

(January 2020)

Case Study:

Keeping Kentuckian's Medicaid Coverage

Summary

The Foundation for a Healthy Kentucky took action to mitigate Kentuckians losing their health care coverage in the face of a Medicaid Waiver. A nonpartisan, nonprofit organization with health care access as a priority focus area, the Foundation could not stand by with the potential of approximately 100,000 Kentuckians losing health care coverage. It leveraged relationships with elected leaders, state agencies, and community partners to mitigate the impact of the policy change and keep as many Kentuckians covered as possible.

Accomplishments

- Ultimately, the Medicaid Waiver did not go into effect.
- 100,000 Kentuckians kept their health care coverage.

EXPANDED
MEDICAID
COVERAGE
=
HEALTHIER
KENTUCKIANS



"When you see that something is being implemented that has the possibility of severely impacting access to health care, it's your duty as a foundation to step up. While we couldn't stop the process, we sat at the table while the Waiver program was being developed to say, "what can we do to help mitigate the impact so that people don't lose access?"

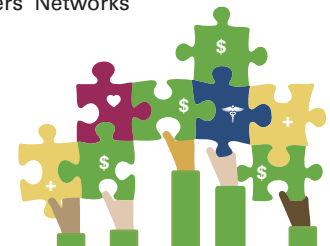
Lessons Learned

- Relationships matter. Foundations need to be in conversation with lawmakers, state agencies, nonprofits, and community organizations. It's important to be at the table while programs are being developed and rolled out, and in contact with everyday citizens to understand exactly how policy changes directly impact people.
- Unbiased, objective data and real-life examples are imperative. The Foundation presented objective, factual data without "self-interest." The Foundation's only interest is in the betterment of people's health. Foundations have a duty to share information and context with legislators and the Executive Branch.

KENTUCKY MEDICAID

Key Partners

- Kentucky Equal Justice Center
- Kentucky Voices for Health
- Kentucky Center for Economic Policy
- Foundation Community Advisory Council Members' Networks



Expanding Medicaid makes it easier for people to afford needed health care. The Center for Budget and Policy Priorities reports expanding Medicaid has resulted in improved access to care, health, and financial security.

The Details

In 2013, Kentucky expanded Medicaid under the Affordable Care Act, with nearly a half million Kentuckians gaining coverage. Three years later, a policy change under then-Governor Matt Bevin threatened to take away coverage from approximately 100,000 Kentuckians within five years.

This Medicaid Waiver, announced in January 2016, would have required some individuals to work, volunteer, or attend school at least 20 hours a week in order to keep their health coverage. The Waiver also would have required some people to make co-pays for services and pay monthly premiums or risk being “locked out” of coverage for six months. It also eliminated dental and vision care as a basic benefit.

As a nonpartisan, nonprofit, external organization, the Foundation for a Healthy Kentucky was able to look from the outside at gaps and potential ways to provide support. With the Foundation’s mission to address the unmet health needs of Kentuckians, health care access ranks as a priority area. Health insurance coverage is inextricably tied to health care access.

The Foundation leveraged its relationships with lawmakers, state agencies, partner organizations, and its Community Advisory Council’s networks to approach the situation. It found not only would Medicaid beneficiaries have to navigate a system radically different than what they were used to where they had to jump through administrative hoops, many would face health insurance premiums for the first time. While a majority of Medicaid members worked, they held very low wage jobs. Even a premium of \$5 could create a financial struggle.

The Foundation embarked on a two-pronged approach. It partnered with the Governor’s Office to lead efforts to help people understand how to keep their access to health care. The Foundation also funded operations for two nonprofits – one that sued the state and the other that launched a campaign elevating the issue of health care access in Kentucky.

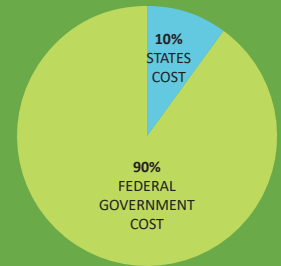
At the Table

The partnership with the Governor’s Office included the creation of a new 501(c)3 organization to cover Medicaid premiums, an advisory council to gather and share input and resolve issues as the waiver was implemented, and partnerships to help Kentuckians meet the new community engagement requirements under the waiver. While the Foundation couldn’t stop the policy change from happening, it could sit at the table when the program was being developed and rolled out, to voice concerns and find ways to mitigate the impact to Kentuckians.

The idea of collecting premiums and verifying work and volunteer requirements was a potential administrative nightmare. While the state agency implementing the program focused on the process, the Foundation was able to create a support system for Medicaid beneficiaries in parallel. This included working with provider organizations to make available computers in their waiting rooms or other locations so people could report their volunteer and work hours in order to maintain their coverage. Additionally, educational materials were created to overcome the potential barriers of members not understanding the changes and knowing where to go if they had questions. The Foundation worked with community partners to disseminate the information to members who represented a transient population.



COST BREAKDOWN



States cover 10 percent of the bill for new Medicaid beneficiaries. The Federal Government covers 90 percent of the cost. Expanded Medicaid coverage may result in substantial savings in other areas – such as correctional health care and community mental health – that can be shifted to cover the 10 percent states pay.

Key Connections to Kentuckians

The Foundation funded operational costs for the Kentucky Equal Justice Center (KEJC), which had championed Medicaid Expansion earlier in the decade. Once passed, KEJC assisted hundreds of people through Kentucky's health coverage site. It had become a connector; with direct access to people who would be impacted by the policy change.

KECJ, along with KentuckyVoices for Health (KVH) and the Kentucky Center for Economic Policy, worked to generate more than 10,000 comments about the change, which were uploaded to the Federal public comment website. Between the penetrating nature of the comments and the volume, KECJ felt it could show the Commonwealth was not considering public comment on a move that would make health care harder to receive.

KECJ recruited 16 plaintiffs to courageously stand up to protect health care for themselves and their neighbors and filed a lawsuit. The lawsuit and subsequent court proceedings kept the most detrimental provisions in the waiver from being implemented. In March 2019, a federal judge ruled against Kentucky's Waiver plan, blocking its planned implementation in April of that year. While the suit was still pending, Kentucky's governorship changed, and the Waiver was rescinded on December 16, 2019.

The Foundation also provided operational funding for Kentucky Voices for Health (KVH), a nonprofit that was instrumental in coordinating among advocates, community organizations, state agencies and policymakers to keep the focus on policies that address health and access to health care issues. KVH launched InsureKY, a campaign to support Kentuckian's access to health care coverage through coordinated media campaigns, meetings with legislators, data requests, testimony for public meetings, calls-to-action, press releases and press conferences. This group gained partnership and expanded its focus to become what is now ThriveKY, a coalition of organizations who pursue systemic change to meet the basic needs of every Kentuckian.

