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Issue Brief

IMPROVING OUTREACH AND ENROLLMENT EFFORTS IN HEALTH CENTERS THROUGH MEDICAL-LEGAL PARTNERSHIP



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NATIONAL ASSOCIATION OF
Community Health Centers

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National Association of Community Health Centers, Inc. (NACHC)

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About NACHC

Established in 1971, the National Association of Community Health Centers (NACHC) serves as the national voice for America's Health Centers and as an advocate for health care access for the medically underserved and uninsured.

NACHC's Mission

To promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved populations.

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INTRODUCTION

The Affordable Care Act (ACA) dramatically expanded opportunities for community health centers (CHCs) and Primary Care Associations (PCAs) to play a leading role in outreach and enrollment (O&E) into new health insurance options made available through Medicaid expansion and federal and state insurance marketplaces. Because CHCs have historically served a large portion of the uninsured and oftentimes have well-established relationships with community partners, they are ideally situated to identify, connect with and enroll uninsured patients.

The mandate to find and enroll patients in health insurance has encouraged CHCs to engage in new partnerships and strengthen existing ones in order to effectively and efficiently identify and enroll individuals, many of whom have never had health insurance and who may face complex barriers to enrollment and maintenance on insurance.¹

A growing number of CHCs and PCAs are developing medical-legal partnerships (MLPs), which imbed civil legal aid professionals as part of primary and preventive care. These partnerships are based on the acknowledgment that very often legal intervention may be critical to eliminating barriers to health and health care created by the complex social and legal needs experienced by vulnerable patient populations. By addressing non-medical needs of patients through legal intervention – such as enforcement of the housing code or remedying wrongful denial of government programs and services – MLPs fit

neatly with the goals and mission of CHCs to reduce health disparities and improve patient and community health.²

MLPs also play a critical role in CHC O&E efforts. Given the complexity of eligibility requirements, insurance plan rules and difficult to navigate bureaucracies, some individuals with difficult cases may fall through the cracks – failing to enroll in insurance for which they are eligible or struggling to receive appropriate coverage to which

they are entitled. In particular, in states that did not expand Medicaid or that created restrictions for ACA navigator programs, CHCs have faced even more challenges. One study found that: “Health centers in restrictive states were significantly less likely to: receive financial support for outreach; notify patients of potential eligibility; complete paper applications; and monitor the status of applications.”³



This issue brief examines some of the current challenges in CHC O&E and the ways in which MLPs can support CHC staff and patients to improve O&E efforts. Three case studies are presented to highlight how CHCs with existing MLPs are improving O&E. In addition, they show that access to MLP services are expanded through collaboration between health insurance assisters and MLP attorneys. Key findings are presented to guide future partnerships and practice.

OUTREACH AND ENROLLMENT UNDER THE AFFORDABLE CARE ACT: A KEY ROLE FOR COMMUNITY HEALTH CENTERS AND PRIMARY CARE ASSOCIATIONS

Federal Funding for O&E

In 2013, the Health Resources and Services Administration (HRSA) provided \$150 million in supplemental funding to 1159 CHCs specifically to fund O&E efforts. In 2014, additional one-time funding was made available to health centers receiving these initial grants, and in 2015, \$6.5 million went to health centers that did not receive initial funding. Funding for O&E is now part of base level HRSA funding for CHCs.⁴

This funding supports a range of O&E activities in CHCs, including outreach and in-reach to uninsured patients during enrollment periods, training of staff to conduct outreach and serve as certified application counselors (CACs), education for patients about affordable insurance options, help for individuals with applications for Medicaid or enrollment in insurance through the exchange, and assistance with filing of appeals.⁵

Through funding from HRSA, PCAs have also played a critical role in providing O&E technical assistance to CHCs, especially in states that expanded Medicaid under the ACA. They provide training to navigators and certified application counselors, and help to troubleshoot problems in the system.

Navigator Programs

In addition to the funding provided to CHCs to support O&E, Section 1311(i) of the ACA requires that each health insurance marketplace or “exchange” develop a grant program to fund individuals, organizations or consortia “which facilitate education about and enrollment in qualified health plans (QHPs) through Exchanges,” called “navigator programs.” The Centers for Medicare & Medicaid Services’ (CMS) Center for Consumer Information and Insurance Oversight issues three-year funding to states to support navigator programs in federally facilitated marketplaces (FFMs) and state-partnership marketplaces (SPMs).⁶ In September 2016, CMS announced \$63 million in navigator grant awards to organizations in 34 states.⁷

A diverse range of entities have received navigator grants, including community action programs, faith-based organizations, universities and health advocacy and

legal aid organizations.⁸ In 2015, twelve of the organizations funded were PCAs or federally qualified health centers (FQHCs).⁹

Expanding O&E in CHCs

HRSA provides guidance to CHCs regarding how O&E should be conducted. As O&E has become more institutionalized in some CHCs, CACs have been more fully integrated into the care team and their role has expanded. HRSA has recognized this in its guidance to CHCs: “[D]uring times when demand for O/E activities are lower, as appropriate, staff previously dedicated exclusively to O/E assistance may be used to contribute support to other health center efforts to expand access to care and/or to provide comprehensive primary care services (e.g., patient/community education and other support/enabling services.)”¹⁰ Integration of O&E staff into broader CHC activities has also supported a more comprehensive approach to care through internal and external partnerships that offer timely responses to social determinants of health and access barriers.

MEDICAL-LEGAL PARTNERSHIP: A NATURAL FIT FOR COMMUNITY HEALTH CENTERS

Medical-legal partnership (MLP) embeds lawyers and paralegals alongside health care teams to detect, address and prevent health-harming social conditions for people and communities. The MLP approach is premised on the understanding that social determinants of health often manifest in the form of legal needs (e.g., health insurance access, assistance with housing code violations, food insecurity, domestic violence remediation), and that attorneys have the requisite training and expertise to address these needs. Nationally, there are 294 MLPs in health care institutions in 41 states.¹¹

MLP in CHCs

MLPs are a natural fit for CHCs. Working with the most vulnerable patient populations, CHCs have a long history of offering services beyond medical care to address patients’ social needs. In recent years, a growing number of CHCs have developed MLPs to address the complex social and legal needs of their patients. These partnerships have been facilitated by policy guidance from HRSA, which in 2014, clarified that “enabling services” – non-medical services that may include social, educational or transportation services – may include civil legal aid services.¹² As of June 2016, there are 77 MLPs based at HRSA funded health centers. A growing number of CHCs use expanded service awards to fund their MLPs.¹³

The Role of MLP in Health Insurance Access

MLPs play a critical role in health insurance access. First, health insurance access is a major social determinant of health. MLPs focus on addressing critical social determinants of health in order to improve population health by ensuring that laws are enforced and that services and benefits that impact health are not wrongfully denied to eligible individuals.

Second, while the ACA has greatly improved access to insurance, navigating the insurance system is extremely complex, particularly for vulnerable individuals. In states that did not expand Medicaid, the process for determining eligibility and sustaining coverage for those who do qualify (e.g. the disabled) or for those with complex eligibility requirements (e.g. immigrants) remains very challenging, as does assessing options for those who fall into the Medicaid gap in these states. Appealing wrongful denials often requires skilled advocates with knowledge of legal rights and entitlements as well as complicated eligibility requirements.

OUTREACH AND ENROLLMENT CHALLENGES

1. Many consumers lack basic literacy and do not understand how insurance works.
2. Ongoing engagement is required to address post-enrollment problems to avoid discontinuation or interruption in coverage.
3. As supplemental funding for O&E has been phased out, there is a danger that outreach efforts and community partnerships developed by CHCs may deteriorate.

Third, MLPs are built on partnerships that offer legal expertise and support to other health care staff in order to improve services and outcomes for patients as well as advance clinic efficiency. O&E staff and patients at CHCs that have access to legal support through an established MLP benefit from improved knowledge about how to confront systems barriers experienced by their constituents.

CHALLENGES IN COMMUNITY HEALTH CENTER OUTREACH & ENROLLMENT: A ROLE FOR MLP

Despite enormous strides in outreach and enrollment under the ACA, ongoing challenges persist. Some of these challenges point to the important role that MLPs can play in improving O&E in CHCs.

1. Many consumers lack basic literacy and do not understand how insurance works.

Many consumers do not understand basic insurance concepts – monthly premiums, provider networks, deductibles and coverage limits – or how to navigate problems with insurance coverage. A survey by the Kaiser Family Foundation of assister programs found that 61% of the assisters surveyed said that most or nearly all consumers had difficulty understanding basic insurance concepts.¹⁴

Helping consumers to understand their rights under private insurance plans, Medicaid or Medicare is critical to ensuring that they have and maintain appropriate access to care. Given their expertise in public insurance, and increasingly in ACA qualified health plans, legal aid attorneys have proven to be critical partners to CHCs in educating patients and assisters about patients' rights and in advocating for patients to ensure that they receive appropriate coverage under Medicaid, Medicare or a qualified health plan.

2. Ongoing engagement is required to address post-enrollment problems to avoid discontinuation or interruption in coverage.

Evaluations of O&E efforts have emphasized the importance of in-person assistance for all enrollees, but particularly for patients with low literacy and limited English proficiency. Because of the confusing nature of insurance eligibility requirements and rules, online resources are insufficient to educate many individuals about their rights.¹⁵ Furthermore, vulnerable populations may require “multiple touches” post-enrollment to prevent discontinuation of coverage.

Yet, in some CHCs, assisters struggle with addressing post-enrollment problems. For example, in some CHCs, assisters work only during open enrollment and may not be available to assist patients with post enrollment issues. Even those who work year round often have insufficient capacity or knowledge to take on complex post-enrollment problems such as claim denials, finding needed care outside of a provider network, or a patient's medication not being listed on the plan formulary.

While the ACA requires navigators to refer consumers to the Consumer Assistance Program, these programs have not been adequately funded. In 2015, assisters mostly referred consumers to the marketplace call center or back to their health plan.¹⁶ Navigating post-enrollment problems can be very time consuming, but also requires particular expertise in interpreting insurance contracts and government regulations, such as what constitutes “medical necessity” under Medicaid; it also may require significant advocacy skills to break down bureaucratic barriers. Legal aid partners can play a key role in addressing post enrollment systems barriers that can make a difference in whether a patient receives timely medical care or is able to stay on a needed medication. Early legal intervention can also prevent a low-income patient from enduring the stress of receiving an erroneous bill for care that should be covered.

3. As supplemental funding for O&E has been phased out, there is a danger that outreach efforts and community partnerships developed by CHCs may deteriorate.

As CHCs no longer receive supplemental funding for O&E, there will be less incentive to dedicate time and staff to these efforts. The danger is that CHCs will focus less on outreach and only on in-reach. A recent reduction in HRSA


reporting requirements for CHCs from quarterly to annual reporting may exacerbate this problem.¹⁷ Cross-sector partnerships that have been established as part of O&E efforts could be abandoned without the incentives created by the initial grants. But these partnerships have not only facilitated community outreach for health insurance enrollment, they have also provided key networks for CHCs in better identifying and addressing their patients' social determinants of health.

CHCs with MLPs exemplify how these cross-sector partnerships can serve to identify and address a range of needs for the vulnerable patients that they serve – access to health insurance and appropriate medical care, as well as, help with social and legal needs that impact health outcomes. As described in the case studies below, the intersection between CHC outreach and enrollment efforts and MLP has led to significant benefits for patients and CHCs. Maintaining and strengthening these partnerships can help to ensure that outreach and enrollment and screening for and addressing social determinants of health continue to be part of CHCs core mission.

IOWA PRIMARY CARE ASSOCIATION & IOWA LEGAL AID

A team approach to outreach and enrollment and the social determinants of health: Partnering CACs and MLP lawyers

The Iowa Primary Care Association (Iowa PCA) received funding from HRSA in 2013 to coordinate O&E and provide technical assistance and training to the state's 13 Community Health Centers (CHCs) and one migrant health program. It serves as a convener for O&E efforts and trains the CACs at Iowa's CHCs about the Health Insurance Marketplace and Medicaid expansion and eligibility. In 2014-2015, CACs in Iowa's CHCs provided education to 42,461 individuals and enrolled 8,725 into insurance.¹⁸



“IT SEEMED LOGICAL TO INVOLVE OUR CACs IN HELPING TO IDENTIFY SOCIAL AND LEGAL NEEDS OF PATIENTS. THEY ARE OFTEN ON THE FRONTLINE OF ENGAGING PATIENTS AND UNDERSTANDING THEIR NEEDS.”

*Sarah Dixon
Senior Director, Emerging Programs Partnership Program
Iowa Primary Care Association*

In 2006, Iowa PCA partnered with Iowa Legal Aid (ILA), a statewide legal services provider, to develop MLP services at six CHCs. Since inception of the MLP, ILA has provided legal services to patients and support for CHC staff on a range of issues, including public benefits, housing and domestic violence. In 2016, Iowa PCA implemented a

health and law integrated care project at two CHCs, Primary Health Care, Inc. in Des Moines and Siouxland Community Health Center in Sioux City, with a strategic focus on training CACs to identify patients' legal needs and make referrals of complex cases to the MLP attorneys at ILA.

Iowa PCA recognized the particular role that CACs could play in identifying patients' social and legal needs in addition to their outreach and enrollment role. While CACs gather information from patients as part of the O&E process, they are ideally suited to also screen for and identify patients' legal needs and to serve as natural conduits for MLP support.

Because they are a "precious resource," ILA MLP attorneys work under a "curbside consult" model, in which teams of attorneys from ILA train CHC staff, including CACs, on legal issues affecting patient health and then are available by phone and email for consults as well as patient referrals. A hotline for CACs has been developed so that they can reach an MLP attorney with questions about insurance eligibility, post-enrollment coverage issues, and/or other law-related social determinants of health, such as housing, public benefits, or family violence. Regular training of CHC staff, including CACs, by the MLP attorneys on eligibility, coverage and appeal issues, shores up effective problem-solving for less complex issues by the health care team, leaving referrals for legal assistance for complex cases.

Primary Health Care, Inc. in Des Moines has six main medical clinics and three satellite clinics, including clinics that serve very vulnerable patient populations – the homeless, troubled youth, and immigrants. CHC staff have developed a strong team-based approach that connects O&E to identifying and addressing multiple health care, social and legal needs. This team approach, including the MLP, helps CACs and family support workers to address complex needs of these populations, including overcoming barriers to Medicaid for youth involved in the corrections system, evaluating eligibility for non-citizens who have complex

FROM HOSPITAL TO HOMELESS: PARTNERING TO HELP "SUSAN" RESTORE HER HEALTH AND HOUSING

Susan was hospitalized with a life threatening illness. After weeks in the hospital, she was looking forward to recuperating in the comfort of her own home. When Susan was released from the hospital, she returned to her home and found that the locks had been changed and she had no access to the property. She attempted to contact her landlord, but discovered that the property had been sold and her former landlord was unwilling to help her. Susan was homeless.

The health benefits specialist recognized that a shelter was no place for a person in Susan's condition who needed a safe place to heal. The health benefits specialist referred Susan to the Health Law Integrated Care Project. The project attorney advised Susan that she had the right to enter the rental property and should do so immediately in order to defeat an abandonment defense by the new landlord. The project attorney then located the property manager for the new owner and asked that Susan be allowed to continue renting the property. The new owner had been unaware of Susan's right to live at the property and agreed to let her move back in. Susan was able to complete her recovery in the security of her own home.

immigration barriers to care, and reducing interruption in insurance for homeless individuals.

Siouxland Community Health Center, Inc. in Sioux City is serving as a pilot site for administration of the National Association of Community Health Centers' (NACHC) PRAPARE tool to identify patients' social determinants of health as part of the electronic medical record. As part of this screening process, Siouxland has included a screening question about unmet legal needs. Screeners are also trained to identify positive responses for other questions, such as those about housing problems, as potential legal issues for which MLP services may be needed.

At Siouxland, CACs have been trained to conduct wellness exams, health risk assessments, and at times, to administer the PRAPARE screeners. CHC and PCA staff note that having CACs serve in this role is logical. It provides them with additional insight and perspective about the multiple issues patients may be confronting beyond insurance access and supports their own professional development as part of the health care team. Siouxland is tracking its enabling services and other interventions, including MLP, through the PRAPARE pilot in order to determine the most efficient use of these resources and best practices for referrals.



“OUR NAVIGATOR WORK HAS RAISED AWARENESS IN THE HEALTH CARE COMMUNITY ABOUT THE VALUE OF LEGAL PARTNERS IN NOT ONLY HELPING INDIVIDUALS TO ACCESS THE INSURANCE COVERAGE THEY NEED, BUT ALSO IN HELPING OUR HEALTH CARE PARTNERS TO RECOGNIZE THE IMPORTANCE OF INCLUDING LEGAL SERVICES PROFESSIONALS IN COMMUNITY-BASED EFFORTS TO ADDRESS A WIDER ARRAY OF SOCIAL DETERMINANTS OF HEALTH.”

*Madlyn Morreale
Supervising Attorney MLP Program
Legal Aid of North Carolina*

TRIAD ADULT PEDIATRIC MEDICINE & LEGAL AID OF NORTH CAROLINA (GREENSBORO)

Legal aid partners as navigators: Enhancing the value of MLP in CHCs

Since 2013, Legal Aid of North Carolina (LANC) has played a leadership role in the state's highly successful ACA outreach and enrollment efforts.¹⁹ Because North Carolina did not expand its Medicaid program, facilitating access to health insurance through the marketplace for those eligible for subsidies and helping

those who fall into the “Medicaid gap” to access care through other safety net programs is particularly important.

With funding from CMS, LANC leads the NC Navigator Consortium, a group of fourteen health care, social service and legal aid organizations, that works in coordination with diverse stakeholders from more than 100 organizations (known as “The Big Tent”), including the North Carolina PCA, which provides training and support to CACs at its CHCs. Building on the strength of its partnerships across sectors, the NC Consortium implemented the nation’s first statewide health insurance connector, a toll-free number and on-line scheduler accessible to all consumers to make an appointment for an in-person consult with a navigator or CAC. The “Get Covered Connector” is now being used in other states by Enroll America and Get Covered America.²⁰

In the first year of open enrollment, 65 LANC attorneys and paralegals served as navigators across the state. Using data and heat maps from Enroll America, the Consortium has targeted its O&E efforts toward special populations with the highest number of uninsured, including those living in rural communities and



those specified in CMS’s grant priorities – immigrants, refugees, farmworkers and other populations in the state that are often underserved. LANC also provides legal expertise at the Consortium’s meetings and trainings for navigators and CACs, particularly around strategies for dealing with complex cases.

LANC also has a long-standing Medical-Legal Partnership program with a large number of CHCs, other primary care clinics, hospitals, and health institutions across the state. LANC’s MLP program has expanded as a direct result of relationships built and strengthened by its Navigator Project. Because of its dual role in O&E and MLP, LANC provides a strong model for how MLP attorneys in CHCs can improve and support O&E efforts, improve patients’ access to

insurance and health care, and broaden the scope of services for patients around other social determinants of health.

The LANC office in Greensboro works with two MLP partners: Family Service of the Piedmont and Triad Adult Pediatric Medicine (TAPM). The MLP at TAPM, which has six clinics, including a small rural clinic, was initiated in 2011 with a grant from the local bar association. The MLP legal staff

provides training for and on-site consultations with CHC staff and take direct referrals from TAPM for legal assistance on a number of health-harming legal needs. In addition, the MLP legal staff works closely with LANC navigators and local CACs, ensuring that access to insurance coverage is a prominent part of the office's legal practice. The MLP attorney who partners with TAPM is a critical resource for CHC staff on Social Security Disability and Medicaid eligibility for patients who may otherwise not qualify for insurance. Conversely, established relationships with CHC partners facilitates access to key medical evidence for patients' applications, which can determine whether SSI and Medicaid applications are successful.

Additionally, while on-site at TAPM, the MLP attorney takes "warm handoffs" from navigators who experience systems barriers, such as unreasonable delays by state agencies in processing a Medicaid application or a patient denied disability insurance who is left without Medicaid coverage. The MLP attorney also provides expert consultation and assistance for complex cases involving immigrants and refugees. Greensboro serves as a major refugee settlement city. Refugees are eligible for Medicaid for eight months after settlement, but determining eligibility for insurance after eight months can be complex. Similarly, ensuring compliance by the state in providing benefits to eligible immigrants, such as citizen children of immigrant families often requires legal advocacy. LANC Greensboro works with a large network of organizations that serve immigrants and refugees through both its navigator program and its MLP.

CHALLENGING A TERMINATION OF A BREAST CANCER PATIENT'S MEDICAID DISABILITY COVERAGE

"Ann", a patient in her 40's with Stage IV breast cancer that had metastasized in her bones, requested navigator assistance to help with a Marketplace insurance application. She had received notice that her Adult Medicaid for the Disabled had been terminated because a recent approval for Social Security Disability income had made her ineligible. Ann grew distraught when the navigator informed her that she would be eligible for insurance with a subsidy, but the earliest that her insurance coverage could start would be mid-January – nearly a month after her application. It was vital that Ann continue an aggressive chemotherapy regimen, and her next treatment was scheduled for December 28. She would have no resources to pay for her next treatment.

The navigator contacted the MLP attorney, who met with Ann the same day. The MLP attorney determined that Ann was eligible for a special program called Breast and Cervical Cancer Medicaid (BCC). She immediately drafted a letter to the Medicaid office challenging the termination of her Disability Medicaid without verifying Ann's eligibility for BCC. Ann's case was expedited by the hearing officer and her Medicaid was approved, meaning that there was no interruption in chemotherapy treatment.

Impressed by LANC’s work in Greensboro through both its O&E and MLP leadership, the Cone Health Foundation, which serves Guilford County (the Greensboro area), has provided additional funding to LANC to enable legal advocates to assist uninsured individuals who do not qualify for ACA subsidies.²¹ Notably, since the grant began in 2014, more than half of all patients/clients referred by TAPM and other local MLP clinics have received assistance with Medicaid and disability-related appeals, while the remaining MLP patients/clients have been helped with other essential needs, including housing, public benefits and education.

PEOPLE’S COMMUNITY CLINIC & TEXAS LEGAL SERVICES CENTER (AUSTIN)

Reducing confusion for CHC staff and patients: MLP lawyers as legal translators and facilitators of O & E

People’s Community Clinic (PCC), a health center in Austin, is a patient-centered medical home, integrating behavioral health, social work, health education and chronic disease management for



“IN TEXAS, ACCESS TO INSURANCE AND ACCESS TO CARE ARE KEY SOCIAL DETERMINANTS OF HEALTH AS WELL AS CRITICAL LAW AND POLICY ISSUES.”

*Keegan Warren-Klem
MLP Attorney
People’s Community Clinic and
Texas Legal Services Center*

its pediatric, adolescent and adult medicine programs. It has two clinic locations, one of which is focused on women’s health, and four partner site locations. Eighty-three percent of its active patients self-identify as Hispanic or Latino.

In 2012, PCC partnered with the Texas Legal Services Center (TLSC) to initiate an MLP as part of its patient-centered medical home. The MLP is funded by philanthropic grants and the Texas Bar Foundation but is also supported by PCC’s enabling services grant. The MLP attorney works on-site at the clinics to provide assistance with a whole host of legal issues, including access to public benefits, housing, advance directives, guardianship and immigration.

TLSC has longstanding expertise on health care access, with a deep knowledge base on Medicaid and Medicare. Like North Carolina, Texas did not expand Medicaid under the ACA. Despite limited access to Medicaid for patients due to immigration status or failure to meet categorical eligibility requirements, in Austin, documented patients whose income is below 100% and undocumented

patients whose income is below 21% of the federal poverty level may be eligible for Travis County's Medical Assistance Program. There are also some free clinic and specialty care programs available for certain eligible individuals. The MLP attorney plays an important role in supporting the CACs to ensure that patients access any potential source of insurance or payment.

In addition, as has been true in some other states, Texas adopted a navigator law in 2014 that increased the number of required hours of training as well as the topics that had to be covered

beyond those required by federal law. Additional topics include the Health Insurance Portability and Accountability Act (HIPAA) privacy rule, ethics, and insurance fraud. Health centers in states with more restrictive navigator laws have reported that they are significantly more constrained in their O&E activities.²²

TLSC is certified by the Texas Department of Insurance as a navigator training site. The MLP attorney has played a key role in designing the navigator trainings to make the additional, often complex, topics more accessible for navigators. Because of the added requirements for navigators in Texas, training and support for navigators by lawyers has been critical. Not only are the additional topics technical and sometimes difficult to understand, the regulations governing requirements for navigators are complex. The MLP attorney also conducts trainings through the Health Insurance Counseling and Advocacy Program, a collaborative Medicare advocacy program. She provides training to PCC staff and consults with CACs on site about insurance and health care access barriers experienced by patients.

CACs and other PCC staff have found that patients who have accessed Medicaid or private insurance through the marketplace often experience significant barriers to coverage and to specialty care. The MLP attorney appeals Medicaid coverage denials and supports CACs and nurse care managers in breaking down barriers to specialty care. The CACs and navigators have also found that while qualified health plans promote access to specialists, finding specialists that take QHP insurance often requires significant advocacy. Similarly, health plans

THE POWER OF LEGAL REFERRALS: HOW A HEALTH CENTER VISIT LED TO THE REVERSAL OF A WRONGFUL DENIAL OF CHIP BENEFITS

"Anthony's" parents were unable or unwilling to care for him, and so "Ms. Grey", his grandmother, adopted him and began to raise him as her own. She was unable to provide health insurance for him, however, and so she applied for Medicaid on his behalf. The application was denied because the state believed the family was over-income for both Medicaid and CHIP. He was referred for legal assistance by the clinic.

Upon digging into the state's records and doing some additional research, the MLP attorney discovered that the state was counting Anthony's derivative Social Security retirement benefits as income, which is not allowed under the law. The MLP attorney filed an appeal to an administrative law judge, and before the case could be heard, the state reversed its previous decision, awarding CHIP benefits to Anthony, who was finally able to get all of the medical care that he needed.



frequently change formularies, disrupting coverage of prescribed medications, which are often crucial to patient health. Support from the MLP in navigating these coverage issues has been critical.

Because of the confusing nature of health insurance for both staff and patients, starting in spring 2017, the MLP attorney will begin conducting “know your rights” workshops at the PCC targeted at Medicare beneficiaries to help them learn more about Medicaid eligibility through the Medicare Savings Programs and the Low-Income Subsidy program. Patients of the PCC and members of the broader community will be invited to the workshops. The workshops will be conducted in English and in Spanish. The PCC also plans to initiate group visits at the women’s health clinic in which patients will be screened for and provided information and assistance with health care, insurance, and social and legal needs. These efforts are part of a new Community-Centered Health Home approach being developed at the PCC.

THE BENEFITS OF COLLABORATION BETWEEN COMMUNITY HEALTH CENTERS AND MEDICAL-LEGAL PARTNERSHIPS

These three case studies suggest that connecting O&E efforts at CHCs with MLP can be highly beneficial and efficient for improving access to health insurance and health care as well as supporting efforts to identify and address social and legal needs that may impede the health of health center patients.

CHC O&E Contributions to MLP:

Trained CHC staff can identify and refer legal needs
Improved workflow
Leveraging of scarce MLP resources



Mutual Benefits of Collaboration on Outreach and Enrollment



MLP Contributions to CHC O&E:

Training of assisters by MLP
Supporting assisters with complex cases
Amplified likelihood of successful appeals

MLP Services Facilitate and Improve CHC O&E by:

1. *Training* assisters and deciphering complex insurance and regulatory information for CHC staff and patients
2. *Supporting* assisters with complex cases in which determining eligibility may require extra knowledge and expertise (such as for patients with disabilities, immigrants or refugees)
3. *Amplifying* the likelihood of success of appeals of wrongful insurance denials by employed the expertise and skills of lawyers as consultants or advocates

CHC O&E Facilitates and Improves MLP Services by:

1. *Training* CHC staff to identify legal needs – both related to health care access and to social determinants – and consulting with and/or referring patient to MLP
2. *Improving* workflow by incorporating assisters and lawyers as key members of the health care team in order to provide more holistic, patient-centered care that addresses multiple patient needs
3. *Leveraging* scarce MLP resources by using technology (such as designated phone lines and email) for CHC staff to consult with lawyers on complex cases.

CONCLUSION

Case studies of collaboration between CHC O&E staff and MLP attorneys portray a bidirectional benefit. MLP attorneys support O&E through training and education for staff and patients, on-site or remote advice on difficult cases, and assistance with complex post-enrollment problems, ensuring that patients do not lose desperately needed health insurance coverage. On the other hand, training and equipping CHC O&E staff to identify individuals' complex social and legal needs and to partner with MLP attorneys to address those needs, has proved critical in improving access for patients to legal assistance.

GLOSSARY

Center for Medicare and Medicaid Services (CMS) is a federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP) and serves as the federal regulatory agency that enforces the Affordable Care Act.

Certified Application Counselor (CAC) is an individual who is trained and certified to help the uninsured understand their new health coverage options, apply for financial help with coverage, and enroll in private health plans through the new health insurance marketplaces.

Federally Facilitated Marketplace (FFM) is the “exchange” or marketplace for health insurance plans operated by the U.S. Department of Health and Human Services (HHS).

Federally Qualified Health Center (FQHC) is a community health center (CHC) that provides services to all people regardless of their ability to pay or insurance status, which received funding from the Health Resources and Service Administration and must comply with Section 330 program requirements.

Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services, whose focus is achieving health equity and whose programs provide health care to people who are geographically isolated, economically or medically vulnerable.

Navigator is an individual or organization trained to help consumers, small businesses, and their employees learn about health coverage options through the marketplace, including helping with completion of eligibility and enrollment forms.

Primary Care Association (PCA) is a state or regional nonprofit organization that provides training and technical assistance to safety-net providers, including community health centers.

State Partnership Marketplaces (SPM) is a state health insurance marketplace that is run in partnership with the federal marketplace. In a partnership marketplace, states make key decisions and tailor their marketplace to local needs and markets.

ENDNOTES

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⁴ Health Resources and Services Administration, Health Center Ongoing Outreach and Enrollment (O/E) Assistance Frequently Asked Questions (FAQs), Updated March 11, 2015, <http://bphc.hrsa.gov/archive/outreachandenrollment/oe FAQs.pdf>

⁵ Id.

⁶ See Centers for Medicare and Medicaid Services. (2015). PPHF – 2013 - Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges. Center for Consumer Information and Insurance Oversight, <http://www.cms.gov/CCIIO/Resources/Funding-Opportunities/Downloads/2013-navigator-foa-4-9-2013.pdf>

⁷ See Center for Medicare and Medicaid Services, Recipients of 2016 Navigator Grants, <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Navigator-Grantee-Summaries-2016.pdf>

⁸ Id.

⁹ National Association of Community Health Centers, Outreach and Enrollment Policy Updates, <http://nachc.org/health-center-issues/outreach-and-enrollment/outreach-enrollment-policy/>

¹⁰ HRSA FAQs, *supra* note 4.

¹¹ National Center for Medical-Legal Partnership, <http://medical-legalpartnership.org/>

¹² See Form 5A, describing enabling services as including services that “support a health center patient’s access to non-medical, social, education- al or other related services (e.g., child care, food banks/meals, employment and education counseling, legal services/legal aid).” *Service Descriptors for Form 5A: Services Provided*, HRSA, <http://bphc.hrsa.gov/about/requirements/scope/form5aser- vicedescriptors.pdf>.

¹³ National Center for Medical-Legal Partnership, Building Resources to Support Legal Aid Access in HRSA-Funded Health Centers, Case Studies and Strategies, July 2016.

¹⁴ The Henry J. Kaiser Family Foundation, 2016 Survey of Health Insurance Marketplace Assister Programs and Brokers, June 2016.

¹⁵ Henry J. Kaiser Foundation, Outreach and Enrollment Strategies for Reaching the Medicaid Eligible but Uninsured Population, March 2016.

¹⁶ Kaiser Survey, *supra* note 14.

¹⁷ HRSA, Health Center Outreach and Enrollment (O/E) Quarterly Progress Reporting (QPR) Frequently Asked Questions, Updated October 18, 2016, http://bphc.hrsa.gov/programopportunities/fundingopportunities/outreachenrollment/oe_qpr_faqs.pdf

¹⁸ Iowa Primary Care Association, Iowa’s Community Health Centers Profile and Legislative Agenda, 2016.

¹⁹ North Carolina Health News, <http://www.northcarolinahealthnews.org/2014/01/20/north-carolina-obamacare-enrollment-one-of-nations-highest/>

²⁰ See Get Covered America, <https://www.getcoveredamerica.org/get-covered-connector-national/>

²¹ Cone Health Foundation, Strategic Plan, 2015-2020, <http://www.conehealthfoundation.com/foundation/about-us/strategic-focus/>

²² Shin, executive summary, *supra* note 1 at 3.