Borinquen Medical Centers of Miami-Dade
Miami, Florida

Patients Served (2013 Uniformed Data Systems): 29,009

Uninsured Patients (2013 UDS): 19,005

2013 Patients at/below 200% of poverty (2013 UDS): 99.3%

Number of HRSA-Funded assisters (2013): 11

Total # of staff trained as assisters (2013): 26

Medicaid Expansion Status: Non-expanded

Health Exchange: Federally-Facilitated Marketplace

The Impact of Insurance Enrollment on a Federally Qualified Health Center

This case study highlights how investments in outreach and enrollment activities impacted a federally qualified community health center in a state that did not expand Medicaid and did not create a State-Based Exchange.

Borinquen Medical Centers and the Affordable Care Act in Florida

Borinquen Medical Centers of Miami-Dade was founded in 1972, arising from a grant from the Public Health Service to meet the health care needs of the Puerto Rican community. Since then, it has grown into a multi-site federally qualified health center (FQHC) providing medical, dental and behavioral health care. Borinquen served over 29,000 residents throughout Miami-Dade County in 2013.[1]

After passage of the Affordable Care Act (ACA), Florida Governor Rick Scott and the state legislature elected not to expand Medicaid or establish a State-based Marketplace (SBM) and instead relied on the Federally-facilitated Marketplace (healthcare.gov). Those with incomes between 100% and 400% of the federal poverty level (FPL) could qualify for federal subsidies to help cover the cost of insurance.

Creating a Culture of Enrollment: Emphasize Training Staff, Educating Patients

Prior to the ACA, Borinquen had five eligibility staff, positioned in the Registration Department. In 2013, the Health Resources Services Administration's (HRSA) Bureau of Primary Health Care provided $150 million in grants to health centers for conducting outreach and enrollment (O&E) activities.[2] Borinquen received approximately $258,000 in assistance. As a result of these funds, Borinquen not only sought to expand capacity but also reorganize and enhance their eligibility assistance program's impact.

Borinquen retained the services of a project management consultant with expertise in benefits eligibility. The consultant worked closely with the CFO and the Revenue Cycle Manager to redesign the O&E team. Collectively the health center made some key changes:

- **Establishing a department dedicated to O&E**

    Borinquen created a new department called the Health Exchange Access Team (HEAT) department, which was dedicated to enrollment in health insurance. The application assistance staff role was changed from a $10-an-hour entry level position to one that would require a college degree and paid closer to $30,000 to $34,000 a year. When staffing the department to a new complement of 11 full-time assisters, they prioritized applicants who reflected the diverse patient population served by the health center, preferably with ties to the community. In one example, a young man that accompanied his parents and grandparents for a HEAT team visit was later hired as an assister; his perspective from having been an applicant greatly contributed to his successful performance in this role.

1 "2013-2015 Uniformed Data Systems (UDS) Annual Reports," Health Resources & Services Administration

2 "HRSA Health Center Ongoing Outreach and Enrollment (O/E) Assistance Frequently Asked Questions," October 18, 2016, Bureau of Primary Health Care, Health Resources & Services Administration.

- **Conducting in-reach to uninsured patients**

  In reviewing performance prior to the first ACA open enrollment period, management noticed that many uninsured patients coming in for care were not getting screened for eligibility or enrolled into coverage. Policies and procedures were amended to incorporate an in-reach strategy: patients lacking insurance would be allowed to see the provider for the first visit and then were subsequently scheduled for an appointment with a HEAT staff member.

- **Enhanced training for all staff**

  Comprehensive training at all levels was key to creating an overall culture of enrollment across the organization. A hired training consultant began the process with C-suite executives as well as heads of clinical and non-clinical departments (e.g., maternity, geriatrics, audiology, HIV outreach, patient intake, etc.). The consultant then trained every single staff member who had meaningful contact with patients. There was intense focus from the beginning on obtaining buy-in from both senior leadership and front-line staff.

- **Addressing social determinants of health**

  Borinquen also recognized that, in order to provide effective services to the community, the organization had to consider the many complex aspects of patients' lives and address the whole person. The goal was to not only be a source of medical care for patients, but to become a one-stop shop for all of their needs. Borinquen prioritized collaborating with service providers in the community, reaching out to organizations in each service category on the area's 311 list (e.g., homeless services, LIHEAP, senior services, legal services, immigration services, etc.). Thus, if patients had any issues that could not be addressed on-site, there could be a warm handoff to partner agencies rather than simply providing a phone number or referral. To prepare for the broader approach, staff also participated in the consultant's *Cycle of Poverty* training, an interactive exercise that mimics what families face when navigating the complicated process of enrolling in benefits and accessing services. In this manner, Borinquen reemphasized the value of compassion in all aspects of patient service.

Impact on Finances

Borinquen's outreach and enrollment efforts had a major impact on the health center's fiscal health. Staff successfully linked a significant number of uninsured patients to coverage through the first two open enrollment periods. In particular, patients with private insurance went from 1,177 to 5,935, comprising 21 percent of all patient visits in 2015 compared to just four percent in 2013. Additionally there was a 17 percent increase in Medicaid patients despite the fact that Florida did not adopt the expansion. This trend indicates that increased attention to O&E activities helped identify patients who were already eligible but not enrolled in coverage.

Meanwhile, the portion of the health center's patients that were uninsured/self-pay went from 64 percent to 42 percent, and uncompensated care as a percentage of overall revenue dropped from 21 percent to 10 percent in that period. Most importantly, Borinquen's total revenues were up 68 percent at $12.6 million in 2015 compared to $7.5 million in 2013. Trends in key financial measures from 2013 to 2015 include:

- Total unique patients increased from by four percent from

- 17% Increase in Medicaid patients

- 404% Increase in privately Insured patients

- 34% Reduction in self-pay/uninsured patient visits

- 52% Reduction in total uncompensated care as a percent of net service revenue

- 68% Increase in total revenues

Impact on Overall Operations

Because of the increased attention to O&E, Borinquen also saw unanticipated benefits often in the form of improvements in productivity in areas unrelated to eligibility. To ensure that new O&E procedures were being implemented across the organization, management and the consultant spent considerable time understanding operations and cultures at each of their five sites. As a result, it became apparent the sites had become quite siloed. For example, management learned that each site was conducting separate procurements for supplies, submitting orders over the phone, and not tracking inventory in real time resulting in issues such as vaccines passing their expiration date. Steps were taken to enhance efficiency, such as consolidating and automating inventory management and purchasing into a centralized, more cost-effective system.

Conclusion

Despite the state of Florida opting not to expand Medicaid, Borinquen Medical Centers of Miami-Dade successfully linked tens of thousands of patients and other community members to health care coverage. This resulted in a significantly positive impact on both revenues and payer mix, as the health center experienced both a 31 percent reduction in uninsured/self-pay patients and marked increases in patients covered by Medicaid, Medicare, and private insurance. Investments in O&E also helped Borinquen uncover and address inefficiencies in unrelated aspects of its operations. And last, but not least, the drive to serve the total needs of a patient resulted in strengthened relationships with community partners and social service agencies, as well as an enhanced commitment to a culture of compassion.

Table 1: Key Metrics for Borinquen Medical Centers of Miami-Dade

Data Point	2013	2014	2015	% Change (2013 to 2015)
Total Patients[3]				
Total # of patients, all sites	29,009	30,053	41,736	44%
Payer Mix, # Patients				
Total # of unique patients[4]	27,436	27,886	28,495	4%
Medicaid	7,994	8,470	9,315	17%
Medicare	833	840	1,246	50%
Private Insurance	1,177	3,345	5,935	404%
Self-Pay/Uninsured	17,432	15,231	11,999	-31%
Uninsured Patients as a % of total	64%	55%	41%	-34%
Payer Mix, Patient Visits[5]				
Total # of patient visits	83,477	80,899	84,376	1%
Medicaid	32,232	33,029	37,508	16%
Medicare	4,087	4,072	4,017	-2%
Private Insurance	3,412	9,971	17,610	416%
Self-Pay/Uninsured	43,746	33,827	25,241	-42%
Financial Information[6]				
Total Revenues	$7,476,433	$10,424,015	$12,576,060	68%
Total Uncompensated Care ($)	$1,561,167	$1,992,183	$1,256,582	-20%
Total Uncompensated Care as a percent of net service revenue	21%	19%	10%	-52%
Staffing[7]				
Total FTE Staff	204	251	276	35%
Total # of Staff Trained in Enrollment Assistance	26	36	48	85%
Total # of Staff Dedicated to Enrollment Assistance	11	15	15	36
Total # of Insurance Enrollment Assists8	9,754	21,565	18,022	85%
Total # of Applications Completed	1,422	9,251	8,064	467%

3 "2013-2015 Uniformed Data Systems (UDS) Annual Reports," Health Resources & Services Administration

4 "2013-2015 Uniformed Data Systems (UDS) Annual Reports," Health Resources & Services Administration; data excludes nurse visits at school-based clinic sites.

5 "2013-2015 Uniformed Data Systems (UDS) Annual Reports," Health Resources & Services Administration

6 Financial Reports pulled by Department of Finance, Borinquen Medical Centers of Miami-Dade

7 Reports pulled by Department of Finance, Borinquen Medical Centers of Miami-Dade

8 "Quarterly Progress Reports," Health Resources & Services Administration

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