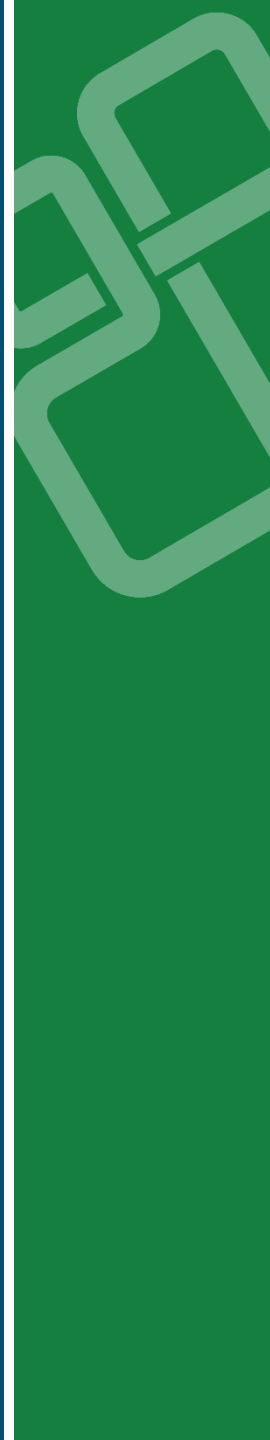




# Health Neighborhood

April 17, 2024



# Why

An **engaged** community subsequently **engages** its members.

- Our members are active in our regions, we need to partner with the entities who directly engage our members
- Our members relate best to their peers and neighbors, so we need to connect locally
- Our members want information provided to them in a manner they can understand, so we need to ensure we “speak their language”
- Our members want to tell their story once, so we need to create common platforms for information sharing
- Our members trust information provided to them closer to home



# How



Forums – Regional PIACs, Member Advisory Committees, Health Alliances & cross sector collaborative meetings



Education – Member materials, newsletters, webinars, practice transformation with network providers



Collaboration – Relationship development, create referral processes, case consults, contracts



Data Sharing – Helps identify shared members & transmit relevant information

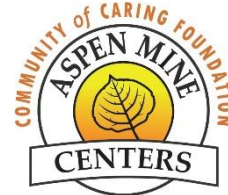


Financial Incentives/Support – Community Incentive Programs and other innovative projects funded through incentive dollars or administrative PMPM

# Who



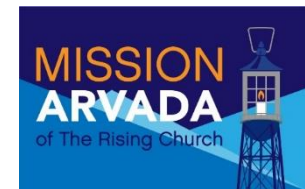
DESERVING DENTAL



## ROCKY MOUNTAIN RURAL HEALTH



GREAT FUTURES START HERE.



# Impact

68 Awardees Across 8 Counties

\$8,148,368.85 Awarded



## Education & Training

- 65 staff/providers trained in TST, trauma-focused cognitive behavioral therapy and EMDR
- 146 individuals trained as community health workers/promotoras
- 59 classes offered that included topics like cooking/budgeting, self-image, self-confidence, cultural diversity and many more
- 95 youth attended 9 trainings covering transforming gender and security, celebrating diversity, and youth worker training
- 122 members received health literacy and advocacy trainings

## Social Determinates of Health

- 7,265 member received referrals and assistance for: food provision, vehicle/transportation related needs, hygiene kits, eyeglasses, financial assistance for housing, etc.
- 2,631 meals distributed in Gilpin and Clear Creek Counties
- 7,249 families with babies and infants were provided 16,421 items through mobile events (diapers, wipes, formula, etc.)
- 103 vaccine equity clinics hosted
- 1,031 individuals received a virtual fitness program membership through YMCA

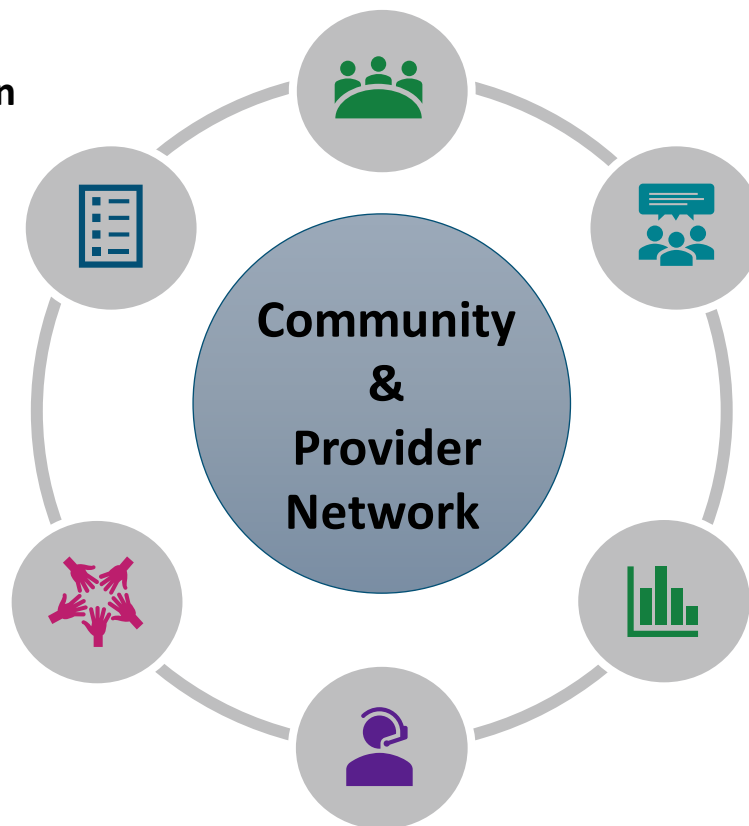
# Continuous Enrollment Unwind

## Regional Community/Member Approach

### Information Distribution

- Specific CCHA Webpage
- Social Media Posts
- Radio
- News Articles
- Email Distributions

### Maximizing Community Partnerships & Member Points of Contact



### Escalation & Case Review Process

- Department of Human Services
- Case Management Agencies
- Providers/Community Organizations

### Analyze & Share Data

- Share PHE/CEU data with providers, CMHCs, and CMAs
- Stop Reason Codes
- Demographic Information
- PCMP Assignment

### Individualized Outreach Methods

# Member Outreach and Engagement

CCHA launched a 3-tiered direct outreach strategy to support members with the renewal process.

*From May 2023 – January 2024*



## IVA Calls

**101,499 Calls Made**

41,508 Calls Answered

7,394 Calls Returned from IVA

**Engagement Rate – 48%**

## Text Messages

**101,231 Texts Sent**

101,063 Texts Completed

**Engagement Rate – 99.8%**



## Live Calls

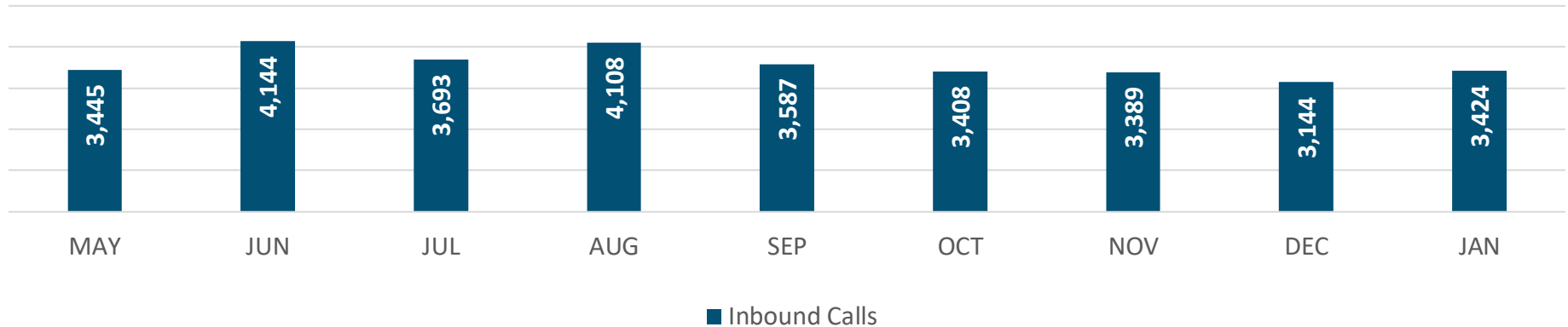
**7,911 Live Calls Made**

1,859 Live Calls Answered

**Engagement Rate – 23%**

# Call Volume

## Inbound Calls



From May-January, our call center received 33k inbound calls following a text or IVA campaign.

To address the increased volume, the call center was restructured to support service level and abandon rates.

We continue to exceed the state contract expectations.



# CEU: Community Investment

CCHA is provided **\$900,244** in funding to enable and/or incentivize education and outreach to members from trusted community voices to support their benefit renewal process, especially for at-risk populations.

## Community Partner Impact

- 117,224 members outreached
- 16,417 members assisted with renewal services
- 77,324 education materials distributed
- 40 televised commercials focused on Spanish-speaking members

## Rural Community Partners

- Outreach high risk members to reduce gaps in coverage
- Support homebound members with submitting documents
- Collaborate with local DHS partners

## Creatively Impacting the Community

- Spanish-language radio programs and TV commercials
- Live phone calls, flyers, texts, WhatsApp
- Events, including brunch and benefits events and coffee talks (cafecitos)

## Case Management Agency Incentive Program

- CCHA provides data to help identify members set to renew
- SEP/CCB engage members to support in completing needed documentation
- Review members during complex case reviews

# CEU: Boulder County Example

377

Members supported by CCHA's escalation process with Boulder DHS

340

Members supported by CCHA instead of calling or visiting DHS offices

37

Cases escalated, on behalf of member, to other DHS offices due to complexity

- The escalation process helps reduce the burden of DHS offices by helping the member directly. Members may not need to call or visit the DHS office due to this support.
- CCHA reviews individual member cases with Boulder DHS to provide guidance and next steps to members. This reduces a gap in coverage or helps members return to Medicaid once steps are completed.