

Volunteer Sub Group of Low-Income Coverage Advisory Group

DRAFT PRINCIPLES

9/14/2010

- 1. Do no harm. Ensure that no one loses coverage as a result of health care reform implementation and that all individuals can access quality, integrated, affordable health care safely.**
 - Protect benefits and access to services for people enrolled in Medicaid, Basic Health, Disability Lifeline and other low-income health programs between now and 2014
 - Ensure consistent access to coverage for individuals who will be ineligible to access Medicaid, or purchase coverage through a Basic Health Option or the Exchange.
 - Protect our most vulnerable populations against adverse selection or the unintended consequences of performance-based reimbursement systems.
- 2. Ensure that all beneficiaries of public programs receive the appropriate financial assistance, patient navigator services, language access, transportation and other services they need to obtain quality health care.**
- 3. Eliminate barriers that keep eligible persons from applying for, promptly receiving, and maintaining coverage through public programs, with “no wrong door” for those seeking coverage.**
 - Support community-based resources that offer outreach and advocacy to assist low-income disenfranchised populations in navigating the health system
- 4. Coordinate Exchange, Medicaid, CHIP and other health subsidy programs through a seamless and streamlined application, enrollment, and renewal process.**
 - Provide continuity of care for low-income people who may fluctuate between Medicaid/BH and Exchange eligibility.
 - In determining eligibility, no person should fall through the cracks and all should be informed of programs/subsidies for which they are eligible.
- 5. Take advantage of federal Medicaid early expansion options, to the extent possible, and ensure full, prompt enrollment of all individuals with incomes below 133% FPL no later than January 1, 2014.**
 - Ensure that Medicaid expansion groups receive the same comprehensive benefits as existing Medicaid groups (Apple Health for Kids model).

- 6. Improve coordination of care for all low-income individuals with multiple chronic conditions and integrate acute, chronic management, mental health and long term care services.**
- 7. Create a transparent, ongoing process to include low-income constituents in decision-making regarding health programs.**

Some short term strategies:

- Reverse Disability Lifeline time limits and provide sufficient funding to allow individuals who have already lost coverage to secure coverage.
- Implement express lane eligibility within public programs.
- Pass intent legislation that protects coverage for non-citizens.
- Evaluate and take advantage of new service delivery and payment reform opportunities provided by the Affordable Care Act (includes duals and health care home opties). Leverage other federal grants and funding opportunities.
- Work with Exchange Advisory Group to create optimal models for covering low income people through Medicaid, the Basic Health Option and the Exchange.

Medium term strategies:

- Allow individuals who lose public program coverage to skip any Exchange open enrollment periods.
- Work with CMS on prescreening options to ensure that all eligible people receive Medicaid on January 1, 2014.
- Develop appropriate IT capacity, and coordinate with federal agency regarding pre-screening, to promptly implement streamlined processes as described in #3 and #4.
- Develop robust client assistance, outreach and patient navigation resources.