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 U.S. Poverty National Webinar

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
How Your Advocacy Matters
The Advocacy Triangle

Celebrities and Power Brokers

Deeply Engaged Constituent Advocates

Mass Mobilization

RESULTS U.S. Poverty National Webinar
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.
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.

![Graph showing uninsured rates across different age groups from 2010 to 2015.](chart)

- Total Nonelderly: 29.9% in 2010, 17.3% in 2015
- Ages 0 - 18: 20.0% in 2010, 8.1% in 2015
- Ages 19 - 34: 19.6% in 2010, 13.3% in 2015
- Ages 35 - 54: 18.0% in 2010, 11.2% in 2015
- Ages 55 - 64: 12.7% in 2010, 5.1% in 2015
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

<table>
<thead>
<tr>
<th></th>
<th>Federal Government</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administration</strong></td>
<td>Oversight</td>
<td>Direct administration</td>
</tr>
<tr>
<td><strong>Financing</strong></td>
<td>Pays 50% to 83% of benefit costs, with no cap</td>
<td>Pays non-federal share of cost</td>
</tr>
<tr>
<td></td>
<td>50% of administrative costs</td>
<td></td>
</tr>
<tr>
<td><strong>Program Rules</strong></td>
<td>Minimum standards:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Strong benefits (EPSDT)</td>
<td>Adults:</td>
</tr>
<tr>
<td></td>
<td>• No cost-sharing &lt;150% FPL</td>
<td>• Mandatory and optional services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No premiums under 100% FPL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Delivery system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Optional services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provider payment rates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cost-sharing</td>
</tr>
<tr>
<td><strong>Coverage Guarantee</strong></td>
<td>Guaranteed enrollment, if eligible</td>
<td>Cannot freeze or cap enrollment</td>
</tr>
</tbody>
</table>
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
More than 72 million Americans rely on Medicaid to access affordable health care.
### Benefits

<table>
<thead>
<tr>
<th>Required</th>
<th>Optional for Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Comprehensive benefits to meet needs of children</td>
<td>• Prescribed drugs</td>
</tr>
<tr>
<td>• Adults</td>
<td>• Dental and vision care</td>
</tr>
<tr>
<td>- Inpatient Hospital</td>
<td>• Therapies (i.e. physical)</td>
</tr>
<tr>
<td>- Outpatient Hospital</td>
<td>• Inpatient psychiatric hospital</td>
</tr>
<tr>
<td>- Physician Services</td>
<td>• Other</td>
</tr>
<tr>
<td>- Family Planning</td>
<td></td>
</tr>
<tr>
<td>- Home Health Services</td>
<td></td>
</tr>
<tr>
<td>- Lab, X-ray</td>
<td></td>
</tr>
<tr>
<td>- Nursing facilities</td>
<td></td>
</tr>
</tbody>
</table>

Georgetown University Health Policy Institute  
CENTER FOR CHILDREN AND FAMILIES
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

<table>
<thead>
<tr>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>None below 150% FPL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>None below 150% FPL (without waiver)</td>
</tr>
</tbody>
</table>

## Cost-Sharing

<table>
<thead>
<tr>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>None below 133% FPL</td>
</tr>
<tr>
<td>None for preventive care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nominal below 100% FPL</td>
</tr>
<tr>
<td>Twice nominal 100% – 150% FPL</td>
</tr>
<tr>
<td>None for family planning, emergency, pregnancy-related services</td>
</tr>
</tbody>
</table>
# Maximum Allowable Medicaid Cost-Sharing

## Varies by Income

<table>
<thead>
<tr>
<th>Service</th>
<th>&lt; 100% FPL</th>
<th>&gt; 100% – 150% FPL</th>
<th>&gt;150% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Services</td>
<td>$4</td>
<td>10% of what state pays</td>
<td>20% of what state pays</td>
</tr>
<tr>
<td>Non-Emergency ER</td>
<td>$8</td>
<td>$8</td>
<td>No limit</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Preferred: $4</td>
<td>Preferred: $4</td>
<td>Preferred: $4 Non-Preferred: 20% of what state pays</td>
</tr>
<tr>
<td></td>
<td>Non-Preferred: $8</td>
<td>Non-Preferred: $8</td>
<td></td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>$75 per stay</td>
<td>10% of total cost state pays*</td>
<td>20% of total cost state pays*</td>
</tr>
</tbody>
</table>

*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

\[ 1 - \left( 0.45 \times \frac{\text{state per capita income}}{\text{U.S. per capita income}} \right) \]

<table>
<thead>
<tr>
<th>Statutory Rates</th>
<th>2017 FMAP Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum</td>
<td>50%</td>
</tr>
<tr>
<td>Maximum</td>
<td>83%</td>
</tr>
<tr>
<td>Ohio</td>
<td>62.8%</td>
</tr>
<tr>
<td>Minimum</td>
<td>50%</td>
</tr>
<tr>
<td>Maximum</td>
<td>74.6%</td>
</tr>
</tbody>
</table>
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

Ohio Aggregate Medicaid Spending Average Annual Growth

CPI-M

Gap
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
- Increase Enrollee Costs
- Lower Reimbursement for Providers
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

- Families USA
  - [http://familiesusa.org/initiatives/protect-our-care](http://familiesusa.org/initiatives/protect-our-care)

- Community Catalyst

- National Health Law Program

- GCFF Say Ahhh! Blog
  - [http://ccf.georgetown.edu/format/blog-posts/](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)

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.

- **In Person Visits From Constituents**
- **Contact from Constituents' Reps**
- **Individualized Emails**
- **Individualized Letters**
- **Local Editorial Referencing Pending Issue**
- **Comments During Telephone Town Hall**
- **Phone Calls**
- **Letter to the Editor Referencing Your Boss**
- **Lobbyist Visit**
- **Form Emails**

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*
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](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](mailto: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.
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](http://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](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](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
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!