



# **Outreach and Recruitment Planning for Fiscal Year 2015**

CRF CPEST Teleconference

May 21, 2014



# Purpose and Resources

## Purpose:

- Disseminate thinking points to jumpstart program planning in the area of outreach and recruitment for Fiscal Year 2015

## Resources/Attachments:

- These will be referred to as we discuss:
  - Impact of ACA implementation on CCPC programs
  - Program eligible populations
  - Outreach/recruitment strategies



# Impact of ACA on Program Eligible Populations

- Maryland's Health Benefit Exchange (MHBE)



- Expanded Medicaid



# Maryland Health Connection

- Depending on income and family size:
  - Tax credits from federal government
  - Cost-sharing reductions
- Covers essential health benefits



# MHBE: Income Guidelines

If your household size is this:	You may be eligible for Medicaid if your income* is this:	You may be eligible for reduced premiums and/or lower insurance costs if your income is this:
1	Less than \$15,856	\$15,857 – \$45,960
2	Less than \$21,404	\$21,405 – \$62,040
3	Less than \$26,951	\$26,952 – \$78,120
4	Less than \$32,499	\$32,500 – \$94,200
5	Less than \$38,047	\$38,048 – \$110,280
6	Less than \$43,595	\$43,596 – \$126,360
7	Less than \$49,143	\$49,144 – \$142,400
8	Less than \$54,691	\$54,692 – \$158,520

Source: Maryland State Dept. of Health and Mental Hygiene, Medicaid Planning Administration

\*Income eligibility levels for children and pregnant women are higher



# MHBE: Essential Health Benefits

Qualified Health Plans cover Essential Health Benefits which include at least these 10 categories

Ambulatory patient services	Prescription drugs
Emergency services	Rehabilitative and habilitative services and devices
Hospitalization	Laboratory services
Maternity and newborn care	Preventive and wellness services and chronic disease management
Mental health and substance use disorder services, including behavioral health treatment	Pediatric services, including oral and vision care





# Medicaid Expansion

- Eligibility expanded from 116% of Federal Poverty Level (FPL) to 138%
- Primary Adult Care (PAC) clients automatically enrolled in Medicaid



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# Program Eligible Populations

Think about your program eligible populations. These include individuals who are:

- Uninsured
- Insured



# Insured Populations

## Insurance Terms to Know

Terms you will want to know in the coming months to help make the decision easier:

TYPE OF COST-SHARING	WHAT IT IS
Premium	The monthly fee you will pay the insurance company for your insurance
Co-payment	Fixed amount you pay for each routine health care service. Example: \$25 for an office visit or \$10 for a prescription refill
Deductible	How much you must pay for care before your plan starts to pay
Co-insurance	Percentage of each health care service that you pay and your plan pays the rest. Example: You pay 20%; the plan pays 80%
Out-of-pocket maximum	Maximum amount you will pay per year, based on co-pays, deductibles and co-insurance



# Clients Currently Served

- In order to start reaching new clients for program enrollment, you should know:
  - Who are you currently serving (client demographics)?
  - How were current clients recruited (learn of program codes)?



# Clients Currently Served

- Learn of Program Codes in the CDB
  - What activities are you doing?
  - Which activities/ events are successfully recruiting clients into the program?
  - Don't spend time/staff resources on outreach activities that don't net recruitments



# Outreach and Recruitment

- Think about:
  - Current clients
  - Community partners
  - Providers
- How can you expand current outreach?
- What messages will you share with each audience?



# Current Clients

- Are you using every opportunity to create a return client out of discharged clients?
- Are you using happy customers to create new customers?



# Community Organizations

- Who are you currently working with?
- Who have you worked with in the past?
- Who are you missing?



# Providers

- How can you work with providers in your jurisdiction?
  - Contracted
  - Non-contracted



# Outreach Methods

- Return to roots: May need to advertise the program again
  - Interactive booths at health fairs
  - Flyers at large gathering places
- Innovative initiatives
  - Door hangers
  - “Tag-on events”
  - “Blitzing”



# Questions and Responses



# Maryland Prevention and Health Promotion Administration

<http://ideha.dhmm.maryland.gov>

<http://fha.dhmm.maryland.gov>