



PARTICIPANT HANDOUTS

Supporting O&E in Your CHC

Thank you for attending today's training. By doing so you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive, culturally competent, high-quality primary health care services.

Presented by:

Ted Henson, Director, Health Center Performance and Innovation, National Association of Community Health Centers (NACHC);

Joe Rivera, Eligibility and Enrollment Manager, Valley-Wide Health Systems (VWHS)

Live Broadcast Date/Time:

Monday, September 10, 2018

10:00–11:00AM Mountain Time / 11:00AM–12:00PM Central Time

Event Overview:

A rhetorical shift is taking place in the Outreach & Enrollment (O&E) sphere, which aims to show the breadth of services O&E personnel provide. This shift also aims to help show Community Health Center leadership the continued value of O&E work.

This webinar will present and review the Outreach & Enabling Services Infographic, which was developed in collaboration by the National Association of Community Health Centers (NACHC), the Community Health Association of the Mountain/Plains States (CHAMPS), the Community Health Association of the Dakotas (CHAD), and other state Primary Care Associations (PCAs). This tool focuses on the service categories of Outreach, Interpretation Translation, Eligibility Assistance, Health Education, Transportation, and Case Management. The webinar will also discuss ways to capture and maintain leadership support for O&E services with insights from a Community Health Center Eligibility and Enrollment Manager. In this portion of the webinar, the presenter will discuss and reflect on his success in highlighting the impact of O&E services to the CHC Board and Executive Leadership.

Learning Objectives:

Through this session, participants should be able to:

1. Describe a strategic approach for presenting to leadership about O&E and enabling services.
2. Highlight tools that can be used for self-reflection, narrative-building, and getting stakeholder buy-in.
3. Increase proficiency levels for implementing new tools and resources that support O&E activities.

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CHAMPS ARCHIVES

This event will be archived online. This online version will be posted within two weeks of the live event and will be available for at least one year from the live presentation date. For information about all CHAMPS archives, please visit www.CHAMPSonline.org/events-trainings/distance-learning.

DESCRIPTION OF CHAMPS

Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally-funded Community, Migrant, and Homeless Health Centers so they can better serve our patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, and the benefits of CHAMPS Organizational Membership, please visit www.CHAMPSonline.org.

SPEAKER BIOGRAPHIES



Ted Henson is Director, Health Center Performance and Innovation, at the National Association of Community Health Centers. His current areas of focus are health center growth and development, Health Center Program compliance, and advising health centers on integrating enabling services into their operational work flow. Ted was previously a Director of a Robert Wood Johnson Foundation grant on outreach and enrollment at NACHC. Prior to NACHC, Ted worked as a consultant on Community Health Needs Assessments for a large hospital system in Rhode Island. Ted is also the co-founder of Street Sense, a nonprofit newspaper for the homeless in Washington, DC. Ted earned a Masters of Science from the Harvard School of Public Health.



Joe Rivera is the Eligibility and Enrollment Manager at Valley-Wide Health Systems in Pueblo, Colorado. He has 34-year's experiences with the private and public insurance industry, including work in sales, services, claims, billing, and all aspects of eligibility for public programs. He has been with Valley-Wide Health systems for 25 years, 18 of which he has been the Eligibility Coordinator and Program Manager implementing outreach and enrollment.



Outreach & Enrollment Distance Learning Series



Supporting O&E in Your CHC

Monday, September 10,
2018

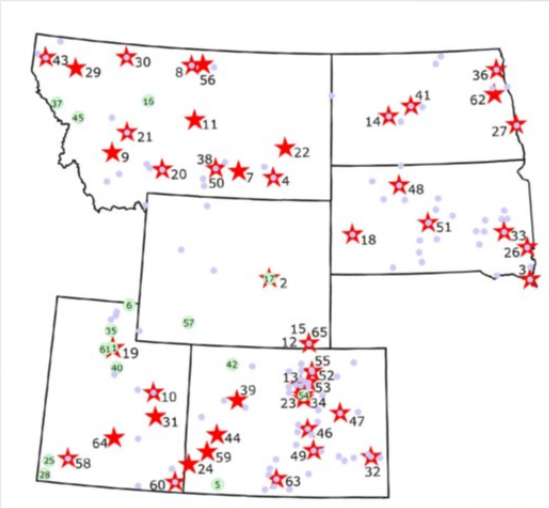
Welcome to the Outreach & Enrollment Distance Learning Series

All lines are muted. Please use chat to ask questions.

Community Health Association of Mountain/Plains States (CHAMPS)



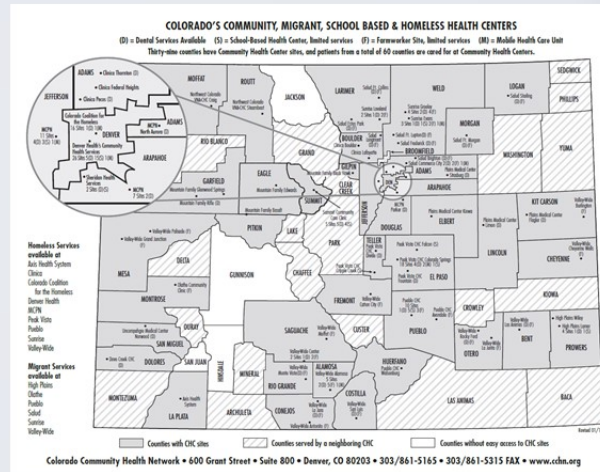
www.champsonline.org



Colorado Community Health Network (CCHN)



www.cchn.org



Presented by:

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Audience Question

How many total people are watching this event at your computer, including yourself?

Audience Question

Does your health center's senior leadership have a clear picture and fully support what O&E staff do and how you impact the organization overall?

- 1 – No Support
- 2 – Little Support
- 3 – Some Support
- 4 – Good Support
- 5 – Fully Support



NATIONAL ASSOCIATION OF
Community Health Centers



America's Voice for Community Health Care



NATIONAL ASSOCIATION OF
Community Health Centers

America's Voice for Community Health Care

The NACHC Mission

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved populations.



How many Open Enrollment Periods have you worked as an assister at your health center?

0 – This is my first Open Enrollment Period!

1

2

3

4

5 – I'm a true O&E veteran.

5+ – I've been doing this since CHIPRA.



Rethinking O&E

Ted Henson

Director, Health Center Performance & Innovation

National Association of Community Health Centers



2013: Post-ACA Passage

- Supplemental Funding Awards to FQHCs
- \$60m+ CMS Navigator Grants
- Expanded Medicaid
- State, Federal Marketplaces

Current Landscape

- Health center base grant funding
- \$13m Navigator Grants
- Less SBMs
- Different plan options
- Political Opposition



Outreach and....



Enabling Services

Enabling Services Workforce (UDS)

1. Case Managers
2. Patient/Community Education Specialists
3. Outreach Workers
4. Transportation Staff
5. Eligibility Assistance Workers
6. Interpretation Staff
7. Community Health Workers



2016 UDS National Data: Staffing & Utilization (*Enabling Services Staff*)

Staff	2012	2013	2014	2015	2016 FTEs
Case Managers					7,622
Patient/Community Education Specialists					2,588
Outreach Workers					2,646
Transportation Staff					665
Eligibility Assistance Workers	2,419	3,185	4,587	4,640	4,535
Interpretation Staff					1,062
Community Health Workers					879
Other Enabling Services					500
Total Enabling Services	13,143	14,716	17,250	18,859	20,497



Resources





Enabling services are non-clinical services that increase access to health care and improve health outcomes for patients and communities. Enabling services at community health centers (CHCs) include outreach, language interpretation, eligibility assistance, health education, transportation, and case management. Enabling services are an increasingly important way that health centers advance the Quadruple Aim. By focusing on the holistic health of the patient and care coordination, health outcomes are improved on a wide range of clinical measures. Enabling services such as case management and transportation access increase access to preventive health services, which reduces long-term costs through the reduction of ER visits and effective chronic disease management. When resources are expanded, providers' work life is improved and patients' satisfaction improve. The end results support and iterate each other.

Below are the Quadruple Aim categories and examples of the ways in which integrated value-based care enhances patient experience, improves population health, reduces costs, and strengthens care team wellbeing. **Please feel free to edit these examples to best fit the audience you serve. Sources for the data are provided.**

ENHANCE PATIENT EXPERIENCE

Through comprehensive Outreach & Enrollment (O&E) services, CHCs can enhance patient experience, improve population health, and reduce costs. By investing in O&E, CHCs can reduce the number of uninsured patients, increase patients covered by Medicaid, increase total patients, and increase total gross revenue. With this extra revenue, CHCs can invest in quality and clinical initiatives to help improve patient health outcomes. For detailed examples, see the [NACHC Outreach & Enrollment Case Studies](#).

IMPROVE POPULATION HEALTH

Community Health Workers (CHWs) provide health services and interventions to individuals and entire communities that include health education, advocacy, social support, language interpretation and translation, and more. Through CHW programs, CHCs can see cost savings, increased patient outcomes, and fewer emergency healthcare treatments. Check out the [MHP Salud Brief Report](#) on programs in Ohio and New Mexico that yielded such results.

REDUCE COSTS

Investing in culturally and linguistically appropriate enabling services can serve as a means for CHCs to reduce barriers within the health care structure. This includes translation and interpretation services, eligibility and enrollment assistance, transportation considerations, and more. Cultivating patient-provider communication, helping patients access information and understand their own health circumstances, and creating more patient safety creates ripples of positive effects within the CHC, health care system at large, and communities. Additionally, feeling that their services are effective helps improve healthcare provider work life. For research on the power of culturally appropriate enabling services see [this article from NCS](#); for information on the effect enabling services have on eliminating health disparities, see [this report from APPCHO](#).

STRENGTHEN CARE TEAM WELL-BEING

Enabling services play a role in creating Patient-Centered Medical Homes (PCMH), a paradigm which emphasizes the continuous patient-provider relationship, holistic and preventive care, and the integration of technology that assists in wrap-around services. PCMHs reduce health disparities for minorities, address social determinants of health, and offer non-clinical health services outside. Enabling services play a large role in the latter, since PCMHs service the entirety of an individual's health needs, including enrollment assistance, health education, case management, and more. Check out this fact sheet on [The Role of Enabling Services in PCMHs](#).

Additional Resources:

[NCS: Use of Enabling Services by Asian American, Native Hawaiian, and Other Pacific Islander Patients at 4 Community Health Centers](#)
[APPCHO: Impact of Enabling Services on Population Health Outcomes](#)
[APPCHO: Toolkit-ES: Data Collection, Implementation, Packet_2005](#)

Acknowledgment/Disclaimer

The information provided in this document is designed to provide helpful information regarding health center enabling services. This document is the outcome of an outreach and enabling services project in collaboration with Community Health Association of the Districts, Community Health Association of the Mountain/Pine States, Health Center Association of Nebraska, National Association of Community Health Centers, and based on input from various Primary Care Associations. Examples used may have been customized by the author(s) other than the originator, and do not necessarily reflect the views of the organizations involved in the collaboration.



Outreach and Enrollment Issue Brief:

Expanding the Role of the Enrollment Assister at Community Health Centers

April 2017

NATIONAL ASSOCIATION OF
Community Health Centers
7921 Wisconsin Avenue
Suite 1500W
Bethesda, MD 20814
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- Features Michigan PCA, 3 Health Centers, MHP Salud
- Highlights models for cross-training CACs as CHWs
- Defines Shared, Sub-roles
- Describes Impact on Health Outcomes



**Outreach and Enrollment Case Study:
Mountain Comprehensive Health Corporation**

Health Center:	Mountain Comprehensive Health Corporation (MCHC), Whitesburg, KY	Medicaid Expanded State	
2013 Patients Served:	25,699	State-Based Exchange:	kynect
Uninsured Patients:	3,959 (2013)	Number of HRSA-funded assisters:	3
Total Sites:	21 rural clinics, including 10 school-based clinics	Total # of staff trained as assisters:	27 (All sites)

Table 1: Key Metrics for MCHC

Data Point	2013	2014	% Change
Total Patients	25,699	27,082	5%
Total Uninsured Patients	3,959	1,744	56%
Payer Mix:			
Medicaid	7,989	11,446	43%
Medicare	5,491	5,661	3%
Private Insurance	8,260	8,231	-.4%*
Self-Pay/Uninsured	3,959	1,744	-56%
Total Revenues	\$15,166,063	\$16,942,438	10%
Total Uncompensated Care as a Percent of Net Service Revenue	17%	14%	-3%
Total FTE Staff	193.81	223.80	13%
Total # of Staff Dedicated Solely to Providing Enrollment Assistance	3.28	6.68	51%
Total # of Trained Enrollment Assisters	27	27	0%
Total # of Insurance Enrollment Assists	3,177	7,889	60%
Total # of Applications Completed	2,541	5,254	52%



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<http://www.nachc.org/health-center-issues/outreach-and-enrollment/information-and-resources/>

VALLEY-WIDE HEALTH SYSTEMS

ALAMOSA, CO

-
- ❖ One of the largest rural Community Health Centers in the Country.
 - ❖ 12 rural counties in Southern and Southeast Colorado.
 - ❖ Received O&E funding in July 2013.
 - ❖ Executive Leadership and Board Reporting since OE1.
-

Audience Question:

Have you Provided O&E updates to your Board of Directors or Executive Leadership in the last 12 months?

- Yes
 - No
-

Building Support Through Updates – Why?

- ❑ Updates from other departments are provided to your Leadership and Board throughout the year.
 - ❑ O&E has an impact on all aspects of Health Center operations.
 - ❑ Board and Executive Leadership periodically change so updates are needed regularly.
 - ❑ Not all in Leadership may have a clear picture of what O&E staff do and how they impact your organization.
 - ❑ How do O&E staff impact your patients and contribute to your mission.
-

Outreach and Enrollment Updates 2018

- *Summary of Outreach and Enrollment Activities:*
 - ❖ *BPHC Expectations for O&E*
 - ❖ Open Enrollment #5
 - ❖ Total Enrollment-Last 12 Months
 - ❖ Staffing
 - ❖ Legislative Updates
 - ❖ Challenges and Successes
-

Ongoing O&E Activities and Best Practices

- Conduct in-reach to uninsured health center patients
- Conduct outreach in the health centers service area and providing enrollment assistance
- One-on-one education sessions about the ACA
- Assisting individuals with requesting a special enrollment period
- Assisting newly insured with understanding and utilizing their insurance
- Maintaining a sufficient and competent assister workforce

Source: [HRSA Health Center Outreach and Enrollment Assistance FAQ](#)

Open Enrollment 5 Nov. 1 – Jan. 12, 2018

- Staffing:
 - Six staff certified to assist with Marketplace enrollments.
 - Additional staff (Case Managers, Eligibility) assist with Medicaid Expansion enrollments.
 - Turnover: Hired O&E Specialists last June and in April.

Enrollment Totals:

- Marketplace Enrollments: 146 lives covered, both new and renewal. This is down from 171 during last open enrollment.
 - Medicaid and CHP+ Enrollments: 214 lives covered.
-

Total Enrollments April 1st 2017 through March 31st 2018.

- Total Enrollments:
 - Total Marketplace Enrollments: 180
 - Total CHP+ and Medicaid Enrollments: 992

- Sliding Scale Enrollments: 6,980

Sliding scale programs assist many Valley-Wide patients with health insurance plans with cost sharing when deductibles or co-insurance amounts are applied to covered services.

Outreach Activities

- Within Our Communities: Promotion of ACA programs, Health Center financial programs and Valley-Wide as Provider of Choice.
 - Farmers Markets
 - School Registration Events
 - Crestone Town Hall
 - Community Agencies
 - Community Festivals
 - Health Fairs
 - Local Merchants

In-Reach and Retention: Reaching out to VW patients who lose Medicaid or Private insurance.

Legislative and Program Updates

- **Federal Level:**

- **Individual Mandate:** With tax reform legislation this year, the penalty for not having insurance zeroes out starting in 2019.
 - What does this mean for our O&E project?
 - More important than ever to provide information, awareness, and enrollment assistance.

- **State Level Initiatives:**

- HB 1392 Allows Colorado to seek a waiver to establish a re-insurance fund to cover cost of high claims and bring down premiums.
 - **Connect for Health Colorado:**
 - State based marketplace is working on simplifying the enrollment process which is in the design stages.
 - Valley-Wide staff will have input on the design of the new web application.
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Successes and Challenges

- There is a continual customer need for assistance in navigating web based applications in order to obtain tax credits for Health insurance during and outside of open enrollment.
 - Patient Story:
 - Challenges Remain:
 - Open Enrollment #6 focus will continue to be on the benefits of having health insurance despite changes to ACA rules.
-

Contact

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QUESTIONS?

Type any questions into the chat box at the bottom of the screen.

THANK YOU!

Please fill out the event evaluation here:

<https://www.surveymonkey.com/r/OEDL2-SupportingOE>

2018 O&E Distance Learning Series: Upcoming Events

- Visit the [CHAMPS Distance Learning Page](#) for more information
- Preparing for Open Enrollment 6 – *Monday, September 24, 2018*

RELATED RESOURCES:

- Outreach & Enabling Services Impact Graphic
- [HRSA Health Center Ongoing Outreach and Enrollment \(O/E\) Assistance Frequently Asked Questions \(FAQs\)](#)