



Putting Out the Welcome Mat – Targeting Outreach Efforts under the Affordable Care Act

Evaluation of the Minnesota Community Application Agent (MNCAA) Program

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MNCAA Program Overview

- Pay-for-performance outreach initiative (2008)
 - Offers \$25 bonus payment to community organizations for every individual successfully enrolled in Minnesota Health Care Programs
 - Multiple levels of organizational involvement allowed: Level 1, 2, and 3 partners
 - MNCAA Resource Center, a DHS work team, facilitates access to case information, technical assistance, and payments for community partners

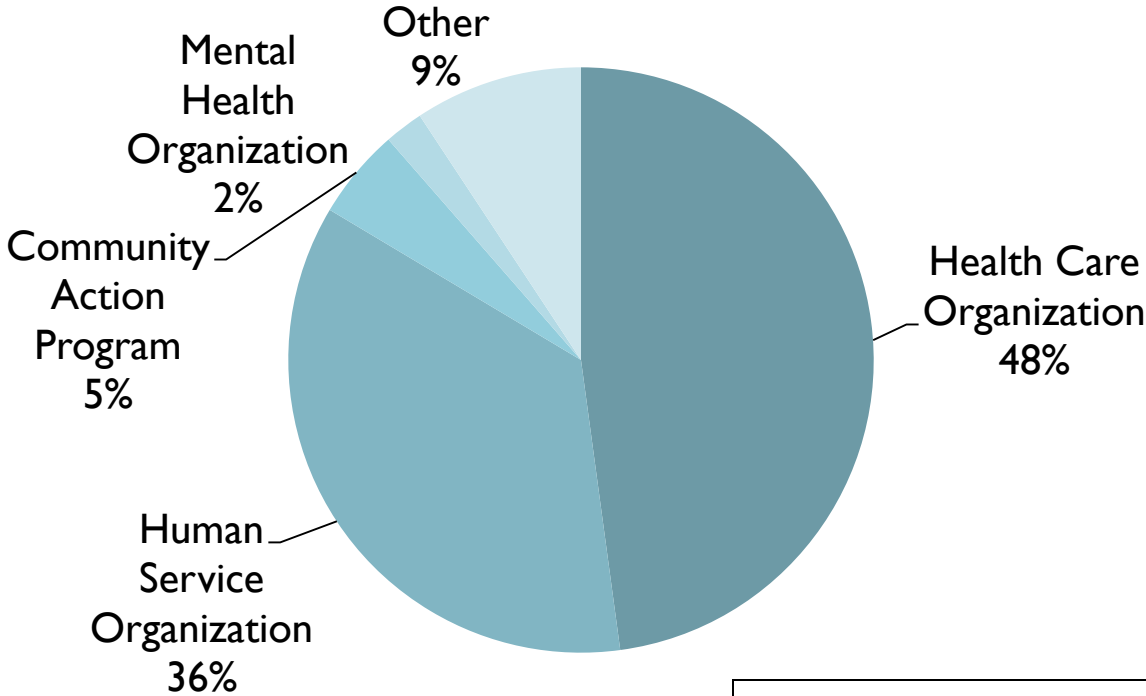
MNCAA Evaluation

- Conducted for the MN Department of Human Services (DHS) in the first half of 2012
 - Funding from a Health Resources and Services Administration's (HRSA) State Health Access Program (SHAP) grant
- “Lessons learned” approach
 - Focus was on Level I MNCAAs
 - Quantitative analysis using DHS database supplemented with key informant interviews
 - Opportune timing with four years of data and as state develops health insurance exchange

Key Evaluation Questions

- Which organizations (or organization types) are responsible for growth in application volume?
- How does location of applicants align with major geographic areas of health disparity within state?
- What percent of individuals assisted successfully enroll in MHCP? What percent are new to MHCP?
- How long do MNCAA organizations wait to receive bonus payments?
- Is \$25 an adequate enrollment bonus for MNCAAs?
- What is the value of the program to MNCAAs?

Distribution of Level I MNCAAs by Organization Type



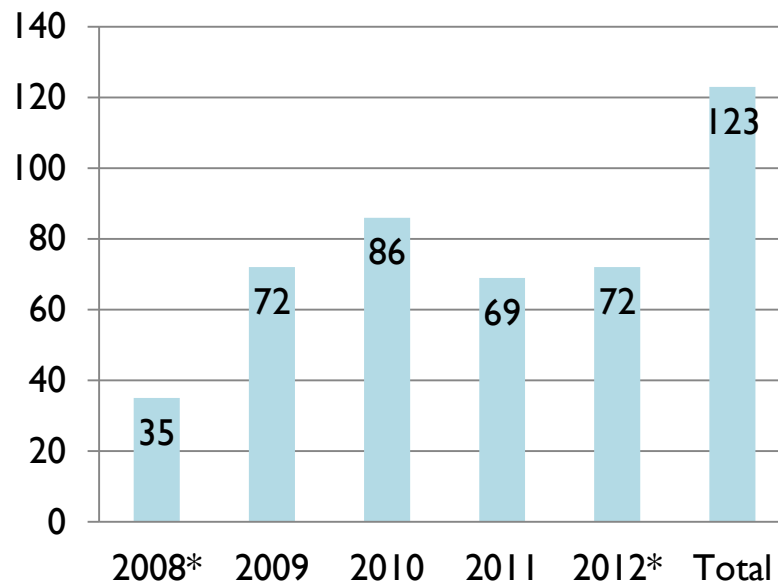
*As of June 2012, the total number of Level I MNCAAs = 140

Number of Level I MNCAAs Has Grown, but Number Submitting Applications Has Tapered

Number of MNCAA Partners by Participation Level

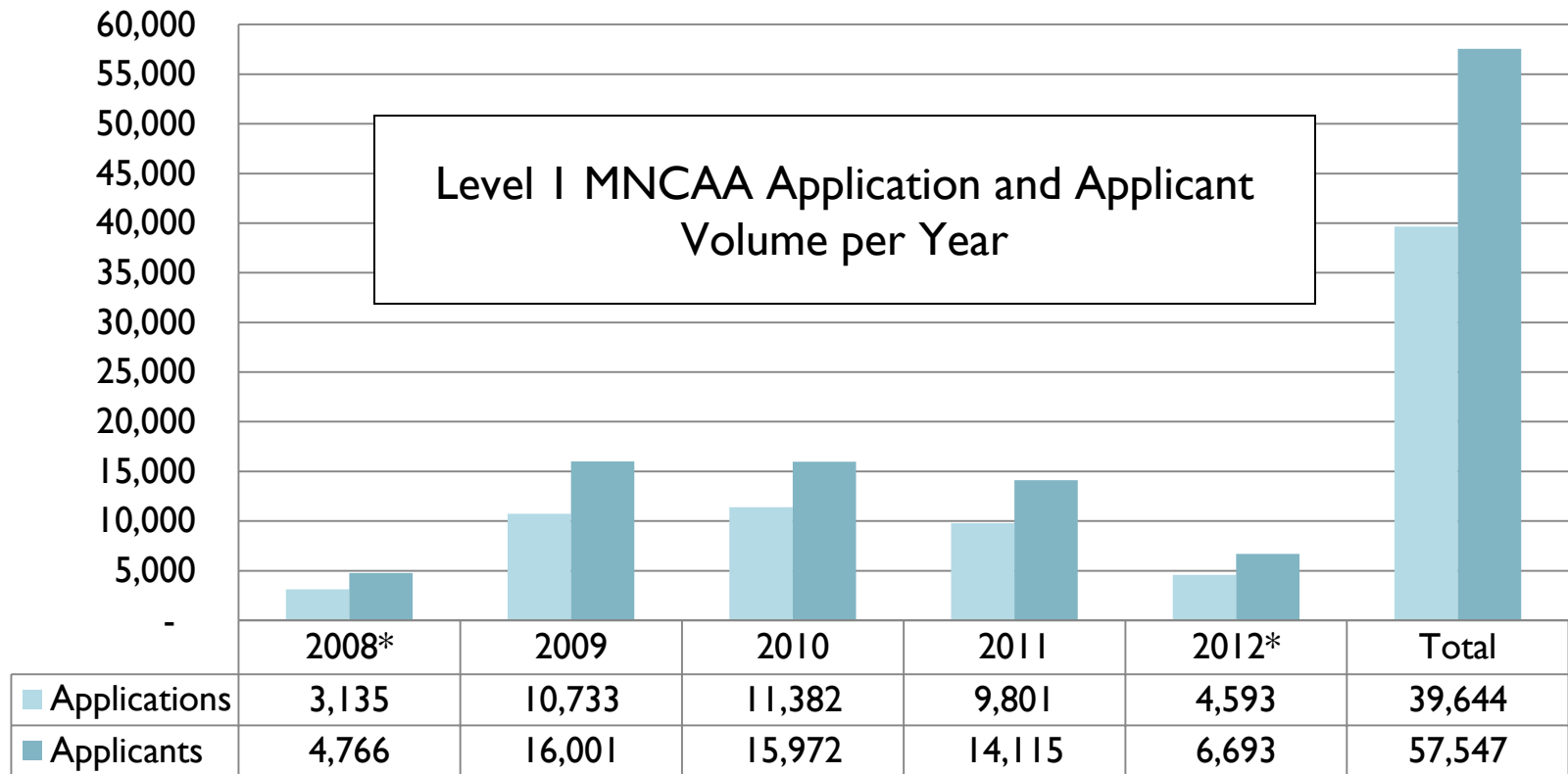
Type	Dec '08	Jun '12
Level 1	66	140
Level 2	59	227
Level 3	5	577
Total	130	944

Number of Level I MNCAAs Submitting Applications



*Represents number of MNCAAs submitting applications for a partial year.

While Application Volume Grew in Early Years, Application Growth Has Also Tapered



*Represents volume through June 8, 2012.

Percent of MHCP Applications Submitted by Top 15 MNCAAs in Terms of Volume

	2008	2009	2010	2011	2012	Total
Portico Healthnet	39%	19%	10%	8%	10%	14%
MedEligible	15%	12%	7%	9%	4%	9%
HCMC Whittier Clinic	5%	11%	9%	3%	2%	7%
Cardon Outreach	0%	0%	7%	15%	9%	7%
Lake Superior Community Health Clinic	13%	6%	4%	5%	5%	6%
Children's Hospitals and Clinics – Mpls.	3%	7%	6%	4%	4%	5%
St. Cloud Area Legal Services	10%	4%	3%	3%	1%	4%
HCMC Richfield Clinic	1%	3%	4%	4%	3%	3%
HCMC East Lake Clinic	2%	5%	4%	2%	0%	3%
Children's Hospitals and Clinics – St. Paul	1%	3%	3%	3%	3%	3%
La Clinica –West Side Community Health Svcs.	0%	3%	3%	3%	3%	3%
Cardon Outreach – Duluth	0%	0%	4%	4%	5%	3%
Southside Medical Clinic	1%	4%	3%	1%	3%	3%
Park Nicollet Methodist Hospital	0%	0%	7%	1%	0%	2%
Indian Health Board	1%	3%	2%	2%	1%	2%
Subtotal	96%	86%	77%	73%	70%	74%
Total number of applications	3,135	10,733	11,382	9,801	4,593	39,644

Small Group of Level I Partners Responsible for Vast Majority of Applications

- Most of these high volume partners:
 - Are health care providers or organizations
 - Place highest value on access to case status updates provided by MNCAA Resource Center
 - Have elected to operate under data share agreements with DHS and no longer receive \$25 bonuses

Key Findings About Applicants

- Population groups known to face health care disparities appear to be targeted by program
- Underrepresentation of applicants/applications from Greater Minnesota
- 13 percent of applicants new to MHCP
- 65 percent of applicants successfully enrolled in MHCP
 - 79 percent of successful applicants enrolled in Medical Assistance

Enrollment Statistics Positive Overall, but Long Waits Continue for Clients, MNCAAs

Average Number of Weeks for MNCAAs to Receive Bonus Payments

Year	Average Number of Weeks*
2008	17
2009	16
2010	21
2011	15
2008-2011	18

*Reflects average difference between the date bonuses were paid and date applications were received.

Policy Implications

- Significant expertise already exists in core group of community partners, most of whom have health care missions
 - Timely access to client case information essential
- More substantial financial investments and a “higher-touch” model required to engage a broader group of community organizations in direct assistance
- Implementing ACA outreach, navigator, and assistance activities may be most challenging in Greater Minnesota, requires special focus

For a copy of the full evaluation report, please contact:

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