



# National Council for Behavioral Health

## The ABC's of Open Enrollment for Behavioral Health Providers

**October 31, 2013**

## Today's Presenters...

### **Jessica Kendall, Director of Outreach, Enroll America**

Jessica Kendall is the Director of Outreach at Enroll America. Jessica works to identify best practices in outreach and enrollment, and shares those lessons with partners at the national, state, and local level. Prior to joining Enroll America, Ms. Kendall consulted on consumer assistance and navigator related projects for the National Academy of State Health Policy and the Georgetown Center for Children and Families.

### **Sophie Stern, Senior Policy Analyst, Best Practices Institute at Enroll America**

Sophie Stern is the Senior Policy Analyst of the Best Practices Institute at Enroll America. The Best Practices Institute identifies, develops, and disseminates information on enrollment policies that will result in the most Americans enrolling in health coverage. Prior to joining Enroll America, Ms. Stern was a Senior Consultant, Health Policy Specialist with the Deloitte Center for Health Solutions.

### **Kevin Malone, Public Health Analyst, SAMHSA**

Kevin works primarily on the implementation of health reform. He leads SAMHSA's work on outreach, eligibility determination, enrollment, and re-certification in response to the planned expansions of eligibility for coverage affordability programs in 2014. Kevin also is the manager of SAMHSA's Center for Financing Reform and Innovation, a national financing analytics and technical assistance project.



## GoToWebinar Housekeeping: attendee participation



### Your Participation

Open and close your control panel

Join audio:

- Choose “Mic & Speakers” to use VoIP
- Choose “Telephone” and dial using the information provided

Submit questions and comments via the Questions panel

**Note:** Today’s presentation is being recorded and will be provided within 48 hours.

## National Council Enrollment Activities...

**We feature enrollment information in various settings and communication mediums such as:**

- Webinars and presentations.
- Blogs, fact sheets, infographics, newsletter articles.
- Feature enrollment during National Council meetings and events such our annual conference, Hill Day, and Board and Association Executive meetings.
- The Tuesday Countdown → A weekly “countdown” email with a live, real-time counter zeroed in on January 1, 2014 that shares the latest resources, tips, and information on enrollment.
- Social Media Saturday → weekly tweets about issues related to churn and enrollment on Saturdays.

## Additional National Council Activities, Partnerships, and Awards around Enrollment...

- 2<sup>nd</sup> Place in SAMHSA's "[Stay Covered Challenge](#)".
- Coordinate and run [Bhbusiness](#) courses in Eligibility & Enrollment.
- Engage non-traditional health providers such as those in LTSS, supportive housing, and criminal justice.
- Encourage our members to become CACs/Navigators.
- Serving as a CMS Champion for Coverage .
- Enrolling in "In the Loop – Connecting the Enrollment Community".
- Answer enrollment questions and provide TA to our 2,131 members.
- Member of Enroll America's Enrollment Round Table.



*The ABC's of Open Enrollment for  
Behavioral Health Providers*

Jessica Kendall, Director of Outreach, Enroll America

Sophie Stern, Senior Policy Analyst, Best Practices Institute at Enroll America

# Agenda

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- **Setting the stage**
- **One month into open enrollment: Where do we stand?**
- **Outreach and enrollment opportunities**
- **Key dates**
- **Enroll America Resources**

# Setting the stage: Enroll America

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## Our Mission

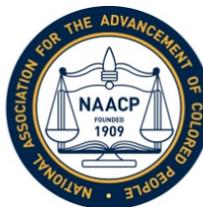
Maximize the number of uninsured Americans who enroll in health coverage made available by the Affordable Care Act

## Two-fold Strategy

- 1 Promoting Enrollment Best Practices
- 2 National Enrollment Campaign Using Cutting Edge Engagement Strategies



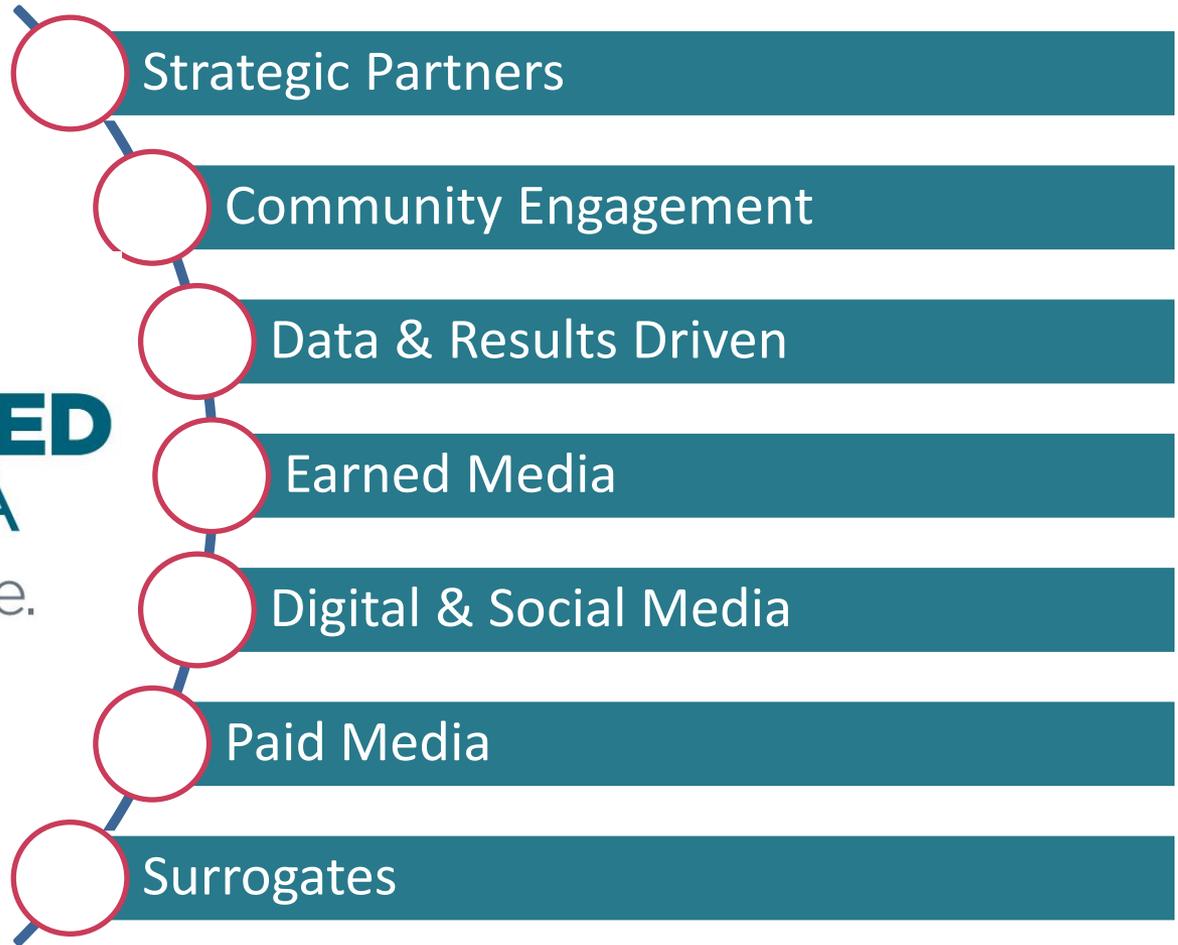
# Setting the stage: Sampling of our partners



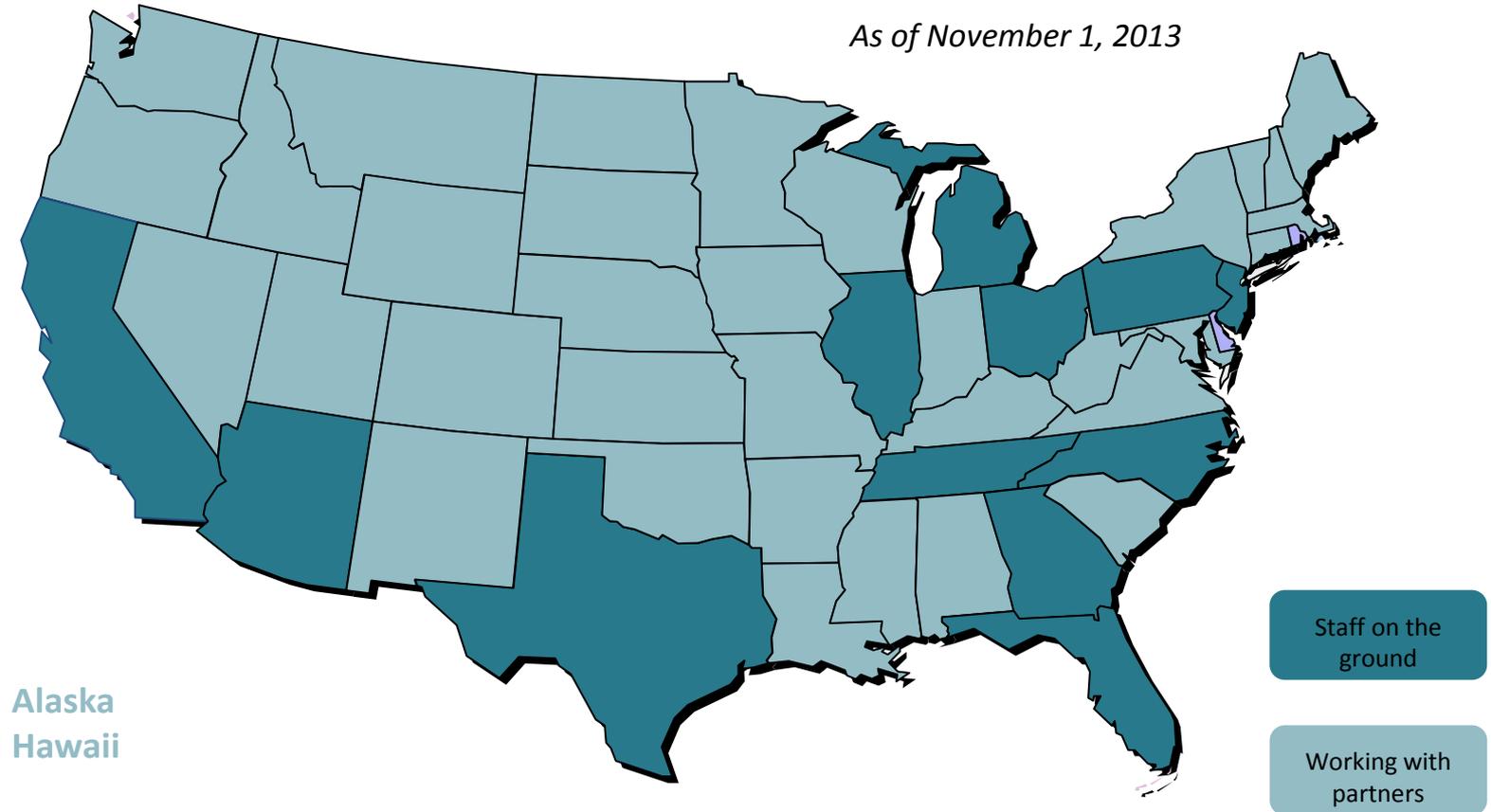
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# Setting the stage: Campaign strategies and tactics

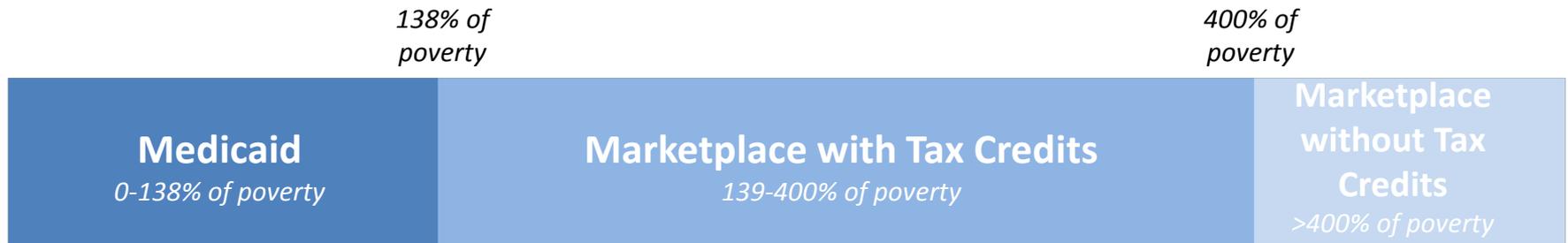


# Setting the Stage: Our State Presence

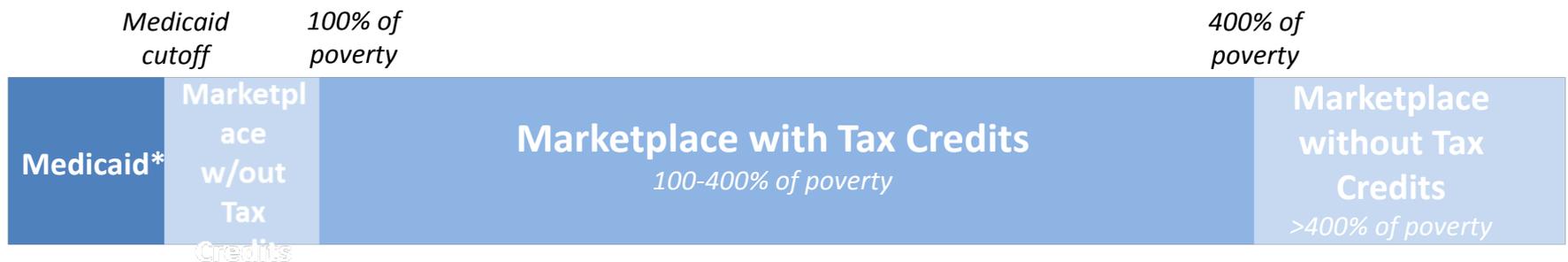


# Setting the stage: New coverage options in 2014

## States that Expand Medicaid



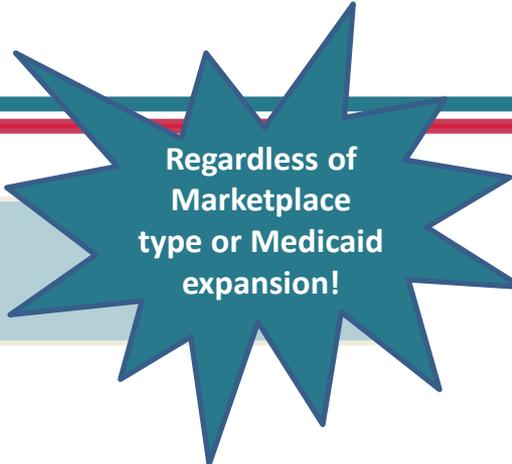
## States that Don't Expand Medicaid



\*Medicaid eligibility levels vary by state and population. Marketplace coverage without tax credits is available for individuals ineligible for Medicaid with income <100% of poverty.



# Setting the stage: Requirements for ALL states



Regardless of  
Marketplace  
type or Medicaid  
expansion!

## A Single, Streamlined Application

- One application for Medicaid, CHIP, the Marketplace
- Available in online, phone, and paper

Use Modified Adjusted Gross Income/No Income Disregards

Eliminate Asset Tests

Eliminate In-Person Interview Requirements

Use Electronic Verification to the Greatest Extent Possible

# Setting the stage: Four facts to remember

All insurance plans will have to cover doctor visits, hospitalizations, mental health and substance use disorder services and prescriptions.

You might be able to get financial help to pay for a health insurance plan.

If you have a pre-existing condition, insurance plans cannot deny you coverage.

All insurance plans will have to show the costs and what is covered in simple language with no fine print.

# Setting the stage: The enrollment opportunity for individuals with mental health (MH) and substance use (SU) concerns

## The enrollment opportunity:

- Nearly 14 million individuals with behavioral health disorders may qualify for health insurance either through Medicaid or the Marketplaces.\*
- All qualified health plans sold on the Marketplace must cover a core set of essential health benefits, including MH and SU services.

## The challenge:

- Ensuring individuals with MH/SU know about the new options available to them and how to apply.
- Also, we know individuals with MH/SU may be six times more likely to be disenrolled from insurance than individuals with other health concerns— focusing on retention will be key!\*\*

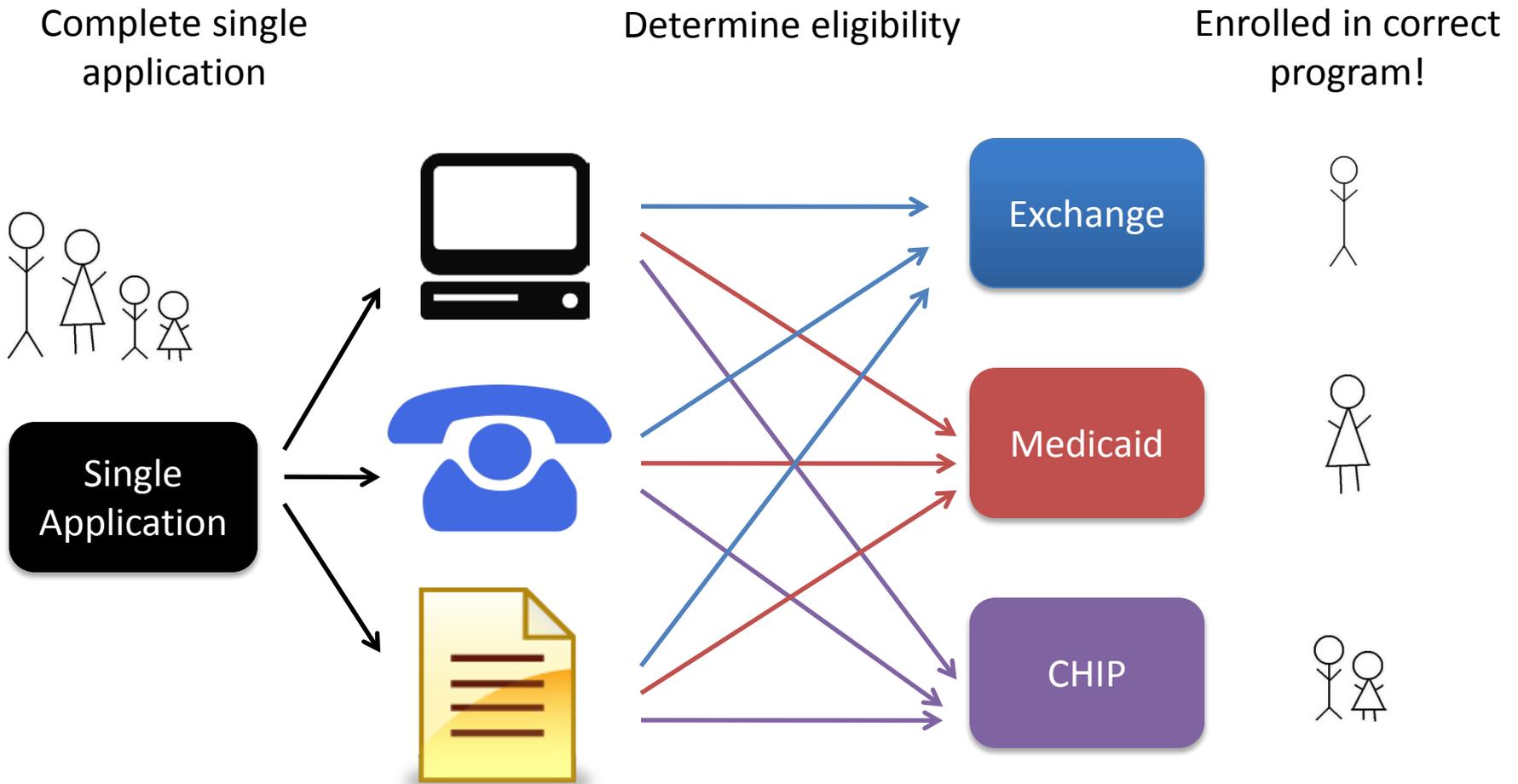
\*Numbers derived using a full Medicaid-expansion scenario.

\*\*Based on Massachusetts state-data.

Source: NASMHPD, January 2013 <http://www.nasmhpd.org/docs/publications/NASMHPDMedicaidExpansionReportFinal.pdf>; National Council



# Taking a closer look: What does the application process look like?



# Taking a closer look: A few things to consider



In-person assistance is available no matter how you choose to apply for health insurance— regardless of whether you are eligible for coverage through the Marketplace or Medicaid.

## Healthcare.gov

- Stays open 24/7 except when under maintenance
- Real time eligibility determinations and enrollment
- Depending on the situation, wait times or process can vary in length

## Hotline

- Stays open 24/7 at 1.800.318.2596
- While wait times vary during the day, the consumer can complete the process and enroll that same day
- Information completed with a call-center representative is saved within the system and can be resumed if the full application cannot be completed at that time

## Paper

- Consumers may begin the process right away, but in the long run it may take a significant more amount of time:
  - The paper application must be mailed to HHS by the consumer
  - HHS will then follow up in approximately 1-2 weeks via mail
  - If the consumer needs additional assistance, they will still need to call the call center and/or make an appointment with an in-person assister

## Taking a closer look: Where do we stand?

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- Still much work to do, but high level of interest in both Medicaid and the Marketplace.
- Individuals are getting help with the application process and reaching out to learn more about new health insurance options.
- Individuals are enrolling in affordable, comprehensive health insurance!

# Taking a closer look: Who is providing help?

Navigators

Certified  
Application  
Counselors  
(CACs)

In-Person  
Assisters (IPAs)\*

Types of Organizations That May Provide  
In-Person Assistance

Consumer  
Assistance  
Programs

Medicaid  
eligibility  
workers

Community  
Based  
Groups

Insurance  
Agents,  
Brokers

Behavioral/  
Community  
Health  
Centers

\*In-Person Assistance Programs not available in  
federally facilitated exchange states.





# Taking a closer look: Navigators make things EASIER

<b>E</b>	Expertise (Medicaid, CHIP, QHPs)
<b>A</b>	Accessibility (cultural, linguistic, people w/disabilities)
<b>S</b>	Selecting a plan (facilitating)
<b>I</b>	Impartiality
<b>E</b>	Education
<b>R</b>	Referrals

# Taking a closer look: CACs

- **Integral part of ensuring adequate assistance, especially in states with fewer federal resources**
  - Important role for community-based organizations, providers, hospital staff, health centers, etc.
- **Training provided by the marketplace**
- **Funding**
  - No federal funding for CACs, but Medicaid administrative match available for Medicaid CACs
  - Flexibility for private funding
- **Must disclose conflicts, but fewer prohibitions than navigators/IPAs**
  - Agree to “act in best interest of the applicant”
- **Must make info accessible to people with disabilities**
- **No obligation to do outreach**

# Outreach and enrollment: CAC option for organizations

- Organizations may certify staff/volunteers to become CACs
- Eligible organizations must:
  - (1) have processes in place to screen staff/volunteers to ensure that they protect personally identifiable information
  - (2) engage in services that position them to help those they serve with health coverage issues, and
  - (3) have experience providing social services to the community.
- Orgs must enter into agreement with exchange and are responsible for their CACs following federal rules
- On-line application:  
<http://marketplace.cms.gov/help-us/cac-apply.html>

**Apply to be a Certified Application Counselor Organization**

This application is only a sample to help you prepare for the kind of information an interested organization will need to provide. An on-line application will be available at the end of July 2013 for organizations who want to become Marketplace-designated organizations that can certify application counselors. These groups might include community health centers or other health care providers, hospitals, or social service agencies. To be notified when the online application is available, visit [Marketplace.cms.gov](http://Marketplace.cms.gov) and sign up for email notifications and updates. If you have questions about other ways to partner with the Marketplace, contact [partnership@cms.hhs.gov](mailto:partnership@cms.hhs.gov).

**Basic Information**

Organization name	Organization type (i.e. Hospital, Library, Social Services)	
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**How can the Marketplace contact this organization?**

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone number	Email address	
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**How can the general public contact this organization?**

Phone number	Email address	Website
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Location address \_\_\_\_\_

Hours of operation \_\_\_\_\_

**Organization Details**

Do one or all of the following apply to your organization? Answer yes or no for all that apply.

- a Governmental entity?  Yes  No
- a health care delivery organization?  Yes  No
- designated by a Medicaid/CHIP agency as a Medicaid/CHIP application assistance program?  Yes  No
- organized under 501(c) of the Internal Revenue Code?  Yes  No

**Privacy and Security Experience**

Does this organization already:

- screen the employees/volunteers it will certify as application counselors?  Yes  No
- handle Personally Identifiable Information (PII) and have processes in place to protect PII?  Yes  No
- assist people with health coverage decisions?  Yes  No

If yes, please explain qualifications as a certified application counselor organization.  
If no, please explain how your experience relates to this role or prepares your organization to assist with health coverage decisions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  July 2013



# Taking a closer look: Differences between assister types

	Navigators/IPAs	CACs
Conduct outreach	X	
Culturally/linguistically accessible services	X	
Services for people with disabilities	X	X
Subject to state training/certification rules (where they exist)	X	X
Funded through government dollars	X	
Must be free from conflicts of interest	X	
Permitted to have conflicts of interest, as long as disclose these to the exchange and to the consumer, and agree to act in best interest of applicant		X

# Outreach and enrollment: How can you help?

## Train staff on four key messages

- Clinicians and outreach, administrative staff

## Consider getting staff trained as CACs

## Identify Navigators and other assisters who can help

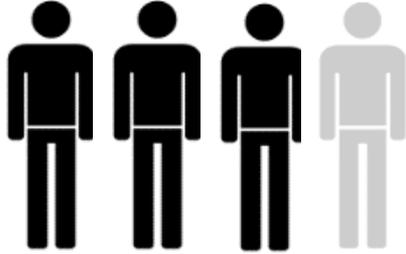
- Partner with a local organization and develop referral relationships
- Offer space in your office for assisters to meet with patients

## Spread the word!

- Include information about healthcare.gov and the hotline on your voicemail, on-hold message, and website
- Hang posters in waiting room

**Consumers can get involved too! Share your enrollment story, volunteer with a community organization or health care provider!**

# Outreach and enrollment: Value of in-person assistance



Three out of four of the newly eligible want in-person assistance to learn about and enroll in coverage.

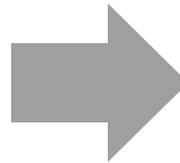
Help gets individuals  
from here...

Confused

Overwhelmed

Worried

Helpless



...to here.

Secure

Confident

Reassured

Source: *Enroll America*,  
November 2012



# Outreach and enrollment: Value of in-person assistance

## Knowledge

- What is and isn't covered
- Out of pocket costs

## Security

- In-person beats online/self-service experience

## Confidence

- Have provided all necessary paperwork
- Have completed application correctly

## Reassurance

- Know when their insurance will start
- Know what to do if they need health services before they get their card

*Source: Enroll America, Forthcoming*



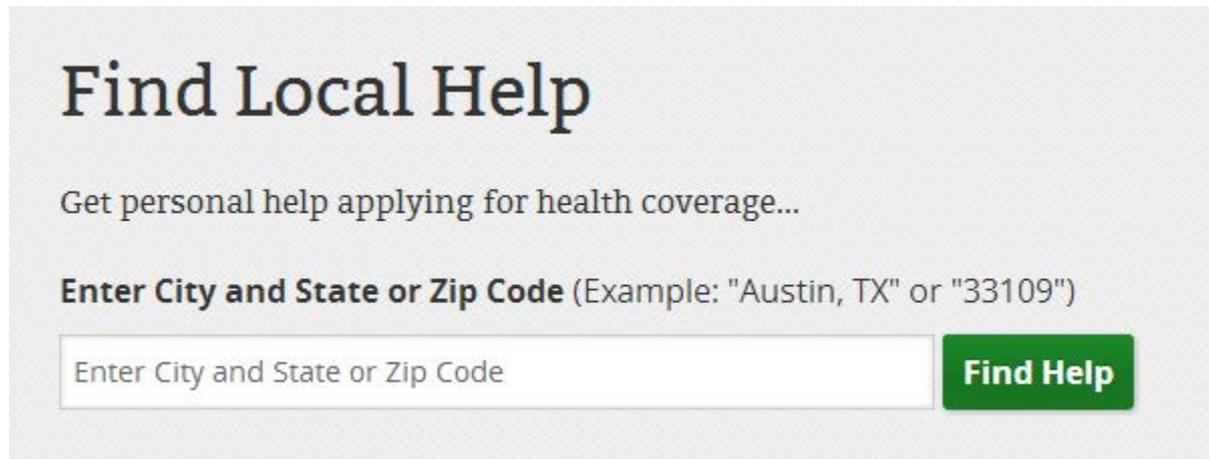
# Outreach and enrollment: An action plan for community behavioral health centers

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- 1. Develop a plan**
- 2. Invest in staff**
- 3. Make your data work for you**
- 4. Utilize technology**
- 5. Hold on to what you've got**
- 6. Recognize everyone's role in outreach**

# Outreach and enrollment: How to find help in your community

- Visit [localhelp.healthcare.gov](https://localhelp.healthcare.gov) to find help in your area
- Enter city and state or zip code to find an organization near you!



The screenshot shows a web form titled "Find Local Help". Below the title is the text "Get personal help applying for health coverage...". Underneath is a prompt: "Enter City and State or Zip Code (Example: 'Austin, TX' or '33109')". There is a text input field with the placeholder text "Enter City and State or Zip Code" and a green button labeled "Find Help".

# Key dates: What is the timeline for getting health insurance?

- **2013 Enrollment Period: Oct. 1- March 31**
- **Coverage starts Jan 1 if enrolled by Dec 15**
- **Individuals may enroll in Medicaid & CHIP year round**



# Enroll America resources

- **Get Covered Calculator: Estimate your costs:**
  - <http://staging.getcoveredamerica.org/calculator>
- **Enroll America publications:**
  - <http://www.enrollamerica.org/best-practices-institute/enroll-america-publications>
- **Enroll America webinars:**
  - <http://www.enrollamerica.org/best-practices-institute/webinar-archives>
- **State profiles:**
  - <http://www.enrollamerica.org/best-practices-institute/states>
- **In-person assistance resources:**
  - <http://www.enrollamerica.org/best-practices-institute/assistance-resource-center>



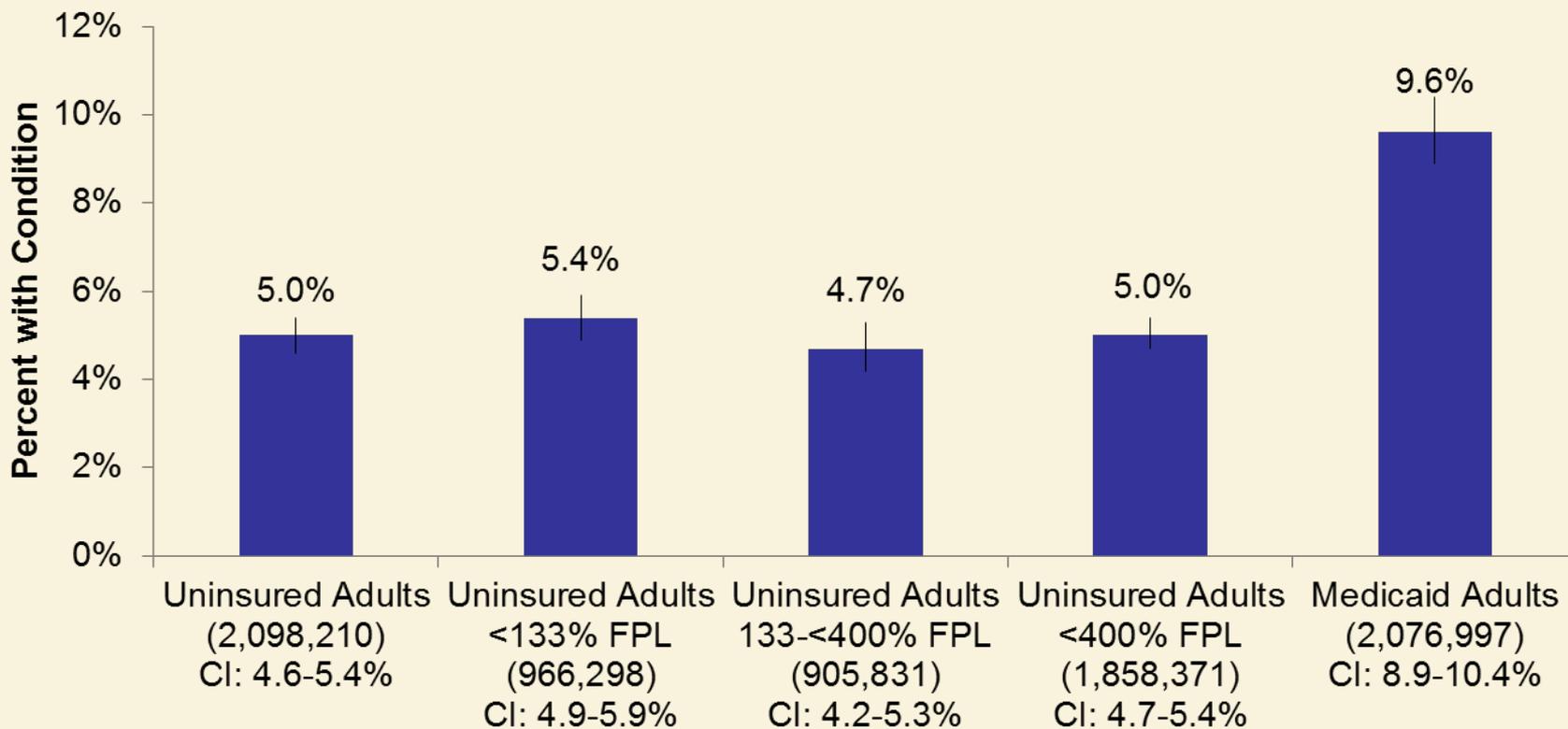
# *The ABC's of Open Enrollment for Behavioral Health Providers*

Kevin Malone, Public Health Analyst, SAMHSA



# PREVALENCE OF *SERIOUS MENTAL ILLNESS* BY POPULATION

Serious Mental Illness

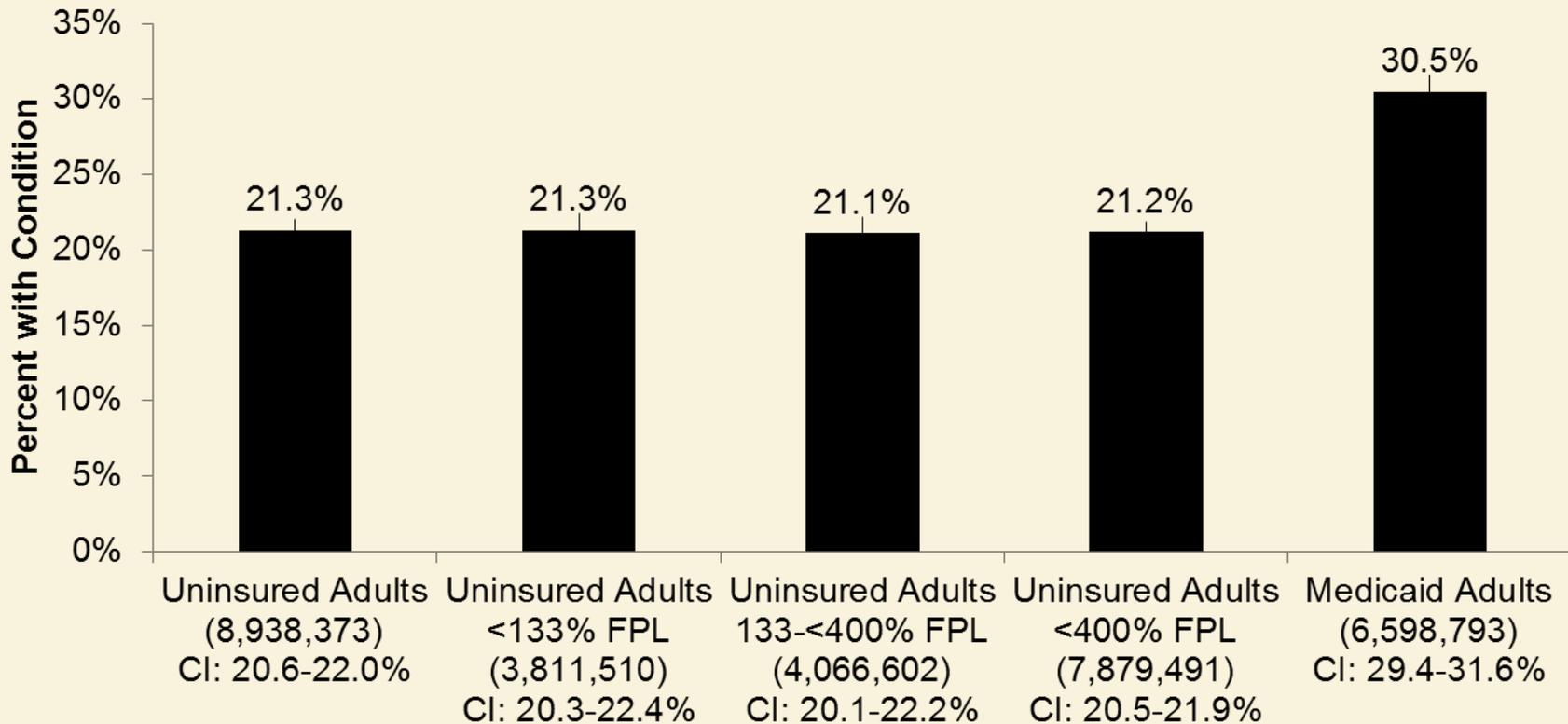


CI = Confidence Interval

Sources: 2008 – 2011 National Survey of Drug Use and Health, 2011 American Community Survey

# PREVALENCE OF *ANY MENTAL ILLNESS* BY POPULATION

Any Mental Illness

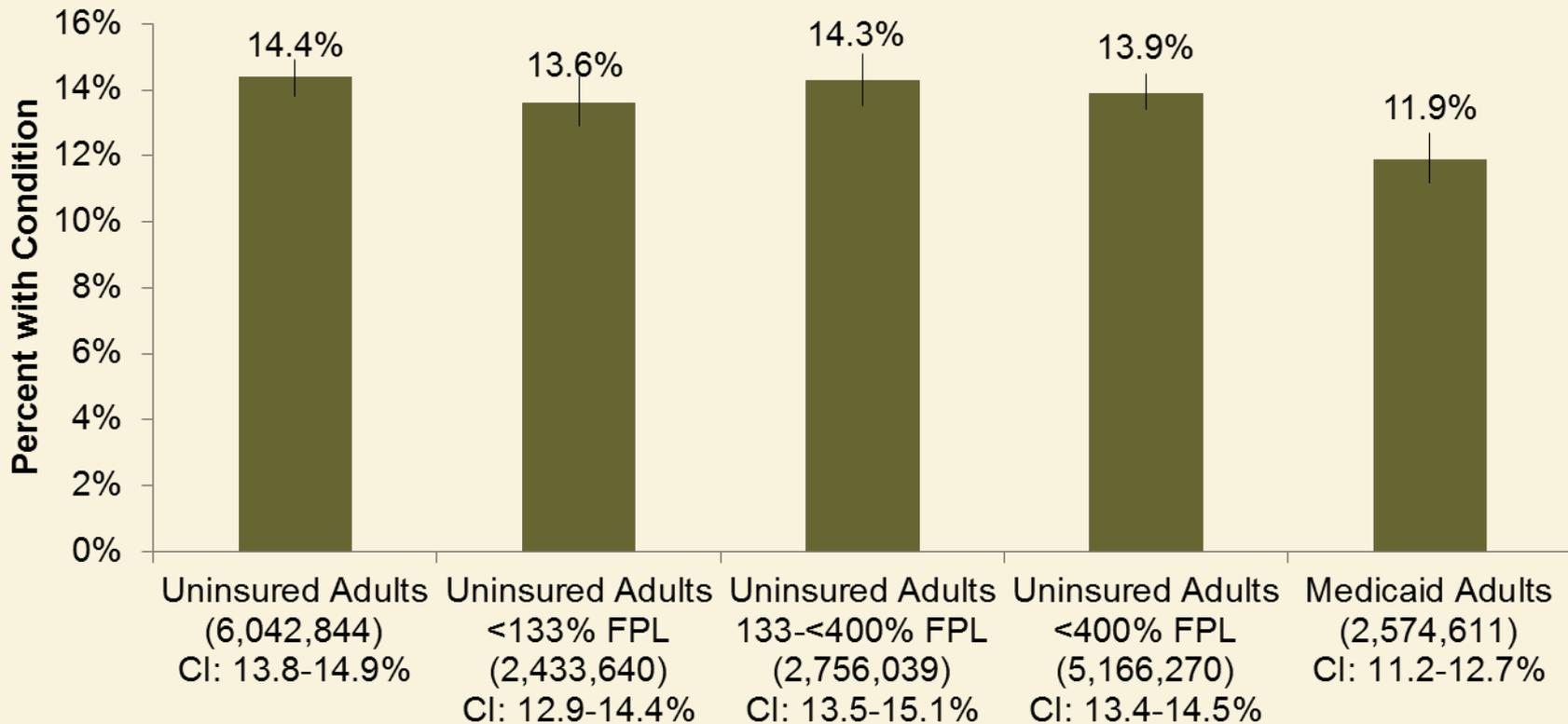


CI = Confidence Interval

Sources: 2008 – 2011 National Survey of Drug Use and Health, 2011 American Community Survey

# PREVALENCE OF *SUBSTANCE USE DISORDER* BY POPULATION

## Substance Use Disorder

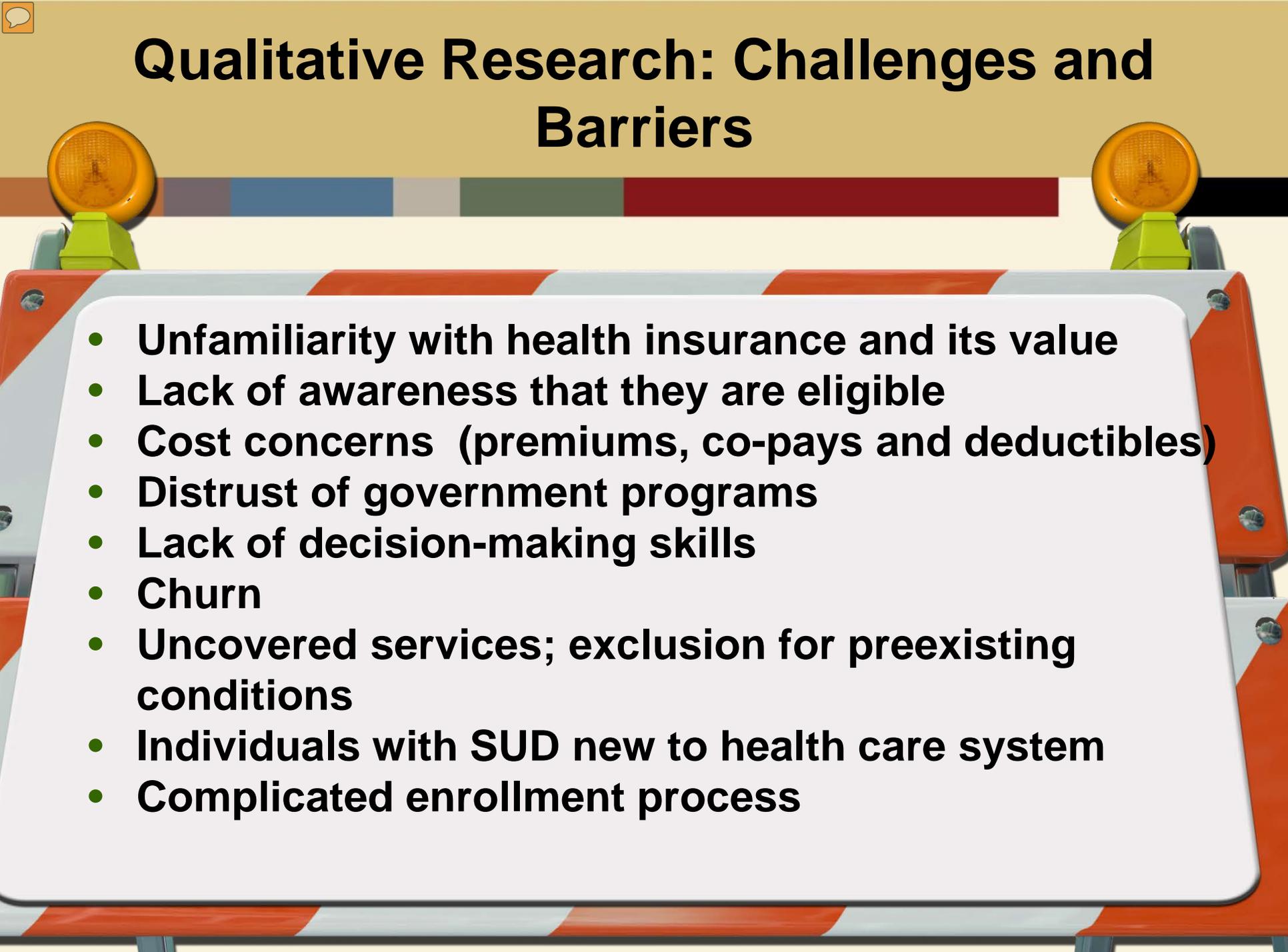


CI = Confidence Interval

Sources: 2008 – 2011 National Survey of Drug Use and Health, 2011  
American Community Survey



# Qualitative Research: Challenges and Barriers



- **Unfamiliarity with health insurance and its value**
- **Lack of awareness that they are eligible**
- **Cost concerns (premiums, co-pays and deductibles)**
- **Distrust of government programs**
- **Lack of decision-making skills**
- **Churn**
- **Uncovered services; exclusion for preexisting conditions**
- **Individuals with SUD new to health care system**
- **Complicated enrollment process**

# Research: What benefits and messages work for SAMHSA audiences?

- **Consumers liked the CMS messages**
  - *Healthy & Young: Keep messages simple and positive (maintain good health, make smart decisions); highlight eligibility, access to quality care, how to enroll and available financial savings.*
  - *Sick, Active & Worried: Use positive messages (stay independent, feel in control, be more financially secure) and personal testimonials, featuring availability, ease of enrollment and affordability.*
  - *Passive & Skeptical: Design a positive message (make good decisions, stay independent and feel in control) using a reference or visual with “people like me.”*
- **Consumers did not want a specific BH message about health insurance.**

# Research: What communication tools and dissemination channels are preferred?

- **Trusted sources are key to effective dissemination.**
- **Dissemination channels vary by segment.**
- **Peers are crucial to all segments**

Audience	Trusted Sources	Channel
Healthy & Young	<b>Peers</b> ; Google	Online, social media, twitter, Facebook, tumblr
Sick, Active & Worried (Homeless)	Mass media- traditional; <b>Peers</b> ; Case/social and outreach workers	Institutions and community partners already accessing; hospitals; drop-in centers; housing support centers
Passive & Skeptical (Minority)	<b>Peers</b> ; community partners and ethnic networks (TV, radio, print)	Community centers; local institutions, such as schools and religious centers

# Marketing and Outreach Tactics

- **Motivate people through information by trusted sources that access to insurance, benefits and services is available to them;**
- **Disseminate information through appropriate channels using appropriate tools; and**
- **Provide one-on-one assistance for enrollment through defined intermediaries.**



# SAMHSA Enrollment Coalitions Initiative



- **Collaborate with national organizations whose members/constituents interact regularly with individuals with mental health and/or substance use conditions to create and implement enrollment communication campaigns**
- **Promote and encourage the use of CMS materials**
- **Provide training and technical assistance in developing enrollment communication campaigns using these materials**
- **SAMHSA will not be developing marketing or educational materials targeting consumers.**
- **Channel feedback and evaluate success**

# Supporting Intermediaries

- **Intermediary focused efforts formed in five categories:**



# Timeline

## Laying the Groundwork

- Coalition formation
- Health insurance literacy training and technical assistance
- February – June 2013

## Preparing for Enrollment

- Enrollment campaign training
- Enrollment assistance training
- June – September 2013

## Enrolling Eligible Individuals

- Continuation of enrollment campaigns
- Enrollment assistance
- October 2013 - March 2014

# SAMHSA Enrollment Coalitions Initiative UPDATE

- **Soliciting and responding to requests for health insurance reform presentations at upcoming conferences and meetings.**
- **Developed a training toolkit, an on-demand, e learning presentation and resource kit for each of the five coalitions' national organizations to disseminate to their local members/affiliates on how to access and use CMS materials. Toolkit Available at:**  
<http://www.samhsa.gov/healthReform/>
- **Communicating with coalition members regarding CMS training opportunities and new resources on a regular basis.**



**THANK YOU!!!**

# Questions?

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