

Medicaid Expansion Partner Engagement Session

April 2024: Takeaways & Notes

Awareness:

- Many folks still aren't aware of expansion or what it means for them,
 - A large percentage of the target population is working long hours and quite busy, there's an existing perception that they won't qualify
- Folks seem skeptical that this is too good to be true and note that there is a stigma around Medicaid
- If folks aren't currently getting healthcare then it's hard for them to know about these changes
- Confusion about the difference between expansion and Medicaid overall, lots of concerns about the asset test
- A lot of publicity/motivating people to enroll is word of mouth, more likely to share their experience if they're having a smooth experience with Medicaid and if there wasn't a stigma

Beneficiary Experiences:

- After being approved for Medicaid, folks are reporting positive experiences and that they're excited about the coverage
- Enrollment Assistants only have so much information because we lose contact with a lot of beneficiaries once the application has been submitted
- Double coverage with Marketplace and Medicaid prevents Medicaid from paying for prescriptions (because they are the payor of last resort) and even when folks cancel their Marketplace plan, it takes NC Tracks 1-2 weeks to reflect that update, so folks are experiencing long wait times to access their medications
- Concerned about getting care once they have Medicaid
 - Difficulty finding providers that will accept Medicaid (solution: refer to FQHCs in their area)
 - Wait times of up to 6 months for dental appointments due to the shortage of dental providers who accept Medicaid
 - Some folks report high travel times and difficulty accessing doctors that accept Medicaid, particularly in rural areas that don't offer public transportation
- Folks don't realize that they can change Managed Care Plans if they aren't having a good experience with theirs

- In March, MedAssist received calls from 65 frustrated Medicaid beneficiaries saying they can't afford their prescription copays. MedAssist informed them that legally they can't be denied service because they can't pay and instructed them to tell the provider about their rights, but folks are afraid to do so.
 - Idea to develop a "Know Your Rights" card for Medicaid beneficiaries

Determination State:

- Some folks are determined eligible, others are continuing to get the message that they "may be eligible" for Medicaid when applying on HC.gov
- Some assisters prefer ePASS, others Healthcare.gov, many end up doing both based on what the situation is
 - ePASS is preferable when you want to apply for other benefits (ex: SNAP) at the same time as applying for MCD
- Identity verification issues are becoming more frequent on Healthcare.gov recently, calling the Marketplace to submit the application via phone seems to be the best workaround.

Health Center Capacity

- Some FQHCs are reporting that they don't have capacity to accept new patients
- Certified Application Counselors also may not have capacity to help non-established patients with Medicaid applications
 - Many CACs have other jobs and dedicate approximately 10% of their time to Medicaid Applications
 - In this way they're also limited to how much community outreach they can do

Language Access

- ePASS only gives you the option to select English or Spanish as your preferred written language
- One assister has been told by DSS that they don't have interpreters, even though we know that isn't the case. It has been quite difficult for folks to access language services that aren't English or Spanish.

Outreach:

- Meeting people where they're at doesn't just mean appointments and attending resource fairs- how are folks spending their free time?
- Ideas: speaking at church services, connecting with schools, going to smaller groups to which folks are already connected/ going to events

- Confusion about Medicaid Expansion and/or stigma may contribute to the low turnout for these events
- After-hours events are preferable since so many folks are working during the day
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Processing Times

- Seem to be slowing down for both ePASS and Healthcare.gov applications compared to the earliest months of expansion
- We are also seeing a lot of timing issues with additional documentation that is requested by DSS:
 - DSS seems to be asking for documentation that was already submitted to the Marketplace/ ePASS
 - Identity verification issues create a lot of back and forth

Needs:

- More up-to-date way to verify current enrollment status in Medicaid and/or Marketplace coverage
- Building trust with DSS/ the health system in general
- More direct line of communication between DSS caseworkers and enrollment assisters. Establishing relationships with local DSS offices would help facilitate a smoother enrollment process and quicker resolution when we encounter issue.
 - Could CMS send a letter out to DSS offices?