

Support and Funding for Integrated Outreach and Enrollment Systems

A white paper on the Exchange's Marketing, Enrollment, Eligibility and Retention and Assistants Programs

By:

The Community Health Reform Advocacy Committee of San Mateo County

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What matters most about health care in San Mateo?

Over the course of the past five years, San Mateo County community organizations, government leaders and health care providers have established strong consensus that we are committed to ensuring all San Mateo residents under 400% of federal Poverty Level have access to affordable health care that is culturally competent and includes preventive care.¹ We are committed to this principle because of the health benefits and cost savings to our community, and the fundamental fairness achieved by ensuring that everyone has access to health care. We have redesigned the way we provide health care in the County by creating a strong private and public partnership of health care providers, with the public hospital and public clinics at the core of the system and private hospitals, clinics and medical practices filling in the gaps to ensure that the entire geographic area of the County is covered and that all specialty health needs can be met. We have focused on braiding together funding sources to ensure low-income residents have access to health care by building an integrated and accessible system available to residents with many types of public coverage (Medicare, MediCal, Healthy Kids and the County's own ACE program). We are proud of our health care system and continue working to expand coverage to achieve our ultimate goal of making sure that everyone in the County has access to care.

We recognize that the expansion of Medi-Cal, the establishment of the Exchange and the continued implementation of the Affordable Care Act is the next step forward for our County, California and the United States. If more individuals and small businesses have access to affordable insurance through the Exchange we will reduce the numbers of uninsured for whom the County and other local partners must find alternative ways of providing health care.

¹ The County Board of Supervisors created a [Blue Ribbon Task Force on Adult Health Coverage Expansion](http://www.co.sanmateo.ca.us/portal/site/SMC/menuitem.a88d6f89ea43ed44e4a0f0e6e17332a0/?vgnnextoid=1833d4b74b8da210VgnVCM1000001937230aRCRD&cpsexcurrchannel=1) (BRTF), which created a blueprint for expanding health coverage to uninsured adult residents of San Mateo. After the successful implementation of BRTF recommendations, this task force was followed by the Community Health Reform Advocacy Committee that continues to focus on County implementation of the Affordable Care Act as well as ongoing improvements to the delivery of health care to low income County residents. See the CHRAC website:
<http://www.co.sanmateo.ca.us/portal/site/SMC/menuitem.a88d6f89ea43ed44e4a0f0e6e17332a0/?vgnnextoid=1833d4b74b8da210VgnVCM1000001937230aRCRD&cpsexcurrchannel=1>

How can the California Exchange best support San Mateo's efforts to provide health care to everyone?

Critical to the success of the Exchange in our county is that the health care provided to the newly insured maintains the quality, affordability and cultural competency that our County residents have come to expect from our current network of health care providers. We are very concerned that particularly for low-income people in the County, eligibility for participation in Medi-Cal and the Exchange may come and go as people work in part-time or temporary jobs or as their family incomes fluctuate around the break points of 135% FPL and 200% FPL. For these people, integration of the health care networks and particularly the outreach, enrollment, eligibility, medical records and billing functions need to be as patient-centered and efficient as possible. People need continuity in their health care even when financing mechanisms are segregated between federal, state and county agencies including the Exchange.

Three Specific Concerns about the Exchange's Marketing, Promotion, Outreach and Assistors Programs:

In San Mateo, the County Health Department's Health Coverage Unit (HCU) has effectively partnered with community-based organizations to connect people with the programs that ensure they get the care they need. The HCU reaches more than 41,000 clients a year through the HCU Hotline, the San Mateo Medical Center (Hospital, Emergency Room, and affiliated Clinics), the Ravenswood Family Health Center and through contracts with schools and community-based organizations. An Urban Institute Evaluation of the San Mateo Health Coverage Initiative found that this comprehensive approach (which began with our community's successful launch of its universal children's health coverage effort), has promoted community trust and improved the outreach and enrollment process. The Urban Institute cites this outreach initiative as instrumental in doubling the number of uninsured adults enrolled in the County's health coverage programs. Not only does the HCU make sure that people are getting enrolled in the right programs, but it also focuses on assisting people who may be enrolled in ACE (the county's adult coverage initiative) but eligible for MediCal to move onto the state programs. The County's Human Services Agency is a critical partner in maximizing enrollment in public health insurance programs through its responsibilities for the Medi-Cal program.

Keys to the success of San Mateo County's efforts are the integration of outreach and enrollment systems (the HCU uses a One-e-App system) and the community-driven approach.² The County's "no wrong door approach" also ensures that there is "reciprocal" integration of eligibility and enrollment with other benefit systems so that clients can access both human services and health services through either entry-point.

² The Urban Institute Study documented both increased enrollment and retention in programs, and also improved health outcomes and patient satisfaction as a result of the County's Coverage Expansion and Systems Redesign efforts that included the community-based approach to outreach. See, <http://www.urban.org/publications/412449.html>

Most important for our county is that the Exchange's new Market, Promotion and Outreach and Assisters programs build on the successes of the HCU and integrate with the existing local systems that work. A new unrelated system of Assisters for the Exchange could create chaos for San Mateo residents who have come to rely on the County's integrated approach.

1. Trusted Messengers for Community-based Marketing efforts: We believe that a community education plan that focuses on low-income individuals and small business owners must include both traditional broad-based marketing (radio, billboards, television, bus stop advertising, etc.) and also relevant community based education. We have begun a community based outreach program to educate small businesses about the immediate availability of the tax credits for offering insurance to employees by developing a local marketing flyer.³ These flyers are being broadly disseminated. Our local Chambers of Commerce are hosting forums and sending information to their members. Local faith-based groups are reaching out to their members. The County Board of Supervisors maintains a website with links to relevant information.⁴ Congresswoman Jackie Speier and her staff are making door-to-door visits to share information with her constituents. Labor unions are educating their leaders and members about how these programs can benefit uninsured union members or the uninsured families of members who have lost employer-based health coverage. These systems that are in place in our County should be supported by the Exchange's marketing plan. The same groups that are currently distributing information could be supported by the Exchange's marketing budget for our County. In San Mateo County, our system of "trusted messengers" has the capacity to reach the people who will be eligible to participate in the Exchange and grow to incorporate the private insurance market.⁵

2. Cultural and Linguistic Competence for Reaching and Enrolling the Target Populations: Both the marketing and the assister programs must focus directly on the eligible populations. Research has shown that limited English proficiency families are the most likely to be uninsured and that culturally and linguistically competent outreach and enrollment is critical to these families, especially since different members within a family may be eligible for different types of coverage.⁶ The County's Health Coverage Unit currently addresses cultural and linguistic diversity among the low-income population in several ways, including a bilingual English/Spanish hotline and integration with Health Plan of San Mateo's multi-lingual contract for hotline clients who speak other languages.

³ See attached flyer.

⁴<http://www.co.sanmateo.ca.us/portal/site/SMC/menuitem.a88d6f89ea43ed44e4a0f0e6e17332a0/?vgnextoid=708c7482bb1cc210VgnVCM1000001937230aRCRD&vgnnextchannel=da7d5103b879d110VgnVCM1000001937230aRCRD&appInstanceName=default>

⁵ An evaluation of the Robert Wood Johnson Foundation's Covering Kids and Families program found that state grantees believed that one of the essential criteria for effective outreach was that it be conducted through a trusted community organization. Mathematica Policy Research, Inc., The Urban Institute, Health Management Associates, Performing Outreach With Limited Resources: CKF Grantees' Successes and Challenges Over Three Years, September 2009 at 13.

⁶ See, February 2012 study by the Kaiser Family Foundation, <http://www.kff.org/uninsured/8279.cfm>

The Health Benefit Analysts in the County speak Spanish, Cantonese, Mandarin, Tongan and Tagalog. On the outreach and enrollment team, the HCU has staff who represent the diversity of the community. Additionally, the HCU contracts with CBOs (through selection from a competitive RFP process) who can reach specific populations eligible for public programs. In particular, the CBO's target some specific ethnic communities as well as targeting low-income multi-lingual communities in Half Moon Bay, Pescadero, South San Francisco, Redwood City, East Palo Alto and Belle Haven.

We invite the Exchange to build on this successful model, ensuring that all marketing materials are produced in the most spoken languages in the County and made available by community-based assisters with linguistic and cultural competency in the neighborhoods where low-income populations live and work.⁷

3. Building on the Existing Assister Programs: While it is critical that assisters have expertise and understanding of the private insurance market as well as the cost-sharing and advanced premium tax credits (especially important for Exchange participants whose circumstances later change), the assisters should also be competent to enroll individuals in the full range of public programs that they may be eligible for. In San Mateo County, we believe that the most efficient way to find, train and employ assisters would be to assure adequate funding for local efforts like the Health Coverage Unit. In this way, we also leverage existing assister programs to provide enrollment into the Exchange. This would enable County health and human services employees to leverage their existing expertise with target populations to assist them in transitioning to insurance under the Exchange. In addition, this approach would build upon the assets developed at the local level to expand and train the CBO assister pool to ensure that newly eligible populations could be reached by assisters with a full range of competencies.

San Mateo's Successful Health Coverage expansion efforts can be a model for how to expand insurance coverage through the Exchange

The Urban Institute found when it reviewed San Mateo's Health System redesign that the efforts to expand coverage were remarkably successful with enrollment in the coverage initiatives, jumping from about 10,000 individuals in January 2007 to about 25,000 individuals in December 2010.⁸

As noted above the key features of San Mateo County's successful outreach and enrollment approaches include:

⁷ The Centers for Disease Control reports that the top five languages in San Mateo are: English only (387,595), Spanish (119,970), Tagalog (42,355), Chinese (24,375), Cantonese (8,575). http://www.bt.cdc.gov/snaps/data/06/06081_lang.htm

⁸ Urban Institute, Fig. 1, p. 11, <http://www.urban.org/publications/412449.html>

- use of the County health department and community-based organizations who are adequately trained to provide outreach and enrollment assistance on the full range of healthcare programs: County programs, MediCare, MediCal and a range of other public service programs;
- the inclusion culturally and linguistically diverse certified applications assisters to help limited English proficiency residents enroll in health care programs;
- the trusted messenger approach to marketing--using local community based organizations and business organizations for program marketing to ensure that the information will reach the people who need it most; and
- the One-e-App and "no wrong door" systems to ensure access to the full range of health care and social services; and portability of patient information across the network of providers and health care payment programs.

In many studies, these key elements have been highlighted as the markers for successful expansion of health coverage.⁹ We urge the Exchange to develop its Navigator system in such a way that it will add resources to the existing exemplary County outreach and enrollment systems in San Mateo, and take the lessons learned from San Mateo's success throughout the state.

⁹ See the California Coverage and Health Initiatives best practices report: [A Trusted Voice: Leveraging the Local Experience of Community Based Organizations in Implementing the Affordable Care Act](http://cchi4families.org/latest_research.cfm), April 2011.
http://cchi4families.org/latest_research.cfm.