

ISSUE BRIEF

Profiles of Medicaid Outreach and Enrollment Strategies: Helping Families Maintain Coverage in Michigan



May 2013

GETTING INTO GEAR FOR 2014

EXECUTIVE SUMMARY

As a continuum of coverage options goes into place under the Affordable Care Act (ACA) in 2014, helping people stay enrolled in coverage over time will be important. Losses in coverage at renewal interfere with individuals' access to and continuity of care and create unnecessary administrative costs associated with re-enrolling eligible individuals into coverage. As part of a series focused on lessons learned from Medicaid outreach and enrollment that can help inform ACA implementation, this brief profiles a new initiative of the Michigan Primary Care Association (MPCA) to facilitate coverage renewals through a systematic, technology-based reminder system coupled with one-on-one assistance.

In 2011, under a CHIPRA outreach grant, MPCA began working with ten Health Center program grantees (health centers) to conduct systematic outreach to families as they near their renewal date. Prior to implementation of the initiative, health centers in Michigan were increasingly finding that the families they were assisting with Medicaid and CHIP enrollment were not new to the system, but had previously been enrolled and lost coverage. They identified a number of key barriers to renewal among families, including a lack of understanding of the need to renew coverage, not receiving or misplacing renewal letters, language barriers, and general confusion or uncertainty about the process.

The initiative expands contacts with families about renewal through a series of messages provided through texts, automated voice messages, and direct mail and offers direct renewal assistance. MPCA has refined the messages provided to families over time to shorten them, ensure they have a welcoming tone, and make them accessible to people with limited literacy levels. Families are provided an array of options to seek renewal assistance, including face-to-face help from their health center, a call center, and a text response option. To target the outreach messages, MPCA developed a customized database of patient information that is matched with the state data warehouse to obtain renewal dates. MPCA also provides training on the renewal outreach and the renewal process to participating health centers.

Over the first six months of the initiative, on average, 89% of children in the participating health centers retained coverage compared to 75% of all children in Medicaid and CHIP in the state. Moreover, survey data show that families are very happy with the messages and assistance and want to be kept in the system for renewal reminders in the next year. In addition, senior health center staff members have been very engaged and recognize the financial benefits of increased retention. However, it has been important to also educate frontline staff to help explain the value of renewal assistance.

MPCA hopes to continue to develop the strategy so it can be adopted and maintained by others. Eventually, MPCA hopes to create a full training curriculum to reach additional outreach workers and health centers and other interested audiences. The state is reportedly interested in the initiative, but lacks staffing and infrastructure to be closely involved at this point. It was noted that health plans may be interested in the initiative, since they have a strong incentive to keep people enrolled and have existing call centers that could support this type of strategy.

In sum, this strategy utilized by MPCA in Michigan highlights the importance of providing families multiple renewal reminders through a variety of modes and offering different types of renewal assistance. It also points to the value of building on the trusted provider-patient relationship to support coverage messages and actions.

INTRODUCTION

As a continuum of coverage options goes into place under the ACA in 2014, helping people stay enrolled in coverage over time will be important. Losses in coverage at renewal interfere with individuals' access to and continuity of care and create unnecessary administrative costs associated with re-enrolling eligible individuals into coverage. MPCA has led a broad range of outreach and enrollment strategies to help connect families to coverage. Building on this past success, MPCA has undertaken a new effort to facilitate renewals of coverage through a systematic, technology-based reminder system coupled with the availability of one-on-one renewal assistance. This report provides a profile of the MPCA renewal initiative as part of a series focused on lessons learned from Medicaid outreach and enrollment strategies that can help inform implementation of the ACA coverage expansions. It is based on interviews with key stakeholders and review of relevant materials.

DEVELOPMENT OF THE STRATEGY

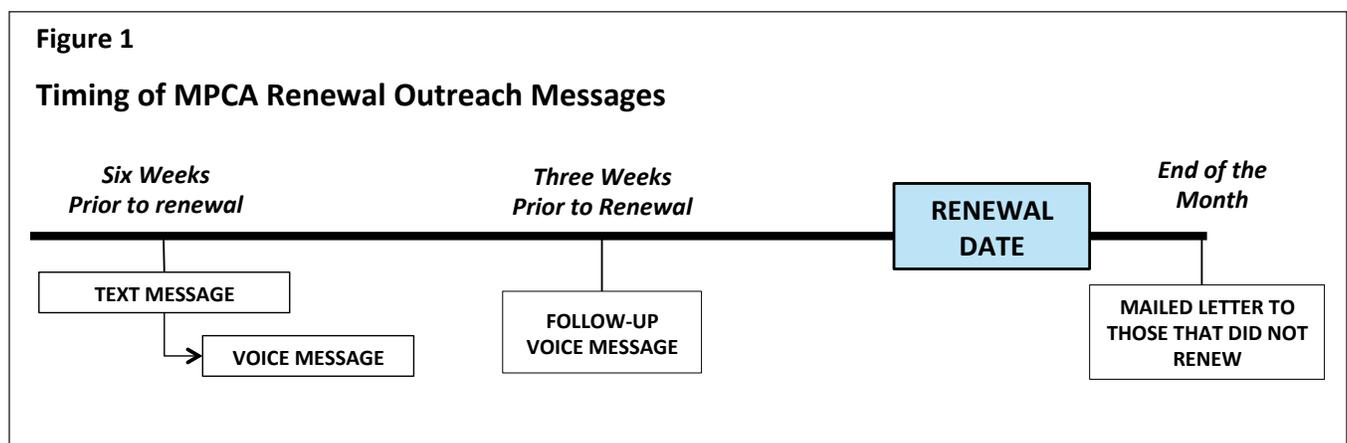
Through this initiative, MPCA hoped to make efficient and effective use of limited outreach resources and support patient access to and continuity of care. Prior to implementation of this initiative, health centers in Michigan were finding it was increasingly common that the families they were assisting with Medicaid and CHIP enrollment were not new to the system, but had been previously been enrolled and lost coverage due to an incomplete renewal or missed deadline. Examining national and state data, MPCA found Michigan ranked in the middle among states on retention rates for children and felt there was significant room for improvement.¹ They identified a number of key barriers to renewal among families, including a lack of understanding of the need to renew coverage, not receiving or misplacing renewal letters, language barriers, and general confusion or uncertainty about the process. After recognizing these concerns, they began developing a strategy to increase renewal rates.

In 2011, MPCA was awarded a CHIPRA outreach grant to work with ten health centers to conduct systematic outreach to families as they near their renewal date. MPCA was awarded \$814,000 over a two-year period. Half of the funds support staff and technology at MPCA and half support an outreach worker in each of the participating centers. Different types of staff assume this outreach worker role across sites, for example from a patient financial services representative to an AmeriCorps worker, depending upon the structure and preference of the health center. The ten centers (out of a total 35 in Michigan) serve about 110,000 children enrolled in Medicaid or CHIP. The ten health centers were selected for having a large number of pediatric patients and include a mix of urban and rural centers as well as one center with a primarily African American patient base and another that serves primarily Spanish-speaking patients.

KEY FEATURES OF THE STRATEGY

As in many states, families in Michigan typically are reminded about the need to renew coverage through a mailed letter from the state agency. The MPCA initiative expands contact points with families about renewal through a series of messages and offers direct assistance to families through an array of options.

MPCA conveys renewal information to families through a series of messages provided through texts, automated voice messages, and direct mail (Figure 1). Six weeks prior to a renewal date, a family receives a text asking if they have renewed coverage and offering assistance and a contact number. If there is no response, a 60-second automated voice message goes out the same week, similar to the automated messages used by school systems but tailored to coverage renewal. Three weeks later an additional automated voice message is sent. MPCA has found that more than 90% of phone numbers provided by the health centers are valid, reflecting that they are likely to have had recent contact with families they serve. After the renewal messages are complete for the month, MPCA retrieves data and sends a follow-up letter by mail to families who did not renew to explain the process and encourage them to reenroll. This series of reminders provides additional points of contact about renewal beyond the official communications families receive from the state.



MPCA has refined the voice and text messages over time to shorten them, ensure they have a welcoming tone, and make them accessible to people with limited literacy levels. Specifically, text messages are limited to 160 characters or less (including spaces), since text messages over 160 characters have added costs and are split into two pieces, which is more difficult for recipients to view. The text and voice messages purposefully do not mention MPCA, and instead reference each patient’s health center to build on the trusted patient-center relationship (Text Box 1).

TEXT BOX 1:

EXAMPLES OF RENEWAL OUTREACH TEXT AND VOICE MESSAGES

TEXT: Expect mail from DHS about your child health insurance. Please fill out the renewal form. Text RENEW or call XXX-XXX-XXXX for help. To unsubscribe text STOP.

TEXT: Health insurance for your child will expire this month. Text RENEW or call XXX-XXX-XXXX for help renewing your insurance. To unsubscribe text STOP.

VOICE: Hello, I am calling from (Health Center Name) to remind you that your child’s health insurance may need to be renewed next month. If you don’t need help or have already completed your renewal form thank you, you can ignore this message. Please look in your mail for a letter from DHS containing a form to renew your child’s health insurance. If you have already received this letter and have questions or need help filling out the form you can press 1 now to be connected to our call center for help or you can call or visit (Health Center Name/Phone Number) and our staff will assist you. To no longer receive messages please press 8 on your phone now to be removed from our call list. Thank you and have a nice day.

Families are provided an array of options to seek renewal assistance, including face-to-face help from their health center, a text response option, and a call center. The automated messages suggest that families can go to their health center for assistance with renewal, which has been the predominant method of assistance used by families. Families can also reply to texts, and several automated responses have been developed for text replies from families that include specific words. However, if the reply asks a question or does not include one of those specified words, a custom response is provided by a staff person at MPCA. In addition, families that receive the automated voice message are provided the option to connect with a call center for immediate help by pressing a button on the telephone keypad. The call center, run by the Center for Civil Justice under contract with MPCA, provides assistance to a few hundred callers a month. The call center is not the state Medicaid beneficiary helpline; it is available only to health center patients that have been targeted for renewal outreach. The call center has expertise in providing assistance for other service programs, such as the Supplemental Nutrition Assistance Program, which is helpful because families often have questions about other programs.

To target the outreach messages, MPCA developed a customized electronic database that includes patient information from the ten participating health centers. Each quarter, each center enters a list of children served in the past year into the database. Through a data use agreement with the state, MPCA then matches this listing with the state data warehouse to obtain coverage renewal dates. These dates are added to the MPCA database, which enables information to be pulled based on renewal date. Designing the database was relatively fast and affordable, and it has proven to be effective and well-liked by the CHCs. However, the process to populate the database with patient information is time-consuming. In addition, because the process is completed on a quarterly basis, some contact information for families is out of date.

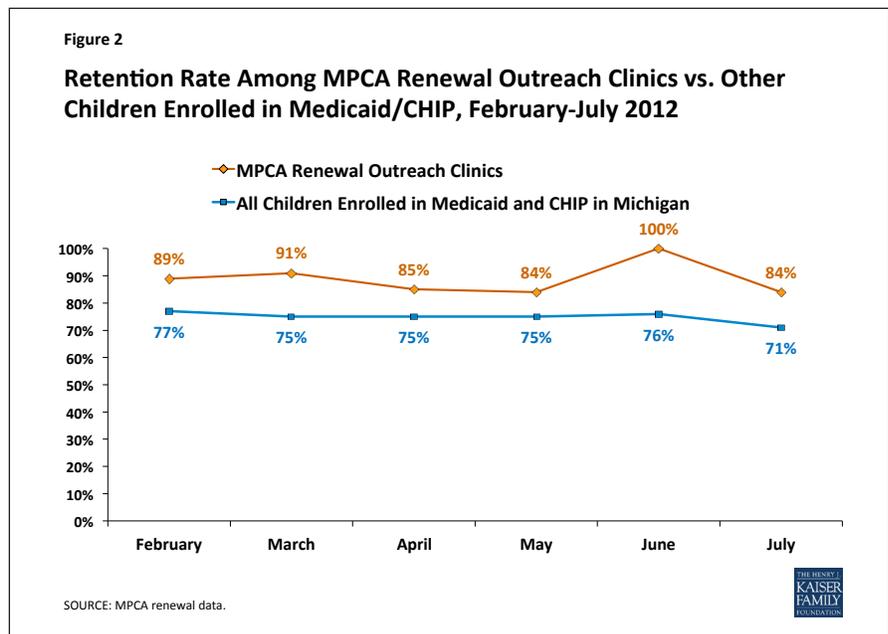
MPCA provides training on the renewal outreach strategy and the renewal process to participating health centers. The two to three hour initial training includes background information on why renewal outreach is important, common barriers to renewal, and on how to complete the renewal process. This training is key because, while participating health centers have significant experience assisting families with enrollment, the renewal process is significantly less well understood. In addition, because families have circumstances that often are hard to anticipate, outreach workers meet quarterly with the MPCA to discuss specific cases and questions. MPCA also has produced short, recorded trainings on specific issues. Eventually, MPCA hopes to create and disseminate a full training curriculum to reach additional outreach workers and to spread to additional health centers and other interested audiences.

Implementing the renewal outreach strategy has required additional resources for MPCA and participating health centers and also includes direct messaging costs. About half of the CHIPRA grant funding goes directly to the participating health centers to support additional staff time, including IT staff, front-line staff, and a lead person for reporting. Funding also supports MPCA outreach staff, the messaging system (\$.03 per text, \$.035 for voicemails), maintaining the database system, a small fee to the state’s contractor for access to the data warehouse, the call center, and printing and postage for letters to those who do not respond to phone contact.

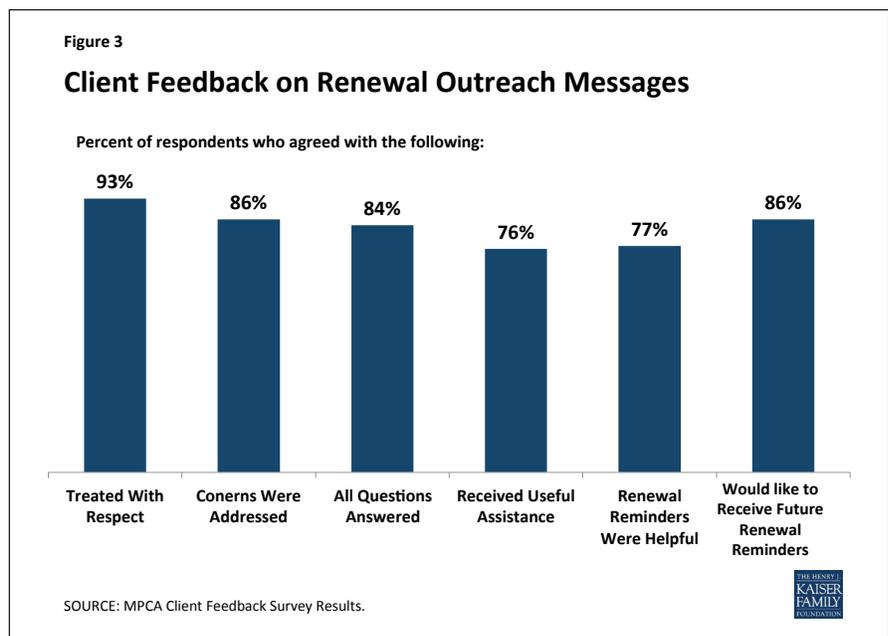
IMPACT TO DATE

MPCA measures the impact of the initiative by tracking the percentage of children who maintain their coverage on the day after their renewal date on a monthly basis. Over the first six months of the pilot, retention rates were, on average, 14% higher for children in participating health centers than other children, with 89% of children in the participating health centers retaining coverage, compared to 75% of all children in Medicaid and CHIP (Figure 2). However, there is no baseline data to know if these health centers increased their rates or if

they were already exceeding the statewide average. Further, there is a great deal of variation month-to-month that would benefit from further analysis. MPCA anticipates that retention rates may improve as the program moves into its second year and families experience their second renewal cycle with electronic reminders. Families who received renewal assistance in 2012 were told to expect future renewals and were provided the actual language from renewal notices so that they would understand the need to take action and next steps to take.



Families are very happy with the assistance they receive and want to be kept in the system for follow-up reminders in the next year. In monthly surveys, the majority of clients agree that they received useful assistance in completing their child’s renewal, the reminders they received about coverage renewal were helpful, and they would like to receive coverage renewal reminders in the future (Figure 3). When asked how they would like to receive future renewal reminders, 37% said via text message, 49% said via voice message, 17% said via email, and 83% said via standard mail.



The predominant way families have sought renewal assistance is in-person from their health center. Clients also have accessed the call center for clarification and more information about the message they received. It was noted that families have often been confused if they have recently completed renewal for a different social service program. Clients have been less likely to reply via text, but, as noted above, the text messages have been well-received and many have chosen to seek assistance through the other available avenues.

The financial benefits of increased retention have been clear to senior health center staff, but it has been important to educate frontline staff about the renewal initiative and the value of renewal assistance for families. Some centers have embraced the strategy and taken on creative opportunities to do more, whereas others have viewed it more as an additional task to fit into already tight levels of staffing and resources. The centers have provided education to their staff to explain the value of renewal assistance for families. Further, many have found renewal to be more complicated than they expected, and to make sure patients get sufficient help, are finding it important to educate all staff, not just the front office, so that anyone with patient contact will refer a family to an enrollment specialist for help with renewal. The commitment of enrollment specialists and other health center staff to helping people through the renewal process has been extremely important.

LOOKING AHEAD AND LESSONS LEARNED

MPCA does not envision a long-term role for itself in this strategy, but was well-positioned to test and implement it. MPCA hopes to develop the strategy so it can be adopted by others and is looking for ongoing support to preserve the effort once the CHIPRA funding ends. The state is reportedly interested in the initiative, but lacks staffing and infrastructure to be closely involved at this point. In particular, the state is interested in examining the enrollment impact and assessing the impact on administrative costs to determine whether the agency has experienced a decrease in call volume and a reduced burden on state case workers from the added assistance provided by health centers. It was noted that health plans may be interested in the initiative, since they have a strong incentive to keep people enrolled

and have existing call centers to support this type of strategy. The Center for Civil Justice hopes that lessons from this effort can help them spread renewal assistance to other programs.

As a coordinated system of coverage options goes into place in 2014, helping families stay enrolled in coverage over time will be key to promoting continuous coverage, which has important benefits for individuals' access to care and health outcomes and reduces unnecessary administrative costs associated with churning into and out of coverage. This strategy utilized by MPCA points to the importance of providing families multiple reminders about the need to renew coverage through a variety of modes and offering varied types of direct renewal assistance. It was emphasized that is important to have many ways to connect with families—text, phone, and in-person—and that this will continue to be true after even after application and renewal processes are streamlined in 2014. This experience also points to the effectiveness of building on the trusted provider-patient relationship to support coverage messages and actions. Many of these lessons learned can extend beyond renewal to also support initial enrollment into coverage as well as transitions between different coverage programs in 2014 and beyond.

¹ Sommers, B., "Why Millions of Children Eligible for Medicaid and SCHIP are Uninsured: Poor Retention Versus Poor Take Up," *Health Affairs*, September 2007, vol. 26, no. 5 w560-w567.

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.



THE KAISER COMMISSION ON **Medicaid and the Uninsured**

THE HENRY J. KAISER FAMILY FOUNDATION

Headquarters

2400 Sand Hill Road
Menlo Park, CA 94025
Phone 650-854-9400 Fax 650-854-4800

Washington Offices and Barbara Jordan Conference Center

1330 G Street, NW
Washington, DC 20005
Phone 202-347-5270 Fax 202-347-5274

www.kff.org

This publication (#8441) is available on the Kaiser Family Foundation's website at www.kff.org.

The Kaiser Family Foundation, a leader in health policy analysis, health journalism and communication, is dedicated to filling the need for trusted, independent information on the major health issues facing our nation and its people. The Foundation is a non-profit private operating foundation, based in Menlo Park, California.