MIHS Adopts a *Culture of Coverage*:
Helping Individuals Access Health Care by Enrolling in Arizona Medicaid or the Health Insurance Marketplace
May 5, 2014

Dear Colleagues:

As we look back at the open enrollment period that just ended, I want to extend my gratitude for your outstanding efforts to assist individuals to have health coverage. The past year has been a truly remarkable year. With your help, more than 10,000 MIHS customers signed up for coverage through either AHCCCS or the Health Insurance Marketplace.

Health is an issue that unites us all, and we knew that success in this inaugural open enrollment period under the Affordable Care Act would require the help of all of our employees and key partners, and you responded to that call, bringing your talents and resources to help the community. We could not have taken this important step toward embracing the Culture of Coverage here at MIHS without your support.

Thank you again for all the great work you do on a daily basis and your commitment to providing our customers and the community with the peace of mind that comes with quality health coverage. I look forward to sharing the MIHS Cover Story. We will continue our service to the community by connecting those who have coverage with the health care system and preparing for the next open enrollment.

With Gratitude,

Michael D. Ayres
Sr. Vice President, Chief Financial Officer
MARICOPA INTEGRATED HEALTH SYSTEM
THE MIHS “COVER” STORY

Maricopa Integrated Health System (MIHS), implemented a vast paradigm shift to connect people to care in a different way. With the onset of health care reform, the Affordable Care Act (ACA), and the restoration and expansion of the Arizona Health Care Cost Containment System (AHCCCS), MIHS chose to transform how health care coverage information was delivered to our customers. Embracing the philosophy that our community needed health care coverage, the MIHS Culture of Coverage began with the beliefs that we have countless opportunities to make a difference in people’s lives, that business had to be conducted differently, and that it was fundamental to our mission to help the community learn and understand the changes in health care law.

Seizing the opportunity to implement change and make a difference, it was agreed that we would experiment and take calculated risks, and celebrate small wins. Helping community members in need of health care coverage meant providing resources to identify, inform, educate and assist them with insurance enrollment. MIHS assembled strong leaders, collaborated with key partners, and built a team with spirit, cohesion, and a true sense of community. Believing that a “no wrong door” approach was essential to encouraging individuals to enroll, the project built on collective strengths and shared resources to promote a Culture of Coverage.

With the ACA enrollment deadline looming, paired with the implementation of Medicaid expansion, an urgent need to communicate with consumers regarding the changing healthcare landscape in Arizona was established. Key messages were designed to resonate with the community. In-reach and outreach activities were implemented to identify vulnerable and hard-to-reach populations. Targeted efforts were launched to reach special populations such as Persons Living with HIV/AIDS, Latinos, refugees and those on health plans due to sunset. Multi-cultural marketing promotions, mass mailings, calling campaigns and Secret Shopper programs were designed to be innovative and serve multiple purposes.

The team knew that to transform the health care coverage experience, we had to know where we were, where we were headed, and what needed to change. Critical to meeting our proposed objectives was the capacity to have data and make real-time decisions based on that data. All activities were closely tracked so that challenges which prevented achieving goals could be immediately identified and then adapted quickly to the ever-changing environment. This quality assessment and improvement process strengthened MIHS to better serve the customer and community.

Our definitive goal was to help 10,000 individuals submit applications to AHCCCS or the Marketplace over a six-month period ending March 31, 2014. The results? Over 10,340 individuals submitted applications. MIHS is elated to have made such a significant and indispensable impact to the community.

Does meeting the enrollment goal end our obligation? How can MIHS continue to help those in need and make our community healthier? How can we plan for the future? Health care insurance coverage is a dynamic process. It is estimated that more than forty percent of adults likely to enroll in Medicaid or subsidized Marketplace coverage will experience a change in eligibility within twelve months.

This may be one of many daunting challenges. Knowing that any obstacle can be overcome, MIHS must be diligent in creating innovative interventions and services that help our community remain enrolled in care and healthy, and promote a Culture of Coverage. The following report describes an Arizona public hospital and health care system’s experience in serving a diverse community in need of health care coverage.
“As a young person, having health coverage means taking responsibility for your health. When I reached the age that I could no longer be covered by my parents’ insurance, I had no idea how health insurance worked, what type of plan I should look for, or what the language meant (copayment, premium, etc.). Having also grown up with asthma that I managed through regular doctor visits up until that point, I thought that I was invincible and would be fine without care at all. I did not realize it at the time, but putting health insurance at the bottom of my priority list also put my own health at risk. Over the next few years I had numerous asthma attacks and hospitalizations. I was told that regular maintenance of my asthma was necessary to prevent these types of things from happening.....then I enrolled in Medicaid and was able to maintain my health. I am thankful for MIHS helping me apply, understand my coverage and connect me to care.”

(Source: Newly Enrolled Medicaid Young Adult Customer)

MIHS: A COMMUNITY ASSET

Maricopa County Special Health Care District, commonly known as Maricopa Integrated Health System (MIHS), is the only public teaching hospital and health care system in Arizona. MIHS is committed to offering comprehensive and safe care to all of those who live in Maricopa County, including the underserved and medically needy, through a seamless continuum of care that keeps our community healthy, self-sufficient and effectively treats illness. MIHS has provided the full spectrum of wellness oriented healthcare academic environment to thousands of low-income and at-risk members of the community for 140 years.

With the onset of health care reform, the Affordable Care Act (ACA), and the restoration and expansion of the Arizona Health Care Cost Containment System (AHCCCS), MIHS realized it was time to look at how to connect people to care in a different way. The MIHS “cover” story is about helping others get covered and our lessons learned. MIHS had seven key lessons learned that are shown on the following page. The full-report provides more insight into the lesson learned through-out this project.
MIHS Adopted a Culture of Coverage.

MIHS embraced the philosophy that *our community needed health care coverage*. We adopted the coined phrase “Culture of Coverage” as our motto and decided to transform how we communicated and delivered financial assistance to our customers. The *Culture of Coverage* story begins with the belief that that every employee has countless opportunities to make a difference in people’s lives.

These opportunities:

- Restore hope that individuals can have access to health care,
- Rebuild a sense of understanding among diverse groups of people the value of having access to health care,
- Affords individuals compelling information on how to apply and enroll in health care coverage, and
- Provide an extraordinary value to the consumer such as access to primary care, and preventive and wellness services
With AHCCCS (State of Arizona Medicaid program) and ACA open enrollment looming, and if we were to help the community learn and understand the changes in health care law, MIHS leadership knew that we had to do business differently. We agreed that we would experiment and take risks. Realizing that mistakes would be made, if we had any chance of helping our community a learning environment needed to be created. To invest in health coverage screening and enhancing in-reach and outreach efforts was a paradigm shift for the organization. This meant offering resources to identify, inform and educate consumers, and assist with them with enrollment activities.

**Guiding Principles and Values**

MIHS recognizes the vital role we provide for the community in providing access to needed health care services, as well as finding ways to ensure individuals remain enrolled in care. MIHS believes that a “no wrong door” approach to obtaining health insurance coverage is fundamental to promote a *culture of coverage* at MIHS. The approach is meant to encourage individuals to enroll in health coverage before they need care and maintain that coverage year round. The ultimate benefit is to minimize uncompensated care costs for the individual as well as the MIHS health system. Based on these guiding principles, the MIHS Health Care Reform team continuously developed innovative and creative strategies while monitoring their implementation and successes to achieve a *culture of coverage*.

“MIHS is a great place for our customers. Our Culture of Coverage is expressed through the great customer service, dedication to our community, and strong rapport we have with our customers.”

(MIHS financial assistor)

**Lessons Learned:**

The establishment of the Guiding Principles and Values of the *culture of coverage* and having a “no wrong door” approach to obtaining coverage perfectly framed the impact the project was intended to have within the organization and the community.

**Outcomes:**

Because MIHS challenged the conventional way of doing business, in a six-month period, we were able to assist more than 10,000 individuals to enroll in a health care plan.
GOAL
Help **10,000** individuals submit applications to AHCCCS or the Marketplace from October 1, 2013 to March 31, 2014

RESULTS
**10,347** individuals submitted applications, exceeding our goal.
MIHS assembled strong leaders and built a team with spirit, cohesion, and a true sense of community. The organizational structure of the team was intended to create accountability, increase communication, remove barriers, and meet established goals. The team involved both internal and external stakeholders in making plans and decisions, and developed collaborative goals and objectives. This allowed for the team to mobilize their colleagues to help meet their goals.

**Organizational Structure**

The Chief Financial Officer was selected as the MIHS Champion for all ACA initiatives. He chaired the Healthcare Reform Implementation Committee, which included representation from internal and external stakeholders. Initially, the Committee met weekly, with the frequency reduced to every two weeks, and then monthly based on work activities and need over the course of open enrollment. The Committee operated with a structured agenda, including regular reports from subgroups as standing agenda items to ensure progress, communication and accountability. Committee sub-groups were formed in the areas of Intake, Special Populations, and Communication to ensure there was a constant focus on the most critical aspects of the project. An additional sub-group was formed to focus specifically on the Marketing and Business Development aspect of the initiatives. The figure below depicts the organizational structure of the project.

“Thousands of people sit at home, uninsured. Therefore, I will continue to expend my energy where it is needed the most: to help the uninsured become covered.” (MIHS Employee)
A Taskforce was developed to function as a small and flexible team, hold projects accountable for deadlines, make moderate-level decisions, and provide oversight of the subcontractor performance. The Taskforce initially met daily, then reduced meeting frequency to four times a week, and ultimately twice a week based on volume of ACA activities. Core members of the Taskforce members were selected based on their areas of expertise. Ad-hoc members were added as needed for input information sharing and decision-making.

The figure to the right portrays the types of task force members.

Outcomes:
The identification of a MIHS Champion and the establishment of the Committees subcommittees and Taskforce teams allowed for decisions to be made more effectively, for new initiatives to be launched and completed, and facilitated cross-organizational collaboration. Additional outcomes included:

- Appoint strong leaders and form a team with spirit, cohesion and true sense of community;
- Delineate lines of responsibility;
- Adapt quickly to a changing environment;
- Maintain open communication;
- Allow risk-taking and celebrate milestones;
- Provide accountability;
- Removal of barriers to achieve intended results;
- streamline processes;
- Utilize results to make real-time adjustments;
- Implementation of the Operational Plan;
- Evaluate efficiencies and effectiveness; and
- Allow for creativity and brainstorming in identifying outreach opportunities.

Lessons Learned:
The MIHS Champion delineated the lines of responsibility, held the teams focused and accountable, and was the ultimate decision-maker for the project. The Committee allowed for a forum for information sharing, decision-making and accountability. The Taskforce Team accelerated real-time communication, the creation of new and innovative opportunities, continuous focus on or adaptation of work activities, support of those carrying out the work and removal of barriers. Taskforce members were adaptable, flexible, and accountable, and responded quickly to the ever-changing landscape.
In order to measure success, MIHS created Goals and Objectives within the “Helping Individuals Obtain Health Coverage under Arizona Medicaid and the Affordable Care Act (ACA): MIHS’ Culture of Coverage Outreach and Enrollment Plan”, also known as the Operational Plan. The team developed and tracked progress pertaining to the following four objectives in the Operational Plan.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Outcomes</th>
</tr>
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</table>
| To create and implement an effective in-reach and outreach campaign to staff, providers and the community by November 4, 2013; | • Delivered training to MIHS staff and DMG providers;  
• Created and distributed marketing materials;  
• Created Covermeaz.org and Cubremeaz.org;  
• Established 1-800-New-Health and 1-855-Nueva-Salud informational lines;  
• Created a plan for outreach to small businesses that may have staff who need coverage; and  
• Assisted part-time staff to apply for either AHCCCS or the Marketplace. |
| To maximize enrollment in both Medicaid and the Marketplace by submitting applications for 10,000 individuals by March 31, 2014; | • These efforts resulted in 10,347 individuals applying by March 31, 2014.  
• Hired additional financial assistors;  
• Identified and outreached to known uninsured customers;  
• Held health fairs and conducted screenings;  
• Contracted with call center to provide inbound and outbound call campaigns;  
• Contracted with a Certified Application Counselor organization, Integrated Health Management Services (IHMS); and  
• Created and implemented a plan for Special Populations. |
| To maintain enrollment in both Medicaid and the Marketplace by keeping at least 80% enrolled, during the first year; and |                                                                                                                                          |
| To reduce uncompensated care at MIHS by 25% by June 30, 2014. | Objectives 3 and 4 are still in progress and we anticipate evaluating these results.                                                      |
“What I like about MIHS is they truly believe everyone deserves the right to have insurance. If you are financially unstable, MIHS will assist in finding the most affordable health insurance with the right coverage. MIHS has got your back.”

(MIHS Employee)

Lessons Learned:
Critical to meeting these objectives was the ability to have data and make course directions during the initiative. As with new initiatives, challenges may occur during the course of the project. MIHS closely tracked all activities, was able to immediately identify when challenges prevented achievement of a goal, and quickly adjusted to the ever-changing environment. MIHS needs to continue to invest in a sufficient number of financial assisters.
A Community-Based Participatory Approach (CBPA) to promoting health is recognized as a critical strategy in addressing health inequities among socially disadvantaged and marginalized communities. Implementing the guiding principles of CBPA allowed the project to build on collective strengths and shared resources, facilitate partnerships and capacity building, and disseminate pertinent information and data to all participants so that the overall goals are achieved. The CBPA partners engaged in the project are: 1) AmeriCorps VISTA workers, 2) Contractors/consultants, and 3) Cover Arizona Coalition and others.

**AMERICORPS VISTA WORKERS**

For the first time, MIHS collaborated with HandsOn Greater Phoenix and Arizona Living Well Institute AmeriCorps VISTA programs. The VISTAs have dedicated one-year of service at MIHS to assist with the ACA project and build capacity to alleviate poverty in greater Phoenix. The VISTAs began their service as ACA Coordinators in August 2013. Since that time, they have worked on a wide variety of activities related to the ACA project. VISTA’s have attended trainings, webinars, and participated in meetings with local coalitions to get individuals in the community educated and enrolled in health coverage.

*Lessons Learned:*
Align our organizations to alleviate poverty in our community was a successful collaboration.

“For me, the Affordable Care Act has illuminated the true cost and value of health insurance. My work at MIHS and the stories I’ve heard and personally been a party to have reinforced this conclusion: the only way to have a healthy population is to have a covered population.”

(Source: VISTA Worker)
MIHS contracted with Integrated Health Management Services (IHMS), a contracted Certified Application Counselor (CAC) organization which is locally owned to provide Marketplace and AHCCCS application assistance at MIHS facilities including Maricopa Medical Center, Desert Vista and the Behavioral Health Annex, the HIV Clinic and walk-in clinic. This contract was critical to increase our workforce capacity.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Screened</td>
<td>More than 5,400 consumers</td>
</tr>
<tr>
<td>Supported</td>
<td>4,396 applications</td>
</tr>
<tr>
<td>Achieved Covered Status</td>
<td>2,207 Medicaid enrollees, and 236 Marketplace enrollees</td>
</tr>
</tbody>
</table>

CONSULTANTS

Additional resources were needed to help augment MIHS staff in order to achieve implementation goals. MIHS contracted with ML Thomas Consulting to provide project planning, implementation and support.

As MIHS did not have state-of-the-art call center capabilities necessary to implement an effective inbound and outbound call campaign, MIHS contracted with Call Fusion to conduct both inbound and outbound call campaign. MIHS contracted with a call center to provide a three-pronged initiative between September 1, 2014 and March 31, 2014, including:

1. outbound calls to MIHS customers;
2. outbound calls to the community through Enroll America; and inbound calls resulting from marketing strategies throughout the community.

Outcomes: Project Management Consulting
The consultant assisted with the coordination and implementation of the following activities:

- Designed and conducted outreach to special populations including refugees and the behavioral health community;
- Facilitated and supported the Marketing and Business Development teams;
- Provided oversight of the contracted call center including design and extraction of performance reports and transmission of lists;
- Assisted with the design, compilation and distribution of regular and ad hoc reports;
- Created proposals, protocols and presentations;
- Developed, conducted, and analyzed ACA Strategy survey results;
- Completed strategic planning with team and created a document outlining leads, resources, activities, next steps, and evaluation methodology;
- Updated and published a revised ACA Operational Plan; and
- Created ACA Budget Request utilizing decisions from ACA Strategic Planning group and follow-up with subject matter experts.
Outcomes: Call Center
The call center was a critical strategy to providing inbound and outbound calls. This three-pronged strategy resulted in referring 2,737 people to Medicaid and 1,283 to the Marketplace. A MIHS call center has been established due to the opportunity to expand full-time efforts to this strategy. There were three main approaches with the Call Center:
1) outbound calls to existing MIHS customers;
2) outbound calls based on other data; and
3) inbound calls from our various marketing strategies.

Outbound calls to MIHS customers resulted in 8,000 connections and 1,062 referrals, with 81% to AHCCCS and 19% to the Marketplace. Out of the total number of calls, 2.65% resulted in ACA applications.

Through the outbound call initiative to the community, approximately 52,000 contacts were made leading to 2,126 ACA referrals, with 70% to AHCCCS and 30% to the Marketplace. An auto-dialer provided through the call center was utilized for the outbound call initiative to the community, reaching a larger portion of the community than would have been possible. A variety of marketing strategies were completed to raise community awareness of the toll-free numbers and generate inbound calls. Social media was very successful as a means to generate inbound calls; print and radio ads were also utilized in this strategy. Almost 58% of incoming calls resulted in referrals, with 832 total applications with 46% to AHCCCS and 54% to the Marketplace (See table to the right).

<table>
<thead>
<tr>
<th></th>
<th>MIHS Outbound</th>
<th>Enroll America Outbound</th>
<th>Inbound</th>
<th>Total Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Calls</td>
<td>40,092</td>
<td>380,815</td>
<td>2,619</td>
<td>423,526</td>
</tr>
<tr>
<td>No Dispositions</td>
<td>32,215</td>
<td>329,118</td>
<td>1,105</td>
<td>362,438</td>
</tr>
<tr>
<td>Successful Disposition</td>
<td>7,877</td>
<td>51,697</td>
<td>1,514</td>
<td>61,088</td>
</tr>
<tr>
<td>Non-ACA Dispositions</td>
<td>6,815</td>
<td>49,571</td>
<td>677</td>
<td>57,063</td>
</tr>
<tr>
<td>ACA Dispositions</td>
<td>1,062</td>
<td>2,126</td>
<td>832</td>
<td>4,020</td>
</tr>
<tr>
<td>AHCCCS</td>
<td>863</td>
<td>1,490</td>
<td>384</td>
<td>2,737</td>
</tr>
<tr>
<td>CAC</td>
<td>199</td>
<td>636</td>
<td>448</td>
<td>1,283</td>
</tr>
<tr>
<td>Successful Contact Percentage</td>
<td>2.65%</td>
<td>0.56%</td>
<td>31.8%</td>
<td>0.95%</td>
</tr>
</tbody>
</table>

Lessons Learned
Having dedicated and contracted resources for the ACA initiatives allowed for:
- Additional resources for staff augmentation;
- Coverage during peaks that occurred during large scale implementation; and
- Real-time and on-going collaboration, barrier resolution and adjustment in strategy (i.e., changing the number of agents dedicated to inbound calls vs. outbound calls, altering the language with which the agent engaged the person, and collecting additional data to be examined and utilized in innovation development).
COMMUNITY AND THE COVERAZ COALITION

Because Arizona elected to have a Federally-Facilitated Marketplace, the Cover Arizona Coalition was created. The Coalition, comprised of approximately 600 individuals and organizations statewide, is focused on implementing the ACA. MIHS participated in the Cover Arizona Coalition and believed that working as a community was going to be critical to Arizona’s success. This Coalition allowed many community-based organizations to work on outreach and enrollment events.

Outcomes:
As of April 1, 2014, the AHCCCS Administration was reporting growth in the various programs (See table to the right; Cover Arizona Coalition: Enrollment Outcomes). The federal government will be releasing Arizona numbers soon. It is anticipated to be over 100,000 enrolled in the Marketplace. As of March 1st, the Kaiser Family Foundation reported that approximately 10.5% of the potential Arizona Marketplace Population enrolled (See table below).

<table>
<thead>
<tr>
<th>Location</th>
<th>Marketplace Type</th>
<th>Number of Individuals who have Selected a Marketplace Plan</th>
<th>Estimated Number of Potential Marketplace Enrollees</th>
<th>Percent of Potential Marketplace Population Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>Federally-facilitated</td>
<td>57,611</td>
<td>551,000</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

Lessons Learned:
A grass roots effort, such as MIHS efforts, has been key to successfully enrolling individuals in to both the Medicaid and the Marketplace. Collaborating with other traditional and non-traditional partners allowed us to work together towards a common vision. For example, we partnered with another CAC organization, government entities, and community-based organizations to conduct two refugee enrollment events. Due to these collaborations, we were able to meet some of the community need.

<table>
<thead>
<tr>
<th>Program</th>
<th>12/1/2013</th>
<th>4/1/2014</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prop 204 Restoration</td>
<td>67,770</td>
<td>180,693</td>
<td>112,923</td>
</tr>
<tr>
<td>Adult Expansion</td>
<td>-</td>
<td>14,000</td>
<td>14,000</td>
</tr>
<tr>
<td>KidsCare</td>
<td>46,761</td>
<td>2,098</td>
<td>(44,663)</td>
</tr>
<tr>
<td>Family Planning</td>
<td>5,105</td>
<td>-</td>
<td>(5,105)</td>
</tr>
<tr>
<td>AHCCCS for Families and Children (1931)</td>
<td>672,135</td>
<td>675,607</td>
<td>3,472</td>
</tr>
<tr>
<td>All Other</td>
<td>505,379</td>
<td>544,542</td>
<td>39,163</td>
</tr>
<tr>
<td>Total Enrollment</td>
<td>1,297,150</td>
<td>1,416,940</td>
<td>119,790</td>
</tr>
</tbody>
</table>
MIHS implemented in- and outreach activities to identify vulnerable and hard-to-reach populations such as Latinos and refugees. We have described key examples in our in-reach and outreach efforts. For example, an outreach event specifically designed for members of the Latino community was held on March 1, 2014 at Academia del Pueblo, a school associated with Friendly House, a well-known community-based organization located in Central Phoenix. It was conducted in two time periods, morning and afternoon, to ensure maximum accessibility for the Latino community. Bilingual staff was available to assist members of the Latino community. The event was carried out by TMC Communications.

Outcome:
A total of 150 attendees visited the Latino events, with 41 registered with the MIHS Enrollment Specialists. The event was well promoted in the media and, despite inclement weather, was well attended. A popular media personality in the Latino community, Judith Grace, was the mistress of ceremony. She, along with MIHS Community Relations staff, made presentations to the attendees and encouraged them to sign up or receive additional information. Information tables were staffed by MIHS Enrollment Specialists and Community relations. A total of 129 refugees representing 21 nationalities attended the two outreach events. Of these attendees, 54 were directed towards AHCCCS and 43 were directed towards the Marketplace. Approximately 60% of the total applications that were started were scheduled for follow-up appointments or information for next steps given.

“I found out that I was able to add my three children and my husband at an affordable price….It feels better having health insurance, before I would not even go to a checkup because I did not have insurance.” (Refugee Applicant)

Lessons Learned:
Many people attending the Latino presentation were well prepared and very interested in signing up. MIHS Community Relations provided assistance to attendees from the time they arrived, by directing them to parking, escorting them to the venue and providing answers. We are still evaluating when and how to conduct events with enrollment assistance. We have determined that outreach to refugees are most successful when held at the more central location of the Comprehensive Health Center (CHC). Signs indicating the event location could be translated into additional languages, thus making it accessible to more nationalities. Due to language and health literacy barriers, working with refugee populations can be very labor intensive. Additional staff, financial assistors and Marketplace workers would help the event flow more smoothly.
The ACA enrollment deadline paired with the implementation of Medicaid expansion created an urgent need to communicate with the MIHS customer population and the general public about the changing healthcare landscape in Arizona. Realizing the overwhelming need for information in the community, the MIHS Marketing team was tasked with implementing a communication campaign that would serve multiple purposes. The goals of the Marketing team were to give the community a resource for information regarding the ACA, and generate valuable leads. MIHS partnered with BJC Public Relations (BJC), Torres Marquez Communications (TMC), and Integrated Web Strategy (IWS) to execute a fully integrated, multicultural marketing campaign encouraging uninsured individuals to visit covermeaz.org or call the MIHS helpline for enrollment support.

**Outcomes**

Results of the marketing campaign included:

- Launching a fully interactive, 100% enrollment peak up-time web site with a screening tool in English and Spanish;
- Establishing a campaign vanity number (1-800-NEW-HEALTH);
- Researching and developing a database of on-line users in Maricopa County;
- Leveraging the database with dedicated broadcast e-mail delivery;
- Executing a contractual agreement with Call Fusion to manage outbound and inbound calls as described in the CBPA section;
- Securing English and Spanish news personalities to serve as campaign ambassadors;
- Planning and producing print, television and radio advertising;
- Implementing social media outreach activities and videos for viral promotion;
- Coordinating an ACA Spanish Town Hall; and Securing a tracking service to measure campaign success.

MIHS found thousands of residents had no reliable source for information.
Lessons Learned:
From our experience, the Spanish speaking audience was more receptive to radio and TV promotions, while the English speaking audience was more receptive to online and social media promotions.

There were four key messages that resonated with the community: 1) enrollment deadlines; 2) MIHS can provide financial assistance; 3) you may be eligible for tax subsidy; 4) "The process of staying insured is very stressful especially because of my heart condition the most helpful way to receive information was from the covermeaz.org e-mails and having a person at the clinic assists me with my application.” (MIHS Customer)
The team knew that to transform the health care coverage experience, we had to know where we were, where we were headed, and what needed to change. This section shares some of the key measurements that we managed throughout the project, examining data for each strategy, and making adjustments to targeted approaches as needed. The team acknowledged and built upon small wins, maintained a robust communication plan throughout the project and celebrated successes. The Taskforce was responsible for: 1) collecting data and information; 2) analyzing the data; 3) making recommendations; 4) implementing the plan; 5) evaluating the effectiveness and efficiency of the plan; and 6) making changes to the plan.

While data collection and analysis can be laborious, we learned a great deal through data collection, analysis and reporting. The data provided the analytical basis for process changes. Some of the key successes and lessons came from measuring:

1. appointment availability with financial assisters;
2. Secret Shopper program;
3. volume of calls;
4. number of screenings;
5. number of scheduled appointments;
6. special populations; and
7. Call Center volume.

A weekly report template was established which included:

- Each clinic’s report regarding the number and types of calls received, number of screenings completed, number of application submitted, and the financial assistor’s next available appointment;
- Number of Medicaid leads received from the CovermeAZ.org website;
- Results of Secret Shopper calls;
- Progress on outreach to special populations;
- Number of calls and their dispositions for the inbound and outbound call campaigns, with a breakout of the various targets;
- Weekly and cumulative CAC outreach statistics; and
- An in-depth, detailed analysis of the online campaign, including the numbers of hits, emails, and leads generated.
Exemplary customer service, both internal and to the community, is integral to the MIHS culture. The goal was to get individuals in for appointments within seven working days. Ongoing assessment and evaluation was utilized throughout the project to examine the customer service provided through activities and make quality improvements as needed. The chart below shows how we monitored the schedules.

**Outcomes:**
Overall, MIHS exceeded our goal of having customers be seen for their appointment within seven working days. For the Medicaid program, our average appointment wait was five working days. However, our Copa Care customers had to wait longer, as shown in the chart below.

**Lessons Learned**
MIHS found measuring appointment availability critical to the process as it allowed us to: 1) determine if in-reach and outreach efforts were successful; 2) determine how to maximize existing resources; and 3) hire additional staff for the project. MIHS continues to look at ways to improve our effectiveness and efficiencies to assist individuals in a timely manner.
Financial assistors at the MIHS Clinics were trained on the expansion of Medicaid. Receptionists and personnel were informed of the changes and required to pre-screen customers who inquired about health insurance. Additionally, CAC workers were stationed at clinics to assist with Marketplace enrollment. In clinics without CAC workers, those screened eligible for the Marketplace were referred to Marketplace. MIHS created the Secret Shopper program to gauge whether adequate training had been provided to the assistors.

MIHS Secret Shoppers called the clinics with an anecdote about needing insurance. It was the job of the employee to direct the Secret Shopper towards the appropriate enrollment program (Medicaid or the Marketplace). While on the phone, the Secret Shoppers recorded: 1) the number of rings before the phone was answered; 2) who answered the phone; 3) if pre-screened for AHCCCS, what screening questions were asked; 4) if they were referred and to which source; 5) if the information was easy to understand; 6) whether the call was helpful; and 7) additional important comments.

Each clinic was called once a week. If the clinic had not pre-screened the Secret Shopper the previous week, the clinic was called twice the next week. Weekly reports were sent to the Clinic Managers. This data was compiled and reported on a weekly basis throughout the duration of the project.

**Outcomes:**
The reports provided an opportunity to implement quality improvement measures to better serve the MIHS customer and community. Although call volume at the end of the open enrollment period was high, there were very few calls that were rated not helpful in the last few weeks. Below, the Secret Shopper Report Card shows the improvements the organization made based on the data.
Lessons Learned
The secret shopper calls proved to be beneficial for the clinics. The majority of the time the secret shoppers were pre-screened and referred for enrollment assistance. The employees of the clinics were aware of the pre-screening tool, and utilized it when there was an inquiry about insurance. They were also informed about next step whether it be applying for AHCCCS or enrolling through the Marketplace. If an assistor did not pre-screen the secret shoppers or was not helpful it was the Clinic Manager’s job to analyze the situation. Secret shopping is a good tool to measure the quality of service.

“The Secret Shopper calls provided us with valuable data on how well our staff understood the screening process in guiding customers to either Medicaid or the Marketplace. It made us aware of opportunities which we were able to address by developing and implementing further education on the screening process.” (MIHS Employee)

VOLUME OF CALLS
MIHS needed to capture the data pertaining to the number of calls coming in to each site in order to measure the effectiveness of various strategies. To do this, the volume of calls received prior to and after October 1, 2013 was reviewed. Weekly reports captured the number of incoming calls, and additional data gathered from the calls served as a means to monitor progress and success of efforts. Data was evaluated on total volume, language, and service. Specific data for targeted zip codes was also collected.

Outcomes:
Prior to October 1, 2013, the overall incoming call volume received throughout MIHS sites was approximately 83% English and 17% Spanish. Targeted in-reach and outreach efforts were conducted to reach the Hispanic community. As demonstrated by the data, the efforts to reach the Hispanic community were successful. MIHS received over 16,000 calls related to ACA, with approximately 54% English and 42% Spanish. Over 7,000 screenings were conducted during these calls, with approximately 58% in English and 42% in Spanish.

Lessons Learned:
The data was valuable to help us determine the effectiveness of the Latino outreach. When we analyzed pre-ACA calls to post-ACA “Go Live”, there was a significant increase in Spanish callers. The data helped us determine staff needs while focused on targeted zip code campaigns.
A financial assister at each clinic was dedicated to assisting with Medicaid applications, provided scheduled appointments and accepting walk-in customers as available. MIHS hired financial assistants to help individuals apply for AHCCCS utilizing the HEA-Plus web portal.

**Outcomes:**
As a result of the appointments, approximately 6,800 applications were submitted, as noted in the table to the right. At this time, there is limited ability to identify if the individual was actually enrolled in the plan. MIHS is measuring other types of data to see if the individuals are enrolling. At this time, there is limited ability to identify if the individual was actually enrolled in the plan. MIHS is measuring other types of data to see if the individuals are enrolling. We have seen an overall reduction in uncompensated care by 11% when comparing data from the fourth calendar quarter of 2013 versus January 2014. MIHS is hopeful that we will continue to see reduction in uncompensated care.

<table>
<thead>
<tr>
<th>Submitted Applications</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Traditional Medicaid</strong></td>
<td><strong>Expanded Medicaid</strong></td>
</tr>
<tr>
<td>Total: 3,384</td>
<td>1,288</td>
</tr>
</tbody>
</table>

**Lessons Learned:**
MIHS is exploring ways to measure enrollment in addition to the number of applications submitted.
**SPECIAL POPULATIONS**

Our two-pronged approach was to conduct in-reach to current customers and outreach strategies to the community. One of our key strategies was to focus on MIHS established customers who were identified as high priority. Four special populations were identified: 1) Persons Living with HIV/AIDS (PLWHA); 2) Pre-Existing Condition Insurance Plan (PCIP); 3) Kids Care II; and 4) Part-time Employees. Each special population had a team dedicated to develop and implement a plan specific to that population, incorporating targeted campaign strategies. In reaching these groups, our goals were to: 1) identify possible uninsured or underinsured individuals; 2) informing consumer about changes to health care; 3) educating consumers about where to go to get financial assistance and subsidies; and 4) assist them with enrollment. The teams utilized data and provided weekly reports to identify key markets for education and marketing activities, and to make adjustments as needed. Accomplishing these goals involved many processes and departments throughout the MIHS system. Some of the processes included mass mailing and phone calls.

**Mass Mailings.** The initial process began with generating mass mailing lists:

1. Customer lists were generated for each of the MIHS clinics and divided by four categories: those on AHCCCS, PCIP, KidsCare, and Copa Care.
2. Letters were created for each of the categories and included a general list of needed items and expectations for Marketplace enrollment.
3. Letters were printed in English and Spanish, and specific to the clinic where the customer received services.
4. Letters were stuffed and mailed, with the goal of sending 2,500 letters daily until all letters were sent.

The results of the mass mailing revealed a total of 13,824 letters sent in a 1.5 week time period, with a return rate of 11.8%.

**Phone Calls.** Allowing two days for delivery of the letters, the next step entailed having the VISTAs conduct follow-up phone calls. Calls consisted of asking the customer if they had received the letter, informing them of changes in coverage, and an initial eligibility screening. If the customer did not answer or respond to voice message after three attempts, they were labeled as “unable to contact”. Success rate of the calling campaign averaged 44%. 

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**MIHS CULTURE OF COVERAGE**

**THE DATA-DRIVEN PROCESS**
**Outcomes:**
The table below illustrates our success in reaching special populations. Of the individuals in these four groups, MIHS submitted 1458 applications for special populations.

<table>
<thead>
<tr>
<th>Population</th>
<th># in Group</th>
<th>Medicaid Submitted</th>
<th>FFM Submitted</th>
<th>Other Insurance</th>
<th># Submitted</th>
<th>Successful %</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>1,405</td>
<td>719</td>
<td>260</td>
<td>121</td>
<td>1,100</td>
<td>78%</td>
</tr>
<tr>
<td>Part Time Employees</td>
<td>589</td>
<td>89</td>
<td>24</td>
<td>177</td>
<td>290</td>
<td>49%</td>
</tr>
<tr>
<td>PCIP</td>
<td>71</td>
<td>2</td>
<td>10</td>
<td>8</td>
<td>20</td>
<td>28%</td>
</tr>
<tr>
<td>KidsCare II</td>
<td>209</td>
<td>16</td>
<td>9</td>
<td>23</td>
<td>48</td>
<td>23%</td>
</tr>
<tr>
<td>Grand Totals</td>
<td>2,274</td>
<td>826</td>
<td>303</td>
<td>329</td>
<td>1,458</td>
<td>64%</td>
</tr>
</tbody>
</table>

“MIHS is dedicated to serving the entire community, including the underserved and medically needy. Considering the day-to-day challenges faced by many of our customers, I think any number of them would have given up attempts at enrollment simply because they felt so overwhelmed. Our success at helping especially vulnerable populations obtain much needed health insurance will help provide stability to their lives and communities.”

(MIHS Employee)

**Lessons Learned:**
Focusing on Special Populations was invaluable for these especially vulnerable populations. MIHS found these different strategies to be overall successful.
**RETENTION IN CARE**

Projections for enrollment in the new insurance options created under the ACA and AHCCCS are often point-in-time estimates. However, people frequently move in and out of health care insurance coverage. The process is dynamic and can change for an individual over the course of a year. How can MIHS reduce “churning?” “Even in states with the least churning, we estimate that more than 40% of adults likely to enroll in Medicaid or subsidized Marketplace coverage would experience a change in eligibility within twelve months.” (Source: Health Affairs Vol. 33, no. 4, 700-707, published on-line March 2014).

This churn in enrollment is important to understand and predict. In order to maximize the number of insured MIHS customers we need to:

1) reach individuals who become eligible for coverage between open enrollment periods;
2) understand the extent and nature of churn in our organization and in the state, thereby helping us plan for ongoing enrollment, ensuring smooth health coverage transitions, continuity of care, and reducing un-insurance;
3) implement health literacy and health financial literacy education; and
4) look at ways to engage customers in their care as soon as possible.

**Outcomes:**
During our first year, the following activities, as highlighted in the table to the right

**Lessons Learned:**
It has been reported that AHCCCS has thousands of individuals that fall-off each month. There are already discussions regarding individuals who may not pay their Marketplace premiums. It is critical to collect data and identify the main reasons that churning occurs. MIHS must create innovate programs and services to reduce churn.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Created a plan for reaching individuals between open enrollment.</td>
<td>Implement screening at clinics to see if customers are uninsured and who may have the ability to apply for AHCCCS or have a Special Enrollment Provision that allows them to apply before the next Enrollment.</td>
</tr>
<tr>
<td>Create reports to track, identify and measure the churning and opportunities to re-enroll.</td>
<td>Under development.</td>
</tr>
<tr>
<td>Offer Health Literacy and Health Financial Literacy Classes</td>
<td>Created curriculum and will begin offering classes at our Family Learning Centers.</td>
</tr>
<tr>
<td>Implement a Preventive Services Initiative</td>
<td>Collecting data and designing program</td>
</tr>
<tr>
<td>Conduct Customer Satisfaction Survey</td>
<td>Piloting survey</td>
</tr>
</tbody>
</table>
MIHS used Survey Monkey to develop an internal survey. Our targeted audience was MIHS financial assisters, CAC assistants, and Executive and Steering ACA committee members. Of the 21 respondents, eight identified as financial assistants, eight identified as Steering/Executive committee members, and five identified as other.

Outcomes:
The survey provided some feedback on our strengths and opportunities.
- On a scale of 1 to 5, with 1 being not successful at all and 5 being very successful, the success rate of the education of staff about Medicaid and the Marketplace were individually rated as 2.7.
- When asked to rate the training process on a scale of 1 to 5, with 1 being extremely inadequately trained and 5 being extremely well-trained, respondents rated training on the changes to Medicaid at 2.9 and training on the initial screening of applicants 3.1. The training process for Marketplace referrals was rated 2.3. These results can be seen in the chart below.

![Chart showing the average rating of respondents for different processes](chart.png)
Lessons Learned:
The survey results indicate that MIHS needs to provide more training and clarifications for both plans. Employees had a favorable view of MIHS’s teamwork efforts, screening implementation and effective communication. MIHS’ dedication to a culture of coverage was rated above average, but improvement are anticipated for this area.
EDUCATING CONSUMERS

MIHS anticipated that people who are insured for the first time may not understand the language of coverage (i.e., copay, premium) and how to use their insurance. Additionally, it is imperative that individuals understand the requirements of insurance payments so that they do not miss payments and/or lose their coverage. Both Health Literacy and Health Financial Literacy classes were developed to help educate newly insured individuals understand their new health coverage.

MIHS created learning material, which was available for distribution to class participants, with a focus on the following items:

- Why it is important to have health coverage
- Top 10 definitions of health coverage terms
- Explanation of “cost sharing”
- How to read an insurance card
- How to make a medical appointment at MIHS
- How to set up an E-mail, HEAplus and/or FFM account online
- How to pay a premium
- How to use pre-paid debit cards to make payments

Each class will be taught to registered attendants at the Family Learning Center. Classes will consist of a 20 minute PowerPoint presentation. Interpreters will be available at each class to assist with Spanish speaking participants. Classes will include a pre- and post-test so that they can be evaluated with changes made to create the best outcomes.

Outcomes:

- Curriculum for classes
- Identification of target population
- Social Media Recruitment plan
- Location for classes secured

Lessons Learned:

MIHS anticipates starting Health Literacy and Health Financial Literacy classes in May 2014 and will evaluate the effectiveness of these classes.
CONCLUSION

The lessons we have learned from our work in Year 1 are detailed in Attachment A. MIHS was successful in connecting customers with care, and by reflecting on the lessons learned in this process, we have learned how to improve our efforts to help connect more customers to health care.

ACKNOWLEDGEMENTS

MIHS is pleased to acknowledge these collaborators and colleagues within our organization as indispensable partners in our “Cover” Story:

<table>
<thead>
<tr>
<th>The following departments at MIHS:</th>
<th>Staff at the following hospitals and clinics:</th>
<th>The following community partners:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care</td>
<td>7th Avenue Family Health Center</td>
<td>Academia del Pueblo</td>
</tr>
<tr>
<td>Business Development</td>
<td>7th Avenue Walk-In Clinic</td>
<td>BJC Public Relations</td>
</tr>
<tr>
<td>Business Office</td>
<td>Avondale Family Health Center</td>
<td>Call Fusion</td>
</tr>
<tr>
<td>Complete Comfort Care</td>
<td>Behavior Health Annex</td>
<td>CoverAZ Coalition</td>
</tr>
<tr>
<td>Contracts</td>
<td>Chandler Family Health Center</td>
<td>District Medical Group</td>
</tr>
<tr>
<td>Cultural Services</td>
<td>Comprehensive Healthcare Center</td>
<td>Enroll America</td>
</tr>
<tr>
<td>Duplicating Center</td>
<td>Desert Vista Behavioral Health Center</td>
<td>Friendly House</td>
</tr>
<tr>
<td>Family Learning Centers</td>
<td>El Mirage Family Health Center</td>
<td>HandsOn Greater Phoenix AmeriCorps VISTA Program</td>
</tr>
<tr>
<td>Finance</td>
<td>Glendale Family Health Center</td>
<td>Integrated Health Management Services</td>
</tr>
<tr>
<td>Grants and Research</td>
<td>Guadalupe Family Health Center</td>
<td>Integrated Web Strategy</td>
</tr>
<tr>
<td>Health Science Libraries</td>
<td>Maricopa Medical Center</td>
<td>Living Well Institute AmeriCorps VISTA Program</td>
</tr>
<tr>
<td>Healthcare Reform Implementation</td>
<td>Maryvale Family Health Center</td>
<td>ML Thomas Consulting</td>
</tr>
<tr>
<td>Committee and Taskforce</td>
<td>McDowell Healthcare Center</td>
<td>Ryan White Grantees and Providers</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Mesa Family Health Center</td>
<td>TMC Communications</td>
</tr>
<tr>
<td>Mail Department</td>
<td>South Central Family Health Center</td>
<td>Torres Marquez Communications</td>
</tr>
<tr>
<td>Marketing and Communication</td>
<td>Sunnyslope Family Health Center</td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration and Eligibility</td>
<td></td>
<td></td>
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<tr>
<td>Senior Management</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Attachment A: Key Lessons Learned

When we reflect on the lessons learned in Year 1, we see that they fall into seven themes: adopt a vision, challenge the conventional way MIHS does business, appoint a strong leader and a team to focus on new opportunities, build a community based participatory result, focus on key messages, be data driven, and plan for the future. These lessons can be analyzed for feedback and strategies for future open enrollment activities for the ACA.