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DATE: January 10, 2005

TO: Rachel Stiff
Mississippi Division of Medicaid
Technical Working Group
Mississippi State Health Planning Grant

FROM: Dr. Safiya R. Omari
Dr. Mary Nelums

RE: Final Report – Interviews with Health Policy Makers

Nelums and Associates conducted individual interviews with 11 state health policy makers beginning in March, 2004, and ending in May, 2004. This report summarizes the key themes about health policy in the state of Mississippi that emerged from the interviews. Although the researchers employed qualitative methods, the first 5 questions were constructed in a way that allowed quantification of the responses. These results are presented in the form of pie charts in an appendix to this narrative. Answers to the remaining interview questions are presented as a narrative.

Methods

Sample. Twelve legislators serving on the Medicaid and Public Health and Human Services Committees in the House of Representatives and on the Public Health and Welfare Committee in the Senate were identified using the official web site of the State Legislature. For the purposes of this research, key health policy makers were defined as legislators chairing and/or serving on committees within the Senate and House of Representatives that were primarily responsible for the development of health policy in the state of Mississippi. The sample consisted of 7 Democrats and 4 Republicans, 9 males and 2 females from various counties across the state.

Recruitment of Sample. A research assistant contacted the legislators using telephone and email to schedule interview appointments. We successfully completed interviews with 11 of the 12 key legislators initially proposed, a response rate of 92%. The 12th legislator repeatedly stated that they would have their secretary call and schedule the interview time; however, this never occurred. After two months of follow-up phone calls with no success in scheduling the interview, the researchers concluded that this legislator did not wish to participate.

Procedures. The scheduled interviews took place in the legislators' offices, with an average interview time of 28 minutes. The interviewers introduced themselves using a prepared script (see Appendix A) and described the purpose of the interview. The legislators were then given an informed consent form (see Appendix B) to read and sign prior to the beginning of the interview. The interviewer began the interview questions (Appendix C) upon receiving the signed informed consent. Ten of the interviews were taped with the permission of the legislators. One legislator refused to be taped. Upon completion of the interview, the legislators were thanked for their participation. The following narrative is a summary of the findings of these interviews.

Results and Discussion

The results for Questions 1 and 2 are reported in mean (average) scores. The results for questions 3 and 4 are reported in percentages. The results for Question 5 are also reported in mean scores. This question was reverse scored for data analysis purposes with 1 = no money, 2 = less money, 3 = same and 4 = more money. A fifth response option was added to this question to accommodate responses such as more money if available. This response was labeled 5, but was not included in the calculation of the means for each item because it reflects a categorical response. Appendix D provides frequency tables and pie charts for all of the quantified responses.

A. Attitudes and Perceptions on Reducing the Numbers of the Uninsured

1. Is the issue of reducing the number of uninsured in Mississippi a high priority for you as a health policy maker? Where would you rank its importance on a scale of 1 to 5 where 1 is not at all and 5 is extremely important?

The mean response for this question was 4.0, indicating that many participants reported that reducing the number of uninsured in Mississippi is an important priority for them.

2. In your opinion, is the issue of reducing the number of uninsured in Mississippi a high priority for the legislature? Where would you rank its importance on a scale of 1 to 5 where 1 is not at all and 5 is extremely important?

The mean response for this question was 3.36, indicating that the participants reported that in their perception, this is an issue of moderate concern for the legislature as a whole.

These findings indicate that for individual key health policy makers, reducing the number of uninsured in the state is an important priority, but they don't think the legislature as a whole views the issue as being of the same importance.

3. Would you *support* legislation
 - a. that provides health insurance coverage to every Mississippian?
Yes = 45.5%; No = 36.4%; Maybe, depends on availability of funds = 18.2%
 - b. that provides health insurance coverage for every child?
Yes = 54.5%; No = 27.3%; Maybe, depends on availability of funds = 18.2%
 - c. that provides long term affordable healthcare for the elderly at home?
Yes = 63.6%; No = 18.2%; Maybe, depends on availability of funds = 18.2%
 - d. that provides all working families access to insurance?
Yes = 72.7%; No = 18.2%; Maybe, depends on availability of funds = 9.1%
 - e. that allows uninsured families to purchase insurance/health care at a reduced cost?
Yes = 72.7%; No = 18.2%; Maybe, depends on availability of funds = 9.1%
4. Would you *introduce* legislation
 - a. that provides health insurance coverage to every Mississippian?
Yes = 45.5%; No = 36.4%; Maybe, depends on availability of funds = 18.2%
 - b. that provides health insurance coverage for every child?
Yes = 54.5%; No = 36.4%; Maybe, depends on availability of funds = 9.1%
 - c. that provides long term affordable healthcare for the elderly at home?
Yes = 54.5%; No = 18.2%; Maybe, depends on availability of funds = 27.3%
 - d. that provides all working families access to insurance?

Yes = 72.7%; No = 18.2%; Maybe, depends on availability of funds = 9.1%

- e. that allows uninsured families to purchase insurance/health care at a reduced cost?

Yes = 63.6%; No = 27.3%; Maybe, depends on availability of funds = 9.1%

Based on these responses, the participants reported being slightly more willing to support legislation that provides access to insurance and health care than they are to introduce legislation in these areas. The options presented in Question 3 that received the most support (72.7%) were “providing all working families access to insurance” and “allowing uninsured families to purchase insurance/health care at a reduced cost.” The option receiving the least amount of support (45.5%) under this question was “providing health insurance coverage to every Mississippian.”

For Question 4, the option receiving the most support (72.7%) was “providing all working families access to insurance.” “Providing health insurance coverage to every Mississippian” was the least supported option (45.5%) for this question as well.

- 5. For the following health policy issues, tell me if you would like to see Mississippi spend more money, the same amount of money, less money, or no money on:

- a. Children’s health insurance programs

The mean response for this question was 3.38, indicating that participants reported that spending the same amount of money is appropriate.

- b. Medicaid

The mean response for this question was 3.33, indicating that participants reported that spending the same amount of money is appropriate.

- c. Eliminating barriers to enrollment in Medicaid/SCHIP programs

The mean response for this question was 3.22, indicating that participants reported that spending the same amount of money is appropriate.

- d. Preventative Health Care Programs

The mean response for this question was 3.70, indicating that participants reported that spending more money is appropriate.

- e. Tobacco Use Prevention Programs

The mean response for this question was 3.40, indicating that participants reported that spending the same amount of money is appropriate.

f. Prescription Drug Services

The mean response for this question was 3.15, indicating that participants reported that spending the same amount of money is appropriate.

g. Long term care for the elderly at home

The mean response for this question was 3.50, indicating that participants reported that spending more money is appropriate.

h. Other health care programs (*Specify*_____).

Three participants named other areas of health care where they felt more money should be spent -- state employees health insurance, treating Alzheimer's Disease, and mental health.

Based on the responses to this question, it would appear that for these key health policy makers at least, the state is spending the appropriate amount of money on the targeted health policy issues, with the exception of preventative health care programs and long term care for the elderly at home, where the mean scores are 3.7 and 3.5 respectively. The researcher must warn the reader, however, that there are probably no statistically different differences between any of the reported means, and due to the small sample size any statistical tests of differences would be meaningless. Based on the Likert format utilized in framing the responses to these questions, the researchers defined anything between 3.0 and 3.49 as being the "same", and anything from 3.5 to 4.0 as being "more money."

6. Tell me how you think the provision of additional services and/or the maintenance of the current level of services could best be funded?

- Federal Waivers
- Eliminate abuse in Medicaid system
- Use tobacco trust fund
- Put more money in families' paychecks by reducing state income tax - Maximize every dollar we can and design programs that fit our pocketbook
- Grow economy and create more jobs that provide insurance, and provide employers with more incentives to provide their employees with insurance
- Prioritize health care funding – we have adequate dollars, we just need to prioritize where we spend it
- Increase amount of general funds
- Tax increase, but wouldn't support tax increase
- More affordable drugs
- Eliminate CHIP and put the money back in Medicaid
- Re-certification of eligibility every 5 years for Medicaid

- Spend more on prevention- reallocate funds from the back end (treatment) to the front end (prevention).
- Examine provider contracts first for inflation, look at additional co-pays, raise taxes on consumer products that contribute to health problems, for example, tobacco and alcohol.

Federal waivers, eliminating abuse in the Medicaid system and using tobacco trust fund monies were the only suggestions above that were made by more than one participant, identifying them as the funding mechanisms of choice. The remaining suggestions for funding are not listed in any particular order or rank. One participant's response illustrating how growing the economy can benefit Medicaid follows:

"A specific to question about how to fund more service for things just as Medicaid? Ok, ideally you've got two things, you've got Medicaid where you've got SCHIP and you got other health, like you mentioned long-term health care. Ok, so let's take those 3 things. Ok. If we can do things to grow the economy to create more jobs, #1 hopefully, you would have more jobs which provided insurance, and by giving people more incentives to provide their employees with insurance then you're able to eliminate many of the working poor who end up on Medicaid."

B. Legislative Policy and Practice

7. What programs do you feel have been most successful in helping Mississippi's uninsured?

- Medicaid
- SCHIP
- Medicaid Home and Community-based programs
- Vocational Rehabilitation
- Newborn Streaming Program
- Tobacco Funds
- Prescription Drug Program

7a. What programs do you feel have been least successful?

- Managed Care program
- Studies on the problem (money can be better spent providing services)
- Insurance pool for high risk people (the premiums are exorbitant)
- Prevention efforts
- Preventive Dental Care
- Risk Management Program

Medicaid and SCHIP were the most popular responses concerning successful programs. The other programs were only named by a single participant. None of the least

successful programs were named by more than one participant. Overall, the legislators indicated feeling satisfied with the job that's been done, as illustrated by the following statement:

“We’ve done a great job with Medicaid, because of the Federal match. Any time we can put up a penny and have Uncle Sam match it with 3 pennies, then we’re able to maximize our state dollars... So Medicaid has a dual purpose. Number one is to give health care to needy Mississippians, but it also puts money in the pockets of a lot of other Mississippians that are getting paid by health care facilities. ”

8. What policy options are legislators currently considering to reduce the number of uninsured in Mississippi?

- Don't Know
- None
- Medicaid Reform – stricter determination of eligibility
- Tobacco Settlement Funds
- Medical Home
- Do away with *PLAD*?
- Medicaid tax bill

Surprisingly, 45% of the participants indicated either that they didn't know what policy options were being considered (27%) or that no policy options (18%) were being considered. The remaining policy options were mentioned at least twice with the exception of the Medicaid tax bill, which was only mentioned by a single participant. Sample responses to this question are:

“None. Because everybody is trying to patch together Medicaid and everybody's trying to patch together programs that we have, you know, if we can maintain those programs they feel like they need to maintain those programs before they can reach out and do something else.”

“I don't agree with that [recertification], matter of fact I think it creates a hardship for the seniors and the disabled to require them to come in or to be recertified each year. And my reaction to that if the Internal Revenue can allow everyone in America to file their federal taxes by mail or email and never see them and the system works, then we shouldn't have to require these disabled and old folks to come in for recertification. The other thing that they say is going to be a cost savings, and that's a long term cost savings, is the part of the Medicaid program that's being proposed that is going to require each of those individuals to come in and get a physical examination each year and put them on a management program which is creating another arm and in doing these things, we're talking about having to expend \$25 million...? Plus new employees and set up 6 new regional offices to do that and then add another \$55 million on for the physicals in the name of saving money?

8a. What policy options do you believe have the most promise? Inquire specifically about budget neutral options such as: a. The 3-share program; b. Use of tobacco settlement funds; and c. Disproportionate share dollars, if not brought up by the legislator in their response. *(If they indicate unfamiliarity with the policy, read the attached description of the policy to them.)*

- Use of tobacco settlement funds
- Three share program
- Disproportionate Share Dollars

Use of tobacco settlement funds was the most frequently named option. Legislators were aware that we already utilize the disproportionate share dollars option. However, legislators were not aware of the 3-share program and when the program was described for them, expressed interest in obtaining more information about it, and indicated that they would support something like this if proposed. This is illustrated in the following quote:

“I think the disproportionate share and the health care have already been used and so I would say the 3-share is probably something we need to look at, because the other things I think are being already used. But I didn’t know about the 3-share program. I’m glad you told me about it.”

9. What Medicaid cost saving initiatives, if any, are currently being considered by the legislature with regard to SCHIP/Medicaid i.e. use of Medicaid waivers, reduction of reimbursement rates, reducing eligibility or freezing enrollment requirements, curtailing and/or stopping outreach efforts? *(If they indicate unfamiliarity with the policy, read the attached description of the policy to them).*

- Medicaid Waivers
- Re-certification of eligibility every 6 months
- Reduction of reimbursement for services
- Shifting prescription drugs from Medicaid to the new Medicare program
- Medical Home
- Cutting outreach programs for Families First

The use of Medicaid waivers was the most frequently mentioned option, followed by re-certification of eligibility. There appeared to be the idea among legislators that relaxing certification of eligibility created an inflation of the Medicaid/SCHIP rolls and negatively impacted the Medicaid budget. This idea is reflected in the following quote on the eligibility issue:

“Now that killed us [presumptive eligibility] we did that with the SCHIP program and that’s one thing that put us in such a deficit about two years ago, I guess, or last year – when we initiated the SCHIP program and did away with the [waiting period], you know we just assumed, I think they had a 6-month waiting period,

initially that was the requirement, we did away with that and said you sign them up and then nobody gets around to ever checking those situations. But then, as I recall it turned out that anyone who was eligible for the SCHIP program was actually then by Federal law eligible for Medicaid which then that includes the Medicaid roll by a hundred and some million dollars – Just bang! You know like that. So I think that’s one of the worst things we ever did was do away with that requirement for eligibility.”

10. Which of the cost saving initiatives (i. e. use of Medicaid waivers, reduction of reimbursement rates, reducing eligibility or freezing enrollment requirements, curtailing and/or stopping outreach efforts) do you support?

- Medicaid waivers
- Reducing eligibility requirements
- Reducing benefits

Most legislators indicated support for the use of Medicaid waivers. The following statement is an example of that support.

“The use of Medicaid waivers would be a reduction, so I would support that one. I can’t think of anything else down there that I really would be out front jumping up and down to promote. The use of Medicaid waivers would be an excellent way to see a cost reduction.”

11. In your opinion, what have been some of the barriers (other than cost) in the state legislature to the successful implementation of programs that address the problem of the uninsured in Mississippi, such as: a. the bill introduced to expand SCHIP coverage to the parents of SCHIP eligible children that was not enacted into law. b. non-implementation of the approved premium subsidy component to the SCHIP program and, c. rescinding of provisions to allow presumptive eligibility and self-declaration of income, requirements that are viewed as barriers to enrollment?

- Costs or Money
- Poor administration of SCHIP
- Partisanship
- Lack of concern for the poor

Although participants were asked to name barriers other than costs or money, lack of funds was still the most frequently given response to this question.

“Funds. The lack of funds and the uncertainty of federal funds. Those are the reasons that those bills uh, didn’t get anywhere. You know, for example, we expanded the SCHIP program several years ago by raising the poverty level that would qualify a person for SCHIP. Now, this year the federal government’s sending us \$40 million less, and saying ok, you fund it. So in order to keep them on we’ve got to come up with \$40 million that we really don’t have but we’ll do

it. So, that's the reason. That was the barrier. That's the reason that we don't see an expansion."

"You know, there is just misunderstanding and to some degree prejudice towards the Medicaid program and/or the recipients. Those are myths—and people don't quite understand that, so as a result of that they come in with this thing that we have to clean up the Medicaid and protect the citizens' and taxpayers' money and prevent individuals who are abusing and misusing the Medicaid program. That is probably, in my opinion, the greatest barrier to the legislative body -- failure to look at and understand that the Medicaid Division is big business..."

12. In your opinion, what are some of the reasons that the state's Medicaid budget is consistently targeted for reduction in times of fiscal constraint?
- Budget continues to grow rapidly
 - Largest budget
 - Misunderstanding of the program – “it is a poor Black people program... and the myth that there is a lot of abuse”
 - Fraud “perception in the state that there are a lot of people who are on Medicaid that should not be there”
 - Every budget is targeted in times of fiscal constraint
 - Avoid reductions in the education budget at the expense of the Medicaid budget
 - Philosophical differences about what government should do...
 - Lack of concern for the poor

Several issues emerged when this question was asked. However, the most frequent response was related to the size and growth of the budget. Several legislators also referred to perceptions about the amount of fraud and the racial make-up of the Medicaid/SCHIP population. These concerns are reflected in the following statements:

“I think in 12 years it [Medicaid budget] has continued to escalate and any time when you see dollars and budgets double you have to take a see and look at it and I think that some of the rich citizens think that there is a perception that well, the perception is that it's primarily Black people”

“Well, I think there's a perception in the state that there are a lot of people who are on the Medicaid that maybe should not be there and there's a way to save money.”

13. *(Ask only if interviewee has indicated that he/she is supportive of enhancing Medicaid/SCHIP).* What suggestions can you offer for building support in the state legislature for future provision of health coverage for uninsured Mississippians, such as expanding SCHIP coverage to the parents of SCHIP eligible children, implementing the previously approved premium subsidy

component to the SCHIP program, eliminating identified barriers to enrollment, implementing the three share plan, or adopting pay or play?

- Educating the legislature to the true needs of Mississippians
- Find out what's going on in other states and educate the legislature on what's being done
- Raising the educational level of the constituency so they can be effective advocates
- Reaching out, not to expand Medicaid/SCHIP, but to improve services

Although a number of legislators did not have a response for this question, those that did respond mentioned education of the legislature and Medicaid/SCHIP recipients. This idea is expressed in the following statement:

“That's a long question and the short answer is education. By educating the legislature as to the true needs of Mississippians and we would, you know, have a better opportunity of seeing some of those initiatives pass.”

14. (*Ask only if interviewee has indicated that he/she is not supportive of enhancing Medicaid/SCHIP.*) What would it take to get you on board with supporting efforts in the state legislature for further development and enhancement of Medicaid/SCHIP programs, such as expanding SCHIP coverage to the parents of SCHIP eligible children, implementing the previously approved premium subsidy component to the SCHIP program, and eliminating identified barriers to enrollment?

- Eliminate abuse of the programs

The responses of the majority of the participants indicated that they were supportive of enhancing Medicaid/SCHIP as long as there were funds available. Only two participants were asked this question – one declined to respond and the other made the following statement:

“There are too many situations where abuse of the programs take place. Eliminate this abuse – make sure the people receiving the services really need them, and I'll be on board.”

15. Is there anything else that you=d like to add about the provision/expansion of health coverage for uninsured Mississippians?

- “Everyone that has a job ought to have access to health insurance they can afford”
- “We need to make sure we provide adequate and quality health care to all of our citizens as far as Medicaid is concerned. We do not need to put ourselves in the position of having our children compete with our seniors for dollars. I think that ... we ought to be doing as health care policy makers is creating a system that focuses on prevention – early childhood to the cemetery.”

- “...attempting to put a nurse in all of our school systems to make sure that we introduce children at an early age to health care.”
- “I think the most tragic thing that I see, you know and I get numerous phone calls throughout the year where working parents who have worked very hard all their lives are getting ready to have a child and they can’t get assistance from the state because they are just at that level that they can’t get assistance and then when they contact the state, the state agencies and they are told things like why don’t you just have your wife quit her job and that way then you’ll qualify for state funding, that sends the wrong message—that says essentially cheat on the state and the state will take care of you and you do away with it but we need to find some way that we can give assistance to these people who require insurance.”
- “I don’t know how familiar you are and I’m not all that familiar so I can’t talk very intelligently about it, but what’s coming down the pipe is managed care. I think that’s going to be catastrophic for a lot of people.”
- “I’m concerned about the rising costs of drugs – if you bring down cost you would free money for other things.”

The preceding statements are direct quotes of the responses to this question.

Summary

The responses to the interview questions revealed a high level of support for the Medicaid/SCHIP programs by key health policy makers, although there were very divergent views about how the programs should be funded. This support was across the board – from Democrats and Republicans, Senators and State Representatives, male and female. All participants indicated support for several of the health care issues listed in Questions 1 and 2, although a number of participants qualified their responses by saying if the money is available. Additionally participants reported that the state was spending enough money to provide adequate support for services.

Barriers to legislative support of these programs centered primarily on the size and growth of the Medicaid/SCHIP budget and the perception of fraud as a significant contributor to rising costs. Suggestions for building support involved education of the legislature on the “true needs of Mississippians.” Ironically, one participant indicated that they felt that too much money was being spent studying the problem and not enough money was being spent on services. In that a number of the participants indicated that they had not heard of the 3-share program, it would appear that education related to the currently existing policy options would be a good place to start in building support.

Finally, participants appeared to appreciate the need for the services provided by Medicaid/SCHIP, although their ideas about how to best provide these services were quite different. The following statement summarizes what appeared to the researcher to be the dominant theme throughout the interviews, irrespective of the issues and problems raised by the participants:

“We need to make sure we provide adequate and quality health care to all of our citizens as far as Medicaid is concerned. We do not need to put ourselves in the position of having our children compete with our seniors for dollars. We should recognize that we have monies in form of the tobacco trust fund and we should attempt to provide quality health care across the board for those who are uninsured as well as those who have some insurance but it’s not adequate to take care of them and we [the state of Mississippi] really need to get into a preventive mode.”

APPENDIX A

Interview Protocol

Interview Guide B Health Policy Makers

I. Protocol

Good morning/afternoon/evening. I am _____. This interview is part of a study of the uninsured in Mississippi being conducted by the Mississippi Division of Medicaid and funded by a HRSA State Planning Grant. We want to know more about the political will of the Mississippi state legislature related to the problems of the uninsured. We are interested in your opinions about and experiences with legislators and legislation concerning uninsured Mississippians.

You may be assured of complete confidentiality as our findings will be presented to the Division of Medicaid in a summary report of the interviews in the aggregate. This information will be used as the state plans to explore the provision of health insurance coverage for all Mississippians through public and private partnerships.

APPENDIX B

Informed Consent

Nelums and Associates, LLPC

1334 Woodfield Rd.

Jackson, MS 39211

Project Director: Dr. Mary Nelums and Dr. Safiya Omari

Project Title: Personal Interviews with Health Policy Makers (Legislators)

Description and explanation of procedures:

In this interview, we are trying to find out why past efforts to decrease the numbers of the uninsured in Mississippi have not been completely successful, and to develop a strategy to build consensus and commitment to provide health policy options for the uninsured. This interview will last for approximately 30 minutes. However, you do not have to answer any questions that you don't want to, and you may withdraw from the interview at any time. Your participation is completely voluntary.

The content of the interviews will be summarized and presented as a summary report. No comment will be attributed to any specific individual. Other than your signature below, indicating your willingness to participate, we will have no record of your name. This consent form will be filed separately from the transcripts of the interview session and the transcripts will be assigned a random number to protect confidentiality.

We hope to uncover new and valuable information about the problems of the uninsured in Mississippi that will assist in developing a strategy to build consensus and commitment for all concerned. Thank you very much for your participation. We could not undertake this type of project without the cooperation of people like you.

Informed Consent for Participation in Research

I have read the description of this research and I give permission for my participation. I acknowledge that this interview may be taped if I grant permission. I understand that I am free to skip any question, or to withdraw this consent and discontinue participation in this project at any time. I understand that my individual responses are confidential, and that this consent form will be filed separately from the transcripts of the interviews. I have been provided with a copy of this consent form.

(Your signature)

Facilitator' Signature

(Date)

APPENDIX C

Interview Questions
Description of Policies

II. Interview questions for key legislators

A. *Attitudes and Perceptions on the Issue of the Uninsured* (Circle the response given).

1. Is the issue of reducing the number of uninsured in Mississippi a high priority for you as a health policy maker? Where would you rank its importance on a scale of 1 to 5 where 1 is not at all and 5 is extremely important?

1 2 3 4 5

2. In your opinion, is the issue of reducing the number of uninsured in Mississippi a high priority for the legislature? Where would you rank its importance on a scale of 1 to 5 where 1 is not at all and 5 is extremely important?

1 2 3 4 5

Circle those that they indicate they would support.

3. Would you *support* legislation
- a. that provides health insurance coverage to every Mississippian?
 - b. that provides health insurance coverage for every child?
 - c. that provides long term affordable healthcare for the elderly at home?
 - d. that provides all working families access to insurance?
 - e. that allows uninsured families to purchase insurance/health care at a reduced cost?

4. Would you *introduce* legislation
- a. that provides health insurance coverage to every Mississippian?
 - b. that provides health insurance coverage for every child?
 - c. that provides long term affordable healthcare for the elderly at home?
 - d. that provides all working families access to insurance?
 - e. that allows uninsured families to purchase insurance/health care at a reduced cost?

5. For the following health policy issues, tell me if you would like to see Mississippi spend more money, the same amount of money, less money, or no money on:

- a. Children=s health insurance programs

1 2 3 4

- b. Medicaid

1 2 3 4

- c. Eliminating barriers to enrollment in Medicaid/SCHIP programs

1 2 3 4

- d. Preventative Health Care Programs

- | | | | | |
|----|---|---|---|---|
| | 1 | 2 | 3 | 4 |
| e. | Tobacco Use Prevention Programs | | | |
| | 1 | 2 | 3 | 4 |
| f. | Prescription Drug Services | | | |
| | 1 | 2 | 3 | 4 |
| g. | Long term care for the elderly at home | | | |
| | 1 | 2 | 3 | 4 |
| h. | Other health care programs (<i>Specify</i> _____). | | | |
| | 1 | 2 | 3 | 4 |

If the legislator indicates that they would like to spend more money or the same amount of money on any of the preceding categories, ask:

6. Tell me how you think the provision of additional services and/or the maintenance of the current level of services could best be funded?

B. Legislative Policy and Practice

7. What programs do you feel have been most successful in helping Mississippi's uninsured?

What programs do you feel have been least successful?

8. What policy options are legislators currently considering to reduce the number of uninsured in Mississippi?

a. What policy options do you believe have the most promise? Inquire specifically about budget neutral options such as: a. The 3-share program; b. Use of tobacco settlement funds; and c. Disproportionate share dollars, if not brought up by the legislator in their response. (***If they indicate unfamiliarity with the policy, read the attached description of the policy to them.***)

9. What Medicaid cost saving initiatives, if any, are currently being considered by the legislature with regard to SCHIP/Medicaid i.e. use of Medicaid waivers, reduction of reimbursement rates, reducing eligibility or freezing enrollment requirements, curtailing and/or stopping outreach efforts? *(If they indicate unfamiliarity with the policy, read the attached description of the policy to them).*
10. Which of the cost saving initiatives (i. e. use of Medicaid waivers, reduction of reimbursement rates, reducing eligibility or freezing enrollment requirements, curtailing and/or stopping outreach efforts) do you support?
11. In your opinion, what have been some of the barriers (other than cost) in the state legislature to the successful implementation of programs that address the problem of the uninsured in Mississippi, such as:
 - a. the bill introduced to expand SCHIP coverage to the parents of SCHIP eligible children that was not enacted into law.
 - b. non-implementation of the approved premium subsidy component to the SCHIP program.
 - c. rescinding of provisions to allow presumptive eligibility and self-declaration of income, requirements that are viewed as barriers to enrollment.

If they indicate unfamiliarity with the policy, read the attached background of the policy to them.

12. In your opinion, what are some of the reasons that the state's Medicaid budget is consistently targeted for reduction in times of fiscal constraint?
13. *(Ask only if interviewee has indicated that he/she is supportive of enhancing Medicaid/SCHIP).* What suggestions can you offer for building support in the state legislature for future provision of health coverage for uninsured Mississippians, such as expanding SCHIP coverage to the parents of SCHIP eligible children, implementing the previously approved premium subsidy component to the SCHIP program, eliminating identified barriers to enrollment, implementing the three share plan, or adopting pay or play?
14. *(Ask only if interviewee has indicated that he/she is not supportive of enhancing Medicaid/SCHIP.)* What would it take to get you on board with supporting efforts in the state legislature for further development and enhancement of Medicaid/SCHIP programs, such as expanding SCHIP coverage to the parents of SCHIP eligible children, implementing the previously approved premium subsidy component to the SCHIP program, and eliminating identified barriers to enrollment?

15. Is there anything else that you=d like to add about the provision/expansion of health coverage for uninsured Mississippians?

III. Thank you for taking the time out of your busy schedule to talk with me about Mississippians who remain uninsured in the state.

Description of Policies:

The 3-Share Program – Funded through an act of Congress titled the “Health Care Access for Small Businesses Act of 2003,” this is a program designed to provide uninsured employees of small businesses access to health coverage. In this program, the employer typically pays one-third of the health premium, the employee pays one-third, and the state pays the additional one-third. The employer receives a tax credit for contributing their share.

Use of Tobacco Settlement Funds – state would use the Tobacco Settlement Funds for the fiscal year to supplement Medicaid funding in areas where there is inadequate funding due to budget constraints.

Disproportionate Share Hospital Payment Adjustment – Federal law requires state Medicaid programs to “take into account the situation of hospitals that serve a disproportionate number of low-income patients with special needs” when determining payment rates for inpatient hospital care. A key provision allows states to pay hospitals rendering high volumes of care to low-income patients rates above those paid by Medicare and to exceed the so-called “Medicare upper payment limit”

Medicaid Waivers – Under this program, the Federal Government allows or grants States permission to waive certain Federal requirements in order to operate a specific kind of program. They are often used to authorize managed care, or alternative delivery or reimbursement systems. In general, Federal law allows States to enact three types of Medicaid waivers: Program waivers, Research and Demonstration Waivers, Health Insurance Flexibility and Accountability (HIFA).

Reduction of Reimbursement Rates – Reducing the reimbursement amount for Medicaid Providers.

Presumptive Eligibility – Under this state option, certain “qualified entities” can make a preliminary, or “presumptive,” determination that a child is eligible for Medicaid based on the family’s declaration that its income is below the state’s Medicaid income eligibility guidelines. No verification of income is needed at the time the presumptive eligibility determination is made. By determining the child presumptively eligible, the qualified entity can provisionally enroll the eligible child in Medicaid. The child’s parent or other adult caring for the child has until the end of the following month to submit a full Medicaid application on behalf of the child. In the meantime, the child is eligible to receive all health services covered under the Medicaid state plan.

Pay or Play - The employer pay or play plan imposes a tax on all employers (public and private) used to fund coverage under a public program while allowing a credit for employee health coverage costs the employer actually covered.

APPENDIX D

Tables & Charts Questions 3-4

Question 3: Would you support legislation that:**A. Provides health insurance for all Mississippians**

	Frequency	Percent	Valid Percent	Cumulative Percent
No	4	36.4	36.4	36.4
Yes	5	45.5	45.5	81.8
Maybe, If Funds Available	2	18.2	18.2	100.00
Total	11	100.00	100.00	

B. Provides health insurance for all children

	Frequency	Percent	Valid Percent	Cumulative Percent
No	3	27.3	27.3	27.3
Yes	6	54.5	54.5	81.8
Maybe, If Funds Available	2	18.2	18.2	100.00
Total	11	100.00	100.00	

C. That Provides Long Term Care for the Elderly At Home

	Frequency	Percent	Valid Percent	Cumulative Percent
No	2	18.2	18.2	18.2
Yes	7	63.6	63.6	81.8
Maybe, If Funds Available	2	18.2	18.2	100.00
Total	11	100.00	100.00	

D. That Provides All Working Families Access to Insurance

	Frequency	Percent	Valid Percent	Cumulative Percent
No	2	18.2	18.2	18.2
Yes	8	72.7	72.7	90.9
Maybe, If Funds Available	1	9.1	9.1	100.00
Total	11	100.00	100.00	

E. That allows uninsured families to purchase insurance/health care at a reduced cost?

	Frequency	Percent	Valid Percent	Cumulative Percent
No	2	18.2	18.2	18.2
Yes	8	72.7	72.7	90.9
Maybe, If Funds Available	1	9.1	9.1	100.00
Total	11	100.00	100.00	

Question 4: Would you introduce legislation that:

A. Provides health insurance for all Mississippians

	Frequency	Percent	Valid Percent	Cumulative Percent
No	5	45.5	45.5	45.5
Yes	4	36.4	36.4	81.8
Maybe, If Funds Available	2	18.2	18.2	100.00
Total	11	100.00	100.00	

B. Provides health insurance for all children

	Frequency	Percent	Valid Percent	Cumulative Percent
No	4	36.4	36.4	36.4
Yes	6	54.5	54.5	90.9
Maybe, If Funds Available	1	9.1	9.1	100.00
Total	11	100.00	100.00	

C. That Provides Long Term Care for the Elderly At Home

	Frequency	Percent	Valid Percent	Cumulative Percent
No	2	18.2	18.2	18.2
Yes	6	54.5	54.5	72.7
Maybe, If Funds Available	3	27.3	27.3	100.00
Total	11	100.00	100.00	

D. That Provides All Working Families Access to Insurance

	Frequency	Percent	Valid Percent	Cumulative Percent
No	2	18.2	18.2	18.2
Yes	8	72.7	72.7	90.9
Maybe, If Funds Available	1	9.1	9.1	100.00
Total	11	100.00	100.00	

E. That allows uninsured families to purchase insurance/health care at a reduced cost?

	Frequency	Percent	Valid Percent	Cumulative Percent
No	3	27.3	27.3	27.3
Yes	7	63.6	63.6	90.9
Maybe, If Funds Available	1	9.1	9.1	100.00
Total	11	100.00	100.00	