MEDICAL SCHOOL
UNIVERSITY OF MICHIGAN

# Capstone for Impact Submission | GY2019

**Project Title:** Outcomes of implementation of team of 'Medicaid Application Counselors' at UM Student-Run Free Clinic to increase health insurance enrollment

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**Branch:** Patients & Populations

**Path of Excellence:** N/A

**Handover/Transition:**
If this project can be continued by another UMMS student, you may contact them at the following email address/phone number (N/A if project cannot be handed over): **N/A**

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**Summary:**

The UM Student-Run Free Clinic (UMSRFC) is a safety net clinic that serves un-insured and under-insured patients, many of whom are potentially eligible for Medicaid, subsidized Marketplace insurance, and charity care due to limited income. The 2015-2016 Social Services Coordinators hired and trained a team of 'Medicaid Application Counselors' (MACs) – a team of six medical students who rotated through the MAC position at clinic each week to screen and enroll patients in the aforementioned resources in order to connect them with long-term care.

Anecdotal evidence from clinic leaders indicated that MACs relieved the burden of health insurance screening from busy clinic staff and that patients appreciated the ability to receive assistance with confusing applications while in clinic. However, no data was available on the effectiveness of the program either at enrolling patients in various forms of health coverage, or on the transition of covered patients to long term medical care.

In order to remedy this, the Social Services team recruited former MACs for chart review of patients initially seen by MACs in first 6 months of program's existence who discussed coverage options. The patient's EMR and other relevant documents from clinic were reviewed to track outcomes of relevant applications. Any medical visits to the UMSRFC following the initial insurance screening were noted as an approximation of a patient's incomplete transition out of clinic into a long-term medical home.

Results revealed that 21/56 eligible patients received some form of health coverage within 6 months of their initial visit to a MAC. The majority (30/56) were initially seen for Medicaid screening, 15/56 evaluated for Marketplace insurance and 7/56 seen for charity care screening (which includes a Medicaid application). Medicaid and charity care screening were the most successful, with 12/30 Medicaid screenings (14 applications completed in clinic) and 5/7 charity care screenings leading to coverage. Marketplace screenings were not successful, with 3/15 screenings leading to coverage. Notably, 9/21 patients had at least one medical visit to the UMSRFC following completion of an application for coverage.

This quality improvement effort demonstrated that MACs successfully assisted patients in enrolling in various forms of health care coverage, but at lower rates than anticipated. Medicaid and charity care were found to be the most productive areas for MAC screenings, with plenty of room for improvement for the rate of Medicaid applications actually completed, as well as the transition of covered patients to outside of the UMSRFC.

Upon returning to clinic in 2018 and training new Social Services Coordinators, emphasis was placed on improving the efficiency of Medicaid application process. In addition to centralizing the tracking process for health insurance applications, the team gained access to the Medicaid system itself and was able to track patients' official Medicaid application status through the government-run tracking website. This improved the ability of the clinic team to track a wider pool of eligible patients, as well as more efficiently transition covered patients out of the UMSRFC to a new medical home.

**Methodology:**

In order to be included for retrospective chart review, a patient was required to have been seen at clinic and discussed health coverage options with a MAC, with initial visits from 11/1/2015-4/30/2016. The coverage options included Medicaid, Marketplace insurance, or charity care. Included patients were followed for up to 6 months following their initial visit in order to track outcomes discussed during any follow-up visits or phone calls. Excluded patients consisted of those who canceled or did not show to their MAC appointment, or who discussed resources that did not provide comprehensive health care coverage, such as prescription assistance.

Team members completed a survey for consistent documentation of outcomes with information drawn from EMR review, as well as social services tracking documents and post-clinic email updates due to inconsistent tracking in the EMR. Because of decreased consistency of outcome tracking in patients not seen by MACs, the population under study was unable to be matched to a control group.

**Results/Conclusion:**

**Results:**

Of the 56 included patients, 30 were screened for Medicaid, 15 for Marketplace insurance and 7 were screened for charity care. Of the 4 remaining patients, 1 patient was working to obtain Medicare simultaneously with Medicaid and ended up with charity care coverage, and 3 others had incomplete documentation of their MAC encounters.

Results revealed that 21/56 eligible patients received some form of health coverage within 6 months of their initial visit to a MAC. Of the 30 patients with whom Medicaid was discussed, 14 completed an application in clinic, and 12 received coverage (10 from Medicaid, and 2 from charity care after being denied Medicaid). Of the 15 patients who were screened for Marketplace insurance options, only 1 patient completed an application in clinic, and 3/15 received insurance coverage within 6 months. Of the 7 patients screened primarily for charity care, 5 patients completed applications in clinic (which includes a Medicaid application). 3 of those patients received Medicaid and 2 obtained charity care.

Overall, MACs had the highest rate of successful enrollment with Medicaid and charity care screening, with 12/30 Medicaid screenings and 5/7 charity care screenings leading to coverage. Marketplace screenings were not successful, with 3/15 screenings leading to coverage. 9/21 patients had at least one medical visit to the UMSRFC within 6 months following completion of an application for coverage.

**Conclusions:**

This quality improvement effort demonstrated that MACs successfully assisted patients in enrolling in various forms of health care coverage, but at lower rates than anticipated. Coupled with anecdotal reports from MACs, information can be extrapolated from this data to focus the efforts of the MACs and improve the clinic's ability to enroll patients in insurance and transition them out of the free clinic. Medicaid and charity care were found to be the most productive areas for MAC screenings. Over one-third of Medicaid screenings for eligible patients led to successful enrollment in Medicaid. One possible area of improvement is that Medicaid tends to request additional documentation by mail, which may go unnoticed by patients who do not speak English or who move frequently. Therefore if patients' Medicaid status were able to be tracked by the UMSRFC Social Services, the team could track and contact patients as needed to complete the application.

Charity care was the least common method for health insurance coverage discussed by MACs, likely because the application itself requires screening for other insurance options prior to applying. The rigorous screening process is also likely why it had the highest rate of success in obtaining health coverage for patients.

Marketplace insurance was the most challenging screening discussion for MACs, mainly because patients consistently reported that the premiums were unaffordable in spite of the subsidies. MACs reported that patients were discouraged by the uncertain status of the health exchange and the increasing premiums. Coupled with the data showing that counseling on Marketplace options did not often lead to coverage, it can be extrapolated that this is not an efficient area for MACs to focus their screening.

Notably, 9/21 patients who received some form of health care coverage continued to return to the UMSRFC for one or more medical visits, indicating possible missed opportunities for transitioning patients out of this safety net clinic. There are two hypothesized possibilities for why patients continued to return to clinic for their care – either they completed their relevant applications but did not receive coverage in a timely enough manner for necessary follow-up appointments, or they struggled to find a new PCP and stayed with the UMSRFC for ease of scheduling.

Weaknesses of this quality improvement initiative were that because of the inconsistent locations of data regarding health coverage outcomes, a control group of eligible patients not seen by MACs could not be assembled. The data collection was also unable to be repeated on a later cohort of Social Services patients as

data was inconsistently tracked due to yearly leadership transitions. Future studies could also incorporate qualitative analysis and survey MACs to further understand visit patterns.

Upon rejoining the team in 2018, the M4 Social Services Coordinators used the above results for quality improvement efforts while training the incoming M1 team. Focus was placed on streamlining the tracking of patients with social services needs, and improving the ability to get eligible patients enrolled in Medicaid and transitioned out of clinic in a timely manner. The Social Services team gained access to the Medicaid tracking system, and was able to efficiently follow patients' application statuses without repeatedly calling patients for updates. Crucially, the Social Services team was now able to use the rapid feedback of who was approved for Medicaid to encourage these patients to obtain a new PCP for a long term medical home, rather than return to the free clinic for interim care.

**Reflection/Lessons Learned:**

The data collection for this project became increasingly challenging and time-consuming as our team discovered how scattered it was inside and outside the EMR. Without a control group, it was difficult to extrapolate rigorous conclusions from the data. In spite of these challenges, this project was particularly valuable as a way to honestly measure the effectiveness of my most meaningful achievement in medical school. It was sobering to look at the data and recognize that we still had a lot of work to do to make the MAC program work for our patients. I was reassured by the improvements made my M4 year with the incoming team, and was proud to make a sustainable program that was dramatically improving with each generation of leaders.