Developing a Medical-Legal Partnership in Rural Appalachia

COMMUNITY HEALTH PARTNERS FOR SUSTAINABILITY

STRENGTHENING HEALTHCARE FOR RESIDENTS OF PUBLIC HOUSING
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Handouts Available

Access documents via the “Handouts” pane in the control panel.
Today’s Presenters

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In the beginning...an idea with a training partner
$\$ Funding

National Nurse-Led Care Consortium Kresge Foundation Grant Fall 2014
- $50,000 to initiate a medical-legal partnership
Access to Justice by Design
Tennessee’s Unique Challenges

• State agency does not accept Medicaid applications for all open categories of Medicaid (only state in nation)

• No working computer system to screen for Medicaid eligibility

• No in-person application assistance from State

• Months long delays in processing applications

• Ranks 36th nationally in child well-being*

• 78,000 uninsured children statewide*

*KIDS COUNT report by the Annie E. Casey Foundation
Building Medical-Legal Partnership

• Initial Funding from National Nurse-Led Care Consortium

• Throughout 2015, legal and clinic staff have met (in person & by phone/Skype) for discussion, training, and relationship building

• Teams worked together to find intersections of patient need with legal expertise
  ◦ For example, TJC helped develop educational materials for long-term care program
Diving Deeper Into Patient Need

• We reviewed demographic data of uninsured patients to guide focus of MLP

• Found 750 children who are uninsured; almost all will be eligible for coverage

• Decided to focus on the child patient population initially

• Currently implementing outreach & advocacy plan to enroll these children
What We’re Doing Now

• Contact families of uninsured child patients & provide necessary assistance to get coverage

• Seamlessly transition patients with legal problems to legal partner

• Track MLP outcomes on patient health & financial return on investment for medical partner
Challenges and Opportunities

• Continuing to bridge difference in vocabularies, processes, etc. for medical & legal teams

• Unique challenges in rural area (e.g., culture, pride, settle immigrants, fear).

• Geographical distance & telehealth

• Resource limitations for both partners

• Eventually expand focus to meet additional legal needs addressing the social determinants of health
  • For example, TJC researched state policy on Medicaid for inmates
East Tennessee State University
Community Health Centers

A Medical Legal Partnership:
BRIDGING THE GAPS

- Access To Care
  Rural Appalachia
- Distance
  Johnson City to Nashville
  284 miles
- Time Zones
  EST to CST

Telehealth
Outreach

- **Referrals through Electronic Health Record (EHR):** Nurse Practitioners & other practitioners (i.e. mental health, dental, social work) through referral process & patient plans
- **Scheduling:** Screening of uninsured children for insurance needs (i.e. child screening; parents & other family members qualify)
- **Monthly Reports:** Generated by EHR that give snapshot of uninsured children seen at multiple locations
- **Outreach Events:** Numerous outreach events to educate patient clients within the health center locations & locally
#1 Outreach Tool

**Word of Mouth:** especially in Latino/Hispanic & Liberian communities

Importance of BUILDING TRUST with the community
Enrollment

- **Operationalizing**: Taking insurance from one person’s job to educating the health center team members their role is as important.
- **Changing Mindset**: Not just a job one time a year. This is a commitment all year long, to better health outcomes for our community.
- **Processes**: Streamlining the workflows for applications & appointments (insurance affordability programs)
  - **Appointments**: Time range may vary
- **Follow-up**: Record keeping for denials, appeals, & required reporting (i.e. immigration status, income changes, tax information)
Data Tracking

• Capturing Accurate Data:
  • **Being a Step Ahead:** Before the consumer arrives, prepare by using a state-wide tool for checking eligibility & preparing HIPAA forms (i.e. HCFA Authorized forms)
  • **Building the Tools:** Screening tools for intake, excel based data sheets for tracking, & EHR/EPM tools
  • **Check, Recheck, and Check Again:** Constant data mining (i.e. tracking 45 days for Medicaid)
Data Tracking: The Tools

• **Consumer Application Tracking:**
  • **Advocate:** Being an advocate for the patient means having the data at our fingertips for both medical & legal partners
  • **Excel Reports:** Created Excel Tools for ongoing tracking from multiple resources that can be safely shared
  • **Evidence Based Practice:** Created, trialed, and shared-- A SUCCESS! Emailed out to 101 people, distributed to all CACs in health centers across TN (99 CACs in 26 health centers)
Referral

• Process:

  • **Developed intake documents:** See attachments 1, 2 & 3
  
  • **Transmission of intake documents:** Via email (secure server) or fax (secure line)
  
  • **HIPAA:** Per terms of the Business Associate Agreement (BAA), we comply with HIPAA regulations. All referrals from ETSU come with Health Care & Finance Administration (state agency) developed Authorized Representative form.
Case Management

1. Initial contact: TJC contacts client (written letter & request for more information)

2. Data entry: TJC receives communication from client. Input into TJC database

3. Intake: TJC makes intake phone call, if necessary

4. Screen: TJC screens client for all insurance affordability programs (i.e. Medicaid, CHIP, subsidized qualified health plan)

5. Enroll: TJC helps enroll in insurance affordability program, if no application has been done

(NOTE: CAC usually does in-person applications.)
Case Management Continued

6. **Case manage:** TJC “funnels” clients into 3 main buckets:
   - 1. Medicaid delay (*Wilson vs. Gordon*),
   - 2. CHIP issues, &
   - 3. QHP enrollment/appeal

7. **Monitor:** TJC monitors for due-process issues & represents clients in hearings, when necessary

8. **Report:** TJC closes case and sends closing case report to ETSU of outcomes

9. **Celebrate shared victories!**
Data: July 2015 to February 2016

• From July through October, **60%** uninsured children patients

• From November through March, **38%** uninsured children patients

• Children enrolled in Medicaid: **188**

• Parents enrolled in Medicaid: **56**

• For each uninsured patient that is enrolled in Medicaid, the clinic stands to receive a **463% increase** in revenue generation per visit
Impact for Patients

Enrollment of children in Medicaid provides access to:

- Preventive health care-annual wellness visit
- Episodic illness visits
- Vaccinations
- Specialty care and services if indicated
- Decrease in family stress
- Decrease in family financial strain
- Increase in opportunity to identify other social determinants of health deficits
Using Data to Advocate

Through creation & use of CHIP Excel report, we saw systemic impact in the following areas:

- CHIP HIPAA policy
- State agency public sharing of Spanish Authorized Representative Organization form
- CHIP “fast track” enrollment process
# CHIP Excel Report

## CoverKids Applications Data Tracking

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<th>DOB</th>
<th>Date of Application</th>
<th>Date Authorization Faxed</th>
<th>Electronic/Paper Application</th>
<th>Date of 45th Day</th>
<th>Status/Notes</th>
<th>Effective Date</th>
<th>Appeal Necessary?</th>
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Spotlight Cases

• Medicaid Enrollment

• Student Health: "YOU’RE CHANGING AND SAVING LIVES IN HERE!"

• MLP works both ways
Questions?

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