



## **Health Care for All!**

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**Chairman John Folkemer Deputy Secretary, Department of Health and Mental Hygiene  
Chairman Brian Wilbon, Deputy Secretary, Department of Human Resources and  
Ms. Alice Burton, Governor's Coordinating Council on Health Care Reform, Entry to  
Coverage Workgroup**

Dear Chairmen and staff:

The Maryland Health Care for All! Coalition is made up of over 1,200 health care, business, faith, labor, and community groups from around Maryland that have endorsed our Health Care for All! Plan. Our Coalition strongly believes that all Marylanders should have access to quality and affordable health care. We have conducted successful Medicaid enrollment campaigns and are committed to supporting the state's work to help make entry to coverage under federal health reform swift, seamless and wide spread.

We have appreciated being a part of the Coordinating Council's process for reviewing the new funding, enrollment and coverage opportunities under the Patient Protection and Affordable Care Act. We agree with the key points reflected in your White Paper that entry to coverage can best be facilitated with new and improved enrollment technology, efforts to streamline eligibility determination processes, and provide multiple points of access for individuals to enroll.

Our coalition would like to comment on the challenges cited in your paper as possible barriers to fully implementing a comprehensive enrollment strategy for individuals in all of the new coverage categories. Of particular interest are technological, informational and behavioral barriers the workgroup cited that may delay or impede progress toward a new comprehensive coverage enrollment structure for the state of Maryland.

### **Technological Challenges**

First, our coalition fully supports the significant technical system changes the workgroup cited as necessary to implement the No-Wrong-Door goals. From our work in communities across the state, we continually observe the burden of antiquated enrollment technology on the applicants, the eligibility workers and providers. Inadequate data processing capability of our current system wastes valuable human resources and delays or ultimately prevents access to care for state residents who qualify for public assistance programs. Replacing the system with a more reliable and modern system would save the state money and improve program outcomes.

**We urge the state to use available federal funding and significant state investment to replace CARES with a new, flexible, reliable, user-friendly and sophisticated tool to more efficiently facilitate entry to coverage, rather than bolster existing dysfunctional systems.**

We agree with the workgroup's plans to centralize basic enrollment so that more complicated cases can be better served at local agencies. Technological improvements must be made both at the central agency and local offices. Technological improvements can also help with the determining the appropriate income standards (MAGI or otherwise). A more sophisticated system could also collect data to determine which standards provide the most accurate eligibility determinations based on the enrollee pool. Every effort should be made to standardize income definitions across public assistance programs or at least built into the new technical system to automate eligibility determinations and benefit instructions. Whenever possible, the state should also apply express-lane eligibility determination as described by Stan Dorn in his presentation to the workgroup.

Due to the expanding role of the internet in daily life, our coalition would like to stress the importance of the internet in facilitating full coverage under federal health reform. While the federal government has created an excellent informational tool at [www.healthcare.gov](http://www.healthcare.gov), it would be ideal for a similar enrollment tool to be linked to this site for Maryland site visitors to help them determine precisely what options are available and how to take advantage of these programs to gain and maintain health care coverage. This site, like other private online profiles, could use log-in credentials for applicants and eligibility workers to store coverage history, electronic copies of supplemental documents necessary for enrollment, and send automatic re-enrollment reminders to enrollees to help the applicant avoid gaps in coverage. This will help facilitate information sharing between applicants and program staff and make enrollment in coverage much more transparent and efficient.

Howard County's Healthy Howard Access Plan is an excellent example of successful use of web-based screening and eligibility processing tools to facilitate enrollment in public programs. They have greatly increased coverage in their county, especially among residents who were already eligible for many of the state's established public programs. The online presence has helped promote awareness of these programs and thereby also increased utilization of valuable health care resources. The rules-based tool is sophisticated enough to determine eligibility for a wide range of programs by asking only a few questions, pre-populates applications and stores electronic copies of documents like birth certificates and pay stubs. This local pilot project holds much promise should it be expanded to be used in every locality across the state.

#### Immediate Opportunities:

- Closely monitor the savings rendered to Howard County for their use of a more sophisticated enrollment system with Health-e-Maryland's online process.

#### Long-term Strategy:

- Replace CARES with a more current system that can process eligibility for all new coverage categories.
- Centrally host technology so that most applicants can easily apply online and alleviate excessive burden from local departments to allow them to better serve applicants with more complicated cases.
- Have one simple application to be used to determine eligibility for all coverage categories
- Implement express-lane eligibility procedures for state agencies.

#### Additional Resources:

[Edsall Kromm E, McDonald EM, Frattaroli S, Ma X, Holtgrave D. \*Healthy Howard Health Plan: A Summary of Inaugural Members' Demographics, Health Status and Goals in 2009.\*](#)

[Research Report #1. Baltimore, MD: Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health, March 2010.](#)

### **Informational Challenges**

Technology can help refine messaging and information sharing with new enrollees; there must be a concerted effort to make information about new coverage opportunities and responsibilities accessible to widely diverse audiences. Information about new coverage options and coverage status must be clearly articulated and easily interpreted by individuals with disabilities. All resources, from fliers to website(s), must be developed in a fashion that is accessible and culturally appropriate to very diverse audiences. Terminology for all materials (promotional, application, mailings, etc.) must reflect a universal literacy level to promote broad understanding; we encourage the state to field test all materials within the target audience for which the materials are intended, which is a best practice in the field of health literacy. Our coalition is willing to assist in this effort. We also encourage the state to reach out to experts at the Johns Hopkins Bloomberg School of Public Health and University of Maryland's School of Public Health to assist with field testing efforts.

Applicants should be able to access information about enrollment at local state agencies, nonprofits and, ideally, also through a well-staffed hotline. Our organization conducted Medicaid outreach and enrollment campaigns in Baltimore City, Prince George's, and Charles Counties; our approach for these campaigns incorporated strong media messaging with local enrollment support. Radio ads featuring local NFL stars and Governor Martin O'Malley aired on targeted radio stations and directed interested audience members to call a hotline (3-1-1 or 2-1-1) to receive additional program information, eligibility screening, enrollment assistance. We found that this messaging and well-rounded approach greatly increased awareness of the state's free health insurance programs and helped over 15,000 people get enrolled in the state's Medicaid programs. We recommend our model as a way to promote awareness of all programs under the state's reformed health care system.

Community assistors were a very important part of our outreach campaign and we wish to remind the workgroup that nonprofits will play a very important role in information sharing about new coverage opportunities under federal health care reform. As trusted sources of information about current coverage and policy issues, residents will continue to turn to nonprofits to identify relevant support services and information about their new coverage opportunities. We are eager to be at the table as decisions about enrollment are made by the state and can serve as a strong bridge between institutions and individuals to help communicate complicated information about the new health system in culturally appropriate and accessible ways.

#### **Immediate Opportunities:**

- Work with Exchange workgroup to craft simple enrollment procedures.
- Develop messaging about enrollment procedures; field test all materials with target audiences.
- Invest in community assistor models and identify geographic and skill areas) in need of additional resources to respond to greater volume of applicants in need of assistance.

Long-term Strategy:

- Implement express-lane eligibility procedures for state agencies
- Recruit local celebrities to assist with outreach efforts to deliver strong messages to guide smooth entry to coverage.
- Engage in continuous quality improvement to make sure all information about enrollment is up-to-date, accurate, and easily accessible.

Additional Resources:

[Tracy, C. Benjamin, E. and Barber, C. \(September 2010\). Making health reform work: State consumer assistance programs. Community Catalyst, Boston, MA.](#)

### **Behavioral Challenges**

Perception of the quality, useability and responsiveness of the new health care system may strongly influence consumers' attitudes toward enrollment. To avoid general biases against state funded health care programs, we advise that the entry point for most consumers be familiar places in their communities rather than solely at state agencies like DHR or DHMH. We encourage the workgroup to collaborate with the Education and Outreach workgroup to ensure consistent messaging about enrolling in different coverage categories. It will be important for the Entry to Coverage workgroup to advocate for consumer representation on the board of the new health insurance exchange administration to help facilitate strong feedback channels for continuous quality improvement of enrollment mechanisms.

By creating a new enrollment system for health care consumers, we have an opportunity to integrate mechanisms to reinforce health behaviors which promote prevention and appropriate utilization of health care services. Rather than simply providing an insurance card, we would like for the state to also provide guidance on how to utilize the newly gained coverage. Again, technology can be an excellent tool to support this initiative—once someone enrolls in coverage, they can also then link to a doctors who participate in their plan, receive timely reminders for immunizations, local free screenings, and more. Having the system maintain a relevant presence in the lives of consumers can also help build familiarity with the program and local health resources that will help encourage the consumer to maintain their coverage.

Immediate Opportunities:

- Collaborate with Education and Outreach Workgroup to ensure consistent messaging about health care coverage enrollment.
- Collaborate with Exchange Workgroup to ensure consumer representation on Exchange board.

Long-term Strategy:

- Integrate mechanisms to reinforce positive health behaviors in technology used to enroll people in coverage.

### Conclusion

Ultimately, our coalition envisions a health care system in which entry to coverage is seamless to the consumer and is logical and simple. Thank you very much for your excellent work on this issue to date. We look forward to working with the workgroup to follow-through and lay the groundwork for an strong enrollment system which is designed to meet the many diverse needs of Marylanders seeking health care coverage under our reformed health care system.

Sincerely,

Vincent DeMarco