

Stopping the Leak:

Keeping Michigan Kids Enrolled in Medicaid and CHIP



Michigan Primary Care Association www.mpca.net



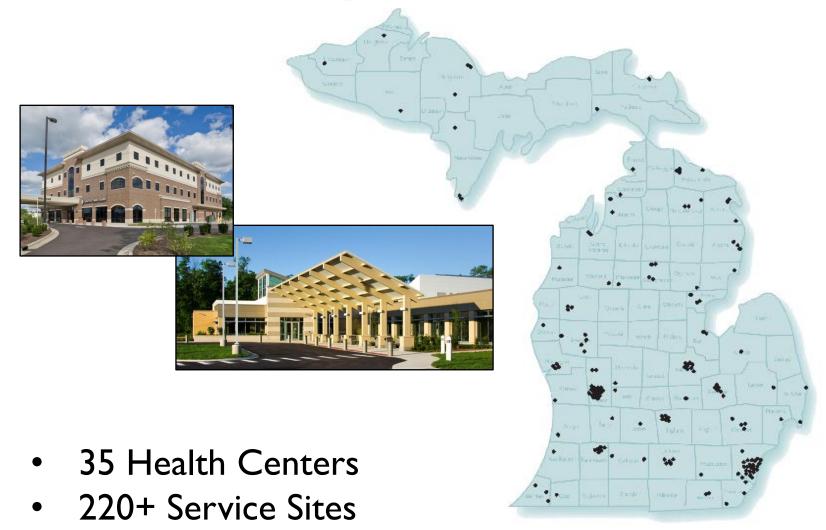
About MPCA

- For over 30 years, MPCA has been the voice for Health Centers and other communitybased providers in Michigan
- Our mission is to promote, support, and develop comprehensive, accessible, and affordable quality community-based primary care services for everyone in Michigan
- MPCA is focused on access to care, clinical quality, integrated care, health center operations, health policy and system transformation and health information technology





About Michigan Health Centers



Over 600,00 Patients Served Annually



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About the Grant

- Funded by the Centers for Medicare and Medicaid Services
- Grant authority created through the 2009 CHIPRA legislation (Cycle 2)
- Grant period 8/18/2011 to 8/17/2013
- One of 4 grants nationally funded in the retention focus area





Partner Health Centers

- Grant project undertaken in partnership with 9
 Michigan Health Center organizations
- Participating Health Center represent a mix of rural and urban communities
- Health Center patients in the project include several large racial/ethnic minority groups and one ESL population (Spanish)





Background

- Michigan is home to nearly 110,000 uninsured children
 - Roughly 70,000 of those children are eligible for coverage and just need to apply
- As a CHIPRA Cycle I grantee MPCA focused on getting those kids enrolled
- Our enrollment experience led us to focus the second grant on issues we experienced with retention
 - Our retention "leak" is unsustainable





Background

44.0%

Percentage Of Currently Eligible But Uninsured Children Who Dropped Out Of Medicaid Or The State Children's Health Insurance Program (SCHIP) The Previous Year, By State, 2000–2006

States with poor retention				States with poor take-up			
	Percent	SE	Number		Percent	SE	Number
DE ^a	67.8	10.2	62	NE	16.3	7.3	44
SD	50.9	12.3	37	UT ^b	17.4	5.5	107
ID	50.7	10.3	69	CO ^b	18.4	6.0	101
SC	49.2	12.0	30	VT	20.9	10.4	23
TN	48.7	13.2	24	KS	21.3	8.1	43
DC	47.3	13.3	32	WA	22.8	7.6	61
GA	45.8	8.4	90	OH	23.5	5.9	117
NY ^a	45.7	4.1	275	AR	23.7	7.4	62
MD	45.3	9.9	70	WY	24.2	9.6	45
AL	45.2	11.2	40	VA	24.9	7.0	73
OR	45.2	10.9	74	MA	25.0	6.8	74
MI	44.0	7.4	87	NH	25.1	12.4	48
AK	42.9	12.3	41	IN	25.2	10.2	108
WI	42.5	12.3	53	PA	26.2	5.9	177
CT	42.2	8.5	75	NJ	27.3	4.8	169
MO	40.3	9.7	71	IA	27.6	9.2	46
LA	40.0	7.4	71	NV	27.6	6.2	135
NC	39.9	6.7	130	ND	29.0	14.0	19
MT	39.7	11.3	43	IL	31.4	5.1	161
WV	38.6	10.4	47	TX	31.8	2.8	655
ME RI OK HI KY NM	38.4 38.1 36.1 35.8 35.1 34.9	10.9 9.9 7.5 12.5 9.8 6.9	48 49 75 40 57 95	MS MN AZ CA FL	33.1 33.3 34.0 34.5 34.7	8.5 10.0 7.0 2.5 4.2	59 69 117 826 334







Project Focus

The grant focuses on three simple steps:

- Ensure families understand how and when to reapply for coverage
- 2. Remind families to renew as their redetermination date(s) approaches
- 3. Offer assistance with redetermination for families over-the-phone and at their Health Center





Process

The messaging process follows a standardized format each month.

- Clients receive a text message during the month before they are due to renew
- Those who reply with "STOP" are removed from our call list. Those who reply with "RENEW" are texted back information on how to complete the process.
- Those who do not respond to the initial text receive a voice message during the same week.
- Those who do not respond to the first voice message receive a second voice message during the month their child's insurance will expire





Process

- Those who choose to interact with the messages are either connected to a call center or to their Health center
- Staff can find the client in our database, check their redetermination date and determine an appropriate course of action to take
- Records of these interactions are noted in the database
- Those who have renewed their insurance successfully receive a follow up satisfaction survey with a self addressed and stamped envelope to return it to us
- Those who did not renew receive a follow up letter to re-enroll as a "last ditch" effort





Preparation

- MOA with Medicaid Agency and Data Contractor
- Data Use Agreements
- MOA and Business Associate Agreement with every participating Health Center
- Data exchange and matching processes
- Vendor selection and messaging system development
- Data system development and customization
- Participant training and retention promotion





- Landlines
- Cell Phones
- Express Consent
- Opt-Out Requirements



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The materials and information contained in this presentation are provided for informational purposes only and do not constitute legal advice.



- Landlines
 - It is unlawful for any person in the United States to call any residential telephone line "using an artificial or prerecorded voice to deliver a message without the prior express consent of the called party, unless the call is initiated for emergency purposes or is exempted"
- The FCC has exempted 4 specific types of calls:
 - I. Those not made for a commercial purpose
 - Those made for a commercial purpose but which do not include or introduce an advertisement or constitute telemarketing
 - 3. A call made by or on behalf of a tax-exempt nonprofit organization
 - 4. A call that delivers a "health care" message made by or on behalf of a covered entity or its business associate





- Cell Phones
 - The rules on calls made to cellular telephones are far stricter than rules regarding landlines
 - "It shall be unlawful for any person within the United States ... to make any call (other than a call made for emergency purposes or one made with the prior express consent of called party) using any automatic telephone dialing system or an artificial or prerecorded voice"
- In short, we need to have express consent for cell phones





LIDB

- So, how do we reliably tell phone numbers apart?
 - Line Information DataBases are used by telephone companies to store and retrieve Caller ID records
 - Vendors (for a fee) will screen phone numbers using a LIDB to determine which are associated with landlines and which are cell phones





- The FCC eliminated the "established business relationship" exemption
- Express Consent
 - "Prior consent means that a called party clearly stated the entity may call and clearly expressed an understanding that the entity's subsequent call will be made"
- The <u>written</u> consent requirement does not apply to non-telemarketing calls, such as calls made by tax-exempt nonprofits and calls for noncommercial purposes
 - Oral consent is allowed, but...

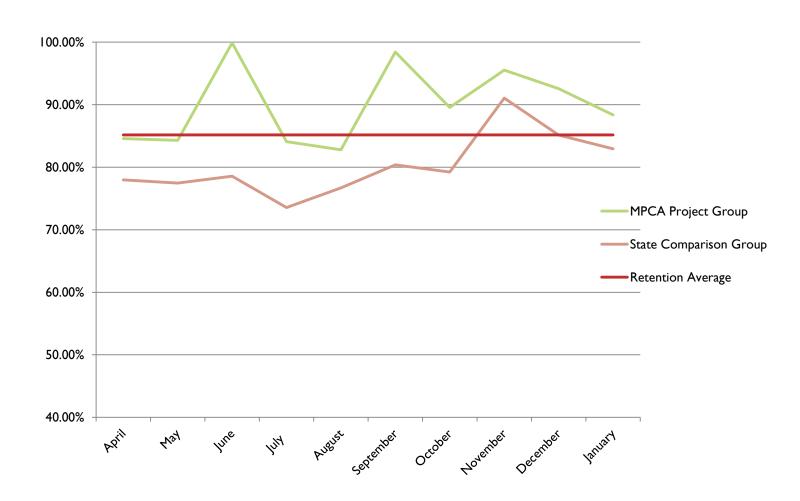




- Opt-Out Requirements
 - Provide an interactive opt-out mechanism that is announced at the outset and is available throughout the duration of the call
 - When used, the opt-out mechanism must automatically add the consumer's number to the do-not-call list and immediately disconnect the call
 - Where a call could be answered by the consumer's answering machine or voicemail, the message must include a toll-free number where the consumer can call back and connect to an autodialed opt-out mechanism



Statewide Grant Outcomes









Client Feedback

- 94.5% agree they were treated with respect (3.3 % neutral)
- 95.5% agree their privacy/confidentiality was respected (3.3 % neutral)
- 79% agree they received useful assistance in completing their redetermination (12.7 % neutral)
- 79% agree the reminders they received about coverage renewal were helpful (12.7% neutral)
- 88.4% agree they would like to receive coverage renewal reminders in the future (8.3% neutral)





Key Lessons Learned

- Pick your vendor(s) wisely and watch the call statistics closely
- Try, test, edit and try again when it comes to designing messages
- Anticipate language needs and design messages and assistance to meet those needs
- The demand for in-person assistance holds true in retention, just like enrollment
 - Try to impact the "front end" in addition to the reminders
- Above all else, strive for simplicity
- Results take time (set reasonable goals!)
- Its not nearly as complicated as it seems!







Questions?

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