

# Public Health-Seattle & King County Access & Outreach

- Purpose: To make sure vulnerable populations have access to needed services.



# What do we mean by vulnerable populations?

- When individuals are unable to get the care they need, there are negative consequences for their health and for the communities in which they live.
- For those who are uninsured or on Medicaid, obtaining this care can be difficult or impossible because of lack of affordability, lack of transportation, the presence of cultural
  - or language barriers and other
  - challenges.



# • Build the System

Achieve system-wide changes that improve access to health care among the most vulnerable people by encouraging community stakeholders to participate in this effort. We look to the experts to help us make changes to the system.



# Assure Access

Train and provide technical assistance about accessing health care to agencies that provide services to the county's most vulnerable people.

**Outreach Specialists**

**Promotora Program**

**ABCD Dental Program**

**Community Health Access  
Program**



# Providing Services

Enroll low income individuals and families in state sponsored medical programs and facilitate linkage to a medical and/or dental home.

**50 different outreach locations in King County.**

**We provide outreach to clients living in tent city; as we do our outreach in Vashon & North Bend we're working with clients living in the woods, on their boats or in their cars.**



# HCR-Preparing for Change

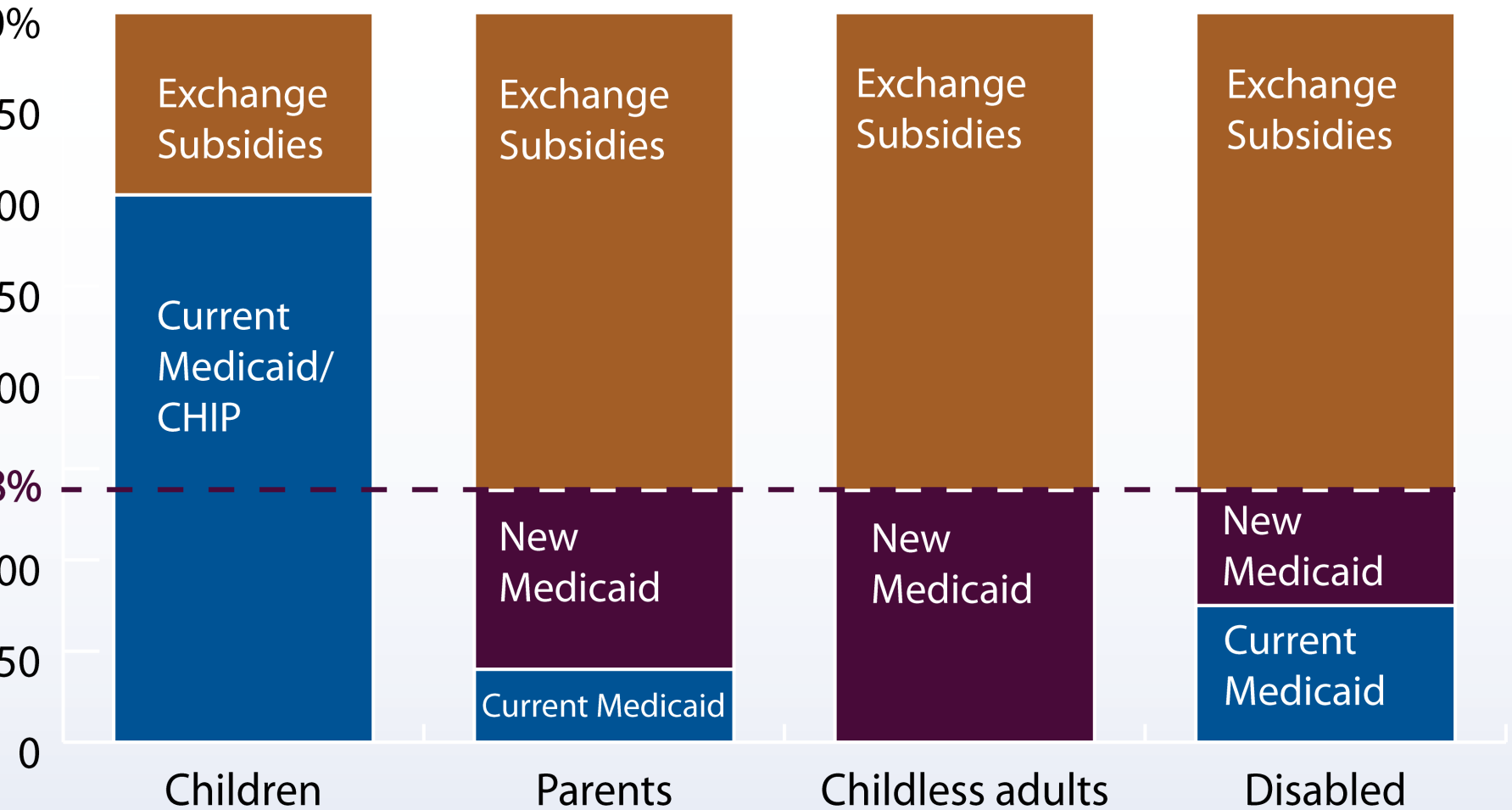
- Key Issues
  - Lack of awareness and understanding
  - Assumptions
  - Messaging from multiple agencies – Federal, Health Care Authority, WA Exchange, DSHS
  - Translation of materials
  - Engagement of communities, local media, organizations and small businesses
  - How to reach the homeless

# Changes Starting Jan. 1, 2014

1. Most individuals will be **required to have health coverage** or be penalized
2. New **affordable coverage options** will be available:
  - **Medicaid** coverage will be expanded to 138% FPL
  - **Health Benefit Exchange** will provide individuals & small businesses private health coverage options for purchase
    - **Subsidies and tax credits** will be available to help make coverage more affordable
3. **Large employers (50+ employees)** will be required to provide coverage

# Simplified Health Coverage Beginning in 2014

Subsidized coverage options under health reform, by Federal Poverty Level (FPL)



Source: Affordable Care Act; Health Care Authority eligibility standards



# Overview of Our Plan

- Education and encourage enrollment through multiple communications and outreach strategies.
- Targeted enrollment assistance to newly eligible at convenient sites.
- Education and outreach to businesses.
- Acceptance that education alone is not enough—some individuals, especially the most vulnerable, will need extra help with the enrollment process.
- King County Leadership Circle.

# How will we do this?

- We've developed an outreach plan specific to King County. With collaboration from community partners we identified areas in King County where there are no outreach agencies providing assistance. We identified the gap areas and determine which race/ethnicity/special populations are living in that area. We're scheduling enrollment events throughout the King County area.
- There are 39 cities in King County. We've reviewed each city to determine who is currently doing outreach & determine where the gap areas are located. Next we'd focus on race/ethnicity/special populations. We're scheduling enrollment events in 34 of the 39 cities in King County.
- Developing outreach strategies specific to community colleges, technical colleges & universities.
- Designing a separate outreach model for large housing complexes. (Renton Housing, Seattle Housing, etc)

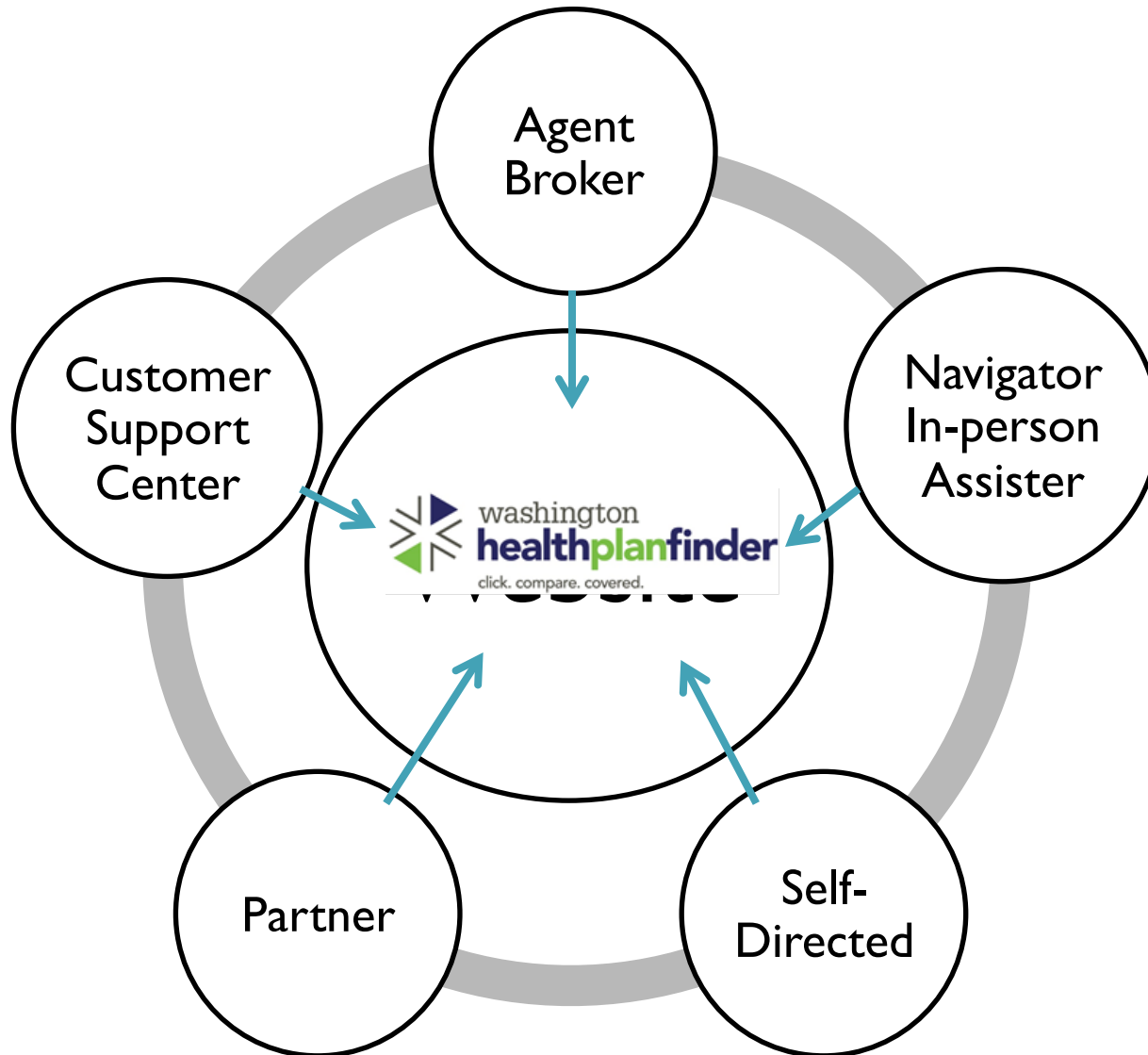
# We're working with experts in communities of higher needs!

- **Jail Health** is creating their own outreach strategy to reach this population. We're providing consultation and training assistance. The goal is enrollment and connection to care. We're also have available walk-in sites for clients to come in without an appointment.
- **Special Health Populations (HIV/STD)**, since most of their population is uninsured, they are creating a separate outreach strategy with our consultation and training assistance. This will include enrollment at the clinic where they receive services.
- **Homeless/HealthCare for the homeless** is working to create their own outreach strategies and we're providing consultation & training assistance.
- **Mobile Medical team** (mobile van for dental and vision are creating their own plan which includes enrollment events at their sites & training of church volunteers.

# In-Person Assister/Other Assistance

- We've applied for Lead Assister Agency in King County, if we're approved for this grant we'll have a network of 23 additional agencies to help with this outreach. Within these agencies are organizations who are experts at working with the homeless populations!
- Our Community Health Access Program (CHAP) 1-800-756-5437 will help clients find a provider or change plans.
- We'll continue our outreach locations in the community in order to provide enrollment points for clients without having appointments.

# How will people get health care coverage?



# Challenge.....

- In order for agencies to work with clients they would need to be certified. The Exchange is currently working on the training program but it's estimated it could take up to 40 hours.
- If agency are not certified the client could create their own username/password and apply for coverage on their or with the assistance of an agency. However, the agency wouldn't have access to their account.

# Streamlined Application

HOME | SIGN IN | EN ESPAÑOL

CUSTOMER SUPPORT ?



OPEN ENROLLMENT: OCTOBER 1, 2013 TO MARCH 31, 2014



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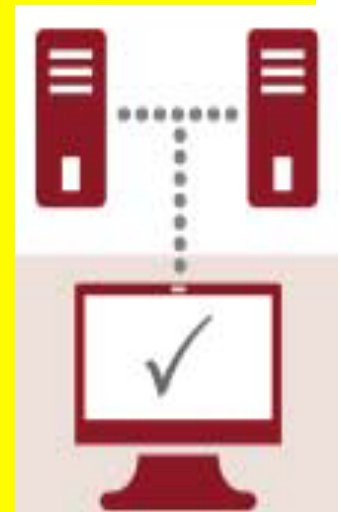
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# On-the-spot eligibility results

- Single portal for Medicaid, tax subsidies and Qualified Health Plans
- Use of electronic data to verify eligibility
- Real-time eligibility determination
- Interfaces to federal and state systems
- Because it's estimated that it will only take
- About 15 minutes to enroll a client on Medicaid---we may enroll more clients.  
And since they won't need proof of income  
The process should be more seamless!





# Discussion/Questions??

What are we missing?

Discussion with John Gilvar.

**John Gilvar**

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