Ready, Set, Enroll

November 2015 Update

Emerging Health Center Strategies to Promote Patient Education and Engagement in the Coverage Enrollment Process

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Introduction

California community clinics and health centers have seen dramatic reductions in the number of their patients that are uninsured and the transition of large numbers of individuals (new and existing patients) into health insurance (predominantly Medi-Cal) – many of whom have never had health insurance coverage before. This presents an enormous challenge and opportunity to meaningfully engage patients in their own health care. In this final enrollment update, we examine more closely how California community clinics and health centers (CCHCs) are utilizing the health insurance enrollment and renewal process as a vehicle for patient education and engagement. This includes education about what health insurance is, how to navigate the health care delivery system, linkage to a medical home or primary care provider, identification and support of clinical and social service needs, and promoting patient engagement in their own care, among other activities. The update highlights innovative strategies occurring at three California community clinics and health centers: OLE Health (Napa County), North County Health Services (San Diego County) and Petaluma Health Center (Sonoma County).

Additionally, the update briefly reviews statewide and federal policy activities related to children's Medi-Cal expansion, legislative proposals to expand coverage for undocumented residents and the status of President Obama's 2014 executive action on immigration (deferred action).

Funded by the Blue Shield of California Foundation, this is the last of five quarterly enrollment updates published between February 2014 and November 2015 examining California community clinic and health center (CCHCs) enrollment experiences, challenges, innovative strategies and best practices, and thinking about the future of enrollment support services in their organizations. Each of the quarterly updates includes case studies on multiple health centers with the goal of representing the broad diversity of California CCHCs. Links to all of the previous enrollment updates, as well as, a 2013 in-depth report on enrollment activities at community health centers and coverage expansion, are included below[1]:

- Ready, Set Enroll: Community Health Center Strategies to Facilitate Enrollment of Uninsured Patients into Coverage Under the Affordable Care Act (September 2013)
- Ready, Set, Enroll – February 2014 Update
- Ready, Set, Enroll – June 2014 Update
- Ready, Set, Enroll – November 2014 Update
- Ready, Set, Enroll – April 2015 Update

Leveraging Enrollment to Promote Patient Engagement

During the initial period following coverage expansion under the Affordable Care Act in early 2014, California community clinics and health centers (CCHCs) and other enrollment entities grappled with unprecedented demand for enrollment services, unpredictable IT, eligibility and enrollment system start-up glitches, and uncertainty about Medi-Cal renewal, among other challenges. Though challenges remain, California's transition to the ACA and initial push to move uninsured residents into coverage has been enormously successful.

As California moves into its third year following ACA coverage expansion, CCHCs are facing a changed landscape. Demand for new enrollment has slowed notably, a significant number of previously uninsured clients have gained coverage under Medi-Cal (or Covered California), and many new and existing CCHC clients are learning about how to use health insurance coverage for the very first time.
Not surprisingly, CCHCs are evolving their enrollment strategies to support the shifting needs of their clients. In the following section, we spotlight three CCHCs that are integrating new activities and

[1] http://www.blueshieldcafoundation.org/search/content/ready%20set%20enroll

components into the coverage enrollment process to promote client education and engagement. Though each health center is pursuing unique approaches that reflect the needs of their clients, several common themes emerged:

Robust Education on Health Insurance Benefits, Networks and Cost. All of the interviewed health centers reported providing formalized instruction to newly insured patients about health insurance components, including benefits, costs, networks and how to select a primary care provider. This includes providing dedicated instruction time during the enrollment appointment, group classes, and post-enrollment outreach, among other strategies.

Educating Clients on the Health Center Philosophy, Model and Services. Recognizing that many newly insured clients are either newly assigned to the CCHC or only used the CCHC for episodic care when uninsured, interviewed CCHCs have implemented more structured approaches to educating clients about their model of care. This includes discussing the medical home philosophy, care team approach and range of available services with clients during enrollment appointments or telephone outreach following enrollment, as well as, creating more informative written materials to be shared with clients.

Facilitating the First Primary Care Appointment. For those clients selecting the health center as their primary care medical home, interviewed CCHCs reported pursuing a number of strategies to get clients in for their first visit. This includes direct clinical appointment scheduling during enrollment appointments, post-enrollment outreach and scheduling assistance, and education about the value of scheduling an initial wellness visit.

Screening for and Linking Clients to Needed Medical and Social Services. Above and beyond enrollment, CCHCs are utilizing the enrollment process to identify client clinical and social service needs and connect them to specific services. Two of the three interviewed health centers reported that they now conduct Social Determinants of Health (SDH) screenings during the enrollment process to identify housing, food and other social service needs. Clients exhibiting needs receive additional program enrollment support (e.g. CalFresh) and are referred internally to case managers / navigators that link them to external programs and services. Two health centers also highlighted additional screening for clients to identify medical and dental service needs and provide direct internal referrals if needed. Interviewed health centers also reported increased training for Certified Enrollment Counselors (CECs) on social service programs and resources in the community.

Listening to Clients. All of the interviewed health centers also recognized that they are still learning what type of education and guidance is most valued by clients. They each outlined a number of new activities designed to learn from clients about their needs and experiences with the health center, including structured interview questions, supplemental survey questions and piloting of new support activities.

SPOTLIGHT: OLE Health

Title: Rethinking Enrollment Support

About Ole Health

OLE Health serves about 25,000 patients in Napa County. OLE Health is the only Federally Qualified Health Center (FQHC) in the county and the major safety-net primary care provider in the community. Most OLE Health patients receive care at its flagship Pear Tree facility in the City of Napa, which offers a comprehensive range of services, including pediatric and adult primary care, behavioral health, dental, and enrollment assistance, among other services.

Since coverage expansion under the Affordable Care Act, the proportion of active patients who are uninsured has decreased from over 40% to about 20% with more than 50% of patients now covered by Medi-Cal. Since ACA coverage expansion, more than 1 in 4 individuals that have come to OLE Health for Covered California or Medi-Cal enrollment support were not existing patients and most had never had health insurance before.

New Strategies to Increase Client Knowledge and Engagement with Care

Over the previous two years, OLE Health has increasingly formalized its approach to empowering clients as health care consumers and linking them with needed services. This includes education on health insurance, overview of OLE Health services and philosophy, linkage with their primary care provider and formal screening on client social service needs.

In addition to traditional enrollment support, certified enrollment counselors (CECs) use 15-30 minutes of every 60-minute enrollment appointment to equip patients to manage their coverage and utilization of services. This includes, health insurance education to help clients understand benefits, networks, choices, costs and other components (e.g. deductibles); orientation on the OLE Health service model and services offered (not just medical), and; a 15-question Social Determinants of Health (SDH) screening designed to identify and link patients with other social service needs.

During enrollment appointments (and other interactions) all clients are encouraged to schedule a wellness exam with their primary care provider (PCP). For new clients that select OLE Health or existing patients without a visit in the prior year, CECs have begun directly scheduling appointments during the enrollment visit.

OLE Health is also piloting in-person orientations for new patients and newly insured patients. In addition to education on health insurance products and orientation on the OLE Health model and services, participants receive an enhanced screening for all insurance programs, complete a Social Determinants of Health (SDH) screening, and are trained on how to use the patient portal. They also have their first appointment scheduled before they leave the orientation.

Addressing Social Determinants of Health

As stated, OLE Health CECs now conduct a 15-question SDH screening during enrollment appointments and patient orientation sessions to identify other social service needs related to food, housing, employment and other needs. Clients with additional needs are directed to an on-site AmeriCorps worker that connects them to other programs. The SDH screening also alerts CECs to those clients needing CalFresh application support, which are supported by the CECs. Since enacting the screening, OLE Health has seen an increase in use of the Napa Valley Food Bank, CalFresh enrollment and other social services.

These efforts highlight an increased focus across the organization on identifying and addressing the other factors in patients' lives that affect their health. Looking forward, OLE Health is exploring embedding "resource coordinators" among the medical care teams, as well as, more systematic ways to track and communicate patient needs across the system and evaluate and report outcomes.

SPOTLIGHT: North County Health Services

Title: Using Operational Systems to Support Enrollment and Patient Engagement

About North County Health Services

North County Health Services (NCHS) serves about 60,000 patients across 11 medical and dental facilities throughout northern San Diego County. Although about 25,000 patients are served at its San Marcos site, more than half of patients seek care at 10 other small or mid-sized facilities in a broad geographic area. As a result of coverage expansion from the Affordable Care Act, the percentage of patients lacking any health insurance coverage has dropped to about 30% with about 60% of patients enrolled in Medi-Cal.

New Data and Reporting Systems

Over the past two years, NCHS has deliberately developed infrastructure and staffing to support a more systematic and data-driven approach to enrollment/renewal support and client engagement. This includes creating an extensive homegrown enrollment database that allows them to track client communication and outcomes, provide organization-wide and clinic-specific dashboards and run trend reports to evaluate impact on particular populations and target interventions. For example, NCHS plans to evaluate differences in Medi-Cal renewal rates among client sub-populations to inform changes in its activities.

Linking Newly Insured Clients to Services

NCHS participated heavily in outreach and enrollment events following ACA coverage expansion. In addition to providing enrollment services at community events, NCHS also sought to help clients schedule their initial appointment at NCHS. They quickly found that although clients valued the enrollment assistance, almost no clients decided to schedule their first appointment. Stated the Chief Business Development Officer, “at that point patients were just excited that they didn’t have to pay out of pocket. We realized that they needed more education and guidance.”

In response, NCHS created a utilization branch of enrollment services with the goal of educating newly insured clients, linking them to needed services and soliciting feedback on their needs. Currently, the utilization team includes two full-time staff members that make phone calls to all individuals that completed coverage applications with NCHS staff within the last two months. The 30-45 minute phone calls are designed to provide intensive support for clients and also learn about their experience navigating care. Staff schedule clinical appointments directly, answer questions about their health insurance coverage and NCHS services, and ask about barriers to care, the customer experience and what ideas clients have for improving their experience. The utilization team reports a number of positive outcomes, including increased clinical appointments for newly insured clients and identification of important opportunities to strengthen the customer experience.

Learning to Connect the Patient Experience Dots

According to senior staff, utilization team efforts have been enormously successful but have also prompted NCHS to evaluate how to provide a more seamless and integrated experience for clients. Stated the Chief Business Development Officer, “we have realized through this process how incredibly fragmented our system is. We are not the only ones in our organization trying to get patients in for care. They may be getting contacted by others in our organization and there might be different messages…. How do we bring all of these efforts under one roof?” Other outreach can include clinical reminders, dental outreach, pre-appointment calls and other patient engagement activities. Looking forward, NCHS is exploring options to coordinate all patient engagement activities and ensure a consistently high quality customer experience.

SPOTLIGHT: Petaluma Health Center

Title: Promoting the Health Home and Addressing Social Determinants of Health

About Petaluma Health Center

Petaluma Health Center (PHC) serves close to 23,000 patients in Sonoma County. Historically, PHC operated one comprehensive site with a broad array of medical, dental and enabling services, but launched a second site in 2015 in neighboring Rohnert Park. Since coverage expansion under the Affordable Care Act, the percentage of active patients with Medi-Cal has increased from 25% to 50%, while the percentage of patients lacking health insurance dropped from 49% to 24%.

Prior to the ACA coverage expansion, PHC maintained robust and well-functioning enrollment and renewal support services. Since coverage expansion, however, PHC has invested in building a more comprehensive enrollment experience with greater emphasis on patient education and identification and linkage to both medical and social service needs.

Comprehensive Patient Education

In addition to on-site enrollment support for the uninsured, all new PHC patients meet with a Certified Enrollment Counselor (CEC) whether they have insurance coverage or not. These CEC appointments, which can take place prior to a scheduled visit or at a different time, now include comprehensive education and discussion about the PHC health home philosophy, care team model and PCP assignments, available services, wellness programs and agency partners they work with. Patients also receive brochures and other materials describing available services and orienting them to the health home model.

According to the Chief Operating Officer, patient surveys and complaints highlighted a lack of understanding about the health home model by many patients, as well as a lack of understanding about available services like after-hours access and wellness programs. He stated, “Before we started this we got a lot of complaints about all the follow up we did to get patients to come in for services – mainly Latino men in their 40s. We realized that we had not explained our model and we now try to set the expectation up front that this is your medical home and this is what we are trying to achieve together.”

Linking Clients to Needed Services

Over the past two years, PHC has steadily expanded a separate health navigator case management program to include 10 health navigator staff. Navigators, who are distinct from CECs and not focused on health coverage enrollment, provide clients with intensive support accessing services and programs outside of PHC, such as housing, mental health and substance use programs, food/clothing and other needs.

Initially, health navigator referrals were generated by medical providers and care teams. However, PHC recently embedded a social determinants of health (SDH) screening into CEC enrollment and orientation appointments to identify social service needs. Since they are on-site together, CECs can walk clients needing additional services over to the health navigators and conduct a warm hand-off. The screening also highlights if clients would benefit from additional program enrollment, such as CalFresh. If so, CECs are able to help clients complete these applications.

CECs also ask a number of screening questions that indicate if clients need immediate health and enabling services provided at PHC. Children with urgent dental issues, pregnant women and families potentially eligible for Women Infants and Children (WIC) are referred directly to those internal services.

Looking forward, PHC is exploring additional options for integrating support for social determinants of health into health center operations and leveraging the enrollment process to link clients to care. This includes piloting registration and SDH screening at kiosks and embedding health navigators in care teams, among other strategies.

Policy Updates

The following sections address four policy topics, including:

- Medi-Cal expansion for all children and youth
- Legislation to extend health insurance coverage to undocumented adults (Lara Bill)
- Legislation to support agricultural worker health insurance (SB 45)
- Update on President's 2014 immigration executive action (DACA / DAPA)

Medi-Cal Expansion for Children and Youth Regardless of Immigration Status

During the 2015 summer California legislative session, important progress was made toward affordable coverage for all California residents. In the June state budget bill (SB 75), Governor Brown expanded full-scope Medi-Cal coverage to all children and youth under 19 — regardless of immigration status — who meet income and residency eligibility requirements.[2] Financing for the estimated 170,000 eligible will come predominantly from state funds. Medi-Cal income eligibility for children and youth is up to 266% of the Federal Poverty Level, about $64,000 per year for a family of four. The Department of Health Care Services (DHCS) will continue working with advocates and stakeholders to implement the expansion.[3] Many advocates actually estimate that the number of undocumented children eligible for this new benefit could reach upwards of 230,000.

A second bill (SB 4 Lara), signed by Governor Brown in October 2015, provides complementary policies to put the expansion into effect.[4] In particular, it requires that children and youth receiving limited-scope Medi-Cal coverage be automatically transitioned to full-scope Medi-Cal without having to submit a new application. Other eligible children such as those enrolled in the Kaiser Child Health Program or local Healthy Kids programs who have not enrolled in limited scope Medi-Cal will enroll via available channels such as the Covered California website and county social service offices.

The expansion will be implemented no sooner than May 1, 2016, and when DHCS demonstrates system readiness for enrollment of this group of children. These newly eligible Medi-Cal children and youth will enroll in managed care plans and their families will be responsible for co-pays and premiums as required of other beneficiaries.

Many California community clinics and health centers (CCHCs) have also begun developing their outreach and enrollment strategies to maximize enrollment of the SB 75 newly eligible population. To this end, CCHCs are focused on building strategies to reach and engage mixed immigration and Limited English Proficiency (LEP) families.[5] The Ready, Set, Enroll – April 2015 Update spotlights best practices at several CCHCs to enroll mixed immigration and LEP families. As trusted enrollment resources for mixed immigration families and a major primary care provider for local Healthy Kids programs, CCHCs are also participating in planning efforts to transition children enrolled in limited-scope Medi-Cal and local Healthy Kids programs and the Kaiser Child Health Plan into full-scope Medi-Cal.

[2] Senate Bill 75. SEC. 35. Section 14007.8. http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0051-0100/sb_75_bill_20150624_chaptered.htm
[3] See the DHCS SB 75 webpage for more information - http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SB-75.aspx
[4] http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0001-0050/sb_4_bill_20151009_chaptered.htm
[5] http://www.blueshieldcafoundation.org/publications/ready-set-enroll-evolving-enrollment-support-models-california-community-health-centers

The Lara Bill (SB 10)

Other bills during the 2015-2016 legislative session were aimed at expanding coverage for undocumented adults. SB 10 (Lara) would expand full-scope Medi-Cal to income and residency-eligible adults who lack satisfactory immigration status.[6] In addition, the bill would direct the state to apply for a Section 1332 State Innovation Waiver under the Affordable Care Act. If approved, the waiver would allow those eligible, regardless of immigration status, to purchase Qualified Health Plan coverage through Covered California. Adults without satisfactory immigration status found eligible to purchase a Covered California Qualified Health Plan would not receive federal subsidies via tax-credits or cost-sharing reductions. Such individuals would be required to pay for the cost of their coverage. While the bill was heard in several Senate and Assembly committees, SB 10 was not passed and will be heard again during next year's legislative session.

Agricultural Worker Health Plan (SB 145)

SB 145, signed by Governor Brown into law, will provide funding for the United Farm Workers' Robert F. Kennedy Medical Plan health plan for agricultural workers.[7] The plan has been in existence for several decades. The state had approved one-time $2.5 million earlier in June but this new law provides up to $3 million per year for five years. The funding allows the health plan to comply with the ACA, and by keeping up to 11,000 workers healthy, saves the state limited scope Medi-Cal resources.[8]

President's Executive Action on Immigration (DACA / DAPA)

Nearly a year ago, President Obama ordered via executive action the expansion of the Deferred Action for Childhood Arrivals (DACA) program and a new Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA) program. If these executive actions are found legal, more than 1.2 million additional undocumented Californians could become eligible for deferred action status and thus potentially eligible for Medi-Cal.[9] The actions, however, remain stranded in the courts. A federal district court blocked implementation of both actions in February 2015, and in May, a Justice Department request for an emergency stay was denied by the US Court of Appeals for the Fifth Circuit.[10] Delays in the lower courts will likely prevent an appeal to the Supreme Court until well into 2016, making DACA and DAPA possible issues for the presidential race.[11]

Conclusion

With the entry of so many new individuals into health insurance coverage, including many that have never had health insurance coverage or a regular primary care provider, California community health centers and clinics (CCHCs) are increasingly implementing innovative strategies to educate, engage and link clients to needed services. Such efforts highlight the extent to which coverage enrollment practices have rapidly grown in sophistication and become more integrated as a part of the full health center model over the past three years. No longer just a referral and application function, the enrollment process is emerging as an essential health center tool to empower clients with the tools to understand and navigate their own health care, as well as, effectively connect them to services that address their specific needs.

[6] http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0001-0050/sb_10_bill_20150909_amended_asm_v96.htm
[7] http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0101-0150/sb_145_bill_20151009_chaptered.htm
[8] California HealthLine. Bill Would Subsidize California Farmworkers' Health Plan for Five Years October 5, 2015. http://www.californiahealthline.org/articles/2015/10/5/bill-would-subsidize-calif-farmworkers-health-plan-for-five-years
[9] http://www.blueshieldcafoundation.org/sites/default/files/covers/Ready%20Set%20Enroll%20April%202015.pdf
[10] National Immigration Law Center. Court Decision Signals Delay, Not Defeat. May 26, 2015. http://nilc.org/TXvUSlitigation.html
[11] Shear M and Preston J. In Courts, Running Out the Clock on Obama Immigration Plan. New York Times. October 13, 2015. http://www.nytimes.com/2015/10/14/us/in-courts-running-out-the-clock-on-obama-immigration-plan.html?smprod=nytcore-iphone&_r=1