Helping Individuals Obtain Coverage
in the Covered California Marketplace
Eligibility and Enrollment Strategies for Hospitals

Strategy 3: In Partnership, Educating the Patient

CALIFORNIA HOSPITAL ASSOCIATION

To enhance patient access to health coverage, hospital eligibility and enrollment staff members work to develop a partnership-like relationship with the patient. The goal is to create trust and engage the patient in a conversation about their health coverage options.

A VALUES-BASED APPROACH

Many hospitals say organization-wide values influence how they approach patients. Staff are trained to try to make patients more comfortable discussing what can be sensitive information (for example, income or employment status).

One organization uses a simple acronym as a guideline for staff members to gain the trust of, and communicate with, individuals who are nervous, anxious and feeling vulnerable:

CICARE (pronounced "See-I-Care"):

Connect with the patient or family member using Mr./Ms. or their preferred name.

Introduce yourself and your role.

Communicate what you are going to do, how it will affect the patient and other needed information.

Ask for and anticipate patient and/or family needs, questions or concerns.

Respond to patient and/or family questions and requests with immediacy.

Exit, courteously explaining what will come next or when you will return.

Use of the CICARE approach has improved patient satisfaction scores both organization-wide and specifically with the financial counselor staff.

The interviewed hospitals recognize the importance of providing privacy and space in discussing sensitive issues, such as financial information, with patients. Registration desks may not provide enough privacy, so numerous hospitals have or are considering larger dedicated areas for eligibility screening in the care setting or waiting areas. Computer kiosk-like structures might work for patients who are completing information online, but for many other patients, it is critical to have enough space for meaningful interpersonal interaction during the enrollment process.

UNINSURED OR UNINFORMED?

The eligibility process is complicated and confusing for most patients. Many patients who come to hospitals as uninsured are eligible for one or more coverage programs but may not know it. This includes young adults ages 18–34, dependents under age 26, children under age 19, individuals with pre-existing conditions, immigrants awaiting legal status, low-income adults without dependents and individuals who recently lost a job.[1]

One multihospital health system uses a web-based eligibility search engine for real-time coverage program identification. The search engine currently includes all programs available to Californians. The patient or staff enters ZIP code, health coverage status, patient demographic data, income information, age and health status. The software scans the available programs, and in 90 seconds produces a list of coverage options with contact information, costs, coverage summaries, sign-up checklists and up-to-date applications. The online Covered California Single Streamlined Application has similar capabilities.

Covered California is undertaking an extensive marketing, education and outreach campaign to inform patients about their coverage options and has budgeted $111 million for the upcoming 2018 coverage year. These investments complement spending by health plans on marketing and agent commissions to promote enrollment *(see Figure 1: California On-Exchange Total Marketing and Outreach Investments, 2014-2018 [millions]).* The total investment for marketing and outreach of $299 million from health plans and Covered California is a significant investment and comes

Figure 1
California On-Exchange Total Marketing and Outreach Investments, 2014-2018 (millions)

on the heels of similar spending over the past four years.[2] Nonetheless, patients eligible for subsidized or non-subsidized health coverage will likely continue to seek care in hospital emergency departments as uninsured patients.
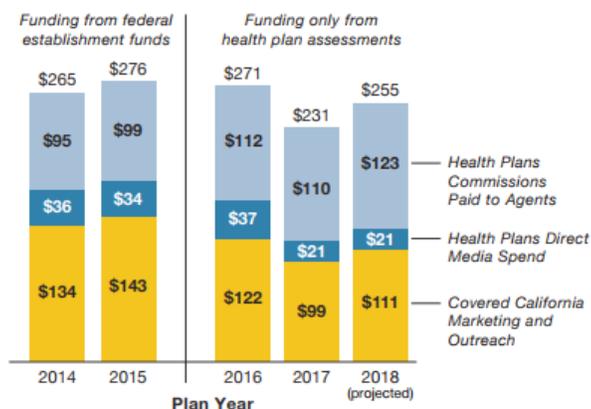
PATIENT ADVOCATE APPROACH TO INFORMATION NEEDS

Many hospitals find it helpful to use an advocacy, partnering or financial caregiver approach in each patient eligibility and enrollment encounter. Such an approach creates a dignified experience, which engages the patient in a discussion of coverage in a non-threatening way. The focus is on education — and providing prompt and reliable information at the point-of-care.

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1   G. Sevenikar and A. Minoux, "How Health Systems Can Improve Their Bottom Line & Relationships with Uninsured Patients" presentation at HIMSS Conference March 2013, accessed May 14, 2013, https://himss.learn.com/learncenter. asp?id=178409&DCT=1&sessionid=3-4C919674-F234-4AF8-BDF3-39EAD096439F&page=4&mode=show&command
2   Peter V. Lee, Vishaal Pegany, James Scullary and Colleen Stevens, "Marketing Matters: How Marketing and Outreach Builds Stable Marketplaces and Pays Off for the Federal Government," (September 2017) http://hbex.coveredca.com/data-research/library/CoveredCA_Marketing_Matters_Issue_Brief.pdf

Written and Verbal Communications with Patients

Patients receive written educational materials in appropriate languages, as feasible. Brochures and information sheets describe federal, state and county programs, documentation required to apply, available financial assistance programs and related topics.

Many patients prefer to learn about programs through conversations instead. If language is a barrier, staff may refer the patient to another staff member who speaks the language or use a translation service that allows two- or three-way conversations with a translator.

Many patients prefer to **learn** about programs **through conversations**

The Non-Compliant Patient

Hospitals sometimes counsel a patient multiple times about their coverage options and how to apply, but for whatever reason, the patient chooses not to or fails to supply the needed documents or information.

One strategy used by hospitals is persistence with educational efforts and procedures. Staff should continue to treat the patient with respect and dignity, and repeat the same conversation every time he or she comes into the hospital.

Consistency is important. Organizations may consider educating non-compliant patients about why the requested documents are needed.

One hospital interviewee noted, "Patients may feel that providing their tax documents or bank statements is an invasion of their privacy. But we emphasize the importance to them of getting health coverage so that they can have continuity of care."

Subsidy-Eligible Exchange Population

As subsidy-eligible individuals consider their health coverage options, hospitals provide additional education related to:

- Standardized benefits plans and the four nationally defined levels of coverage

- Types of plan design, whether Health Maintenance Organization, Preferred Provider Organization, Exclusive Provider Organization , point of service or other

- Cost sharing, including premium, copay and coinsurance, deductibles and maximum out-of-pocket limits

- Pharmacy benefits

- And many other details related to Covered California qualified health plans

Training through Covered California's Enrollment Assistance Program equips hospitals and their enrollment staff with the information they need to educate subsidy-eligible individuals and enroll them in health coverage.

Patient education for the subsidy-eligible exchange population covers not only the enrollment process, but coverage basics such as benefits, financial responsibilities and potentially unfamiliar terminology such as "the individual mandate," "advance premium tax credits," "cost-sharing reductions," "minimum essential coverage," "open enrollment," "deductibles," "out-of-pocket maximums," and more. Covered California has developed strategies for hospitals to ensure their ability to meet such needs.

The subsidy-eligible exchange population also has educational needs related to the pricing and cost of medical services. Even under the Affordable Care Act, many uninsured people cite the high cost of insurance as the main reason they lack coverage.[3] As a greater share of health care costs shift to patients through higher deductibles, co-pays and co-insurance, patients are asking for much more detailed information regarding their responsibilities for paying these charges.

Health plans and employers are working quickly to provide consumers with out-of-pocket cost estimates. Some offer online "treatment cost estimators" and comparative data on costs for specific procedures. The online Covered California Single Streamlined Application includes a cost calculator and offers users the ability to sort plans by "best fitting preferences" related to premium, deductibles and out-of-pocket expenses.

Covered California notes that shopping and enrolling in coverage are easier than ever this year due to upgrades to the online experience:

- For the first time, Covered California's website is mobile friendly, enabling consumers to shop, find local help, enroll and manage their account on a cell phone or tablet.

- A new provider directory allows consumers to see which doctors and hospitals are available in which plans.

- The application for health coverage has been simplified for easier navigation.

- Upgrades to the website make it easier for consumers to find resources and in-language phone support in 12 languages on the home page and under a new "Contact Us" page.

In addition, Covered California requires qualified health plans to develop tools (online and mobile) that enable consumers to compare costs and quality when choosing a provider.

The Covered California website also includes a quality rating system that rates qualified health plans using clinical measure data and members' reported experiences with their plans. The system has one to five stars, with five stars being the top rating.

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3   The Henry J. Kaiser Family Foundation, "Key Facts about the Uninsured Population," (September 2017) http://files.kff.org/attachment/Fact-Sheet-Key-Facts-about-the-Uninsured-Population

Steps to Position a Hospital as a Patient Advocate

- Leverage available technology to ensure first-touch success.

- Commit to patient-friendly billing.

- Encourage your staff to talk about resources and offer assistance.

- Ensure there are adequate materials available and that your staff is educated on program options; online solutions can help provide this resource.

- Simplify the process.

- Help patients understand their responsibilities.

- Provide a clear decision tree for hospital billing representatives with the necessary tools to ensure consistency.

Source: A. Minoux, "Identifying Patient Eligibility for Medi-Cal Programs Can Put a Big Dent in Hospitals' Uncompensated Care Costs," Becker Hospital Review (Jan. 30, 2013). Reprinted with permission.

CALIFORNIA HOSPITAL ASSOCIATION

Contact:

Amber Kemp
Vice President, Health Care Coverage
California Hospital Association
(916) 552-7543
akemp@calhospital.org