

What the public health emergency unwinding means for people enrolled in Medicaid

Wed, 7/27

SUMMARY KEYWORDS

people, medicaid, state, rhode island, exchange, coverage, consumers, marketplace, oregon, great, public health emergency, plan, question, enrollment, partner, uninsured rate, subsidies, auto enrollment, eligible, folks

00:52 LIZ HAGAN

Hello, and good afternoon and morning to everyone. I'm Liz Hagan, Director of Policy Solutions at United States of Care. We're a non profit, non partisan nonprofit organization, committed to ensuring that everyone has access to quality, affordable health care. Thank you for joining us today in what is going to for sure be a very thought provoking conversation about the unwinding of the public health emergency. We're so thrilled today to welcome you as we speak with leading experts from Massachusetts, Oregon, Rhode Island and Softheon, on how they're approaching the public health, emergency unwinding and what the implications of this will be on real people and real communities. I also want to thank our trusted partner and co host Softheon for collaborating with us to bring together this webinar, Rob, Josh, and team we're so grateful for your expertise and leadership in this space. We'll dig into things in just a minute. But first, I wanted to share a little bit more about United States of Care and the issue that we're talking about today. As I said, our mission is to ensure that everyone has access to quality, affordable health care, regardless of health status, social need or income, and we center people and the health care needs that they have in all that we do. So we bring together people from all sides of healthcare, including leaders from the private and public sectors, as well as patients, caregivers, and others to forge new health care solutions. And for the last few years, we've spoken to thousands of people throughout the country and every state about their feelings and experiences with our current health care system, to better understand where people are and what changes they want to see. And we're harnessing those lessons to drive policy change that reflects those needs. Through our research and engagement we've learned that cost is people's foremost concern, people's most urgent need is that they can afford their health care. Unfortunately, it's the reality in this country that people fear that accessing health care will lead to financial ruin, bankruptcy or debt. Our conversations and research have also made it clear that people really value dependable coverage that provides security and freedom through life's changes. We consistently hear stories of people fearing that their insurance, that moving or changing jobs, having a baby getting injured or growing older or any number of other life changes means that they could lose their health insurance. And if people lose their coverage, they lose the security that comes with it when they need the care the most. In addition to lowering cost and dependable coverage people have also told us that they want a system that is personalizable where they can get care when they need it and how they want it and that they also can have an understandable and easy to navigate system. This is all really helpful context for why we're here today.

The continuous coverage provisions in the Family First Coronavirus Response Act have meant that people can stay enrolled in Medicaid for the duration of the public health emergency, providing them with that dependable and affordable coverage that they need and want. These provisions have allowed millions of people to stay on coverage without any interruption, which is partially why we've seen the uninsured rate not increase like we typically would see when people experienced such levels of job loss, changes in income and change in financial status and more. In fact, estimates show that we're seeing some of the lowest uninsured rates ever recorded. But the public health emergency eventually will end and the latest update is that it will end in October unless there's another extension which we all know is very possible. Once it ends, states will have up to a year to redetermine people's eligibility for Medicaid. Estimates show that roughly 15 million people including 7 million children will likely no longer be eligible for Medicaid once this happens. In the worst case scenario, this means that people will go uninsured and the outcome we all want to see is that people will transition to other coverage including through their marketplace. We all know that a related issue is the advocacy going on to extend the American rescue plan act subsidies that make coverage more affordable for people purchasing Marketplace coverage. All of the states on our panel today recently signed on to a letter with other marketplace directors asking Congress to extend those subsidies since they're set to expire at the end of the year. Without an extension people who are no longer eligible for Medicaid could face unaffordable premiums on the marketplace that make them less likely to enroll. We know how important these subsidies have been and appreciate the continued advocacy for their extension from partners across the country. This is all as you can imagine a big undertaking for states and one that we want to make sure is seamless for people to navigate. We know that states are working tirelessly to make that a reality from figuring out automated processes of enrollment to figuring out and developing targeted approaches to outreach. And we'll hear more from our speakers about their approaches shortly. First, though, I wanted to hand it over to Rob for opening remarks from the Softheon side before we hear from our talented list of our talented panelists and speakers,

05:41 ROB MILLER

Rob? Yes, thank you so much, Liz and welcome to our panelists here with us today. For those of you who don't know me, I'm Rob Miller. I'm the general manager of Softheon's Government Solutions team, I've had the awesome opportunity to be with Softheon for 15 years and be a major part of the implementation of ACA from, you know, legislation back in 2009 to today. This particular webinar is really near and dear to my heart because, you know, software, myself, and really a lot of the wonderful colleagues that I work with, you know, including at Softheon and our customers really believe in that mission to make healthcare affordable, accessible and plentiful, as we call it, right, very similar to USofCare as well. And I think the challenges that we wanted to talk today really hone in on that sort of accessibility of coverage and I think healthcare is really confusing. And I think while it may be at the top of our minds, every day, it's not necessarily the top of the minds of each consumer, they have certainly a lot more to worry about than trying to figure out this complex system. I'm really excited to talk about how the different states are approaching sort of the avalanche of Americans who may be dropped from Medicaid and what we can do to help maintain continuity coverage in either AC or really any other types of coverage that may be available to consumers. So for those of you who don't know Softheon just a quick plug for us. We're a vertically integrated solution that supports ACA, Medicaid and Medicare markets. Through our minor lines, microservices architecture, we have a lot of experience leading the ACA market, where we support both state based marketplaces, and a countless number of health

plans, including CVS, Aetna, Santee and AmeriHealth, and many different blues. In addition, we also support six states and eligibility determinations and program integrity. Our verify solution essentially acts as the glue between the MMS platforms and the outside data sources that support asset verification income, unemployment, checks, identity proofing incarceration, and a whole slew of other private and public data sources. Many states are asking us how we can assist them in the public health emergency wind down and find the most efficient way to keep those consumers enrolled in parallel to identifying those who are likely no longer eligible for Medicaid through these different data points and other social determinants of health. And I think sort of our work in the Medicaid and ACA space puts us in a unique position to try to help tie these two different things together. So as Liz mentioned, we're really excited for this conversation. And we definitely encourage our attendees to submit questions. And I guess without further ado, I will pass the virtual mic back to you, Liz to introduce our panelists, get us started.

08:36 LIZ HAGAN

Thanks, Rob. Our panelists can join now on video. So first, I'd like to introduce Chiqui Flowers, who's the administrator from the Oregon Health Insurance Marketplace, the state's health insurance exchange, Marissa Woltmann, who is the Senior Director of Policy and Applied Research at Massachusetts Health Connector, their states exchange, and Lindsay Lang, who's Director of HealthSource Rhode Island, Rhode Island's exchange. And lastly, we have JoshSchultz, who's a senior policy analyst at Softheon. So with that, I'd love to jump into our discussion. And I can kick us off. And As Rob mentioned, please, as the audience, please feel free to add questions into the chat box. We're going to have a really good discussion here, but save time for at the end to take audience questions, and we'd love to incorporate those. So I will first kick us off, and maybe just ask a sort of broad question that I think everyone is probably thinking, which is to tell us more about how you're approaching the public health emergency unwinding what initiatives or approaches you're putting into place to ensure a smooth transition and sort of what your key priorities are. And, Josh, we can start with you. Josh, I think you're on mute.

09:52 JOSH SCHULTZ

All right. Thanks, Liz. Glad to be here today. So I'll start one big challenge that we're seeing is finding and effectively using accurate contact information for Medicaid enrollees. We're seeing a lot of states concerned that they don't have correct contact information to start the Medicaid reassessment process. And this problem isn't exclusive for government agencies as we're seeing health plans carriers struggling with the same issue. Relocations reached a peak during COVID-19 and the continuous coverage requirement means that a lot of old information is now out of date. Similarly, with connections to credit bureaus and data providers, we're working to get the right information available to make sure that carriers and states are making the best use of their time. For example, we can identify if someone has moved to another state through our data partners. We also want to make sure to take steps to ensure a smooth transition for people who are leaving Medicaid coverage and moving to the marketplace. Timely, consistent and simple correspondence explaining member options is needed to prevent gaps in coverage. Another item is ongoing population oversight, something that states need to do more when somebody moves or goes into a you know moves to a different state, they shouldn't wait for the next quarter or next year after that happens to pursue a redetermination. That's for me.

11:29 LIZ HAGAN

Chiqui would love to hear how Oregon is approaching this and what some of your priorities are before moving on to the other speakers.

11:37 CHIQUI FLOWERS

Good, thanks Liz. So like what Josh said, one of our pre public health unwinding approaches right now and priorities is of course making sure that all our members have the correct contact information for them. So in Oregon, our estimate, we have 1.4 million Oregonians that will go through the Medicaid and Redeterminations process, most of them hopefully will go through the auto enrollment renewal process and that's where the current contact information will be very, very helpful. And then for the rest, there's about an estimate of about 300,000 Oregonians who will no longer be eligible for the Oregon Health Plan or Medicaid for us over here. All 300,000 of those, are they eligible for the marketplace? We don't know yet. So once we start the Medicaid and determinations process, of course, we'll find out who already has employer sponsored coverage and other types of coverage. And of course, in Oregon, we're trying to, we're going to use as much of the federal flexibilities that are available to us. So we're going to use the full 14 months to run through all the Medicaid determinations that we will need to do. So we'll divide the 1.4 million number divided by 12. And then use the rest of the time to make sure we transition folks as easily as we can. For those that need to transition out. In Oregon too, we are working towards developing a bridge health program. For those that are 138 to 200% of the federal poverty level, that is still very much in development. And while we are working towards that, we are also working towards an 1115 waiver, a temporary Medicaid waiver program so that we can keep folks in Medicaid as long as you can. And then hopefully by the time you have the bridge health care, bridge health care program up and running. And for those, of course that we need to transition over to marketplace, it will be a significant targeted outreach and education marketing enablement campaign.

13:33 LIZ HAGAN

And Marissa, can you speak a little bit to how Massachusetts is thinking about this?

13:38 MARISSA WOLTMANN

Sure, happy to. Thank you for having me today. So we're working really closely with our Medicaid colleagues, who are doing a lot of really fantastic work to prepare. And as the exchange, we're focusing on a few key areas. So we're looking at designing clear, consistent and effective messaging about the availability of affordable coverage for people who do transition off of Medicaid. We're working on making sure that we have the operational capacity for the volume that we would expect and looking at ways that we can reduce administrative barriers to coverage to help people in that transition process and make it as smooth as possible. So on the messaging front, we have recently conducted some focus groups to test out some messages and to hear from people, how they interpret what we're saying about what they need to do and how all that would work. And then once we get those findings, we'll use that information to create toolkits so that everyone's really, you know, singing from the same song sheet or so to speak, and that people are getting the same message no matter where they're coming from. On capacity. We're, of course working closely with our call center vendor and trying to increase the number of channels we have with text email, live chat and chat bot, and then working with our navigators and other consumer assisters and our health plans to make sure that everybody has the staff they need to be responsive. And then on the simplifying enrollment front, we've recently launched

an automatic enrollment feature for people who qualify for a \$0 plan under our state subsidy program. And we've done some things like widening the allowable variance between what someone says their income is, and the data we get back from our data sources. And we're thinking about things like special enrollment periods, and being able to extend those so that people have more time to make their decisions and transition into coverage. So that's it kind of in broad strokes, the big buckets that we're looking at.

15:39 LIZ HAGAN

Great. And last, but not least, Lindsey?

15:41 LINDSEY LANG

Sure. Thank you for having me. It's great to be here with my colleagues and to talk about this really important topic. In Rhode Island, we have been, we have been planning for this, as I'm sure all of all of us have for several months. Our key objectives include returning, of course to normal operations, minimizing the impact to customers as much as possible. And that consistent clear communication from start to finish. We are also concerned about capacity. And recognize that we really need to leverage all of our service channels to the greatest extent possible and where it's appropriate push consumers into those supportive channels. So in Rhode Island, we rolled out a mobile app during the pandemic, we're looking to add some functionality there to support consumers who need to upload a document or can check their status of their application or the verification of something that they're waiting on, we recognize that a lot of calls are driven by those that sort of, I'm just checking in, I want to make sure my document has been received, where is it in process. So we're trying to go sort of end to end in a lot of those processes and identify where we might be able to alleviate call volume, and offer other service channels like the mobile app. We are also hoping to use the mobile app to push out key messages. So just using that as another way to be touching people at the right time with the right call to action. And in timely ways, we're also likely to rely a little bit more on our web chat service, that's something we introduced in 2019 and I think the volumes quadrupled since then. It's a more efficient service channel for us, the length of time is reduced from your average call. So we think that's a great channel to rely on. And then we're also looking at how we can support folks coming off of Medicaid who are eligible on the exchange with our auto enrollment proposal. And we're going to target that at the lowest income enrollees who are going to be coming on to the exchange. And we can talk a little bit more about that as we get into it today. But yeah, just like my colleagues, really looking to have that clear, consistent uniform communication, and then disperse the volume as much as possible and be ready to support customers through this transition.

18:33 ROB MILLER

Thank you so much, Lindsay. So I had a question, maybe it's a little bit digging a little bit deeper into a little bit of what we just talked about. So, you know, we have the state based marketplaces, many of which have an integrated eligibility system like Massachusetts, Rhode Island, as well. And then we have states like Oregon, right. And it's more of a shared platform with healthcare.gov. Each system is, you know, fairly unique, which I suspect means that each state will be taking potentially different, you know, approaches to the ending of the public health emergency and Marissa spoke a little bit about this from an automation standpoint for the sort of like fully subsidized, you know, population. I'm curious if there's, you know, what other mechanisms there might be putting in place to facilitate that enrollment,

maybe even if it's a automated fashion like Marissa spoke to and to the ACA, either as you know, as a state based marketplace and I'm also really curious Chiqui on how that might work with the federal marketplace. And you know, CMS is helping you guys with some of that messaging as well. So maybe we'll start with you Chiqui if you don't mind.

19:42 CHIQUI FLOWERS

I do not mind at all. So as a state agency, the Oregon Health Insurance Marketplace is not able to enroll consumers directly or automatically roll people over to private coverage when losing Oregon Health Plan benefits to healthcare.gov. So the Oregon marketplace will be doing manual research, communication and outreach to consumers losing Medicaid benefits. We will be referring to local community partner organizations who and insurance agents, of course with such as Marketplace applications, and for local one on one assistance. So we are looking for various strategies where of course we will, we're not, we cannot crosswalk or directly map folks. But we can provide advice and what potential plans that could work best for them. So, for example, in local counties, the lowest cost silver plan, or maybe the cheapest, the cheapest plan in their area. And we're also looking to hopefully be able to, to map their providers from their Oregon health plan, plan, and to the nearest qualified health plan that has their provider, the favorite provider. So we're looking at various different ways, of course, to hopefully, the continuity of coverage will be there for the member and provide them that information that they will need to choose the best plan that fits their needs. And of course, we will also have a call center that will be available to help people understand, as I mentioned earlier, what options are available to them, and to refer to the local health coverage experts for assistance. So we are working with healthcare.gov, there's only so much we can do. They have their they'd have their enrollment and eligibility. And that's available for all the states using FFM. Using the FSM. And of course, our call center will be available as well. But we're also going to be providing local assistance, to those who need a little bit more aside from what healthcare.gov can offer to them.

21:29 ROB MILLER

That's great. Yeah, I think the local navigators, things like that can definitely play a big, big role here. Marissa, anything else you'd want to add? I really, I really love the way that you guys have done some of these things with, you know, with the state wrap program and things like that. What about the other folks what's Is there anything sort of innovative or sort of mechanisms in place to enroll those or is that going to be more about, you know, communicating that out and trying to give them as much information as they can to sort of take that step to come, you know, come to the exchange and, and potentially enroll.

22:05 MARISSA WOLTMANN

So I can jump in, in Rhode Island, I mentioned the auto enrollment proposal. So that is a concept where we would like to support folks rolling off of Medicaid who are eligible for exchange coverage, we do have an integrated eligibility system, which will enable that sort of smooth transition. But we're also talking about plan mapping them. So last year, as we were thinking ahead to how we can smooth this transition and reduce the impact to customers really take away that administrative burden and help with costs. What we came up with is the idea of mapping our consumers who are coming on to the exchange, we'll put them in the second lowest cost silver plan offered on the exchange and and pay for their first month's premium just to ensure that on day one that they don't have that Medicaid coverage,

they are effectuated on the exchange. And mentioned we're tailoring that to those 200% FPL. And below that works for a couple of reasons, namely that they're eligible their tax credit eligibility at that point is maximal. they're eligible for cost sharing reductions. It also makes sense in Rhode Island, because our majority share MCO carrier happens to also be our second lowest plan carrier for QHP. And so as we're thinking about, you know, that transition and how to keep things as consistent as possible, that was a real advantage of this proposal. Fortunately, our General Assembly did accept that proposal, they passed it as part of our fiscal 23 budget and actually increased the appropriation. So we may end up being in a position where we can offer that premium assistance for two or or maybe even more months. We're looking at that now. I think another thing that we can do as an IES, is leverage the data that we have available, we're going to be creating an integrated dashboard in Rhode Island. So that is, which is something we typically have but really trying to expand it to make sure that we have line of sight into, you know, who was passively renewed, taking folks who are auto enrolled as part of our proposal watching the retention over time. And then for folks who are over 200 SPL seeing who has come over to the exchange, maybe created an account and following them through the entire waterfall. So have they gone through eligibility determination? Have they gone through plan selection? Have they enrolled, you know, do they just need to make a payment and using that data to inform a really targeted out reach and communication strategy segmented at each phase along that waterfall effect. So that's that's something that **is** state really has working in its advantage.

25:14 ROB MILLER

That's great in that you have the sort of the sounds like the carrier, you know, buy in perhaps, as well. So that's really that's really great. Marissa, any other thoughts or comments before we maybe move to next question?

25:28 MARISSA WOLTMANN

The only thing that I think I'd add is our Medicaid agency took a look to see how many households had online accounts to engage in self service. And they found that it was far more likely that a QHP household within our system or even a household that was a mixed QHP and Medicaid household, have one of these online accounts relative to Medicaid only households. And so they've been working to get the word out about this opportunity for people and just show them how they can link their existing application with their email to be able to login and manage their information on their own, which I think lets people take advantage of a lot of these really nice streamlined self service opportunities that we've been working on designing. And so I think that that is challenging work, but definitely worthwhile work to help people take advantage of everything we can offer.

26:21 LIZ HAGAN

Great, and maybe this is a level deeper on some of these. I think this has been really helpful even hearing some of what you're saying about the number of people with online apps, for example. What are some other lessons learned from the public health emergency sort of coverage protections? And what does that mean for how your state might be thinking about future coverage, future coverage expansions and that sort of thing? I think one thing that's very evident, as I mentioned at the outset is, you know, the uninsured rate is incredibly low. And that's a great thing. And I think something that we all here really want to see continued. But what are some of the things that some lessons learned from your

state that you've learned over the past few years, and we can just open it up for whoever has whoever has the best idea.

27:11 LINDSAY LANG

I don't know if this is the best idea. But I know it's, you know, it's already emerged as a theme. And it was certainly in our thinking behind the auto enrollment proposal in Rhode Island, which is, you know, if you factor in for cost, and you factor in for lowering the administrative burden, you know, underneath that people do want to be covered. And if you can plan for those things and reduce that burden, people will get and stay covered. In Rhode Island, we just completed our biannual health insurance survey. And for the first time in Rhode Island, we've dipped below 3% uninsured rate. So we can see that, you know, the evidence is there, that when you make it easier for people, and you make it truly accessible, you know, you can get there.

28:07 MARISSA WOLTMANN

I totally agree with that. And to that end, we recently put forward a request for responses to find a vendor to help us conduct an administrative burdens audit, and take a really close look at our eligibility and enrollment processes to understand best practices from from our peers and other states or private industry, as well as opportunities of flexibility that are maybe available through the federal rules that we haven't yet taken advantage of. But could in order to help kind of smooth that transition process from eligibility to enrollment as much as possible, because I think we've seen that too. You know, when you take away these administrative requirements, it just makes it so much easier for people to get and keep their coverage.

28:56 CHIQUI FLOWERS

If I can third that motion. In Oregon our uninsured rate went from 93% to 96%. So between the exchange audit enrollment function, and the continuous coverage for Medicaid, it really goes to show right if you're happy with your health insurance coverage, if you can stay on that and has a higher likelihood folks will stay covered. So between that and I believe our Medicaid program, I apologize, I don't know the specifics of this. There are certain verifications that they allowed verbal application for. So I think that's truly helpful. Lowering the administrative burden, especially for those or for underserved populations who may not have access to their documents easily or easily able to transmit this documents to us. So after that, of course, the other learning is of course making sure that we have up to date information and update that hopefully every few months, or even an annual basis. So that you know not to go to for a very long period of time without having their their most current information because we always try but again, lower, hopefully finding a way to lower the burden to up dates are in their email addresses their cell phones, their cell phone numbers and mailing addresses, especially if it's a very transient population. So, again, to Marissa's point to lower the issue of administrative burden to sign up and stay in coverage through the Oregon health plan or exchange.

30:17 ROB MILLER

Yeah, thanks, Chiqui. That's definitely a challenge I think a lot of states are having I know, that's why we've often been asked, you know, we connect to a lot of the larger, you know, credit bureaus, Equifax, TransUnion, you know, LexisNexis, good partner of ours too. And the data is out there, I think the challenge is obviously getting the right data and the most accurate data to help that process so that you

don't put a lot of that burden on the actual consumer, like I said, who's probably healthcare getting coverage is probably not their number one challenge that they're thinking of at the moment. So thanks for that feedback. So I'm curious if any of our panelists have seen any surprising trends during the pandemic, or maybe some interesting innovations that took off over the last couple of years, or even maybe we expected over the next couple of years in terms of keeping people you know, covered or helping to drive down those costs. Like Liz said, I'll open it up for anybody that wants to jump in.

31:22 JOSH SCHULTZ

I can jump in. Obviously, the one trend that we're seeing right now is that health plans cost much less thanks to the AARP subsidy enhancements, many more people can find an affordable plan than before the AARP subsidies went into effect and hopefully these will be extended and continue into the 2023 plan year. I know that we all feel that way. Another trend that we're looking at is states adopting state based marketplaces, such as Maine and Virginia. And then finally, another trend we're seeing is carriers doing more with member data to improve enrollment and retention rates, identifying members in need of an intervention and identifying subgroups, allowing people to have a customized approach to outreach to address members. Those are a couple things that we've seen.

32:21 LINDSAY LANG

Yeah, and Josh just building on that first point that you made, I think, at the SBM level, what we're also seeing is not just greater affordability in terms of premium, but also in terms of out of pocket expenses, as folks have realized that with that additional subsidization, they're able to migrate up to a gold plan, a platinum plan, and then benefit from greater protections in terms of those out of pocket expenses. In Rhode Island, we saw the gold, our gold enrollment increased by about 16%. And our Platinum enrollment, which admittedly was relatively low, doubled from previous levels. So we saw that consumers were not just getting and staying covered with that additional assistance, but learning that they could buy into greater protection.

33:16 JOSH SCHULTZ

Excellent. That's interesting that you guys had a platinum carrier too.

33:31 CHIQUI FLOWERS

Now, in Oregon, what was very surprising for us over in the exchange was that our enrollment increased year over year during the pandemic years, if you will, even with the continuous coverage and Medicaid. So it really showed for us numbers wise that so that we're going into valuing health insurance. And that was reinforced by the recent focus group discussions we did that, we're going to know why they need health insurance and value health insurance. It's a matter of how right how to how to get it, how to get the best price, what's the best plan for them? So I think the why health insurance question is no longer the main topic for us, it's the how and the cost. And as you know, like, how to get it, how to get into it and really maximize the benefits that you get from whether you're in Medicaid or the exchange plan. I think the other trend that I love seeing is of course, we had to change our outreach and education and enrollment systems tactics, right. We used to be a lot more in person work, pre pandemic years. And then during the pandemic years, we rapidly had to switch to a virtual environment. We were a little worried, of course, that that would take some time for our consumers, our customers to adapt to. But fortunately, that was not the case. So I think that was another surprising trend, if you will

or practice that folks. Well, of course, maybe they didn't have a choice, but they also still valued local assistance whether they got it in person originally.

35:01 MARISSA WOLTMANN

One trend that we've been really excited to see throughout the course of the last few years is the implementation of state subsidy level programs at the state level in a variety of states. So we've had a long standing state subsidy program. But it's been really great to see the creative approaches, other states are taking both kind of broad based as well as targeted some of the work Maryland's done on young adults or Washington on childcare workers. But everybody has been doing a lot of really innovative thinking in that space to make coverage more affordable for people who need it.

35:35 ROB MILLER

That's awesome. And so And actually, quick, I'll just note, we're seeing some great questions come in, please keep them coming. We'd love to use the time at the end, to cover some of them. So just a quick, quick shout out there. I sort of mentioned this a little bit at the top. But, you know, I think all of us would agree that healthcare is pretty confusing. And I think we're all working on trying to make that easier for consumers. And we don't many, I would think many Medicaid enrollees are probably not even aware of the public health emergency, the fact that it might end as soon as October again, we breathe this stuff every single day so it's always top of mind. But we know there's different communications that come from, you know, from the Medicaid agencies, the exchanges, which I think may even lead to further, you know, confusion. So I was curious for how how folks are thinking about sort of outreach and enrollment. I think Chiqui mentioned just a little bit, Do you see a role for other stakeholders, like community organizer organizations, or even health plans or even, you know, private entities, like Softheon, to help make sure that consumers are educated and stay, you know, enrolled in coverage? So she can maybe I'll start with you, since you've mentioned a little bit about the navigators, which I think is interesting. Maybe we can talk a little bit more about that.

36:52 CHIQUI FLOWERS

Sure. So as it relates to the public health emergency unwinding and are, we partner with communities, organizations that truly have deep roots go to the community, and our partnership with them isn't just like during open enrollment season, it's year round, we share information with them as often as we can, we have regular touch bases, so that they know information as we know them, right. So it's, they have real time information that they can act on it. And we're out in the field a lot, really working with the partners, you really need to see where they're at giving them information, whether it's a public health emergency unwinding, a special enrollment period maybe they need to be eligible for, even Cobra versus Marketplace coverage if you lose your job. So we cover a variety of different topics that we're never not in the field, whether in person or virtually, if you will. So as we head towards a public health emergency unwinding, of course, we will be sharing grants as well, to our insurance agents and community partners. So that they have the resources they need to really enroll folks and many, as many as it gets at any given time. But 1.4 million Oregonians is a lot of people that we will need to work with. So I think that's high level of what we're trying to do. Aside from of course, targeted advertising in different languages, educational materials, school flyers, so we send out backpack mailers, think of anything and everything we do the best that we can to reach the community where they're at. I knew I

could go on and on about outreach and education with this is a very special passion of mine. But let me stop there and let me see if I was responsive to your question.

38:35 ROB MILLER

Yeah, no, absolutely. And I think yeah, to your point, I mean, anybody that's willing to help, you know, with the mission and the cause, right, if we can bring them into the fold. And like you said, it's great that you guys are even providing grants, because that helps, you know, sort of cover some of the expenses they might sort of incur. So that's, that's really, that's really great. Marissa, I know you guys are doing a lot of really interesting things, too. I mean, even outside of public health emergency this is I know, it's always a sort of a big thing that the connector is doing, you know, driving that, that and the uninsured rate in Massachusetts is has been amazing, for many years. But any other thoughts on the same question?

39:12 MARISSA WOLTMANN

Yeah, so our state legislature awarded a local advocacy organization Health Care for All \$5 million in ARPA funding to conduct an outreach campaign related to the end of the public health emergency. And so we've been working closely with them and with our Medicaid agency, to coordinate our efforts and resources to have a maximum impact kind of playing to everybody's strengths, but looking at doing a door knocking campaign with that money, and then they would also be looking at doing some targeted media buys. We've had really great success as an exchange in past years, working very closely with particular communities in different regions of the states and finding that kind of trusted community partner or media outlet that reaches out lot of people who need to hear our message in in the language that they need to hear it in from from a trusted delivery source that they would rely on. So we'll definitely be reprising that strategy in conjunction with our Health Care for All and Medicaid partners, which is really exciting.

40:20 ROB MILLER

That's great. And Lindsey, any other any thoughts here? I know you guys are doing some really great sort of innovative ideas. It's probably in line too. But anything else you'd like to add to that?

40:30 LINDSAY LANG

Yeah, I think pretty similar themes in Rhode Island, we have our Medicaid agency also was able to request some communications money to make sure that we can really have that broad base messaging earned media. Having a presence in all of our neighborhoods, we're going to be doing outreach with our municipal leaders, our legislators, Rhode Island is a small state, we have 39 towns and communities. So it is very achievable for us to have a presence in every community through those channels, as well as our navigator awardees. And then continuing our virtual town halls, Chiqui mentioned that as a really successful way to stay connected and accessible during the pandemic. And I think that's something that will continue into the future, just as we think about ways to be just universally accessible to customers who are used to dealing with us and those who are less so and need a hand in understanding their options.

41:38 LIZ HAGAN

Great, I think we have maybe one more question before going to the audience questions. And I encourage you all listening in to continue adding questions, which I hope we have time to get to all of them. So in thinking I think and Rob, you said this, while this is I think an all hands on deck situation where I think we all can play a role in making sure that people are aware of their options or aware of what's kind of coming for them and where they can go for help. For what advice do you have for those of us listening or for how advocates, stakeholders, or really any partner can constructively sort of help your efforts in what you're doing. I think a lot of the outreach and education certainly comes to mind. But what other things can we be thinking about in this space to help make sure that people can keep covered?

42:32 CHIQUI FLOWERS

I'll jump in. Of course, if we lose the American Rescue Plan Act provisions that will dramatically impact the monthly premium costs for the people enrolled to the marketplace or even potentially eligible moving away from work and health plan. I know I'm preaching to the choir, but losing that will, I am running out of the right adjectives, and we've tried different adjectives to best describe the potential it can be catastrophic, really it could be. That's a lot of health, financial health that Americans have been able to access. And we already know that healthcare is confusing healthcare is expensive. It is. It is an administrative burden, right? If you can't afford it quote, unquote, it's a burden, if you can't afford the monthly premiums, in your list of priorities, and we're going to especially might not value health insurance, in terms of the prioritization of the things we need to pay for on a monthly basis. So that's kind of top of mind for me.

43:36 LINDSAY LANG

Yeah, I will just echo that. Without that assistance. It's an entirely different ball game for anyone and everyone who cares about keeping people connected to health coverage. I think it's also really important to continue these conversations about how to support churn, how we can continue to support the pathway from Medicaid to the exchange, and vice versa. It's definitely a two way street. It's not something that I think anyone has really solved for, definitively. And so if we can keep these types of conversations going and these innovations so that beyond the unwinding, we do have an improved pathway and support for folks who come back and forth between the two programs. I think, you know, partners can definitely be communicating broad messages about updating contact information and making sure that your state knows how to share important information about staying covered with you watch the mail for important information, those types of like high level messages will be really helpful once your state exchange and your Medicaid program are ready to start communicating. And I think something that we haven't had to think about in a while is just continuing to raise the overall profile of the marketplaces within the state being something that we're a little concerned about in Rhode Island is how familiar Medicaid enrollees may or may not be with the exchange as an option that is applicable to them, and that it is literally more affordable than it has ever been before. And that, you know, perhaps if they looked before, and didn't feel like it was accessible, they should look again. And again, that's contingent upon those enhanced subsidies remaining in place, but continuing to get out the message that there is a marketplace, and that there are affordable options and that you are likely eligible for them will be really helpful.

45:36 MARISSA WOLTMANN

Yep, definitely a third for continued ARP subsidies. And also, it's always a great time to update your application, whether it's just contact information or a job change. Having the latest and greatest information available in your application, I think is really essential to smoothing the process of renewal once it does begin. And so there's no really, you know, you don't have to wait for that renewal to come in the mail going in and making those updates either through cell service or calling. And just making sure that everything is squared away as much as it can be right now is really, really helpful.

46:17 JOSH SCHULTZ

I just wanted to add that there are throughout this whole Medicaid unwinding process. There are also private vendors like Softheon that are can and are willing to help with, you know, the process of connecting former Medicaid enrollees to exchange coverage in a context where there is a role available to be played. And so we are very happy to potentially play that role, and are eager to continue to communicate with everyone about that. Thank you.

46:50 LIZ HAGAN

Great, and I am seeing a lot of really good questions. So I'm going to try to, in real time, prioritize which ones we want to get to. We actually got a couple of questions that kind of fit into some buckets. So I tried to combine some of them. We got a question about the focus groups and messaging, Marissa, that you mentioned, taking place in Massachusetts. And I think that question actually came in before Chiqui, you mentioned that you also did some messaging research in Oregon, I think people are very interested in seeing this, in particular, for states that might not have the same resources to be able to do that themselves. And I also know that states have to tailor the messages to what works for their state, but there's probably some common themes. Are those things that will be publicly available or something that will be out for other states to utilize?

47:38 MARISSA WOLTMANN

So I definitely want to talk to my marketing colleagues about what form that might take. But you know, I'm sure we'll be reporting out to our board of directors on our strategy, and it will be informed by that. And if other people haven't seen it, there's some great information on the [medicaid.gov/UNwinding](https://www.medicaid.gov/UNwinding) site related to some messaging work that they've done. That could be informative more broadly and kind of available right now.

48:07 LIZ HAGAN

And Chiqui, do you happen to know that something? Oh, go ahead.

48:13 CHIQUI FLOWERS

Possibly, I just don't know the timing yet. So we just ended this focus group discussion, like over the weekend. So I don't know what format that will take, we will definitely be sharing that with our health insurance marketplace Advisory Committee right before open enrollment season starts. So of course, anything we share with our advisory committee is also shared with the public. I'm happy to share those links when I have them. And of course, our public health emergency messaging will also be available to our Medicaid determinations website once that's available, as well.

48:46 LIZ HAGAN

Great, thank you. And we can, we can be monitoring to see if those are coming out and share them out with our networks as well. So another kind of group of questions we got was related to I think drilling a level deeper on some of the processes connecting people to the marketplace, in particular affordable Marketplace coverage. So we got a couple of questions about really ensuring that people like what you all can do as states to ensure people are not just transitioned to the marketplace, which we know is going to come with challenges in terms of not really understanding who the marketplace is necessarily, not being sure about next steps. But can we talk a little bit more about ways to connect people to affordable coverage on the state on the exchange, I think there was some mention of auto enrollment, particularly for certain groups of people, but also I think there's an opportunity for maybe if we're not doing targeted auto enrollment, that there's ways to do messaging to elevate sort of different kinds of plan options, sharing about the differences between premiums and deductible so people really know what kind of decision they're making. So can we talk a little bit more about some of those processes to connect people to affordable coverage on the exchange

50:03 LINDSAY LANG

So in Rhode Island, in addition to the auto enrollment program for folks who are over 200%, we wanted to make sure that we are, you know, integrating our messaging with Medicaid. So we'll be using every opportunity that we can to be sharing one another's messages, whether that's through the HSI call center, which serves both Medicaid and QhP enrollees, you know, using things like our hold message or outbound calls, but then also as Medicaid is communicating throughout the unwinding, making sure that when somebody is being terminated from the Medicaid program, there is a message about the availability of high quality, affordable coverage through the exchange, the best channels for reaching out to the exchange, you know, making sure to hit home that there is affordability assistance, to just create that sort of awareness bridge over to the exchange. And I think you're absolutely right, making sure that we sort of reengage and re energize all of our partners, all of our call reps, all of our navigators around, the differences between Medicaid coverage and exchange coverage will be really important, not just with respect to coinsurance, deductibles, premiums, but how the relationship is different to we communicate slightly in a different way, or might use different strategies, there's a monthly premium, there's different ways to make your premium payment. There's reconciliation, right, so we kind of need to make sure we're also getting back to basics with some of that outreach and education.

51:54 CHIQUI FLOWERS

So in Oregon, we have a No Wrong Door policy when it comes to our community partners or community organizations. So if you are a community partner, and that navigator assister, who maybe specializes in Medicaid only, we ask and actually require before you get certified in the state, that you also take some form of marketplace training, and then vice versa. So that you know the consumer that and that and really whoever, wherever they go to, they will have some form of information, whether it's Medicaid, or exchange, for example, if the committee partner isn't as well versed in a specific topic, they have a partner already kind of arranged like hey, so I'm not as good at with marketplace enrollment, I can recommend you to the nearest upcoming partner in your area. So that's one thing that we're definitely doing aside from, like what Lindsey had mentioned in her state, we also partnered very closely with our Medicaid partners for communications, streamlining and thinking up, if you will.

52:56 MARISSA WOLTMANN

Our shared Eligibility Application is a great asset here. And it's actually our website is the exchanges website. So our Medicaid members are pretty familiar with us as an entity. One other thing that I would highlight is that we developed a what we call the get an estimate tool that would show the cost that somebody would pay in premiums with ADCs and state subsidies applied, so that if somebody was with a consumer assistant, and said, Gee, I don't think I could afford that, you know, it only takes 30 seconds, and you could get a really good ballpark estimate of how much health insurance would actually cost for you and then see what those plan designs looks like. So people will obviously see those tailored to their actual circumstances in their own account. But it is a nice tool to let people know that affordable coverage is available. And here's what it could actually look like for you. And I think that tangible example, is really effective in helping people who are on the fence about enrolling.

53:58 LIZ HAGAN

Great, I think we might have time for maybe one more question. So I'm going to try to do maybe a quick question, which is for those of you at the marketplaces. Are you aware of any other? I think, Lindsey, you mentioned that there's a new mobile app that has been really helpful for people to use and check the status of their eligibility. Are there other other states that you're aware of that have similar mobile apps that can make this a little easier? And I think there's also a question about how to engage stakeholders to help with helping people update their contact information. I think the mobile resources could be one really helpful tool for people out in the field to kind of be doing that on behalf of others. So if we can do maybe lightning round on that answer.

54:52 LINDSAY LANG

I am aware that there are other states with mobile apps. I think they vary in terms of the extent of functionality. So in some states, you're seeing there's full functionality of a customer portal available through the mobile app, others do sort of basic level of demographic updates, and then sort of transition you over to a mobile optimized application. So I think it really varies at this point across the country. I

55:24 LIZ HAGAN

Definitely think Marissa, you mentioned that how many people use, you know, the online app versus other systems, I think it's really important to sort of lift under the hood, and also to see where the who's using the apps, and if there's a way to leverage that more, knowing that a lot of people are using Internet almost exclusively on their phones, and that sort of thing. So Rob, I want to give you a chance to sort of offer some closing remarks. But I want to say thank you to all of the panelists. This was a really robust and really good discussion. And I'm so appreciative that you were able to share some of those insights and perspectives. And I'll give Rob maybe the last word before closing us out.

56:01 ROB MILLER

Yeah, thanks, Liz. You know, I would say personally, I'm, I'm happy to see the country move beyond, you know, the public health emergency. And I guess what you can probably call the new new, new, new normal, right, we always use that term quite often. But I think we still need to be careful. And it's definitely still, you know, a scary thought, right, this whole very complex process that we're going to go through, I think there's a real opportunity for leaders, you know, such as those on this call to help drive change and innovation so that we can help the millions of Americans, I think that will be affected over

the next six to 12 months, or even longer. This problem is obviously very complex, very unique. But I think it presents an opportunity not to just help, you know, so many people, hopefully in the short term, but also put in maybe some of these technologies and processes and tools that can be utilized from here on out as well, right. Especially sort of that bi directional nature, right, this is not a problem that's going to necessarily go away. So with that said, I just wanted to take a moment to thank all of our panelists, the USofCare team for putting this together, providing their valuable insights to the topic. I know myself and Josh, and I'm sure everybody else on this panel are always available and eager to speak. We had a lot more questions that we did, we could certainly reach out and talk to on one on one on this particular topic. And I guess maybe my last plug, Liz, if that's okay, for Softhen, we're going to be at the MUSC conference next month for anybody that might be traveling to Charlotte, mid August. I know this topic in particular, as it was even last year, is definitely going to be a central theme for much of that conference. So we're excited to sort of continue that conversation. I'll pass it back to you Liz.

57:38 LIZ HAGAN

Thank you so much for participating in this conversation. For those of you in the audience and to our panelists I just want to reiterate what Rob said you all are making this really problematic situation, I think a lot easier for the people who are affected and you're really one of the you know, thinking about this in a really innovative way. And it's clear that you're prioritizing the needs of people and I so appreciate you both doing that work and also sharing that so that others in this space can hear about ideas for what they can incorporate in their state. So thank you so much, everyone and have a nice morning and afternoon depending on where you are in the country.