



Medicaid Matters

for health departments and everyone

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Medicaid is...

- A comprehensive health insurance that includes medical, dental, vision, prescriptions, and mental health services
- Available to:
 - Children up to 217% of the poverty level (including MIChild)
 - Pregnant women up to 200% of the poverty level
 - Adults 19-64 (non-disabled) up to 138% of the poverty level [Healthy Michigan Plan]
 - Adults 65+ and all qualified disabled adults up to 100% of the poverty level and with extra help supports (Medicare Savings Program and spenddown/Medicaid deductible) above that level

Statewide, this means...

- 22% of the state population is on
 - 1.75 million people on traditional Medicaid
 - 664,000 people on Healthy Michigan Plan
 - 1 in 2 individuals with disabilities;
 - 1 in 5 adults;
 - 2 in 5 children;
 - 3 in 5 nursing home residents
- Healthy Michigan Plan, county examples:
 - Washtenaw: 17,221
 - Berrien: 10,948
 - Oakland: 51,031
 - Kent: 33,201
 - Cheboygan: 2,167
 - Marquette: 4,466

In 2014, something incredibly important happened...

- What was it?
- Why does it matter?

**It was a
miracle!**

It was a
policy
change. *

*Sometimes policy changes are miracles.

In 2014, something incredibly important happened...

- Full-on implementation of the Affordable Care Act
- Marketplace (individual health insurance) with Advanced Premium Tax Credits
- Medicaid Expansion
 - Branded as the “Healthy Michigan Plan”
 - A few minor differences from traditional Medicaid
 - Began April 2014

But Why Does Medicaid Matter for Health Departments?

- DISCUSS

I'm thinking...



But Why Does Medicaid Matter for Health Departments?

- It is a gateway to many programs (MIHP, CSHCS, WIC, immunizations)
- It affects our funding (full cost reimbursement, Medicaid outreach dollars)
- The Medicaid population, overall, has fewer resources and should be a focus of our health equity/social determinants of health work
- It improves health outcomes for individuals (more data on this is coming out every month)
- Controlling chronic health conditions *allows* people to go back to work!

As a health department professional...

- It is to your benefit to:
 - Ensure that staff know how to assess people for Medicaid eligibility
 - Ensure that staff are able to help people apply for Medicaid
 - Ensure that staff understand how to help people with Medicaid navigate access to healthcare (PCPs, specialists, etc.) for services your health department does not offer
 - Focus on keeping eligible individuals enrolled

How Is Medicaid Changing in January 2020?

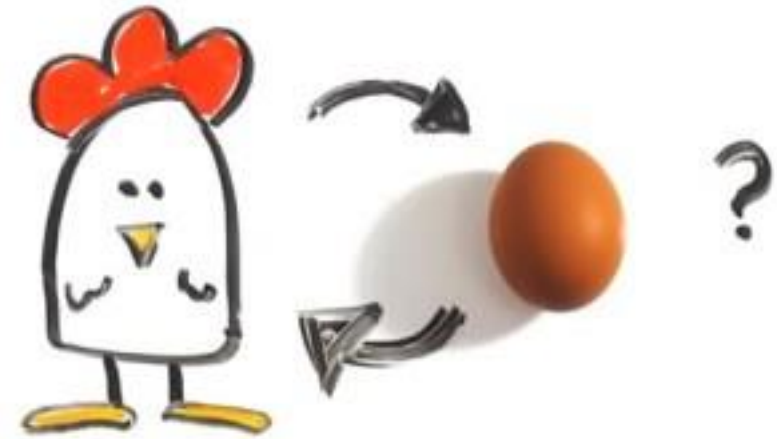
- DISCUSS

I'm thinking...



How Is Medicaid Changing in January 2020?

- Children's Medicaid will be unaffected, including MIChild
- Programs for seniors and people with disabilities will be unaffected
- Individuals with Medicaid expansion (Healthy Michigan Plan) will be affected by new work requirements.



What is the relationship
between health and work?
Which comes first?

What does this mean for your clients?

- DISCUSS



I'm thinking...

What does this mean for your clients?

- The DHHS letters are pretty clear, BUT:
 - People with low literacy may still have trouble reading them
 - Some people who need exemptions may have trouble qualifying for them
 - Some people, with complicated lives (unstable housing, mental health issues, complicated family situations) have trouble with paperwork
 - Computer access may be an issue
- Work stability (80 hours/month) may be an issue
- IMPLEMENTATION DATE IS JANUARY 2020

Paths to compliance

Working

- At least 80 hours/month OR
- Self-employed OR
- Make money equal to the state minimum wage for the month (e.g. pension, rental income)

Student/Volunteer

- High School
- College
- Certificate Programs
- Volunteering (3 months/calendar year)

Excused/Exempt

- See next page

Excused from Work/Exempt

- Some reasons:
 - Family matters (child under age 6, disabled family member)
 - Disabled (temporary or long-term, with or without Social Security income)
 - Recently left prison
 - Homeless
 - Domestic Violence survivor
 - Pregnancy
 - Chronic substance use disorder
 - SNAP (food assistance) and TANF (cash assistance)

Identifying people who are exempt

- Self-report, self-attestation (e.g., via letters)
- DHHS can identify individuals (for instance: if you previously reported a pregnancy, have a 3-year old at home, or are getting SNAP benefits or home health aide)

What next?

- If you are exempted, DHHS will send you a letter with an “end date.”
 - This could be time-limited, e.g. two months after you have a baby
- Otherwise, you need to report monthly
 - Has your work changed?
 - Did you leave school?
 - Are you now unable to work because you need a hip replacement? Etc.

Concerns

- Statewide, one phone number (not your local DHHS office)
- Your local DHHS office will not have extra staff to work on this
- Unclear how well integrated this will be with MIBridges
- Fax (do not mail) exemptions to: **517-432-6079**
- Data from other states that have implemented work requirements show that it costs a lot, and many people drop off coverage

What if a client ignores those letters?

- If a beneficiary fails to meet work requirements (either do the work or be excused) three months in a calendar year, they will lose eligibility
- Coverage may be reinstated if they come back into compliance after serving a penalty month without coverage

What happens if someone gets sick while they are in their penalty month?

DISCUSS:

- How does this affect health departments?
- How does this affect the client?
- How does this affect the local health system/hospital?

How can we help our clients keep coverage?

- DISCUSS

I'm thinking...



How can we help our clients keep coverage?

- Remind clients
- Offer to fax exemptions
- Provide computer terminals
- Explain how this works, in simple language, in English and other languages
- Help clients file hearings when they did report accurately, but it wasn't recorded

More Resources

- Washtenaw Health Plan:
 - [Healthcarecounts.org/blog](https://healthcarecounts.org/blog)
 - Krista Nordberg: nordbergk@Washtenaw.org
- DHHS Resources: bit.ly/HMPwork and bit.ly/HMPchanges
- Legal Services support
 - Michigan Legal Help: michiganlegalhelp.org
 - Lisa Ruby, Michigan Poverty Law Program: lruby@mplp.org

Questions?

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