Reaching Out in Rural Areas

Connecting Kids to Coverage:

2nd National Children's Health Insurance Summit

November 3, 2011

Chicago, IL

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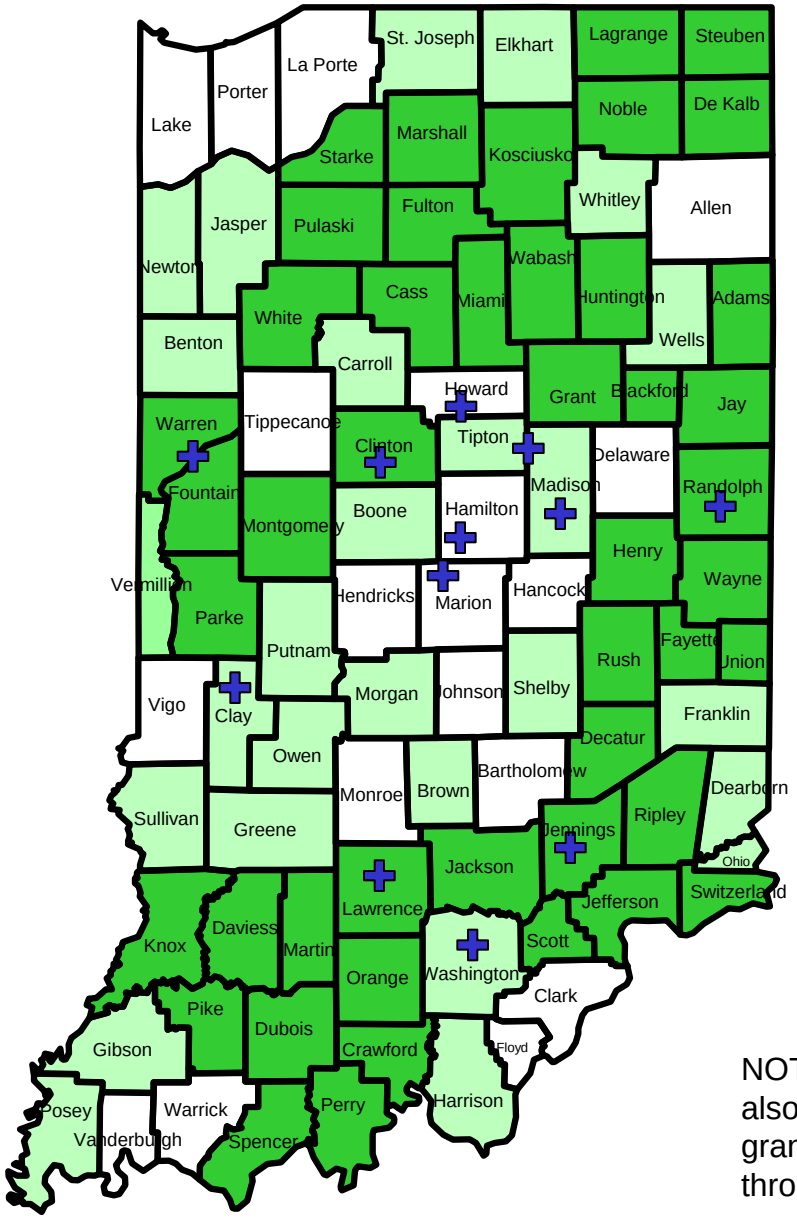
St. Vincent Health

Health Care Access in Rural America: (rural vs. urban kids)

- Less likely to be covered via a parent's employer-sponsored insurance plan; less likely to have prescription drug coverage
- Decreased opportunity to benefit from prenatal care
- Less access to OB's and Pediatricians
- Greater difficulty receiving dental or mental health care
  - Higher % of HPSA's are in rural areas
- Greater travel distance to receive health care services
- More likely to rely on Food Stamps; Less likely to be on Medicaid
- More likely to die from an accident or suicide

*Summarized from the National Rural Health Association and "Rural Healthy People 2010: A companion Document for Rural Areas"



US Office of Rural Health Policy

Designated Rural Counties Eligible for Rural Health Grants

Current Designations

Source: Indiana State Dept. of Rural Health

Rural County

Metro County with Rural Census Tracts

NOTE: Many Census Tracts within non-rural counties are also designated as rural areas eligible for rural health grants. Information on these Census Tracts are available through www.hrsa.gov.

Greater detail available at: http://ruralhealth.hrsa.gov/

Indiana:

- 20% of Hoosier children live in poverty
  - 25% of children age 0-5 live in poverty
  - 10% in extreme poverty
- 42 % Indiana kids receive free or reduced lunch prices
- Rates rising:
  - Insurance coverage +
  - Low birth weights
  - Infant mortality
  - Teen birth
    - Single female households
  - Child abuse/neglect

*Summarized from The Indiana Youth Institute and the Annie E. Casey Foundation “Kids Count” data (August 2011)

Indiana Enrollment Highlights:

- 1,031,343 Hoosiers covered by CHIP, Medicaid, or HIP
- Average rate of growth = 1%
- Increases:
  - Pregnancy coverage (total = 19,755)
  - Newborn enrollment (total = 48,544)
  - CHIP below 150% FPL (total = 65,495)
    - Decreases: CHIP above 150% FPL and HIP

*Covering Kids and Family Enrollment Highlights, August 2011

Rural and Urban Access to Health (RUAH) Snapshot

Purpose: To connect our friends, family, and neighbors to a comprehensive, integrated delivery network of health, human, and social services resulting in improved access, and removal of barriers to needed resources.

Service Areas by County:

Clinton, Howard, Madison, Randolph, Clay, Jennings & Fountain/Warren

Focus:

Access; Care Connectivity & Coordination; Medical and Social Service Integration; Sustainability; "At risk"/Vulnerable clients

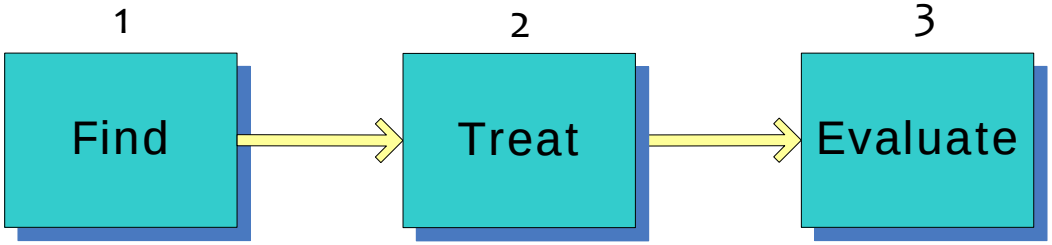
RUAH Program Components:

- Health Access Workers ("HAW")
- Medication Access Coordinators ("MAC")
- Community Coalitions
- Community Care Coordination Learning Network (CCCLN): AHRQ
- National Institute of Health research participant
- CHIPRA I Grantee: Indiana

RUAH Health Outreach:

- 42,268 encounters
- 77,769 connections to care
  - i.e. physician appointments, government program applications, and community service connections
- Pharmacy Assistance:
  - $31.5 million worth of low/no cost drugs provided
- Language Access:
  - 1175 interpreters who have completed Bridging the Gap
  - 1122 documents translated

The Pathways Model



Example:

Identify pregnant women—confirmed by pregnancy test

Confirm patient kept monthly appointments with prenatal care provider

Healthy baby weighing more than 5lbs. 8oz.

Applying the Pathways Model to Care Coordination: The Enrollment Process

1. Start with the end in mind: what is the final completion step?
2. Define the initiation step: where/how does this get started?
3. Build in the steps it takes to get to completion
4. Collect and address barriers to completion
5. Count the completed successful outcomes; address the incomplete pathways

Enrollment Pathway

Initiation Step
Children 18 and under who are uninsured.

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Assess for eligibility and provide education on what programs are available and importance of maintaining insurance.

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Identify and address barriers to enrollment and maintaining insurance.

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•Complete authorized representative form if appropriate.
•Assist with application completion/establish a plan for follow-up.
•Document date of submission.
•Submit enrollment.

↓

Completion Step
•Verified that the client has been approved for a program.
•Document eligibility date.

Annual Re-Determination Eligibility Pathway

Initiation Step
Children 18 and under who have Medicaid and need to retain eligibility based on the annual re-determination process.

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Re-assess for eligibility.

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Identify and address barriers to re-submission.

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•Renew authorized representative form if appropriate.
•Assist with any documentation/establish a plan for follow-up.
•Document date of re-submission.
•Submit re-enrollment.

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Completion Step
•Verified that the client has been approved for a program.
•Document eligibility date.

Enrollment Pathway Education Checklist

• Provide patient with an informational pamphlet/handout for the program you're assisting with.

• Provide patient with a basic overview of program eligibility criteria.

• Educate patient about the application and enrollment process for the program he/she is applying for.

• Educate patient about the ways you can assist with enrollment:
- Filling out the application
- Gathering and submitting required documents
- Follow-up and advocacy with DFR and FSSA
- Appeals, if needed
- Redetermination

• Explain Authorized Representative option and how it allows you to more effectively facilitate the enrollment.

• Coach patient on his/her role in the enrollment process:
- Follow through to complete application (e.g. gathering documents)
- Being alert to DFR/FSSA contacts via mail and phone
- Informing you of DFR/FSSA contacts so you can assist
- Attendance at any DFR/FSSA scheduled phone calls or appointments
- Responsiveness to your contacts
- Attendance to appointments with you

• Explain how the program could benefit patient and impact his/her overall health and quality of life.

• Teach back: Explain to patient that you'd like to check to make sure he/she understands next steps by asking a few questions.

Then ask patient: Can you tell me what program we're applying you for?
What need will the program meet, and how will it help patient meet his/her goals?
What are the next steps at this point in the enrollment process?

Barrier List

- Child Care Barrier Code: 01
- Cognitive impairment Barrier Code: 02
- Criminal record/felony Barrier Code: 03
- Cultural differences Barrier Code: 04
- Lack of financial resources/insurance Barrier Code: 05
- Lack of incentive Barrier Code: 06
- Lack of necessary documents/in client's language Barrier Code: 07
- Lack of support system Barrier Code: 08
- Limited access to medications Barrier Code: 09
- Medical provider access Barrier Code: 10
- Mental health Barrier Code: 11
- Need an interpreter Barrier Code: 12
- No phone Barrier Code: 13
- Physically disabled Barrier Code: 14
- Substance abuse/tobacco Barrier Code: 15
- Transient/no permanent address Barrier Code: 16
- Transportation Barrier Code: 17
- Undocumented Barrier Code: 18

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HAW Monthly Report

September 2011

Source of Referral	
Field Based	344
Clinic/Office	113
Hospital	92
Emergency Room	25
Med Assist	13
SPN	2
Total	589

Participant Visit Location	
Home	43
HAW Office	432
ER	12
Community	60
Clinic/MD Office	27
Total	574

Financial Class	
Uninsured	439
Medicare	38
Private Insurance	29
Medicaid	55
Other	19
HIP	5
Total	585

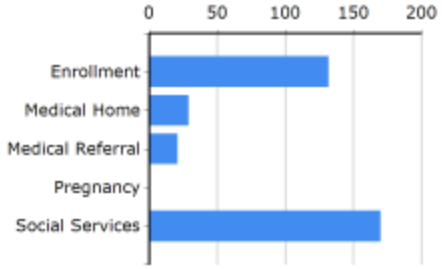
Initial vs. Follow-up Visits	
Followup Visit	301
Initial Visit	273
No Purpose Listed	15
Total	589

St.Vincent Health

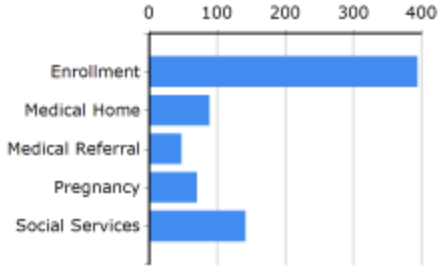
HAW Monthly Report

September 2011

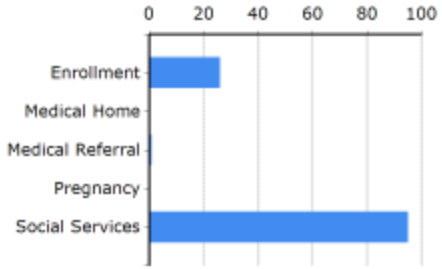
Open Pathways	
Enrollment	132
Medical Home	29
Pregnancy	0
Medical Referral	21
Social Services	170
Total	352



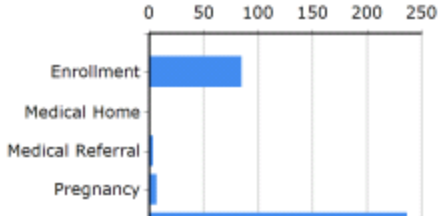
Pending Pathways	
Enrollment	394
Medical Home	89
Pregnancy	71
Medical Referral	48
Social Services	142
Total	744



Closed Pathways	
Enrollment	26
Medical Home	0
Pregnancy	0
Medical Referral	1
Social Services	95
Total	122



Closed Historical Pathways	
Enrollment	85
Medical Home	0
Pregnancy	7
Medical Referral	4
Social Services	237



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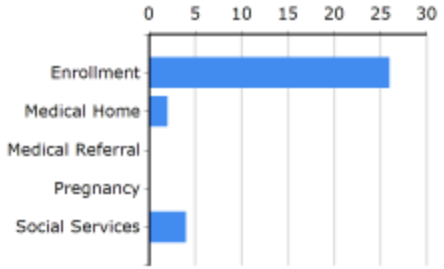
HAW Monthly Report

September 2011

Incomplete Pathways	
Enrollment	26
Medical Home	2
Pregnancy	0
Medical Referral	0
Social Services	4
Total	32



Lesson's Learned:
Reaching Out in Rural Areas

- It's all about relationships and trust
- There is a loyalty and commitment test
- "Partner with" vs. "provide service to"
- "Quick wins" may take a long time !
- KNOW your state's enrollment and eligibility system backwards and forwards
- Enrollment is about access; not separate from it
- Kid enrollment is more successful when it's also connected to assisting the adult caregiver
- Numbers/volume will be different than in highly populated urban areas
- Keep it simple
- It's possible to see outcomes! Positive ones!

Questions
&
Discussion