



Center for Healthy Communities

Medicaid Outreach Consortium

October 16, 2013

8:30-10:00 am

Opportunity Center, 907 West Fifth Street

Minutes

Attendees: Jeff Adkins, Molina Healthcare; Teresa Bates, PHDMC; Kathy Blossom, PHDMC; Kimberly Conner, CHC; Stacia Dawson, CHCGD; Deborah Ferguson, CAP; Marcine Hill, SHC; Ron Irvine, Helping Hands; Chris Keck, Enroll America; Carolyn Lakes, SHC; Autumn McKinley, Enroll America; Aaron Morman, CHCGD; Michelle Nelson, CAP/VISTA; Cyndi Potter, Paramount Advantage; Joy Schwab, Dayton Metro Library; Kimberly Terry, SHC; CareSource representative for Joseph Smith

Assign Meeting Roles

Facilitator: Kimberly Conner

Recorder: Digital voice recorder

Scribe: N/A

Timekeeper: Teresa Bates

MOC Mission Statement: *To empower community members through education to make informed healthcare decisions by bringing a local focus to federal and state Medicaid policy.*

1. Introductions and welcome

Kim welcomed everyone to the Medicaid Outreach Consortium meeting. Each individual introduced themselves.

The minutes were reviewed, a motion was not put forth to accept at the time. Kim suggested if additions or corrections needed to be made the group would pause the meeting to make note of any updates to the September 18th minutes.

2. Affordable Care Act/Marketplace Kick-off October 1st

a. Feedback for those consortium members that attended the ACA kick-off at Drew Health Center thought it was a great success with a good turnout of organizations, resources, media coverage and networking.

b. It was mentioned the "Collaboration for Care" was a good name for the event. Suggestions for future events would be to have events inside the building in a more controlled environment, over all the event went well.

3. Medicaid Outreach Consortium Logic Model - Kathy Blossom, Project Manager and Accreditation Coordinator, PHDMC

- a. Kathy Blossom from Public Health Dayton and Montgomery County presented a power point slide on how to put together a logic model. She provided the matrix on how to put a program together and present to the governing ACA leadership on a single sheet of paper to provide collective impact; meaning working as a group as opposed to working on your own to accomplish a common goal.

Goal: To enroll the maximum number of people into health care through the Marketplace/Health Insurance Exchange within Montgomery County and other counties. It was suggested to build the logic model for Montgomery County first then use it as a model for other counties to follow.

It was asked what the common goal of the group is? It was said to increase the number of people enrolled in health care from 0 to? by March 31, 2014. Kathy mentioned we need to set measurable goals. It was mentioned in Montgomery County we have 65, 600 uninsured, newspaper reports mentioned it is hoped that at least 30,000 will be enrolled in Ohio.

- b. Kathy asked what are the resources needed to accomplish the common goal.

Who are the workers? (community health advocate, CACs, navigators)

Is there organizational support?

Do you need money or funding?

What do you need funding for? (travel, printing, staff, advertising, marketing and outreach)

The group outlined the resources needed to accomplish goal (see draft logic model for resources). Other resources asked were; what marketing, outreach, or hub organization is taking the lead. It was not identified.

Autumn McKinley spoke about Enroll America's website, www.enrollamerica.org that has the latest updates of events scheduled throughout and is central place to locate information on where to find Navigators and CACs in your area.

Kathy asked how long it takes to enroll a person through the Marketplace. It was said it takes 30 to 60 minutes or longer. No one has been able to successfully enroll due to system crashing. One CAC mentioned it took some time to completely go through the system to enroll herself. She had some repetitive data she had to enter which gave concern there would be frustration among community members having to enter repetitive data.

Kathy purposed to the group to have a list on barriers to present to the governing leadership that is inhibiting the process of enrollment. (see draft logic model for barriers)

The discussion moved towards grouping the areas needed to implement an action plan. (*see draft logic model for action plan*)

Emphasis was put on having a gate keeper organization or person to be the central place where information can be found. Currently there is a calendar where organizations contact the Center for Healthy Communities Office and the administrative assistant is updating the calendar. It was suggested that if a link to the Medicaid Outreach webpage would be made available to organizations websites, it would provide quick access to the calendar. Comments were made about the calendar and that it needed more descriptive explanation of the events. Kim mentioned she would follow up to make sure information gathered on the events calendar would be clear and concise.

Kathy suggested that work groups might be needed to help with the marketing and/or coordinator of resources. There were CACs from Samaritan Homeless Clinic, Community Health Centers of Greater Dayton and Jeff Adkins from Molina Healthcare who volunteered to be a part of this working group. Other suggestions of support were Wright State University Marketing and Communications Department. There were four identified working groups. (see draft logic model for action plan)

There were some concerns as the working groups begin, many of the organizations are funded to operate their current programs and/or initiatives and any time working outside of their current programs might result in more funding. Kathy mentioned that when you have a well put together logic model and provide the goal, resources needed, the process, and action plan then your outputs will begin to form. She went on to say funders like collaborative logic models and they are usually funded.

4. Get Covered Data Collection – Autumn McKinley, Regional Organizing Lead Get Covered America

Autumn and Chris Keck, who is the State Organizing Director at Get Covered America introduced an online data collection system called “Get Covered Data” for capturing client information. The purpose is to assess the number of people that are being serviced throughout the state. It was mentioned that providing resources is as good as the follow up. Enroll America has partnered with Wexner Medical Group in the utilization of tracking data for its organization. Chris took the group through the online system demonstrating its use, showing how to analyze collected data. The system will allow organizations to take a look at their own client numbers of individuals who are uninsured, geographical location, county location and allow each organization to have their own unique log-in, organizations can contact Autumn to set-up an account.

A hard copy form was provided as sample for organizations to begin to use in the meantime as they are interviewing clients. Comments were made about using the form to tailor it to fit organizational need. Other concerns were of HIPPA

compliance/violations. Autumn mentioned what Wexner did they submitted the process through its legal department for approval.

Deb Ferguson for CAP introduced Michelle Nelson who is with CAP/VISTA and they are already collecting data but it does not have the software. Kim suggested perhaps CAP and Enroll America work together with the data collection system.

Kim asked how would the information organizations collect on form get into the system once collected. It was mentioned that organizations could be trained to enter the data themselves in the system and/or a representative from enroll America would arrange pick-up times between each organization. Autumn asked they have a volunteer base to aid with community influx if needed and a single point of contact person would be responsible to the data collection.

Additional feedback from the group was not to reinvent the wheel for data collection when a system is already in place. Other comments the form does not reflect information some of the organizations need. It was said the form is a word document and can be tailored to fit organization need. Michelle Nelson shared CAP already has a process where they use check boxes to questions asked but does not have to software.

The meeting concluded with comments of getting 211 HelpLink involved as they are already receiving calls about ACA and where can people get connected to a Navigator and/or CACs and other events in the area. It was commented that 211 is 24/7 and most people think to contact them first.

Kim mentioned that all the information presented today will be put together and emails will go out so organizations can begin thinking about what working group they want to be a part of to complete the framework of the logic model.

Agency Announcements/Updates
None

5. Review Next Steps

- ✓ Send draft logic model out via email to review
- ✓ Review data collection techniques
- ✓ Identify lead agency/hub
- ✓ Implementation of the logic model

Adjournment – 10:30AM

Next meeting: Wednesday, November 20, 2013

Facilitator: Kim Conner

Recorder: Cindy Bradley

Scribe: MOC Volunteer

Timekeeper: MOC Volunteer