



NATIONAL ASSOCIATION OF

Community Health Centers

Important Content Note:

This technical assistance resource was developed prior to the August 2017 release of the Health Center Compliance Manual by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC). The BPHC Compliance Manual, issued August 2017, indicates where PINS, PALs and other program guidance are now superseded or subsumed by the BPHC Compliance Manual.

See: <https://bphc.hrsa.gov/programrequirements/pdf/healthcentercompliancemanual.pdf>



Partnership Community Health Center Appleton, WI

2013 Patients Served	11,732
Uninsured Patients	3,448
# of HRSA-funded Assisters	2.25 FTE
Total # of Staff Trained as Assisters	5 (2014) 7 (2015)

Wisconsin

Non-Medicaid Expanded State
Federally-Facilitated Marketplace

The Impact of Insurance Enrollment on Community Health Centers

This case study highlights how the use of federal funding for outreach and enrollment impacted a federally qualified health center in a state that has not expanded Medicaid and did not create a State-Based Exchange.

Partnership Community Health Center and the Affordable Care Act in Wisconsin

Founded in 1997 as Fox Cities Community Health Center, the health center operated initially as a free clinic and served three counties in central Wisconsin. In 2004, the clinic was awarded federally qualified health center (FQHC) status. In August 2013, to reflect its larger mission and the tri-county area it served, the health center rebranded itself as the Partnership Community Health Center (PCHC) and established its administrative offices in Appleton, WI.

In 2013, Wisconsin Governor Scott Walker and the state legislature declined to expand Medicaid and declined to establish a State-Based Marketplace (SBM).

As a result, different populations were affected in varying ways. The state partially expanded and partially scaled back coverage in BadgerCare Plus (Wisconsin Medicaid) for certain populations. For example, childless adults with incomes up to 100% of the Federal Poverty Line (FPL) were eligible for BadgerCare.¹ However, adults with incomes between 100-138% FPL were no longer Medicaid-eligible but eligible for coverage through the Federally-Facilitated Marketplace (FFM).²

Promising Practices for Health Centers on Outreach & Enrollment

- Create an **enrollment centered-culture** among all employees, from the front line staff, providers, senior leadership, and the Board of Directors.
- Focus on **in-reach strategies** to identify patients who are uninsured or newly eligible for coverage. This is especially important in states where residents lose/gain coverage eligibility due to the state's decision to not or only partially expand Medicaid.
- The message and mode of outreach strategies should be **specifically tailored to a target community**, whether it's low-income residents, multicultural community members, rural and homeless population, or refugees.
- Track data to **assess and analyze enrollment trends** that could direct outreach strategies and offer opportunities for strategic collaboration for increased enrollment (i.e. hospitals, community-based organizations).
- **Collaborate effectively at the local, regional, and state level.** Engage public, nonprofit, and private entities to embrace the importance of enrollment and coverage. i.e. the United Way, local hospitals, school districts, food pantry, small business, private funders etc.

¹ "Wisconsin's BadgerCare Program and the ACA," *The Henry J. Kaiser Family Foundation*, February 25, 2014.

² Ibid.

Building an Enrollment-Centered Culture

Prior to the ACA, PCHC had two on-site eligibility workers through a partnership with a county government agency. However, in the summer of 2013, the Health Resources Services Administration's (HRSA) Bureau of Primary Health Care (BPHC) awarded \$150 million in funds specifically for outreach and enrollment (O&E) activities to nearly 1,160 health centers nationwide. PCHC leveraged the HRSA funding it received to bring its previous enrollment program in-house and hire the **first** five certified application counselors (CACs) in Wisconsin.

PCHC's initial focus was on providing in-reach to its existing patients who were being transitioned off of Medicaid and who were in active treatment, as a disruption in coverage could have serious health implications. PCHC also identified families newly eligible for Marketplace coverage that needed to be educated about QHP options, the individual mandate, and how to select a plan. Through its in-reach efforts, over 1,000 patients were contacted prior to and during the first month of open enrollment and linked to other coverage options.

PCHC also targeted the many existing self-pay/uninsured patients who became newly eligible for BadgerCare Plus (childless adults up to 100% FPL). As in other states, most were accustomed to repeated denials under prior eligibility criteria. A strategic and concerted effort to engage this population and encourage enrollment was implemented.

Recognizing the value of data analytics, PCHC tasked an AmeriCorps volunteer to examine trends in demographics of the 2,500 people assisted and 1,500 Marketplace enrollments from the first year. Data indicated that over half of those uninsured patients came from one large hospital system. PCHC presented the findings to the hospital's administration. The hospital responded by awarding substantial funding to PCHC to support the hiring of additional CACs. The hospital and health center also collaborated to develop systems for providing direct referrals from the hospital Emergency Department's inpatient care, primary care, and billing office, to the health center for enrollment assistance.

Collaboration as the Key to Mobilizing and Local Innovations

In 2013, the state gradually established a framework for coordinating enrollment activities via Regional Enrollment Networks (RENs). PCHC leadership – including Executive Director Kristene Stacker and Development Director Patricia Sarvela – recognized the urgency for a more grassroots and comprehensive approach. They proactively engaged

a key organizational leader in the community – United Way Fox Cities – to spur planning and collaboration among groups in the area. This group – known as the Fox Cities Task Force – evolved into a regional “think tank.” It grew to include hospitals, funders, newspapers, government, and community based organizations involved in various aspects of enrollment.

During the initial years of the Marketplace, PCHC also helped strengthen regional capacity by providing a series of *Affordable Care Act 101* trainings. The curriculum grew to include specific information on eligibility criteria, understanding plan medal levels, tax credits, health and financial literacy, special enrollment periods and specialized training for CACs and Navigators in the region. Over 350 people in the community were educated in the first year. This included staff at nonprofits, hospitals, temp agencies, school districts, tax preparers, child care providers, media outlets and other organizations. Special enrollment needs of multicultural populations and low income residents was a significant part of this initial work.

In addition, PCHC organized efforts to launch a broad educational campaign using traditional advertising such as billboards and buses, while also partnering with key stakeholders in the community such as local governments, employers, and schools. Bilingual materials were developed to highlight income and other eligibility criteria as well as the overall benefits of the Marketplace. PCHC also fostered cross-sector collaborations to more effectively expand targeted outreach. For example, they trained area food pantry workers to inform any clients re-

The Importance of Data, Partnerships

- *PCHC examined demographic trends of the 2,500 people assisted and 1,500 Marketplace enrollments from the first year*
- *Over half of those uninsured patients came from one large hospital system*
- *PCHC presented the findings to the hospital, which led to funding from the hospital to hire additional CACs*

ceiving a BadgerCare Plus termination letter about available enrollment assistance resources.

While these broader efforts required investment of staff time and energy, the partnerships yielded significant unforeseen benefits. PCHC developed an innovative model to handle the high call-demand for enrollment assistance. Rather than trying to advertise and market a new phone number for uninsured patients to call or have callers flood the health center's main line, the United Way's existing and well-known 211 hotline was promoted as the central point of entry. PCHC trained the 211 staff to screen and refer callers to the appropriate assister agency, streamlining the process not only for their health center but for many organizations in the region.

Impact on Finances

In 2013, over 70% of PCHC's patients in its medical/behavioral health department, and 20% of its patients overall, were uninsured/self-pay. PCHC experienced a five percent increase in patients in 2014. During this period of growth, PCHC employed an outreach and enrollment strategy that successfully linked many to the newly available coverage sources. This targeted strategy led to changes in the health center's financial metrics between 2013 and 2014, which included:

- 5.2% Increase in Total Patients
- 20.5% Reduction in Self-Pay/Uninsured Patients
- 20.2% Increase in Medicaid Patients
- 55% Reduction in Total Uncompensated Care as a Percent of Net Service Revenue
- 20.8% Increase in Total Revenues

Impact on Patient and Community Health

PCHC expanded its outreach efforts to include strategies promoting health insurance literacy, how to access care, and healthy lifestyles. These include:

Health Insurance Check Ups - The health center launched a program to provide Health Insurance Check-ups (HICUs) to patients in which staff would initiate conversations about enrollment, assess the health access needs of the individual

and/or family and make referrals to the appropriate provider. By offering them both on site at the health center as well as in the community at public events, over 2,000 HICUs were completed since the start of 2015. HICUs are also used in our post incarceration program and at transitional living and homeless locations

Farmer's Market Prescription Program

- PCHC collaborated with Future Neenah to implement a Summer RX for Healthy Living program. This program offers patients a "prescription" to purchase fresh produce and receive counseling on healthy living. Available to all patients, it also provided \$5 in credit and an additional \$10 match if participants used \$10 in SNAP benefits. Over 800 families were served by the program in 2014. Participants were also provided a "RX" to enroll into health insurance and care.



Partnership with School District - PCHC worked with the area school district to enroll uninsured students and make direct linkages to primary care, dental, and/or behavioral health services for those that did not have a health care home. The health center strategically integrated with the school's existing programming related to healthy behaviors, sports promotion and parent education. It also provided critical reinforcement in the clinical setting for health promotion messages employed by the District-wide Positive Behavior Interventions and Supports (PBIS) program.

Refugee Health Outreach - PCHC expanded its work with the local refugee resettlement office to serve the growing populations from Africa, the Middle East, Asia and Latin America. In addition to being a designated site for providing medical care (and the only site for dental care), the health center conducted targeted outreach to refugees facing the 8-month limit on Medicaid to assist with enrollment into Marketplace coverage. PCHC also focused on health literacy; many refugees had high health needs but required education regarding commercial insurance and the potential value of plans with lower cost sharing and out of pocket costs.

Conclusion

While Wisconsin did not fully expand Medicaid, the extension of BadgerCare Plus to childless adults up to 100% FPL provided a significant opportunity to enroll many of PCHC's uninsured patients into coverage. The state's decision to roll back BadgerCare Plus for parents between 100% and 138% FPL, however, meant that other patients needed to transition to Marketplace coverage at the start of 2014 or

risk losing coverage altogether. Families with slightly higher incomes became newly eligible for QHP coverage and subsidies. As a result, PCHC strategically employed a multi-pronged strategy tailored to each target population so that every patient found the appropriate source of coverage. The health center engaged in multisector collaborations and developed innovative models for providing enrollment assistance in order to connect residents to coverage and ultimately to care.

Table 1: Key Metrics for PCHC³

Data Point	2013	2014	% Change
Total # of patients	11,732	12,338	5.2%
Total # of uninsured patients	3448	2741	-20.5%
Total # of patient visits	38,345	41,772	8.9%
Payer mix (# of patients)			
Medicaid	6868	8257	20.2%
Medicare	662	614	-7.3%
Private Insurance	754	726	-3.7%
Self-Pay/Uninsured	3448	2741	-20.5%
Total Revenues	\$4,391,221	\$5,304,862	20.8%
Total Uncompensated Care (\$)	\$1,656,915	\$1,031,034	-37.8%
Total Uncompensated Care as a percent of net service revenue			
Total FTE Staff	14.93	20.12	34.8%
Total # of Trained Enrollment Assistants	5	7	30%
Total # of Insurance Enrollment Assists	2200	3400	54.5%
Total # of Applications Completed	1500	2304	53.6%

³ Data comes from Uniform Data Systems reported data and annual outreach and enrollment data as reported to state and federal government entities.

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