

Getting Down to Business with Enroll Taos

By Cody Hooks

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Molly Robertson and Monica Griego are the folks behind Enroll Taos, a campaign of Holy Cross Hospital to get all Taos County residents in compliance with the Affordable Care Act, widely known as Obamacare. They talked with *The Taos News* about the basics of getting healthcare, the impacts of not doing so, and the benefits of getting small businesses on board.

What is the purpose of the Enroll Taos campaign?

Monica Griego (MG): We're here to help community members figure out health care and navigate the system for free.

Molly Robertson (MR): It's a free service to the community for the [health care] enrollment system and navigation assistance. What we work with mostly is Medicare, Medicaid and the health care exchange, depending on what a client needs and what they're eligible for. We also help with navigating general insurance — understanding providers, their deductibles, how to use the exchange.

MG: Molly's team has knowledge of all the plans. They can tell you if you need a plan, if you qualify for Medicare, or what the differences are between plans and providers. If you have specific health needs, Molly would help with that.

So you're a resource available to the community, and the campaign is just to let people know?

MG: We're trying to inform the public about their options and let them know there's a community resource available to them through Taos Health Systems that's trying to improve access to care for all Taos County residents.

A lot of folks probably don't know where to start, like even knowing where to look on a tax return, if they have one.

MG: We can help people look at monthly or annual income and break it down to figure out what they might be eligible for. Just getting a packet isn't necessarily enough to understand what that means.

How do patients find you?

MR: At the hospital, we have an in-patient team. For out-patient, we get referrals and walk ins. People from all over come in — Colfax County too, and Penasco and Questa.

A lot of people are really stressed [when they come in]. Most people come in because they've had something happen. They've had some kind of experience recently where they needed insurance, whether it's some medical situation or they've known someone in a car accident. They're usually worried about the deadline, worried about the tax implications, upset they have to make this choice.

Usually what we do first is start with the education piece and then walk through [the rest]. We're able to show them what they'd pay, if they qualify for Medicaid, their other options. We can actually take a lot of the stress out of that process.

When did Enroll Taos get rolling?

MG: The campaign really started and kicked off with the open enrollment period this last time (Nov. 2014 to Feb. 2015). It was a combination of print advertisements, radio spots, community presentations, newsletters, an email campaign and a viral video that were targeting the community at large — to find out what the deadlines were, what the options are and to meet with one of our specialist so they could get signed up.

So everyone has to sign up? Everyone has to have health care?

MG: There are penalties if you don't sign up. And those are pretty steep for a lot of families in Taos. If they can't demonstrate coverage, they're penalized on their tax returns. For a family of four, that could be \$2,000 or more, which is usually the money people count on to pay for vacations or bills. The population just needs to understand the Affordable Care Act helped set up exchanges in each state to help people get a subsidy from the government to pay for care. And the ACA also expanded Medicaid to the highest levels in the country. People who had part-time jobs before, or tried to sign up before and were denied, [could] now be eligible.

What sort of impact has this campaign had thus far?

MG: It was pretty incredible. Because we were able to let people know the resource existed, answer questions and help complete applications, that led to a 24 percent drop in uninsured category of people who didn't qualify for Medicaid. Similarly in Rio Arriba County, they did not have a marketing effort to let people know they had this resource ... they reduced their uninsured rate by less than 13 percent.

Did people come in for one-on-ones because they lacked technological literacy, or just lacked technology?

MR: A lot of our clients don't have computer access or they don't have an email address.

Did that surprise you?

MR: Doesn't surprise me at all. I had dial-up not that long ago, so no, not one bit.

So what did the campaign look like in the past year?

MG: We layered our marketing campaign in three phases. Phase 1 we did a lot of research on how Hispanic women are major purchasers of medical services and pharmaceutical products. So moms — Hispanic women heads-of-household, especially in Taos where 60 percent of all

births are born to single mothers — are making decisions about health care for the family. That could be mom and kids, or a multi-general household. We targeted women and had tremendous success in just getting them to find out about the resources.

And where are we now?

MG: Phase 2 is targeting employees — part-time workers, ski valley workers, restaurant and bar workers, teachers. They are often classified as “seasonal.” Large employers have to give their workers health insurance, but small employers, of 50 employees or less, don’t. We had a lot of business say they can’t afford health insurance for their employees; so we were able to enroll a lot of their employees for free.

That’s got to be good for businesses, too?

MG: We saw a lot of businesses really try to do the right thing. That helps the businesses’ bottom line because they have a sustainable workforce who is healthy and coming to work. We reduced the tension that exists between businesses, where employees leave [a job] for better benefits. Some of the local food stand owners didn’t want to loose their [employees] to a chain. We’re trying to get all Taos County residents in compliance with ACA.

You mentioned a Phase 3?

MG: Phase 3 is going to reach out to Medicaid-eligible people and Native Americans. Both groups don’t have timeline restrictions. You can go on and off the plan as a Native American, and you won’t be penalized for not having coverage. And for Medicaid, it’s year-round enrollment.

Why are the Native American allowances worked into the law?

MG: They have the Indian Health Services. That’s usually a clinical situation on the pueblo or reservation, and it’s supposed to cover needs for that population. What we see in practice is many of the clinics run out of funding. So Native Americans now have the option to go on the market place. If they are 300 percent the federal poverty level, IHS covers the cost of their premium. You can sign up for a plan and go to a hospital or specialist. They do have a continual year-round baseline coverage, IHS, which is why they aren’t penalized for going on and off the plan.

When [American Indians] are covered, both systems get strengthened because the health plan is paying and covering the costs. And hospitals are being compensated for the care they’re giving to that population.

Where should people go for more information?

They should visit taoshealth.com



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Monica Griego and Molly Robertson, enrollment specialist with the Enroll Taos campaign, in front of their offices Monday (July 20).