

ISSUE BRIEF

# Profiles of Medicaid Outreach and Enrollment Strategies: One-on-One Assistance through Community Health Centers in Utah

March 2013

## GETTING INTO GEAR FOR 2014

As part of a series focused on lessons learned from Medicaid and CHIP outreach and enrollment strategies that can help inform implementation of the Affordable Care Act (ACA) coverage expansions, this brief profiles a successful initiative among health centers in Utah to provide one-on-one Medicaid enrollment assistance. Key findings include the following:

**Development of the initiative began within a single health center that sought to increase coverage among its uninsured patients by utilizing AmeriCorps workers to provide enrollment assistance.** Upon recognizing that many patients were eligible for Medicaid or CHIP but unable to enroll on their own, the center trained AmeriCorps workers already in place at the clinic to provide enrollment assistance. The pilot clinic found AmeriCorps workers to be a cost-effective resource particularly well-suited to providing enrollment assistance. Building on the initial clinic's success, the state primary care association—the Association for Utah Community Health (AUCH)—obtained a CHIPRA outreach grant to spread one-on-one enrollment assistance through trained enrollment specialists to an additional eight clinics operated by four health centers.

**Enrollment specialists provide families with assistance through each step of the application and enrollment process.** Enrollment specialists are on-site at the clinics and integrated into standard clinic workflow to facilitate their making contact with patients needing application assistance. The state's Medicaid agency, the Department of Health, trained enrollment specialists on enrollment processes and provided them access to check on the status of applications. AUCH also assumed an ongoing training role and regularly convened the enrollment specialists to share information and best practices and advise on complex family situations.

**An evaluation of the pilot clinic found that children in families who received enrollment assistance were significantly more likely to enroll in coverage and to subsequently utilize preventive care than those at a clinic that did not provide assistance.** Enrollment specialists at the clinics are viewed as trusted resources by families and help make the clinic atmosphere more welcoming. Moreover, having enrollment specialists integrated with clinic staff provides important opportunities for them to offer enrollment assistance in a way that builds on the trusted provider-patient relationship.

**Participating clinics generally found the one-on-one enrollment assistance model to be financially sustainable.** By enrolling previously uninsured patients into Medicaid, enrollment specialists generated additional Medicaid payments for their clinics. In seven out of eight of the clinics that implemented the program, this revenue far outpaced the cost of providing enrollment assistance.

**In 2012, a group of collaborating social service agencies began work to spread the enrollment assistance model statewide and through additional channels.** This initiative is creating a formal training curriculum so that other community-based organizations serving low-income families can assist with Medicaid applications. They also are developing a tracking system to monitor submitted applications and renewal dates.

As organizations examine different options for providing enrollment assistance under the ACA, this experience in Utah highlights the effectiveness of providing one-on-one enrollment assistance and the value of providing such assistance directly within sites of care to engage clinicians in the effort.

## INTRODUCTION

Under the ACA, beginning in 2014, a streamlined, technology-driven enrollment system will go into place in each state to facilitate enrollment in all insurance affordability programs, including Medicaid, CHIP, and health insurance exchange marketplaces. While new systems will be designed to ease enrollment barriers and facilitate enrollment, many individuals will still require assistance to enroll in coverage and connect to care. This assistance will be particularly important for hard-to-reach and vulnerable individuals. As part of a series focused on lessons learned from Medicaid and CHIP outreach and enrollment strategies that can help inform implementation of the ACA coverage expansions, this brief profiles a successful initiative among federally qualified health centers (FQHCs) in Utah to provide one-on-one Medicaid enrollment assistance and efforts to build on this initiative to further expand the availability of enrollment assistance in the state. It is based on interviews with key stakeholders during summer 2012 and review of relevant materials.

## DEVELOPMENT OF THE STRATEGY

**Development of the enrollment assistance initiative began within a Utah health center that sought to increase coverage among its uninsured patients.** The initiative began when a pediatrician at the Central City Community Health Center in Salt Lake City started looking for ways to reduce the high uninsured rate among the center's pediatric patients, many of whom were eligible for Medicaid or CHIP but not enrolled. Overall, Utah FQHCs serve almost 40% of the estimated 60,000 children in Utah who are eligible for Medicaid or CHIP but uninsured. Moreover, a significant share of patients served by Utah FQHCs is uninsured, contributing to fiscal strains on the clinics and making it difficult for clinic providers to refer patients for specialty care. Upon recognizing that many patients were unable to enroll in Medicaid or CHIP on their own, the center began exploring enrollment assistance models in other states and decided to train AmeriCorps workers already in place at the clinic to provide enrollment assistance.

**Building on the initial clinic's success, the state primary care association—the Association for Utah Community Health (AUCH)—obtained a CHIPRA outreach grant to spread the model to other sites.** An evaluation of the initial clinic's experience found significantly higher enrollment rates among families assisted by AmeriCorps workers than among those who were provided an application but no further assistance.<sup>3</sup> Following this evaluation, in 2009, AUCH obtained a two-year \$762,590 CHIPRA outreach grant to implement the initiative in an additional eight clinic sites operated by four health centers. Because the federal CHIPRA funds could not be used

to match spending of another federal program such as AmeriCorps, non-AmeriCorps enrollment specialists were trained for this phase of the initiative.

## KEY FEATURES OF THE STRATEGY

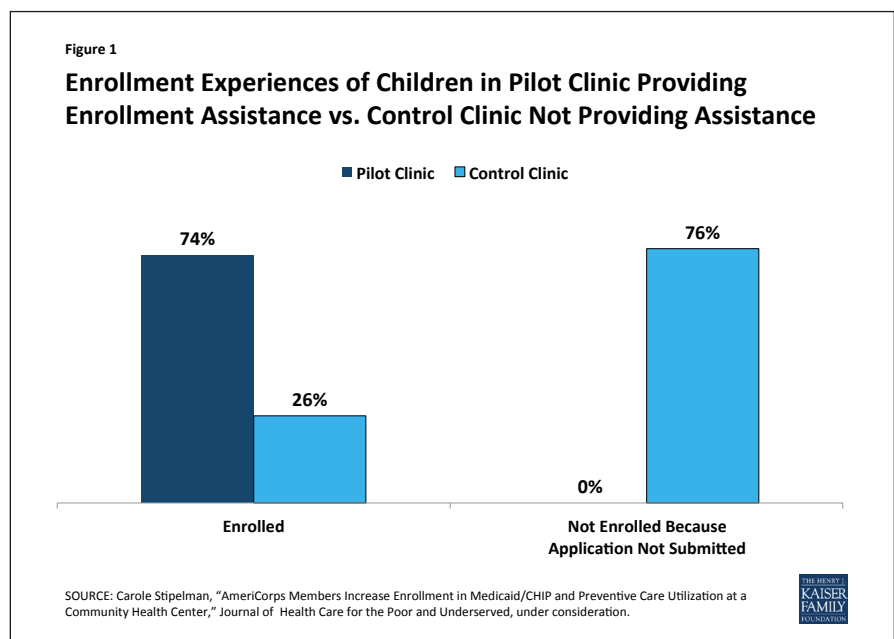
**Enrollment specialists provide families assistance through each step of the application and enrollment process.** They help families understand the eligibility criteria and application process, assist them in completing the application, and serve as a liaison with the state to complete the enrollment process. In particular, they help families identify and obtain required documentation and facilitate communications between families and the state. They also track the status of submitted applications and follow them through until a final eligibility determination is made. Moreover, enrollment specialists explain to families the benefits of having coverage and its importance to obtaining comprehensive, ongoing care.

**Enrollment specialists are on-site at the clinics and integrated into standard clinic workflow and processes.** When, during the course of delivering or prescribing medical treatment, a clinician learns a patient is uninsured, they introduce the idea of applying for public insurance and directly connect patients to enrollment specialists, when permitted by the patient.

**The state's Medicaid agency, the Department of Health, trained enrollment specialists on enrollment processes and provided them access to check on the status of applications.** The state Medicaid agency was engaged in planning and implementation of the initiative and has been key to its success by helping ensure enrollment specialists obtained the necessary knowledge to effectively work with families and enabling them to check on the status of submitted applications by phone. AUCH also assumed an ongoing training role and regularly convened the enrollment specialists to share information and best practices and advise on complex family situations. The Department of Workforce Services (DWS), which conducts Medicaid and CHIP outreach, was supportive of the initiative. However, in some cases, there were challenges aligning and coordinating the roles and responsibilities of out-stationed DWS eligibility workers and call center staff with the new FQHC enrollment specialists.

## IMPACT TO DATE

**An evaluation of the pilot clinic found that children in families who received enrollment assistance were significantly more likely to enroll in coverage and to subsequently utilize preventive care.** Nearly three-quarters of children (74%) in families that were provided application assistance were successfully enrolled compared to about a quarter (26%) of children at a comparison clinic in which families were provided a Medicaid/CHIP application but no direct enrollment assistance (Figure 1).<sup>4</sup> Moreover, chil-



dren who enrolled in coverage were significantly more likely to receive preventive care visits compared to children who were not enrolled (Figure 2). While there has not been a similar evaluation of the additional clinics that adopted the enrollment assistance model, data from DOH and AUCH show that about 80% of assisted applications resulted in successful enrollment.<sup>5</sup>

**Enrollment specialists at the clinics are viewed as trusted resources by families.** Because enrollment specialists often are from

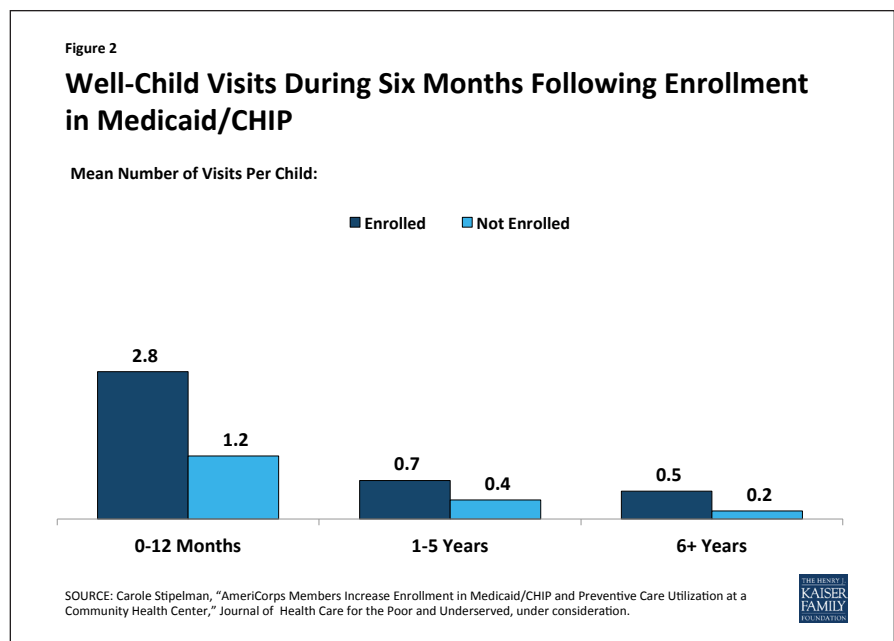
the communities they serve, they bring language skills and cultural competence to their work and are often viewed as a trusted resource by families. As such, they can effectively assuage fears among individuals about enrolling in coverage and families are willing to work closely with them to complete the enrollment process. Enrollment specialists are a popular resource within the clinics, with families seeking them out after hearing through word-of-mouth about the services they provide. Moreover, respondents indicated that patients' positive view of the enrollment specialists helped make the clinic atmosphere more welcoming.

**Having enrollment specialists integrated with clinic staff provides important opportunities for them to offer enrollment assistance in a way that builds on the trusted provider-patient relationship.** A physician can call an enrollment specialist directly into an exam room to help an uninsured family who has been recommended a treatment that they cannot afford. This provides an immediate opportunity for the physician to connect the enrollment assistance worker with the family, establish trust, and begin the application process at a time when the family recognizes the importance and need for coverage.

**“Now when I come across an eligible uninsured child in clinic, I call my enrollment specialist on the walkie-talkie and he comes into the examination room to explain the application process and benefits of enrollment, within the context of the patient-doctor relationship.”**

-Carole Stipelman, MD, MPH, FAAP, “Increasing Medicaid/SCHIP Enrollment at Community Health Centers, American Academy of Pediatrics, Community Access to Child Health, Volume 18, Issue 2, Summer 2010.

**The pilot clinic found AmeriCorps workers to be a cost-effective resource particularly well-suited to providing enrollment assistance.** AmeriCorps workers are a low-cost resource, at about \$10,000 per worker per year. Moreover, they have many characteristics that make them well-suited to provide enrollment assistance. First, AmeriCorps workers tend to reflect the ethnic and cultural background of the community they serve. In addition, AmeriCorps workers arrive as a team, work together in learning and problem-solving, and share an esprit de corps that is related to their AmeriCorps status. However, one challenge is that participation in the AmeriCorps program is time-limited, leading to a changing group of workers over time. This creates the need for ongoing training and methods to ensure that on-the-ground knowledge is passed on to successive waves of AmeriCorps workers.



**Seven of the eight clinics participating in the CHIPRA grant found the enrollment assistance model to be financially sustainable.** By enrolling previously uninsured patients into Medicaid, enrollment specialists generated additional Medicaid payments for their clinics. In seven out of eight of the clinics that implemented the program, this revenue far outpaced the cost of providing enrollment assistance. For example, one center found that two workers enrolled 500 people in an eight-month period, resulting in \$189,000 in Medicaid payments, more than double the \$80,000 annual cost of the enrollment assistance. The increased revenue enabled these clinics to permanently hire enrollment specialists after the grant funding ended. However, the increased revenue from providing enrollment assistance is dependent on patients continuing to receive care from the clinic after obtaining Medicaid coverage. One clinic found that after obtaining coverage, its patients left to obtain care from other providers. This center primarily focused on maternal health and had longer wait times for pediatric appointments, which may have contributed to patients leaving. In contrast to the other centers, this center did not maintain an enrollment specialist after the grant period ended.

## LOOKING AHEAD AND LESSONS LEARNED

In sum, the experience with the pilot and grant-funded community health centers showed that uninsured families can be successfully enrolled in Medicaid and CHIP at the point they are seeking health care. Personalized, face-to-face contact has been an important feature of this initiative and encouragement from health center physicians is an important motivator for families to obtain enrollment assistance. Patients' trust in their doctors, combined with the convenience of being able to "go down the hall" to visit the enrollment assistance worker after a clinical visit, helped this strategy succeed. Enrollment specialists further increase families' comfort with applying for coverage and reinforce providers' messages about the importance of preventive care. In addition to helping families complete the Medicaid or CHIP application, they can also answer questions about navigating the health care system more broadly.

This experience led many community leaders and stakeholders to recognize enrollment assistance as an essential component of covering the uninsured. Since the grant period ended in 2011, the model has continued to grow. In 2012, a group of collaborating social service agencies led by the Utah Health Policy Project's Take Care Utah consumer assistance initiative and funded by The United Way began work to spread the model statewide and to provide assistance through additional channels. For example, enrollment specialists are now providing outreach and assistance in schools and refugee centers. Take Care Utah is working to create a formal training curriculum so that other community-based organizations, such as housing, refugee services, ecclesiastical leaders, and a variety of other organizations serving low-income families can assist with Medicaid applications. They also are developing a tracking system to monitor what happens with submitted applications and renewal dates so that they can send renewal reminders. With funding from private companies, they are developing new technology to expand and test interventions that would further improve the effectiveness of the model, such as text messaging and cloud-based data sharing. The organizations working to expand the initiative plan to collect data with the goal of examining the impact of enrollment in coverage on preventive care and eventually on school attendance and academic achievement, if possible.

Under the ACA coverage expansions, even with new streamlined enrollment processes in place, there still will be a significant need for assistance to help the millions of individuals newly eligible for coverage successfully complete the application and enroll in coverage. As organizations examine different options for providing assistance, findings from this experience in Utah point to the effectiveness of providing one-on-one enrollment assistance through individuals from the community with whom families can identify. They further highlight the value of providing such

assistance directly within sites of care, such as clinics, and incorporating the assistance into the standard workflow of operations. Moreover, they point to the important opportunities that stem from engaging providers to work in partnership with enrollment specialists. Lastly, the findings illustrate the potential to spread a one-on-one enrollment assistance model through a variety of community-based organizations to expand the reach of assistance and the importance of building data tracking and sharing capabilities to support enrollment efforts.

**This brief was prepared by Jennifer Edwards and Diana Rodin with Health Management Associates and Samantha Artiga with the Kaiser Commission on Medicaid and the Uninsured. The authors extend their deep appreciation to the individuals and organizations who so generously shared their time and efforts to participate in the interviews.**

# Endnotes

- <sup>1</sup> Carole Stipelman, “AmeriCorps Members Increase Enrollment in Medicaid/CHIP and Preventive Care Utilization at a Community Health Center,” *Journal of Health Care for the Poor and Underserved*, under consideration.
- <sup>2</sup> AmeriCorps is a federal program created in 1993 to promote community service. AmeriCorps workers engage in direct service activities, such as after-school tutoring or homebuilding for the organizations they serve.
- <sup>3</sup> Stipelman, op cit.
- <sup>4</sup> Ibid.
- <sup>5</sup> Interviews with Alan Pruhs and Carole Stipelman, September 2012.



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