



Stranded: Throwing a lifeline to the millions losing Medicaid

"I just feel very strongly that health care is a right, and it should be considered a right, not a privilege." - Loretta Alexander

911. What's your emergency?

America's healthcare system is broken and people are dying.

Welcome to **Code WACK!**, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host **Brenda Gazzar**.

(music)

This time on **Code WACK!**, we're taking a closer look at what the millions of people being kicked off Medicaid – due to the end of COVID protections – can do about it. What's being done to help them? And what else could we do to make sure people don't get stranded without health insurance?

To find out, we spoke to **Loretta Alexander**, who recently retired as the health policy director of **Arkansas Advocates for Children and Families**. Ms. Alexander has over 40 years of experience in health care. This is the second episode in a two-part series.

Welcome to Code WACK! Loretta.

Q: Last time we spoke about how many of those who have been disenrolled from Medicaid because of the end of COVID protections are still eligible for coverage,

but were disenrolled by states for procedural reasons, such as not submitting needed forms on time. What options do these families and children have?

Alexander: They have several options. One of the first things they need to do is to send the paperwork on in, even if it's past the deadline and the policy says that if you send the paperwork back in, then the agency has the option of reinstating that case without you having to start from scratch as a new application. Another option they have is to request a fair hearing, an appeal. If you think you're still eligible, you can request a fair hearing for your termination and there's an option on the form to check and say, I want my benefits to stay in place until the end of the fair hearing. Okay?

Oh, that's great.

Alexander: It is great, but right now there's a backlog of cases that are needing fair hearings. If you can imagine from 2022, the trend in fair hearing has gone up from open cases at the end of 2022 to like 3,200 right now in 2023. And one of the things that the state cited in their plan of action, each state had to develop a plan and submit it to the federal government, what they call an unwinding plan, and unwinding meaning going back to regular operations. So one of the things that they cite in their plan was that they were going to have to hire more people to work the fair hearings because they already knew that they were going to increase. I don't know if that happened or not. So there's some questions that need to ask the state for you.

How is staffing going? A lot of the organizations were hit hard with staffing during COVID and Arkansas Department of Human Services is no exception. People retired. People changed jobs. They brought in contractors. The contractors may not be as well trained as some of the veteran employees would be. And again, the fair hearing group is separate from the rest of the people that process the applications inside that agency. So that's another set of employees that are doing that exclusively. So again, families are just impacted in so many different ways.

Q: So do they have any other options? They can apply for the fair hearing and then wait that out and if they've been kicked off. Do people even know where to go and how to get help?

Alexander: Well, not everybody does what we've done every month since April. I know we've had at least one webinar a month just to inform people, here's the website, here are the links within the state agency website to go to. The state agency, I have to give them credit. They've done some outreach. I mean, I've seen information on city buses. I've seen information in different places where they're

reaching out to people saying, make sure your contact information is in place so that we can find you to say that people know where to go. I wouldn't say everybody does. Oh, one other thing that I need to point out that complicates things is I talked about the Medicaid expansion program. So with the Medicaid expansion, those folks ... have a separate name for that program. It's not just Medicaid because it's a different way of paying for services. For people here in Arkansas, what they do is they go to the Department of Human Services and they apply for Medicaid, but then the Medicaid program has contracts with private insurance to provide services for those people that are in that category under the Medicaid expansion.

So they may have a Blue Cross card, or they may have an Ambetter card, which are private insurance cards. So when the state says, okay, make sure your Medicaid information is up to date. They're thinking, 'I don't have a Medicaid card. I got a Blue Cross card.' You see, there are other issues whereby if people are having problems, they may not be willing to go to meetings and talk about it or whatever because they may not want especially in small communities, they may not want other people to know that they're getting those services or whatever, you know, 'cause some people like to keep their information private and keep their, what's going on with themselves private. So every day you learn something new, another nuance about what's going on.

Q: Do you think the state of Arkansas could and would extend the process? I don't know if it's too late now, but extend the process to give people more time?

Alexander: The only way that could happen would be for the state legislators to come back together and get rid of the law that says they have to do it in six months. The law that was passed was passed purportedly, what they call Medicaid integrity. Medicaid integrity typically refers to fraudulent activities and from what I can understand, I don't know how anybody that's receiving Medicaid services could defraud the system because people don't provide services for themselves, though they don't submit their own claims to the Department of Human Services for their billing. So if you are a patient and you're needing services, that should not be an issue for you to have to worry about.

And I don't think it's really an issue for the state government to worry about. I think it was just something that some legislators needed to do in order to get their names on a bill. That's just how I see it. I think they just wanted to get their names on a bill to say, 'oh, we're saving the state money and we're going to make sure that nobody's defrauding Medicaid' and typically when you see cases of Medicaid fraud, it's not patients, it's providers.

Q: That makes sense. So you mentioned the webinars. Is your organization doing anything else to combat these?

Alexander: Yes. We're meeting with the DHS agencies. We're asking them questions. Every time we get a complaint or an issue that's brought forward to us, we are immediately sending that to the state agency and we're sending it to the person that's actually managing this whole process for the state. We have a good relationship with them because it's all hands on deck. Ultimately, we've got to get folks their coverage back. We've got to get these kids' Medicaid back in place. So other organizations that we work with, you know, I know the pediatricians' groups are meeting and talking about it. And when I say I have webinars, most of the folks on the webinars are other organizations that are working with families that are trying to get information and seeing how to serve them and how to make sure that they help those families. The state did send out a list of people that may be losing their coverage to some of the providers.

For instance, if I'm a doctor and I have this many Medicaid patients, and the state identifies, 'okay, this is the primary care provider for that family, that family's case is coming up, that family may be losing coverage, that person may be losing coverage.' So they sent the list of cases to those providers to say notify your patient that they need to make sure that their Medicaid is in place. So again, there's different activities going on to help people trying to get their coverage in place.

I participated in radio broadcasts like I'm doing with you to help with that. As an organization, we do a lot of different types of work. We have summits where we go into communities and just talk to people and we also, you know, always bring that information up. We go in and have listening sessions with people around the state and see what their issues are and we make sure that we talk to them about that. We have our website, we put things on our website on social media. We put things out there as best we can to try to make sure that as many folks as possible know. And definitely we respond every month when the state releases their numbers. We have an immediate response that we send to the press to talk about how we think things need to go better for those children and families.

Q: That's great. So did Arkansas set up a call center for people?

Alexander: Oh yes, they did. They set up the call center in early 2022.

Q: And do you think people are using it and getting good information?

Alexander: Some people are, if I remember, well, I hate to sort of quote a number, but some people are using the call center, not everybody is. And if you, as you can imagine, if you call the call center and you don't get your call answered and you get

put on a loop, some people are going to drop the call and then if you call back further back in line, as I mentioned earlier, people have other reasons for not being able to stay on the call. If you are working on a job where you only get so many minutes to go and make a call, there are certain jobs that are still like that. You know, particularly for low income families, such that, let's say if you working in a daycare center or if you're working in a nursing home and you're taking care of patients, you can't just stop whenever you get ready and, and, and still or sit there.

I'm sitting at a desk. I can make a call and lay my phone on my desk while I do other things if I needed to stay on the line. But certain jobs that other people have, they're not able to do that. And so they may have limited time to make that call or stay on that call. And then the other thing is the call center is not open 24 hours a day, so it has limited hours, too. So, when you get off work, I can't say for certain, but I don't think it's open 24 hours a day.

Q: Got it. So what does this precarious situation say or reflect about our healthcare system in America?

Alexander: Well, you know, I'm going to date myself, and as I mentioned to you before we started this podcast, I'm about two weeks away from retirement. And when I started graduate school 40 years ago, we talked about having a piecemeal system. And it's still piecemeal. It's not a system. It's like a puzzle with various pieces that don't always fit together, and it needs a serious overhaul in certain respects.

Back then we talked about universal health care and when I was in graduate school, the AMA – American Medical Association – and organizations like that were vehemently against Universal Healthcare. Now, fast forward and the AMA is a proponent of universal healthcare. So we're coming forward slowly, but we need to speed it up and we need to fill the gaps and eliminate the barriers to service.

I mean, I just feel very strongly that health care is a right and it should be considered a right, not a privilege. We have publicly supported schools in America. There is a law, a public law 94142 that says every child must be provided a free and equal education. That's a federal law. We have a Constitutional right to have a public defender or have a lawyer when we go to court and we have a system all over America where we set up, where we have public defenders, where the government pays for us to get legal help if we need it. We have other public entities that provide for the society. You know, we have roads and bridges and all these other things that are in place that everybody gets access to – fire departments and

all those things that are public entities. So why health care is not on the table, I just don't understand.

Q: Yes, I'm with you. So you mentioned universal healthcare. Would you support something like Medicare for All where the government through taxes and through other means would pay for everybody's health care regardless of whether they're employed, whether they're married, whether they're an immigrant, whatever their situation is?

Alexander: Yes, I do support universal health care. I can't say like Medicare because I would have to look at all the nuances of Medicare before I made an informed decision there. But I think you could look at something like Medicare for All, and actually Medicare to me could be handled differently too in certain respects. Because everybody in America has the privilege of having Medicare after you turn 65 or being eligible for Medicare after you turn 65, no matter what your income level is. One of the things that I think could happen is that if they increase the Social Security cutoff, you know, I think you only pay Social Security on a certain percentage of your money based on your income. So low-income people are paying a higher percentage of their income into the Social Security system and into the system for Medicare.

Okay. So if you say, okay, the first \$200,000 in income is taxed, has a Medicare tax or has a Social Security tax, you could maybe take that up to say the first \$300,000 so that we put more money into that system to help pay for services coming back out to folks. One of the things that also we look at is we have a lot of capacity issues in terms of training and having nurses available in communities and doctors available in small communities and hospitals available in small communities that, you know, the access is just not there for people, even if you have the means to pay for it. So I think that we need to really look at the pipeline for who's going to take care of folks no matter how much money you have available. If the baby boomers are all retiring and other folks aren't there to step up and step into those positions and you don't have services available for people, it's still a big issue.

Thank you, Loretta Alexander. Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

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