

Grant Outcomes Report

Getting Right to the HEART of the Matter: Developing the Healthcare Enrollment and Renewal Tool (HEART) for New York's Public Health Insurance Programs

I. Executive Summary

In 2008, the New York State Legislature authorized a statewide enrollment center for public health insurance programs. Under this grant from the New York State Health Foundation (NYSHealth), Patricia Boozang of PMB Healthcare Consulting (PMB) conducted technical work to inform the development and implementation of the new telephone renewal system that will be part of the statewide enrollment center. PMB outlined the scope of work for the development of the Healthcare Enrollment and Renewal Tool (HEART), including the necessary features and functionality of the new system from a policy perspective. PMB also developed the list of questions needed to inform the programming for HEART, which will **(a)** guide the enrollment center staff through the telephone renewal interview with beneficiaries; and **(b)** connect to State eligibility and enrollment systems.

This project was part of a larger NYSHealth authorization that funded a series of quick-strike analyses to help the New York State Department of Health's (NYSDOH) Office of Health Insurance Programs (OHIP) to identify ways to streamline and expand public health insurance programs. A summary of findings from this authorization is available on NYSHealth's website.

II. The Problem

New York's public health insurance programs—Medicaid, Family Health Plus, and Child Health Plus—cover 4.9 million people (September 2009).¹ However, one-third of enrollees fail to renew their coverage each month, which creates an added challenge to increasing enrollment. Local district social service offices in each of New York's counties are currently responsible for enrolling and renewing applications for Medicaid and Family Health Plus. Child Health Plus enrollments and renewals are conducted by the participating health plans. Additionally, there are 1.1 million people who are eligible

¹ New York State Department of Health, "Number of Medicaid Enrollees by Category of Eligibility by Social Service District – April 2009," New York State Department of Health Web site, http://www.health.state.ny.us/nysdoh/medstat/el2009/2009-04_enrollees.htm, accessed October 2009.

KEY INFORMATION:

GRANTEE

PMB Healthcare Consulting

GRANT TITLE

Developing a Telephone Renewal System for New York State Public Health Insurance Programs

DATES

March 2009–June 2009

GRANT AMOUNT

\$50,710

for these insurance programs, but not enrolled; they represent approximately 40% to 50% of the uninsured in the State.²

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III. Grant Strategy

In 2008, the New York State Legislature authorized a statewide enrollment center for public health insurance programs. This enrollment center was established to supplement the existing enrollment infrastructure and provide beneficiaries with a centralized, statewide system for processing their Medicaid, Child Health Plus, and Family Health Plus renewals. The State's overarching strategic goal in passing this legislation was to enhance the capacity of the existing local districts to enroll the eligible uninsured by shifting a segment of the renewals to the enrollment center, thereby reducing the number of enrollees who lose their coverage at renewal and improving program transitions. The enrollment center would launch a telephone renewal system to supplement the State's services, to make renewal easier and more convenient for applicants, to provide administrative efficiency and cost savings, and to improve customer service.

The proposed enrollment center would ultimately include an integrated call center for all three of the State's major health insurance programs (Medicaid, Child Health Plus, and Family Health Plus), a telephone renewal system, Web-based renewal capabilities, and a centralized enrollment entity for processing applications for unique Medicaid programs with low volume in any one local district. This grant project focused solely on the renewal tools necessary for the enrollment center.

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The purpose of the NYSHealth-supported project was to conduct the technical work necessary to inform the development and implementation of a new statewide telephone renewal system for public health insurance beneficiaries in New York State. “My job as a consultant to this project was to fuse the ideas and needs of policy-focused staff at OHIP with the more technical folks who would be coding the software,” says Patricia Boozang, President of PMB Consulting. “I was able to bring to bear my on-the-ground experiences from working in the community and my understanding of the consumer experience to bridge these two very different worlds of policy and programming.”

² *United Hospital Fund. Health Insurance Coverage in New York, 2006-2007.* New York, 2009. According to Boozang, OHIP routinely refers to the percentage of eligible but uninsured New Yorkers as 50%, including in the enrollment center RFP and in presentations conducted when the proposal for this grant was submitted.

IV. Grant Activities

The majority of work performed under this grant was technical in nature. PMB supported the development and implementation of the telephone renewal system and software, specifically by:

- Creating a scope of work for the development of HEART, and articulating the necessary features and functionality of the new system from a policy perspective.
- Developing a detailed “intelligent question set” as the basis for programming HEART, which will **(a)** guide the enrollment center staff through the telephone renewal interview with beneficiaries; and **(b)** connect to State eligibility and enrollment systems.
- Creating a system of triggers and prompts for programming in HEART to ensure renewal encounter integrity.
- Supporting development of logic statements related to various eligibility scenarios for programming HEART. This will provide the enrollment center staff with prompts and feedback regarding specific client action(s) required to complete the renewal process and back-end system logic necessary to determine continued eligibility.



Throughout the project, Ms. Boozang participated in regular meetings that were important to the completion of HEART, including weekly meetings with the OHIP staff that facilitated the design and implementation of the enrollment center and the HEART software intended to link the enrollment center to State eligibility systems. She also participated in a biweekly meeting devoted to addressing pertinent policy and procedural questions related to the enrollment center implementation.

V. Challenges

The original workplan called for PMB to develop a workflow and process to integrate HEART with the current renewal infrastructure for all three of the State’s insurance programs, to recommend a series of standard reports to be produced by HEART, and to work with the enrollment center contractor to prepare staff members, reporting systems, and policies and procedures necessary to implement the new telephone renewal system. Rather than focusing on workflow and process as it relates to the current infrastructure of the State’s three insurance programs, PMB concentrated on how the software would integrate with the State’s and local districts’ programs. The work

to prepare staff members, reporting systems, and policies was delayed because the contract with the enrollment center was delayed. Funds initially intended to support these activities were transferred to support program management and discussions about how HEART would interface with the current infrastructure.

Unfortunately, there were unanticipated delays in the development and implementation of both HEART and the telephone renewal infrastructure as well as delays in engaging the enrollment center contractor. It is not uncommon when developing new software to experience programming setbacks and delays of this nature.

VI. Key Findings

While the actual implementation of HEART was not realized during the grant timeframe because of unanticipated delays in other aspects of the project, this work has contributed to the development and imminent implementation of a significant streamlining and reengineering of New York's public health insurance programs' enrollment and eligibility processes. "It's important to understand that this group of regulators is really trying to achieve long-term results with this set of activities," says Boozang. "Keeping that in mind, you cannot expect an immediate bang for your buck with this project. It's going to take time to get it right and get it implemented. Having said that, it's clear that resource constraints in the Department of Health are hindering the implementation schedule. We need some creative ways to bring additional resources and expertise to bear so that we can launch HEART and start to transform the renewal process." Once HEART is up and running, the enrollment center will be able to provide real-time, accessible, centralized, and standardized public health insurance information and eligibility decision-making to consumers throughout New York State.

"PMB Consulting was essential to this project," says Judith Arnold, Director, Division of Coverage and Enrollment at OHIP. "We could not have accomplished what we did without Patti's work—she helped us to sharpen our vision for the renewal system."

VII. Lessons Learned

The major lesson learned is to build more time into a project workplan to allow for various programming complexities and inevitable contracting delays with a project of this nature.

VIII. The Future

The State planned a phased implementation of HEART, beginning with system testing in one upstate county in the spring of 2010, and larger scale roll-out to additional counties and to the Aged, Blind, and Disabled population in New York City by the spring of 2011. In the meantime, staff members from the New York State Department of Health continue to develop and program the software for this project.

BACKGROUND INFORMATION:

ABOUT THE GRANTEE

PMB Healthcare Consulting is a consulting firm organized to provide policy support and business advice to government agencies, nonprofit organizations, and companies working in the health care arena.

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