

Outreach, enrollment, and transitions of coverage during preconception, pregnancy, and postpartum

06/22/2021



MPCA & Cover Montana

The **Mission** of the Montana Primary Care Association is to promote integrated primary healthcare to achieve health and well-being for Montana's most vulnerable populations.

The **Vision** of MPCA is health equity for all Montanans.

MPCA values integrity, collaborations, and innovation.

The Montana Primary Care Association is the support organization for Montana's 14 Community Health Centers and 4 of our Urban Indian Centers. MPCA centers serve over 120,00 patients across Montana.

Cover Montana was developed in 2014, after the first open enrollment period. MPCA facilitates Cover Montana and hosts the www.covermt.org website.

MPCA is applying for a federal Navigator grant to assist with outreach and enrollment statewide (2021-2024)



How can we improve coverage, access, & transitions?

Review Montana health insurance coverage data

ACA overview

Medicaid enrollment

Marketplace plans

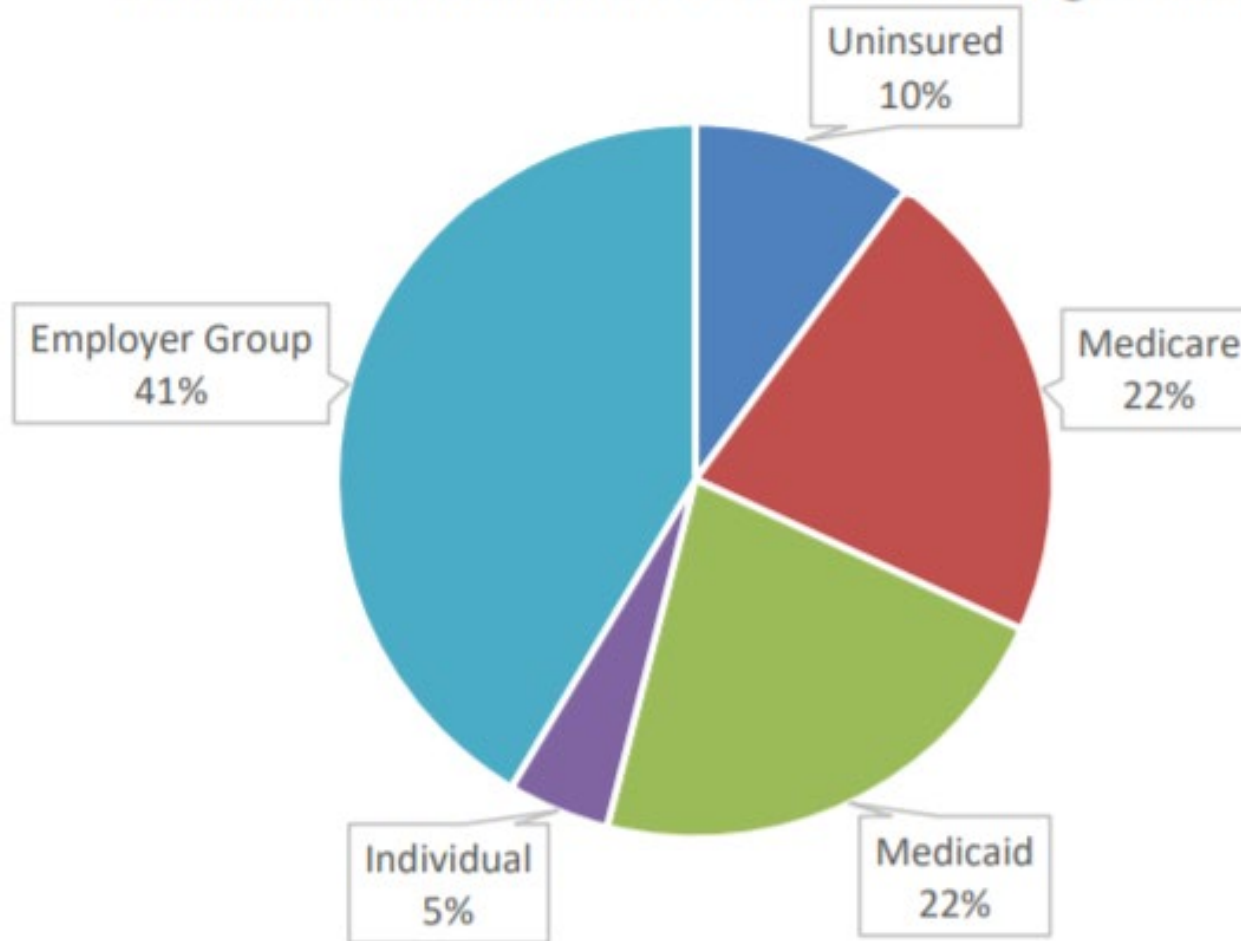
Postpartum transitions for Medicaid and Marketplace plans

ARPA Marketplace changes we should all know about

Breakout discussions



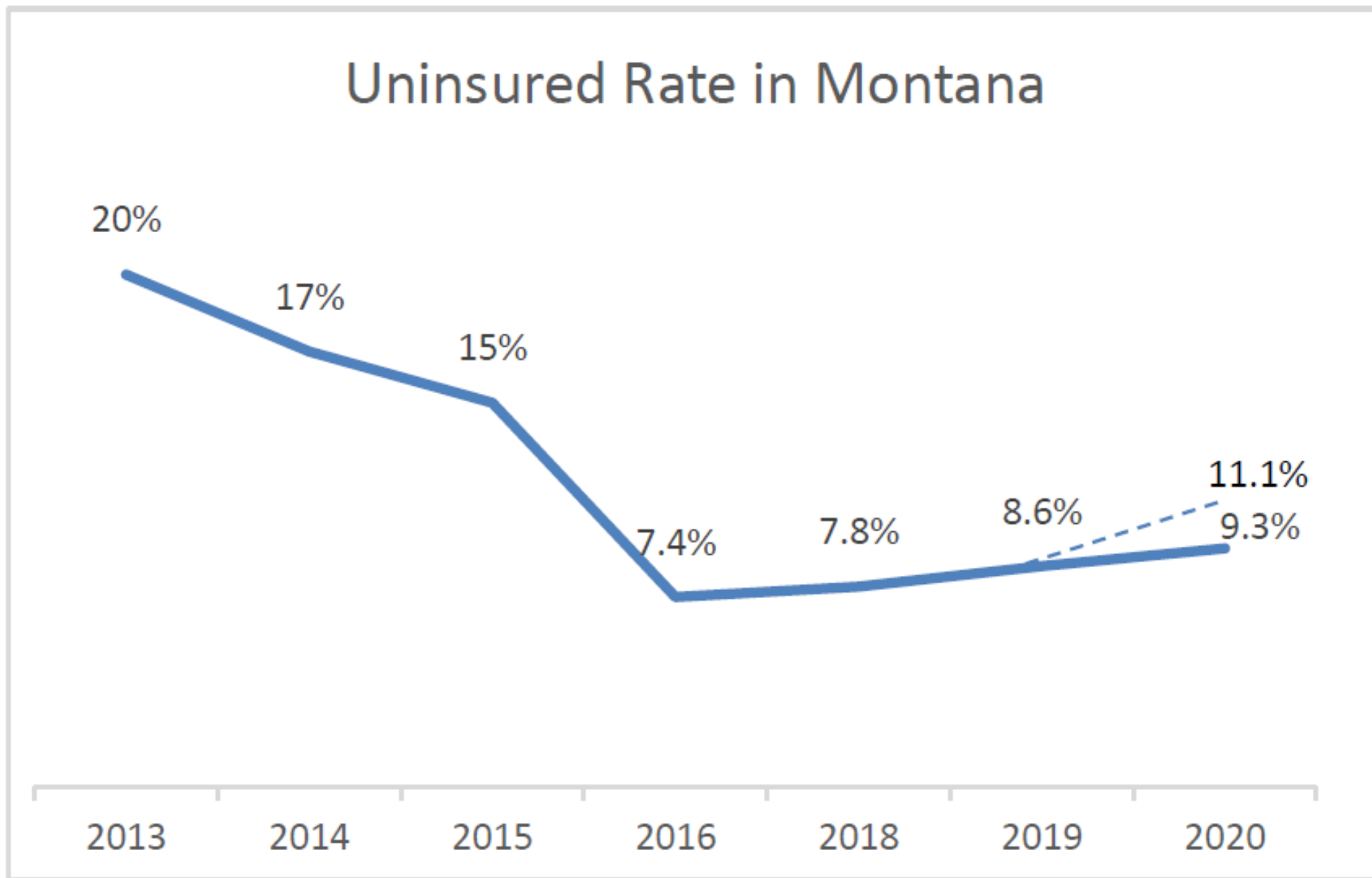
Estimated Health Insurance Coverage 2020



2020 Report on Health Cover and Montana's Uninsured, Montana Healthcare Foundation, available at <https://mthcf.org/resources/2020-uninsured-rate/>



Uninsured Rate in Montana



2020 Report on Health Cover and Montana's Uninsured, Montana Healthcare Foundation, available at <https://mthcf.org/resources/2020-uninsured-rate/>



ACA Overview

The ACA changed the rules for most plans, not just those sold on the Health Insurance Marketplace

- Guaranteed issue and ending pre-existing condition exclusions
- Rating limits on pricing and a minimum loss ratio for insurance carriers
- Plans must cover the 10 essential health benefits
- Plans must cover no-cost preventive services

Require that everyone has coverage or face a tax penalty
(Penalty now = \$0)

Established Advanced Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR)

Established zero cost-sharing and limited cost-sharing plans for enrolled members of Federally Recognized Tribes

Allowed states to expand Medicaid to 138% FPL with a higher federal match (90/10)

Created an online health insurance marketplace: Healthcare.gov

Permanently reauthorized the Indian Health Care Improvement Act

All plans offered in the Marketplace cover these

10 **essential health benefits:**

- Ambulatory patient services Emergency services
- Hospitalization
- Pregnancy, maternity, and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care



Marketplace Enrollment Data

Regular Fall Open Enrollment:

OE8: 44,711 (OE7: 43,822, 2% increase)

18% of enrollees were new

82% were re-enrollees

Of the re-enrollees, 71% were active re-enrollees and 29% were auto re-enrollees

30% of active re-enrollees switched plans; 70% didn't

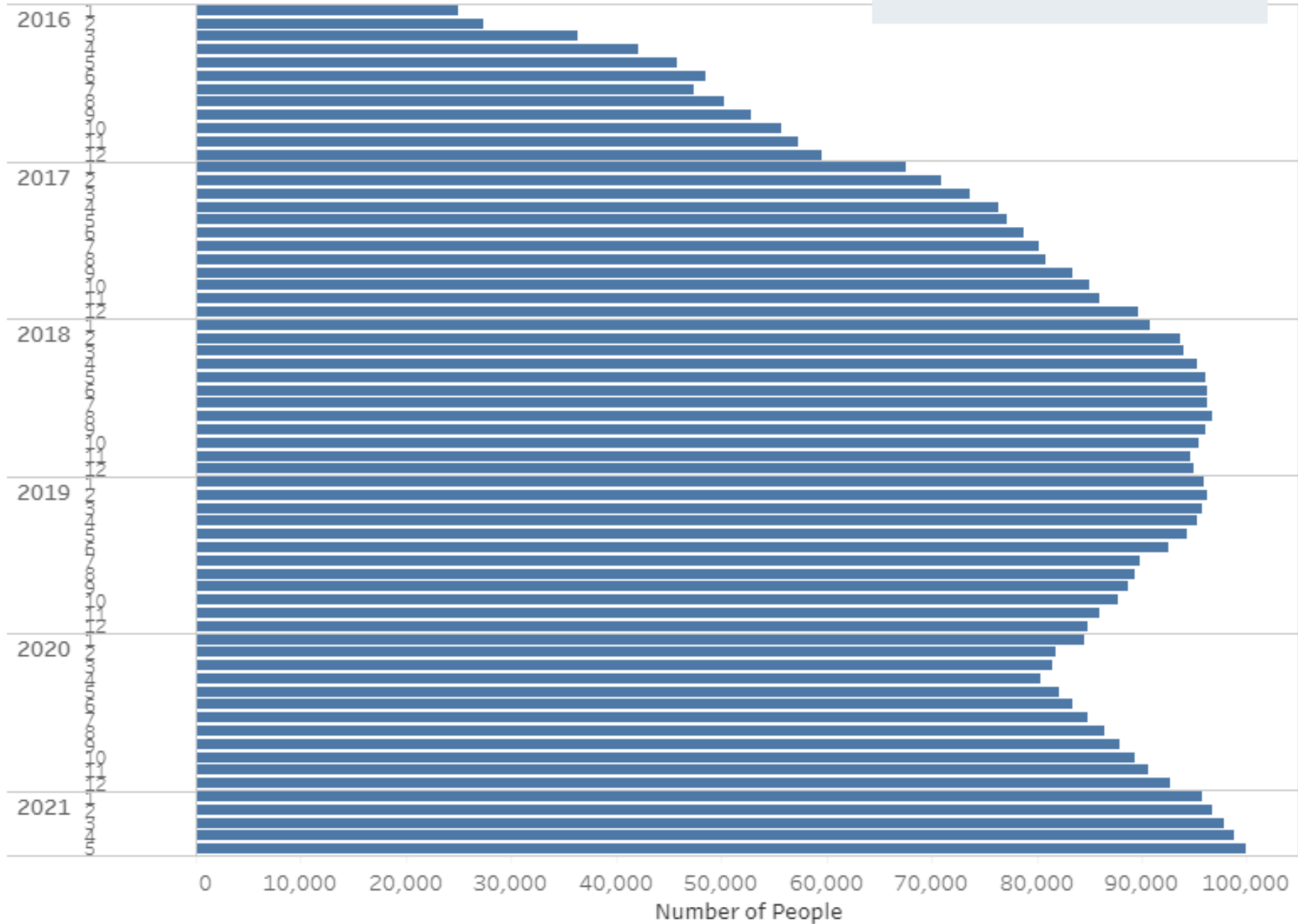
New ARPA Re-Open Enrollment Period

February 15th – May 31st : 4,425 enrolled



Enrollment by Month

Select Metric
Enrollment



Source: Montana Medicaid Expansion Dashboard
99,899 enrolled in May 2021
<https://dphhs.mt.gov/helpplan/medicaidexpansion/dashboard>



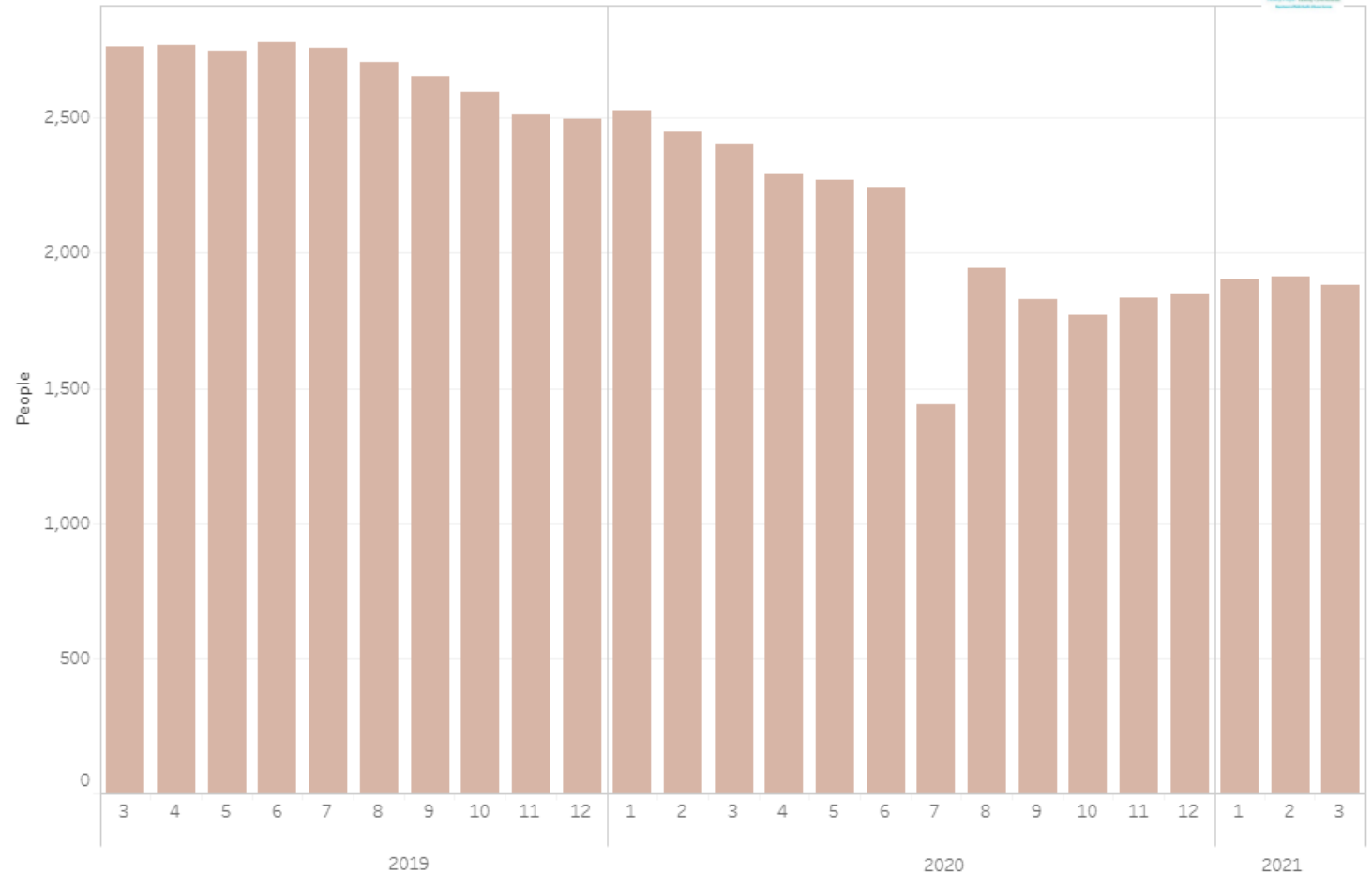
Montana Medicaid Enrollment Dashboard

Click on a cell in the table to update the chart

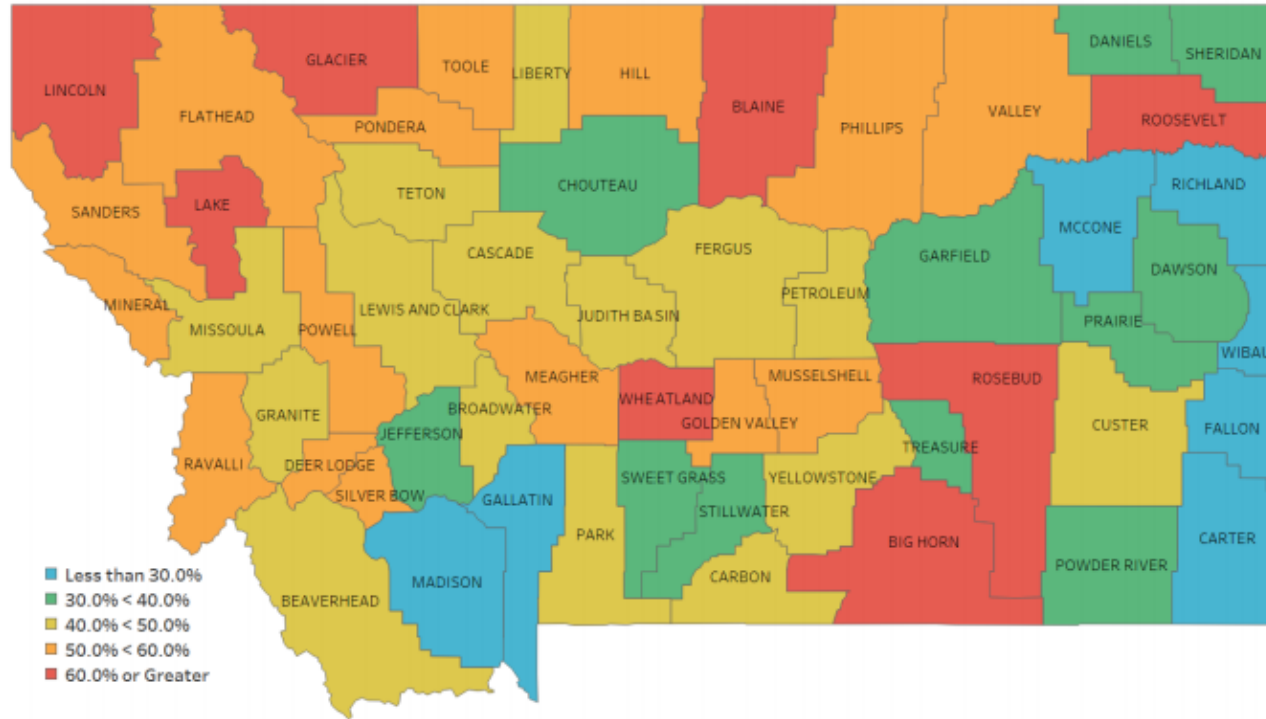
		Enrolled	Change from Last Month
Traditional Medicaid	Adult	52,568	686
	Children	102,855	415
All Medicaid Programs	Ages 0 to 1	5,473	15
	Ages 1 to 5	28,085	112
	Ages 6 to 18	69,319	286
	Ages 19 to 20	8,816	165
	Ages 21 to 64	141,823	1,304
	Ages 65 and Older	16,788	101
	Specific Medicaid Categories	Blind and Disabled Adults	15,832
Blind and Disabled Children		2,217	-9
Medicaid and Medicare		18,004	55
Family Medicaid		18,747	305
Foster Care		8,021	43
Pregnant Women		1,881	-30
Institutionalized		2,582	10
WASP (SDMI) Waiver		1,055	-5
Other Eligibility Programs		Plan First Waiver	1,346
	HMK (CHIP)	21,449	119
	HMK Plus Expansion	6,538	4
	MHSP	37	16
	Medicare Savings Plan Only	10,374	-29

Note: Data comes from the MGMT-1000M report. This report observes a 90-day look back period to allow for application processing lag, retroactive enrollments, etc. Dashboard updated 6/1/2020 for Mar 2021.

Pregnant Women



**Figure 2: Montana Medicaid Births
Percent of Total Births by County, Calendar Years 2010 – 2018**



Source: Montana Medicaid Births Report 2010 - 2018
<https://dphhs.mt.gov/Portals/85/Documents/MontanaMedicaidBirthReport.pdf>

Figure 2 shows the percentage of Medicaid births in a county as compared to all births in that county from calendar years 2010 to 2018. The counties in orange and red have a higher percent of Medicaid births than the Montana average of 47.4%. The county of residence of the birth mother is determined by the mother’s address on the birth record.

Table 1: All Montana Births Compared to Medicaid Births

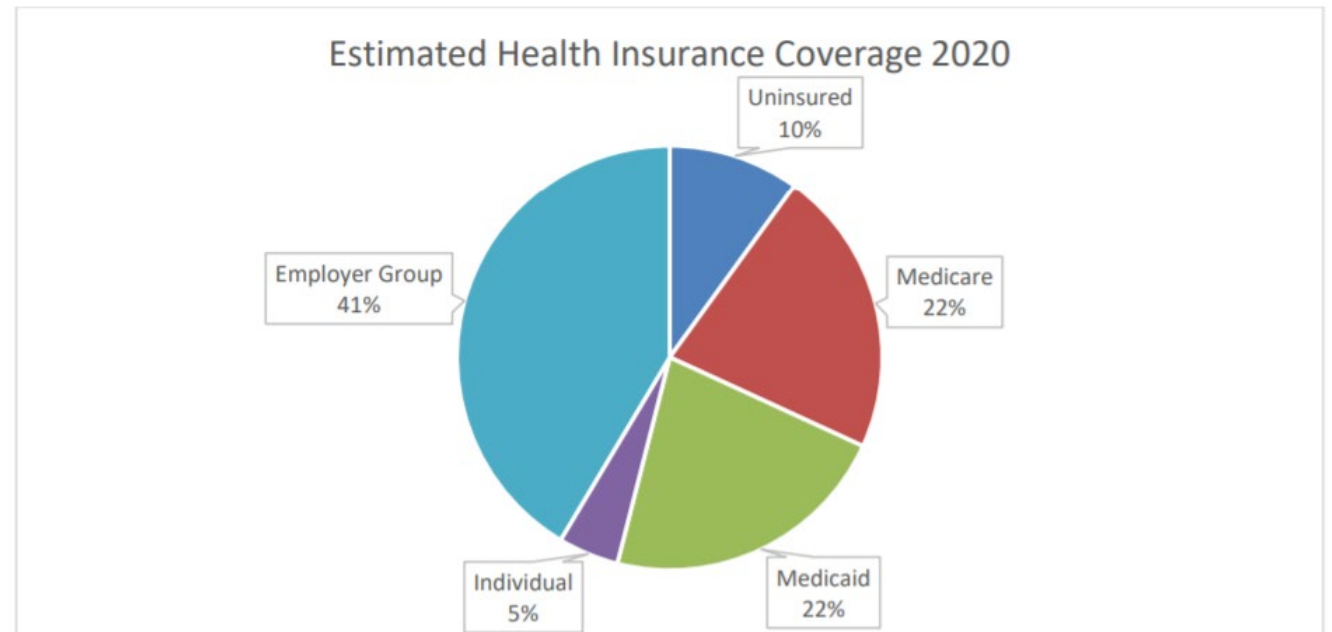
Calendar Year	2010	2011	2012	2013	2014	2015	2016	2017	2018
Montana Births	12,227	12,205	12,240	12,532	12,626	12,766	12,487	11,974	11,710
Medicaid Births	5,425	5,336	5,337	5,735	6,061	6,333	6,346	6,122	5,850
Percent Medicaid	44.4%	43.7%	43.6%	45.8%	48.0%	49.6%	50.8%	51.1%	50.0%



Transitions of coverage postpartum

Most Montana women are covered by an employer group plan and will not be transitioning their coverage (maybe baby).

Improving transitions must focus on those who are uninsured, on an individual plan, and those enrolled in Medicaid.



Medicaid and Pregnancy

Standard Medicaid

- Up to 138% FPL, based on monthly income
- Comprehensive coverage
- Some Montanans pay monthly premiums
- Eligibility is currently assessed on a yearly basis, but continuous eligibility is set to end.

Pregnancy Related Medicaid

- Up to 157% FPL, based on monthly income
- Comprehensive coverage
- No monthly premiums
- Ends 60 days postpartum
 - If 138% or below, transition to Standard Medicaid.
 - If above 138%, referred to the Health Insurance Marketplace

Opportunities to extend as part of ARPA

Family Size	100%	138%	150%	157%	200%	250%	300%
1	\$12,880	\$17,774	\$19,320	\$20,222	\$25,760	\$32,200	\$38,640
2	\$17,420	\$24,040	\$26,130	\$27,349	\$34,840	\$43,550	\$52,260
3	\$21,960	\$30,305	\$32,940	\$34,477	\$43,920	\$54,900	\$65,880
4	\$26,500	\$36,570	\$39,750	\$41,605	\$53,000	\$66,250	\$79,500
5	\$31,040	\$42,835	\$46,560	\$48,733	\$62,080	\$77,600	\$93,120
6	\$35,580	\$49,100	\$53,370	\$55,861	\$71,160	\$88,950	\$106,740
7	\$40,120	\$55,366	\$60,180	\$62,988	\$80,240	\$100,300	\$120,360
8	\$44,660	\$61,631	\$66,990	\$70,116	\$89,320	\$111,650	\$133,980



Marketplace Plans and Pregnancy

All Qualified Health Plans (QHPs) cover pregnancy related services, with different levels of cost-sharing.

Max

Pregnancy doesn't qualify someone for a Special Enrollment Period (SEP)

Open Enrollment is November 1st – December 15th OR qualify for a SEP.

Common SEPs include:

- Losing minimum essential coverage
- Marriage
- Permanent move
- Enrolled members of federally recognized tribes can enroll anytime

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ARPA ACA Changes

Extended Open Enrollment to August 15th 2021

Reduced the expected premium contribution

Eliminated the 400% FPL cap on Advanced Premium Tax Credits (APTC)

For 2020, no APTC repayments

New COBRA subsidy for folks who lost employer coverage and/or saw reduced hours

If receiving UI in 2021, automatically assigned a FPL of 138% - getting the highest APTC/CSR on the Marketplace



ARPA Affordability, how?

Expected Premium Contribution (Coverage Year 2021)

Annual Household Income (% of FPL)	Up to 150% FPL	200% FPL	250% FPL	300% FPL	400% FPL and above
Expected Premium Contribution (% of Income)	0%	2%	4%	6%	8.5%

Source: The American Rescue Plan Act

Expected Premium Contribution (Coverage Year 2021)

Annual Household Income (% of FPL)	Less than 133% FPL	133% FPL	138% FPL	150% FPL	200% FPL	250% FPL	300-400% FPL	More than 400% FPL
Expected Premium Contribution (% of Income)	2.07%	3.10%	3.41%	4.14%	6.52%	8.33%	9.83%	n/a

Source: www.irs.gov/pub/irs-drop/rp-20-36.pdf

These screen shots are from the [Health Reform: Beyond the Basics, Yearly Guidelines and Thresholds](#) resource. The top chart is post-ARPA changes, the bottom is pre-ARPA

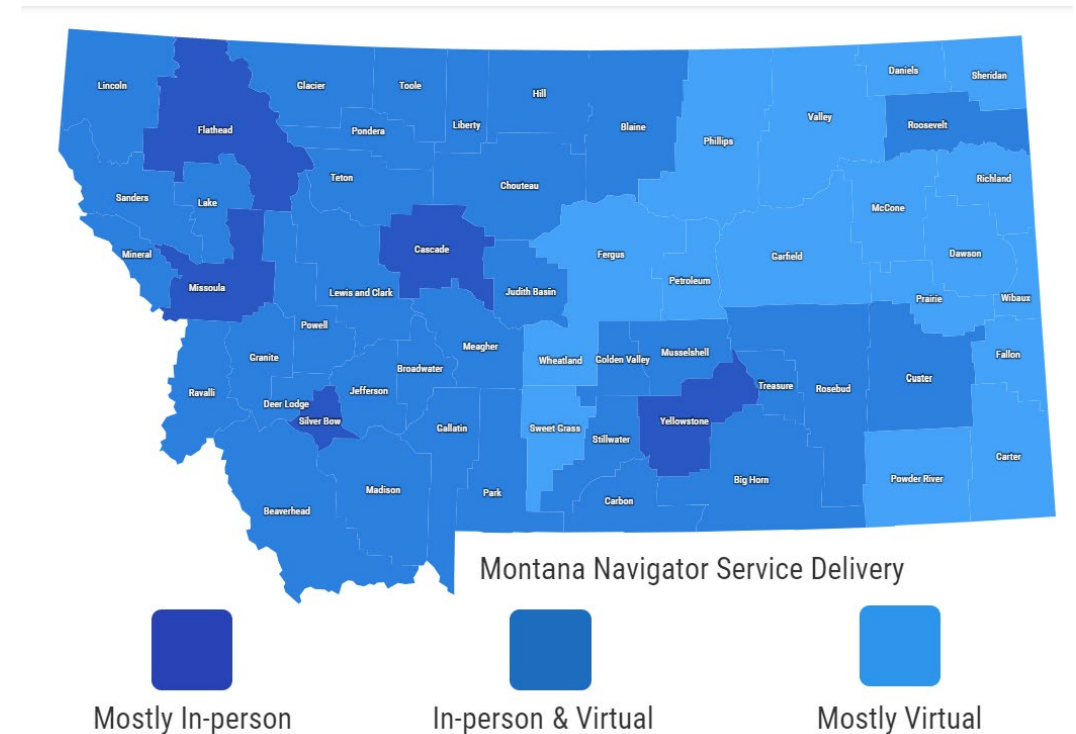


MPCA's plan for the Cover Montana Navigator project

Including a target population of pregnant and perinatal women to ensure they are covered and improve transitions.

In-state Navigators with regional coverage

Statewide phone and virtual coverage
Core functions: outreach, enrollment, support, and health insurance literacy.



Breakout conversations

How can we improve coverage, access, & transitions?

How do access/coverage/transitions impact maternal morbidity and mortality?

What do access/coverage/transition issues look like in your work and within your role?

What are you currently doing to address? Is it working?

What do you need to improve your work on access/coverage/transitions?

For example: primary care

“Would you like to become pregnant in the next year?”

- Are we asking?

- If yes, are we talking about coverage?

- Where are we referring? Are we closing the loop on that referral?



Thank you!

[Olivia Riutta](#)

oriutta@mtpca.org

(406) 880-3374

