



Today's (7/21) webcast on "Eligibility & Outreach" will start at 2:30PM Eastern

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www.hrsa.gov/tpr/audio-conferences.htm

and print out the slides for today's presentation so you can follow along.

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Eligibility and Outreach "Helping Patients Help Themselves"

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Session Overview

- Legal and regulatory requirements of state outreach & eligibility efforts
- Techniques to integrate outreach and preliminary eligibility determinations into your operations
- Techniques to encourage patient application and enrollment
- Resources to aid your outreach efforts

Overview of Legal & Regulatory Requirements

In a letter dated January 18, 2001 (SMDL 01-008), CMS (formerly HCFA) reminded State Medicaid Directors of their obligation to comply with section 1902 (a)(55) of the SSA, as implemented by regulations 42 CFR 435.904, requiring States to provide pregnant women and children opportunities to apply for Medicaid at locations other than welfare offices

Question #1

How many of you are aware of your State's obligation to provide outstationed eligibility workers?

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Overview of Legal & Regulatory Requirements

- Background:
 - Studies demonstrated that application sites outside of welfare offices (i.e, outstationing) greatly aid enrollment in Medicaid and S-CHIP
 - OIG reviews and other studies of State Temporary Assistance for Needy Families (TANF) programs concluded States were not in full compliance

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Overview of Legal & Regulatory Requirements

- Background:
 - States were given considerable flexibility to determine how best to comply but were encouraged to expand outstationing beyond that required by law and regulation
 - Some States (e.g., UT, GA, IN) reported increased enrollment and client satisfaction, and higher staff satisfaction and lower turnover rates due to outstationing

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Overview of Legal & Regulatory Requirements

- Requirement:
 - States must establish outstation locations at each specified Medicaid participating site, unless they can demonstrate at least an equally effective alternative to CMS (formerly HCFA)
 - Federally Qualified Health Centers (FQHC), FQHC look-alikes and Disproportionate Share Hospitals (DSH) are required outstation locations

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Overview of Legal & Regulatory Requirements

- Requirement:
 - Rationale: DHHS reported that:
 - 59.4 percent of the 10 million women and children with incomes under 200 percent of the FPL are FQHC patients
 - 77.0 percent of FQHC patients are either Medicaid recipients or uninsured

Overview of Legal & Regulatory Requirements

- Compliance Flexibility: Regulations do not require that State staff be placed at each outstation location
- Acceptable Alternative Plans may include rotational arrangements and/or use of provider staff

Overview of Legal & Regulatory Requirements

- Acceptable Alternative Plans must:
 - Be included in each State's Medicaid plan
 - Be approved by CMS (formerly HCFA)
 - Include some FQHCs, DHSs and other locations
 - Demonstrate at least equal effectiveness in reaching the target population
 - Demonstrate equivalent funding and staffing levels

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Overview of Legal & Regulatory Requirements

- CMS Alternative Plan Evaluation Criteria
 - Number of devoted state and non-state FTEs
 - Number of included and excluded FQHC and DSH care sites
 - Type, location, activity levels and hours of operation of included sites
 - Number of sites providing initial application versus on-site eligibility determination services

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Overview of Legal & Regulatory Requirements

- CMS Alternative Plan Evaluation Criteria
 - Availability of translation services at included locations
 - Site use data for included and excluded sites by pregnant women, infants and children less than 19 years old
 - Method of informing the public of new sites
 - Other pertinent data and studies
 - Proposed method to evaluate plan effectiveness

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Overview of Legal & Regulatory Requirements

- Options for Compliance - Other sites include community-based locations frequented by target group including:
 - school-linked service centers
 - family support centers
 - homeless health centers
 - job service centers
 - day care centers

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Overview of Legal & Regulatory Requirements

- Required Minimum Outstation Functions
 - Receive and initially process applications
 - Provide program information and referrals
 - Obtain required documentation
 - Ensure application forms are complete
 - Conduct face-to-face interviews, if required by state

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Overview of Legal & Regulatory Requirements

- Optional Outstation Functions - States are encouraged to:
 - Determine eligibility at outstation sites
 - Link outstation sites to their automated information systems provided safeguards are present to protect private information from non-State workers
 - Develop shortened family applications

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Overview of Legal & Regulatory Requirements

- Optional Outstation Functions - States are encouraged to:
 - Train outstation workers to take S-CHIP applications
 - Co-locate outstationing and presumptive eligibility at provider sites (i.e., FQHCs, hospitals, WIC offices, Head Start Centers) frequented by target group
 - Use outstation for redeterminations

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Overview of Legal & Regulatory Requirements

- Outstation Staffing Requirements
 - Staff must be available during each Medicaid agency's regular office hours
 - Otherwise, the State must make other arrangements (e.g., trained DSH and FQHC staff, contractors, volunteers for intake only)
 - Some Medicaid agencies have contracted with State Primary Care Associations for this purpose (see www.bphc.hrsa.gov/osnp for contact information)

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Overview of Legal & Regulatory Requirements

- Outstation Staffing Requirements
 - Infrequently used locations
 - Regulations do not define the term but initial application processing is required
 - States can define the term using reasonable criteria and guidelines as long as the definition applies to infrequent use by the target group
 - States must make the definition publicly available
 - States are not required to provide full-time staff here
 - Rotating staff is permitted

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Overview of Legal & Regulatory Requirements

- Outstation Staffing Requirements
 - Infrequently used locations
 - States must provide on-site workers, ensure their availability via telephone or combination thereof
 - States must post prominent notices advising applicants when intake workers will be available, including appropriate notices for persons who are blind, deaf or unable to read or understand English
 - States are encouraged to extend outstation hours to coincide with provider operating hours

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Overview of Legal & Regulatory Requirements

- Other Requirements/Issues
 - Staffing and resource limitations do not relieve States of obligation to pay for outstationing
 - Federal Financial Participation (FFP) is available at 50 percent for administrative costs (e.g., salaries, fringe benefits, travel, training, equipment, space)
 - Enhanced FFP is available where outstationing is directed at both Medicaid and S-CHIP applicants
 - Providers may but are not required to contribute to State's costs for outstationing

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Question #2

How many of you think your State has done an adequate job regarding its outreach and eligibility efforts?

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Question #3

How many of you have participated in your State's outreach efforts to increase program enrollment of Medicaid and/or S-CHIP eligibles?

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Techniques for Integration

- Know your audience
 - Consider that you have a captive audience of uninsured patients who you know quite a bit about (e.g., family size, income) and who might be eligible for coverage but not enrolled
 - Many parents, especially working parents, think their children are not eligible for Medicaid or S-CHIP coverage but would apply if they knew otherwise

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Techniques for Integration

- Know your audience
 - Many people are reluctant to ask about coverage, especially if they have to go to someone they don't know or trust (e.g., a government representative) for answers
 - Programs, like HRSA grantees, frequently have longstanding, close bonds with their patients. Thus, you are in unique positions to educate your patients about coverage opportunities and facilitate their enrollment

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Techniques for Integration

- Educate yourselves about your State's:
 - Outstationing initiatives
 - Outreach efforts and resources
 - Determine if/how you can actively participate
- Assess State compliance with mandated Eligibility & Outreach obligations
- Be proactive to assist since its in your patients' and program's best interest

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Techniques for Integration

- Educate yourselves about your State's:
 - Eligibility categories and criteria for Medicaid, S-CHIP and other insurance programs
 - Eligibility is directed primarily at women and/or children
 - Eligibility is usually based on family income compared to the Federal Poverty Level (see: "www.aspe.hhs.gov/poverty/index.shtml" for guidelines)
 - Some eligibility categories permit asset spend-downs in order to qualify

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Techniques for Integration

- Review current patient records to:
 - Identify potentially eligible but unenrolled persons, especially presumptively eligible women and children
 - Flag them in your scheduling/registration systems for contact and counseling before or upon their next visit
- Check that patient scheduling, intake and registration processes request information to inform coverage possibilities/need for more counseling

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Techniques for Integration

- Scheduling/Registration/Financial Counseling Staff
 - Train staff regarding State health insurance program specifics
 - Alert staff to systems flags so that potentially eligible patients can be counseled

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Techniques for Integration

- Outreach Forums
 - Health Fairs/Immunization Drives
 - Newsletters/Mailings
 - Faith-Based Organizations
 - Social Service Agencies
 - Community/Senior/Child Care Centers
 - Patient Satisfaction Surveys

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Techniques to Encourage Enrollment

- Communications is Key
 - This is counseling regarding very personal information so remember that it must be carried out in an easily understandable, sensitive, helpful and respectful manner to be effective
 - How you communicate and how your message is perceived is as important as what you say

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Techniques to Encourage Enrollment

- Communication is Key
 - Program Financial Counselors and Social Workers should be able to assist in training other staff members in this regard
 - Remove/Minimize Barriers
 - Lack of knowledge/information re programs
 - Perceived threat to residency status
 - Language and cultural differences
 - Distrust of government programs
 - People who want to avoid the welfare/charity stigma

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Outreach Resources

- A host of helpful resources are available to aid outreach efforts. You can secure more detailed information, advice and even free promotional materials at the following websites:
 - www.cms.hhs.gov/states/letters/ (see SMDL 01-008)
 - www.cms.hhs.gov/schip/outreach
 - www.insurekidsnow.gov or 1-877-KIDS-NOW (1-877-543-7669)
 - www.insurekidsnow.gov/espanol/index.htm
 - www.cms.hhs.gov/dualeligibles/outreach.asp
 - www.bphc.hrsa.gov/osnp/OutreachWebSites.htm
 - www.ecbt.org/CHIP.html
 - www.bphc.hrsa.gov/osnp
 - www.wvchip.org/reports_forms/2003-04%20Coordinator%20Manual.pdf

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Questions?

Thank you for your participation.
For more information, please visit us at:

www.hrsa.gov/tpr

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