Welcome to the Outreach and Enrollment Distance Learning Series

Habits of Highly Effective Assisters

September 22, 2016

Welcome to the Outreach and Enrollment Distance Learning Series

All lines are muted. Please use chat to ask a question to the chairperson.
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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Preparing for the OE4 Landscape

Ezra Watland | Enroll America | September 22, 2016
Snapshot of National Landscape

Key issues

• The remaining uninsured
• Retention and renewals
• New issues: media landscape & market volatility

Where do we focus our efforts during OE4?
9.63 million Marketplace Plan Selections
As of 2/1/16

- **New vs. Reenrollees**
  - 4.03 million New Enrollees
  - 5.60 million Reenrollees
  - 71% Actively reenrolled

- **Proportion with Financial Help**
  - 85%

- **Proportion Young People**
  - 37% Under Age 35

Additional statistics:
- 37% Under Age 35
- 15.0 Million New Medicaid Enrollees in all 50 States + DC
  - Since September 2013

Average monthly values:
- Average monthly tax credit: $290
- Average monthly premium after tax credit: $106
NOT ALL GAINS ARE EQUAL
IN-PERSON HELP REMAINS CRITICAL

49% of EA’s 2015 survey responses report getting in-person assistance with enrolling in coverage.

Source: Enroll America’s survey of the Get Covered America consumer email list in December 2015. Survey received more than 2.3k responses.
The majority of 2015 uninsured live in families receiving Earned Income Tax Cred, SNAP, free or reduced lunch

A majority have at least one school-aged child in the family

More than 1/3 eligible for APTC are 18-34

The Washington Post

Wonkblog

UnitedHealth Group to exit Obamacare exchanges in all but a ‘handful’ of states
MEDIA ENVIRO GETS TOUGHER
INTRODUCTION OF QUALITY RATINGS

2017 (OE4)
- CMS will pilot plan quality star ratings in Michigan, Ohio, Pennsylvania, Virginia, & Wisconsin
- State-based marketplaces may choose to also display

2018 (OE5)
- Plans will be rated on a 5-star scale
- Similar to Medicare Advantage ratings on Medicare.Gov
Narrow networks have lower median premiums

AND

Narrow networks have become a greater percentage of lower cost plans

What does this mean to you in your area?

Source: McKinsey Center for US Health System Reform, 2015
• HealthCare.gov is introducing “simple choice plans” in OE4 to make it easier for consumers to make apples to apples comparisons

• Insurers are not required to sell these plans

• Do not yet know how these plans will be displayed – CMS is conducting consumer testing
Importance of Retention and renewals
ACTIVE RE-ENROLLMENT

Source: CMS, Open Enrollment Trends, February 2016
MOST SWITCHED AFTER SHOPPING

"Which health insurance plan did you pick?"

- 12% did not compare plans, and decided to keep the same health insurance plan they already had.
- 61% compared plans, and found a new health insurance plan that will work better for them.
- 26% compared plans, and decided to keep the same health insurance plan they already had.

Source: Enroll America, December 2015
Monthly Premium Savings for Switchers

- **All Switchers**: $42
- **Switched plans within the same metal level**: $40
- **Switched plans and issuers within the same metal level**: $45

Source: ASPE computation of CMS data for 37 states
“What was the purpose of your appointment?”

- Renew or change: 34%
- New enrollment: 52%
- Other: 14%

Share of respondents who attended appointment (N=552)

Source: Enroll America, 2016
So Where do we Focus our Efforts for OE4?
1. Embrace the Importance of Planning
WHY DO YOU WRITE A PLAN?

- Allows for Program Prioritization
- Avoid Mission Creep
- Writing is Decision-Making
- Baseline for Measurement
- Provides Clear Direction
- Facilitates Coordination
HOW DID/DO YOU PLAN ON THIS?

Who was part of the writing team?

Did you delegate? If so, how did you decide who did which parts?

How did you determine your top priority?
WHY MEASURE OUR EFFORTS?

- Know what’s working
- Allocate resources correctly
- Make data-driven decisions
- Involve the right people
- Maximize our impact
GOALS SHOULD BE S.M.A.R.T.

**Specific:** State exactly what you want to accomplish (Who, What, Where, Why)

**Measurable:** How will you demonstrate and evaluate the extent to which the goal has been met?

**Achievable:** Goals represent a stretch and a challenge but are within ability to achieve outcome.

**Relevant:** How does the goal tie into your key responsibilities? How is it aligned to objectives?

**Time-bound:** Set 1 or more target dates, the “by when” to guide your goal to successful completion

George Doran, “There’s a S.M.A.R.T. way to write management’s goals and objectives”, Nov. 1981.
2. Build Strong Partnerships
STRONG PARTNERS ARE:

• Already engaging the uninsured
• Systems in place to do the work
• Institutions
• Allies to the “cause”
• Willing to allocate or develop resources to drive the work
OUTREACH OPPORTUNITIES

- Schools
- Community Partnerships
- Hospitals
Partnership Example: Criminal Justice Orgs

A Collaboration of Health Care and Criminal Justice

Reduce Recidivism

Engage, Educate, Enroll

Continuity of Care

Access to services

Treatment Options

Health Care Integration
3. Promote a Clinic-wide Culture of Coverage
What is a culture of coverage?

Source: https://hbr.org/2015/07/the-employer-led-health-care-revolution
Building a culture of coverage

- Conduct trainings for all staff & providers on coverage programs and health center resources
- Articulate the role that different staff positions play in supporting coverage and reinforce those roles
- Set organizational goals and track progress visibly
Engage and educate staff

- Participate in staff meetings
- Include O/E information in new staff orientation
- Give updates via all staff email and staff newsletter features
- Add an O/E team member to morning huddles

**All-Sites Monthly Meeting Agenda**

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<th>Topic</th>
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<td>Kelleanne Smith</td>
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<td>Downtime Process and Recovery</td>
<td>Chris Fraser</td>
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<td>Occupational Exposure</td>
<td>Michelle Adams</td>
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<td>Joint Commission Update</td>
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<td>HR Benefits</td>
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<td>Marketplace Update</td>
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<td>Employee Recognition &amp;</td>
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<td>Employee-of-the-Month</td>
<td>Lolita Lopez</td>
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Targeted in-reach

• Screening
  • Scheduling department
  • Front desk
  • Providers

Referral
• Social workers
• Care coordinators
• Nutritionists

Tools
• Employee intranet
• EHR
• Reports/Hotlists

Open Enrollment for the Health Insurance Marketplace has ended!

Open Enrollment for a 2016 health plan is over. For most people, the last day to enroll in a health plan for 2016 was January 31, 2016. But in some cases, you still may be able to get coverage this year.

Two ways to get coverage for 2016:

1. With a Special Enrollment Period

   • If you experience a life change — like getting married, having a baby, or losing health coverage — that qualifies you for a Special Enrollment Period, you may be able to enroll in a Marketplace plan outside Open Enrollment.

2. Through Medicaid or the Children’s Health Insurance Program (CHIP)

   • You can apply for free or low-cost coverage through Medicaid and CHIP any time, all year. If you qualify, you can enroll now.

   Exception: Indian tribes and Alaska natives

   • Members of federally recognized tribes and Alaska Native shareholders can enroll in Marketplace coverage any time of year. They can change plans as often as once a month.
Tell One (or More)

I am planning to complete an application for health care coverage through the 2015 Affordable Care Act Program.

My name_____________________________

Telephone ____________________________

The name and contact information for the person who told me about how I can apply for quality, affordable health care:

Name_____________________________

Telephone ____________________________
Track Internal Referals

Record internal staff referrer name in patient enrollment database/tracking system

Record whether referral was made in EHR

Provide referral training to all staff at departmental staff meetings
Incorporation into other workflows

Scheduling department systematically screening patients and schedules appointments with CACs

Maternity and new parent programs incorporating post-birth SEP outreach messaging and materials

Care coordination case managers participating in plan selection process to assure services needed for chronic diseases are available through plan chosen

AmeriCorps staff providing financial literacy to enrollees to help assure ongoing retention
4. Keep the O in O/E
Knowledge Gaps Still Exist among the Uninsured

Consumers want (and need) your help to complete the enrollment process!

We want to encourage Active re-enrollments among the currently insured

Open Enrollment is short, Deadlines matter, Fines are Expensive
Let’s Think it through Together

What is your top outreach strategy

• What does it accomplish?
• Why does it matter?
5. Follow-up Matters too
Major Lessons Learned

- Follow up with consumers multiple times for best results.
- Financial assistance messages were the most motivating.
- In-person help was crucial, especially for certain populations.
- Partnerships drove success.
Increase in Enrollment Rate After Multiple Contacts

Sources: Enroll America survey data from follow-up calls, March 2014
Strategy Idea: Chase Calls

- Universe of Interested/Motivated Consumers
- Chance to reinforce message/asks
- Diversity in Outreach
- Weather friendly option
- Individualized, respectful, and helpful service
- Entirely within your control
What are your existing Follow-up Processes?

If you ID someone as uninsured how do you capture their information for follow up?

Do you store their contact info for easy follow-up?

• If yes, what are your standards for follow-up? How quickly does follow up take place and how?
• If no, what are your next steps after ID’ing the consumer?

If a consumer misses an appointment, what do you do?

Will you reach out to consumers you have assisted the past?
In Summary…

1. Build, Evaluate and Revise Your Work Plan

2. Create Strong External Partnerships

3. And Strong Internal Partnerships!

4. Outreach Still Matters

5. Follow-up Matters too
Thank You! Questions?

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