

11. EDUCATION AND OUTREACH

Overview

Client education and outreach are performed by the LDSS, the Enrollment and Benefits Counselor (the broker), or facilitated enrollers. The State is responsible for providing technical assistance to the LDSS and ensuring that education and outreach efforts within each county or borough are sufficient to adequately inform potential enrollees.

Education and outreach are ongoing processes that begin prior to commencement of enrollment and continue throughout operation of the program. This Chapter addresses education and outreach efforts to be undertaken prior to commencement of mandatory enrollment in any district. Informational materials and activities related to the enrollment process are contained in Chapter 12. Once an individual is enrolled with an MCO, the MCO assumes primary responsibility for educating its members regarding program policies and procedures. MCO education efforts and programs are likewise discussed in Chapter 12.

LDSS responsibilities include development of materials and making trained staff available to educate potential enrollees regarding the following:

- Managed Care in general
- Exemption and exclusion policies and procedures
- Major differences between fee-for-service and managed care
- How to access care under the managed care program
- How to select an MCO
- Information about the MCOs serving the county
- Services that may be self-referred
- How to select a PCP
- How to obtain additional information on the program
- How to actually enroll in an MCO
- Availability of oral interpretation services
- Availability of materials in alternate formats and other languages

Benefits Counseling Firm

The State of New York has, through a competitive procurement process, selected Maximus to serve as the Enrollment and Benefits Counselor for the Partnership Plan. The LDSS may elect to utilize Maximus in providing or assisting in the provision of education and outreach services. The State provides technical assistance to each individual LDSS in defining the appropriate benefits counseling role of the Enrollment and Benefits Counselor. The LDSS assists in monitoring the contractor to ensure that all program requirements are met in that district.

The Enrollment and Benefits Counselor may be engaged to provide any or all of the following:

- Development of education campaign
- Dissemination of program information
- Face-to-face presentations
- Development, implementation, and staffing of a toll-free Helpline
- Processing actual enrollment forms received from clients, health plans, and facilitated enrollers

A copy of the Request for Proposals used in soliciting the Benefits Counselor is appended to the Protocol as Appendix 1.2.

LDSS Education/Outreach Plan

Each LDSS must develop an education/outreach plan at least sixty days prior to commencement of the program. The State intends to permit the LDSS to retain sufficient flexibility in the design of this plan. The LDSS may conduct education and outreach through public agencies or with the assistance of the Enrollment and Benefits Counselor.

The State reviews each local district's plan to ensure that it meets all requirements and standards. The LDSS may develop an education/outreach plan that is tailored to the needs of its clients and available public resources subject to the minimum requirements specified below. The LDSS may also elect to develop multi-media campaigns, including print and radio advertising.

Facilitated Enrollment

Facilitated enrollment is a means for individuals and families seeking to receive information on health care coverage. Facilitated enrollers distribute approved marketing materials in appropriate languages regarding New York State's health insurance coverage options and various other public programs designed to support self-sufficiency.

In addition to providing application assistance, facilitated enrollers educate applicants about managed care and how to access benefits in a managed care environment. They counsel applicants in an objective manner regarding the selection of a participating MCO so those applicants are allowed to make an informed choice of MCOs. They also describe the benefits of preventive health care and the important role of a primary care provider (PCP).

Educational Materials

Written material must be available that explains the changes to the Medicaid program. Educational materials must include the following:

- a description of the new program
- who will be required to select an MCO, who may enroll in an MCO voluntarily, and who is excluded from participation

- how to obtain an exemption or exclusion from participation
- a listing of available MCOs
- time frames for MCO selection, enrollment, and disenrollment
- a phone number to call to obtain additional information
- a summary of benefits covered, cost sharing, if any, service area, and the names, locations, telephone numbers of, and non-English languages spoken by providers participating in each MCO
- a description of the benefits not covered, but available through Medicaid fee-for-service (e.g. family planning, FQHC services, etc.) and how to access them
- a statement advising enrollees about the availability of oral interpretation services and how to access those services
- a statement about the availability of materials in alternative formats and other languages
- a statement advising potential enrollees to verify with their preferred provider(s) that the provider(s) participate(s) in the chosen MCO and is (are) available to serve the potential enrollee
- Availability of FQHC services

In order to assist the LDSS, the State has developed model language for educational materials and offers technical assistance to the LDSS in developing such materials.

The outreach and educational materials must be available in multiple languages, consistent with the five percent threshold, to meet the needs of the locality's Medicaid population (see page 10-1, Marketing Guidelines, for a discussion of the five percent threshold).

Potential enrollees must receive an initial mailing regarding the program at least 60 days prior to the date upon which they are required to select an MCO. The objective of this requirement is to inform members of the new program prior to the receipt of the actual enrollment packet.

Telephone Lines

Each LDSS must develop, implement, and maintain telephone lines to respond to client inquiries regarding the new program. The phone lines must be operational and staffed at least sixty days prior to the effective date of any MCO enrollment. Local districts are not required to offer toll-free telephone lines.

Phone lines must be staffed with individuals appropriately trained to respond to member inquiries. Staff training must address the following topics:

- Enrollment policies and time frames
- Exemption and exclusion policies and processes
- Communicating with special needs populations
- How to access services under managed care
- "Free access to family planning" policy

- Criteria to consider in selecting an MCO
- MCOs available within the county
- Available PCPs and other providers, by MCO
- How to select a PCP, including the need to advise the caller to verify that a preferred PCP participates in the preferred MCO and is available to serve the potential enrollee
- Services covered by the MCO
- Services that will continue to be covered fee-for-service
- Procedures for registering a complaint/grievance
- Procedures for filing an appeal

Staff must be available to meet the language needs of prospective enrollees. As necessary, interpreter services must be arranged by telephone. LDSSs must also facilitate communications with hearing- and visually-impaired individuals.

Telephone systems and staffing must be sufficient to meet peak periods of call volume. Staffing levels and phone lines must meet a minimum standard of one phone counselor line per 5,000 monthly enrollments.

Telephone systems, when available, must greet callers with a voice message or answering service when phone counselors are engaged. The message should permit members to leave their phone number and request a return call. Calls must be returned within 24 hours or the next business day if the call is received the day before a weekend or holiday. Each local district is responsible for developing systems to track the calls they receive. Specific procedures for tracking and responding to complaints have been developed.

Toll-free Helpline

The State, through its enrollment and benefits counselor, operates a toll-free Helpline which will be available to all counties that use the enrollment and benefits counselor services. This is a different resource for beneficiaries than the local district phone numbers and the State complaint hotline. The Helpline provides information on the Medicaid managed care program, including participating plans, networks, rights and responsibilities in the program, exemption/exclusion criteria, and covered services. The Helpline also assists enrollees with the complaint process, including linking callers with their health plans or with the State complaint hotline, as appropriate. The Helpline also directs callers to the local district for information as appropriate, depending on the nature of the questions (e.g. eligibility questions). The enrollment and benefits counselor must adhere to call response times delineated in the RFP (Appendix 1.2). Information on calls, such as the number and nature of calls, is reported to State or local staff by the enrollment and benefits counselor. The State tracks and trends calls received on the Helpline. In addition, the State approves the enrollment and benefits counselor training curriculum and participates in training to ensure that calls that are not appropriate for enrollment and benefits counselor staff to handle are forwarded to the proper agency. The State monitors the enrollment and benefits counselor's performance in operating the Helpline, including attaching contract incentives to Helpline performance.

Monitoring Education/Outreach Activities

The State and LDSS are responsible for monitoring education and outreach activities to ensure that individuals are appropriately informed regarding program policies. The LDSS is responsible for ongoing monitoring of MCO and County-initiated education and outreach activities. The State reviews and assesses each LDSS's ability to perform education and outreach prior to commencement of mandatory enrollment and bi-annually thereafter.

LDSS Monitoring Responsibilities

The LDSS, as a part of its general oversight of MCO marketing activities, monitors the role of plans and facilitated enrollers in providing education about managed care to prospective enrollees to ensure the accuracy and consistency of the message. LDSS representatives directly observe health plan staff at approved sites for plan assisted enrollment and also monitor their activities through complaints and comments received from recipients.

State Monitoring Responsibilities

The State Department of Health, through its contracted Enrollment and Benefits Counselor, implemented systems to monitor performance of the toll free telephone helpline. Monitoring systems include collection of the following data:

- Daily call volume
- Languages covered
- Call abandonment rate
- Average waiting time

As necessary, the State and its contractor have developed corrective action plans to address performance issues related to phone line operations.

The State conducts a pre-implementation review of each LDSS's education and outreach program prior to its commencement. The State reviews each LDSS's operations to ensure that necessary resources and systems are in place to perform education and outreach activities. This review includes an assessment of the following:

- Staffing levels
- Staff training
- Telephone systems and operations
- Mailing systems and procedures
- Systems and policies for assisting members with language or other communication barriers
- Data systems

A copy of the LDSS pre-implementation review guide that defines the requirements and standards related to each of the above-listed components is contained in Appendix 28.1. This guide is used by the State in conducting its reviews of the local districts. Chapter 28 of this protocol contains detailed information on the standards for local district certification.

The State reviews member complaint logs to identify trends regarding accessibility and adequacy of educational information. Additionally, the State monitors automatic assignment rates and the volume of enrollees that request MCO changes within 90 days after automatic assignment (discussed further in Chapter 12). The State identifies whether a high rate of MCO change requests appears related to the adequacy of the education and outreach process.

The State investigates and attempts to resolve any identified issues with the LDSS. As necessary, the State may require the LDSS to develop a corrective action plan to remedy any issues related to its education and outreach program.

Specialized Outreach Initiatives for the HIV+ Population

The State has developed a specialized outreach and educational initiative for persons with HIV, including any enrollees newly diagnosed with HIV infection or AIDS. The AIDS Institute distributes informational materials developed in conjunction with the Enrollment Counseling Contractor and other State agencies through New York's extensive HIV provider network. All enrollment packets distributed by the enrollment and benefits counselor contain specific information regarding the HIV SNP program, with instructions on how to get more information about SNPs and how to enroll.

See Chapter 3 for a specific discussion of the State's plan for outreach and education targeted toward the HIV+ population as Special Needs Plans are available.

11. EDUCATION AND OUTREACH IN FAMILY HEALTH PLUS

FHPlus statute requires the SDOH to develop and implement locally tailored information, outreach, and facilitated enrollment strategies targeted to individuals who may be eligible for FHPlus or Medicaid. Statewide publicity includes billboards, posters, multi-media campaigns, including print, radio and television advertising aimed to generate public awareness and promote enrollment in both FHPlus and Medicaid.

Facilitated enrollers are the focal point of information for individuals and families seeking health care coverage. They distribute approved marketing materials in appropriate languages regarding New York State's health insurance coverage options and various other public programs designed to support self-sufficiency.

In addition to providing application assistance, facilitated enrollers educate applicants about managed care and how to access benefits in a managed care environment. They counsel applicants in an objective manner regarding the selection of a participating MCO so those applicants are allowed to make an informed choice of MCOs. They also describe the benefits of preventive health care and the important role of a primary care provider (PCP). They provide assistance with PCP selection and have established procedures for inquiring into existing relationships with health care providers to ensure that such relationships are maintained.

Toll-free Helpline

SDOH has established a statewide toll-free line for FHPlus in order to respond to inquiries related to the program. Local district phone lines and the State complaint hotline will still be used as well.

Monitoring Education/Outreach Activities

FHPlus monitoring has been integrated with the regular monitoring activities of the State and LDSS.

Because FHPlus was implemented statewide rather than phased in, there were no individual LDSS education and outreach plans. Outreach materials developed by the State are available for distribution by the LDSS. These materials include brochures, applications and a booklet explaining the program, how to access services in a managed care plan and how to apply for FHPlus. The extent of active outreach, such as advertising, participation in health fairs, etc., will depend on the resources available to each LDSS for this purpose. Community based outreach is provided by facilitated enrollment entities that advertise the locations of facilitated enrollment sites and hours of operations.