Community Collaboration:
Enrollment and Retention

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PRESENTATION OVERVIEW

• Alameda County landscape
• History of collaboration
• Community collaboration during ACA
• Outcomes
• Overcoming challenges
Alameda County Landscape

• Progressive Board:
  • History of “universal health coverage”
  • Strong Board support for work in community & collaboration

• Diversity: 2nd most racially diverse in US; integrated
  • Language & culture – role of community clinics

• Health clinic collaboration shift toward Medi-Cal
  • With more eligible for MC, shift from indigent & Health Care
HISTORY OF COLLABORATION

• 1988: MC outreach pilot- infant mortality rates
  • Expedite MC enrollment for pre-natal care
  • Clinic & County roles established
  • Collaboration expands to include retention support

• County Social Services Contract with Consortium
  • Liaison / problem solver / translator; reg meeting forums & trainings

• Today: over 40 clinic sites, including school based
  • +12 more (Faith institutions, cultural organizations, PD office)
COLLABORATION - ACA

Communication:
- Formation of stakeholder forum - monthly (Consortium, Health Care, CAO, Board aids)
- Community Presentations in all Board districts +++
- Established Covered CA CEE forum
- Website established, jointly developed materials posted

Low Income Health Program (LIHP):
- 42K enrolled 2011 to 2013 through community
• LIHP contract established with community clinics

Other community partnerships:
• School based clinics - Fed CKC Grant
• County RFP / Contract with CBO’s for CF & MC enrollment
• Expanded outreach community sites
OUTCOMES – MC ENROLLMENT
OUTCOMES- RENEWAL SUPPORT

Member renewal rates, CHCN, 2009-2012

- 2009: 58%*
- 2010: 76%**
- 2011: 78%
- 2012: 81%
OVERCOMING CHALLENGES

- Political Example – finger pointing
- Service Example – MC renewals pre- ACA
- Lesson Learned: Relationship key!
QUESTIONS

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