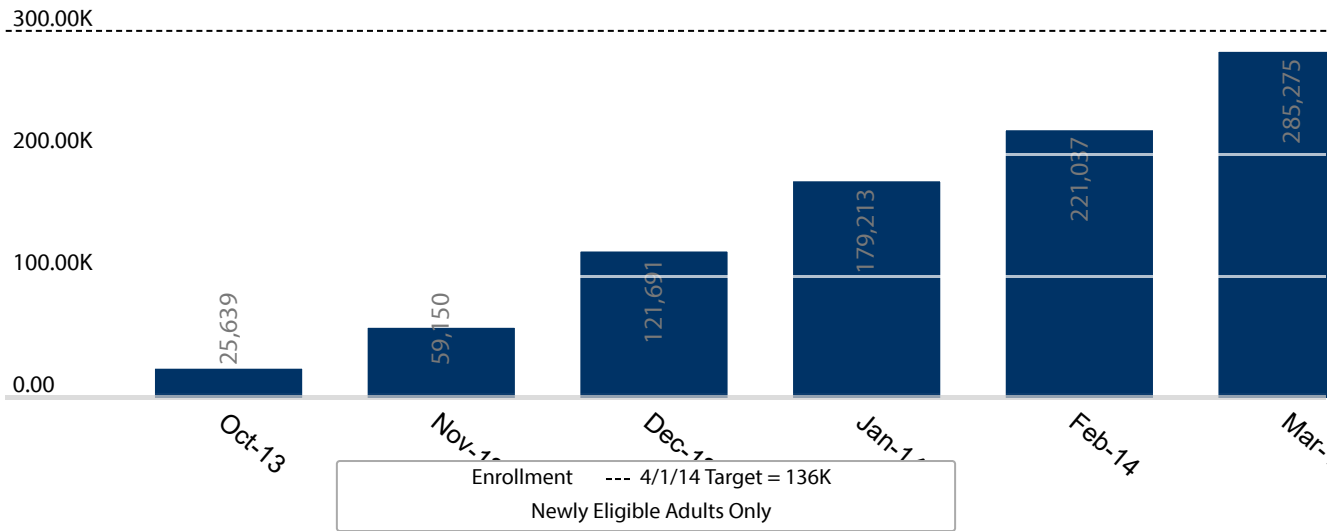




## 1.3.b: Meet or Exceed Medicaid Expansion Enrollment Target of 300,000 Adults by 2016 - Supplemental Report



### What are we working on?

We see two primary areas for improvement: 1) Reaching unenrolled eligibles; 2) Improving customer service.

#### **Highest Impact for Increased Enrollment**

- Young adults aged 19-25
- Hispanic population

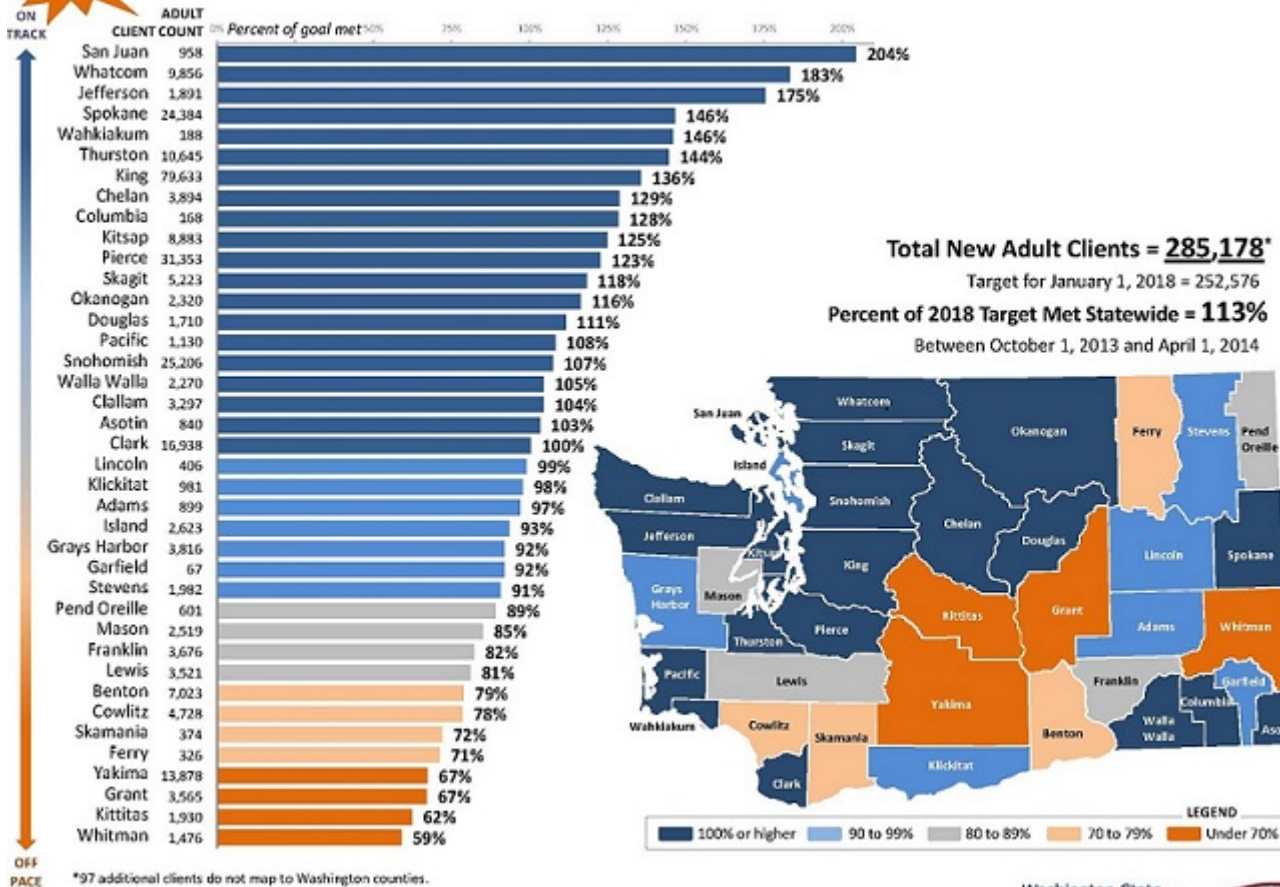
#### **Highest Impact for Serving in Excellence**

- Working with DOC to better serve release offenders
- Strategies to improve responsiveness at call centers

### *Increasing Enrollment Opportunities*



# Medicaid Expansion Enrollment Targets for January 1, 2018



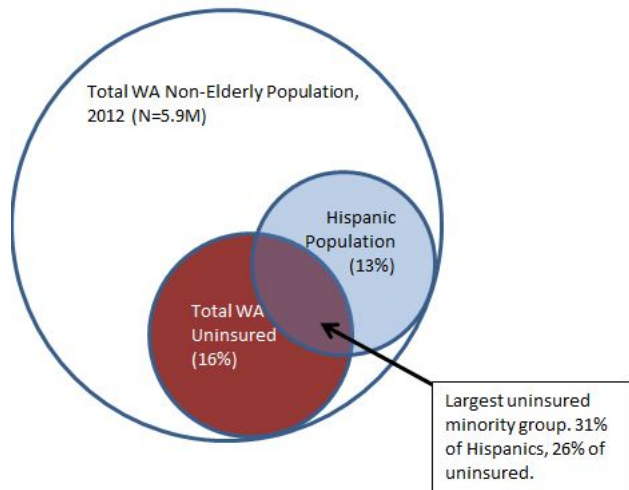
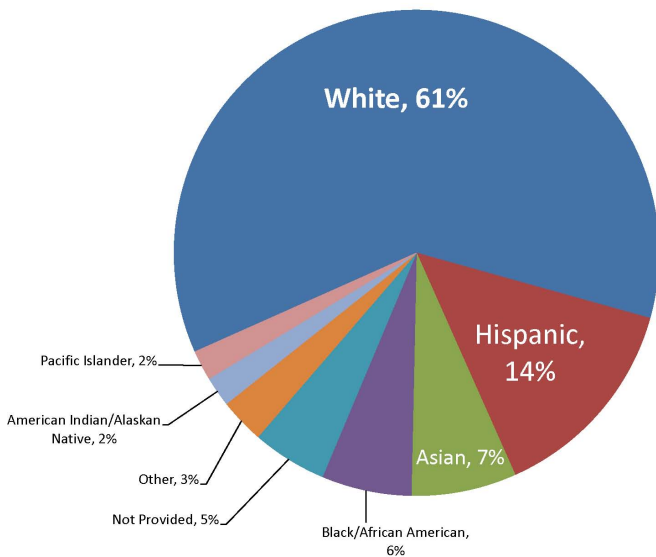
SOURCE: Washington State Health Care Authority, April 21, 2014.



Enrollment for newly eligible adults has surpassed the 2016 targets, but we see **regional** variances when looking at the 2018 targets.

## Enrollment Opportunity - Hispanics

Medicaid Newly Enrolled by Ethnicity as of March 2014



### **ENROLLMENT - High Impact Opportunity:**

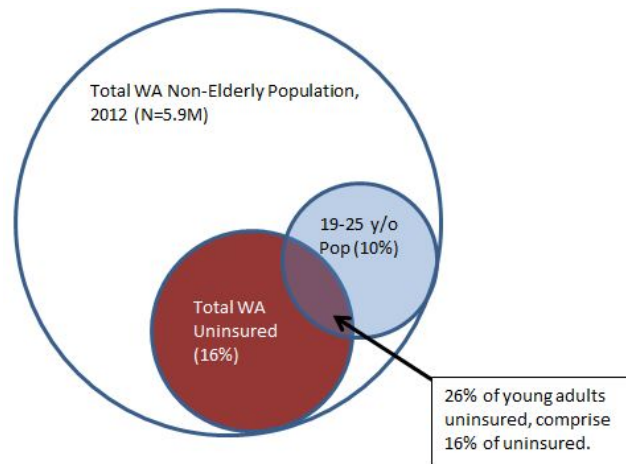
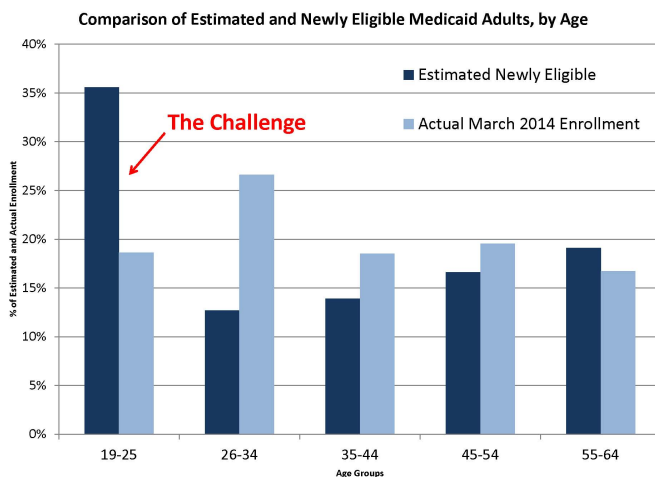
Hispanics comprise 14% of newly enrolled. This is on par with Urban Institute estimates, but we know we can do better.

**Micro Goal** = increase to 15% by 2014, 16% by 2015.

- Engagement of commissions & interagency councils in outreach efforts
- Focus groups to identify ethnic and cultural barriers (by Sep '14)
- Engage schools to encourage family enrollment (by Sep '14)

---

## **Enrollment Opportunity - Young Adults**



### **ENROLLMENT - High Impact Opportunity:**

Young adults aged 19-25 comprise 18% of newly enrolled. Estimates were set at 36%.

**Micro Goal** = increase to 22% by 2014.

- Targeted ad campaigns aimed at "invisibles" using social media and other communication strategies (ongoing)
- Targeted communications about HealthPlanFinder being available year-round for Apple Health enrollment (ongoing)
- HCA is stationing enrollment experts in each county (ongoing)
- Partnerships with colleges and universities on outreach to young population (by Sep '14)

---

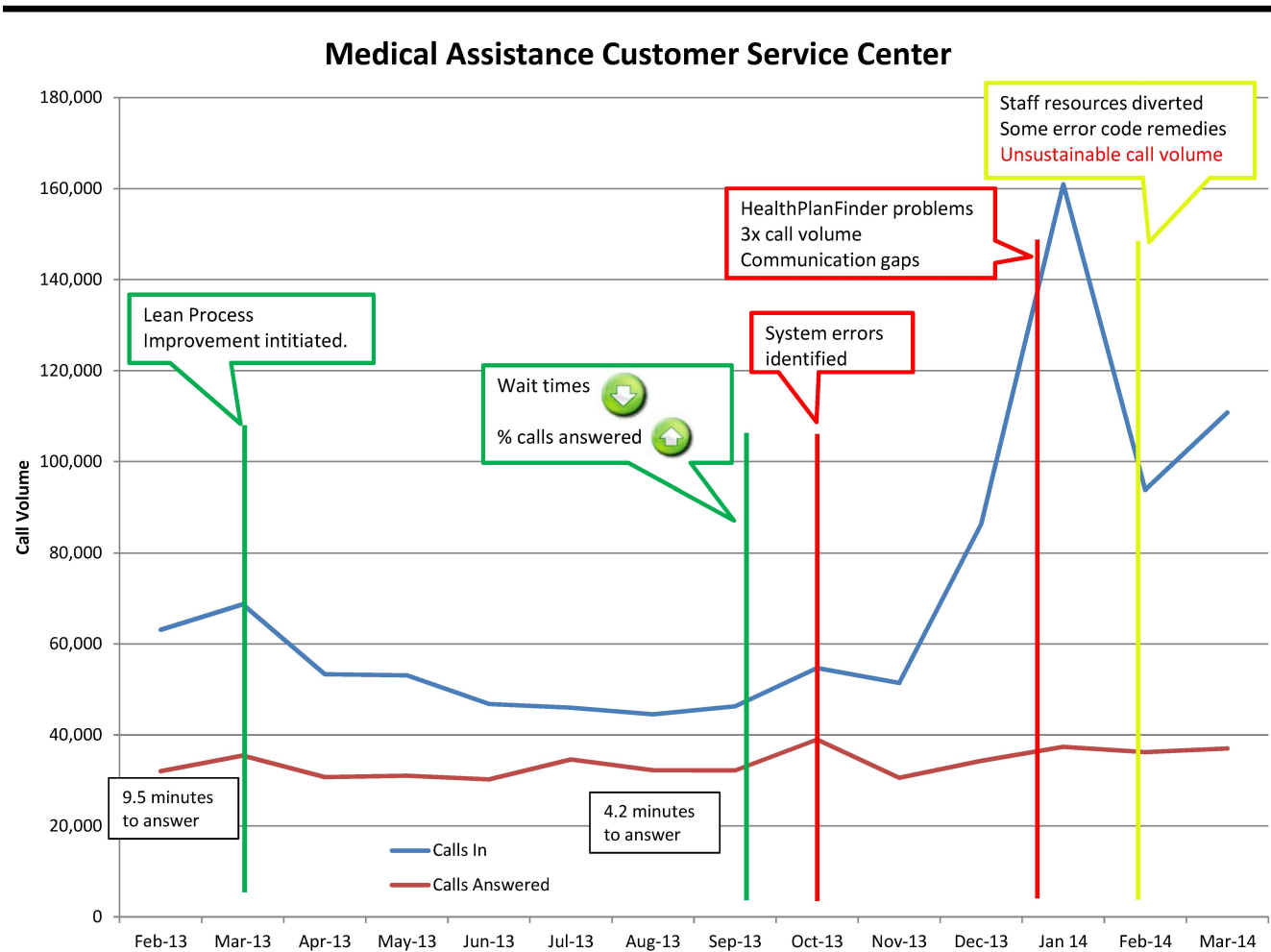
## **Customer Service Excellence**

### **CUSTOMER SERVICE - High Impact Opportunity:**

There is an opportunity to increase awareness within DOC of the HBE online resources for In-Person Assisters.

**Micro Goal** = Provide additional training to 750 community corrections staff to increase awareness of HBE online resources for in-person assisters by June 2014.

1. Savings through utilizing Medicaid for prison medical needs.
2. Ensuring Medicaid enrollment upon release.
3. Expanding enrollment for offenders already in the community.
4. Strategies to enhance access to services.



**CUSTOMER SERVICE - High Impact Opportunity:**

*Medicaid customers and providers are not getting their calls answered often enough when trying to reach the call center.*

**Micro Goal** = Reduce error codes that result in increased phone calls to the call center.

- Error codes are a significant reason that applications get stalled in the system. People with stalled applications call the call center to resolve the problem. Reducing errors will reduce demand on call center. Reduced demand will allow more calls to be answered.
- HBE developed Error Code Guide to assist with trouble-shooting.

**Action Plan**

<p><b>Problem / Opportunity</b> Eligible, but unenrolled populations - Hispanics</p> <p><b>Partner Agency</b> HBE, DSHS, OIC</p>	<p><b>Strategy</b> Increase the number of newly eligible enrolled Hispanics from 14% to 15%</p> <p><b>Task Lead</b> N. Johnson, Asst. Director Health Care Policy (HCA)</p>	<p><b>Task</b> Hispanics represent the largest ethnic minority group in WA. This population is also overrepresented among the uninsured.</p>	<p><b>Due Date</b> December 2014</p> <p><b>Status</b> On Track</p>
<p><b>Problem / Opportunity</b> Eligible, but unenrolled populations - Young Adults</p> <p><b>Partner Agency</b> HBE, DSHS, OIC</p>	<p><b>Strategy</b> Increase the number of newly eligible enrolled young adults under the age of 26 from 18% to 22%</p> <p><b>Task Lead</b> N. Johnson, Asst. Director Health Care Policy (HCA)</p>	<p><b>Task</b> This segment of the population has enrolled at a slower pace than expected in the early stages. Expected to be 30% of total enrolled.</p>	<p><b>Due Date</b> December 2014</p> <p><b>Status</b> On Track</p>
<p><b>Problem / Opportunity</b> Improve customer service for Medicaid clients - Call Center Operations</p> <p><b>Partner Agency</b> HBE, DSHS, OIC</p>	<p><b>Strategy</b> Reducing error codes that result in increased phone calls to call center</p> <p><b>Task Lead</b> D. Rosado (HCA)</p>	<p><b>Task</b> If there were no errors (except for those that are appropriate) the call volume at HCA call centers would decrease dramatically.</p>	<p><b>Due Date</b> December 2014</p> <p><b>Status</b> On Track</p>
<p><b>Problem / Opportunity</b> Medicaid benefits may be terminated when offenders are re-incarcerated, even for short term incarcerations of a few days.</p> <p><b>Partner Agency</b> HCA, HBE</p>	<p><b>Strategy</b> Key leaders from DOC, Health Care Authority, and the Health Benefits Exchange will meet to identify a possible manual process to allow for suspension of benefits rather than termination in short term incarceration situations.</p> <p><b>Task Lead</b> Kevin Bovenkamp, Asst. Secretary Health Services (DOC)</p>	<p><b>Task</b> By law the state can not claim federal financial participation (FFP) when an individual is incarcerated for violations, sanctions, or new offenses. Under today's system, once the eligibility is terminated, the application must be resubmitted. The new HealthPlanFinder eligibility interface has made this process much easier for many offenders because it stores the application information needed for resubmission. However, a further improved and streamlined process could help ensure that eligibility is restarted once the offender was released back into the community. Many offenders have chronic medical needs and medication needs, and without benefits, they cannot continue their care. It may also push more offenders upon release to use hospital emergency services as a means for medical treatment and medications since they do not have active benefits. Several other states have explored streamlined eligibility solutions, including a suspension option manually employed or built into their eligibility systems.</p>	<p><b>Due Date</b> June 2014</p> <p><b>Status</b> On Track</p>
<p><b>Problem / Opportunity</b> There is an opportunity to increase awareness within DOC of the Health Benefits</p>	<p><b>Strategy</b> The DOC Health Services Division and Community Corrections Division will work together to develop tools and</p>	<p><b>Task</b> Community Corrections Officers case manage thousands of offenders across the state who are potentially</p>	<p><b>Due Date</b> June 2014</p> <p><b>Status</b> On Track</p>

Exchange on-line resources for In-Person Assisters.

**Partner Agency** HCA, HBE

strategies to increase awareness. Strategies will include electronic messages to staff with the HBE website information link, internal DOC informational documents, and briefings at regional and sectional meetings for Community Corrections Supervisors.

eligible for Medicaid services. Many of these offenders are high-risk offenders, homeless, or disabled and would benefit from on-going medical and behavioral healthcare in the community. Improving access to care for this population should positively impact re-incarceration rates.

1

[Contact Us](#)

[Comment Policy](#)

[Give Us Your Feedback](#)

[Legislative Reports](#)

[Apply Lean](#)

[Foster Performance Audits](#)

[Measure Results](#)

[Gov. Inslee's New Strategic Framework](#)

[Video Message from the Governor](#)

[Printable Trifold about Results Washington](#)



Powered By Socrata