POSITION STATEMENT

Optimizing Insurance Coverage for Detainees and Inmates Postrelease

Introduction

Most prison inmates and a large proportion of jail detainees and jail inmates lack health insurance, yielding worse health care access postrelease, disruptions in continuity of care for serious conditions, and worse health outcomes. Lack of insurance coverage postrelease, particularly for mental health and substance abuse services, increases the risk of rearrest, resulting in a vicious, costly cycle of recidivism.

The Affordable Care Act creates unprecedented opportunities for improving health care coverage for correctional populations postrelease. Many inmates are eligible for coverage through Medicaid. Among states with expanded Medicaid, persons are eligible with household incomes at 138% of the federal poverty level. Expansion of Medicaid provides an historic opportunity to improve health insurance coverage for correctional populations postrelease, to improve access to needed medical and behavioral treatment, and potentially to reduce costly recidivism.

Many states continue to terminate Medicaid coverage for persons following arrest rather than suspending Medicaid coverage. Termination of coverage results in unnecessary delays in Medicaid reinstatement postrelease, hindering health care access. Termination also precludes jail detainees being counted under federal “meaningful use” incentives for health information technology. These incentive programs offer financial payments to providers who optimize their use of health information technology, including use of electronic health records. However, to qualify for these payments, at least 30% of patients in the population under care must be Medicaid eligible. Inmates whose Medicaid has been suspended rather than terminated may be counted as Medicaid eligible. Thus, suspending Medicaid rather than terminating coverage not only offers opportunities for improving care continuity for detainees but also offers a means to support electronic health records in jails and detention facilities.

Under provisions of the Affordable Care Act that took effect January 1, 2014, inmates with household incomes between 138% and 400% of the federal poverty level are eligible for subsidized private insurance through health insurance exchanges following release.

In contrast to Medicaid, private insurance coverage extends to pretrial detainees, meaning that health care provided during pretrial detention is potentially covered by the detainee’s insurance, providing another source of needed revenue for health care within these facilities.

Position Statement

NCCHC believes that optimizing health insurance coverage and continuity represents a vital means for improving health care for correctional populations.

Suspension vs. Termination of Medicaid Coverage

States should adopt policies that minimize termination of Medicaid coverage for jail detainees. Suspending rather than terminating coverage significantly expedites activation of Medicaid for the detainee upon release, thus improving continuity of care. Suspending rather than terminating Medicaid also allows the detainee to be counted for “meaningful use” requirements, allowing more jail health care facilities to qualify for payments for electronic health record systems.
Enrollment and Coverage in Private Insurance for Jail Detainees

When feasible, jails should assist potentially eligible jail detainees with enrollment in health insurance exchanges and develop systems for billing private insurance when possible, providing an additional revenue source for health care services in jails.

Discharge Planning

As part of early discharge planning, prisons should assist inmates with insurance application prior to release. Prisons should take advantage of federal funding for insurance navigators to facilitate this process. As part of early discharge planning for longer-term detainees and inmates, jails should assist them with insurance application prior to release. Discharge planning is often enhanced with partnerships with community organizations, including insurance navigators that provide in-reach into jails.

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