THE COLORADO TRUST

EVALUATION *Highlights*

CLOSING THE GAP: HOW IMPROVING INFORMATION FLOW CAN HELP COMMUNITY-BASED ORGANIZATIONS KEEP UNINSURED KIDS FROM FALLING THROUGH THE CRACKS

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As a "trusted hand" in their communities – those with established relationships and a clear understanding of the needs of the families they serve[1] – community-based organizations (CBOs) are playing an increasingly important role in outreach and enrollment of children in public health insurance. Although well placed in the community to reach and assist families with eligible children, CBOs face myriad challenges that plague applicants and county caseworkers alike in successfully navigating the maze of steps involved in getting children insured.[2] However, unlike county caseworkers, a primary provider of application assistance, and applicants, CBOs encounter a significant information gap after an application is submitted, limiting their ability to effectively and proactively assist their clients. As one application assistance provider at a CBO presumptive eligibility site described, "Once the application is submitted, it just goes into an abyss and we don't know anything."

This issue brief describes and discusses how a systematic and ongoing data exchange between CBOs and the state can minimize enrollment barriers and help keep uninsured children from "falling through the cracks." In particular, this brief describes how, under the guidance of an evaluation team from the University of Colorado Denver, such a data exchange has been implemented through the creation of the Client Assistance Tool (CAT) – an information and tracking system designed to help CBOs with their outreach and enrollment efforts – and its associated CAT Feedback Reports. This brief also provides a short description and history of the CAT and discusses its benefits, challenges and future potential.

Findings suggest that CBOs have utilized the CAT largely as a monitoring tool to track client-level enrollment and redetermination status, while being used less to monitor health care utilization. Finally, though additional research should be conducted, there appears to be considerable potential in the value of a systematic data exchange between the state and CBOs as a means to improve outreach and enrollment services.

THE INFORMATION NEEDS OF COMMUNITY-BASED ORGANIZATIONS PROVIDING OUTREACH AND ENROLLMENT ASSISTANCE

There are many opportunities for children to "fall through the cracks" during the process in which they enroll and reenroll in public health insurance plans. As illustrated in Figure 1, because CBOs are often the key point of contact for families trying to obtain public health insurance, having better access to information about their clients' status throughout the enrollment process would benefit families so that ultimately more eligible children and adults become and stay insured.

More than a decade ago, researchers suggested that information systems can help improve reach, enrollment and retention of children in public health insurance.[3] More recently, the value of developing such technologies has received considerable national attention, with clear mandates for designing better information systems that improve access and share relevant health information on children and families across a range of services and providers.[4-6] However, typically missing from these discussions is an emphasis on technological solutions for improving information flow ***to*** CBOs – an important service provider in need of timely information to effectively guide families through the many steps toward enrollment. While many states have implemented web-based application and data management systems (see Figure 2) that improve reach, enrollment and retention, to date none bridge the information gap by funneling client information ***back*** to assistance providers.

FIGURE 1: EXAMPLES OF SERVICES AND INFORMATION THAT COULD IMPROVE OUTREACH AND ENROLLMENT

ASSIST
- Is child eligible?
- Is application completed?
- Is all documentation provided and certified?
- Is application submitted?

SUBMIT APP
- Was application received?
- What is status of application – pending, denied, approved?
- Does application need to be resubmitted or appealed?

ENROLL
- Does family know they have been approved?
- Has there been a change in coverage status during the enrollment period?
- When is the renewal date?

USE
- Does family have insurance card or ID number for child?
- Was family able to find a provider who will accept child?
- Does child use the health insurance?

FIGURE 2: WEB-BASED APPLICATION ASSISTANCE SAMPLES

COLORADO PROGRAM ELIGIBILITY AND APPLICATION KIT (PEAK)
An online system that allows families to create an account, determine their eligibility for various public programs, apply for health insurance and check the status of their benefits.

CHILDREN'S HEALTH OUTCOMES INITIATIVE (CHOI) – LOS ANGELES
An Internet-based data system that allows CBOs to store client data, run reports and set follow-up reminders.[7]

ONE-E-APP – CALIFORNIA
Similar to Colorado PEAK, One-e-App is a web-based system that allows families to assess their eligibility and apply for public programs.[8]

COLORADO TRUST-FUNDED COMMUNITY-BASED ORGANIZATIONS (CBOs)

The CBOs that received support from The Colorado Trust represent a diverse array of organization-types with varying core missions, such as:

- Recreation
- Housing and homeless services
- Schools and child care
- Community health clinics
- Health promotion
- Domestic violence

Though public health insurance outreach and enrollment has not traditionally been a core component of their work, the grantee organizations represent trusted community institutions where eligible but not enrolled children frequently engage. As such, these organizations were uniquely positioned to serve as certified application assistance (CAA)* sites and provide outreach and enrollment services. Collectively, the thirteen grantee organizations included in the evaluation served 5,578 clients** (as of September 15, 2011).

OBJECTIVES OF THE CAT

In 2008, The Colorado Trust hired an evaluation team from the University of Colorado Denver, Department of Health and Behavioral Sciences, to conduct a three-year evaluation of community-based outreach programs and their impact on enrollment, retention and use of Colorado's Medicaid and Child Health Plan Plus (CHP+) public health insurance programs. As part of its evaluation, evaluators created the CAT to collect data on how Trust-funded CBOs were assisting clients. Outreach workers at each site entered CAT data (see Figure 3), which were then linked at both the application level and client level to state enrollment and utilization data provided by the Colorado Department of Health Care Policy and Financing. As a result, the experience of each applicant – from first contact with the CBO through enrollment, utilization, re-determination and beyond – was captured.

The CAT was designed to meet two specific objectives: (1) provide outreach workers with a simple case management tool to help track enrollment efforts; and (2) provide evaluators with quantitative data on assistance, enrollment, utilization and retention to examine program impacts. Notably, it was important that the CAT was easy to use and helped CBOs track assistance and clients in an efficient way, regardless of their organization type. If the CAT was perceived as more of a burden than benefit, its usage and data quality would suffer (rendering it useless for both objectives).

Evaluators spent nearly a year designing and piloting the CAT in close collaboration with CBOs, outreach workers and county technicians familiar with the enrollment process. Development of this tool involved three rounds of usability testing during which outreach workers were given practice scenarios and entered data into the CAT. Evaluators observed participants' adeptness at using the CAT in order to determine which functions of the CAT were and were not intuitive. Accordingly, each round of testing led to modifications in the CAT based on participant feedback. Finally, five Colorado Trust-funded CBOs pilot-tested the CAT for two months and modifications based on their feedback were incorporated into the final version.

**A CAA site is an agency that assists families in completing the "Application for Medical Assistance" and is certified to verify citizenship and identification documentation.*
***In total, 19 grantee organizations were funded by The Colorado Trust. However, given the focus of the evaluation, 13 were intentionally selected to participate in the evaluation. Hence, this figure does not represent the total number of clients served by all 19 grantee organizations.*

FIGURE 3: CONTENTS OF CAT INFORMATION SYSTEM

1. CAT Data Entered by CBO Outreach Worker:

- Type of assistance provided (new application, reenrollment, follow-up existing application)
- Presumptive Eligibility(PE) granted (Y/N)
- Date PE card issued
- HMO selected (Y/N)
- Application submission date
- Application submission location
- How submitted (in person, online, etc.)
- Contact date
- Contact type/method
- Number of minutes per contact

2. Feedback Reports – CAT Data Linked with State Data

A. CASELOAD SUMMARY REPORT:

- Number of clients receiving assistance
- Breakout by race/ethnicity
- Number with Spanish as primary language
- Type of assistance provided
- Location where application submitted
- Application status
- Insurance type

B. CLIENT STATUS REPORT:

- State and case IDs
- Application status
- Eligibility begin date
- Redetermination date
- Insurance type
- Date of last Medicaid EPSDT (Early Periodic Screening, Diagnosis, and) screen
- Date of last Medicaid non-EPSDT dental visit
- Total number of Medicaid visits: EPSDT screen, non-EPSDT dental, physician, outpatient hospital, inpatient hospital

CAT DESIGN: ONE SIZE DOES NOT FIT ALL CBOs

In the design of software products, it is next to impossible to create an out-of-the-box tool that meets the unique needs of every CBO. The CAT is no different. Evaluators intentionally designed the CAT as an Excel document to keep it technologically simple with minimal software and hardware requirements. What sets the CAT apart from a typical Excel file is the input form, which allows users to create, search for, open, review and edit records easily. The CAT was NOT designed as a comprehensive case management tool; rather, its interface and reports together provide a simple information system for documenting client assistance and tracking enrollment, utilization and renewal progress.

CAT CONTENT AND DATA FLOW

CBOs participating in the program evaluation were required to use the CAT to collect Medicaid and CHP+ application assistance information. The input form is organized into three primary segments: the *Client Information* section collects identifying, demographic and contact information about the individual client and his or her household, all of which comes from the application; The *Application Information* section captures information relevant to the application completion and submission, such as what documentation was provided and when the application was submitted; and the *Contact Notes* section tracks all of the outreach worker's assistance activities both before and after the application is submitted, including estimated number of minutes each activity takes. Example data elements entered into the CAT are shown in Figure 3.

CLOSING THE INFORMATION GAP FOR CBOs – CAT FEEDBACK REPORTS

In its white paper investigating the Medicaid and CHP+ enrollment process, Colorado Covering Kids and Families identified several enrollment challenges, including[2]:

- Lost or misplaced applications
- Incorrect eligibility determinations
- Redetermination paperwork not received in time
- Confusing redetermination paperwork
- Appeal options not received by family in time
- Individuals have trouble reaching overburdened technicians
- Coverage inappropriately dropped at renewal and in some Medicaid cases, during the enrollment year.

Currently, a CBO outreach worker has no way of knowing about any of these challenges unless contacted by their client. If such information were available, a CBO outreach worker could proactively intervene and resolve issues before an emergent need arises.

By far, the CAT's most compelling feature is that CAT data are linked with state enrollment and utilization data typically unavailable or difficult to obtain for most CBOs. Twice a month, CBOs send encrypted CAT data to an evaluation team member, who performs the linking. Data obtained from the state databases – specifically the Colorado Benefits Management System (CBMS), the computer system that administers most of Colorado's public benefits programs including public health insurance, and the Medicaid Management Information System (MMIS), a federally mandated computer system that processes Medicaid claims – are accessed by linking either the client's social security number or a combination of last name and date of birth (the latter involving additional manual effort). Aggregate and client-level data available after linking are shown in Figure 3 under 2A and 2B.

The state-obtained information is sent to CBOs in two easy-to-read reports:

CASELOAD SUMMARY REPORT: Provides summary information on clients assisted, including demographic status, current application status (number of approved, denied, pending and discontinued), insurance type (number currently enrolled in Medicaid and CHP+), number ever-enrolled, number who utilized Medicaid services at least once, where applications are submitted and type of assistance provided. This report is designed to give CBOs an overall snapshot of their assistance efforts (see Figure 4).

FIGURE 4: CASELOAD SUMMARY REPORT EXAMPLE

Expanding Outreach and Enrollment for Children and Youth Grant Program Funded by The Colorado Trust

Name of Grantee Organization: Sample
Name of Report: **Caseload Summary Report**
Data Source: **CAT Data and HCPF Data**
Date Prepared: **9/21/2011**
CAT Client List As Of: **9/15/2011**
Prepared By: **UCD Evaluation Team**

Total of Clients Receiving Application Assistance: 479

Race/Ethnicity

White:	156
Hispanic/Latino:	148
African American:	112
Native American:	14
Asian:	4
Alaskan Native:	3
Pacific Islander:	6
Multi-Race/Other:	35
Not Provided:	1

Spanish is Primary Language: 13

Type of Assistance Provided at First Contact

New Application:	427
Follow-Up Existing Application:	48
Redetermination/Reenrollment:	4
Not Reported:	0

Clients with Applications Submitted: 472

Clients with Applications Submitted to:

ACS:	239
County:	58
MA Site:	0
Client:	74

Clients with Current Application Status:

Approved:	295
Denied:	20
Pending:	14
Discontinued:	143

Current Insurance Type

Medicaid:	289
CHP+:	6

Since 1/1/09, Number of:

Clients Ever Enrolled:	429
Clients Ever Enrolled in Medicaid:	427
Medicaid Clients who Utilized Benefits at Least Once:	360

FIGURE 5: CLIENT STATUS REPORT EXAMPLE

Expanding Outreach and Enrollment for Children and Youth Grant Program Funded by The Colorado Trust

Name of Grantee Organization: **Sample Grantee**
Name of Report: **Client Status Report**
Data Source: **CAT Data and HCPF Data**
Date Prepared: **1/19/2011**
CAT Client List As Of: **1/14/2011**
Prepared By: **UCD Evaluation Team**

									Last Medicaid Visit for:		Medicaid Visits since 1/1/09 for:				
Last Name	First Name	DOB	State ID	Case ID	Application Status	Eligibility Begin Date	Redeterm. Date	Ins Type	EPSDT Screen	Non-EPSDT Dental	EPSDT Screen	Non-EPSDT Dental	Physcn	Outpat Hosp	Inpat Hosp
DOE	JOHN	1/31/2005	G444444	1Z1ZZ11	Approved	3/1/2010	3/31/2011	Medicaid	10/10/2010	8/8/2010	1	1	3	0	0
DOE	SARAH	7/7/1969	G666666	1Z1ZZ11	Approved						0	0	0	0	0

CLIENT STATUS REPORT: This report helps outreach workers stay updated on what happens to each individual client after the application is submitted; it is designed to reflect the status of each client in the life-cycle of enrollment, retention and utilization (see Figure 5).

Information contained in the Client Status Report is otherwise unavailable to Certified Application Assistance sites. With regular access to this information, assistance providers can monitor their clients' application and enrollment statuses, redetermination dates and utilization of benefits (only available for those insured by Medicaid). The report is intended to aid in proactive case management and reduce reliance on county technicians, however, the organizations' programs and resources are a defining factor in how often the reports are used proactively.

HOW CBOs MAY USE CAT DATA AND REPORTS

Critical to the success of any health information system is that it is actually used and viewed as *useful*. The fact that the CAT was designed and implemented within busy and typically overburdened CBOs (for which outreach and enrollment is often a small part of their organizational missions) provides an even greater test of its utility.

The following table provides examples of how information included in CAT reports can help CBO outreach staff work with families at different stages of the life-cycle of an application.

Evaluators have learned during the past couple of years that whether and how each CBO uses CAT feedback reports depends on the outreach and enrollment services they provide. For example, those CBOs that primarily help clients with eligibility determination, documentation and completing applications benefit most from the caseload summary information; the more specific, client-level information may be less relevant for their purposes. An examination of the Caseload Summary Report gives each organization a quick snapshot of their work and the clients they have served.

In contrast, CBOs that provide more proactive case management across the life-cycle of the enrollment process benefit from the Client Status Report, which can provide "cues to action," such as alerting clients about upcoming renewal dates and scheduling appointments to complete required paperwork so coverage doesn't lapse.

Nevertheless, the Client Status Report can be beneficial regardless of the extent of enrollment assistance services the CBO offers. For example, even a CBO that focuses solely on providing services up to the point of enrollment can review the data that tells them whether an application for a particular client has been approved or is pending.

TABLE 1

STAGE OF LIFE CYCLE	TYPICAL CHALLENGES	HOW CAT REPORTS HELP
Receipt and processing of application	It is not uncommon for outreach workers to hear that an application was not received, even when it's been hand-delivered. Processing of received applications may not occur within the 45-day time period.	If a client doesn't show up on the Client Status Report within a certain period of time (i.e., they are unable to be linked because they are not in CBMS) or the status is clearly an old one (such as discontinued).
Application status	Unless the applicant contacts the outreach worker about a pending or denied application, the outreach worker has no way to determine a client's application status except to call a technician or, if a Presumptive Eligibility site, look up each individual in CBMS.	Client Status Report provides household application status for all clients in a format that takes only minutes to scan.
Client receives card or Medicaid and CHP+ State ID number	Even if a client is approved, they may not receive the approval letter/card or know they have insurance.	The Client Status Report provides individual insurance type once the client is approved. The outreach worker can follow up with clients to make sure they know they have insurance, give them their ID numbers (so they can use the insurance immediately) and help them find a provider.
Change in coverage status	For various reasons, Medicaid recipients may be dropped during their coverage year. Many don't find out until they try to access services.	If a previously-insured client is dropped, the Client Status Report will show discontinued status, which the outreach worker can communicate and take steps to resolve before medical care is needed.
Client utilizes benefits or EPSDT coordinator	Unless the Certified Application Assistance Sites/Presumptive Eligibility site is a clinic where the client receives care, the outreach worker doesn't know whether the client utilizes benefits. The client may be experiencing problems finding a provider, accessing transportation, etc.	The utilization data provided will alert an outreach worker if the client has not accessed care. Follow-up can be done to make sure there are no medical treatment or well-child care barriers and help overcome any issues.
Redetermination and reenrollment	Many clients either never receive their redetermination paperwork, or get it and don't know what it is and throw it away.	Client Status Reports provide a redetermination date, allowing outreach workers to alert clients ahead of time that they should be receiving redetermination paperwork and to call if they do not receive it or if they need help with redetermination.

HOW CAT FEEDBACK REPORTS ARE USED BY CBOs

The response from Colorado Trust-funded CBOs regarding both CAT feedback reports has been overwhelmingly positive. Qualitative data collected by evaluators has shown that while the majority of the 13 organizations use the CAT reports to monitor client level data (e.g., tracking client status or redetermination), only four organizations use the CAT reports in a more comprehensive fashion to better understand the impact of their overall program. One site reported tracking the amount of time spent with clients and another verifies the number of enrollments against the number of clients for whom they've submitted applications. In addition, nine of the 13 participating CBOs provide assistance and enrollment numbers from the Caseload Summary Report in their progress reports, while two report just assistance numbers and one reports enrollments only. The findings indicate that most of these 13 CBOs are making some use of CAT report data.

Most participating CBOs stated in interviews that they at least scan the Client Status Reports, primarily to monitor enrollment status and redetermination dates. One outreach worker relayed an experience in which data included in the Client Status Report helped her resolve a client's coverage problem before the family needed to use their insurance. She wrote, "I have found the first report very helpful! I had one family that was denied because they never paid CHP+ fees and they/I thought they were covered when they weren't. The dad is coming back in Thursday to reapply."

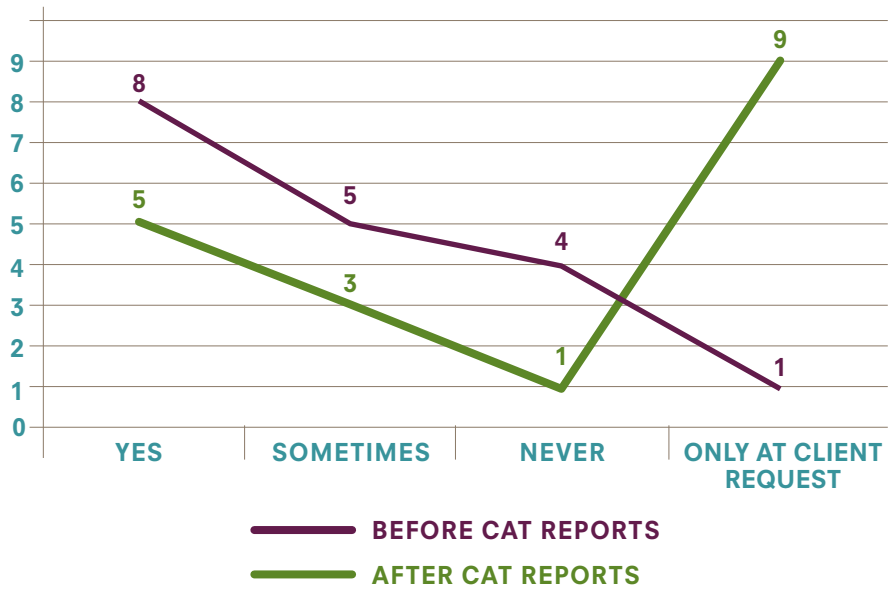
Given that most participating CBOs focus more of their services on enrollment, few actually spend time monitoring or acting upon health care utilization data. However, of those that do, most indicate they scan reports for patterns of high benefit usage rather than lack of utilization because, as one outreach worker stated, "It is something we should always be keyed into… so when they come in, I'm already getting a feel [for their current situation]." To date, only two outreach workers have described monitoring utilization for both excessive and lack of usage.

One stated, "I can look at their benefit use and if there's something that sticks out to me, I can follow up with the case manager. Or if it's a client I know already, I can just talk to them directly about whatever I notice there." The other observed, "If they don't call, the only way I'll know if they need help is if they aren't taking them [their children] to the doctor. If they haven't gone, I'll check and make sure [they don't need help]." This outreach worker further described instances in which she followed up on utilization information, describing one case in which she contacted a client because a child had six dental visits in a short period of time.

OTHER CAT BENEFITS

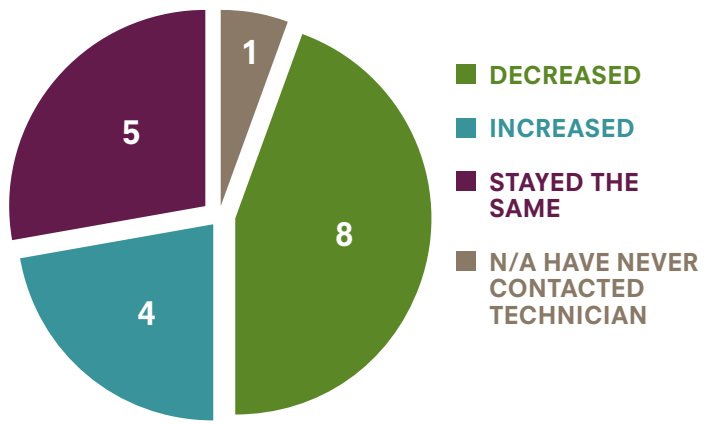
Measuring the extent to which outreach worker calls to technicians have been reduced due to CAT reports is difficult to quantify. However, survey data show that outreach worker perceptions of the frequency of calls to technicians did change, particularly those calls related to finding out what has happened to an application once submitted (a frequent area of concern for CBOs). Prior to receiving CAT reports, 72% of outreach workers reported they followed up with county technicians on applications some or all of the time, compared to 44% after CAT reports started being provided. These results show that with the CAT reports, fewer CBOs feel like they need to take the initiative to call technicians for application status (Figure 6).

FIGURE 6: NUMBER OF GRANTEES THAT CONTACT TECHNICIANS FOR APPLICATION STATUS



When asked whether the frequency of their overall contact with technicians has changed since receiving the CAT reports, the majority of participating CBOs (eight of 13) indicated they contact technicians less, while five reported no change and four indicated they contact technicians more often (Figure 7). That CAT reports seem to impact the frequency of technician calls for some CBOs and not others is not surprising, especially because the data provided in the CAT reports does not always provide enough detail to act upon without a follow-up call to a technician. For example, the CAT report includes an enrollment status, but if that status is discontinued, pending or denied, the outreach worker must call a technician to find out the reason. In addition, any effort toward resolution still requires the assistance of a technician.

FIGURE 7: FREQUENCY OF TECHNICIAN CONTACT SINCE CAT REPORTS



IMPROVING THE CAT FOR SUSTAINABLE FUTURE USE

Because the CAT was designed with project-specific objectives in mind, there are two substantial changes needed to improve its value as a sustainable tool for tracking outreach and enrollment efforts moving forward. First and foremost, the CAT needs to be implemented as a web-based tool. In its current format, the CAT is an Excel workbook housed "locally" on the client's computer, meaning that it is only accessible from the computer it is housed on, which is typically in an outreach worker's office. Some community-based organizations have an internal shared network and in some cases employees can access the network off-site through a virtual connection. However, even in these cases, only one person at a time can work with the CAT, complicating data entry for those CBOs with more than one outreach worker. In addition, the exchange of data (i.e., CAT data sent by outreach workers and CAT reports sent back to CBOs is currently facilitated via HIPAA-encrypted email transactions. A web-based system would allow for multiple users – from any location with an Internet connection – and a more secure and efficient process for retrieving and delivering data. Second, transitioning the CAT to a web-based system would allow for a more streamlined and efficient tool. From an outreach worker's perspective, it is important to be able to track some information at the household level. For example, address, date of application submission and contact assistance information are all household-level data. Other information, such as type of documentation provided and social security number, are individual characteristics that need to be stored at the client level. This can only be accomplished efficiently with a relational database (a database with multiple tables that are linked to each other), which the CAT is not currently.

Repackaging the CAT as this type of web-based application would involve rebuilding from the ground up. This would require funding for HIPAA-secure dedicated server space and at least one programmer and a project manager/subject matter expert. Migrating to a relational database also means changing the user interface, which would necessitate additional planning and usability testing. In general, the CAT is not a complicated application, and with adequate preparation and resources, a new version could be completed in just a few months.

When considering sustainability, it is important to address the issue of data linking. Among the greatest benefits of the CAT is that CBO data can be linked with state-level data through bi-monthly feedback reports; but this presents its own set of challenges. Because there is no way for CBOs to connect directly to state-level data systems, the

process of linking to individual records and generating reports is a manual one, which requires additional costs to maintain. Currently, a member of the evaluation team sits at a desk at the Colorado Department of Health Care Policy and Financing approximately 20 hours per week to generate reports twice each month for 13 CBOs and their more than 5,500 clients (as of September 15, 2011). Furthermore, the data provided in the Client Status Reports are HIPAA-protected; to access this information on behalf of grantees, the University had to sign a Business Associate Agreement/Memorandum of Understanding with the state.

CONCLUSION

Although the primary purpose of the evaluation was not to study the value of sharing Medicaid and CHP+ enrollment information with CBOs, evaluators have learned that the CAT offers considerable potential in this area. Participating CBOs that are CAA sites already provide important social services for individuals and families outside the realm of public health insurance outreach and enrollment. Maximizing the potential CBOs possess by more systematically creating an enrollment data feedback loop with these organizations could improve the level of service they are able to provide, reduce the burden on county technicians and even serve as a model of health data exchange for health departments across the country. Such a program could also facilitate a strong partnership between community and government organizations in which both work together and share responsibility for a common goal of publicly insuring all eligible children.

Maximizing the potential CBOs possess by more systematically creating an enrollment data feedback loop with these organizations could improve the level of service they are able to provide, reduce the burden on county technicians and even serve as a model of health data exchange for health departments across the country.

ENDNOTES

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