

# Care Coordination for Medicaid Clients

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Investigating new ways to increase Health Home program enrollment

**To improve health outcomes, the Medicaid Health Home program connects clients with chronic conditions to care coordinators. Despite frequent outreach, many eligible people don't enroll.**

## Summary

Self-managing care can be difficult for Medicaid enrollees who have multiple chronic conditions. To stay healthy, they must juggle appointments with multiple providers, absorb their advice and recommendations, and follow numerous treatment and drug regimens. Missing an appointment or forgetting a medication can, over time, lead to higher costs and poorer health outcomes. Many Medicaid clients also interact with other social supports, such as housing support, social security benefits, food access programs, and transportation assistance. The Health Home program can help clients connect with and coordinate these important supports outside of the Medicaid system as well.

### Highlights

- ▶ The Medicaid Health Home Program is a Medicaid benefit offered by certain states that provides a care coordinator to help individuals get the care they need
- ▶ In an effort to increase uptake, behaviorally-designed letters were created to encourage program enrollment

States have the option of offering the Medicaid Health Home program, which aims to improve outcomes for people managing chronic conditions by linking clients with care coordinators: trained professionals who can help participants navigate the complexities of the medical and social service systems.<sup>1</sup> This benefit can go a long way toward helping people get the care, treatment, and support that they need. One challenge these programs face, however, is uptake: many individuals who are eligible for care coordination do not ultimately enroll.

We worked with one Health Home provider to apply a behavioral lens to one of their many existing communication channels: letters about the program in an effort to encourage more people to enroll.

## Outreach to increase enrollment

ideas42 worked with a regional Health Home provider in New York State, Hudson River Health Care (HRHCare), to design letters to be sent in the mail to eligible recipients encouraging program enrollment.

We designed two letters. The first featured a checklist that prompted potential participants to consider if the program was right for them, to help them assess whether the program was a good fit for their conditions.<sup>2</sup> The checklist included simple statements aimed at concretizing the potential impacts of the

<sup>1</sup> For more on Medicaid Health Home, see: <https://aspe.hhs.gov/basic-report/evaluation-medicaid-health-home-option-beneficiaries-chronic-conditions-progress-and-lessons-first-states-implementing-health-home-programs-annual-report-year-four>

<sup>2</sup> Haynes et al., "A surgical safety checklist to reduce morbidity and mortality in a global population," *NEJM* (2009): 491-499.

program, such as “I would like help figuring out the best doctor for me.” The second letter featured actual photos and quotes from both a participant and a care coordinator to promote trust in the program.<sup>3</sup>

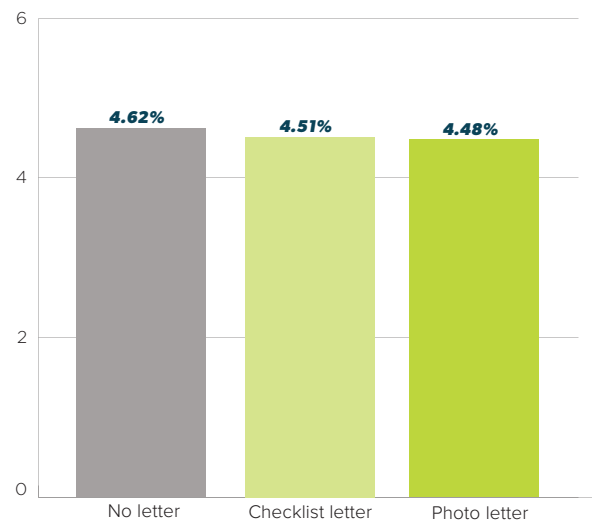
Each letter was sent to roughly 8,100 Medicaid beneficiaries eligible to work with an HRHCare Health Home coordinator in early 2017; a group of 8,141 received no letter and served as a control group.<sup>4</sup> After sending letters, Health Home staff follow up with phone calls, street-level outreach, and attempt to work with the patient’s current providers to help engage them. All clients were eligible to receive this follow-up outreach, regardless of treatment arm.

### Letters don’t measure up .....

To determine if the letters impacted enrollment in the Health Home program, we measured sign-ups one month after sending the letters. We found that neither letter showed evidence of being more likely to prompt Medicaid participants to sign up with HRHCare, relative to not receiving any letter. Enrollment was actually slightly lower among those who received a letter, although this difference was small (0.08 percentage point) and not statistically significant.<sup>5</sup>

Enrollment rates after two months (not shown) were slightly higher across all groups, but differences across the groups remained small in magnitude and not statistically significant.

**Health Home Enrollment Rates, One Month After Mailing**



### Strengthening other channels .....

In particular, evidence from this project casts doubt on the use of direct mail as an effective way to reach potential participants. These letters were just one component of HRHCare’s larger outreach strategy to help more people enroll and get assistance managing their care, and these results support the conclusion that other means, such as phone calls and street outreach, must continue to be used to boost the program’s use.

As New York and other states continue to demonstrate the Health Home model, they should continue to experiment with many different channels of communication for promoting participation that may be more effective. Take-up of the Health Home program remains a challenge for Medicaid, and by learning from what doesn’t drive engagement, we can bolster the solutions that do—and ultimately help more people manage their health care.

<sup>3</sup> Bertrand et al. “What’s Advertising Content Worth?,” *Quarterly Journal of Economics* (2010): 263–306.

<sup>4</sup> Sample size for the checklist letter group was 8,142; sample size for the photo letter group was 8,170.

<sup>5</sup> ( $p = 0.78$ , 95% CI [-0.5, 0.7])