

Expanding Access to Care for Uninsured Californians: Clinic-Based Enrollment in Health Insurance Programs

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SUMMARY

This case study describes how the Redwood Community Health Coalition (RCHC) developed and implemented a community health center-based outreach and enrollment initiative targeting uninsured families and children in Sonoma County, CA. Certified Application Assistors (CAAs) have processed over 83,000 health coverage applications for children and adults in Northern California since 1998 and have enrolled 9,000 children in public and private health insurance program since 2005. The following are key findings that emerge from the analysis of this initiative:

- * A well-trained network of enrollment workers stationed at community health centers increases access to primary care as well as urgent care, laboratory services, and prescription drugs;
- Educating decision makers about the importance of achieving universal coverage greatly benefits the health care safety net; and
- Clinic-based outreach and enrollment that links patients to a medical home results in an integrated health care safety net and increased clinic funding to expand primary care capacity.

INTRODUCTION

In 2001, The California Endowment (The Endowment) provided funding to 15 local and regional community clinic associations and four statewide community clinic organizations (referred to as “consortia”) through the Clinic Consortia Policy and Advocacy Program to strengthen the capacity of consortia to engage in advocacy on behalf of their member clinics. Clinic consortia are statewide, regional, and local associations of primary care clinics that undertake activities that individual clinics may not be able to do on their own. In 2004 and 2007, 18 grantees were re-funded for three years to undertake or continue a similar set of activities.

To achieve their goals, clinic consortia engaged in multi-year initiatives during the grant period to:

- Expand coverage (insurance and/or services) to low-income adults and/or children;
- Strengthen the local or regional health care delivery system, such as securing local funding under the Mental Health Services Act to integrate mental health and primary care; and
- Target policies to strengthen California’s safety net, such as averting cuts to statewide and local public funding.

The Redwood Community Health Coalition (RCHC) is a clinic consortium located in Northern California with member clinics in the counties of Marin, Napa, Sonoma and Yolo. It is a network of 16 community health centers and clinics, which operate 36 sites of care. In 2008, RCHC clinics provided over 500,000 visits for nearly 160,000 patients, over 16 percent of the region’s population.

RCHC’s administration of a multi-year program to expand clinic capacity to connect adults and children to public and private insurance programs is an example of a successful approach to expand coverage for families.

METHODS

In 2009, UCSF staff reviewed background documents and conducted open-ended interviews with a sample of member clinics, clinic consortia staff, and partner organizations that were involved with each initiative. Informants were asked to describe their involvement in the initiative, challenges encountered, and benefits to clinics and their target populations.

Grantees:

*Community
Clinic
Consortia*

A Program of:

 The
California
Endowment

Prepared by:

 UCSF
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FINDINGS

ISSUE: THE NUMBER OF UNINSURED IN NORTHERN CALIFORNIA

Overall, nearly 35 percent of the patients seen by RCHC member health clinics in Sonoma County are uninsured. As a result of the economic downturn, the number of new patients requiring enrollment services continues to increase, creating an ongoing problem for health centers that have limited resources to expand enrollment services. Health centers are also the medical homes for many children—20 percent—in Sonoma County. In 2003, an estimated 8,000 children were uninsured in Sonoma County, 60 percent of whom were eligible for a public insurance program, such as Medi-Cal. Significant numbers of these uninsured children and adults access health care at health centers; therefore, it is critical to develop a mechanism to get them connected with enrollment services and to educate them about the importance of a medical home. Families with children who are eligible but not enrolled in a public insurance program, such as Medi-Cal and Healthy Families, may have difficulties in completing an application, may lack appropriate documentation, and/or the mixed immigration status of family members may serve as a deterrent to applying. Expanding health coverage not only increases access to primary care, but also to services not available in primary care settings, such as urgent and emergency care, laboratory services, and prescription drugs. It also allows health centers to obtain reimbursement for health services rendered.

PROMISING SOLUTION: COORDINATED OUTREACH AND ENROLLMENT

RCHC has engaged in a variety of outreach and enrollment activities to increase enrollment of low-income children and families in public and private health insurance at member health centers since 1998. In 2001, RCHC staff participated in Children's Healthcare Access Coalition, a community group seeking solutions to the problem of health care access for uninsured children in Sonoma County. Concurrently to its efforts to reduce the number of uninsured children, RCHC was involved with an initiative to match medically indigent adults with a medical home in Sonoma County. In 2005, RCHC was a founding member of the Healthy Kids Sonoma County, the County's Children's Health Initiative (CHI) which launched a new insurance product, *Healthy Kids*, for uninsured children up to 300 percent FPL who were ineligible for existing public insurance.

As the lead advocate for clinics, RCHC coordinated legislative visits and letter writing campaigns, and connected local advocates to the statewide safety net ad advocates, such as CPCA, CCHI and Children's Now. A key component was developing an outreach and enrollment infrastructure to connect children to other insurance programs, such as Medi-Cal. *Healthy Kids* was administered by the county's Department of Health Services and the primary focus of the initiative was children. Recognizing that enrollment workers at health centers should also be trained in processing adult applications, RCHC developed a program to train CAAs in adult applications. In 2006, RCHC entered into a contractual agreement with the Department of Health Services to share a trainer to provide technical assistance to the CAAs. Through these efforts, RCHC consolidated disparate outreach and enrollment efforts, developed retention efforts, provided

training and information for its enrollment workers, and linked children and families with medical homes. These efforts ultimately helped RCHC enroll more children in health coverage, significantly reducing the number of uninsured children in Sonoma County.

MAJOR MILESTONES:

RCHC has developed a robust outreach and enrollment network that consists of 28 CAAs who provide a continuum of services that begin with informing families about the availability of health insurance for children and families and end in providing assistance in completing applications and renewal forms to ensure retention. RCHC's CAAs rarely do traditional "outreach activities" such as attending health fairs. Instead, they focus on "in reach," making sure that every health center patient is screened for eligibility in public health programs. This shift has not only dramatically increased enrollments, but it also ensures that each CAA's time is maximized.

Supporting CAAs who complete insurance applications on behalf of patients is an effective means not only to reduce the rate of application errors, but it also helps families select the appropriate medical home and the public health coverage that fits them best. The RCHC Trainer ensures that the CAAs receive the technical assistance that helps them overcome obstacles they encounter in their daily work. Additionally, the Human Services Department sends Eligibility Managers to monthly trainings, and dedicates a bilingual/bicultural Eligibility Worker to assist RCHC's CAAs in troubleshooting problems that arise. *Healthy Kids* also utilizes a network of volunteer health care providers: Healthy Kids Sonoma County Kids Net program, which is operated by Community Action Partnership of Sonoma County. These volunteers provide urgent medical care to uninsured children that are not yet linked to a medical home. Modest consortium staffing resources are required (.25 FTE for the managing and advocacy work). Community fundraising supports RCHC's Outreach and Enrollment Trainer. The largest expense is the support for the 28 CAAs, which clinics currently are subsidizing.

Partnerships and Collaborations: The key partners include the Department of Human Services, The Public Health Department, First 5 Sonoma County, United Way of Wine Country, Community Action Partnership of Sonoma County, and local hospitals (Kaiser Permanente, St. Joseph Health System, and Sutter Medical Center of Santa Rosa). Until recently, private foundations (The Endowment and Blue Shield of California Foundation) provided much of the premium support. First 5 Sonoma County and the hospitals have continued their assistance with premiums as foundation support has waned. The key community partners engaged in the implementation of RCHC's outreach and enrollment program include:

Department of Health Services: It was the lead agency and served as the administrator of the overarching Children's Health Initiative (CHI) until December 2009. It dedicates a person who staffs an 800 number and

directs callers to a CAA. The County also provides in-kind space for RCHC's outreach and enrollment staff.

Department of Human Services: It is responsible for Medi-Cal program eligibility and enrollment. The agency provides CAAs with technical support for Medi-Cal and CMSP applications. Human Services staff also work with RCHC and other stakeholders to develop the strategic direction of RCHC's outreach and enrollment program.

United Way of Wine Country: United Way is the fundraising arm of *Healthy Kids*, and has helped to raise the visibility of *Healthy Kids* as well as conduct fundraising to support the work of the CHI, totaling \$50,000 per year. It also holds an annual golf tournament that raised an additional \$68,000 in 2009.

Overcoming Challenges: In 2007, RCHC clinics tapped into the State's Outreach, Enrollment, Retention, and Utilization (OERU) funding to help defray the costs of the CAA salaries. Clinics used to recoup 20 percent of the CAA salaries through application fees that were reimbursed by the State. This was eliminated in 2009 due to the state budget shortfall. Second, during the 2000s, California counties enjoyed strong public and private support for expanding coverage for children. However, this support has been compromised by a large state budget deficit and reductions in foundation support. As a result, Sonoma's CHI had to un-enroll children in *Healthy Kids* coverage, and shift them to the Kaiser Child Health Plan. Consequently, the CAAs are processing an increasing number of Kaiser Child Health Plan applications. These applications do not have any reimbursement incentives for the clinics and the clinics do not receive billable revenue. However, health centers are committed to the vision that every person has access to a patient-centered medical home even if it means enrolling children in the Kaiser Child Health Plan. Last, the number of uninsured children and adults in the community has increased as more families lose their jobs and their insurance benefits.

ACCOMPLISHMENTS AND BENEFITS

RCHC has developed an innovative outreach and enrollment system that has grown from 10 CAAs in 1998 to 28 CAAs in 2010. During that time, the CAAs have processed over 83,000 health coverage applications for children and adults or approximately 25,000 applications and renewals annually (see **Table 1**).

Table 1: Total Applications and Renewals for Children and Adults Processed by RCHC Clinics, 1998 to 2009

Time Period	# of Applications and Renewals Processed
July 1998-Dec. 2001	7,458
Jan. 2001-Dec. 2005	12,693
Jan. 2006- Dec. 2009	63,409

The short and long-term outcomes of RCHC's outreach and enrollment efforts on behalf of safety net providers and underserved populations in Northern California include:

Expanded RCHC advocacy capacity: RCHC was involved early on in county-wide planning activities focusing on expanding access to health care early on, e.g., Sonoma County's Health Care Summit Equal Access Subcommittee. Linking local advocacy to statewide advocacy focusing on universal coverage for children created a more effective, coordinated advocacy network. Last, RCHC has been the lead advocate for countywide adoption of the medical home model, which strives to connect every person in Sonoma County with a medical provider.

Increased policymaker awareness of safety net and clinic policy issues: Focusing on the uninsured affords RCHC the opportunity to educate local and state decision makers. It is easier to discuss children's health issues with legislators than the day-to-day services provided by clinics. For example, RCHC regularly briefs the local Board of Supervisors on program enrollment and utilization and takes the opportunity to answer any questions that they have. RCHC serves on public committees, such as First 5 Professional Community Advisory Committee, and continues to advocate for funding for outreach and enrollment activities.

Increased policymaker support of safety net and clinic policy issues: The Sonoma County Board of Supervisors agreed to make RCHC the permanent administrator of the *Healthy Kids* program. Additionally, it adopted a resolution and honored RCHC's CAAs in April 2008. Also, the First 5 Commission has committed to refunding *Healthy Kids* for the next five years, providing \$590,000/year for outreach and enrollment activities and premium support for children aged 0-5.

Strengthened clinic operations: Nearly all RCHC clinics have grown and have secured federal 330 grants and become Federally Qualified Health Centers since 1998. RCHC health centers now provide services to 84 percent of the Medi-Cal population in Sonoma County. RCHC worked with clinics in addition to producing error-free applications, CAAs serve as a link between the clinic and the community, including referring patients to other resources, such as WIC and Food Stamps. Reimbursement for previously uninsured patients serves as a funding source for clinics and allows them to expand services.

Clinic Experience: Petaluma Health Center
 The clinic has two full-time CAAs and is likely to hire another. It has seen an increase in the number of patients seeking services—10 percent per year over the last six years. The clinic recruits and hires the CAA and RCHC is responsible for training and providing ongoing technical support that insurers will not provide. CAAs are able to get people signed up for the appropriate insurance program without any application errors, facilitating access to clinic services and increasing clinic revenues. The clinic is able to recoup the costs of employing its CAAs while significantly reducing the financial burden of treating the uninsured. CAAs also connect clinic patients to other programs, such as social security benefits.

Increased services for the underserved and uninsured: RCHC's outreach and enrollment activities have been successful in linking the uninsured to health insurance and health care services. For example, approximately 9,000 children have been enrolled in public and private health insurance programs since the launch of *Healthy Kids* in 2005. Most of the enrollment gains were in the Medi-Cal and Healthy Families programs (see *Table 2*). Additionally, the number of patients at health centers in Sonoma County increased by 103,000 people or 38 percent percent, over the last three years.

Table 2: Enrollment and Growth by Children's Health Insurance, Sonoma County

Program	2005	2009	Growth
Medi-Cal (0-18 yr olds)	23,544	26,251	2,707
Healthy Families (0-18 yr olds)	8,541	12,333	3,792
Kaiser (0-18 yr olds)	789	3,245	2,456
Partnership Health Plan (0-18 yr olds)	0	454	454
CalKids (6-18 yr olds)	706	243	(463)
Total	35,580	45,526	8,946

Source: Department of Health Services, 2009

Improved health outcomes for targeted communities and populations: Expanding insurance coverage and linking patients to a medical home increases the likelihood that clinic patients will receive appropriate health care services before their conditions require more serious and expensive care. This also has positive benefits for the broader community, reducing the use of ER services and expanding opportunities for health promotion. For example, in 2008 approximately 25 percent of RCHC clinic visits were for preventive care, including well-child visits, prenatal care, and reproductive health care.

FACTORS FOR SUCCESS:

RCHC's success in expanding local health insurance coverage speaks to the ability of clinic consortia to "wear multiple hats". RCHC advocacy focusing on reducing the number of uninsured children in Sonoma County was instrumental in supporting the local CHI effort and creating an environment that was conducive to its outreach and enrollment efforts. Later, RCHC's ability to implement and administer the CAA program speaks to its ability to undertake direct services that align with member clinic and patient needs. Last, in-reach or clinic-based enrollment is key to bolstering enrollment since clinics already serve these target populations.

LESSONS LEARNED:

Expanding coverage for uninsured California requires ongoing involvement in committees and planning activities as well as technical expertise in developing clinic-based strategies to link people to health insurance. External partnerships play an important role in designing, supporting and overseeing the progress of the program. Also, high quality staffing is essential for program success. RCHC's

trainer did an excellent job in working with CAAs and provided clinics with a training capacity that they could not otherwise do on their own. Last, serving as a "hub" for training CAAs and providing ongoing support ensures program integrity and continued success.

THE FUTURE:

In the near-term, RCHC is focusing on process improvements, such as implementing One-e-App, an application assistance IT program, at member clinics in Sonoma and Napa counties. Despite the increase in enrollment, an estimated 10,000 children are uninsured in Sonoma County. RCHC is also expanding the role of CAAs to include food stamp enrollment to improve food security as well as secure federal funding for the CAA network. Additionally, RCHC is developing a plan to prepare uninsured health center patients for implementation of federal health care reform, e.g., a quality improvement grant from Kaiser Permanente focusing on outreach and enrollment work flow and how to meet the expected increase in Medi-Cal enrollees and Health Insurance Exchange participants. Last, RCHC has expanded its advocacy efforts to focus on families since clinic CAAs enroll adults and children, and enrolling families as a unit contributes to increased enrollment overall.

CONCLUSIONS

In short, a clinic-based outreach and enrollment program is an effective vehicle for linking the uninsured to public and private insurance programs and increasing access to health care. Combining CAAs and community health centers is the "bridge" that Sonoma County needed to move toward its goal of a patient-centered medical home for every resident of that county. This not only improves access and but it also improves the quality of care the patient receives. Last, the benefits to the broader community of more coordinated outreach and enrollment are significant, resulting in a health care delivery system that better meets the health care needs of the medically underserved.

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