



NATIONAL ASSOCIATION OF
Community Health Centers

Promising Practices #7



Reaching and Enrolling Kids and Families



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INTRODUCTION

Community health centers play a vital role in ensuring their patients have access to insurance coverage. Health centers facilitate this process by assisting patients in the eligibility and enrollment process for programs such as Medicaid and CHIP. Over one third of health center patients are uninsured and over 70% are below the federal poverty line. Many of these patients will become eligible for health insurance coverage due to provisions of the Affordable Care Act set to begin in 2014. According to the Kaiser Family Foundation, it's expected that some 16 million people will gain coverage by 2019 under the new Medicaid expansion and another 16 million will gain private coverage through the newly created Health Insurance Exchanges. Health centers will serve as the primary access point for many of these patients, some who will be accessing the system for the very first time. In addition, many of a health center's current uninsured population will become eligible for health coverage. For these reasons, it's essential that all health centers are equipped with the ability to determine eligibility and enroll patients into insurance coverage. Community health centers serve as leaders in their communities in improving access and coverage for children and families. As part of their community-oriented mission, many health centers already undertake aggressive outreach campaigns and provide patients with application assistance. Not only is it in the best interest for their community but it also in the best interest for the health centers financial independence, as they will be getting reimbursed for services provided to eligible patients. Below we have compiled some innovative practices that health centers across the country are engaging to ensure that their patients all have access to health insurance.

If your health center or Primary Care Association has an innovative outreach and enrollment program we would love to hear from you! Please contact Colleen Boselli at cboselli@nachc.org or 202-296-3072.

BACKGROUND

The Massachusetts League of Community Health Centers (the League) has been involved in continuous Medicaid outreach and enrollment for many years, but efforts have been greatly aided by the state's implementation and launch of the Virtual Gateway in 2004. The Virtual Gateway is an online portal that registered personnel can use to submit a single application on the patient's behalf for multiple programs and social services, including MassHealth (Medicaid and CHIP program), Commonwealth Care (Insurance Exchange subsidized care), and the Health Safety Net (uncompensated care pool).

Health center staff participates in online training to gain authorization and access to the system. They then work individually with patients to input basic information, necessary eligibility documentation, and file the application on the patient's behalf. Once a complete application is submitted, the information is sent to the state and checked for eligibility against multiple health coverage programs. Patients receive a hard-copy letter informing them of coverage status and options. Authorized persons assist with enrollment renewals as well.

Currently, all Massachusetts health centers are synced with the Virtual Gateway and have staff authorized to assist with applications. Health centers often go above and beyond the act of application assistance, and will provide language support, free phone services, act as the mailing address for patients lacking permanent housing, offer reminders should patients require multiple visits to provide all needed information, and provide follow-up assistance after patients receive their enrollment letter.

CHALLENGES

Health centers have thus taken on a majority of outreach, enrollment, and intake efforts for state health programs, regardless of whether the patient becomes a regular user of the health center. Some other providers might even send patients to local health centers to receive application assistance. It is estimated that in some areas of the state, up to 25% of individuals assisted with their applications at health centers are not regular health center users. This has significant ramifications as the work, time, and cost of enrollment assistance shifts to health centers and away from the state.

Furthermore, the authorization and training process required of application assistors is complex and creates challenges for health centers that strive to hire from within their communities. The intricate work of collecting all the necessary documentation in a timely and efficient manner is more complex still. In many instances patients do not bring in all of the necessary documents.

If staff members submit the application electronically (in order to start coverage that is effective on the date of application) but required documents do not arrive until later, the information may become separated and result in invalidation of the application. Currently, the state of Massachusetts has not yet recognized the cost shift to health centers and the additional administrative and personnel burdens. State personnel previously dedicated to outreach and enrollment have been cut, and responsibilities have since shifted to health centers.

An overall hurdle in the development of the Virtual Gateway has been the complete integration of the online system, though the state is working hard on the task. Currently, information submitted to the Virtual Gateway still needs to be forwarded into the main state system in order to determine patient eligibility for various health programs. Actual patient signatures are still needed in many cases, but the state is trending toward using e-signatures. Since Massachusetts began its IT system overhaul before recent interest and developments in health information technologies, the lesson garnered from their experience is to rebuild or more completely integrate all programs before a uniform state wide system is established.

MOVING FORWARD

Looking ahead, the League is working toward gaining recognition in payment rates to reflect the cost of enrollment work. The state might argue that health centers costs are included within their reimbursements; but when assisted patients do not become regular users of the health center, the costs are not covered.

The League is also advocating for additional state-employed enrollment workers, called "circuit riders." These enrollment workers used to be spread throughout the state and could visit health centers on a regular basis to assist with more complicated applications. Circuit riders also conducted live-training and authorization of health center application assistors. This type of field assistance was more effective than the current online training. Since 2003, circuit riders have been significantly reduced or eliminated in some regions, and the League is appealing for additional state resources for these workers.

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BACKGROUND

Presumptive Eligibility (PE) is a policy option that allows states to provide immediate, but temporary, enrollment into health coverage for children or pregnant women who appear to meet eligibility standards. States designate certain entities as “qualified entities” to administer PE determination based on a preliminary income check. Presumptively eligible children are temporarily enrolled and receive care at the time of their visit. Providers are also reimbursed and the state receives federal match dollars for medical services performed under PE, even if the child is deemed ineligible for coverage later. To keep coverage, families must apply and be found eligible through the standard process within a month of receiving presumptive care.

In 2008, Missouri’s Community Health Centers and Rural Health Centers were approved to perform PE determination for eligible youth under 19. Prior to 2008, qualified PE entities included only four children’s hospitals. Through the lobbying efforts of the Missouri Primary Care Association (MPCA) and child advocacy groups, health centers have since provided health care services covered through PE for thousands of children.

In Missouri, when uninsured children visit health centers for care, they can be presumed eligible by trained health center staff, and health centers will receive reimbursement for the services provided. The process involves just one piece of paperwork for staff, and the PE requirements are few and easy to determine – namely, parent contact information, size of the household, and the family’s monthly income. Income level can be supported by a pay stub, though it is not necessary if not readily available at the time. All residents of Missouri under the age of 19 and below 150% of FPL can be deemed presumptively eligible. All children in the household are automatically entered into temporary coverage as well, although the PE process *can only be performed once per year for each child*. In Missouri, *PE coverage is also effective for a minimum of five days after the initial visit*. The family receives a preliminary card that act as a Medicaid card which can be presented to ERs or pharmacies.

CHALLENGES

Health center staff in Missouri are also trained to encourage and assist patients with the formal application process, since it is imperative for parents to follow through, or temporary coverage expires and PE cannot be performed again until a year later. The formal application process, completed through the Family Support Division is at times complicated and difficult for parents and has been a barrier to outreach and enrollment efforts.

Missouri health centers work hard to coordinate as much care as possible for each child within the temporary five days so that the value and importance of insurance coverage can be apparent and emphasized to families.

Other challenges MPCA faces include funding and staffing. MPCA is currently seeking funding opportunities that would allow them to produce and distribute outreach and marketing materials. In addition to funding, staffing is tight at most health centers too, and the front-line staff position responsible for outreach and enrollment sees a high turnover rate. The number of staff members available and trained for application assistance ranges at each health center, depending on how the administrative team prioritizes the process amidst many other competing concerns.

SUCSESSES

For MPCA, framing application and enrollment assistance as a fiscal tool for health centers has been effective. It is also key for MPCA, who conducts PE training and application assistance training, to help health center staff understand every step of the process and how each step benefit both children and health centers. The PCA also assists health centers in their enrollment efforts by helping staff stay current and excited about their outreach work.

Overall, Missouri’s CHCs and RHCs have been especially effective in reaching uninsured children because they operate in underserved areas and are located in every county across the state. The location of the children’s hospitals did not allow for equal access to health coverage through PE, and it also meant that children needing preventive or routine services were left out. By deeming health centers as qualified entities and utilizing their strengths as community-based and primary care providers, Missouri has been able to reach and enroll a significant number of uninsured children through PE. In 2010 more than 2,800 PE applications (more than 73% of all PE applications) originated from community health centers.

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BACKGROUND

The Michigan Primary Care Association (MPCA) has been working to enroll kids and teens in affordable health insurance programs through a grant from the Center for Medicare and Medicaid Services as part of their Children's Health Insurance Program Reauthorization Act Outreach and Enrollment Grants (see www.insurekidsnow.gov for more). Aiming to make the enrollment process as easy as possible, Community Navigators in Michigan conduct outreach, assist and guide families through the application in person or via phone, and connect them to medical homes at nearby Community Health Centers as well as other local resources.

GIFT CARD INCENTIVE

MPCA planned its first incentive program in December 2010 to boost enrollment and to coincide its timing with the holiday season. They first approached Meijer, a major grocery store located throughout the state, to purchase a bulk of \$10 gift cards. A media campaign, primarily via radio, was introduced and aimed at parents to enroll their children to receive a gift card. This proved to be a very successful strategy, as the message centered on celebrating the holiday with a gift from Meijer and the gift of health insurance. In a two week period, the program was able to successfully enroll over 40 kids. Parents commented that the gift was wonderful to receive and allowed them to purchase items usually excluded from food stamps programs.

MPCA is currently coordinating the launch of a second incentive program focused on referrals. It is looking to community members to connect kids with coverage, and preparing to reward citizens with a gift card for each successful referral. MPCA is working to establish the ground rules of how referral and enrollment information will be collected and organized. New marketing materials will also need to be created, and community meetings will be organized to encourage participation. Target groups will include head-start organizations, parent-teacher associations, early child hood programs, various sports organizations and coaches, and a variety of other community groups.

LESSONS LEARNED

For those looking to replicate the incentive programs, many lessons can be garnered from the challenges MPCA faced and overcame. First and foremost, media coverage forms the basis for successful implementation, but it is also the biggest hurdle. The gift cards program competed with other prominent stories and the constantly changing news cycle made reaching the "critical mass" very challenging. MPCA suggests that rather than use the standard process of issuing press releases and obtaining media coverage from a multitude of sources, programs would be better served by cultivating a strong partnership with one prominent media outlet in the community.

For example, approach a local radio station, "sell" their leadership on the importance of the issue and give them the opportunity to be your biggest supporter. Work with them to utilize all of their potential resources, including their on-air time with trusted radio personalities, on-site broadcasts and promotions, their website and their list of advertisers as potential partners.

MPCA further emphasizes that in planning for media coverage, sponsors should be located at the community level to help spread the word about enrollment incentives and for potential on-site promotions. Special importance should be placed on businesses that play a dual role in their communities – those that employ workers with families eligible for state health programs, and those that cater to the Medicaid eligible population. These businesses include local restaurants, grocery stores, used goods stores, discount chains, convenience stores, etc. Both employees and patrons can be reached, informed, and enrolled this way.

Another perceived challenge of using incentives is getting approval from grantors. MPCA asked permission for incentives to be included in their CHIPRA grant program and CMS welcomed this idea as an innovative potential best practice. Other lessons learned include buying gift cards in bulk, establishing a clear plan of who is eligible to receive the gift cards, and how information can be collected accurately and efficiently. For health centers, rewards can be paired with community events to incentivize sign-ups, or be used to motivate staff and volunteers to connect patients to coverage. Incentives can be distributed on a smaller scale to limit the cost of the program as well.

Finally, health centers must keep in mind that the awarding of any incentives to patients or to other community members – whether the incentives are in the form of gift cards or other reward – must be evaluated to ensure compliance with federal fraud and abuse law (both the Anti-kickback law and the Beneficiary Inducement Prohibition). Health centers looking to replicate this arrangement or similar ones should review the beneficiary inducement guidelines issued by the Office of Inspector General, which are described in Appendix A, as well as the general anti-kickback rules, and should seek opinion of qualified counsel when appropriate.

MOVING FORWARD

Later this year, MPCA will be coordinating the largest Back-to-School enrollment campaign in state history; the gift card incentives will be incorporated. Already, MPCA has found many interested and engaged partners from schools and media companies. An outdoor advertising agency has donated free billboards, and a local communications firm is helping with a radio tour.

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APPENDIX A

Office of the Inspector General Special Advisory Bulletin – *Offering Gifts and Other Inducements to Beneficiaries (August 2002)*

This OIG Special Advisory Bulletin lists several circumstances under which providers are allowed to offer gifts to patients without running afoul of the federal fraud and abuse law (in particular, the beneficiary inducement prohibition), including:

- Inexpensive gifts or services, which are defined as gifts or services that have a retail value of no more than \$10 individually and no more than \$50 in the aggregate annually per patient, provided that the gifts or services are not in the form of cash or cash equivalents; OR
- More expensive items or services that fit within one of five statutory exceptions:
 - Unadvertised, non-routine waivers of cost-sharing amounts based on individualized determinations of financial need and/or exhaustion of reasonable collection efforts.
 - Properly disclosed co-payment differentials in health plans.
 - Incentives to promote the delivery of certain preventive care items or services provided that: (1) the items or services are covered by Medicare/Medicaid; (2) the incentives are not in the form of cash or cash equivalents; and (3) the incentives are not disproportionate to the value of the items/services provided.
 - Any practice permitted under the federal anti-kickback statute pursuant to 42 CFR 1001.952.
 - Waivers of hospital outpatient co-payments in excess of the minimum co-payment amounts.

The requirements of the exceptions described above must be met exactly to avoid exposure under the patient beneficiary inducement prohibition. Notwithstanding, health centers that want to pursue gift card or other incentive arrangements that do not fit squarely within one of the exceptions may be able to do so provided that the arrangement includes appropriate safeguards to ensure that the risk of fraud and abuse is minimal and any risk is outweighed by the benefits of the arrangement. While using such safeguards cannot offer a guarantee that an incentive arrangement that falls short of an exception will be protected absent a favorable advisory opinion specific to the arrangement, examples of safeguards that could minimize exposure include:

- Ensuring that gift cards cannot be redeemed for cash or for services/items provided by the health center, or redeemed at other health care providers.
- Ensuring that the incentive (whether a gift card or another item) is not used to market or promote the health center organization (as opposed to its services).
- Using the incentive (whether a gift card or another item) in conjunction with medically necessary and appropriate treatment plans or clinical programs as a means to reward compliance and good health outcomes.