

ENROLLMENT & BEYOND

Keeping People Engaged in a Transitioning Healthcare System

The State of California to date is one of only 24 states and the District of Columbia that have accepted the option to expand Medicaid under the Affordable Care Act (ACA). Alameda Health Consortium (AHC) – a regional association that provides training, advocacy and technical assistance to eight Federally Qualified Health Centers in Alameda County, California – is playing a key role in helping its member centers not only to enroll people in the new coverage options under the ACA; but also to keep them enrolled.

Collectively, AHC's member health centers serve 175,000 patients annually at 70 delivery sites that span the cities of Berkeley and Oakland, down to the cities of Hayward and Fremont, near the Silicon Valley.

Having implemented successful strategies over the years that connect people to health coverage, the AHC and its members are well prepared to meet the tasks ahead in reaching and enrolling even more people as result of the federal health reform law.

Community Health Forum spoke with **Njeri McGee-Tyner**, AHC's **Eligibility and Enrollment Director**, to find out how the Consortium and its member health centers are applying their knowledge and experience in outreach and enrollment to today's new challenges.

Tapping into the existing infrastructure

Many of the people that AHC member health centers have been serving through a Low-Income Health Program (funded through a combination of local dollars and federal matching dollars under a Bridge to Reform Section 1115 waiver) will now be

automatically moved over to Medicaid coverage. This will bring additional reimbursements to health centers – and bottom-line motivation to reach, enroll and retain this patient group. What is important here is for the Consortium to communicate to the health centers the value of this opportunity.

"AHC's opportunity is to enhance the capacity and maximize revenue for our clinics based on the new available coverage," McGee-Tyner says. "We want to be a shared resource for expertise and training so centers can financially maintain and support their services."

McGee-Tyner also says that patient retention in Medicaid is always considered in their outreach activities, and their retention strategies are continually honed. In the past three years alone, the retention rate for its member centers has gone up by 20 percent.

AHC holds monthly member services meetings with

eligibility and enrollment managers from each health center. Simply getting an outside perspective can work wonders, McGee-Tyner says. "We share best practices and talk about enrollment and retention strategies, using those clinics with higher success rates as models for others."

In addition, the AHC works in conjunction with its sister organization, the Community Health Center Network. The Network provides managed care services to the health centers, including insurance claims management, data collection and reporting on patient demographics and encounters, utilization management, etc.

**THE ALAMEDA HEALTH CONSORTIUM:
AT A GLANCE**

- 8 health centers
- 70 delivery sites
- 175,000 patients annually
- 1,700 providers and staff

THE PATIENT RETENTION RATE FOR AHC'S MEMBERS GREW FROM 50-60% THREE YEARS AGO TO 83% TODAY.

Through the collaboration there is already an online portal system in place through which data from the centers is collected and analyzed and through which the health centers can track their progress, access information for purposes of improving patient care, financial and operation performance and now, outreach and enrollment efforts under the ACA.

Scaling hurdles

Understanding the scope of the task is only the first step in the transition. Drill down, and clinics come up against some specific challenges. Here are a few McGee-Tyner identified:

- **Cultural change for the “young invincibles.”** These mostly healthy Gen-Ys don't think they need insurance. But their enrollment is key to making the ACA measures work economically. Health centers can change that mindset, McGee-Tyner says. “Reframe the message to them saying: ‘Come and get preventive checkups so things won't lead to something more complicated and costly later.’” Taking a preventive angle is important because young people tend to have a “use it only when you need it” attitude toward healthcare and insurance.
- **Mass-scale training.** Given the size of the new effort, enrollment workers are needed and each of them will need training and certification. The regional clinic consortia are critical to providing that “on-the-ground” training. “There's always a learning curve with a new system; so we want to help these enrollment workers to adapt easily,” says McGee-Tyner.
- **Shifting systems.** Although patients in California covered under other programs will be shifted over to the new system automatically, AHC wants to ensure no one falls through the cracks. Those who fall outside standard system parameters – mixed-structure families for instance – may need case-by-case adjustments. “We don't want to lose anyone in the shift, so we're offering all the tech support we can across our health center sites,” McGee-Tyner says.

What works here and now

McGee-Tyner offers the following tips on outreach and enrollment strategies that health centers working individually or collectively can use to maximize their outreach and enrollment efforts:

- Take the lead in training and tech support. The State of California and others have recently looked to regional Consortium staff to train enrollment counselors for the new online health exchanges: “The local clinic consortia are experts in the Exchange, Medicaid, and local programs. So our investment is to provide clinic counselors with training on all public health programs available to patients.”
- Partner with social services and community health agencies. These organizations administer county coverage programs for those who may or may not meet Medicaid qualifications. “With more than 70,000 Medicaid patients in our county,” says McGee-Tyner, “having local partnerships helps with better patient coverage.”
- Increase your utilization message. Spread the word to patients. Now that you have access to primary and preventive care and health insurance, use it. McGee-Tyner says, “We're promoting our clinics as medical homes.”
- Advocate for county programs. There are still county-supported insurance coverage programs for those who need it. McGee-Tyner says that they want to advocate for federal funding for these community programs so that not all of their funds are shifted elsewhere.
- Use technology. AHC helped its members to set up telereminder systems, which automatically call patients whose annual coverage is coming up for renewal. “Our centers that use technology in addition to manual labor saw much better outreach results.”
- Keep up with retention. AHC helps health centers with notices, calls and reminder flyers. They also mail out user-friendly renewal reminder notices on behalf of each center.

“It's more important than ever to be a resource about what's going on with all the changes in healthcare reform,” McGee-Tyner says. “We're learning and sharing how healthcare coverage will change.”