

Unsuspected Eligibilities Discovered: **Health System Nets \$38 Million by Improving Enrollment Process**

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Your apparently indigent patients may not be completely without resources or entitlements. In fact, many are eligible for more coverage than they – or you – realize. Find this money and ensure your financial survival. Here’s a step-by-step look at how one safety net provider screens its patients to uncover previously untapped sources of funding. They’ve been successful to the tune of \$38 million *new* dollars over the past three years.

Denver Health (DH) is the only major provider in its area caring for the indigent. DH serves 160,000 individuals – about one in four Denver residents. Few have private insurance, and 36% have no payer source at all – not even Medicaid. Of the patient base, about 23% indicate that Spanish is their preferred language. DH includes a network of clinics and Denver Health Medical Center, a 320-bed hospital.

To increase enrollment of eligible individuals into publicly sponsored programs such as Medicaid, the Child Health Plan Plus and the Colorado Indigent Care Program, DH reinvented its approach to enrollment. The comprehensive enrollment process involves a screening interview; help with the application and tracking of the application.

The redesign became self-sustaining quickly, explains **Elizabeth Whitley, RN, PhD**, project director, Denver Health Community Voices. DH recovered its initial investment in six months. The start-up money was provided by a W.K. Kellogg Foundation grant as part of its Community Voices: Healthcare for the Underserved program for safety net providers.

Thinking of implementing such a system? The payoff can be dramatic if you follow the tips from DH.

Assess the Situation

One of the first tasks was to assess the current process, and the employees were the key. DH looked at who was conducting enrollment and how they were doing it. It was, Whitley says, quite inefficient. Clients were waiting in the same lines for care and to sign up for Medicaid. Some of the staff signing up people often seemed to make the process unpleasant, which discouraged enrollment. Moreover, there was no way to track enrollment. Obviously, a change was in order.

Make Enrollment a Dedicated Function

DH redesigned the process to include centralized application assistance and enrollment support. There are now 35 dedicated enrollment specialists, more than half of whom are bilingual, with at least one available at almost every DH site.

Hire the Right People

The enrollment employees, who take applications and conduct interviews with those signing up, have at least some college and receive customer service training. Even then, it took some additional tweaking. For instance, just last year, management identified a problem with recruiting and retaining. They were looking for what Whitley calls the most “hoping, caring and sharing employees.” That was nice, but it wasn’t what the job was about. The job called for someone who could conduct an organized interview and enter the data, so they adjusted the job requirements and changed the ads and job interviews accordingly.

On average, an enrollment specialist at DH should be able to complete seven applications a day, says Whitley. The time required to complete an application depends on the particular situation; for example, how much documentation the applicant brings and family size.

Strongly Encourage Screening

At DH, everyone must be screened for eligibility unless they have outside insurance or are self-pay. But no one is turned away if they don't qualify for assistance. Various programs have different requirements. To screen for everything, you need:

- Proof of address (some programs have state or local residency requirements);
- Social Security number (including those of children);
- Income verification: Paycheck stubs or a letter from the employer showing gross earnings for previous month (if self-employed, most recent business ledgers and expenses);
- Documentation on any other health coverage;
- Documentation of living expenses;
- Pregnancy verification, if applicable;
- Proof of payment for childcare, dependent elder care, child support, alimony, health insurance and medical expenses;
- Immigration documents, if applicable; and
- Approval/denial letter from Medicaid (if one was received).

Spread the Word

The enrollment process must start before the person walks through the door seeking medical attention, Whitley emphasizes. Five bilingual enrollment specialists work in the underserved communities through schools, churches, community events and other community organizations. Two of them are stationed at the Department of Human Services. Brochures in English and Spanish are available throughout the community, detailing what documentation is required.

“If the outreach worker has done a good job, the person arrives on the scene for an enrollment with the [necessary] documentation,” says Whitley. This is critical, since the number one reason for denial is lack of proper documentation.

Robert Esquivel, one of the enrollment specialists based at the South Street Clinic for the homeless, explains that applicants have three months to provide proper documentation. “Of course, we don't tell them that ... they'd never bring it.” He tells them they have a month. Those who don't bring in the documentation are billed. “The minute

they get the bill in the mail, they are knocking on my door,” he says. *Note: Patients don't need to be screened to use only the South Street Clinic, but they must be if they are referred to the hospital for any service.*

It took about a year to develop awareness. “At first, no one knew who I was. I didn't think I was ever going to get busy.” Now? “There are tons of people coming in,” Esquivel says. Not all come to be screened, but most are at least asking about the process.

In addition to the brochures, the clinic also distributed a postcard-size flyer in the community. The copy is in English and Spanish and states:

“Homeless but still protected. No matter where you live, you can be protected from living with the pain of a serious illness or injury. Stop by the South Street Clinic of the Colorado Coalition for the Homeless to meet with the Denver Health Enrollment Specialist and to see if you qualify for medical benefits and programs.

“Bring this postcard to the South Street Clinic to see if you qualify for medical benefits or programs. Ask for the Denver Health Enrollment Specialist.”

The address and phone number are included on the flyer.

Such outreach also allows enrollment before the patient needs care at the hospital or one of the Denver Health clinics.

Automate

Tracking applications through approval or denial is crucial, and automation makes that possible. Denver Health developed and implemented a comprehensive application tracking database, AppTrack, which allows it to track the progress of applications, monitor volume and provide quality control.

“The beauty of AppTrack is that once someone comes in to apply, they are in our system. We can see if all their documentation is complete and the status of the application,” says Whitley. In the past, individuals would start to sign up, not finish, and then sign up again another day.

“Traditionally, the biggest challenges with screening are identification of the patient to eliminate duplicate records and collecting the appropriate data to complete the application process,” explains **Craig Dahl** of Interlink Group, which worked with DH and subsequently launched HealthTrack, a commercial version of AppTrack.

An added benefit of automation is that it’s a management tool. It allows Whitley to track employee productivity, including the number of applications processed and approval rate. The system can stand alone, but ideally, it should be integrated, to avoid duplication of efforts. For instance, according to Dahl, collecting the billing data at the point of care allows it to be fed into the hospital’s automated billing system. Patients who can pay a portion of the cost can be billed.

HealthTrack is a Windows-based application that provides users with a central repository to enter, modify and track an application’s status within the process. It provides on-line inquiry capabilities on an application’s status throughout its entire progress.

You can contact HealthTrack at www.healthtrack.com or (800) 529-1660.

Collaborate

Progress in the facilitated enrollment initiative is the result of collaborative relationships with state and county officials from several entities, including Medicaid, Human Services, Health Care Policy and Financing, Child Health Advocates, and the Division of Insurance. Representatives from each of the groups met monthly from 1999 through 2002.

“The only reason this is a success is because we brought all of our partners and collaborators to the table ... dreaming, scheming and problem solving together,” says Whitley.

Since everyone recognized that there was room for improvement, buy-in wasn’t a problem. The collaboration wasn’t only at the planning level, but at the front line. One example is Esquivel’s presence at the homeless clinic. Another is the fact that the Medicaid clerks, who process enrollment applications after the enrollment specialists finish, are located on-site.

Monitor Flow

It may take further fine-tuning to get the screening system to optimal efficiency. At first, enrollment specialists took appointments. But that wasn’t efficient. Walk-ins would want to enroll but every specialist was booked. And there’s the problem of a 50% no-show rate. So now, it’s generally a first-come, first served approach.

When appointments are made, the specialists double- and triple-book to allow for no-shows. When it gets particularly busy, they will do group enrollments. Other staffers will help pass out applications and check paperwork and make necessary copies before sending the individuals to an enrollment specialist. It takes time to get a sense of what’s “normal,” from the 50% no-shows to the seven completed enrollments per day.

Other questions to ask about the process:

- What causes the backlog?
- Which times are busiest?
- Which enrollment locations are the busiest?
- Are there patterns regarding which clients fail to bring adequate documentation?

“Analysis of the workflow process is critical to ensure the right steps are followed at the appropriate points in time,” says Dahl. It ensures that the screening process is completed. “This is where the real ROI [return on investment] resides – in ensuring the client is enrolled in a benefit program and the care provider is reimbursed for services rendered.”

Be Patient

DH has more than recouped its outlay, but the refinement process continues. Whitley and everyone else involved keep reviewing the process, from processing enrollments to money recouped to employee turnover. And the system needs to be adjusted as guidelines about public funding programs change. “Be very patient,” counsels Esquivel. “There are always going to be lots and lots of holes to fill in. The process takes years of implementing protocols and procedures.”