

# OPCA OEW MEETING: JOLTING INTO O&E

SALEM, OR  
9:00 AM - 4:00 PM

August 11, 2015



# Welcome!

## □ Objectives

1. Network and meet other CHC OEWs
2. Brainstorm goals & objectives for O&E work plan using Medicaid Expansion data
3. Consider skills sets that will enhance your work
4. Strengthen your enrollment and retention process
5. Hear updates from state enrollment programs

# Dinamica

## Dinamica

A Movement-Building Activity. Games used in Latin American popular education.

We learn with head, heart and body.

We learn more when we are having fun!

# O&E Snapshot

## □ Overview

- The Patient Protection and Affordable Care Act (ACA) was signed into law in March 2010 with its major provisions going into affect in January 2014.
- Many of the provision would greatly impact American's especially the communities CHCs serve.

## □ HRSA's Bureau of Primary Care

- To support CHCs with the impact of the ACA, HRSA awarded 30 of 32 federally qualified health centers O&E funds.
- With this funding came specific requirements. A minimum of 1.0 FTE OEW, O&E assistance to all in the CHCs service area, staffing, O&E quarterly reporting

# CHC Reporting

- Quarterly Progress Reports (QPRs)
  - Mandatory reports to HRSA from CHC that were awarded O&E funding from the bureau.
- **Assists** is defined as O&E customizable touches/assistance in one session.

Examples:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>○ Follow up on eligibility</li><li>○ CCO Change requests</li><li>○ Renewals support</li><li>○ Appeals</li><li>○ Customized educational outreach</li></ul> | <ul style="list-style-type: none"><li>○ Health literacy</li><li>○ Urgent Request</li><li>○ Submitting/completing applications</li><li>○ Emails/call with clients</li></ul> |
|---|--|


# CHC Reporting cont'd

- **Applications Submitted** is the number of individuals enrolling/re-enrolling for Marketplace plans or Oregon Health Plan and/or Healthy Kids
- **Enrolled** is defined as estimated number of individuals presumed eligible for marketplace plans or Oregon Health Plan and/or Healthy Kids with the likelihood of completing the enrollment process
- For more information visit the bureau's O&E QPR FAQ, [http://bphc.hrsa.gov/archive/outreachandenrollment/oe\\_qpr\\_faqs.pdf](http://bphc.hrsa.gov/archive/outreachandenrollment/oe_qpr_faqs.pdf)

# Open Enrollment Period 2

- October 2014 – March 2015
  - Cumulative Assists: **101,266**
  - Cumulative Applications: **33,026**
  - Cumulative Enrolled: **33,790**
- Successes:
  - Shorter wait times
  - Continued collaborative efforts with community partners
  - In-reach techniques with establish patients and CHC colleagues
  - Community Partner Collaborative & ROCs
- Challenges
  - Outreach events do not produce enrollments
  - Meeting renewal challenges & demands within a complex enrollment system

# Medicaid Expansion Impact

OPCA Calculation of the Impact of Medicaid Expansion													
EXAMPLE CHC	2013 Clinic Data	2013 % of Clinic Total	2014 Clinic Data	2014 % of Clinic Total	Change 2013-2014	% Change 2013-2014	2013 Oregon Totals	2013 % of OR Total	2014 Oregon Totals	2014 % of OR Total	Change 2013-2014	% Change 2013-2014	
<b>Patient Population</b>													
1 OHA/Medicaid/DMAP funded patients (UDS T4 Line 8)	1,000	27%	1,500	37%	500	50%	155,638	43%	230,938	59%	75,300	48%	
2 Uninsured Patients (UDS T4 Line 7)	900	24%	450	11%	-450	-50%	128,367	36%	85,010	22%	-43,357	-34%	
<b>Revenue</b>													
3 Medicaid Revenues (UDS T9D Line 3 Column (b))	\$200,000		\$350,000		\$150,000	75%	\$170,755,298		\$226,128,936		\$55,373,638	32%	
<b>O&amp;E Workforce &amp; Efforts</b>													
4 Annual OEW Assists 2014 (Quarterly Progress Report)			3,000						236,884				
5 Annual OEW Applications Submitted 2014 (QPR)			1,500						63,444				
6 Annual OEW Individuals Enrolled 2014 (QPR)			1,750						66,673				
7 Total OEW FTEs 2014 (UDS T5 Line 26+27a)			2.10						153.48				
8 OEW Assists/OEW FTE (QPR/UDS)			1,429						1,543				
9 OEW Applications/OEW FTE (QPR/UDS)			714						413				
10 OEW Enrollees/OEW FTE (QPR/UDS)			833						434				
<b>Methodology</b>													
<b>Table: Patient Population</b>													
Row 1.	This line is taken straight from the UDS Report for 2013 or 2014 the data is found on Table 4 Line 8.												
Row 2.	This line is taken straight from the UDS Report for 2013 or 2014 the data is found on Table 4 Line 7.												
<b>Table: Revenue</b>													
Row 3.	This line is taken straight from the UDS Report for 2013 or 2014 the data is found on Table 9D Line 3 Column (b) and reflects changes over the first year since expansion.												
<b>Table: O&amp;E Workforce and Effort</b>													
Row 4.	The number of assistance touch points that your CHC reported to HRSA from October 2013 - September 2014 via your O&E quarterly progress report (QPR).												
Row 5.	The number of applications submitted that your CHC reported to HRSA in 2014 from October 2013 - September 2014 via your O&E quarterly progress report (QPR).												
Row 6.	The number of estimated enrollment that your CHC reported to HRSA from October 2013 - September 2014.												
Row 7.	This line is taken straight from the UDS Report for 2013 or 2014 the data is found on Table 5 Line 26 PLUS Line 27a.												
Row 8.	The average of assistance per OEW FTE. It was calculated by using UDS data Line 26 + 27a and QPR data from October 2013 - September 2014 data.												
Row 9.	The average of applications submitted per OEW FTE. It was calculated by using UDS data Line 26 + 27a and QPR data from October 2013 - September 2014 data.												
Row 10.	The average of enrollments (Medicaid & private insurance) per O&E FTE. The average was calculated by using UDS data Line 26 + 27a and QPR data from October 2013 - September 2014 data.												
<b>Definitions</b>													
Uniform Data System (UDS)	Data that Federally Qualified Health Centers are required to report on.												
Quarterly Progress Report (QPR)	CHCs that receive HRSA Outreach & Enrollment (O&E) funds must submit quarterly progress reports (QPR) on their (O&E) efforts to HRSA. CHCs report the number of assistance provided, applications submitted and estimated enrollments with in the quarter. You can find more information at <a href="http://bhpc.hrsa.gov/about/healthcentersaca/outreach/enrollment/">http://bhpc.hrsa.gov/about/healthcentersaca/outreach/enrollment/</a>												
Assists	Customized assistance/interactions between trained OEWs and individuals for the purpose of achieving, maintaining, and/or using health insurance coverage and benefits.												
Application Submitted	Include all applications submitted to the Marketplace and/or directly to the Oregon Health Authority with the help of a trained assister working on behalf of the health center. New applications and renewal applications are accounted in this number.												
Individuals Enrolled	The number of individuals determined or presumed eligible for coverage (Medicaid or Marketplace qualified health plans) and for whom the assister has confirmation or reasonable confidence of an intent on the part of the consumer to complete the enrollment process.												



# Establishing Goals & Objectives

Goals- broad, brief “statements of intent” that provide a vision for your program

## **SMART Objectives:**

S – Specific

M – Measurable

A – Attainable

R – Relevant

T – Time-Bound

# O&E Work Plans

- Group Activity: Please pair off into group of two clinics.
  - Review Medicaid expansion numbers together.
  - Propose an enrollment goal for the other clinic and some potential objectives
  - Switch and propose outreach goal for other clinic

# CHC Highlights

- Lauren Bailey of Lincoln County



- Maria Vargas of Valley Family Health Care



# Lunch Time!



# Enhancing Enrollment

- Thinking through your process
  - ▣ Worksheet – individual assessment
- Staying connected with clients
  - ▣ Group learning
- Skills and Trainings for OEWs
- How will you improve your process?

# Patient-Centered Enrollment

## **Patient-centered care is about creating partnership between experts**

Making the patient the expert:

- Builds trust
- Improves confidence
- Supports autonomy
- Ultimately, the patient is truly the expert on their own experience and is the only one who can make appropriate and sustainable decisions about their lives.

# Patient-Centered Skill Sets

- Motivational Interviewing
  - ▣ Ask-Tell-Ask
  - ▣ OEW scholarship available for Two Day Training: September 17 & 18:  
Location: Lane Community College, Eugene
- Cultural Humility
- Health Literacy and Health Insurance Literacy
- Popular Education – great for Outreach

# How will you improve your process?

- Please write down some ideas or specific steps you will take when you return to work.
- Group sharing on what people plan to do to improve their process.
  - ▣ Continue to write down improvement ideas as we move through the rest of the content of this training.



# CHC Highlights

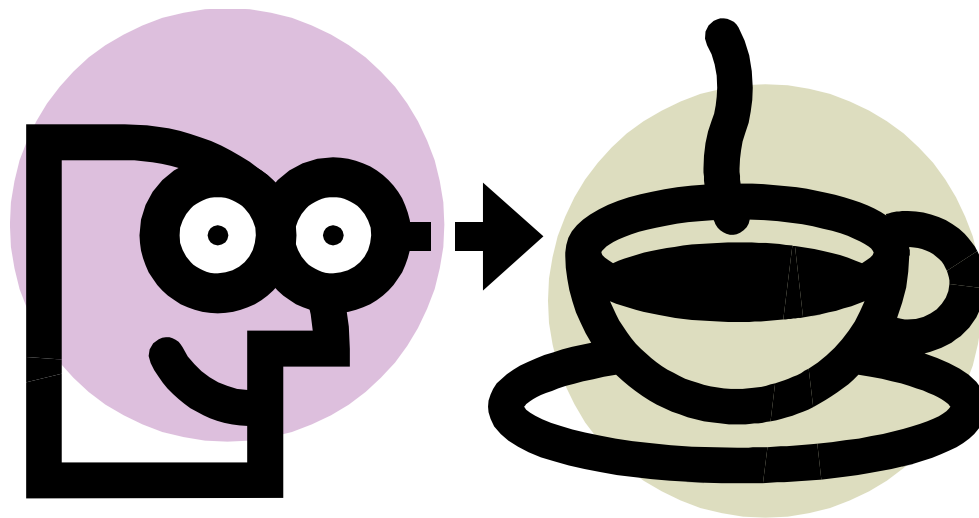
- German Mondragon of One Community Health



- Aimee Esquer & Leticia Rodriguez of CHCs of Benton & Linn Counties



# Break Time!



# Enrollment Activity # 1

## Meet Don & Barb!

- They are both patients at your CHC on a sliding fee discount.
- Don is 63 and retired but works part-time at the local convenient store. Barb is 59 years old and works part time at the public library.
- Together they make an average income is \$29,000 a year.
- Don has recently experience some health concerns and is prescribed medication that are outside of his financial means. Barb has pressed Don to make an appointment to learn about his health insurance option but is reluctant he will find something affordable since he has a pre-existing heart condition.



**What are some key steps you may want to include into your enrollment and retention process when assisting Don & Barb?**

# Enrollment Activity #2

## □ Meet Carina!

- Carina is a free lance photographer and a mother of two.
- Carina and her kids have recently move to Oregon from Alaska and do not have health insurance.
- Her youngest suffers from mild asthma but seems to be having adverse affects to Oregon pollen and needs to see a primary care provider sooner than later.
- Carina's income varies between \$35,000 – 48,000 a year with her higher salary in summer/fall months during "wedding season".



**What are some key steps may you want to include into your enrollment and retention process when assisting Carina?**

# O&E Updates: Moving Forward

- [Nina Remple](#), Oregon Insurance Marketplace, DCBS



- [Betse Thielman](#), Oregon Health Authority



# Evaluation and Closing

