About MPCA

- For over 30 years, MPCA has been the voice for Health Centers and other community-based 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

- 35 Health Centers
- 220+ Service Sites
- Over 600,000 Patients Served Annually
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

## 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

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<th>States with poor retention</th>
<th>Percent</th>
<th>SE</th>
<th>Number</th>
<th>States with poor take-up</th>
<th>Percent</th>
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**SOURCE:** Author’s analysis of 2000–2006 linked samples from the Current Population Survey March Supplement.
Project Focus

The grant focuses on three simple steps:

1. 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
Regulatory Framework

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

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

• 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:
  1. Those not made for a commercial purpose
  2. 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
Regulatory Framework

• 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
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
Regulatory Framework

- 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 **written** 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…
Regulatory Framework

- 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
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 these 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!)
- It’s not nearly as complicated as it seems!
Questions?

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