Healthcare Through the Payer Lens: Targeting Social Determinants of Health, Improving the Member Experience, and Increasing Access to Care

by

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BS, Penn State University, 2020

Submitted to the Graduate Faculty of the

School of Public Health in partial fulfillment

of the requirements for the degree of

Master of Health Administration

University of Pittsburgh

2023

UNIVERSITY OF PITTSBURGH SCHOOL OF PUBLIC HEALTH

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2023

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Abstract

This essay focuses on the projects completed through an Extended Administrative Residency with UPMC Health Plan, specifically within the CHIP and Exchange Operations departments. As a student within the Master of Health Administration program at the University of Pittsburgh, this residency provided valuable experiences to complement the educational component of the graduate degree program. The projects completed and highlighted throughout this essay emphasize the payer's role within healthcare and their importance to public health. The projects focus on addressing social determinants of health, improving the member experience, and increasing access to health care services through expanded coverage. The methods utilized within these projects include literature reviews, stakeholder meetings, process improvement, and data analysis. The outcomes of the projects include a new partnership focused on improving members' financial literacy, a simplified, member-facing communication piece, and a seven-county expansion of the UPMC for Kids CHIP product. The projects and overall experience associated with this residency have developed and strengthened many of the core competencies within the Master of Health Administration program and have prepared me to pursue a career within health insurance.

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1.0 Introduction

The U.S. healthcare system is incredibly complex. Prior to entering the Master of Health Administration program at the University of Pittsburgh, I did not fully understand the many different components and perspectives that exist within the system. Through an Extended Administrative Residency opportunity with UPMC Health Plan, specifically within the Children's Health Insurance Program (CHIP) and Exchange Operations departments, I have gained a greater understanding of the payer role within the healthcare system. Although I had never worked for or been directly exposed to a health insurance company before this residency, I have been able to discover incredible ways that the payer can affect patients and members. At the core of UPMC Health Plan is their passion and dedication to provide better health, more financial security, and the peace of mind that members deserve. My experience within the administrative residency has emphasized the impact of the payer and their ability to positively affect the community.

My projects within the residency taught me about the impact of the payer through focuses on social determinants of health, improving the member experience, and increasing access to health insurance. The first project that I completed as an administrative resident consisted of analyzing the social determinants of health and identifying an area of opportunity for UPMC Health Plan. *Healthy People 2030* defined five domains that make up social determinants of health as economic stability, education access/quality, health care access/quality, neighborhood/built environment, and social/community context. Under the umbrella of economic stability falls financial literacy, which is the ability to understand and effectively use various financial skills. Through an extensive literature review, I was able to illustrate the effect of financial literacy on health and the value of focusing on this within our member population. Healthcare systems

throughout the nation are increasingly taking the approach of addressing financial wellbeing because of its effect on health. With the knowledge and understanding of the importance associated with improving financial wellness, this project allowed for a valuable opportunity to impact members' health through building a new community partnership.

The second project highlighted the importance of member experience which is a crucial element of healthcare. The Centers for Medicare & Medicaid (CMS) places a large emphasis on patient and member experience through various surveys and quality incentives. Also, member experience is important to health plans because a positive experience through consistent service and accessible messaging promotes membership retention and can lead to a growth in membership. The Exchange Operations team's focus on continuous process improvement centers around understanding the members' interactions with UPMC Health Plan and seeking tangible opportunities for enhancement. The project consisted of redesigning renewal letter templates that members with UPMC Health Plan coverage, on the Exchange (Pennie), receive annually regarding their plan renewal options. The current process and letter templates were offering incomplete information that left members confused and overall having a less than optimal renewal experience. I was able to work with the Exchange Operations team, along with many others, to simplify the letter and redesign it so members were receiving the most accurate information possible. Through this project, I learned the importance of effective communication and its impact on member experience.

The third project emphasized the importance of health insurance as it relates to access to health care. By having health insurance coverage, individuals experience more positive health outcomes as well as an incentive to appropriately use health care resources. Children are an important focus when it comes to access to preventative health care as this supports a child's

healthy development. UPMC for Kids covered approximately 30,000 lives as of November 2022 within fifty-seven of the sixty-seven counties in Pennsylvania. To offer coverage to as many children and teens as possible within the state, UPMC for Kids pursued and successfully completed a seven-county expansion to work towards the goal of offering coverage in every PA county. I was able to observe the expansion process and took on the role of developing the content and format of weekly reports for UPMC Health Plan leadership on the status of the seven-county expansion after it went into effect in December 2022. These weekly reports allowed for continual data on how many applications have been received, where applications come from, how many members are enrolled per county, what cost category members fall into, effective dates, and number of families. This project allowed me to actively participate in the expansion process and directly contribute by building a report to inform leadership of our progress.

1.1 Impacting Members by Addressing Social Determinants of Health

1.1.1 Problem Statement

Only four out of seven Americans are considered financially literate with only 24% percent of millennials understanding basic financial concepts (Chavous, 2022). Limited financial literacy leads to financial stress which has a significant impact on individuals through negative health outcomes such as diabetes, heart disease, migraines, sleep problems, and more. It is also linked to an underutilization of preventive health care services in young individuals which places members at high-risk for complications in later stages of life. As a health insurance company, there is

measurable value in focusing on promoting financial literacy as a tool to support healthier member lifestyle.

1.1.2 Purpose Statement

The purpose of this project is to identify and evaluate community and government sponsored resources related to improving financial literacy for CHIP members and families. An extensive literature review revealed that an association exists between financial literacy and health; more specifically, we found that improved financial literacy has a positive impact on health behaviors. Currently, not every high school in Pennsylvania offers a personal finance course before high school graduation leaving many teens underprepared with managing money and financial decision-making. With this in mind, we investigated best practices for financial literacy training and identified different community-based organizations that offer such training services. Our goal was to improve financial literacy of transition-age youth, particularly CHIP members, as a means toward better financial and physical health in the long-term.

1.1.3 Introduction and Background

Social determinants of health are especially important to consider as a health plan with a truly diverse population of members. *Healthy People 2030* defined the following as social determinants of health: economic stability, education access/quality, health care access/quality, neighborhood/built environment, and social/community context. The social determinant that we identified as a priority area of focus was economic stability due to challenges brought on by the COVID-19 pandemic. Economic stability encompasses employment, food insecurity, financial

literacy/wellness, and housing. Through an analysis of UPMC Health Plan's current work in economic stability, our Center for Social Impact team developed well established programs and partnerships to address food insecurity, employment, and housing. As such, an opportunity presented itself to also focus on improving financial literacy for our members. My research and literature reviews indicated that financial literacy is a topic that could be given more consideration so that we can better understand its effects on individuals' and families' well-being and most importantly, their health.

To dive more into the literature review, there are several articles that described the positive impact of financial literacy on health behaviors. One of the most relatable studies conducted on this topic occurred at a regional university in Kentucky in the fall of 2016. The study focused on the impact of financial literacy on preventive healthcare participation amongst college students. The motivation behind the study was the understanding that health care expenditures are rising rapidly, and poor financial literacy is a prevalent problem within our country. To conduct the study, students at the university received a survey that asked specific questions about financial literacy and their basic preventive healthcare usage. Of the surveys distributed, there were 481 usable responses. Through these responses, the researchers were able to conclude that an individual's level of financial literacy had a significant effect on preventive healthcare usage, specifically, when an individual is financially literate, he/she uses more preventive healthcare services (Chan et. al, 2020). This study stuck out because of its tie between financial literacy education in youth and their health behaviors. As a health plan, there is significant interest in promoting preventive health care to improve quality outcomes as well as an approach that protects against health problems before they become acute. Being proactive with managing preventative health services also helps manage and lower health care costs.

1.1.4 Methods

My responsibilities for this specific project included conducting a thorough literature review to understand the current state of this issue, narrowing a specific project focus, researching relevant local community-based organizations and meeting with them, pursuing funding opportunities, collaborating with stakeholders both internal and external of the health plan, and finally presenting to leadership. By conducting a thorough literature review, I was able to find reliable studies that showed proven results focusing on financial literacy and wellness. Through these studies, I was able to create three intervention possibilities and analyze the efficacy of each to present to leadership.

After presenting and discussing my findings with leadership, we decided to pursue intervention #3 – a partnership with NeighborWorks which is a non-profit housing counseling agency that provides comprehensive financial empowerment and homeownership services. We chose intervention #3 because of its alignment with our target population of children/adolescents and because it is a fully operational, in-person program. I was tasked with developing a business plan and supporting efforts to identify funding opportunities. The funding that we decided to pursue to establish a partnership with NeighborWorks was Educational Improvement Tax Credits (EITC) and these tax credits are worth 75 percent of the contribution; however, a 90 percent credit can be claimed if the corporation commits to two consecutive annual contributions.

1.1.5 Results and Discussion

In August 2022, a partnership was officially established between UPMC Health Plan and NeighborWorks through Educational Improvement Tax Credits (EITC) funding. With the funding

amount provided, the health plan will receive 75% back in tax credits. Although multiple local non-profit organizations share the common vision of improving financial literacy and wellness, NeighborWorks currently works with local high schools throughout western PA and offers financial literacy education to students in grades 9-12. Their current work aligned well with the population that we serve through CHIP coverage. With this funding, we are working to help NeighborWorks add one additional high school to their financial literacy education program.

1.1.6 Recommendations

Overall, the push towards focusing on social determinants of health for UPMC Health Plan members is beneficial because of its positive long-term effects on health outcomes. The purpose of this project was to address and close the current gap that exists with offering members resources related to improving financial literacy and wellness. Through a new partnership with NeighborWorks, which is an organization that has a strong focus on economic stability and financial wellness, UPMC Health Plan is building partnerships with community-based organizations that are well positioned to deliver high quality programming that can be measured and evaluated. As far as next steps, our team has worked with the NeighborWorks team to establish a connection with McKeesport Area High School to focus on a target population of young individuals within UPMC Health Plan's service area. For next steps, UPMC Health Plan could consider developing an evaluation tool that would be used to investigate the outcomes of the educational program provided by NeighborWorks and its effect on member health.

1.1.7 Competency Development

Of the Pitt MHA Competencies, the following have been strengthened through this specific project: analytical thinking, communication, accountability, leadership, and community orientation.

- Analytical thinking was strengthened through seeking out information relevant to this
 specific project focus, interpreting data, and identifying potential solutions/weighing
 the value of each.
- My communication skills were utilized through needing to articulate potential solutions to leadership in a concise, logical, and persuasive manner.
- Accountability and leadership were particularly important components of this project
 as my team gave me flexibility to lead the project and I constantly held myself to a high
 standard of performance because of this.
- Community orientation was a key focus of this project and allowed me to strengthen skills in assessing current needs and maintaining clear communication with community/organization leaders.

1.2 Simplifying Member Communications for Reduced Costs and Improved Experience

1.2.1 Problem Statement

Individual Exchange members receive many forms of communication throughout the plan year, especially around the time of Open Enrollment from Pennie as well as from UPMC Health Plan. Many of the received communications contain similar information and, in some cases, they offer variations of information, potentially leaving members confused. To improve the member experience, which is an especially important aspect of overall health plan performance, communication pieces were streamlined to offer the best information to members in a concise, purposeful manner.

1.2.2 Purpose Statement

The purpose of this project is to evaluate and redesign the annual coverage renewal information that Exchange members receive annually from UPMC Health Plan.

1.2.3 Introduction and Background

Exchange Open Enrollment starts November 1st and runs through January 15th and is a time for individuals to either enroll in a new health insurance plan or make changes to their existing plan. Current members of UPMC Health Plan have the option to renew their plan each year once Open Enrollment begins. To make it a seamless process, members of Marketplace plans are offered automatic renewal where no action is necessary on their part, unless they decide to make a change

to their plan design. To make members aware of their options, they receive communication through an annual letter that outlines their current plan details and the details of their plan for the upcoming year. Premium, deductible, copay, and other costs can change slightly year-over-year. Also, if the current plan that a member is on is not available in the next year, they will be offered the option to be automatically renewed in a similar plan.

In July 2019, Pennsylvania established its own state-based health insurance marketplace called Pennie (www.pennie.com). Health insurance plans offered through the Pennie portal may contain financial savings to lower monthly premiums through subsidies called Advanced Premium Tax Credits (APTC). Enrollees can receive tax credits if their household income for the year is at least 100 percent but no more than 400 percent of the federal poverty line for their family size. UPMC Health Plan's Exchange plans, as well as other insurance companies' offerings, are available through the Pennie portal.

Like the renewal process for the UPMC Health Plan-specific Exchange products offered Off Exchange, members enrolled through Pennie in UPMC Health Plan products are automatically renewed annually. On-Exchange members also receive communication through an annual letter that outlines their current and future plan details. The renewal letter communications used by UPMC Health Plan while offering products on Pennie historically have provided *estimated* premium and Advanced Premium Tax Credit (APTC) amounts based on the current plan year. Pennie sends additional communications to members that have *actual* monthly premium and subsidy amounts. Providing *estimated* versus *actual* information resulted in a confusing message to members.

The member experience is important within the payer world to meet member and applicant expectations for quality service. One of the ways to improve members' experience in this situation

is to improve communication and engagement strategies. According to an article written by Toppan Merrill on Health Insurance Marketing & Communications, there are six ways to boost healthcare communications and engagement strategies – an important topic, especially when considering the communications that go out to all our Exchange members as Open Enrollment approaches. Two of the strategies that stood out from this article and relate to this project are giving members ready access to the tools they need and not wasting their time. As the article states, "It should be easy for all members to find the information they're looking for and the tools they need to accomplish necessary tasks." (Merrill, 2021). This specific point within the article emphasized the importance of providing members with the correct information they need to make decisions about their health insurance coverage. Similar to this point, the article talks about the fact that people are busy, and they do not have time to decipher between what information is current and what information is an estimation. By providing members information that requires careful interpretation, it could be more challenging for them to evaluate options and make decisions about renewing coverage. With this knowledge, it was important to simplify the annual renewal communications to help members make the best decisions possible for their health insurance coverage.

1.2.4 Methods

The main method utilized in this specific project included developing communication materials that have a focus on simplified messaging to create a better experience for the member on the receiving end through a collaborative effort with editorial reviews from multiple UPMC Health Plan departments (ex. Exchange Operations, Legal, Marketing/Communications). The original letter communication consisted of a cover letter and an additional multi-page letter with

plan information. To streamline the messaging for members, which also saves cost, the cover letter was removed, and the verbiage was incorporated directly into the renewal letter templates. This allowed for all messaging to be condensed into one reference notification for the member. I was able to work with the Exchange Operations team to redesign the letter communication so that it included the necessary information in a simplified manner. This process included rewriting sections of the letter and working with Marketing and Communications team to quality check that the letters were grammatically correct and written in a reading level and language best suited for members.

1.2.5 Results and Discussion

Through collaboration with Pennie and all internal stakeholders, we proposed simplifying the member communications by revamping the existing letter template to incorporate the most upto-date premium and tax subsidy information in the letter. By doing so, the premium and tax subsidy we send on the UPMC On-Exchange renewal letters matched what Pennie sends. This was accomplished by adjusting processes internally to not generate our renewal notification letters until after Pennie sends us the Batch Auto Renewal (BAR) files which contains the most up-to-date information for the upcoming plan year. Historically, we have not waited for the BAR file because it gets sent in late October, leaving Issuers a short amount of time to complete letter generation, QA checks, and overall fulfillment processes before the November 1st start of Open Enrollment. To fulfill this task, Pennie allows Health Plans the option to utilize a safe harbor time period for fulfilling the letters after the start of Open Enrollment. A Safe Harbor Period is "legal provision to sidestep or eliminate legal or regulatory liability in certain situations, provided that certain conditions are met" (Hayes, 2020). Our objective was to improve the member experience through

redesigning the current annual renewal letters. The project's success was confirmed through both a process redesign and a reduction in costs.

1.2.6 Recommendations

The purpose of this project was to improve the renewal messaging and align with Pennie's most current premium and subsidy information to create consistency in a member friendly letter template. For future renewal letter mailings, UPMC Health Plan could consider the feasibility and value of further evaluating the end-user feedback through member focus groups or other member experience data collection methods.

1.2.7 Competency Development

Of the Pitt MHA Competencies, the following have been strengthened through this project: communication, organizational awareness, process improvement, community orientation.

- My communication skills were strengthened through writing and editing letter templates with a focus on clarity and readability with grammatical accuracy.
- Organizational awareness was demonstrated through taking part in a team project to develop new processes for populating the letter templates with up-to-date premium and subsidy information to improve member's renewal and reenrollment decision-making experience.
- Process improvement was demonstrated through analyzing the current state and future state renewal letter fulfillment cycle.

Community orientation was highlighted by collaborating with Exchange Operations
colleagues to identify and respond to the renewal experience needs of the members we
insure.

1.3 Measuring Improved Healthcare Access Through 7-County Expansion

1.3.1 Problem Statement

UPMC *for Kids* is currently not available in all Pennsylvania counties, leaving room for growth and an opportunity to get more children enrolled.

1.3.2 Purpose Statement

The desired outcome of this project is to successfully implement the UPMC *for Kids* product in an additional seven counties within the state of Pennsylvania with an overarching goal of expanding and tracking member enrollment in these new counties.

1.3.3 Introduction and Background

The Children's Health Insurance Program (CHIP) is a state and federally funded product that is available to any child under the age of nineteen that is uninsured, ineligible for Medicaid, and a U.S. citizen, a U.S. national, or a lawfully residing noncitizen, residing in Pennsylvania. When UPMC *for Kids* began in 2006, the insurance product covered fifty children in western

Pennsylvania. Prior to December 1, 2022, UPMC for Kids was available in fifty-seven of the sixty-seven counties within Pennsylvania, covering approximately 30,000 children. Over the past 17 years, UPMC for Kids has experienced steady growth which has positively impacted children's access to healthcare within Pennsylvania. As a CHIP member, children have access to many benefits including medical, pharmacy, dental and vision. CHIP's comprehensive list of benefits, and affordability for eligible families helps to increase access to quality health care services for children and teens. Also, the benefits associated with being insured and the risks associated with being uninsured can be described as follows: "With health insurance, children are more likely to experience healthy physical and emotional growth, development, and overall health and well-being. Without insurance, their health care needs are far more likely to go unmet" (National Research Council, 1998). Given the overall benefits of CHIP coverage, and its alignment with other insurance products, such as Medical Assistance, UPMC for Kids is focused on extending access to as many children and teens as possible.

The percentage of uninsured children "dropped between 2019 and 2021, from 4.6 percent to 4.4 percent, according to newly released research by the advocacy group Pennsylvania Partnerships for Children. That is lower than the nationwide average of 5.4 percent, but still higher than surrounding states, according to the report." (Micek, 2022). Although there was a decrease in uninsured children during the pandemic in Pennsylvania, this stemmed from the Public Health Emergency (PHE) and the suspension of Medicaid redetermination requirements. At the beginning of the pandemic, Congress passed the Families First Coronavirus Response Act (FFCRA) "which included a requirement that, in exchange for enhanced federal funding, state Medicaid programs keep people continuously enrolled through the end of the Public Health Emergency, according to the Kaiser Family Foundation." (Micek, 2022). With Medicaid redeterminations resuming in April

2023, it is expected that many children will no longer qualify for Medicaid but will transition to CHIP coverage with higher household income eligibility guidelines. Knowing this, it is helpful to have the UPMC *for Kids* CHIP product available and operational in every PA county possible.

1.3.4 Methods

In the beginning stages of pursuing this expansion, our original goal was to expand into the ten remaining counties within Pennsylvania. A CHIP Managed Care Organization can expand county-by-county if they have met provider network adequacy standards as defined and verified by the Pennsylvania Insurance Department (PID). A managed care organization must submit network adequacy data to the PID for approval before authorization is given to expand into new counties. UPMC *for Kids* met network adequacy standards in seven additional counties.

I was involved in this project in its preliminary stages which consisted of creating and following a work plan of all the necessary operational expansion tasks, milestones, and deliverables. Also, from the start of this expansion and throughout, I monitored enrollments and producing weekly reports for senior leadership. The reports show information relating to how many applications have been received, where applications come from, how many members are enrolled per county, what cost category members fall into, effective dates, and number of families added to UPMC for Kids CHIP. I also used the data to identify any potential issues to troubleshoot with the automated enrollment process and provide insight to where our membership is growing and where we can increase marketing and outreach efforts. This weekly membership report was utilized by UPMC for Kids leadership, in consultation with the Marketing and Communications team, to support decision-making associated with developing a marketing plan within this sevencounty expansion area.

1.3.5 Results and Discussion

Effective December 1, 2022, UPMC *for Kids* expanded our service area into seven eastern PA counties. This expansion allows us to provide coverage in sixty-four out of sixty-seven PA counties. Our projected 12-month membership in these seven expansion counties is 3,500 members.

1.3.6 Recommendations

The seven-county expansion for the UPMC *for Kids* is another step closer to having our product available to every CHIP eligible child in Pennsylvania. With three counties remaining, there is still room for service area growth. As a next step, I would recommend that the UPMC *for Kids* leadership team continues to evaluate network capacity and adequacy in the three remaining counties. In addition to this, there can be further collaboration with the Provider Network team to design an action plan or timeline related to meeting the necessary standards for an additional expansion.

1.3.7 Competency Development

Of the Pitt MHA Competencies, the following have been strengthened through this specific project: communication, systems thinking, performance measurement/process improvement, and strategic orientation.

 Communication skills were strengthened through creating a weekly report template and managing the population of the report to track new membership data in the sevencounty expansion with accuracy. Cumulative membership trends are also documented in report.

- Systems thinking was strengthened through recognizing the diversity of interests,
 goals, and data needs of UPMC for Kids CHIP stakeholders to monitor daily operation
 as well as use this enrollment data to develop membership projections and strategic
 growth goals.
- Performance measurement was strengthened through selecting appropriate enrollment metrics to track how expansion membership trends and demographics compared to counties with already established membership patterns.
- Strategic orientation was strengthened through observing and learning how
 consideration of business, demographic, ethno-cultural, political, and regulatory
 requirements factor into strategic decision-making when considering the service area
 footprint of counties.

1.4 Conclusion

The experience provided through the residency program with UPMC Health Plan not only opened my eyes to the impact of the payer within healthcare, but it provided countless opportunities for significant growth both personally and professionally. Many of the core competencies that are set through the Master of Health Administration program were further developed and strengthened because of this residency opportunity. For example, my communication skills were strengthened by all three projects through the need to articulate and present key findings and improvements to various stakeholders. Additionally, identifying

opportunities for improvement and pursuing them, especially with a focus on the community's needs, allowed for development in the competency of community orientation which is a foundational component of the payer's focus. In addition to the described competencies, this residency taught me the importance of time management through navigating the challenges associated with being a full-time graduate student and a part-time employee. It also emphasized the significance of hard work and perseverance when it comes to achieving goals. I will forever be grateful for the residency experience with the CHIP and Exchange Operations teams as it has supplied valuable lessons and opportunities for growth.

The lessons learned and skills developed throughout this residency perfectly complemented the educational component of the Master of Health Administration program. Both of these experiences have widened my knowledge and prepared me to pursue a purposeful career within the healthcare system. I chose to pursue my Master of Health Administration because of my passion to help others and the desire to have an impact on the community that I grew up in - Pittsburgh. Ever since my first day of working at UPMC Health Plan, I have witnessed their sincere dedication to members and the community. The projects completed through the residency have strengthened my ambition to become a leader within the healthcare field and my devotion to continuously pursuing initiatives that will improve the overall health and wellbeing of individuals. After graduation from Master of Health Administration program in April of 2023, I will begin a new position with UPMC Health Plan as an Administrative Fellow. Through this fellowship, I will continue my learning and understanding of the payer role within healthcare and continue on a path to having a meaningful and impactful career. I look forward to using the skills that I developed and strengthened throughout this residency program in the next step of my career and beyond.

2.0 Figures and Tables

2.1 Components of Economic Stability

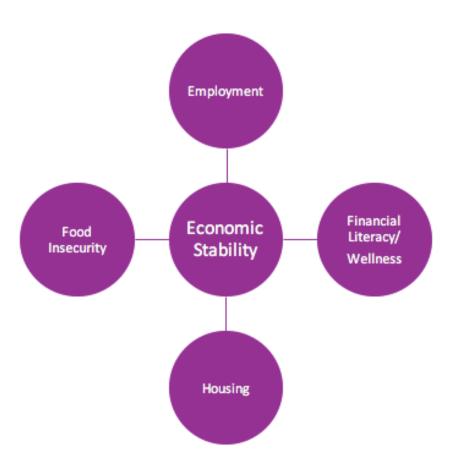


Figure 1. Components of Economic Stability

2.2 Financial Literacy/Wellness Intervention Options

Table 1. Financial Literacy/Wellness Intervention Options

	ORGANIZATION(S)	PRODUCT	DESCRIPTION	POPULATION	LOCATION
1	FDIC MoneySmart + LifeSolutions	Online financial education modules & 1:1 financial coaching	FDIC MoneySmart would offer free basic financial education modules, including: introduction to bank services; how to choose a checking account; how to keep track of your money; the importance of saving; building and keeping credit; and financial recovery. LifeSolutions offers the ability to work with a Money Coach to learn about personal finances and increase financial management knowledge.	Pathways to Work population	The Neighborhood Center & Online Platform
2	Huntington Bank Reality Day + Financial Empowerment Center	Financial education program & 1:1 financial coaching	Huntington Bank Reality Day introduces participants to every day financial decisions through career exploration, financial education, and the hands-on experience of making monthly budgeting decisions during a game of life simulation. The Financial Empowerment Center is a partnership between the City of Pittsburgh, Neighborhood Allies, and Advantage Credit Counseling to provide free, professional one-on-one financial counseling.	Teens (& adults)	The Neighborhood Center/Local Schools
3	Partnership with NeighborWorks	Financial literacy education	NeighborWorks offers financial literacy classes that are currently being taught in 5 local high schools; different material for each grade (grades 9 – 12); funding through EITC	Grade 9-12	Local Schools/The Neighborhood Center

This table shows each intervention option that I developed after researching organizations throughout the Pittsburgh area and conducting a thorough literature review. For each intervention, I considered the product being offered, the target population, and the location. Interventions #1 and #2 both had a focus on financial coaching as opposed to centering in on financial literacy. Online and in-person options were considered throughout this process as well as youth and adult populations.

2.3 Analysis of Financial Literacy/Wellness Intervention Options

Table 2. Analysis of Financial Literacy/Wellness Intervention Options

	ORGANIZATION(S)	PRODUCT	ASSOCIATED RESEARCH	
1 & 2	FDIC MoneySmart + LifeSolutions Huntington Bank Reality Day + Financial Empowerment Center	Online financial education modules & 1:1 financial coaching Financial education program & 1:1 financial coaching	Creighton University's Financial Success Program Researchers evaluated the link between financial coaching & education and health among 345 low-income (no more than 200% of FPL), single mothers ages 19 - 55 between April 2017 to August 2020 • 2 groups: one group received nine weeks of financial education and 12 months of one-one-one financial coaching virtually; control group received none Findings: • Healthcare utilization was measured by the participant's avoidance of medical care due to cost • Financial success program accounts for a 16% decrease in avoidance of medical care due to cost (16.4% - 0.4%) Avoidance of Medical Care Due to Cost • Fascine • 12-Month • 500% • 600%	
3	Partnership with NeighborWorks	Financial literacy education	The Effect of Financial Literacy on Preventive Healthcare Usage A study was conducted based on a survey of the student body at a regional university in Kentucky in fall of 2016 (481 students). The main objective of this survey was to identify whether an individual is financially literate and/or a user of preventive healthcare. Findings: Financial literacy is statistically and economically significant in explaining preventative healthcare participation Knowledge of basic finance can allow for the framing of preventative healthcare participation as an investment	

Table #2 organizes each intervention option by the associated research. Both interventions #1 and #2 were based on a study titled "Creighton University's Financial Success Program" as it showed the effects of offering financial education alongside 1:1 coaching. This specific study tied financial coaching to healthcare usage and found that avoidance of medical care due to cost is lower in groups who are exposed to a financial success program (White, 2022). Intervention #3's efficacy is backed by a study titled "The Effect of Financial Literacy on Preventive Healthcare Usage." This study was conducted at a University in Kentucky among students and showed that improved financial literacy is statistically significant in explaining preventative healthcare usage (Chan et. al, 2020).

2.4 Comparison Matrix for Financial Literacy/Wellness Intervention Options

Table 3. Comparison Matrix for Financial Literacy/Wellness Intervention Options

FINANCIAL LITERACY/ WELLNESS INTERVENTIONS: COMPARISON MATRIX

OPTIONS	TARGETS CHILDREN/ ADOLESCENTS	ALREADY ESTABLISHED	IN-PERSON
Intervention #1: Online FDIC MoneySmart Program + LifeSolutions	Targets adults	Would require connecting two programs/organizations outside of UPMC for Kids to create one comprehensive program	Would require online component
Intervention #2: Huntington Bank Reality Day + FEC	~	Would require connecting two programs/organizations outside of UPMC for Kids to create one comprehensive program	~
Intervention #3: NeighborWorks	~	✓	•

Table #3 shows the comparison matrix behind the decision to pursue a partnership with NeighborWorks. Our goal was to partner with a community-based organization that has an inperson program already established that targets children and/or adolescents.

2.5 Comparison of Old vs. New On-Exchange Renewal Letter Process

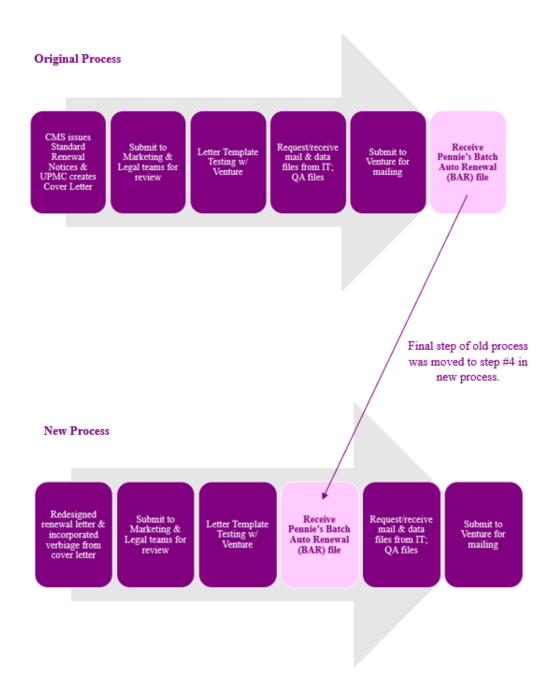


Figure 2. Comparison of Old vs. New On-Exchange Renewal Letter Process

The diagram shown emphasizes the important change that was made to improve the On-Exchange renewal letter process. The old process consisted of the Exchange Operations team receiving Pennie's Batch Auto Renewal (BAR) file after mailing out the renewal letters. By incorporating the BAR file at an earlier stage in the fulfillment process through delaying the process until the file was received, this enabled the Exchange Operations team to prepare and send out renewal letters with the most up-to-date information for members.

2.6 Cost Reduction Report

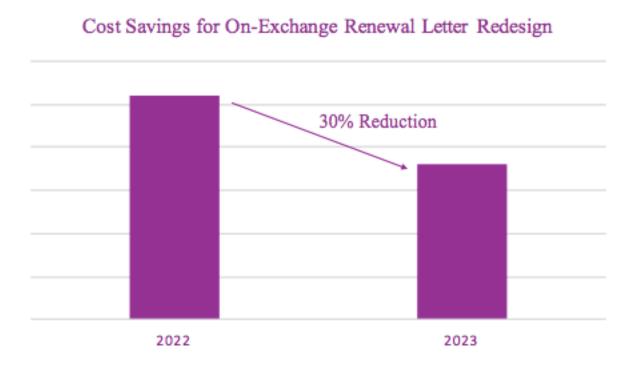


Figure 3. Cost Reduction Report

The cost savings report shown includes the cost per mailing for plan year 2022 and 2023. The cost per mailings were reduced by 30% because of the removal of cover letter and the simplified letter content/verbiage. These costs do not include postage costs.

2.7 CHIP Benefits

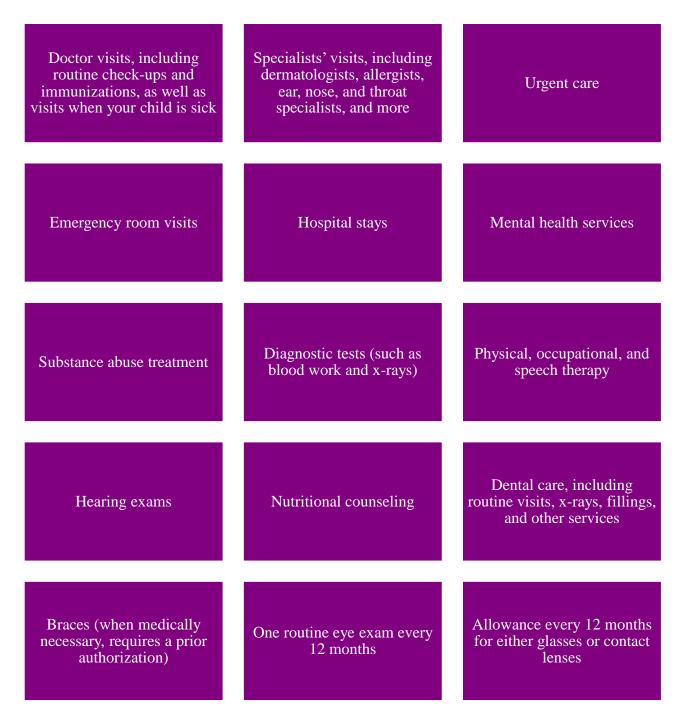


Figure 4. CHIP Benefits

2.8 UPMC for Kids Coverage Map as of December 1, 2022

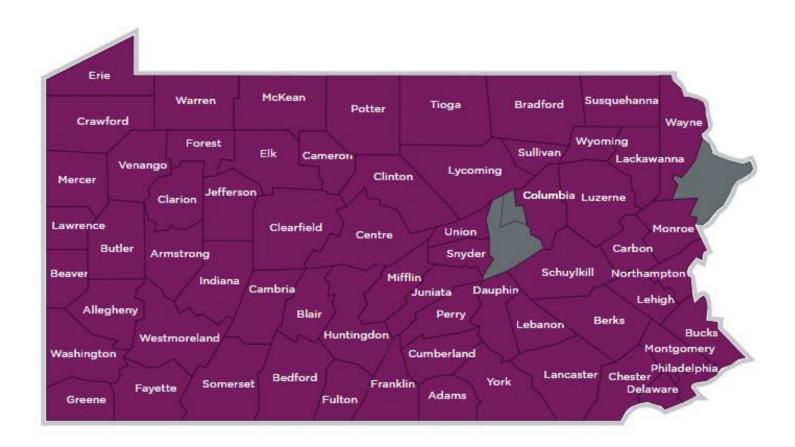


Figure 5. UPMC for Kids Coverage Map as of December 1, 2022

2.9 Weekly Report – UPMC for Kids 7-County Expansion (Sample Data)



Figure 6. Weekly Report – UPMC for Kids 7-County Expansion (Sample Data)

The report shown on page 30 outlines the "Weekly UPMC for Kids 7-County Expansion Report" for a set period. The data shown is sample data, not actual data. This is an example report to show the information being portrayed and tracked each week. Applications are received throughout each week in a variety of ways. This report tracks how UPMC for Kids receives applications and how many we get per county. Also, total number of active members can be tracked on a weekly basis to show the change in number of members per county. There is also data on effective dates, numbers of families, and transfer data.

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