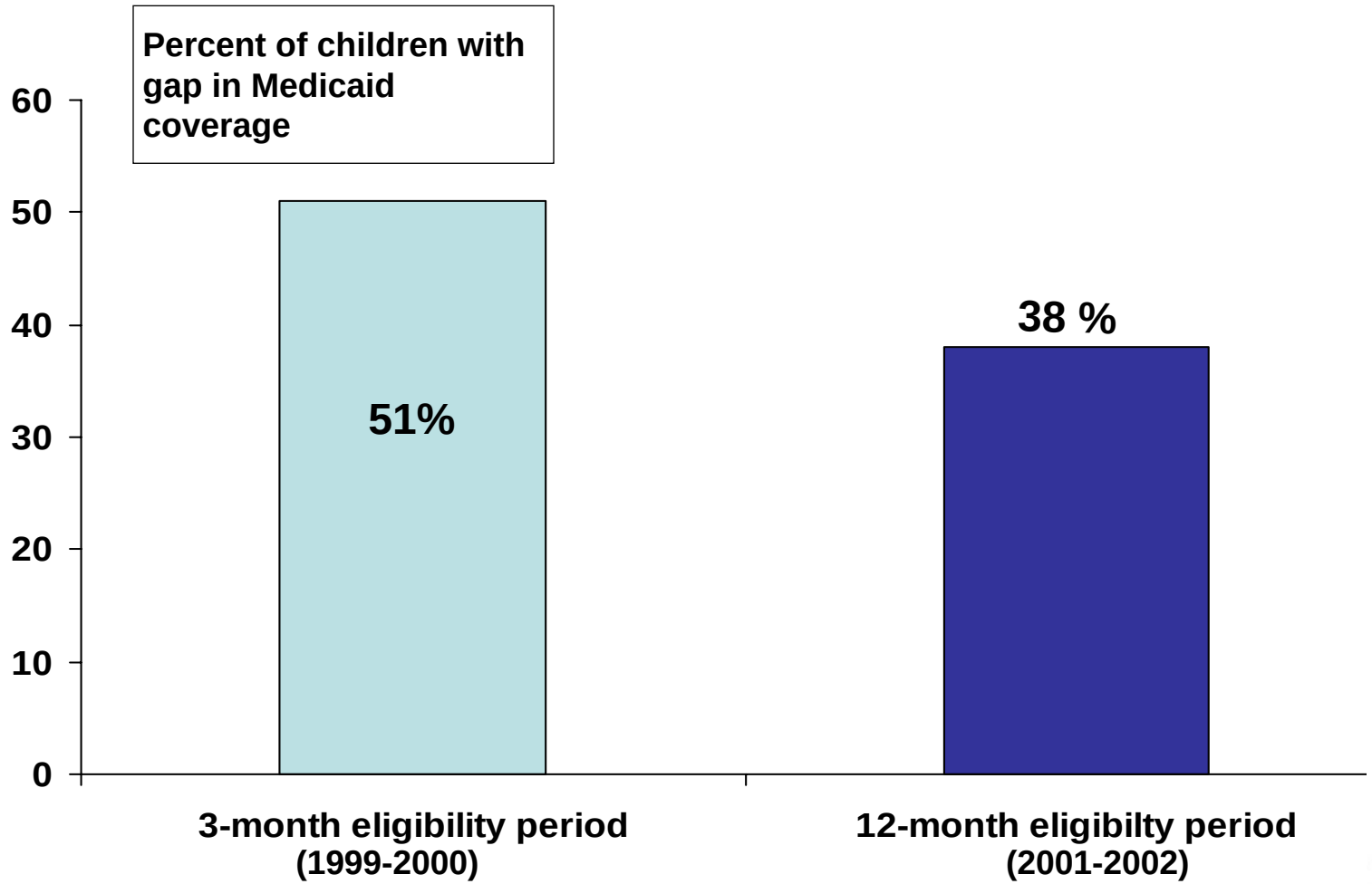
Annual Eligibility: Children's Enrollment in Washington's Public Insurance Programs,

April 2002-October 2005



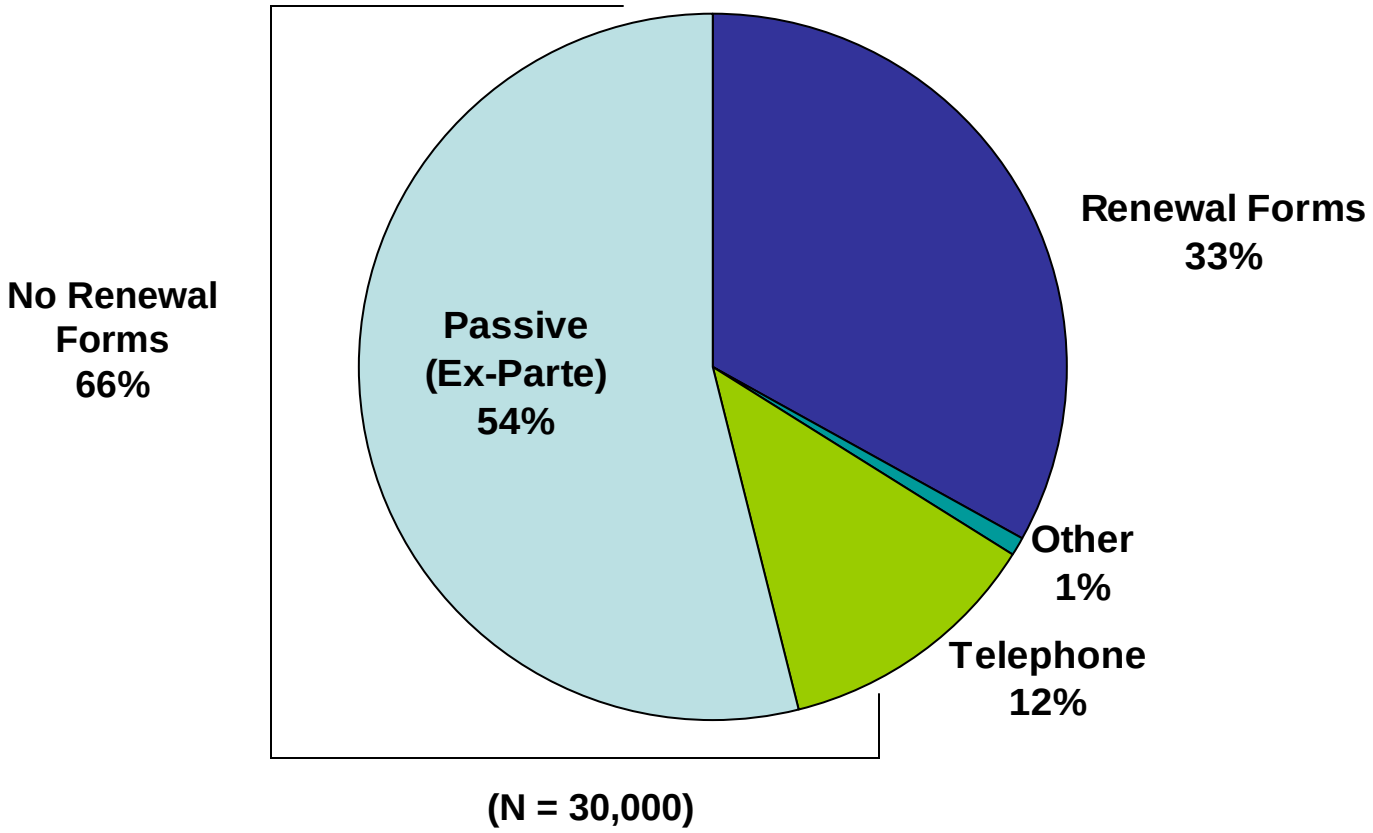
Source: Washington State Department of Social and Health Services, 2005, updated 2006.

Relationship Between Eligibility Period and Coverage Stability in California



Source: Andrew Bindman et al., Medicaid Re-enrollment Policies and Children's Risk of Hospitalizations for Ambulatory Care Sensitive Conditions, Medical Care, Volume 46, Number 10, October 2008.

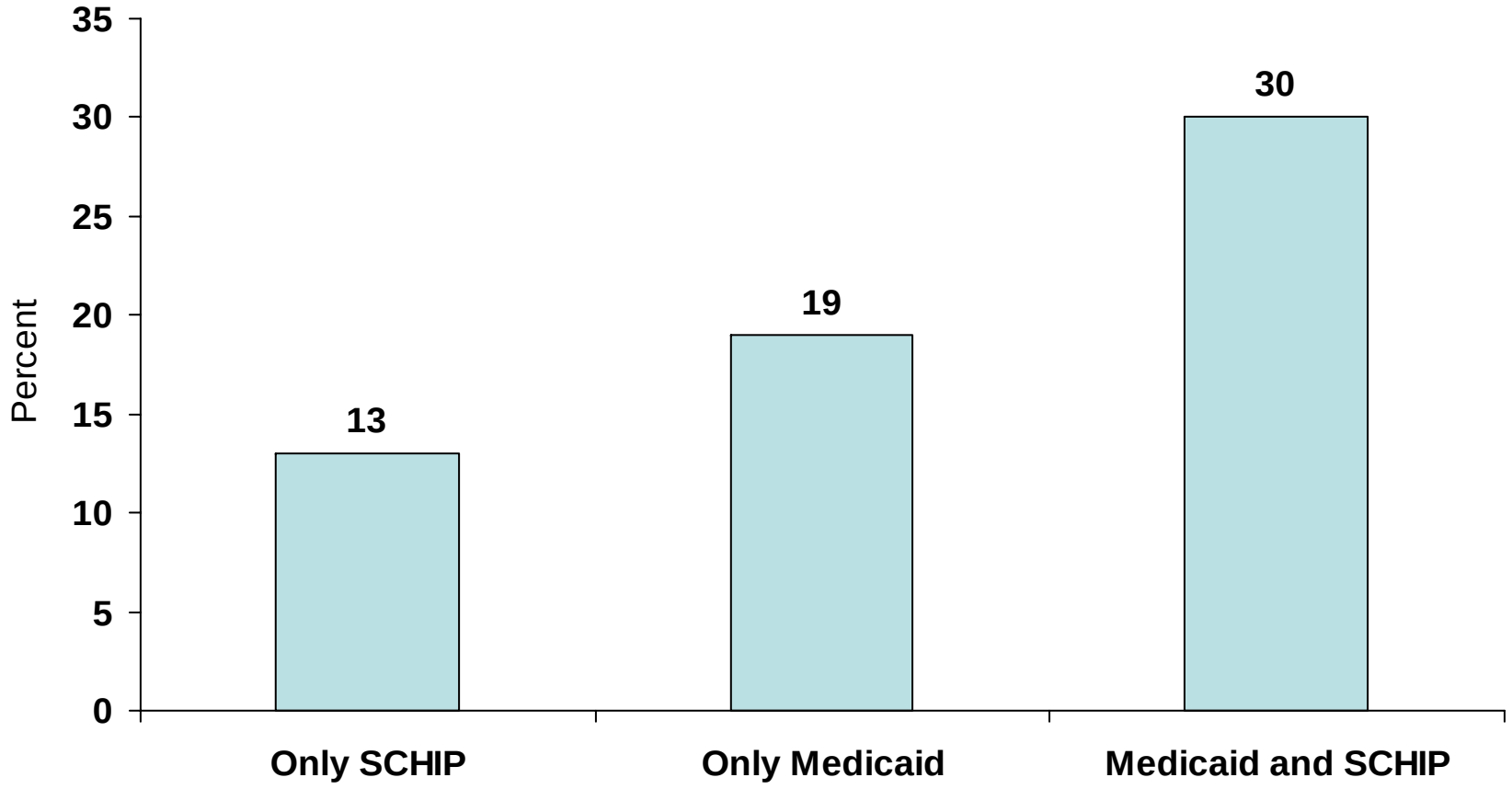
Passive Renewal: Proportion of Louisiana's Medicaid Renewals for Children by Method, June 2006



Source: Louisiana Department of Health and Hospitals, Program Management Reports, Re-enrollment Outcomes Extended Renewal Totals, April 2005.

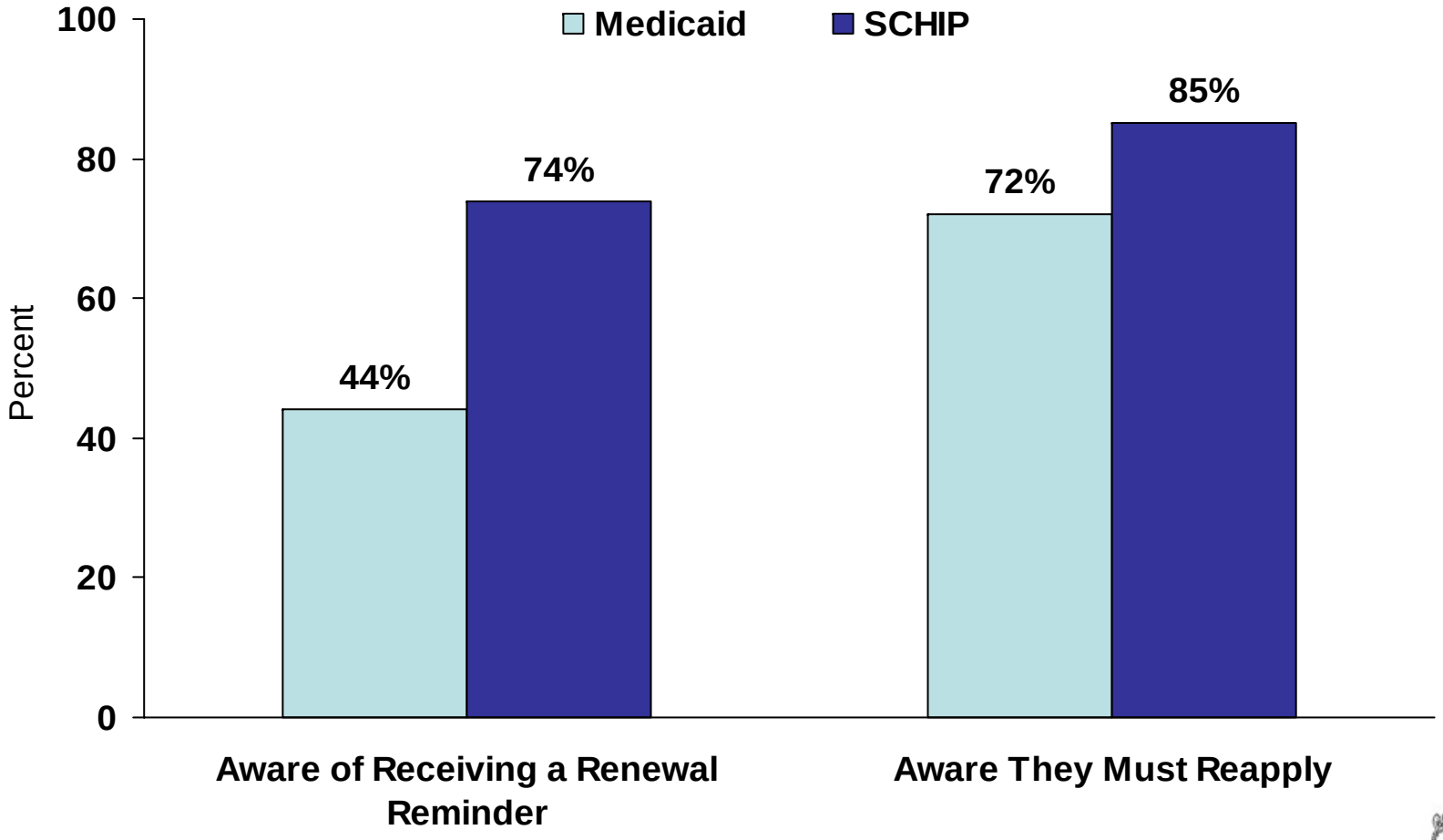
Transitions: Children in Kansas with Gaps in Public Coverage

June 2005-May 2007



N = 117,496, a panel of children followed from June 2005 to May 2007.
Source: Georgetown University Health Policy Institute analysis of data provided by the Kansas Health Policy Authority, 2008.

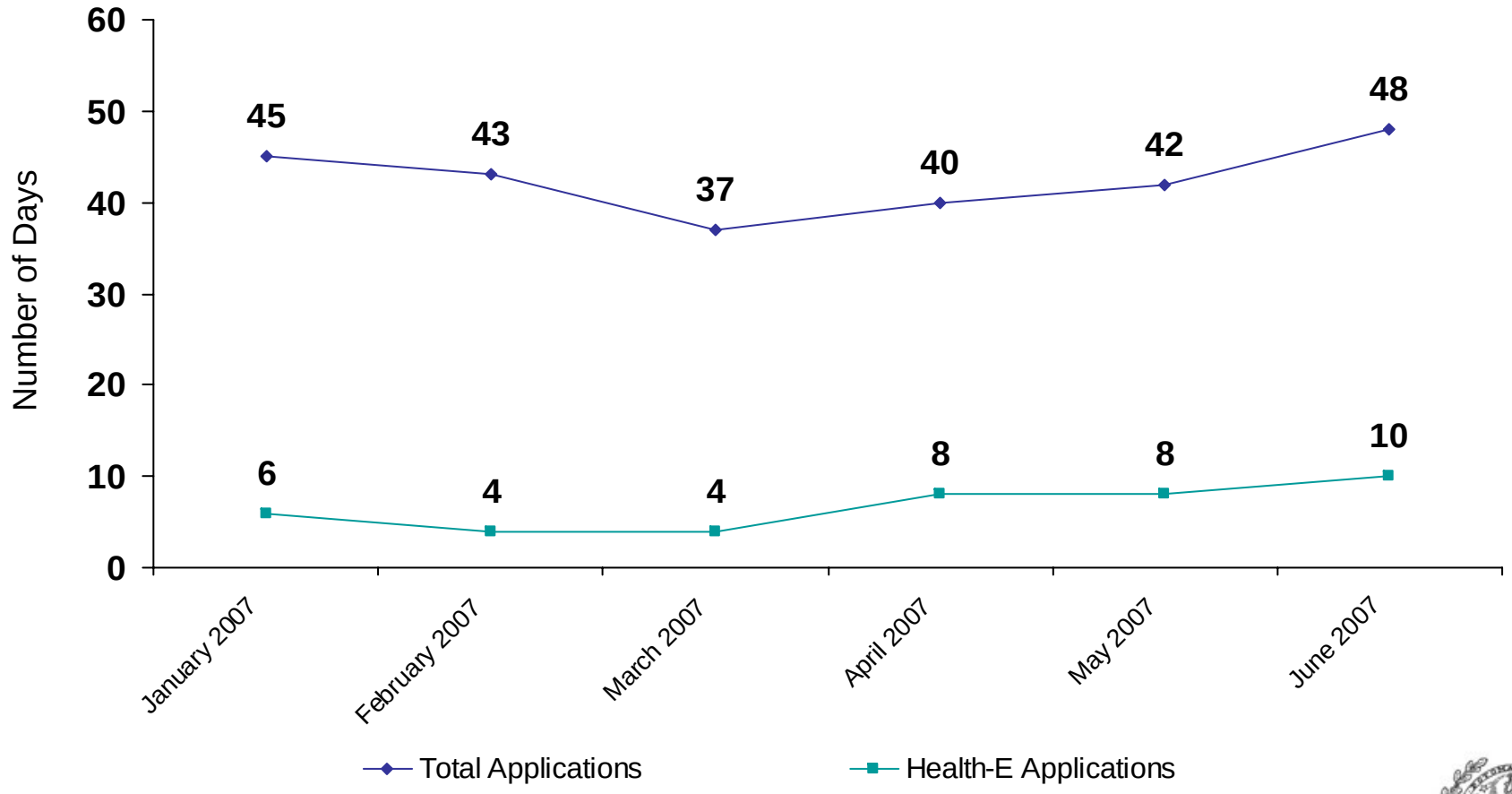
Transitions: Awareness of the Need to Renew Among Families in Medicaid and SCHIP



Source: Virginia Health Care Foundation Enrollment Study Analysis by Matrix Marketing Research, January 2005

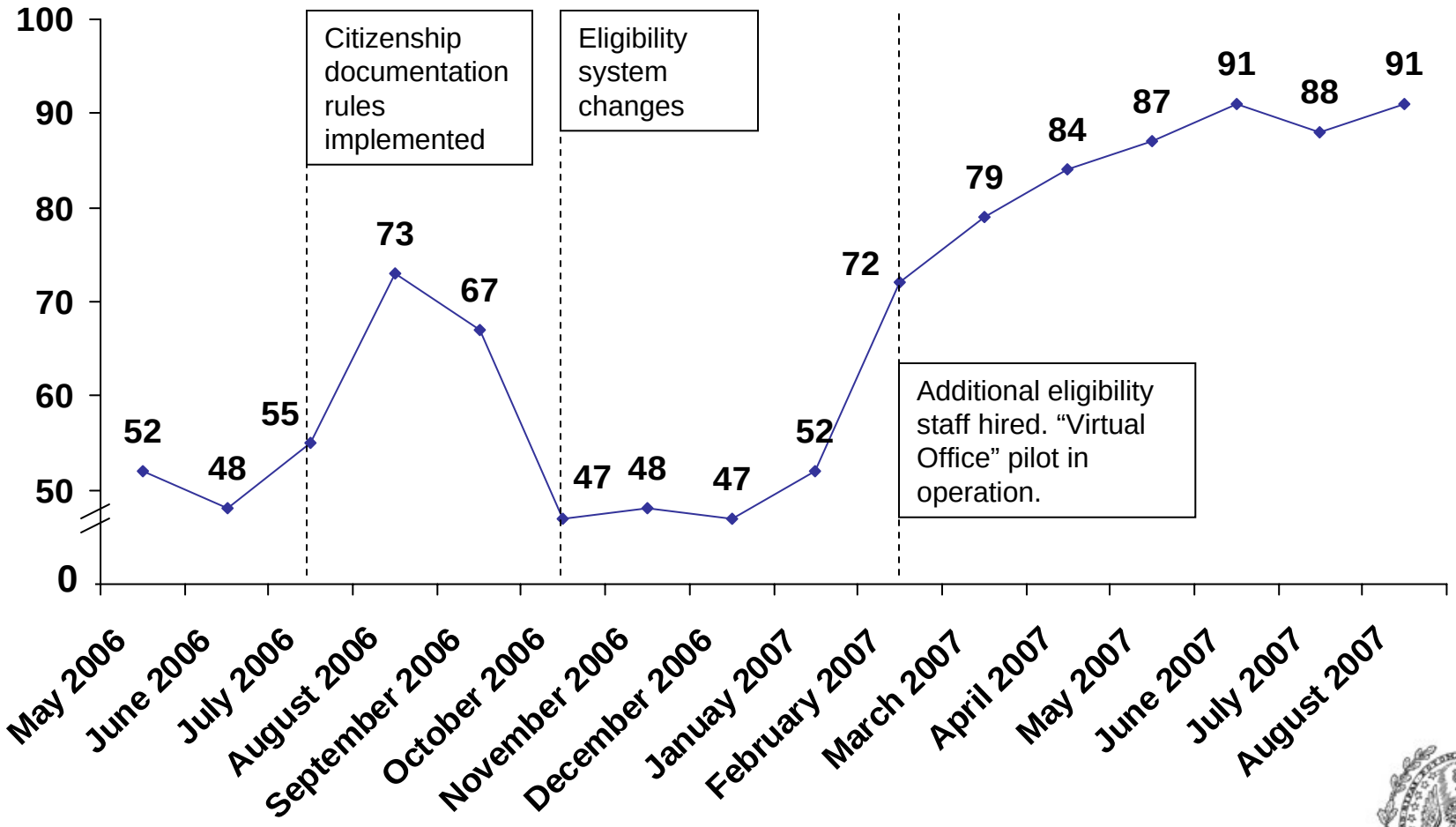
Technological Advances: Health-E Applications
Average Processing Times for Applications

January - July 2007



Source: Arizona Health Care Cost Containment System, 2007.

Technological Advances:
Timeliness of Arizona KidsCare Initial Applications,
May 2006 - May 2007



Note: Applications for Arizona's KidsCare program are considered timely if they are processed within 30 days.
Source: Arizona Health Care Cost Containment System, 2007.

Other policies that affect coverage stability

- Premiums
  - Amount
  - Number of family members involved
  - Procedures to facilitate payment
- Family Coverage
- Availability of Assistance

Assistance: Impact on Families' Ability to Obtain and Retain Coverage

	Families working with community-based case managers	Families seeking coverage on their own.
Average time to obtain coverage	**3 months**	**> 4 months**
Families obtaining coverage	**96%**	**57%**
Families insured continuously	**78%**	**30%**

Source: Flores et al, "A Randomized, Controlled Trial of the Effectiveness of Community-Based Care Management in Insuring Uninsured Latino Children." *Pediatrics* 116, No. 6 (2005): 1433-1441.

Policy Initiatives

- Enrollment periods
  - Annual for all
  - Opportunistic renewal
- Expanded use of electronic systems
  - Health-E applications
  - Program data sharing
- Continue “Trouble-shooting”
  - Inventory to align program policies and practices
  - Routine production and use of data reports