

RESULTS

the power to end poverty

RESULTS U.S. Poverty National Webinar – March 2017

Protecting Medicaid and Using this Moment to Grow our Movement

Login online at: <http://fuze.me/32255914> or dial (201) 479-4595, Meeting ID: 32255914#

Expert on Poverty Stephen Blobaum



RESULTS Des Moines

Welcome from Joanne Carter Executive Director, RESULTS



First 100 Days Campaign

- **25 face-to-face meetings** with members of Congress where U.S. poverty issues were discussed
- **47 meetings with congressional staff** where U.S. poverty issues were discussed
- **14 outreach meetings** and events by U.S. Poverty groups
- **93 media pieces in 33 different states** (plus 3 nationally and 1 in Guam) discussing U.S. poverty issues



#First100days

#RESULTS100

RESULTS U.S. Poverty National Webinar

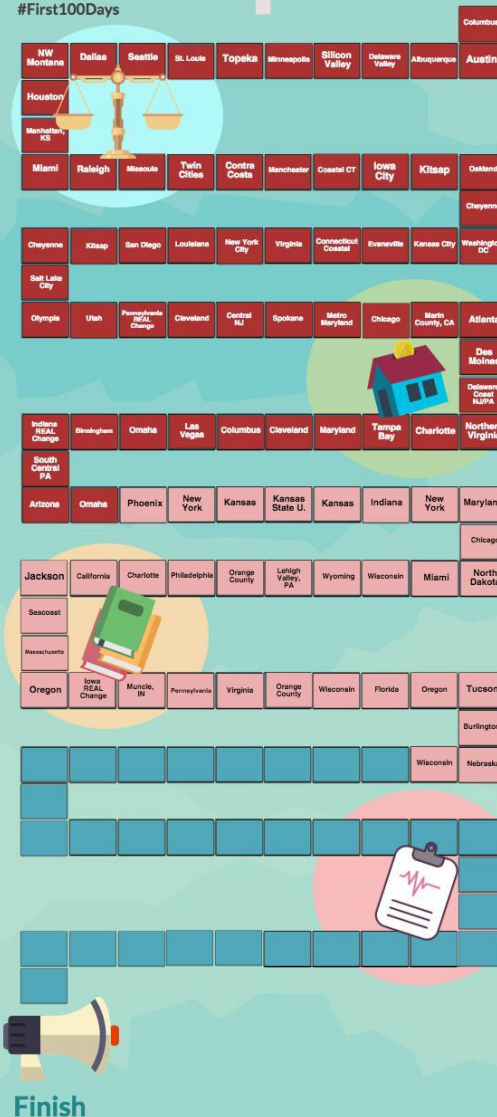
First
100
Days

MEETING SCHEDULED
MEETING HELD

Advocacy
Avenue

#RESULTS100
#First100Days

Start



How Your Advocacy Matters

The Advocacy Triangle



Celebrities and
Power Brokers



Deeply Engaged
Constituent Advocates



Mass
Mobilization

Meredith Dodson

Director of U.S. Poverty Campaigns



E-mail: mdodson@results.org

Guest Speaker: Tricia Brooks

Georgetown Center for Children and Families

- Senior Fellow at the Center for Children and Families and an Associate Research Professor at the Georgetown University McCourt School of Public Policy.
- Works on policy and implementation issues affecting coverage for children and families in Medicaid, Children's Health Insurance Program (CHIP), and the health insurance marketplaces.
- Co-author of an annual 50-state study on Medicaid and CHIP eligibility and enrollment policies
- Prior to joining CCF, served as CHIP director in New Hampshire for 15 years.
- Served as a technical expert for Maximizing Enrollment, a state learning collaborative; the CMS Express Lane Eligibility Technical Advisory Group; and the Consumer Experience Survey Technical Expert Panel.
- National Advisory Board member for the Ford Foundation's Work Support Strategies.
- Holds Master of Business Administration from Suffolk University.





Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

A Review of Medicaid and An Update on the Federal Policy Landscape

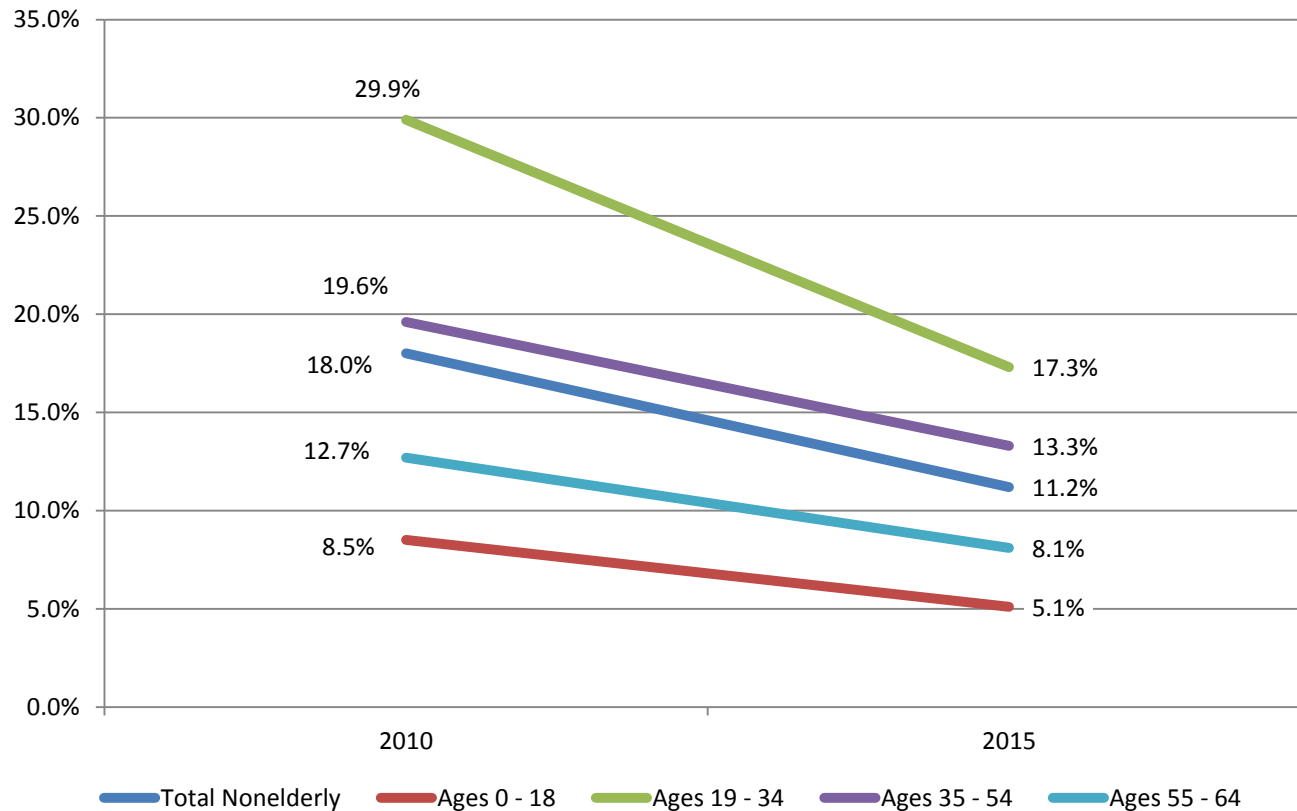
Tricia Brooks
RESULTS Webinar
3-11-17

What Does Medicaid Do, and how did the ACA expand Medicaid?



Medicaid from 30,000 feet

The ACA and Medicaid has driven uninsured rates to all time lows.



Medicaid: Background

- Enacted in 1965 as companion legislation to Medicare
- Initially focused on:
 - Single parents with dependent children
 - Aged, blind, disabled
 - Expansions of eligible groups over time
- Permanently authorized with guaranteed federal funding to states
- Guaranteed coverage for eligible individuals
- Minimum mandatory requirements with state options

Medicaid: Federal-State Partnership

	Federal Government		States
Administration	Oversight		Direct administration
Financing	Pays 50% to 83% of benefit costs, with no cap 50% of administrative costs		Pays non-federal share of cost
Program Rules	Minimum standards:		<ul style="list-style-type: none"> • Delivery system • Optional services • Provider payment rates • Cost-sharing
	Children: <ul style="list-style-type: none"> • Strong benefits (EPSDT) • No cost-sharing <150% FPL 	Adults: <ul style="list-style-type: none"> • Mandatory and optional services • No premiums under 100% FPL 	
Coverage Guarantee	Guaranteed enrollment, if eligible		Cannot freeze or cap enrollment

Who's Covered?



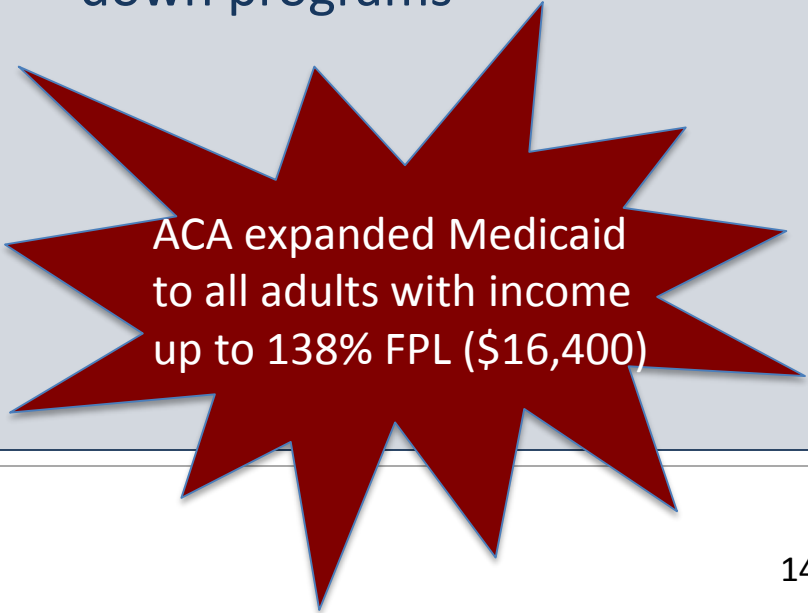
Medicaid Eligibility Based on Income

Minimum Standards

- Children 0-18 with income up to 133% FPL (\$26,800/3 in family)
- Infants born to women covered by Medicaid under pregnant women's coverage
 - Deemed newborns
- Parents/Caretakers at state eligibility level in place at time of welfare reform in 1996
 - Known as 1931 parents
 - Median income ~ 41% FPL

Optional Coverage

- Children ages 19 and 20
- Children with income above 133% FPL
- Medically needy or spend down programs



ACA expanded Medicaid to all adults with income up to 138% FPL (\$16,400)

Other Criteria for Medicaid Eligibility



Poor Seniors

Most are also enrolled
in Medicare

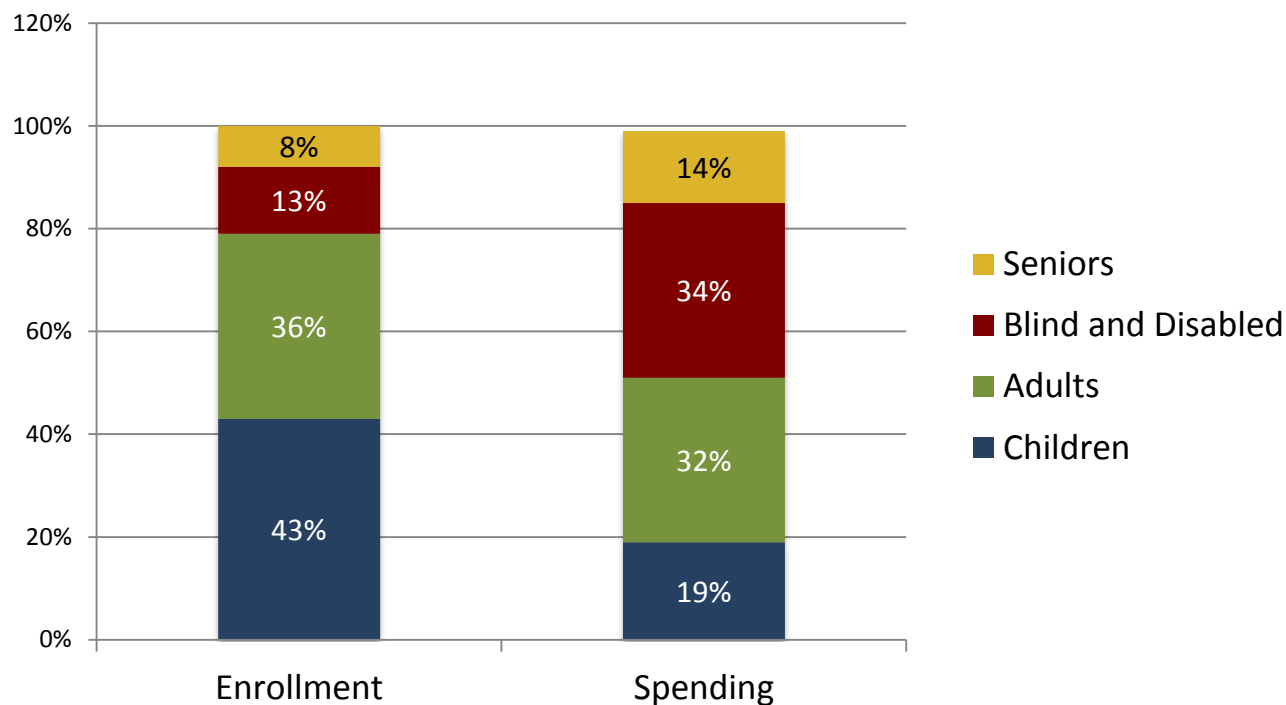


Disabled

Children and Adults

About 40% are also
enrolled in Medicare

Enrollment and Spending by Group



More than 72 million Americans rely on Medicaid to access affordable health care.

Benefits

Required

- Comprehensive benefits to meet needs of children
- Adults
 - Inpatient Hospital
 - Outpatient Hospital
 - Physician Services
 - Family Planning
 - Home Health Services
 - Lab, X-ray
 - Nursing facilities

Optional for Adults

- Prescribed drugs
- Dental and vision care
- Therapies (i.e. physical)
- Inpatient psychiatric hospital
- Other



Premiums and Cost-Sharing



**Total premiums and cost-sharing limited to aggregate
5% of family income cap for all members enrolled.
Applies to all groups in Medicaid and CHIP.**

Premiums and Cost-Sharing in Medicaid

Premiums	Cost-Sharing
<ul style="list-style-type: none">• Children<ul style="list-style-type: none">– None below 150% FPL• Adults<ul style="list-style-type: none">– None below 150% FPL (without waiver)	<ul style="list-style-type: none">• Children<ul style="list-style-type: none">– None below 133% FPL– None for preventive care• Adults<ul style="list-style-type: none">– Nominal below 100% FPL– Twice nominal 100% – 150% FPL– None for family planning, emergency, pregnancy-related services

Maximum Allowable Medicaid Cost-Sharing Varies by Income

	< 100% FPL	> 100% – 150% FPL	>150% FPL
Outpatient Services	\$4	10% of what state pays	20% of what state pays
Non-Emergency ER	\$8	\$8	No limit
Prescription Drugs	Preferred: \$4 Non-Preferred: \$8	Preferred: \$4 Non-Preferred: \$8	Preferred: \$4 Non-Preferred: 20% of what state pays
Inpatient Services	\$75 per stay	10% of total cost state pays*	20% of total cost state pays*

Up to 5% aggregate cap.

Medicaid Financing

- The federal government matches state spending on an open-ended basis.

Federal Medical Assistance Percentage (FMAP)

Formula based on per capita income, recalculated annually

$$1 - (0.45 \times (\text{state per capita income} \div \text{U.S. per capita income}))$$

	Statutory Rates	2017 FMAP Rates
Minimum	50%	50%
Maximum	83%	74.6%
Ohio		62.8%

What do we know about the American Health Care Plan (aka ObamaCare Repeal and Replacement Plan)?



The Latest News from Capitol Hill



- ObamaCare repeal and replacement plan released
- Goes beyond GOP campaign promises
- Threatens the future of Medicaid beyond the newly eligible adult population

The American Health Care Act

AHCA Marketplace Provisions

- Eliminates individual and employer mandates
- Repeals all taxes used to fund assistance
- Limited tax credits
 - \$2,000 - \$4,000
 - Based on age only, not income
- No cost-sharing reductions
- Allows insurance companies to charge older Americans up to 5 times more
- 30% surcharge for a year to buy insurance if uninsured more than 63 days
- Restores DSH payments after 2019

AHCA Other Provisions

- Eliminates prevention and public health fund
- Defunds Planned Parenthood or other clinics that provide abortion services
- Eliminates Medicaid retroactive coverage
- Eliminates hospital presumptive eligibility
- Eliminates federal match during reasonable opportunity period to prove eligibility

Medicaid Expansion Will Wither on the Vine

- Phases out Medicaid adult expansion
 - Beneficiaries enrolled on 12/31/2019 with no more than a 1 month break in coverage continue with enhanced Federal match (95%, phasing down to 90% in 2020 and beyond)
 - New enrollees after January 1, 2020 only get regular Federal match (63%)
- Requires 6 month renewals for expansion adults

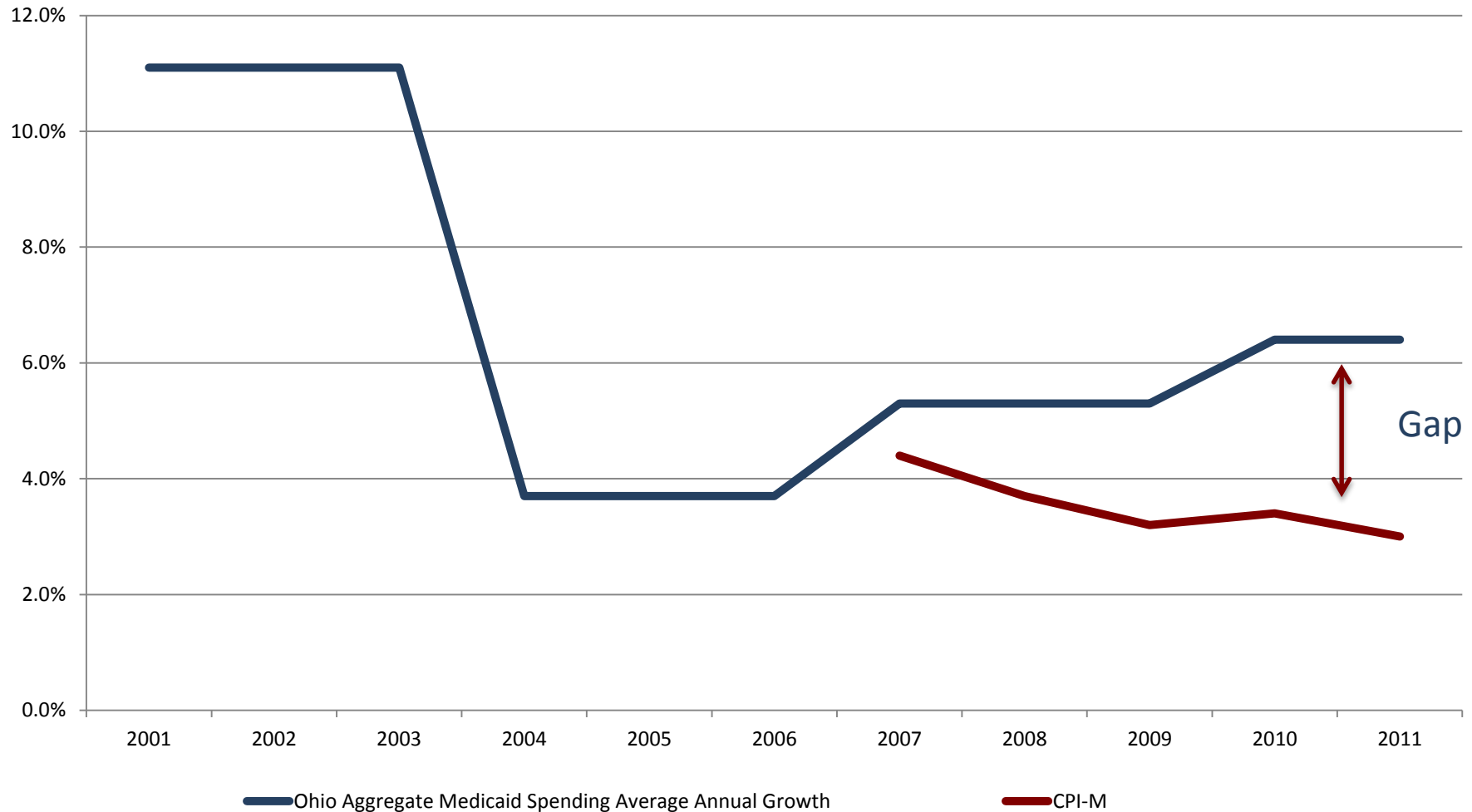


AHCA Medicaid Restructuring

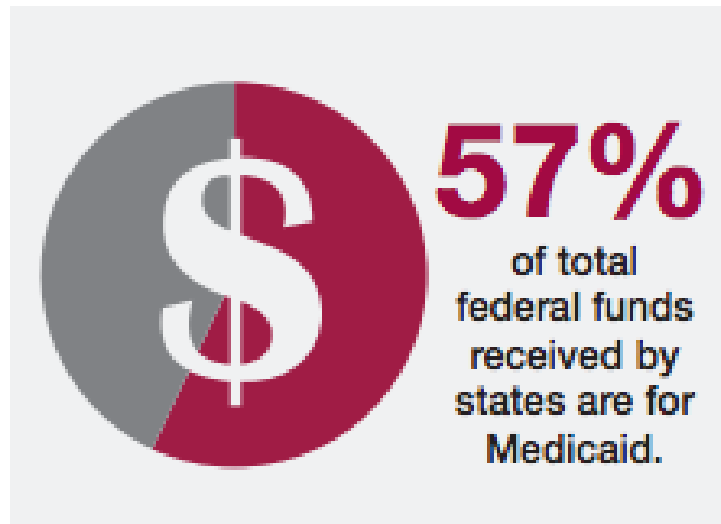
- Sets target aggregate federal cap based on enrollment x per capita caps for specific eligibility groups
 - Children
 - Non-expansion adults
 - Expansion adults
 - Blind and disabled
 - Seniors (dual eligibles)
- Trended by Consumer Price Index-Medical Component
- If state spending exceeds the cap, federal payments will be reduced in following year



FOR EXAMPLE: OH Child Medicaid Spending Growth vs. CPI-M



Medicaid is the Largest Source of Federal Funds to States



What choices would states have if caps are imposed on Medicaid?

**Boost State
Spending**



**Impose more
red tape to
suppress
enrollment and
retention**



**Close or cap
enrollment**



**Reduce
Eligibility**

**Cut
Benefits**



**Lower
Reimbursement
for Providers**



**Increase
Enrollee
Costs**



What Can Advocates Do?



Making the Case

Marketplace Changes

- Loss of coverage for millions
- Spikes in private health insurance costs
- Increases costs for older Americans (5:1 vs. 3:1)

Other Changes

- Defunds Planned Parenthood
- Eliminates Prevention and Public Health

Medicaid Cuts

- Loss of coverage for millions
- Harm to seniors, people with disabilities, and children
- Hurts family's economic security and increases likelihood of medical debt
- Shifts costs to the states and hurts state budgets
- Leaves states in the lurch to meet changing health needs of the state

Tactics

- Social media
- Rallies, town halls
- Op-eds, LTEs
- Blogs
- Let your elected officials know the importance of ACA and Medicaid to individuals and families

Resources

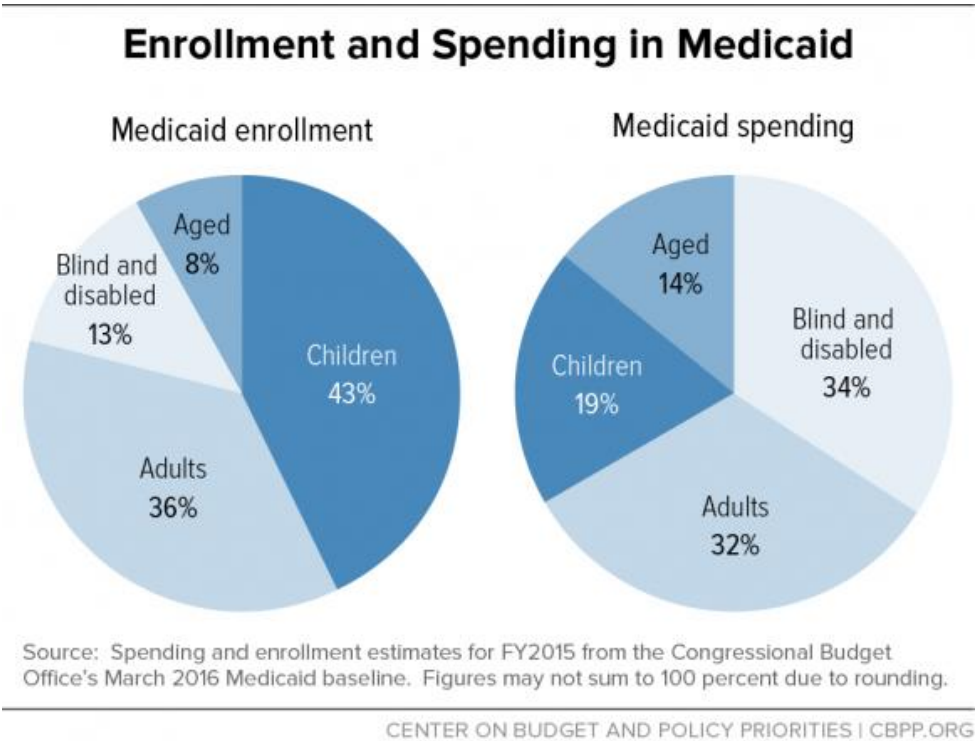
- Center on Budget and Policy Priorities
http://www.cbpp-multimedia.org/files/house_republican_talking_points.pdf
- Families USA
<http://familiesusa.org/initiatives/protect-our-care>
- Community Catalyst
<http://www.communitycatalyst.org/initiatives-and-issues/initiatives/protect-our-care>
- National Health Law Program
<http://www.advocacyla.org/images/blog/Documents/FiveThingsProtectMedicaidACA.pdf>
- GCFF Say Ahhh! Blog
<http://ccf.georgetown.edu/format/blog-posts/>



Questions and Discussion

Medicaid

- Largest health program in the U.S. – provided health coverage for 97 million Americans over the course of 2015
- Largest population covered are children
- Covers doctor visits, hospital care, prescription drugs, nursing home costs, and other long-term care
- Medicaid used to be restricted to mandatory populations (low-income kids and pregnant women, certain TANF recipients, seniors/disabled on SSI)
- Medicaid expansion opened program to all low-income adults below 138 percent of poverty (\$26,951 for a family of three)



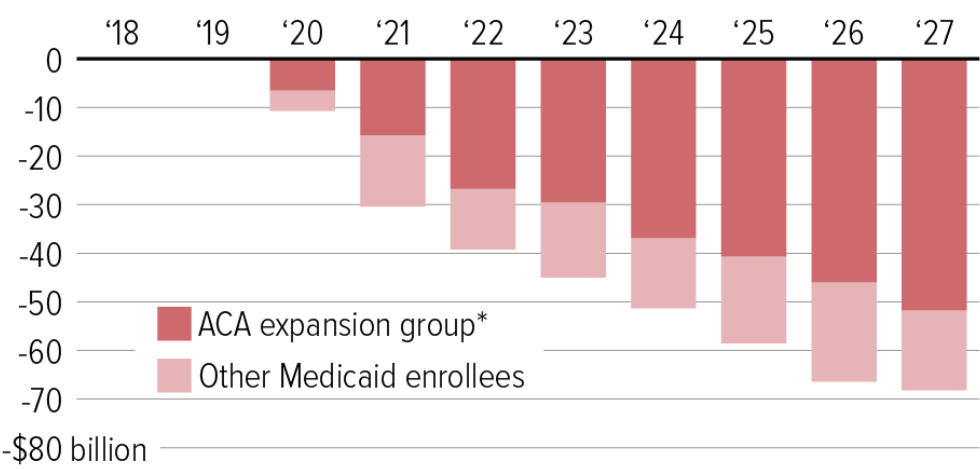
Source: <http://www.cbpp.org/research/health/policy-basics-introduction-to-medicaid>

Threats to Medicaid

- New House ACA Repeal bill would make drastic changes to Medicaid
- In 2020, Congress would “cap” the amount of money states get for Medicaid (essentially a block grant), based on 2016 enrollment
- Continues ACA’s Medicaid Expansion until 2020, then “freezes” it by reimbursing states at lower rates for any new patients
- CBPP estimates that this will shift \$370 billion in costs to states over next 10 years
- Changes would lead to people losing coverage, rationed care, and increased poverty

Medicaid Cost Shifts in House GOP Plan Would Total an Estimated \$370 Billion Over 10 Years and Grow Over Time

Cost shifts to states, relative to current law



*Enrollees under the Affordable Care Act's Medicaid expansion

Source: CBPP analysis using Jan. 2017 Congressional Budget Office Medicaid baseline and inflation estimates from CBO and the Centers for Medicare and Medicaid Services

Medicaid Laser Talk

Engage: As an anti-poverty advocate, I am alarmed about proposed changes to Medicaid.

Problem: Block granting or capping Medicaid spending would result in lost coverage, rationed benefits, and end the program as we know it.

Illustrate or Inform: The House health proposal would harm tens of millions of children in low-income families, seniors, people with disabilities, and others who rely on Medicaid. It would also effectively end the expansion of Medicaid under the ACA – while shifting \$370 billion in Medicaid costs to states over the next ten years. Under this plan, no one's health care is safe. [If you have a personal story, please share it!]

Call to Action: Will you talk to Congressional leaders to voice your support for protecting the structure and integrity of Medicaid?

March Action and Training

- Extraordinary moment in our work
- Millions of people are wanting to advocate, many for the first time ever
- Also facing the greatest threat to core anti-poverty programs
- Proposals to cut Medicaid and SNAP could force millions deeper into poverty
- We need as many voices as possible to combat these threats
- RESULTS volunteers are uniquely positioned to build this movement



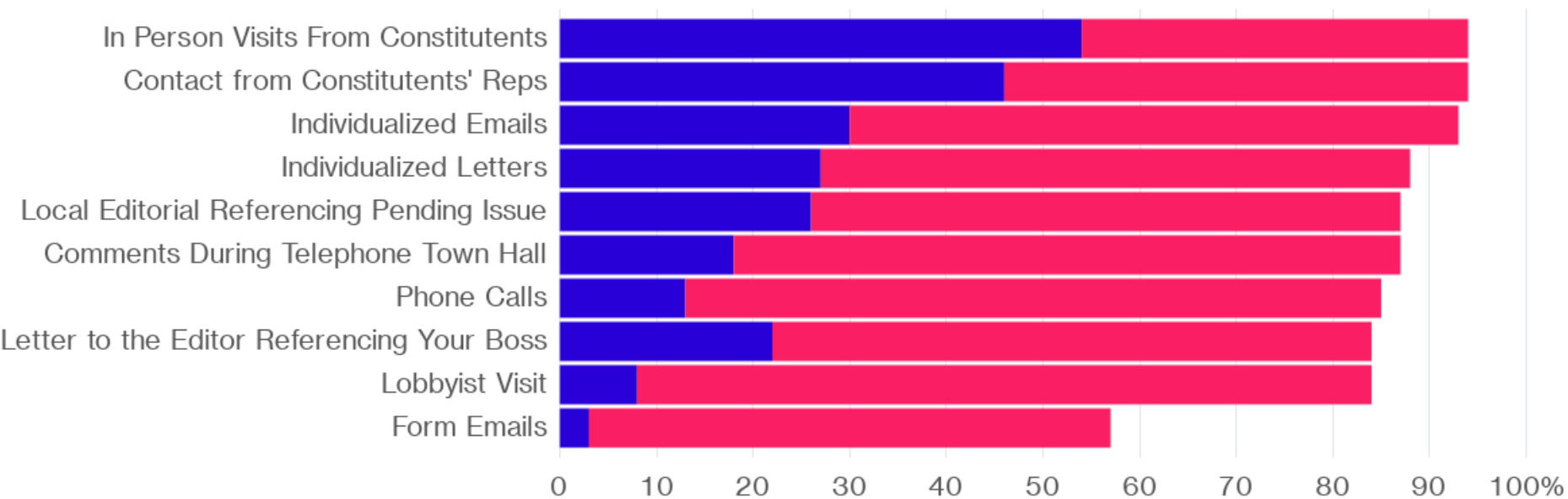
Jos Linn
Grassroots Manager,
U.S. Poverty
Campaigns
jlinn@results.org

Data Proves RESULTS works

Want To Be Heard? Show Up!

Influence on Washington D.C.-based congressional staffers by communication type.

■ A Lot of Positive Influence ■ Some Positive Influence



Source: Congressional Management Foundation

*Bars do not add up to 100 because not all surveyed categories are displayed



Data derived from CMF's [Citizen-Centric Advocacy: The Untapped Power of Constituent Engagement](#)

Data Proves RESULTS works

CMF's data also shows:

1. Relationships matter.

- 99 percent feel that meetings with members of Congress and their staff are important to understanding constituents' views and opinions. **"Constituents and groups that emphasize long-term, qualitative relationships are much more likely to be sought out and listened to by decision-makers** when Congress considers public policy that will impact their issues." (p.20)

2. Personal and localized information is important.

- **Hearing personal stories** related to the issue: 79 percent said it was important but only 18 percent said they received it frequently
- **Local data** on impact of legislation: 91 percent said it was important but only 9 percent said they received it frequently
- **Constituent reasons** for supporting/opposing a bill: 90 percent said it was important but only 50 percent said they received it frequently
- **Getting specific requests:** 88 percent said it was important but only 59 percent said they received it frequently

March Action and Training: Effective Outreach

March Action: http://www.results.org/take_action/march_2017_u.s._poverty_action

Engage in different activities. There's no one right way to do outreach. Be creative.

1. Have an outreach meeting.

- a) **Plan.** Determine what you want to do, whom to invite, and where to do it. The [March Action](#) has a sample outreach meeting agenda to help you.
- b) **Invite.** Each person in your group make a list of people to contact and personally invite them to come. Follow up a day before the date to remind them.
- c) **Execute.** Have a great meeting that includes info about RESULTS, local successes, an action, and a request to get involved. For resources (PPTs, brochures, forms, please contact Jos Linn (jlinn@results.org)).
- d) **Follow up.** Personally follow up with everyone who came and invite them to your next meeting.

March Action and Training: Effective Outreach

March Action: http://www.results.org/take_action/march_2017_u.s._poverty_action

2. Offer to do an Issue or Advocacy Training for a local group.

- a) Instead of getting people to come to you, go to them.
- b) Reach out to local groups (social justice groups, book clubs, faith communities, supper clubs, etc.) and offer to do a presentation for them.
- c) Train them on threats to anti-poverty programs, how to meet with lawmakers, media, or something else.
- d) Contact Jos Linn for help (jlinn@results.org).

3. Invite someone to a local lobby meeting.

- a) Show people what it's like to be a volunteer, first-hand.
- b) Offer to let them participate as little (just observe) or as much (have a speaking part) as they wish.
- c) Follow up afterward to see what they thought of the experience and to provide an additional action they can take

March Action and Training: Outreach is More than Just Meetings

1. Share the hosting of RESULTS meetings among group members and invite friends.
2. Contact people who “Like” your local RESULTS Facebook page.
3. When people ask the question, "What do you do?" work RESULTS into your answer.
4. Encourage group members to invite friends to action meetings.
5. Ask friends to join in on calls to members of Congress.
6. Go early and stay late at social events.
7. Reach out to past members via phone and let them know how important our work is right now.
8. Share your victories & lobby meetings on social media.
9. Use [Volunteer Match](#).



Debbie Baskin (right) of RESULTS Salt Lake City getting the 2016 Bob Dickerson Grassroots Leadership Award from Joanne Carter

March Action and Training: Follow Up

Outreach meetings and events are only as good as your follow-up. If people come to an event or talk to you one-on-one and then never hear back, they'll move on.

- Plan your follow up before your event so it's easier to do afterward.
- Make it personal – call them afterward
To see if they have questions
- Remind them of your next meeting
- Make them feel welcome and invite them
to take a role in the group

Jami-Lin Williams of RESULTS
Baltimore with Rep. John
Sarbanes (D-MD-3)



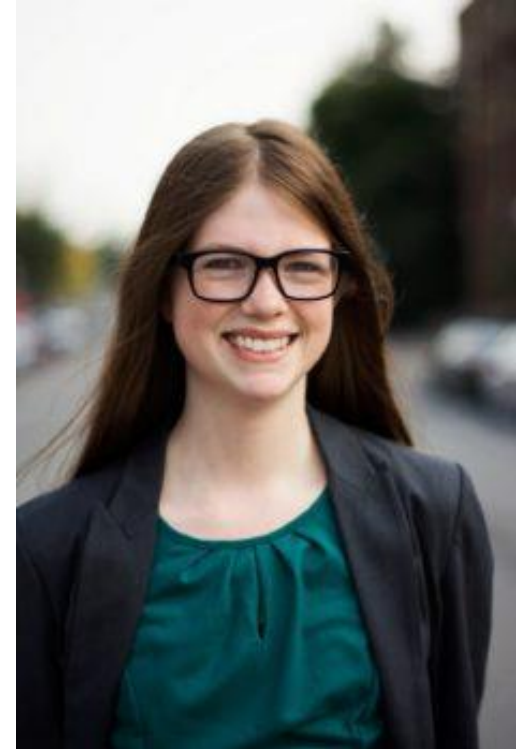
Outreach Resources

- **March Action** (which includes a sample outreach meeting agenda):
http://www.results.org/take_action/march_2017_u.s._poverty_action
- Find **Outreach Resources** at
http://www.results.org/take_action/domestic_monthly_action_archive/,
including:
 - RESULTS Overview and Advocacy Training PPT
 - RESULTS Threats to Safety Nets PPT
 - RESULTS U.S. Poverty Quiz PPT
 - One-page Action Sheet on SNAP
 - One-page Action Sheet on the EITC
 - One-page Action Sheet on Medicaid

Welcome Ashley Burnside

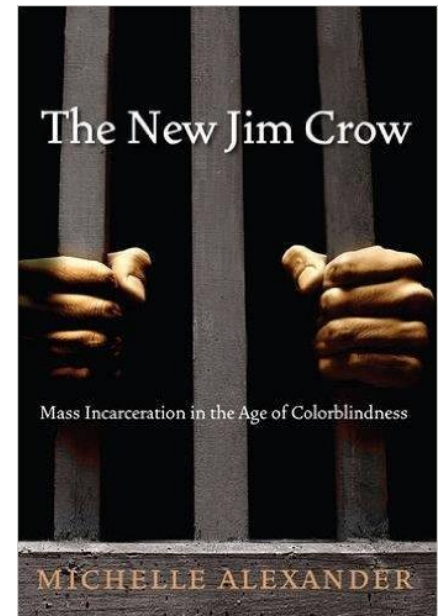
Our New Congressional Hunger Fellow

- Originally from Ann Arbor, Michigan
Graduated with honors from the University of Michigan with a degree in social theory and practice and a minor in community action and social change (2016).
- Spent summer working in Detroit in a racial justice organization called Focus: HOPE analyzing data on food and education access.
- Interned at Rep. Daniel Kildee's office and at the Human Rights Campaign, where she focused on HIV/AIDS issues and transgender equity.
- Hunger Fellowship field work was at Denver Urban Matters (DenUM) to register clients to vote.
- Also facilitated meetings with the DenUM Community Leadership Team to help clients organize around a shared interest within the Denver community.



Announcements

- Please finish and submit your First 100 Days Plan ASAP at: www.tinyurl.com/First100Plan.
- Training Call: Creating Bi-Partisan Support for our Issues in our Communities: A Learning and Sharing Lab, Wednesday, March 15 at 9:00 pm ET. Login online: <http://fuze.me/34116938>; or via phone (201)479-4595, Meeting ID 34116938#.
- RESULTS Race and Advocacy “Book Club” Webinar, Thursday, March 16 at 8:00 pm ET. Join this conversation around the book [*The New Jim Crow: Mass Incarceration in the Age of Colorblindness*](#) by Michelle Alexander. This will be the first of four sessions to discuss the book. Please read the Introduction and Chapter 1 before the first webinar. To participate, login at <http://fuze.me/34326078> or dial in by phone (201) 479-4595 Meeting ID: 34326078#.



RESULTS International Conference

- Make your voice heard this summer at the RESULTS International Conference in Washington, DC!
- Discounted early bird registration is available until mid-May.
- Go to www.resultsconference.org to register today.
- Urge young advocates to apply for the REAL Change Fellowship:
www.results.org/realchange

FACE-TO-FACE

Feel like social media posts just aren't enough?
Tried calling Capitol Hill, but want to do more?

Join us in Washington this summer and talk to
Congress face-to-face.

www.resultsconference.org

RESULTS
the power to end poverty

RESULTS International Conference
July 22-25, 2017
www.resultsconference.org

Announcements

- **U.S. Poverty Free Agents Calls, Tuesday, March 21 at 1pm and 8pm ET.** Login at <http://fuze.me/32256018> or dial in by phone at (201) 479-4595, Meeting ID: 32256018#. Meredith Dodson will be hosting this month's calls.
- **Next RESULTS Introductory Call, Friday, March 24 at 1pm ET.** Register for an upcoming Intro Call on the [RESULTS website](#).
- Find these and other events on the [RESULTS Events Calendar](#).

Thank you for being on today's webinar!

Our next National Grassroots Webinar is **Saturday, April 8 at 12:30pm ET**

Take Action Today!

Tell Congress to Protect Medicaid

Call your Representatives and Senators and leave this message:

My name is _____ and I am a constituent from _____. I am calling because I am alarmed about proposed changes to Medicaid. The House plan to block grant or cap Medicaid spending would result in lost coverage, rationed benefits, and end the program as we know it. It would harm tens of millions of children in low-income families, seniors, people with disabilities, and others who have no other access to health coverage. It would also shift \$370 billion in Medicaid costs to states, including _____ [your state], over the next ten years. Under this plan, no one's health care is safe. I urge Rep./Sen. _____ to tell Congressional leaders to strongly voice his/her support for protecting the structure and integrity of Medicaid.

Call the congressional switchboard at **(202) 224-3121** or find direct numbers at: <http://capwiz.com/results/dbq/officials/> and leave this message (or your version of it).

If you cannot get through to leave a message, go to: <http://capwiz.com/results/issues/alert/?alertid=12788156> and send an e-mail message about protecting health care for low-income Americans!