Helping Individuals Obtain Health Coverage Under the Affordable Care Act

Outreach and Enrollment Strategies for California Hospitals

July 11, 2013
CHA Webinar

Welcome

Mary Barker
California Hospital Association
Helping Individuals Obtain Health Coverage Guidebook

- The guidebook has been mailed to today’s webinar registrants, as well as member hospital CEOs and CFOs
- An electronic version is available at www.calhospital.org/health-coverage-guidebook

Acknowledgments

- Grant provided by the American Hospital Association
- CHA contracted with Kaufman, Hall & Associates, Inc:
  - Andrew S. Cohen, Vice President
  - Nancy G. Haiman, Senior Vice President and Publisher
  - Jody Hill-Mischel, Managing Director
  - Nora Kelly, Vice President
  - Anand Krishnaswamy, Senior Associate
- CHA staff:
  - Amber Kemp, Vice President, Health Care Coverage
  - Anne McLeod, Senior Vice President, Health Policy
  - Jana DuBois, Vice President, Legal Counsel
Anne McLeod is CHA’s senior vice president for health policy and serves as a health care reform resource for member hospitals. Using her knowledge of both federal and state health care reform legislation and regulations, Ms. McLeod coordinates CHA’s efforts on the development, communication, and implementation of CHA’s strategic plan for health care reform. Additionally, Ms. McLeod represents hospitals’ interests with the California Health Benefit Exchange.

Amber Kemp is CHA’s vice president for health care coverage. Ms. Kemp provides advocacy and support regarding government-funded programs and other health care coverage policy issues affecting California hospitals and health systems. She has an extensive background in Medi-Cal and previously worked in the director’s office at the Department of Health Care Services (DHCS).
Faculty: Andrew Cohen

Andrew Cohen is a vice president at Kaufman Hall, where he provides strategic planning advisory services for a wide range of clients, including health care systems, academic medical centers and community hospitals. With more than 20 years of leadership experience in the healthcare industry, Mr. Cohen has also held senior positions at large insurance companies, including Kaiser Permanente, CIGNA, and HealthNet.

Faculty: Nora Kelly

Nora Kelly is a vice president at Kaufman Hall. As a member of the firm’s financial planning practice, she is responsible for strategic financial planning, capital allocation, debt-related financial advisory, and mergers and acquisitions for physician groups, community hospitals and healthcare systems. Prior to joining Kaufman Hall, Ms. Kelly worked for Triton Pacific Capital Partners, a middle market private equity firm.
Improving Access to Health Coverage in California

Anne McLeod
California Hospital Association

- California as a leader in advancing Health Care Reform
- Hospitals as leaders in reducing the number of uninsured individuals in California
California’s expansive, diverse geography and mix of rural and urban areas are unique and present outreach challenges.

Implementing the ACA in California

Amber Kemp
California Hospital Association
California’s Uninsured

- There are an estimated 7.1 million uninsured residents under age 65.
- On Jan. 1, 2014:
  - 2.6 million Californians will qualify for subsidies through Covered California, California’s Health Benefit Exchange.
  - 2.7 million Californians will not qualify for subsidies but will benefit from guaranteed health coverage under the Affordable Care Act.
  - 1.4 million Californians will be newly eligible for Medi-Cal.

Who Are California’s Uninsured?

- They comprise 21.6% of California’s population
- 25% are employed personnel
- 25% are between the ages of 25 and 34
- 40% have annual family incomes less than $25,000, 30% have incomes between $25,000 and $49,999 and 30% have incomes of $50,000 or more
- 59% are Latino, 23% are White, 11% are Asian, 5% are African American and 2% are other

Affordable Care Act Provisions to Expand Coverage to the Uninsured

Some of the provisions include:

- Expansion of Medi-Cal income eligibility to individuals and families with incomes up to 133% of the federal poverty level (FPL), plus a 5 percentage point “income disregard,” or 138% of the FPL. Eligibility changes also include eliminating the asset test for all but seniors and persons with disabilities.

- Premium tax credit subsidies available to individuals and families above 138% and up to 400% of the FPL if they choose to purchase health coverage through a health benefit exchange.

- The ability for small business to purchase health coverage with or without subsidies through a health benefit exchange.

A Health Benefit Exchange: An Electronic Health Insurance Shopping Center
State-Based Exchanges

Covered California

- Vision:
  - The vision of Covered California is to improve the health of all Californians by assuring their access to affordable, high quality care.

- Mission:
  - The mission of Covered California is to increase the number of insured Californians, improve health care quality, lower costs and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.
Covered California’s Annual Enrollment Goals

- By 2015:
  - Enrollment of 1.4 million Californians in subsidized coverage in Covered California or enrolling in the marketplace without subsidies.
- By 2016:
  - Enrollment of 1.9 million Californians in subsidized coverage in Covered California or enrolling in the marketplace without subsidies.
- By 2017:
  - Enrollment of 2.3 million Californians in subsidized coverage in the marketplace or enrolling in the marketplace without subsidies.

Covered California Growth Projections

[Graph and data table]

<table>
<thead>
<tr>
<th>Jan-14</th>
<th>Jan-15</th>
<th>Jan-16</th>
<th>Jan-17</th>
<th>Jan-18</th>
<th>Jan-19</th>
<th>Jan-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low/Slow</td>
<td>150,000</td>
<td>490,000</td>
<td>855,000</td>
<td>1,240,000</td>
<td>1,410,000</td>
<td>1,560,000</td>
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<td>Low</td>
<td>240,000</td>
<td>790,000</td>
<td>1,020,000</td>
<td>1,240,000</td>
<td>1,410,000</td>
<td>1,560,000</td>
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<tr>
<td>Base</td>
<td>300,000</td>
<td>970,000</td>
<td>1,280,000</td>
<td>1,450,000</td>
<td>1,770,000</td>
<td>1,950,000</td>
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<tr>
<td>Enhanced</td>
<td>430,000</td>
<td>1,380,000</td>
<td>1,890,000</td>
<td>2,300,000</td>
<td>2,380,000</td>
<td>2,430,000</td>
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</table>
Ethnic Mix of Californians Eligible for an Exchange Subsidy

- Latino: 46%
- Asian: 14%
- African American: 4%
- White: 33%
- Other: 3%

Medi-Cal Expansion

- Socio-demographic characteristics of the newly-eligible Medi-Cal population include the following:
  - The majority of the newly-eligible are young, male, single and working.
  - About one-half are covered by employment-based insurance.
  - Latinos constitute the largest ethnic/racial group.
  - Most are healthy (with 73% reporting no chronic conditions), but many have slightly higher blood pressure and more prevalent rates of smoking and being overweight than the general population.
The Role of Hospitals

- Provide leadership in helping Californians enroll.
- Strategic, collaborative approach between hospitals, Covered California, California Department of Health Care Services (DHCS), counties and local communities.
- “No-wrong-door” approach to care.

Covered California Enrollment Assistance Program

- Objectives:
  - Engage organizations to help consumers learn, navigate and apply for qualified health plans (QHPs) offered by Covered California.
  - Motivate consumers to enroll in Covered California.
  - Provide one-on-one, in-person assistance.
  - Provide assistance in culturally and linguistically appropriate manners.
Certified Enrollment Entities

- Roles and responsibilities:
  - Conduct public education activities to raise awareness of the availability of Covered California products.
  - Distribute fair and impartial information concerning enrollment into QHPs.
  - Facilitate enrollment into QHPs available through Covered California.
  - Provide referrals to Consumer Assistance Programs.
  - Provide information that is culturally and linguistically appropriate.
Steps for Hospitals to Register as a Certified Enrollment Entity

1. Complete the online Interest Form.
   - https://assisters.ccgrantsandassisters.org/
2. Submit the Certified Enrollment Entity application.
   - Available in August 2013
3. Complete the Certified Enrollment Entity training offered through Covered California.

Certified Enrollment Counselors

- Roles and responsibilities:
  - Assist individuals seeking application assistance, regardless of what type of program they qualify for.
  - Describe health coverage options available to uninsured individuals.
  - Provide material related to health coverage options.
  - Assist the consumer with exploring and applying for coverage through the use of the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) online application portal.
Proposed Training Curriculum for Certification as a Certified Enrollment Counselor

- 2 – 3 day training to include:
  - ACA/Covered California/Medi-Cal
  - Enrollment Assistance Program overview, guidelines and responsibilities; monitoring reporting and evaluation procedures
  - Covered California marketing and outreach program overview
  - Covered California’s enrollment targets
  - Compliance standards
  - Protected consumer information
  - Plan options (including Medi-Cal program options)
  - Supporting consumers through their decision-making
  - Eligibility
  - Enrollment support
  - Post enrollment
  - Program system training (CalHEERS)
  - Code of ethics

Steps for Hospital Staff to Enroll as Certified Enrollment Counselors

1. Complete and submit a CEC application, available later this summer from Covered California.
2. Pass individual fingerprinting and a criminal record check.
3. Register for and complete required Covered California training.
4. Pass the certification exam administered by Covered California.
Helping Consumers Enroll: Application Pathway Estimates

- **ONLINE by Certified Enrollment Counselors, 40%**
- **SERVICE CENTER Enrollment, 20%**
- **PAPER APPLICATION by Certified Enrollment Counselors, 10%**
- **ONLINE Self-Enrolled, 20%**
- **PAPER APPLICATION Self-Enrolled, 10%**

Program Timeline

<table>
<thead>
<tr>
<th>Next Step</th>
<th>Date</th>
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<tbody>
<tr>
<td>Certified Enrollment Entity Application Release</td>
<td>Summer 2013</td>
</tr>
<tr>
<td>Certified Enrollment Counselor Application Release</td>
<td>Summer 2013</td>
</tr>
<tr>
<td>Certified Enrollment Entity Training Begins</td>
<td>Summer 2013</td>
</tr>
<tr>
<td>Certified Enrollment Counselor Training and Certification Begins</td>
<td>August 2013</td>
</tr>
<tr>
<td>Open Enrollment Begins</td>
<td>Oct. 1, 2013</td>
</tr>
<tr>
<td>Health Coverage Begins</td>
<td>Jan. 1, 2014</td>
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</table>
CalHEERS Users

- Consumers
  - Families, individuals
- Small employers and employees
- Certified Enrollment Counselors
  - Navigators, agents, eligibility administrators
- County personnel, Covered California personnel, DHCS personnel
CalHEERS Access Channels

- Web portal
- Mail
- Mobile
- In-person
- Interactive Voice Response system
- Service center
- Web chat

CalHEERS Business Functions

- Eligibility and Enrollment
  - Intake, Plan Comparison, Renewals, Appeals, Exemptions, Eligibility
- Financial Management
  - Premium Processing, Exchange Accounting, Plan Assessment, Assister Transactions
- Plan Management
  - QHP Certification Processing, Compliance Monitoring, Rate Review Support
- Consumer Assistance
- Education and Outreach
- Reports and Notices
- SHOP Functionality
CalHEERS Partners

- Federal Data Service Hub
  - IRS, Social Security Administration, Department of Homeland Security
- Insurance Carriers
  - QHP data exchanges and testing, Provider Database
- Financial Institutions
- State Systems
  - MEDS, EDD, FTB, SCI, SCO
- SAWS/MAxe2
  - C-IV, Leader, CalWIN, MRMIB

Outreach and Enrollment Strategies for California Hospitals
Project Overview and Methodology

Interview-Based Approach

<table>
<thead>
<tr>
<th>Interview-Based Approach</th>
<th>Overview</th>
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</thead>
<tbody>
<tr>
<td>Individuals and Their Role</td>
<td>• Key management and supervisory staff</td>
</tr>
<tr>
<td></td>
<td>• Strategies identified by staff</td>
</tr>
<tr>
<td>Key Points</td>
<td>• Breadth of strategies</td>
</tr>
<tr>
<td></td>
<td>• Grouped into core strategies and activities</td>
</tr>
<tr>
<td>Organizations Represented</td>
<td>• Hospitals and health systems of many types</td>
</tr>
<tr>
<td></td>
<td>and locations</td>
</tr>
</tbody>
</table>
Location of Participating Organizations

Who They Are

- **Types**
  - Community Hospitals
  - Academic Medical Centers
  - Safety-Net Hospitals
  - Multi-Hospital Systems

- **Geographic Areas**
  - Northern and southern regions
  - Coastal and inland/central areas
  - Large urban metro areas and rural communities

- **Enrollment and Eligibility Staff**
  - Vary in size from 1 to 150

Outreach and Enrollment Strategies
Strategy 1: Design Effective Enrollment Procedures and Practices

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
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<tbody>
<tr>
<td>Transparent Procedures</td>
<td>• Ensure that written policies reflect the mission, provide staff with proper guidance and are regularly updated to improve practices and comply with current law and regulation</td>
</tr>
</tbody>
</table>
| Consistent Processes and Practices | • Define role and responsibilities  
• Ensure enrollment processes are sensitive to each individual patient’s condition |
| Effective Tools             | • Integrate the eligibility process with the organization’s IT system, as feasible, and with CalHEERS in the future  
• Ensure easy transfer of information internally and with vendors, and eligibility/enrollment tracking over time |

CalHEERS as a Critical Tool

<table>
<thead>
<tr>
<th>CalHEERS</th>
<th>Overview</th>
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| How it Will Work | • Support for eligibility, enrollment and retention for Covered California and the Medi-Cal program  
• Eligibility determination and plan enrollment for Covered California and eligibility screening for Medi-Cal |
| What it Will Do | • For eligibility: verify income, determine subsidy  
• For Covered California enrollment: consumer views coverage options; smart sort and cost calculator |
| Timing         | • Eligibility determination functionality by Oct. 1, 2013  
• Health coverage begins on Jan. 1, 2014 |
### Strategy 2: Optimize Staffing and Support for Maximum Effectiveness

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
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</thead>
</table>
| **Staffing**                      | • Ensure a multilingual staff  
• Consider staff roles, backgrounds and staffing hours                                      |
| **Training, Ongoing Education, and Assessment** | • Provide staff education related to eligibility and enrollment policies and practices, including programs available to uninsured and underinsured  
• Assess staff effectiveness on ongoing basis  
• For hospitals interested in participating in Covered California’s Enrollment Assistance Program, ensure that enrollment staff is trained and certified as Certified Enrollment Counselors |
| **Focus Staff-Patient Communication** | • Educate staff in patient communication, with a focus on asking the right questions  
• Use scripting practices and tools                                                   |

### Strategy 3: In Partnership, Educating the Patient

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
</tr>
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</table>
| **Values-Based Approach**        | • Establish organization-wide values and care philosophies that will underscore how all patients are approached  
• Communicate with care: develop clear patient communication guidelines for staff members, with a focus on establishing trust  
• Provide an appropriate setting for patient eligibility and enrollment screenings, including sufficient privacy |
| **Patient Advocate Approach**    | • Provide patients written education materials in relevant languages  
• Hire multilingual staff and/or use translation services  
• Educate patients in a respectful manner and highlight the benefits and importance of having health coverage |
| **Uninsured vs. Uninformed**     | • Consider using CalHEERS and other eligibility tools to educate uninformed patients about potential health coverage options |
Strategy 4: Positioning Trained Staff at Critical Access Points

<table>
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<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
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</thead>
<tbody>
<tr>
<td>Access Points</td>
<td>• Strategically position highly-trained staff at critical access points</td>
</tr>
</tbody>
</table>
| Staff Responsibilities | • Train and/or hire staff members with specialized knowledge in specific coverage programs  
• Gather eligibility information in a timely manner, especially in the emergency department |
| Centralized Support Centers | • Consider centralizing coverage verification and/or other key functions with staff who support financial counselors, e.g., centralized call centers |
| Clinician Education    | • Conduct “internal outreach” – educate clinicians about enrollment-assistance capabilities and financial assistance programs                   |

Strategy 5: Using Innovative Strategies to Reach Vulnerable Populations

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
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</table>
| Individuals who are Homeless                      | • Conduct outreach to local homeless shelters and programs for these individuals  
• Use eligibility vendors for “boots on the ground” strategies, e.g., provide transportation, assist with enrollment in other government programs |
| Individuals with Mental Illness & Substance-Use Disorders | • Educate staff on behavioral health and substance use disorder needs, e.g., recognizing when/how to obtain eligibility information from behavioral health facilities  
• Use eligibility vendors for face-to-face contact to obtain essential documentation |
| Individuals who are Undocumented                 | • Train staff to recognize and address the initial barriers, i.e., develop and implement a non-threatening, personalized approach  
• Hire multilingual staff and/or obtain translation services to facilitate communication and trust |
### Strategy 6: Outreach and Partnering with Key External Stakeholders

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers</td>
<td>• Inform community physicians about hospital’s existing eligibility and enrollment services, financial assistance programs, and Covered California and Medi-Cal expansion</td>
</tr>
<tr>
<td>Other Provider Organizations</td>
<td>• Coordinate/integrate eligibility and enrollment application process with community partners and other affiliated providers</td>
</tr>
<tr>
<td>Community</td>
<td>• Use community outreach personnel familiar with needs of target communities to provide health coverage information</td>
</tr>
<tr>
<td>County and State Personnel</td>
<td>• Develop trusted relationships with county and state personnel, e.g., county public health personnel, Medi-Cal eligibility personnel, etc.</td>
</tr>
</tbody>
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### Strategy 7: Partnering with Service Vendors

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Key Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Capabilities</td>
<td>• Determine when and how to use vendors strategically to complement internal eligibility and enrollment capabilities</td>
</tr>
</tbody>
</table>
| Effective Collaboration         | • Partner with vendors who:  
  1. Have employees with significant experience working in the hospital’s local market  
  2. Share a common goal in helping the greatest-possible number of patients  
  • Strategically place vendors at critical access points in the hospital |
### Strategy 8: Addressing the New Environment

#### Area of Focus: Assessing the Impact of the Newly-Eligible Population

<table>
<thead>
<tr>
<th>Key Approaches</th>
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</thead>
<tbody>
<tr>
<td>Understand the potential impact of the newly-eligible population in the local market</td>
</tr>
<tr>
<td>Conduct outreach and education that complements the Covered California campaign</td>
</tr>
<tr>
<td>Consider/develop strategies to partner with brokers and insurers for enrollment in Covered California plans</td>
</tr>
<tr>
<td>Allocate physical space, technology and other resources to assist enrollment staff in conducting eligibility and enrollment screenings</td>
</tr>
<tr>
<td>Develop staffing and training contingency plans for potential patient volume increase during enrollment and expansion periods</td>
</tr>
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### Concluding Comments

Amber Kemp  
California Hospital Association
Concluding Comments

- Interviewed organizations believe that the principles behind the eight strategies for eligibility screening and enrollment described in this presentation will support hospitals’ efforts as health care reform advances.
- Hospitals support the shared goal of the “no-wrong-door-approach.”
- Early enrollment of the newly-eligible population is vital to ensure that individuals will have coverage for their next episode of care.

Other Resources Available

1. Helpful Websites
2. Covered California Certified Enrollment Entity Interest Form
3. Emergency Department Patient Navigator Orientation Pathway
4. Sample Patient Access Walk-In Script
5. CalSIM Regional and County Estimates
   A. Predicted Exchange Enrollment with Subsidies Under the Affordable Care Act: Regional and County Estimates
   B. Predicted Increase in Medi-Cal Enrollment Under the Affordable Care Act: Regional and County Estimates
   C. Remaining Uninsured in California Under the Affordable Care Act: Regional and County Estimates
   D. Definition of Regions in California by County
Thank you

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Questions

Online questions:
Type your question in the Q & A box, hit enter

Phone questions:
To ask a question hit 14
To remove a question hit 13
Webinar to be repeated July 30

- Today’s webinar will be repeated on Thursday, July 30, from 10:00 a.m. to noon, Pacific Time
- The webinar is complimentary and registrants will receive a copy of the guidebook
- Registration and additional information available at www.calhospital.org/insurance-under-aca-webinar

CHA Publications

2013 Editions
- California Health Information Privacy Manual (July 2013)
- Consent Law Manual (April 2013)
- Principles of Consent and Advance Directives (April 2013)
- California Hospital Compliance Manual (February 2013)

Coming Soon
- Mental Health Law (August 2013)
- Minors and Health Care Law (Summer 2013)

Learn more at www.calhospital.org/publications
Upcoming Programs

- **Disaster Planning for California Hospitals**  
  *September 23 – 25, Sacramento*
- **Labor and Employment Law Seminar**  
  *October 29, Sacramento*  
  *November 6, Glendale*
- **Behavioral Health Care Symposium**  
  *December 9 – 10, Huntington Beach*

Thank You and Evaluation

Thank you for participating in today’s program. An online evaluation will be sent to you shortly.

For education questions, contact Mary Barker at (916) 552-7514 or mbarker@calhospital.org.