




Benefits Enrollment Best Practices

TERRY REILLY HEALTH SERVICES

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The legacy of Terry Reilly began and grew in response to a need found in a small group of children and their families in the Seasonal Farmworker population of Nampa, Idaho. Many of these farmworkers lived in sub-standard conditions and had limited access to healthcare and other social services. When Terry Reilly noticed that many of the children seemed to have chronic medical conditions that were being ignored, he convinced the first provider, a local pediatrician, to volunteer his services and opened the first clinic on May 1, 1971. Because of Terry's tireless work to raise awareness of the need for access to quality health care in rural Idaho, grants allowed for the creation of clinics all over Ada, Canyon, and Owyhee Counties. The mission of Terry Reilly Health Services remains the same, operating medical, dental, and behavioral health clinics for everyone throughout the Treasure Valley.

Proposed Benefit Enrollment Center (BEC) Model

Terry Reilly (TR) Health Services proposed to implement a pilot Benefits Enrollment Center (BEC) that uses person-centered strategies to assist rural Hispanic/Latino older adults and individuals with disabilities to access benefits through the *promotora* model. TR would collaborate with existing community agencies to provide application assistance and education about Medicare and other medical and financial benefits.

The Promotora de Salud program at Terry Reilly has been a staple since the early 70s and this effort continues to be a vital link between TR and underserved populations like the large farm work community that still has a presence in our service area.

The focus of TR's *promotora* program is to provide peer-to-peer lay health promotion to our patients and connect patients to community-based services they require. *Promotoras* nationally have different titles and roles. At TR they hold the title of patient navigators and fulfill the following roles:

- Patient advocate
- Lay health educator
- Outreach worker
- Home visitor
- Translator

Our Patient Navigators (PNs) share many social, cultural, and economic characteristics of our patient base. Currently, six of ten PNs are bilingual Spanish/English speakers. The other four PNs have significant experience working with our homeless population. All of our PNs have the tools and expertise to help patients overcome barriers related to social determinants of health.

Over the last two years of the BEC grant, TR connected with patients in a variety of ways. One which we continue to grow is our partnership with a labor camp in Caldwell. Prior to COVID, the PN navigators were part of a community effort to provide medical and dental screening twice a month to 1,200 residents at the complex. That partnership resulted in connecting with 22 residents who met the BEC eligibility criteria. This year, TR will expand on this effort and have a PN navigator onsite with office hours at the labor camp. This expanded partnership will give the BEC the ability to see more residents and do the kind of *promotora* work that is of value to this vulnerable population and who could benefit from BEC benefits.

Challenges and Best Practices

Challenge: Reaching Medicare beneficiaries who do not already have the benefits they may qualify for and assisting them with these benefits.

Additional challenges related to this challenge included:

- **Medicaid Expansion.** In mid-2019, the Idaho legislature passed Medicaid expansion for the first time since the passage of the Affordable Care Act. This change was expected to affect 90,000 Idahoans, with many of them in the Ada/Canyon County area. Terry Reilly identified about 25,000 potentially eligible persons for Medicaid and set forth a program to offer assistance through the Medicaid application process prior to the end of the year. Once eligible individuals were approved for Medicaid, TR assisted with their attribution requirements prior to the March deadline. This project was a massive undertaking and took away from other projects, including the BEC project. However, through this effort, we also found a number of persons eligible for Medicare, who did not know they were eligible for other benefits and were able to be helped at that time. The data gathered through this project includes low-income Medicare beneficiaries who should and will be screened for BEC programs.
- **COVID-19.** As we finished the majority of work related to Medicaid expansion, we felt we were in the position to rapidly gain momentum on our BEC project. However, COVID was an unexpected hit. The TR team was suddenly in screening tents, greeting and screening visitors to our sites to make sure they had no COVID symptoms. The tent time

gradually come down to no more than one day a week, so the BEC counselors are able to re-establish their normal routines. The COVID pandemic also meant that we were not meeting in person except for essential visits. Virtually all BEC appointments were discontinued for a couple months, except those with immediate needs, which we did through telephone and other creative methods. Although we have resumed these appointments, many citizens are choosing not to meet with our counselors until this pandemic is under control.

Best Practices: TR's BEC counselors are utilizing any and all outreach events to offer BEC counselling services to those who attend.

- A report was generated and calls made to all Hispanic persons 65 years and older who have been served as a patient with Terry Reilly. These calls offer BEC counseling to include those who only came in for urgent or dental care.
- Monthly reports are generated for all persons in Terry Reilly's database who are soon to be turning 65. Calls are made to offer BEC and Medicare counselling services.
- BEC counselors are or have been SHIBA (SHIP) certified and are available to take Medicare appointments through SHIBA. SHIBA staff and phone volunteers know that Terry Reilly partners can assist low-income individuals with the application process.
- Through our Medicaid expansion project, over 2,000 persons were identified as potentially eligible for Medicare, and the majority qualified for low-income projects as well. Phone calls are being made to offer assistance to these people.
- A BEC counselor will soon be stationed at the work camp in Caldwell to offer assistance to the rural Hispanic population.

Challenge: Strengthening relationships with governmental agencies determining eligibility for benefits, such as state Medicaid agencies, and with other members of the aging and disability networks, such as Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs). Working with the senior and disabled population we often run into challenges that require assistance through other entities.

Best Practices: Relationships have been established through the local Social Security Offices, Idaho Department of Health and Welfare (DHW), and SHIBA (Idaho's SHIP program). Through previous employment with DHW and SHIBA, the BEC Coordinator has established a

relationship with the Idaho DHW Welfare Division Administrator, along with staff from Self Reliance, Development Disabilities, Long Term Care, Medicare Buy-In, Medical Review, and Regional Nursing. This relationship has enabled Terry Reilly to set up a phone interview process to allow our counselors to assist beneficiaries to apply for their benefits by a 3-way phone call, as well as via the internet and paper options. The DHW buy-in staff are very helpful when we have issues with the Medicare Savings Programs paying the Medicare premiums, or when our patients have mistakenly refused their Part B. With the BEC Coordinator working with the counselors, the BEC counselors are establishing their own relationships as well. We have had DHW staff attend our staff meetings to further build that relationship.

The BEC Coordinator also has a working relationship with the local Social Security Office Manager and has learned to work with the local offices to assist in most issues. Most of the BEC counselors have also established their own relationship with the local SSA offices.

Additionally, working with the Idaho Department of Insurance and SHIBA program, the coordinator has a relationship with the State Director of Insurance as well as staff from SHIBA and Consumer Affairs. Terry Reilly has become a SHIBA partner and through this partnership, is available for Medicare counselling for anyone in the State of Idaho, not just Terry Reilly patients. This relationship helps us achieve our goals through networking, referrals, education, and problem resolution. Four of our seven BEC counselors are SHIBA certified and the other three were working toward certification at the time of this report.

Finally, TR continues to cultivate a relationship with Community Council of Idaho, a rural-centered, multi-service nonprofit organization serving Latinos in the state. Its purpose is to improve the social and economic status of local communities through workforce preparation, education, cultural awareness, civil rights advocacy, and well-being services.

Client Stories

These case studies are examples for the benefit of having BEC counselors available in Idaho, including in rural sites serving our hard-to-reach populations.

- Twin Hispanic Brothers worked and lived at a local farm camp and speak Spanish only. They were getting close to turning 65 and received their Medicare cards in the mail. A TR BEC counselor contacted them through one of our many outreach calls to this population. Upon meeting with them, she found that they had met with someone who visited the camp and had signed one of them up for a Medicare Advantage prescription drug plan which did not cover services in Idaho. She also found that they had returned

their Medicare card to deny enrollment in Part B because they could not afford the Part B premium. Both brothers were already on Medicaid and would qualify for QMB once they turned 65, so would not be responsible for the Part B premium. The counselor was able to work with the Idaho Department of Health and Welfare and the local SSA office to reenroll both of them into Medicare Part B; activate their Medicaid, QMB, and Extra Help; and disenroll them from the MA-PD plans back to Original Medicare which works better for them at this time. Due to the outreach call from this BEC counselor, both brothers now have medical and dental coverage that works for them and one of them can go forward with a needed surgery. Additionally, they now feel they have an advocate they can trust to help them make these decisions in the future.

- A 64-year-old homeless man came to a rural clinic and was assisted by the BEC counselor on site. He claimed he had been disabled for over 10 years but was denied disability through SSA and did not know how to appeal that decision. In looking through his old mail, the counselor discovered that he was eligible for SSA retirement benefits. The counselor also assisted with the application for disability which enabled him to receive SSI and SSDI. She then helped him apply for Medicare since he was going to turn 65, along with Medicaid, QMB, Extra Help, Food Stamps, and Housing Assistance. Due to the help from the BEC counselor, this man now has steady income, medical coverage, food assistance, and housing in an apartment.
- A 62-year-old female disabled Medicare beneficiary had Medicare and SLMB. She needed dental work done and had no coverage. She had extreme stress in trying to find some options. The BEC counselor was able to help her apply for an Idaho philanthropy program for her dental needs and changed her Medicare Advantage plan to provide future dental and vision coverage. The counselor also found drug manufacturer assistance programs to cover the prescriptions that were not covered under her MA-PD. The patient now feels that she has an advocate who is looking out for her and cried because she was so relieved.