

SUCCESSFUL MEDICAID
ENROLLMENT STRATEGIES
TO COVER THE UNINSURED

June 2015



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Executive Summary

Between 2013 and 2014, the number of uninsured adults in the U.S. declined by 8 million, from 39.5 million to 31.5 million people.¹ The decrease in the uninsured was driven in large part by increased enrollment of low-income residents. This occurred both in states that implemented the Affordable Care Act (ACA) Medicaid expansion and states that pursued alternate coverage expansions through the federal waiver process. By September 2014, Medicaid enrollment nationwide was 9.2 million higher than it had been a year earlier and 86 percent of that increase occurred in states that expanded coverage following implementation of the ACA.²

Two states that succeeded in increasing coverage are Kentucky and Arkansas. Rather than examining how these states expanded eligibility, this Brief focuses on common strategic approaches they adopted to enroll their uninsured state residents.

Kentucky, which implemented a traditional expansion as envisioned by the ACA, saw the largest increase in Medicaid enrollment of any state in the first year: **76 percent**. Among the states implementing alternate coverage expansions through waivers negotiated with the federal government, Arkansas achieved the largest increase during this period: **46 percent**.³ Thanks in large part to these increases in Medicaid coverage, each state effectively cut in half its uninsured rate for adults:⁴

- Kentucky's uninsured rate declined from 20.6 percent in 2013 to 9.9 percent in 2014.
- Arkansas' uninsured rate declined from 24.1 percent in 2013 to 12.2 percent in 2014.

Increasing coverage of low-income residents entails more than simply expanding eligibility. It requires ensuring that individuals who qualify for coverage are aware of their eligibility and can gain and keep coverage. States' experiences demonstrate that there is no single set of policy prescriptions to achieve these goals. However, there are several strategic approaches common to expansions in both Kentucky and Arkansas that

can inform states' efforts to cover their low-income residents — regardless of how states choose to expand coverage. These approaches include:

- **Integrating administration and enrollment**
Leveraging cross-platform information sharing and data-verification tools to confirm consumers' eligibility, deliver consumer-friendly application experiences, and avoid unnecessary delays in providing coverage.
- **Establishing multiple application pathways**
Allowing consumers to enroll in person, online, by phone, or through the mail and to experience a simple, standard enrollment process regardless of how and where they initiate their application.
- **Providing robust consumer assistance**
Including state-wide outreach and targeted strategies to reach specific communities, such as residents in isolated rural areas and non-English speakers, and ensuring credentialed assisters can help consumers initiate and complete their applications.
- **Developing high-impact awareness campaigns**
Delivering clear messages through multiple channels to reach potential applicants, encouraging enrollment, and leveraging relationships with community-based organizations and other partners to amplify the impact.

These approaches, which can be tailored to local market conditions and needs, serve as practical examples to be considered by states seeking to cover more of their uninsured. Effective use of these approaches could lead to covering as many as one in three remaining uninsured adults, including:⁵

- An estimated 8 million adults who were eligible for Medicaid in 2014 but had not enrolled in coverage.
- Approximately 4 million adults with incomes below the poverty line in states that had not expanded Medicaid eligibility or sought waivers to implement alternate expansions.

Introduction

Between 2013 and 2014, the number of uninsured Americans decreased by 8 million, due in large part to an increase in Medicaid enrollment.⁶ This Brief focuses on two states that have had particular success increasing enrollment for low-income residents and reducing their uninsured rates.

While Kentucky and Arkansas have taken different approaches to designing their coverage expansions, both “expansion states” have used practical and effective strategies to ensure individuals are aware of their eligibility and to get them enrolled. These successful approaches can be considered by other states and tailored to local market conditions and needs.

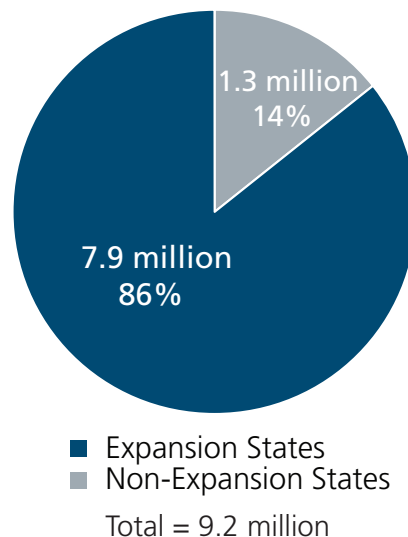
Increases in Medicaid Enrollment and Reductions in the Uninsured

Medicaid enrollment increased by 9.2 million people nationally — from 57.8 million to 67.0 million — between September 2013 and September 2014. The states that expanded Medicaid eligibility under the Affordable Care Act (ACA) increased Medicaid enrollment by nearly 7.9 million. The remaining increase of 1.3 million occurred in other states under existing program eligibility rules (see Exhibit 1).⁷

This increase in 2014 Medicaid enrollment was a driving force in achieving reductions in the uninsured (See Exhibit 2).⁸

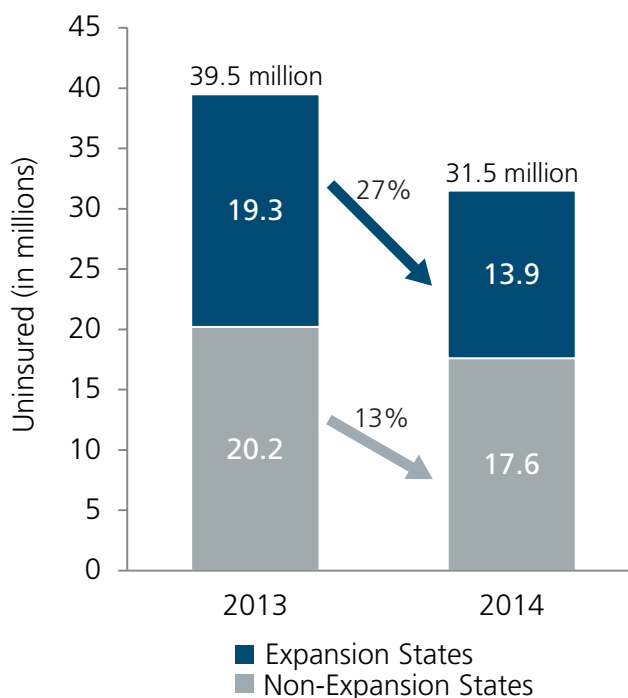
- In 2013, 20 percent of non-elderly adults, or 39.5 million adults ages 18 to 64, were uninsured.
- In 2014, 16 percent of non-elderly adults, or 31.5 million, were uninsured.
- The states that expanded Medicaid reduced their uninsured populations by 5.3 million, or about 27 percent, while the non-expansion states saw a reduction of 2.7 million, or about 13 percent.

Exhibit 1: Net Increase in Medicaid Enrollment, September 2013 to September 2014⁷



Note: 2013 enrollment is the average monthly enrollment for July, August, and September 2013.

Exhibit 2: Change in Uninsured Population, Ages 18-64, 2013 to 2014⁸



Note: Differences over time do not appear to match those in the text, due to rounding.

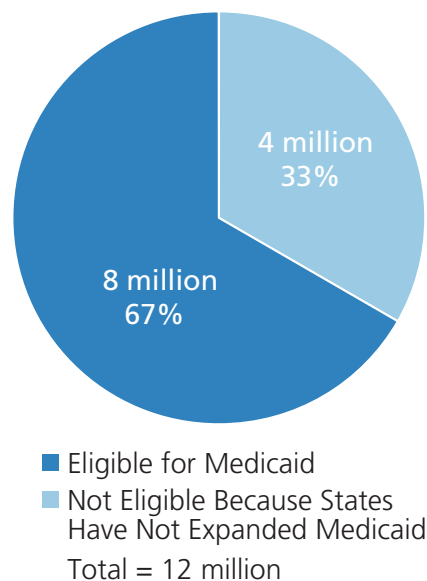
Note: UnitedHealthcare presently serves Medicaid programs in 24 states and the District of Columbia, but not in Kentucky or Arkansas.

While Medicaid has substantially increased coverage over the past year, 31.5 million adults remained uninsured in 2014.⁹ Of these, an estimated 12 million — about one in three — could be covered by Medicaid (see Exhibit 3).¹⁰ Of the 12 million:

- An estimated 8 million adults were eligible for Medicaid — in both expansion and non-expansion states — but remained uninsured. These adults could gain coverage through their states’ Medicaid programs, without any further expansion of eligibility.
- Approximately 4 million adults with incomes below the Federal Poverty Level (FPL) were not eligible for Medicaid because they live in states that had not expanded Medicaid eligibility, falling into the so-called “coverage gap.”

States aiming to reduce their uninsured populations could benefit from better understanding the decisions and experiences of those states implementing successful Medicaid expansions to date. Leveraging these observations and best practices can help pave the way forward for broader and sustained increases in enrollment.

Exhibit 3: Uninsured Adults Potentially Eligible for Medicaid, 2014¹⁰



Eight million adults were eligible for Medicaid, in both expansion and non-expansion states, but were uninsured in 2014.

Relationship Between Increases in Coverage and Reductions in Uninsured Rate

Increases in Medicaid enrollment have had a direct impact on reductions in the rate of uninsured. Those who enroll in Medicaid — as well as those who are eligible but not enrolled — are generally without other insurance coverage options, due to their lower household incomes. These individuals typically do not have the opportunity and resources to take up employer coverage or purchase individual policies. Therefore, an increase in Medicaid enrollment translates into a comparable reduction in the uninsured.¹¹ By comparison, many of those not eligible for Medicaid who enrolled in Public Exchange plans during the 2014 open enrollment period previously had private coverage.¹²

Successful Coverage Expansions in 2014

Nine expansion states achieved an increase in overall Medicaid enrollment of 30 percent or more between September 2013 and September 2014 (see Exhibit 4).¹³

These states generally had limited Medicaid eligibility for adults and relatively high uninsured rates prior to their 2014 expansions:

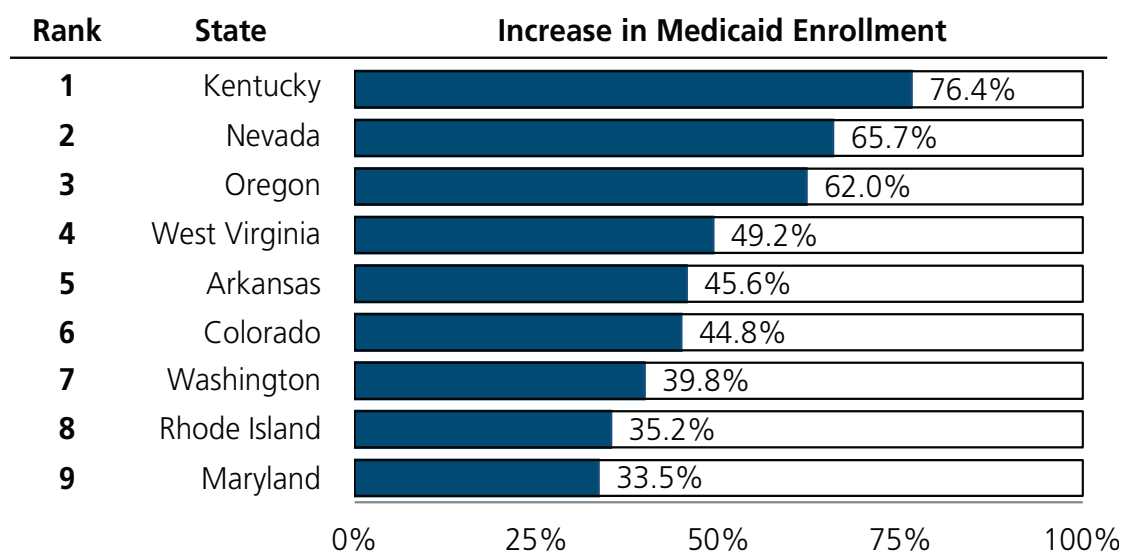
- Uninsured rates for adults ranging from 14 percent in Maryland to 27 percent in Nevada.¹⁴
- Income limits for parents ranging from 16 percent of the FPL in Arkansas to 181 percent in Rhode Island.¹⁵
- No coverage available for childless adults.¹⁶

These nine states have achieved success in increasing Medicaid coverage through both traditional and alternate expansions.¹⁷ Among states adopting a traditional Medicaid expansion, Kentucky saw the largest increase in Medicaid enrollment through September 2014: 76 percent. Among states implementing expansion through a waiver, Arkansas achieved the largest increase during this period: 46 percent.¹⁸

- Kentucky expanded Medicaid, as envisioned under the ACA, to individuals with household incomes up to 138 percent of the FPL, starting on January 1, 2014. All eligible individuals who apply and qualify for Medicaid coverage — including those newly and previously eligible — are enrolled in a participating health plan. These plans have no premiums and limited cost sharing requirements.¹⁹ Along with its traditional Medicaid expansion, Kentucky implemented a State-Based Public Exchange.
- Arkansas expanded coverage for parents between 17 and 138 percent of FPL and for childless adults up to 138 percent of FPL through the Private Option, a federally approved waiver. Coverage for the newly eligible is provided through health plans offered on Arkansas' Public Exchange, which the state implemented jointly with the federal government. Eligible individuals do not pay premiums, and their cost sharing is held equal to that of state residents enrolled in Medicaid.²⁰

Thanks in large part to these increases in Medicaid coverage, each state effectively cut in half its uninsured rate for adults ages 18 to 64. Between 2013 and 2014, Kentucky's uninsured rate declined from 20.6 percent to 9.9 percent and Arkansas' uninsured rate declined from 24.1 percent to 12.2 percent.²¹

Exhibit 4: States with at Least a 30 Percent Increase in Medicaid Enrollment, September 2013 to September 2014¹³



Note: 2013 enrollment is the average monthly enrollment for July, August, and September 2013.

Common Approaches to Increasing Enrollment in Kentucky and Arkansas

Successfully increasing enrollment entails more than simply establishing eligibility for low-income populations. It requires ensuring that individuals who qualify for coverage are aware of their eligibility and can gain and keep coverage. There is no single set of policy prescriptions to achieve these goals. However, there are several strategic approaches that are common to the successful 2014 coverage expansions in both Kentucky and Arkansas:

- **Integrating administration and enrollment**
- **Establishing multiple application pathways**
- **Providing robust consumer assistance**
- **Developing high-impact awareness campaigns**

While Kentucky and Arkansas pursued Medicaid expansion in different ways, their use of these strategic approaches contributed to robust enrollment results. These approaches can serve as helpful, practical examples for other states.

Successfully increasing Medicaid enrollment requires ensuring that eligible individuals can gain and keep coverage.



Integrating Administration and Enrollment

The integration of administration and enrollment systems that serve multiple programs allows for cross-platform information sharing. This, in turn, makes a consumer-friendly application experience more achievable. Leveraging data verification tools allows states to confirm consumers' eligibility more

quickly and to avoid unnecessary delays in providing them coverage. Platforms that work in conjunction with other means-tested social service programs help identify and enroll uninsured residents who are eligible for Medicaid.

- **Kentucky** was one of 17 states in 2014 that chose to implement and administer its own Public Exchange, the Kentucky Health Benefits Exchange, which is responsible for designing the state's enrollment processes and leading its outreach strategies.²² The Kentucky Health Benefits Exchange developed an integrated enrollment system for both Medicaid and Public Exchange coverage. Its online consumer portal, kynect, which serves as the online pathway to apply for Medicaid as well as Public Exchange coverage, was highly successful operationally and did not experience the technological problems evident in some other states or in the federal Public Exchange.²³ **During the 2014 open enrollment period, about 80 percent of the Kentucky residents signing up for coverage through kynect were Medicaid enrollees.**²⁴
- **Arkansas** embraced Administrative Transfer, or "Fast Track," a new state database integration strategy designed to increase Medicaid enrollment among eligible residents. Through this approach, the state leveraged existing information to reach individuals and families who were receiving means-tested benefits under the Supplemental Nutrition Assistance Program (SNAP), but who were not enrolled in Medicaid despite their high likelihood of income eligibility.²⁵

Under Fast Track, Arkansas sent letters with a short enrollment form in early September 2013 to households representing over 150,000 individuals. When these enrollment forms were returned, the state confirmed additional eligibility criteria such as immigration status. **By November 2013, Arkansas had enrolled over 60,000 SNAP recipients eligible for Medicaid.**²⁶



Establishing Multiple Application Pathways

With multiple application pathways and a simple, standard enrollment process, consumers can initiate enrollment or renewals of Medicaid coverage in person, online, by phone, or through the mail. Application entry points include the state's Medicaid agency, the Public Exchange, other state agencies, and private-sector organizations credentialed and contracted to assist individuals with their applications. An important element of success is ensuring each pathway has sufficient administrative capacity to accommodate increased consumer demand for identifying and selecting coverage options.

- The **Kentucky** Health Benefit Exchange allows consumers to submit a single common application in person, online, by phone, or through the mail. Multiple application pathways are fully integrated between the Public Exchange and Medicaid, with a single application form and a common address and telephone help line for all applications. **The online kynect consumer portal leverages technology to further streamline applications and enrollment by providing an integrated eligibility system across different state agencies.** kynect also provides applicants the opportunity to shop for coverage without creating an account, to upload application documents, and to select a managed care plan.²⁷ Building on these consumer-friendly enrollment tools, in late 2014, the kynect mobile app was launched as part of an effort to target young adults.²⁸

Consumers can experience a simple, streamlined enrollment process, regardless of how and where they initiate their application.

- The **Arkansas** Health Connector, a division of the Arkansas Insurance Department, was established to implement the state's Public Exchange, using the federal HealthCare.gov website as one online consumer portal for Medicaid and Public Exchange enrollment.²⁹ Consumers can also apply for Medicaid through the state-run Access Arkansas website, which serves as a pathway for state-based benefits, as well as in person, by phone, or through the mail.³⁰ **State-run pathways were used by over 80 percent of newly eligible applicants who enrolled in person, through the Access Arkansas website, by phone, through the mail, or via Fast Track.**³¹

As a state using federal Public Exchange tools, Arkansas elected to delegate to the Centers for Medicare & Medicaid Services (CMS) the responsibility of making a determination of eligibility for applications originating through HealthCare.gov.³² While only a minority of Arkansas' applications were submitted through the federal portal, delegating this responsibility to CMS allowed the state to apply focus and resources to other priorities and responsibilities related to enrollment and outreach.



Providing Robust Consumer Assistance

Consumer assistance is vital to helping individuals understand their eligibility and complete their applications accurately. Robust assistance requires diverse strategies to reach specific communities — such as residents in isolated rural areas and individuals who are non-English speakers. Leveraging effective community-based organizations is instrumental to delivering culturally sensitive assistance that is commensurate with an individual consumer's distinct level of need. Statewide access to individuals and organizations credentialed to assist consumers in person further extends this capacity. An adequately resourced call center to serve those who will not or cannot seek in-person assistance is also important.

- In 2013, the **Kentucky** Health Benefit Exchange awarded over \$6 million in grants, enabling organizations to train and deploy staff to assist consumers during the 2014 open enrollment period.³³ These “kynectors” included a range of professionals — navigators, in-person assisters, and certified application counselors. **kynectors leveraged community relationships and enlisted the support of community leaders to help reach various populations around the state, assisting with 27 percent of Medicaid applications for 2014.**³⁴ In Lexington, a kynect storefront opened in time for the 2015 Public Exchange open enrollment period to provide additional in-person assistance from kynectors, targeting a community with low enrollment numbers compared to other parts of the state.³⁵ During the 2015 open enrollment period, the storefront received over 7,500 visitors who completed about 6,000 applications for coverage through Medicaid and the Public Exchange.³⁶

Consumer assistance is vital to helping individuals complete their applications successfully.

- The **Arkansas** Health Connector leveraged federal grant funding to invest in and prioritize its consumer assistance programs, which included partnerships with local private-sector organizations to train people and develop the capacity to help consumers with their applications.³⁷ In Arkansas, navigators, in-person assisters, and certified application counselors must become licensed to assist individuals in completing the enrollment process; licensing requires a simple application and a relatively low fee in addition to the required certification process outlined in the ACA.³⁸ **The Arkansas Health Connector initially contracted with 26 organizations to provide 500 licensed guides, and by the end of the 2014 open enrollment period there were over 800 guides across the state, in addition to insurance brokers.**³⁹



Developing High-Impact Awareness Campaigns

Awareness campaigns deliver clear messages through media and other channels to reach potential applicants and encourage enrollment. Campaigns leverage relationships with community-based organizations, community leaders, and other partners to amplify the impact. The campaign message raises awareness among the uninsured, not only about the coverage options and application pathways that are available, but also about the benefits of having coverage and how to access appropriate health care services.

- **Kentucky** leveraged federal grant funding to conduct a broad and robust consumer outreach campaign, focused on both increasing awareness of new coverage options and informing potential applicants how to begin and complete the application process. Outreach included advertisements on television, the Internet, billboards, and buses.⁴⁰ **kynect television commercials were viewed 30 million times between September 2013 and January 2014.**⁴¹ Information booths at events, including the Kentucky State Fair, provided an opportunity for state officials and kynectors to raise awareness of the new coverage options available.⁴²

A November 2014 survey highlighted both the challenge of outreach to those eligible for Medicaid and the success of Kentucky’s awareness campaigns. Among adults in Kentucky, 77 percent have heard of kynect. Recognition among uninsured adults is slightly lower, at 70 percent.⁴³

- **Arkansas** used federal grant funding to carry out an educational campaign between July and September 2013 to maximize awareness of coverage options.⁴⁴ The state selected the advertising slogan “Get In” and developed targeted messaging to reach diverse audiences. During the three-month campaign, the state made 229 million media impressions through television, radio, community newspapers, billboards, the Internet, and direct mail.⁴⁵ In addition to the

media campaign, trained speakers presented at over 250 engagements across the state.

Awareness of new health insurance options doubled among the uninsured, from 24 percent in June 2013 to 54 percent in September 2013.⁴⁶

The Potential of Ongoing and Future Coverage Expansions

Medicaid expansions have had a substantial and immediate impact. The increase in Medicaid enrollment of 9.2 million people in 12 months has been instrumental in reducing the number of uninsured nationally, particularly among adults ages 18 to 64.

Achieving results rests not only on simply deciding to expand eligibility, but also on developing and

embracing approaches that align administrative infrastructure, establish multiple pathways for a consumer-friendly application process, ensure robust capacity for consumer assistance, and develop high-impact awareness campaigns that resonate with eligible residents. These practices and procedures can be tailored to local market conditions and needs — with the common goal of making eligible residents aware of their coverage options and helping them get and stay enrolled.

States aiming to reduce their uninsured populations could benefit from better understanding the decisions and experiences of those states implementing successful coverage expansions to date. Leveraging these observations and best practices can help pave the way forward for broader and sustained increases in coverage nationwide.

Appendix: Data and Methods

2013 Uninsured Baseline. The UnitedHealth Center for Health Reform & Modernization estimated the number of uninsured individuals and the uninsured rate in 2013 using the Census Bureau’s American Community Survey released in 2014. The sample was limited to non-elderly adults ages 18 to 64.

Percent Change in Uninsured. The percent change in the uninsured rate between 2013 and 2014 was calculated by the UnitedHealth Center for Health Reform & Modernization using the Gallup Healthways Index state uninsured rates for adults ages 18 and older. The Gallup Healthways Index is a telephone survey completed throughout 2013 and 2014. According to the Gallup Healthways Index, the uninsured rate for individuals ages 65 and older did not change between 2013 and 2014; therefore, changes in the uninsured were concentrated among those ages 18 to 64.⁴⁷

2014 Uninsured. The UnitedHealth Center for Health Reform & Modernization estimated each

state’s uninsured rate for adults ages 18 to 64, using the 2013 baseline uninsured rate calculated from the American Community Survey and the percent change in uninsured rate between 2013 and 2014 calculated from the Gallup Healthways Index.

Medicaid Enrollment. The UnitedHealth Center for Health Reform & Modernization used monthly enrollment reports published by the Centers for Medicare & Medicaid Services (CMS) to calculate the percent change in Medicaid enrollment, for all ages and eligibility categories, from the 2014 pre-open enrollment period (defined by CMS as monthly average enrollment between July and September 2013), referred to as September 2013 in the text, to September 2014. This timeframe represents the 12 months after the beginning of the Affordable Care Act’s 2014 open enrollment period. States categorized as “expansion states” in this analysis are limited to the 27 states (including the District of Columbia) that implemented the eligibility expansion during or prior to 2014. States, including Pennsylvania and Indiana, that implemented the expansion in 2015 are not included as expansion states in the enrollment totals for the purpose of this study.

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About the UnitedHealth Center for Health Reform & Modernization

Drawing on UnitedHealth Group's internal expertise and data, and its external experiences and partnerships, the UnitedHealth Center for Health Reform & Modernization analyzes key health care issues and develops innovative policies and practical solutions for the health care challenges facing our nation. We share this information in the United States and internationally with policymakers, academics, researchers, providers, health plans, employers, the public, and other key health care stakeholders. UnitedHealth Group launched the Center for Health Reform & Modernization to present proven strategies to contain costs and improve quality and care and we continue to demonstrate our commitment to health care modernization by offering solutions based on proven policies and best practices.

About UnitedHealth Group

UnitedHealth Group is a diversified health and well-being company dedicated to helping people live healthier lives and making health care work better. UnitedHealth Group offers a broad spectrum of products and services through two distinct platforms: UnitedHealthcare, which provides health care coverage and benefits services; and Optum, which provides information and technology-enabled health services.

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