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...

- 2nd 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

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

- Strategic Partners
- Community Engagement
- Data & Results Driven
- Earned Media
- Digital & Social Media
- Paid Media
- Surrogates
Setting the Stage: Our State Presence

As of November 1, 2013

Staff on the ground
Working with partners

Alaska
Hawaii
Setting the stage: New coverage options in 2014

### States that Expand Medicaid

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Marketplace with Tax Credits</th>
<th>Marketplace without Tax Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-138% of poverty</td>
<td>139-400% of poverty</td>
<td>&gt;400% of poverty</td>
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### States that Don’t Expand Medicaid

<table>
<thead>
<tr>
<th>Medicaid cutoff</th>
<th>100% of poverty</th>
<th>400% of poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid*</td>
<td>Marketplace w/out Tax Credits</td>
<td>Marketplace with Tax Credits</td>
</tr>
<tr>
<td>100-400% of poverty</td>
<td>&gt;400% of poverty</td>
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*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

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

Regardless of Marketplace type or Medicaid expansion!
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.
Taking a closer look:
What does the application process look like?

Complete single application

Determine eligibility

Enrolled in correct program!

- Single Application
- Exchange
- Medicaid
- CHIP
### Taking a closer look: A few things to consider

#### 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

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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.
Taking a closer look: Where do we stand?

• 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

<table>
<thead>
<tr>
<th>E</th>
<th>Expertise (Medicaid, CHIP, QHPs)</th>
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<tbody>
<tr>
<td>A</td>
<td>Accessibility (cultural, linguistic, people w/disabilities)</td>
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<td>S</td>
<td>Selecting a plan (facilitating)</td>
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<td>I</td>
<td>Impartiality</td>
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<tr>
<td>E</td>
<td>Education</td>
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<td>R</td>
<td>Referrals</td>
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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
## Taking a closer look: Differences between assister types

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<tr>
<th></th>
<th>Navigators/IPAs</th>
<th>CACs</th>
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<tbody>
<tr>
<td>Conduct outreach</td>
<td>X</td>
<td></td>
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<tr>
<td>Culturally/linguistically accessible services</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Services for people with disabilities</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Subject to state training/certification rules (where they exist)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Funded through government dollars</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Must be free from conflicts of interest</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>X</td>
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</tbody>
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# Outreach and enrollment: How can you help?

<table>
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<tr>
<th><strong>Train staff on four key messages</strong></th>
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<tr>
<td>• Clinicians and outreach, administrative staff</td>
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<table>
<thead>
<tr>
<th><strong>Consider getting staff trained as CACs</strong></th>
</tr>
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<table>
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<tr>
<th><strong>Identify Navigators and other assisters who can help</strong></th>
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<tr>
<td>• Partner with a local organization and develop referral relationships</td>
</tr>
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<td>• Offer space in your office for assisters to meet with patients</td>
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<tr>
<th><strong>Spread the word!</strong></th>
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<tr>
<td>• Include information about healthcare.gov and the hotline on your voicemail, on-hold message, and website</td>
</tr>
<tr>
<td>• Hang posters in waiting room</td>
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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

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 to find help in your area
- Enter city and state or zip code to find an organization near you!

Find Local Help

Get personal help applying for health coverage...

Enter City and State or Zip Code (Example: "Austin, TX" or "33109")

Enter City and State or Zip Code

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:
  o http://staging.getcoveredamerica.org/calculator

• Enroll America publications:
  o http://www.enrollamerica.org/best-practices-institute/enroll-america-publications

• Enroll America webinars:
  o http://www.enrollamerica.org/best-practices-institute/webinar-archives

• State profiles:
  o http://www.enrollamerica.org/best-practices-institute/states

• In-person assistance resources:
  o 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

CI = Confidence Interval

American Community Survey
PREVALENCE OF ANY MENTAL ILLNESS BY POPULATION

Any Mental Illness

Percent with Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percent</th>
<th>CI</th>
<th>Source Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured Adults</td>
<td>21.3%</td>
<td>20.6-22.0%</td>
<td>(8,938,373) CI: 20.6-22.0%</td>
</tr>
<tr>
<td>&lt;133% FPL Adults</td>
<td>21.3%</td>
<td>20.3-22.4%</td>
<td>(3,811,510) CI: 20.3-22.4%</td>
</tr>
<tr>
<td>133-&lt;400% FPL Adults</td>
<td>21.1%</td>
<td>20.1-22.2%</td>
<td>(4,066,602) CI: 20.1-22.2%</td>
</tr>
<tr>
<td>&lt;400% FPL Adults</td>
<td>21.2%</td>
<td>20.5-21.9%</td>
<td>(7,879,491) CI: 20.5-21.9%</td>
</tr>
<tr>
<td>Medicaid Adults</td>
<td>30.5%</td>
<td></td>
<td>(6,598,793) CI: 29.4-31.6%</td>
</tr>
</tbody>
</table>

CI = Confidence Interval
American Community Survey
PREVALENCE OF SUBSTANCE USE DISORDER BY POPULATION

CI = Confidence Interval
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

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