



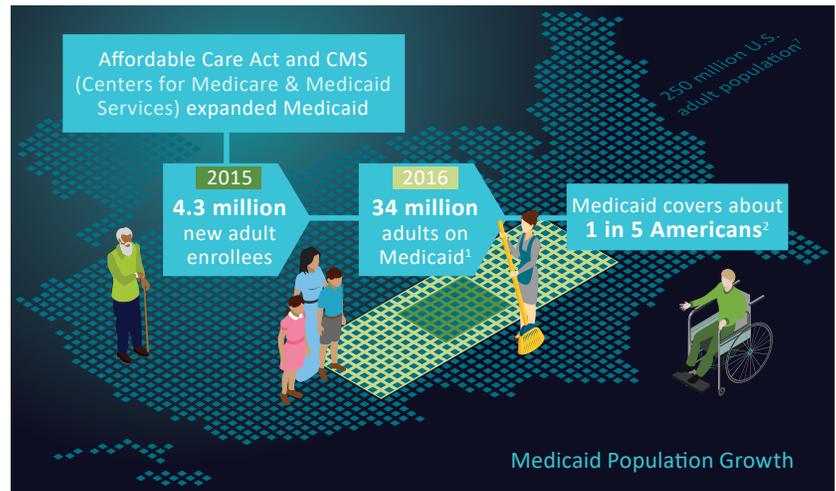
Medicaid Engagement

Population Health Matters by Wellsource®

When you take a close look at Medicaid participation for the population you serve, you will likely notice that enrollment doesn't always mean engagement. Being enrolled in Medicaid and receiving a Medicaid card in the mail does not necessarily translate to a Medicaid member taking advantage of included benefits, such as preventive care services.

Enrollment does not equate to scheduling an appointment for minor health issues before they become emergencies, following up with a specialist after an ER visit for appropriate treatment, or even complying with instructions given at an appointment or post-discharge from the hospital.

While states tend to have different guidelines regarding Medicaid populations, there are a few common expectations for meeting quality metrics to lead to improved results: increased quality of clinical management, an improved member or patient experience, healthier outcomes, and enhanced efficiencies.



Medicaid health plans and providers change lives

Medicaid spending topped \$552 billion in 2015 and exceeded \$548 billion in 2016. Of this spending, more than half was contributed by the Federal Government.

Discussion of an Affordable Care Act (ACA) replacement has focused in part on the rising costs of the Medicaid program. The concept of Medicaid expansion now faces potential obstacles, while reining in the costs remains a highlighted challenge that the Federal Government may soon push down to the states. States that expanded Medicaid under the ACA have seen the positive impact on their populations.

In Alaska, Health and Social Services Medicaid Provider Ken Waugh sees how health insurance and access to affordable care changes lives every day.

“The benefit of Medicaid expansion for the people I serve is being able to have affordable health care,” says Waugh. “It’s being able to have those routine check-ups, to discover the cardiac issues that are left until they become crippling to discover, or the diabetic issues that are left until they end up on dialysis, or have to have amputations. It also lessens the economic burden on the state and on the individual.”³

So how can you better engage your Medicaid population?

If you really want to change lives as a Medicaid health plan, care coordinator, or healthcare provider, learning how to increase

Medicaid participation and engagement can have a big impact on healthcare costs, outcomes, and the health of every person you insure, see in your clinic, or work with to get the care they need.

Never in the last 150 years has increasing engagement been so critical to individual and public health. Member engagement is crucial to driving healthy behaviors that can improve outcomes and drive down costs.

Following discussions and conference presentations highlighting ways in which Medicaid plans and health providers increase engagement and participation, a number of common methods have risen to the top.

1. Understand the Medicaid population you serve

Understanding how to improve engagement and participation for your Medicaid patients and population can have a direct impact on health, quality of life, and cost of care.

Medicaid enrollees are a diverse audience with an often complex set of circumstances and needs. There is no one-size-fits-all solution to encourage Medicaid enrollees to use their health benefits. They may have unique challenges that are outside of their control. Medicaid enrollees tend to face a myriad of socio-economic influencers.

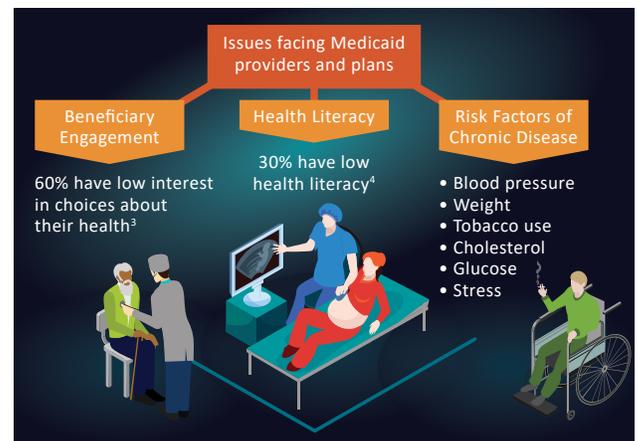
When evaluating or designing engagement strategies, it is important to consider:

- Tools that can help initiate a conversation with Medicaid members about their health status and their risk factors for preventable disease that can further exacerbate their life's challenges
- Multiple avenues of communication
- Level of health literacy
- Ways to meet members where they are
- Incentives that are most meaningful to them

Risk factors linked to costs for Medicaid population

With an estimated 34 million adults insured by Medicaid plans in the United States, data for this population suggests that the greatest savings can be achieved by addressing behaviors or risks that contribute to:

- Chronic diseases
- Tobacco use
- Disabilities
- Long-term care
- Oral health issues
- Mental illness, depression and stress
- Other health-related problems



Medicaid Health Risk Assessment

Learning more about the Medicaid population you insure or provide healthcare services to can help you better understand their health status, risks for chronic disease, socio-economic influencers affecting their well-being, and motivation to make changes for better health.

A health risk assessment designed to identify the unique needs of your Medicaid population can help:

- Encourage patient—care provider dialogue and shared decision-making
- Educate and motivate individuals to take a more active role in their health care
- Medicaid healthcare providers better develop and prioritize treatment plans and intervention programs
- Identify key areas where individuals are ready to change behaviors so providers, care coordinators, and health plans can target programs and interventions most likely to be well-received by an individual

ME MY HEALTH MY FOOD MY ACTIVITIES

WELLNESS PROFILE

Where does the food you eat come from?

Grocery store
All the time Most of the time Sometimes Seldom
Never

Garden
All the time Most of the time Sometimes Seldom
Never

Meals brought to my home
All the time Most of the time Sometimes Seldom
Never

Sit-down restaurant
All the time Most of the time Sometimes Seldom

Each day, I eat: 7 servings of fruit.

Each week, I eat: 2 servings of red or processed meat.

Dr. Srinivas Merugu, Medical Director, United Healthcare Community Plan of Ohio, believes that patient engagement is key to achieving triple aim objectives: improve patient experience, reduce costs, and improve population health.

According to Dr. Merugu, 40% of an individual’s health is determined by social and economic factors. These factors include access to nutritious food, job opportunities, and environmental conditions. A higher level of engagement with members can help the health plan and provider identify and influence these social determinants of health. This ultimately drives healthy behaviors and reduces the risk of chronic disease.

The health risk assessment (HRA) is at the core of United Healthcare’s Medicaid member engagement strategy. The HRA is one of their most effective tools for identifying and influencing social determinants of health. It’s “powerful for gathering in-depth understanding of members’ social needs,” says Dr. Merugu.

United Healthcare administers an HRA that has customized questions about social determinants of health and offers an individualized participant experience. For example, the HRA might ask where an individual shops for food, or if they are exposed to secondhand smoke at home. The data collected by the health plan can be extremely valuable. It can help staff immediately connect the member to resources to address health risks.

But it's not just the data collection that makes an HRA valuable. Dr. Merugu emphasizes the benefits of the assessment in physician-patient interaction. In reviewing the results of the HRA, the physician can help the patient understand and address the root cause of their particular health issues. The HRA can spark "Aha moments," making it a valuable tool for inspiring behavior change. The provider can help with setting goals and guide the patient with action-oriented advice, referrals to programs and services, and educational materials.

United Healthcare Community Plan of Ohio has seen that an innovative HRA process does a lot to engage their Medicaid members. By administering the tool each year, they can measure how well their members are taking preventive action to lower disease risk.

2. Offer incentives that members value

Medicaid health plan providers in 10 states are currently participating in a pilot study using grant funds from the Centers for Medicaid & Medicare Services. The goal, says lead researcher Dr. Thomas Hoerger, is to improve Medicaid participation and engagement by using incentives. Enrollees can earn cash payments, pre-loaded debit cards, and gift certificates for \$20 to \$1,150 in California and Texas.

Other participating states provide incentives by offering Medicaid enrollees things like free classes, tobacco cessation products and counseling, health coaching, and access to gyms.

"Incentive programs offer a potentially attractive means for better engaging Medicaid beneficiaries and encouraging them to change unhealthy behaviors," says Hoerger.

If you're a health insurance organization that serves the Medicaid population, or you're a healthcare provider who accepts Medicaid, how can you offer incentives without a budget or grant funding to increase Medicaid participation?

Consider partnering with a non-profit or local organization to offer an incentive to increase participation. The incentive could be a gift card from a local grocer given to each person who gets a flu shot. Maybe a neighborhood clothing store would donate a free pair of jeans for each person who attends a weekly weight loss class.

One Mid-Atlantic health plan is piloting a partnership with local YMCAs to offer Medicaid enrollees a free 6-month membership and sessions with a personal trainer as an incentive to take a health risk assessment and meet key milestones in their wellness plan. The goal: help Medicaid enrollees learn to eat healthier and get regular exercise to prevent and manage disease.



3. Use mobile technology, send text messages

Most people own a smartphone, cell phone, or other device capable of receiving text messages. And that includes people who are eligible for Medicaid. In fact, a recent survey from the Pew Institute found that 86% of people with a household income below \$30,000 own a cell phone.

If you want to improve Medicaid participation and engagement, send text messages. In a clinical trial at Montefiore Medical Center in New York, text messaging by one Medicaid health plan helped enrollees take medications as prescribed and keep appointments with healthcare providers.

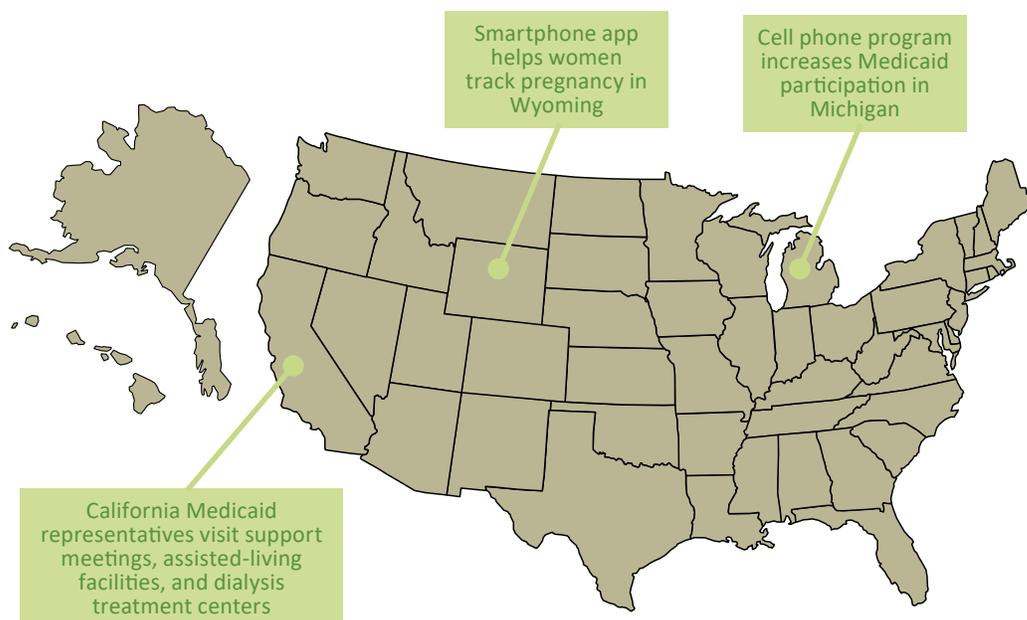
A growing number of Medicaid health plans and providers have found that text messaging is more engaging, interactive, and immediate than phone-call follow-ups and snail-mail notifications. It's also more cost-effective over thousands of dollars spent in snail-mail notifications and reminders.

In Michigan, OmniCare Health Plan launched a program to provide free cell phones to its Medicaid members, cover monthly service charges, and provide 250 minutes of free voice service. And any cell phone communications with OmniCare didn't count against the free minutes. The cell phone plan helped OmniCare increase Medicaid participation, get enrollees connected with care providers, and keep appointments.

Wyoming Medicaid's care management program has successfully used a smartphone app to address pregnancy complications.

Launched in January 2014, "WYhealth Due Date Plus" helps pregnant Medicaid members in the state track their pregnancy on their phone.

The rural nature of the sparsely populated state creates challenges for an expectant woman. When an issue with their pregnancy comes up, she might not want to travel the long distance to her healthcare



provider for a check-up. Medicaid pays for about half the births in Wyoming¹. WYhealth recognized that reducing pregnancy complications could generate significant cost savings. “If we could prevent one low birth baby or neonatal intensive care unit baby, we’ve paid for the whole program right there,” said Dr. James Bush, the medical director of Wyoming Medicaid.²



Though many residents live on remote farms, most have internet access and a smartphone. 90% of pregnant women in the state are millennials. Of these, 85% own a smartphone. They can download WYhealth Due Date Plus for free to take advantage of the following features:

- **Health information:** weekly/daily content, personalized milestones, health issue and symptom look-up
- **Reminders:** when to take prenatal vitamins and schedule appointments
- **Provider look-up:** locates obstetricians and pediatricians near user’s zip code
- Community resources look-up
- Free 24/7 nurse hotline

Providers and community-based organizations conducted outreach and promotion to get the word out about the app. It’s had more than 2,000 users since launch. Engagement data shows that each user opened the app an average of 8 days per month. 64% of users accessed Wyoming Medicaid health benefits information. The literacy level of the app is customized for the user, making the information easy to understand.

WYhealth found that users of the app were statistically more likely to complete a first trimester prenatal visit than non-users. They estimated that 6 low birth weight outcomes and 1 NICU admission were avoided. This translates to a total cost savings of \$333,900 and an ROI of 3:1.



Want to learn more about how this text messaging program worked to increased Medicaid participation?

[Check out the presentation, study design, and results from the National Council for Behavioral Health.](#)

4. Be more visible

Your Medicaid health plan, practice, or clinic probably has regular office hours, a website, and phone number. You may even send out regular mailings with information about Medicaid services and preventive care to current and past plan members or patients. But that doesn’t mean people are always going to visit your site, call, or read to get information about their health.

In California, some Medicaid health plans send representatives out to places like support group meetings, assisted-living facilities, and dialysis treatment centers to meet with Medicaid enrollees. And in some states, Medicaid care managers even go to places like parks and transit centers to visit with Medicaid enrollees, answer questions, and provide information and resources.

5. Create community partnerships

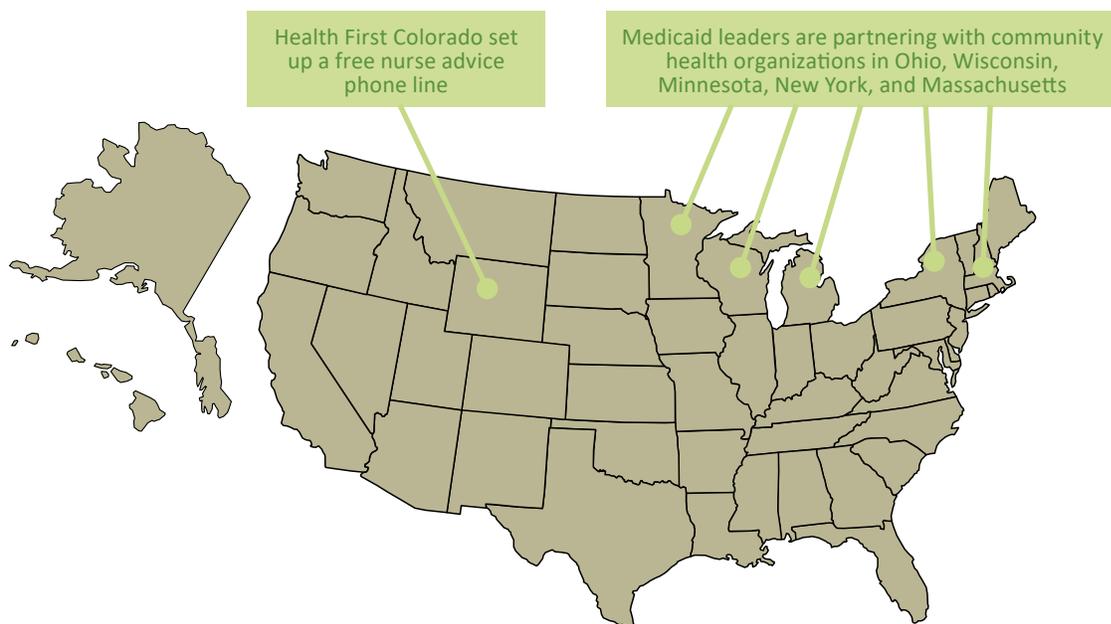
Instead of waiting for Medicaid engagement and participation to magically improve, take action to increase your influence by networking and creating partnerships with other organizations that serve people who rely on Medicaid for healthcare.

You might think networking works best in the business world, and not for improving participation for people covered by Medicaid. But that's just not the case. Networking in any industry, corporate, non-profit, and even state-funded programs and agencies will always help you and your organization make a bigger difference.

“You have to get out there and connect with people. It's not called net-sitting or net-eating. It's called networking. You have to work at it.”

And that's exactly what Medicaid leaders in states like Ohio, Wisconsin, Massachusetts, Minnesota, New York, and others are doing. Partnering with community health workers and non-profit organizations in the community is another good way to build trust and relationships to get information about Medicaid services to vulnerable populations.

In Massachusetts, one Medicaid health plan provider partnered with the non-profit Together4Health for funding and support to pass out socks to Medicaid's most vulnerable enrollees. The partnership helped build relationships of trust with the Medicaid population, and ultimately helped people get transportation to see a doctor whenever necessary.



6. Accommodate low health literacy

An estimated 30% of Medicaid enrollees have low health literacy. It's a barrier that negatively impacts Medicaid participation and engagement. And it's why many states have moved to creating content for Medicaid enrollees with a third to eighth-grade reading level.

Even if your state Medicaid program already has health literacy standards in place, take a closer look at all the documents and communications for Medicaid enrollees (emails, brochures, newsletters, web pages, blog posts, text messages, etc.) and see if you can make them easier to read.

For example, resources about how to manage blood pressure or diabetes should be written in easy-to-understand language with clear action steps someone can follow. Using a health risk assessment designed specifically for the Medicaid population can also help provide health education and encourage participation and engagement.

"The growing trend in the Medicaid program toward lower readability levels is encouraging," says Aracely Rosales, Medicaid health literacy advocate and winner of the Robert Wood Johnson Community Health Leadership Award.

Health First Colorado (the state's Medicaid Program) has set up a Nurse Advice Line that is available for free 24/7 to Medicaid members. It is staffed by registered nurses and offers medical advice to callers.



A goal of the program is to increase health literacy and patient engagement. Medicaid members often need help with chronic conditions, such as diabetes and asthma. The hotline can answer these questions and provide personalized, easy-to-understand advice.

The NAL aims to direct patients to the right level of care, at the right time, in the right setting. For example, a patient who is unsure about whether to go to the emergency room for a wrist injury might be advised to see urgent care instead. ER misuse can be a very costly error – and Medicaid patients go to the ER at twice the rate of those with private insurance.⁶ Redirecting patients who have non-urgent conditions to a lower level of care can substantially reduce Medicaid costs.

A nurse may also redirect a patient with a life-threatening condition to the ER. A Medicaid patient may not quickly realize that they have a serious medical issue. Calling a nurse for advice can help them get the appropriate care.

The program refers to these redirects as “upgrades” and “downgrades.” They measured how often the callers would be recommended to see a different level of care: ER, urgent care, or physician visit. They also measured how often the callers would adhere to those recommendations.

More than half the time, callers were redirected to a different level of care than they had intended to see. 28% were downgraded to a lower level of care, and 32% were upgraded to a higher level of care.

7. Constantly look for creative solutions

As economies change and populations shift, what underlying reasons might be keeping your Medicaid population from engaging with you? “There is a need to be more creative,” says Matt Salo, Executive Director, National Association of Medicaid Directors, in a recent interview with the *American Journal of Managed Care*.

No transportation? See if you can arrange a bus pass or some low-cost but safe transportation to your office. Partnering with your community’s

paramedics can also help meet Medicaid members where they are. Is childcare a challenge? Maybe you can set up a play area and engage someone to mind children during an appointment. Are homeless people part of your Medicaid population? Perhaps you can offer a “service” to watch over their belongings or provide a lock-up area where they can store belongings while they receive medical care.

To help improve Medicaid participation and engagement, look for ways to reduce barriers, use technology, and increase your influence, and you’ll be able to help more people, improve health, and reduce costs.

References

Unless otherwise noted, examples in this paper were derived from presentations given during the 2017 Medicaid Innovations Conference.

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About Wellsource

We have been developing evidence-based and innovative health risk assessments for nearly four decades – making us the longest serving and most experienced company in the industry. Our WellSuite® IV Medicaid Health Risk Assessment is NCQA certified and designed to identify the unique needs of adult Medicaid enrollees. Written at a respectful fourth grade reading level, our Medicaid question set helps to identify risk factors for preventable chronic illness and an individual’s readiness to change. Our visually engaging personal report helps you initiate conversation and inspire engagement.

Contact us for a demo of the WellSuite® IV Health Risk Assessment for Medicaid.



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