MDIH’s Vision for CAC Success

• Our Vision
  — To provide a platform to our community
    • of education, understanding of the available access to opportunities for affordable health insurance benefits

• Our Goals
  — Educate
  — Engage
  — Empower
  — Enroll
Certified Counselors

- Kimberly Barker & Franco Colella - Patient Financial Services
- Kelli Mitchell & Ann Worrick - Patient Advocate & Service Excellence
- Kathy Mulligan, Lynne Assaf, & Heather Lewis
  - Care Management, LSW, Community Health Educator, Panel Manager
- Oka Hutchins & Chrissi Maguire-Harding
  - “Pitch Hitters”

- The counselors were immediately engaged, proactive in their effort to become certified and more importantly, passionate about helping our community

- This required
  - Agreeing to the CMS Certification Attestation
  - Studying and passing the CAC certification and recertification exam
  - Availability and Flexibility
Steps to Success

- Success was based on a clear project plan to meet our stated goals
- Success was based on the role of community advocacy
- Success was based on the passion and engagement of our counselors

Success Tip #1
- Support from leadership

Success Tip #2
- Identify key stakeholders

Success Tip #3
- Engage and educate key stakeholders about the project

Success Tip #4
- Walk a mile in the CACs shoes

Success Tip #5
- Celebrate!
Barriers to Success

• Balancing the workflow and workload
  – Space
    • The organization was prepared for clients, but not for the inflow of clients and appointments that were scheduled. We as an organization found isolated space for counselors to meet with clients, schedule appoints and developed a calendar resource to reserve the room.
      – Security is on call during these appointments.
  – Dedicated Resource
    • The organization provided 9 counselors; however, counseling and advocating were not their only duties, this became a stress point during January.
  – February 15th... It was a Sunday....
    • The organization did not staff for the last open enrollment day, but we worked with 10 different clients to align resources and help enroll. Look at the calendar...
HRSA Outreach Grant

• MDIH received HRSA Funding for Outreach regarding the ACA and Health Insurance Exchange Initiatives
  • Telephone
  • Private Appointments
  • Social Media
  • Public Enrollment Sessions (Libraries, YMCA/YWCA, Coffee Houses, Local Café’s, Community Houses)
  – Recognized as a national leader for innovation
    • Advocacy
    • Engagement
    • Committed Resource
    • Leadership Engagement and Support
Open Enrollment

• As open enrollment approached we were already receiving inquiries in October and early November and scheduling appointments and in January just it took off.....

• Challenges:
  – We were not “new”, but the marketplace had changed and we needed to refresh our marketing materials and update ourselves on the offerings. We had a regional Navigator, a support system for CAC’s.
  – We needed space for private consultations and a triage plan.
  – We did not expect the high volume of calls, emails and visits... at the end of January, some of this was a result of individuals filing their taxes and learning about the penalty or their estimates were incorrect.
  – Healthcare.gov –website was much more stable
  – The Law -“rules” kept changing and did this year as well.
Open Enrollment

• **Success**
  – No obstacles
    • The CAC’s made time in their schedules
    • They CAC’s become individual experts on specific subjects and triaged the clients to align with a Subject Matter Expert to gain efficiencies
    • The CAC’s created a shared calendar to divide and resource their time, while managing their own responsibilities.
    • The CAC’s become members of the Regional Roundtable of Counselor’s attending regional meetings and networked ideas for ongoing improvements
Open Enrollment

• The Certified Application Counselors (CAC’s) met with over 250 community members and aided in the enrollment of over 100 into the Health Insurance Exchange.
  – Promoted through Social Media, Print and Radio Advertising, Brochures and Posters through the organization.

• The State of Maine’s enrollment increased from 36% this enrollment period to 60%, that is approximately 75,000 Mainers who are now covered through the HIE.

• In Hancock County, where MDI Hospital is located, we are attributed to 10% of the enrollments or 7,500, this is an increase of approximately 3,500 enrollees.
The Role of Advocacy

Community

• MDIH developed an advocacy and education plan early. This planning was key to begin community education and outreach about the ACA and the Open Enrollment period of Health Insurance Exchanges.

Effort

• Legislative Advocacy Breakfasts
• ACA Community Presentations
• ACA Education Sessions
• Social Media Presentations
• Educational Materials
• Email Alerts
• Over 700 people reached
• Over 24 Events
Results

• Has this helped provide access and coverage to the community that MDI Hospital Serves?
  – Although there is still a coverage gap issue for those clients that make less than the FPL, our organization’s commitment to Free and Sliding Scale services is a safety net. We have in policy that anyone who applies for financial assistance review their options under the HIE.
  – We have seen an increase in our commercial payer mix during the past 18 months and have seen a increase in our self pay payer mix as well.
    • More High Deductible Commercial Plans
How did we do?

Subject: Local fisherman and his wife had not been insured since childhood

• Both were suffering from chronic health problems which limited their ability to be out on the water, were forced to cut back on fishing activities, severely limiting their income
• Husband had chronic back problems from an untreated injury
• Wife helped out with fishing but her arthritis and joint pain had limited her ability to perform her usual baiting and lobster banding tasks
• Signed up for a marketplace plan that fit their income, able to receive treatment for their chronic conditions for the first time in their adult lives
• With treatment, have been able to increase their time on the water and alleviate some of their financial stress

Subject: Mother and adult daughter with family history of breast cancer

• Mother afflicted with terminal cancer
• Her daughter, a single mother working as a housekeeper, had been laid off and lost her healthcare coverage some years prior
• Mother was afraid for daughter’s safety; she had not been screened in some time
• Both were able to find coverage through the marketplace, mother for her chronic condition and daughter for herself and her children
• Mother was able to receive better treatment and was greatly relieved that her daughter would be able to receive annual breast screenings
• Daughter’s stress greatly reduced knowing that her mother would not have to worry about receiving treatment
Why we continue to advocate!

Subject: Family of five with a small organic orchard, husband, wife and three children

- Children received state health insurance assistance
- Yearly income too low to qualify husband and wife for a marketplace plan
- Were in hopes that for the first time in their lives, they would be able to afford health insurance for themselves, but did not qualify

Subject: Single dad laid off from the Jackson Laboratory

- Has a heart condition
- Health hinders his ability to provide for his son
- Working as a waiter to support the two of them
- His income was too low to qualify him for a marketplace plan
Where to we go from here?

- Continue Training
- Include HIE as part of our Patient Financial screening
- Continue to Network
- Build more resources
- Look for funding opportunities to support the work
- Prepare for Open Enrollment 2016
- Certified as a SHOP (Small Business Health Options Program) organization
Questions