

## Enrollment Issues

### Medicaid Expired and Redetermination

If a client's Medicaid has expired, you may do a new application for him. He does not have to go to DHS.

Clients can CHANGE plans during the year only one time if they want. There may be many reasons to do this; their doctor is no longer paneled, or has moved to another insurance company or they are seeing a new doctor due to a new health concern, and that doctor is not covered by their plan. The last number on their Medicaid ID is the date they can change their plan.

In other words, if the last number is a "1", they can change plans in January.

### Lack of Information

If a client cannot get his information back to DHS that they have asked for, the client may ask for 3 extensions to return the information. It is not unusual for DHS to ask for information within a few days, which is quite unreasonable. You and the client can call the Case Worker's number, and leave a message about when they think they will have the information ready. You can do that 3x.

### No Response from DHS, Poor Service

If you have a client whose application has not been responded to within a couple weeks (they should have received a letter by then generally), encourage the client to make a follow-up call to promote personal responsibility of their application. Help the client make the call if they are unsure of themselves. Help the client first check their MI Bridges Account – see if there is a notice there. If the client has returned information and still not received anything within the 45 days that DHS has to make a decision, call the DHS office manager or director. If you are having any other problems with a Case Worker or other issues, **call the Director of that office**. Easily found if you Google search the office – it is a standard form. You can also all the main number for DHS at (844) 799-9876. Hold times are very long.

If you are lacking some information for the application, send it in anyway, and let DHS follow up. Sometimes you'll be almost done with an application and the client is missing something. Make a comment in the comment box at the end, and send it.

### *You are the client's advocate!*

*Sometimes the client is scared, or doesn't understand something, have them come in to your office, and the two of you can call DHS together.*

#### Some helpful tips from some of our centers:

- Make enrollment and outreach an agenda to talk about at every staff meeting.
- Run monthly numbers showing the amount of \$\$ lost because of an uninsured visit.
- Encourage staff to reach out to parents at the time of the visit or very soon after visit to talk about insurance status.
- Make Medicaid activities part of each tech and clerk's responsibilities.
- Encourage providers that are seeing the student to reach out as there is a relationship with the student-especially critical for those receiving mental health services.
- If the student is in the center, have the student call the parent – they always answer the phone for their child's call, and ask about enrollment. Don't wait to make the call from the center phone!

## Medicaid Outreach & Enrollment Tips



### Community Partner #

Clarify the status of getting a separate ID# from DHS for EACH center, and not using your fiduciaries general number. You can get data then about the number enrolled with each site. If you are having difficulty getting this, please contact MDHHS at [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs).

If you need to start a new application for your center, go to:  
[http://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_82637---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_82637---,00.html)

Please check with your fiduciary agency, to see who the Lead Point Of Contact is first, as that person should process your center under the fiduciary name. Tell the person you are trying to use MI Bridges, and need a number for your center, or to be listed under your fiduciary. You should be a NAVIGATION PARTNER, the term used for the level of work that is expected under the Minimum Program Requirements.



### MI Bridges

It's great because it's fast, sometimes immediate, and you can enroll in all bundled benefits, including food assistance. The resources available to applicants are vast. The application is greatly reduced, so it should be much faster.

Please remember, the idea behind MI Bridges is to enable the client. Ideally, you would assist them, as they complete the application on a computer in your center. I know this is not always possible, some people just cannot do it – but do try to enable the client as much as possible. There is a new mobile application now too for clients to check their benefits using their smartphone.



### Paper Applications

Some centers send home paper applications, get few back, but when they do, they input them on MI Bridges. They attest that they are NOT the applicant, rather filling it out for them. Please note, there is a comment box at the end of the application, and you can further clarify your role. Mailing is not the best option for contacting families however, you may want to call as well, and not just once, several times. Paper applications are not advisable, but sometimes necessary when there are communication issues.



### Kids on Medicaid and Parent's Insurance Status

If a child is on Medicaid, that doesn't necessarily tell you the insurance status of the parents. Many parents don't know that they can NOW GET COVERAGE, without being pregnant!

Also, you could have a child who has one parent with coverage, and the other is not covered. So, mixed insurance status could happen, and you need to inquire as to the parent's insurance status.

There are also cases where the parents are not married, but live together, and when an application is done, MDHHS automatically sends out a request for support to the non-custodial parent if there is nothing already set up in terms of support. Some may be reluctant due to immigration issues, so don't press it if they do not want to answer questions.



### # of Enrollment Specialists

It's good to have more than one person trained to do enrollments. If your front desk staff is, it is very difficult to do an application with 3 kids standing at the window waiting for help. Social Workers, and other support staff make sense to be enrollment assister's. They have more control of their time.

It's also good to have a "divide and conquer" attitude – if all the staff know about outreach, and often ask, and follow up, you'll be more effective. It is also important as staff do take vacations, or change jobs, and you'll always have back up if that happens. Try not to make this any ONE person's job – make it everyone's.

# Medicaid Outreach

## Practice Management System Reminder

Is there a way to put in your system a reminder to ask the insurance status of the family? Check insurance status every visit.

## Accountability

Put Medicaid Enrollment on your staff meeting agenda to talk about each month. Also, make sure it is on your Advisory Board Agenda, along with other important data such as # of uninsured, # of unduplicated, # of health education visits, etc.. If you put it on your advisory board agenda, do count that as outreach.

## Website

Put a button on your website's home page that takes a client to MI Bridges, and say that you can help them. They can start their app, SAVE it, and you can assist if necessary. It is also good to add the SCHOOL's website if they'll let you.

## Summer Outreach and Other Breaks

Time is slower in the summer. Think of outreach strategies and who can help with them NOW. Are there health fairs, summer meal programs, churches barbershops, hair salons, or other summer events that you could provide outreach? Other break times might be a good time to follow up as well: Winter Break, Spring Break.

## Consent Form Follow-Ups

Maybe you followed up in the fall when things were super busy for families, about a family's insurance status. They were overwhelmed with things to do in the fall. Try to circle back around when things are slow in the center. Keep a list all year of those that you've called (and not gotten an answer back). Consider that perhaps you called at a bad time previously. When you follow up, remind them of all the services you can provide to the family, not just enrollment. We have heard of families who have taken years to trust the center but finally do complete an application – don't give up!

## School Outreach

**We know the schools also gather this information on enrollment forms. Be sure the school knows that you can enroll families (not just kids), for everyone eligible. Also, be sure the person who does mid-year enrollment, knows you provide this service for families. Be sure to count these in your Medicaid Outreach number to the State of MI.**

- Check to see if you can piggy-back any mailings the school is doing to promote your services, and your ability to enroll people. Think about summer school and outreach to those families, or report cards, progress reports, etc. Remember opportunities at the end of school – graduation commencement, honor assemblies, new 9th grade or 6th grade student orientations, summer school, all sorts of things!
- Promote that you can enroll people, and provide immunizations and sports physicals over the summer.
- Ask the school principal to make robo-calls. Give the principal a script to follow.
- Use an intern to do outreach.
- Be sure intake personnel at the school know you can do enrollment. School Counselors too!
- Any place parents gather or go (the main office? gym?) and have Medicaid forms or signs.
- When you do your presentation at any school function; 6th grade orientation. Open house, teach meetings – include Medicaid information.

## Other Outreach Opportunities

- Send home Medicaid Information with every non-confidential encounter.
- Advisory Board Meetings – give information about a Medicaid program.
- Be sure your Consent Form Packet includes Medicaid information.
- When you send any information out; immunization blitz, sports physicals, anything – send home information about Medicaid, and your ability to do an application.
- At the bottom of your e-mail closure, include a link to Medicaid services.
- Mention a Medicaid service on your phone message.
- **Be sure your information is easy to understand, and stresses the simplicity of doing an application.**



## Family Concerns

Families have a negative bias, some are embarrassed, or have applied before and are discouraged. Some families have mixed immigration status, and are afraid to apply. As you build a relationship with them, they might trust you enough to do an application for those in the family that are eligible. There may be appropriate organizations in your community who can help you with this by sharing best practices for a variety of cultures.

## If you have only a few things to tell a parent about enrollment: (your "elevator" speech)

- 1.** It's different than it was before – it's a whole new Medicaid. Lots of parent/guardians remember the earlier days when you could seldom get covered, especially men.
- 2.** You won't have a Medicaid card, rather an Insurance card (*many are embarrassed by the idea of having a Medicaid card*). You get to CHOOSE the health plan you want for your area!
- 3.** It doesn't take a lot of time to enroll. It's an investment in their health.
- 4.** Coverage is comprehensive, and includes dental, vision, and chiropractic!
- 5.** Preventive care is easier to do than caring for a chronic condition.
- 6.** Coverage includes dental including root canals and crown work, not just routine cleaning.

# Medicaid Outreach

## TIME

Both yours and the client's is short. If you can get a client in, remember, you can start an app, and complete it another day if they are losing interest, or just don't have time to complete it.

## EVENTS

If people have time to go to an event, such as a basketball game or some other school event, perhaps they could meet you to do an application?

It's an obvious place to do outreach, but you could also do an enrollment. Hold an event for enrollment several times during the year. Partner with other events in the school. Try to do something in the evening, or Saturday. This is important especially during Open Enrollment (generally November – January).

## OTHER EVENTS OR TIMES TO OUTREACH

Medicaid is open all the time of course. The ACA is still the law of the land. Be sure to outreach during this time too, and remind people. You could put this information on your outreach all the time.

## Why do an app when you'll see my child anyway?

Some parent/guardians feel that way, and it's true you'll still see the child, but I would mention:

- If the center is closed, you will have to seek care through the ER. If you had an insurance card, you'd have options of using Ready Care, or urgent care, which will be much faster.
- You do not have dental, or vision care at the center, nor prescriptions, and you will have it with your Medicaid. Dental also includes more than just routine cleaning now; root canals, crowns and other services are included.
- You do not have options to see other specialists that you may need if chronically ill.
- OPTIONS – you hold much more control of where, when and who you get to see for care.
- When they are reluctant to give the government information (the app), tell them the government already has this info in other places anyway, (taxes, etc.) why not get the coverage you deserve?