MMMRs- 2019 01 14

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Monday Morning Medicaid Must Reads

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January 14th, 2019

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In this issue...

Article 1: *Why 700,000 Ohioans were removed from Medicaid coverage, Columbus Dispatch, Jan 12*

Clay's summary: Could be: a) improving economy, b) glitch in enrollment system, c) evil Republicans working with Putin to hack Ohio's democracy. You decide.

Key Excerpts from the Article:

More than 700,000 Ohioans were removed from the state's Medicaid program in just the first 10 months of 2018. Franklin County had the most disenrollments, with nearly 90,000 losing the health-care coverage from January through October, the most recent data available show.
But no one quite knows why such a huge shift took place in the state-federal program for low-income Ohioans.

Read full article in packet or at links provided

Article 2: *Trump admin's Medicaid block grant waiver idea invites legal and political firestorm, Axios, Jan 14*

Clay's summary: They're baaack (read in Poltergeist voice).

Key Excerpts from the Article:

The Trump administration is considering giving states the ability to receive Medicaid block grants, Politico reported on Friday, a move that has experts unsure of its legality and the political world bracing for its volatility.

Read full article in packet or at links provided

Article 3: *Public Option And Medicaid Buy-Ins Emerge From 2020 Democratic Presidential Hopefuls, Forbes, Jan 13*

Clay's summary: Dems see writing on wall re unravelling ACA, start to work on workarounds at state level.

Key Excerpts from the Article:

Several Democratic governors – including one likely to run for President – are working on legislation to expand coverage to the poor in their states with legislation that would allow residents to "buy into" government subsidized Medicaid or other state coverage.

In all, "at least 10 states" are looking at Medicaid "buy ins," Stateline reported last week. These proposals are akin to earlier proposals by some Democratic Senators mentioned as Presidential candidates to expand Medicare to Americans as young as 50 years old.

Such public options are seen by some as an alternative to more progressive single-payer "Medicare for All" proposals that would have the government control health insurance and require more taxpayer dollars. Most public option proposals emerging would continue the role of private insurers in helping administer the health benefit expansions.

Read full article in packet or at links provided

Unsolved mystery: Why 700,000 Ohioans were removed from Medicaid coverage

SourceURL: https://www.dispatch.com/news/20190112/unsolved-mystery-why-700000-ohioans-were-removed-from-medicaid-coverage
Author: Clay Farris

Unsolved mystery: Why 700,000 Ohioans were removed from Medicaid coverage

By Catherine Candisky
The Columbus Dispatch
Posted Jan 12, 2019 at 6:12 PM Updated Jan 13, 2019 at 6:22 AM

More than 700,000 Ohioans were removed from the state's Medicaid program in just the first 10 months of 2018.

Franklin County had the most disenrollments, with nearly 90,000 losing the health-care coverage from January through October, the most recent data available show.

But no one quite knows why such a huge shift took place in the state-federal program for low-income Ohioans.

The total Medicaid enrollment statewide was 2.8 million as of October, so 700,000 amounts to a quarter of those in the program — although about 270,000 were added to the rolls in the same period.

State and local officials, policy analysts and advocates for the poor agree that the number of disenrollments was high, but can't come up with a solid explanation for the cause.

Medicaid officials say the downward trend is probably a sign of an improving economy and a low unemployment rate resulting in fewer people qualifying for coverage.

"There could be other factors, but the strongest proposition is that much of the decrease in enrollment is due to a strong economy since enrollment has historically been correlated with economic trends," Medicaid spokesman Tom Betti said.

But that was only conjecture; he could not provide any data to support the assertion.

Franklin County officials said they have no clue why so many have been disenrolled.

“It’s hard to make a guess. It could be the economy,” said Joy Bivens, director of the Franklin County Department of Job and Family Services. “Unless there’s a way to figure out why people aren’t re-enrolling, it’s hard to know.”

Jodi Andes, a spokeswoman for the Franklin County agency, said the reporting system doesn’t provide that level of detail.

“When they leave Medicaid, you can’t see the reason,” she said.

The taxpayer-funded health insurance is available to the poor and disabled.

Beneficiaries can lose their coverage for a number of reasons: they no longer qualify because their income increased; they found another source of health insurance, perhaps through a job; or they failed to submit updated information about their household income as required each year under federal guidelines.

Loren Anthes, public policy analyst for the Center for Community Solutions, noted that Medicaid beneficiaries typically cycle on and off the rolls. On average, people are enrolled for a consecutive nine months at a time.

For example, during the first 10 months of 2018, 704,286 beneficiaries were disenrolled while 272,969 new members came on to the rolls. The state apparently does not track why people are removed, but Anthes said it’s likely that some removed from the rolls re-enrolled, and are among the new recipients.

It’s not unusual, Anthes said, for someone to drop off the rolls when they find a job, but return after becoming unemployed again. Others may enroll when they have a health issue, then drop when they recover and have no immediate need for coverage.

“Do they come back to fill out redetermination forms? Often they don’t until they need coverage again,” Anthes said. Doctors, hospitals and other health-care providers typically help the uninsured who qualify sign up for Medicaid when they seek treatment.

But Anthes and other advocates say there also may be problems tied to the state’s computerized enrollment setup, the Ohio Integrated Eligibility System. It’s been handling Medicaid applications and annual redeterminations for several years. But since adding food stamps and cash assistance benefits in August, there have been numerous reports of Ohioans having trouble enrolling or being disenrolled for no apparent reason.

“I think it’s questionable when OIES is having problems with (food stamps) and cash assistance and (officials claim) it’s not causing a problem with Medicaid,” Anthes said.

Betti said he was not aware of any computer glitches causing or contributing to the problem.

“There still are some defects,” but no major problems, said Jeanne Carroll, assistant director of the Ohio Job and Family Services Directors’ Association.

She said the system automatically disenrolls beneficiaries who fail to submit updated income data for annual redeterminations, although they should get an automated call alerting them to re-enroll if they want to maintain coverage.

Last year, the largest number of disenrollments came in June, when 84,224 were removed from statewide Medicaid rolls, followed by 82,984 in October. The fewest was in February, when 54,328 were disenrolled.

In Franklin County, the largest number of disenrollments came in October when 14,156 were removed, nearly 5 percent of its caseload. The fewest, 3,546, were removed in March.

Dispatch Reporter Rita Price contributed to this report.

Trump admin's Medicaid block grant waiver idea invites legal and political firestorm

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Trump admin's Medicaid block grant waiver idea invites legal and political firestorm

Stories


Caitlin Owens1 hour ago

Medicaid block grants invite legal firestorm

CMS administrator Seema Verma. (Photo: Jabin Botsford/The Washington Post via Getty Images)

The Trump administration is considering giving states the ability to receive Medicaid block grants, Politico reported on Friday, a move that has experts unsure of its legality and the political world bracing for its volatility.

The bottom line: While analyses found that block grants under the GOP's repeal and replace legislation would result in millions losing health care coverage, changing the law is vastly different than giving states the option to negotiate waivers that are constrained by federal Medicaid statute.

The big picture: Details will matter, and we don't know much.

- “It's kind of like the word wall. There’s a lot of definitions of what a block grant might be under a waiver," the Kaiser Family Foundation's Diane Rowland told me.

The basic idea being reported (The Hill has confirmed it as well) is that states would have the option — likely through the existing "1115" waiver program — to trade a cap on federal Medicaid dollars for additional flexibility in how they run the program.

- There are legal limitations on what canbe done through waivers, and some legal experts are more skeptical than others of the plans' legality.
- "I have no idea what authority they think they have," said Sara Rosenbaum, a law professor at George Washington University, adding that the theory that this could be done via 1115 is "nonsense."

Be smart: Regardless of how the details shake out, this would be vastly different from what the GOP included in its 2017 repeal and replace legislation, beginning with the very fact that it would be *optional*.

- Under repeal and replace, "there were states that would have been winners and states that would have been losers. Presumably, no state is going to negotiate a waiver in which it’s a loser," Rowland said.
- There are also Medicaid laws making clear who must be covered. While Congress has the authority to change laws, waivers must abide by them, limiting the scope of what can be done.
- "I have no clue the extent of the new flexibilities that might be available. And of course it raises the question, if you can do those with an 1115-driven 'block grant,' why couldn’t you do them now with a regular 1115?" said Matt Salo, executive director of the Association of Medicaid Directors.

And then there's also the question of whether states would even want these waivers.

- Not only would a waiver have to theoretically be devised to make sense for a state, but a Democratic administration almost certainly wouldn't continue to make block grant waivers available.
- "In addition to being legally spurious and in direct violation of the purpose of the program, it can and will be un-done at the first stroke of the pen of any administration that has anything but the most ideological read of the Medicaid

program," said Andy Slavitt, a former administrator of the Centers for Medicare & Medicaid Services under President Obama.

Public Option And Medicaid Buy-Ins Emerge From 2020 Democratic Presidential Hopefuls

SourceURL: https://www.forbes.com/sites/brucejapsen/2019/01/13/public-option-and-medicaid-buy-ins-emerge-from-2020-democratic-presidential-hopefuls/
Author: Clay Farris

Public Option And Medicaid Buy-Ins Emerge From 2020 Democratic Presidential Hopefuls

Washington Gov. Jay Inslee speaks at the Battle Born Progress Progressive Summit, Saturday, Jan. 12, 2019, in North Las Vegas, Nev. Inslee pitched his record tackling climate change, gun control measures, raising the minimum wage and expanding paid family leave to Nevada progressive activists in the early presidential nominating state. (AP Photo/John Locher)ASSOCIATED PRESS

Public options as alternatives or additions to subsidized private individual coverage under the Affordable Care Act are gaining momentum on the campaign trail ahead of next year's 2020 Democratic Presidential primaries.

Several Democratic governors – including one likely to run for President – are working on legislation to expand coverage to the poor in their states with legislation that would allow residents to "buy into" government subsidized Medicaid or other state coverage.

In all, "at least 10 states" are looking at Medicaid "buy ins," Stateline reported last week. These proposals are akin to earlier proposals by some Democratic Senators mentioned as Presidential candidates to expand Medicare to Americans as young as 50 years old.

Such public options are seen by some as an alternative to more progressive single-payer "Medicare for All" proposals that would have the government control health insurance and require more taxpayer dollars. Most public option proposals emerging would continue the role of private insurers in helping administer the health benefit expansions.

Jay Inslee, the governor of Washington State, is grabbing headlines for his "Cascade Care" legislation that lawmakers are planning to introduce as early as Monday to further expand health coverage. "The goal is to have consumers spend no more than 10% of their income on premiums," Gov. Inslee's Cascade Care public option proposal says.

"We are proposing to the state Legislature that we have a public option that is available throughout the state of Washington so that we can increase the ability to move forward on the road to universal health care in the state of Washington," Inslee said in a statement.

Washington State's "Health Care Authority" will contract with "one or more health carriers to offer qualified health plans" on an exchange. "This public option will ensure consumers in every part of the state will have an option for high-quality, affordable

coverage," Inslee said.

Other Democrats are also finding ways to build or strengthen coverage already available under the ACA.

Gov. Gavin Newsom of California would expand access in part by restoring a requirement stripped by Republicans from the ACA that people buy coverage or face a tax penalty and New York Mayor Bill de Blasio, who some say is considering a run for President, announced plans to expand the city's public option that includes a sliding fee scale based on income. Meanwhile, Democrat J.B. Pritzker, who will be sworn in as Illinois Governor on Monday, campaigned on a proposal to allow Illinoisans to buy into Medicaid coverage for the poor "to provide another choice in the health insurance marketplace, to lower the cost of premiums and mitigate market uncertainty at no cost to taxpayers."

On the federal level, Democrats in the U.S. Senate – including several contemplating presidential bids - and some in the U.S. House of Representatives have long seen a public option as a way to expand Medicare to younger Americans.

U.S. Sen. Sherrod Brown, an Ohio Democrat, was among a group of 8 Democratic Senators in 2017 who were early supporters of the "Medicare at 55 Act," which gives Americans between the ages of 55 and 64 an option to buy into Medicare, the federal health insurance program for the elderly.

Such buy-in proposals could be more palatable to independent and fiscally conservative voters who worry about expanding entitlements given rising deficits triggered lately by Trump's and GOP-led tax cuts.

Because they include private insurers, Medicare or Medicaid buy-in proposals could also win support of the insurance industry given the popularity of Medicare Advantage plans sold by Aetna, Anthem, Cigna, Humana and UnitedHealth Group are included in any legislation. And insurers like Centene and Molina Healthcare have grown rapidly by administering health benefits for those who have benefited from the ACA's expanded Medicaid coverage.