



**rchn**  
community health foundation



# OUTREACH AND ENROLLMENT PROJECTS: SHARING STRATEGIES AND OUTCOMES

# Continuing Medical Education

This program has been reviewed and approved for up to 1.5 Prescribed CME credits by the American Academy of Family Physicians (AAFP).

Please complete the CE Evaluation launched at the end of the presentation and email [eLearning@CDNetwork.org](mailto:eLearning@CDNetwork.org) with a request for credits.

# Introductions:

## Welcome and Introduction to the RCHN Community Health Foundation Webcast Series by

- *Feygele Jacobs, MPH, MS*  
*President & CEO*  
RCHN Community Health Foundation



# RCHN CHF Mission & Goals:

- **Mission: To support and benefit the work of community health centers nationally**
- **Goal: To help CHCs address primary challenges and drive positive, sustainable change for the community health center market**

# Foundation Strategies:

- **Private, not-for-profit foundation**
- **Supports CHCs through:**
  - **Strategic investment**
  - **Research and education**
  - **Coalition building**
  - **Grant making**
- **Complements and supports work of NACHC, CHV and other organizations through collaboration and partnership**

# Project Background and the ACA Context:

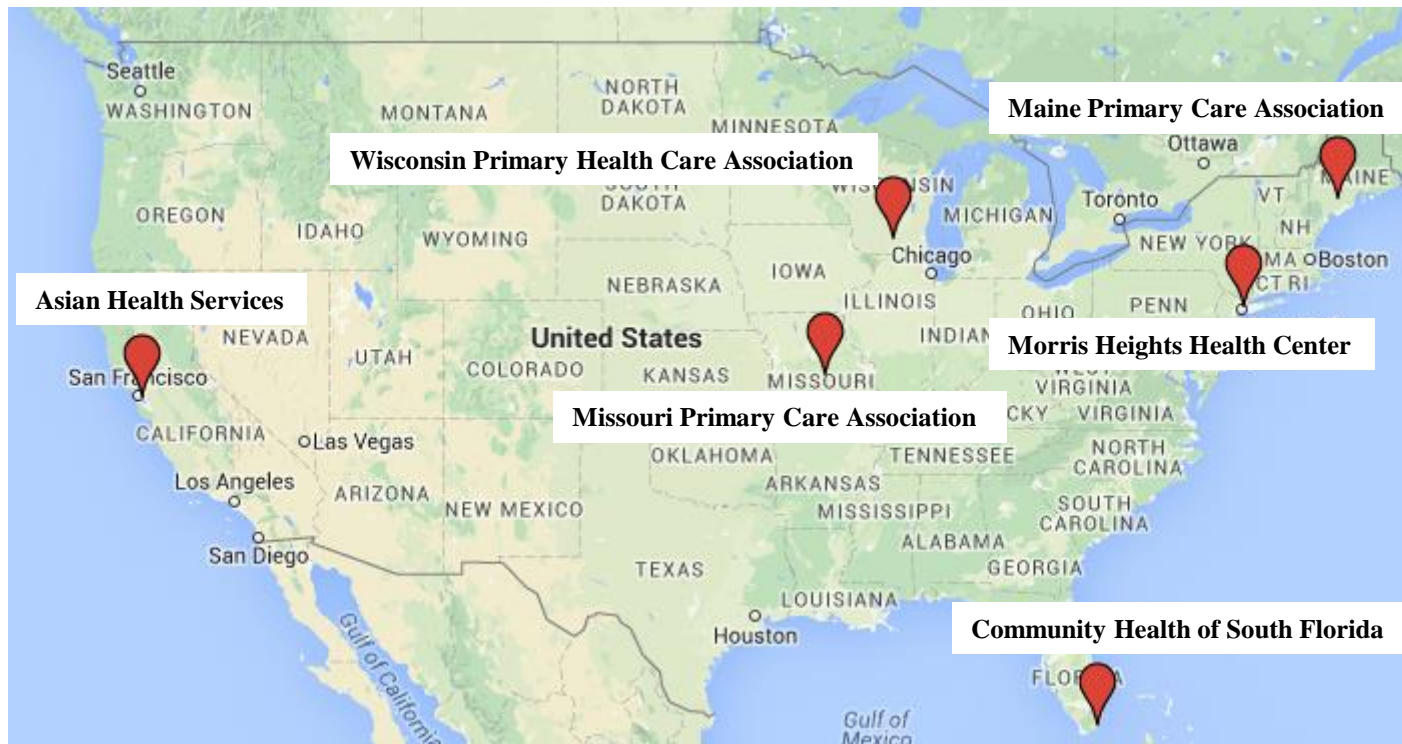
- **Landmark health reforms expected to expand coverage to approximately 30 million via:**
  - **Medicaid expansions, at State's option;**
  - **New Health Insurance Marketplaces (“Exchanges”).**
- **Many CHC patients - approximately 36% of whom uninsured and 93% low-income below FPL - gaining coverage.**
- **CHCs expected to play a pivotal role in ACA implementation.**

# Outreach & Enrollment Program:

**New initiative launched late 2013 to support CHCs and PCAs to:**

- **Enhance outreach and enrollment through the use of technology, training, and development of best practices;**
- **Promote innovations;**
- **Expand access, especially for special populations and at-risk communities.**

# O&E Program Grants:



Total Funding: \$1,030,842



# Aggregate Program Outcomes:

- **101,550 outreach/enrollment contacts**
- **36,830 eligibility determinations**
- **31,020 enrolled in coverage**
- **37,215 contacted for re-enrollment**
- **~840 enrollment events**

# Featured Speaker:

**Asian Health Services  
Oakland, CA**



**Thu Quach, PhD, MPH  
Director of Community Health and Research**



# Featured Speaker:

## Community Health of South Florida Miami, FL



**Eduardo Herrera, CCHW, CAC**  
**Coordinator for Outreach & Enrollment Programs**



# Featured Speaker:

## Maine Primary Care Association Augusta, ME



**Darcy Shargo, MFA**  
**Chief Operating Officer**



**Jeb Murphy, MA**  
**Director of Communications & Data Coordination**



**Ashley Mills**  
**Outreach Program Coordinator**



# Featured Speaker:

**Missouri Primary Care Association  
Jefferson, MO**



**Lane Jacobs, MPA, CPHQ  
Outreach Program Manager**



# Featured Speaker:

**Morris Heights Health Center  
Bronx, NY**



**Antonio Pagán, LMSW  
Senior Director of Planning**



**MORRIS HEIGHTS  
HEALTH CENTER**  
*The Caring Place*

# Featured Speaker:

## Wisconsin Primary Health Care Association Madison, WI



**Lisa Olson, MSW**  
**Director of Policy and Programs**





# *Got Coverage?* **ACA Outreach and Enrollment**

**Thu Quach, PhD, MPH**  
**Director of Community Services and Research**  
**Asian Health Services**

*RCHN Webinar*

*June 29, 2015*



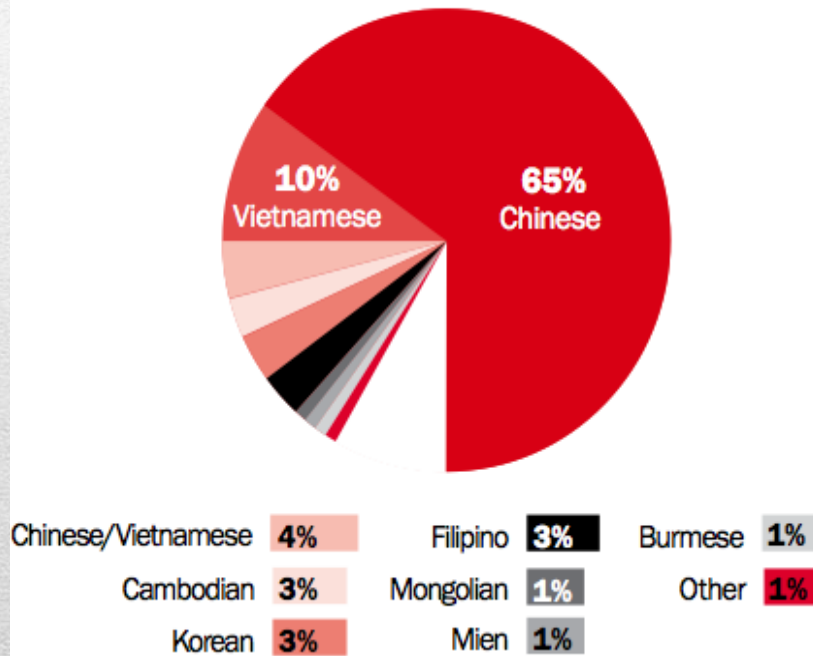
# Asian Health Services



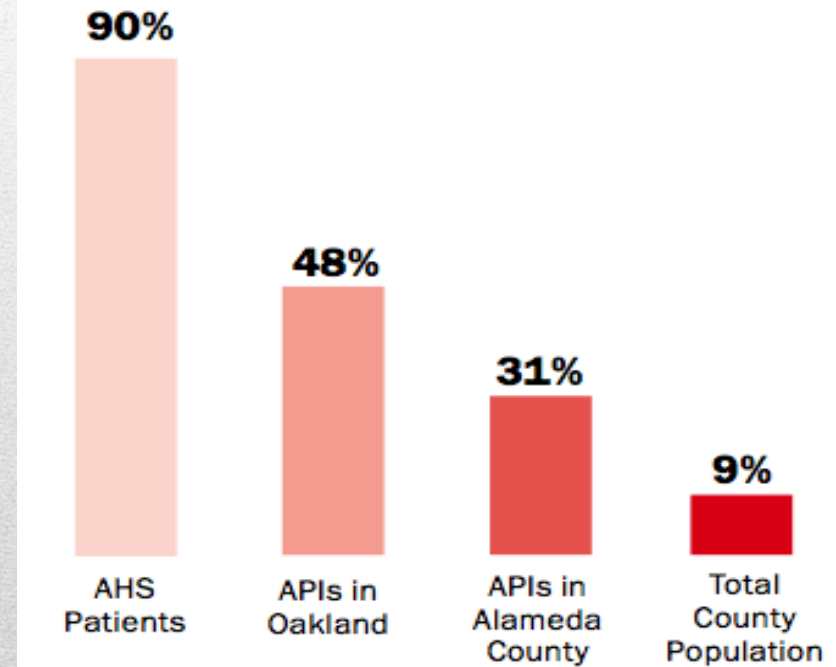
- ◆ Federally qualified community health center located in Alameda County, California
- ◆ Provide comprehensive medical, dental, behavioral health care to over 25,000 patients, and other enabling services to the larger community
- ◆ We provide services in English and 12 Asian languages: *Cantonese, Mandarin, Vietnamese, Korean, Khmer (Cambodian), Mien, Hmong, Lao, Mongolian, Tagalog, Karen and Burmese*

# Community Profile

**PATIENT ASIAN ETHNICITY BREAKDOWN**



**LINGUISTIC ISOLATION\*\*\***



\*\*\* Linguistic isolation is defined by the Census Bureau as persons who speak a language other than English at home and do not speak English “well” or “very well.”

# Outreach Materials

- ✓ Translation of informational brochures into multiple Asian languages
- ✓ Animated video “What You Need to Know about the Health Care Law” available in multiple Asian languages
- ✓ Advocated for State Exchange to provide websites in Asian languages and interpreters



# Outreach Events and Forums

- ✓ AHS patient general meeting
- ✓ Ethnic media & patient newsletters
- ✓ Fairs and other events
- ✓ Community forums and group informational sessions
- ✓ Social hour targeting young adults



# Mobile Application Screening

The image displays two side-by-side screenshots of the GotCoverage mobile application. The left screenshot shows the login screen, and the right screenshot shows a profile form.

**Left Screenshot (Login Screen):**

- Header: GotCoverage
- Icon: Family of three (green, blue, orange)
- Fields: Username, Password
- Radio buttons: Staff, Admin
- Buttons: Login, Forget Password

**Right Screenshot (Profile Form):**

- Header: GotCoverage
- Section: RESIDENTIAL INFORMATION
- Fields: Immigration Status (Permanent resident), Years in PR (Less than 5)
- Section: HOUSEHOLD INFORMATION
- Fields: Number of people in the household (8), Number of dependents (1), Household income (2)
- Section: ZIP Code
- Text: No County Found
- Section: ENROLLEE INFORMATION
- Text: Enter the AGE of each adult
- Fields: Adult # (Over 18) -> ## (3 entries)
- Fields: Number of dependents (0)

# Mobile Application – Print Out

GotCoverage 41% 9:14 AM

## HealthCare Options

**Your Household Information:**

1. Household Income(Annual) : \$32000
2. Household Size : 3
3. Children Enrollees : 1
4. Adults Enrollees : 2

**Your HealthCare Options:**

Based on the information you provided, you (and your household) may qualify for help with paying for health insurance through Covered California.

**What are your next steps?**

**When to apply?**

Next Open Enrollment Period (2015): Nov. 15, 2014 - Feb. 15, 2015.

**Where to apply?**

- Visit, [www.CoveredCA.com](http://www.CoveredCA.com), OR
- Find a Certified Eligibility Counselor near you, OR
- Contact us directly:  
Certified Eligibility Center, 310 8th Street, Suite 103, Oakland, CA 94607,  
(510) 986-0130

**What to bring when you apply?**

1. Proof of U.S. citizenship or Legal Permanent Resident status
2. Proof Identification
3. Proof of Social Security Number
4. Proof Income
5. Proof Address

**Common examples of the documents to bring:**

1. **Proof of Citizenship & Immigration Status:**  
(For all family members listed on the income tax return)

Mail      Print      Both



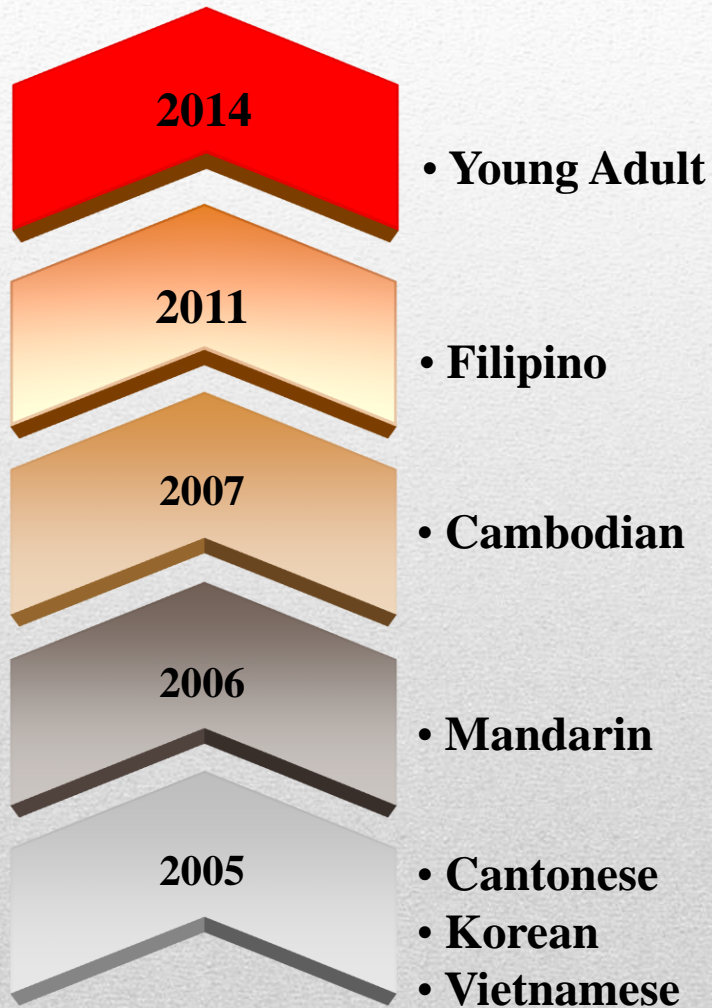
# Patient Leadership Councils (PLC)

**Purpose:** train patients as volunteer health advocates, who can train their communities about key health and advocacy issues.

- Expands on community health worker model
- Over 100 council members
- Meet monthly by council and staffed by community health workers; culturally and linguistically relevant



# History of PLC





# PLCs as ACA Ambassadors

- ✓ Train-the-Trainer program to promote knowledge about enrolling in health care coverage for the ACA
- ✓ 39 PLC members participated
- ✓ 15 workshops with over 300 participants
- ✓ Languages included Cantonese, Mandarin, Vietnamese, Korean, and English



# Staff Development

- ✓ Trained over 250 staff about ACA
- ✓ 40 staff became certified enrollment counselors
- ✓ Bilingual/bicultural staff and interpreters in multiple Asian languages
- ✓ In-depth knowledge of MediCaid and HealthPac in addition to State Exchange



# Certified Enrollment Center for Community Members



# Successes In Numbers

- ✓ Outreach and enrollment assistance to 4,000
- ✓ Enrolled 3,600 in health coverage
- ✓ Re-enrolled approximately 1,700 individuals
- ✓ Conducted 60 outreach and enrollment events
- ✓ Trained 65 patients leaders to do outreach



# The Lives Behind The Numbers

*“I think it is great that even as new immigrants, we can apply for and enjoy the benefits of health insurance. I am glad to be in America.”*



Mr. and Mrs. N are unemployed. Due to their limited income and Mr. N's medical needs, they really needed a new health care option. With the help of a certified enrollment counselor, they were able to apply for Medi-Cal.

# Developing a Standard Process to Facilitate Health Insurance Enrollment for South Floridians





# Introduction

- Community Health of South Florida, Inc. (CHI), is a nonprofit healthcare organization, which provides primary and behavioral care services at affordable prices to the residents of South Florida. CHI opened its doors in 1971 in order to better serve residents from Miami-Dade County with limited access to hospital care.
- CHI has 11 primary care centers and 42 school-based programs. The primary care centers cover areas of South Florida from Key West up to Coconut Grove. School-based programs are located in Miami , Coral Gables, Homestead, and Perrine.
- CHI is both a Level 3 Patient-Centered Medical Home and a FQHC. CHI accepts all clients regardless of income, health insurance enrollment, and immigration status.



# Project Focus

(Miami-Dade and Monroe County)

- Individuals assisted throughout the enrollment process consisted of different races , ethnicities, and social groups (Hispanic, African American, Haitian, White, Asian, American Indian, Migrant/Seasonal Farmworkers, Homeless). The Hispanic and African-American population were the most common throughout year.





# Project Staffing

- 12 Community Health Workers were certified by CMS as Certified Application Counselors to assist with enrollment and education.
- 2 positions were funded by RCHN through the Health Options with Promotion and Education (H.O.P.E) grant
  - - Lead Outreach Worker
  - - Community Health Worker



# Methods

## ◉ Advertisement

- CHI enrollment services were advertised throughout Miami Dade, Monroe and Broward County through radio advertisement.
- 4 Miami-Dade County Public Buses displayed CHI enrollment information.
- 14 CHI buses displayed CHI enrollment information
- 551 Health Fairs and Enrollment Events



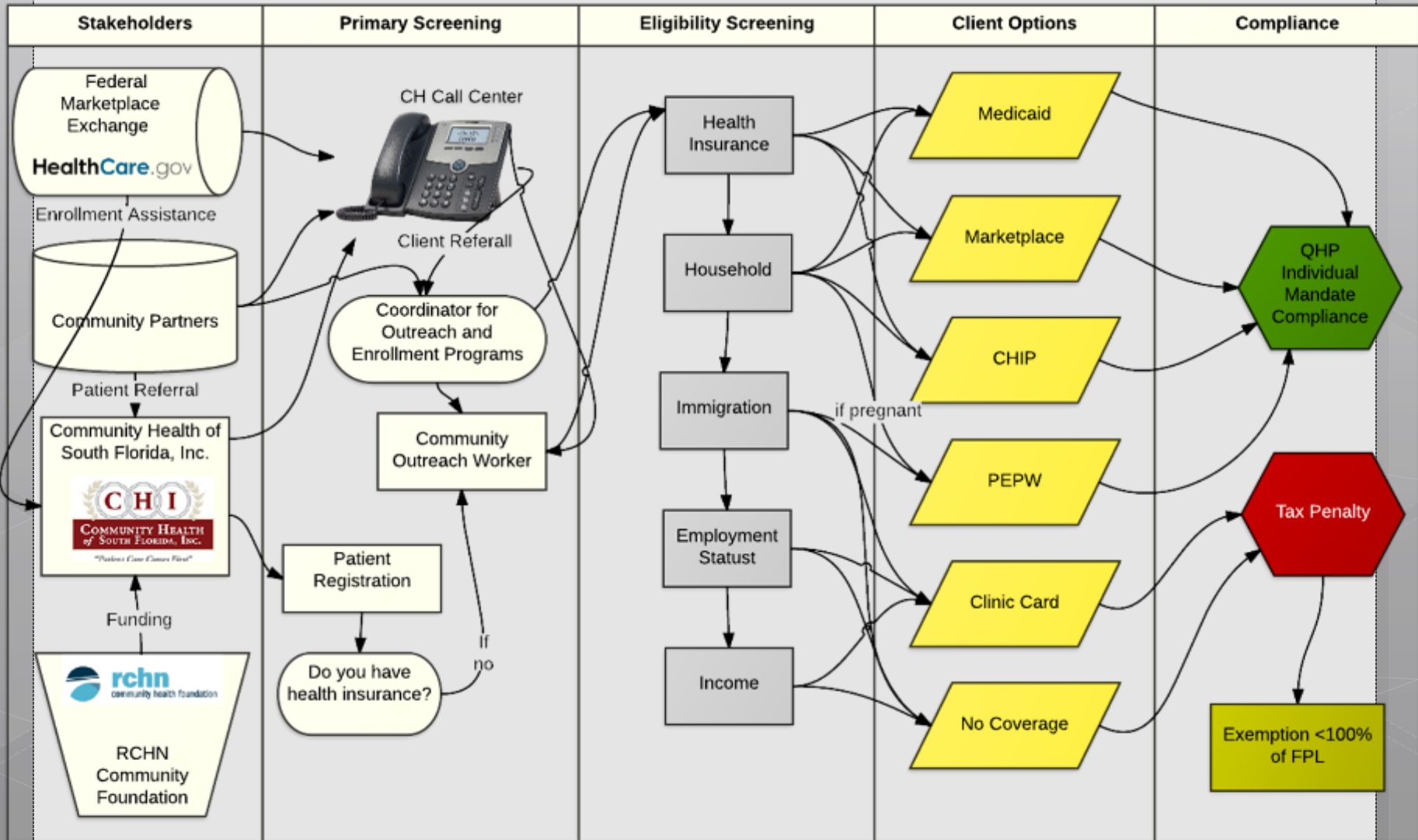
# Methods

## ○ Design

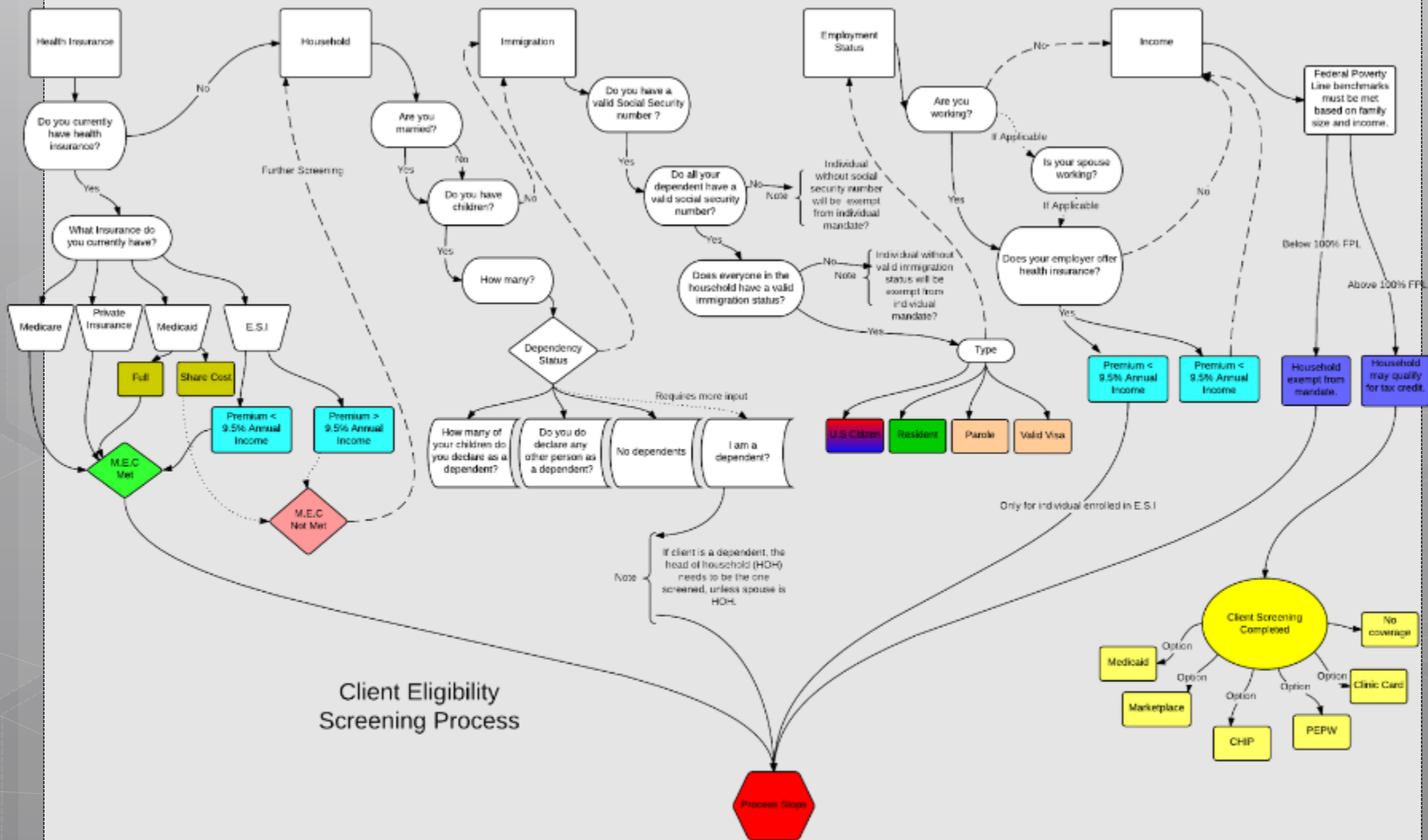
- A data collection tool was developed to report enrollment assistance using Microsoft Share Point. The data collection system enabled data reporting for all clients, regardless if client was a patient or not. This mechanism is very efficient and does not affect UDS data as no data is reflected on the EHR system.
- Operational definitions were implemented with Outreach and Enrollment Services codes e.g. “AC 230 Marketplace Account Created: A marketplace account created procedure is a type of assist and only one marketplace account created procedure should be used on a family regardless of size. This procedure code should be used on the head of household.”
- The program coordinator ensured that encounters were posted correctly by monitoring staff productivity through the system.



# Enrollment Process Flow



# Screening Process Flow



# Operational Definitions and Data Entry



Procedure Code	Description
AC 200	Appointment
AC 201	Walk In
AC 210	Education
AC 220	Assisted Family
AC 221	Assisted Individual
AC 230	Marketplace Account Created
AC 231	Marketplace Account Created Post Factum
AC 232	Market Place Account Deletion
AC 240	Market Place Enrollment
AC 241	Market Place Re-Enrollment
AC 250	Submitted MKPL Application with Eligibility Letter
AC 260	QHP Enrollment
AC 261	QHP Re-Enrollment
AC 270	Exempted
AC 271	Appeal/Exemption Assist Form
AC 280	Pending Verification
AC 290	QHP Payment Assist
AC 291	Provider Change
AC 300	ACCESS
AC 310	Medicaid Application
AC 311	PEPW Application
AC 312	PEPW-Infant Conversion
AC 320	CHIP Application
AC 330	Follow Up
AC 331	Re-Enrollment Follow Up
AC 340	Personal Document Submission
AC 350	Referral
AC 360	ACA Knowledge Survey
AC 370	Paper Application
AC 380	Patient Portal Letter
AC 381	Patient Portal Registration

CHI will have access to your Marketplace account and Email account until you the consumer change your password. If you decide you do not want to change your password, your information will still be kept secured and no one would have access to it without your written consent. If for any reason, you the consumer forget your password or any information that is necessary to log in into your Marketplace or Email account you will have the ability to contact CHI Outreach and Enrollment staff to retrieve your information.

*Email Domain:* (Gmail) (Yahoo) (Hotmail) (Other \_\_\_\_\_)

**Email Address Created**  
\_\_\_\_\_

**Password**  
\_\_\_\_\_

Health Insurance Marketplace  
<http://www.healthcare.gov>

**Username Created**  
\_\_\_\_\_

**Password**  
\_\_\_\_\_

**Security Questions/Answers**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medicaid, Food Stamps, Cash Assistance  
<http://www.myflorida.com/accessflorida/>

**Username Created**  
\_\_\_\_\_

**Password**  
\_\_\_\_\_

**Security Questions/Answers**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Application Progress

AC 230	AC 240	AC 250	AC 260	_____	Total Enrolled in QHP	_____
AC 231	AC 241		AC 261	_____	Total Re-enrolled in QHP	_____
AC 232			AC 270			

Notes

# Operational Definitions and Data Entry



**In-reach:** An in-reach procedure consists of any direct activity between an outreach worker and a client. This procedure does not require the outreach worker to step out of his or her service center to recruit a client in order to provide a service. For example, while at a service center the outreach worker is approached by a client to ask a few questions about healthcare insurance or to set up an appointment to complete an application. Another example would be to use CHI data to contact a client via email, telephone or by mail. One exception to this is, if a client is referred to the service center by a friend or relative to obtain a service from an outreach worker and the client reports it to the outreach worker. Another exception to this is, on health fairs that are made available by CHI at CHI Health Centers and are open to the public, examples of these health fairs --- Women's Health Expo, Men's Health Expo etc...

**Outreach:** An outreach procedure consists of any direct activity between an outreach worker and a client. This procedure requires the outreach worker to step out of his or her service center to recruit a client in order to provide a service. Exceptions from the in-reach procedures are considered outreach.

**Face to Face:** A face to face encounter consists on direct communication with a client. The individual must be physically present in front of the outreach worker in order to be a face to face encounter.

**Electronic:** An electronic encounter consists of any type of communication (telephone, email, mail, text) between a client and an outreach worker.

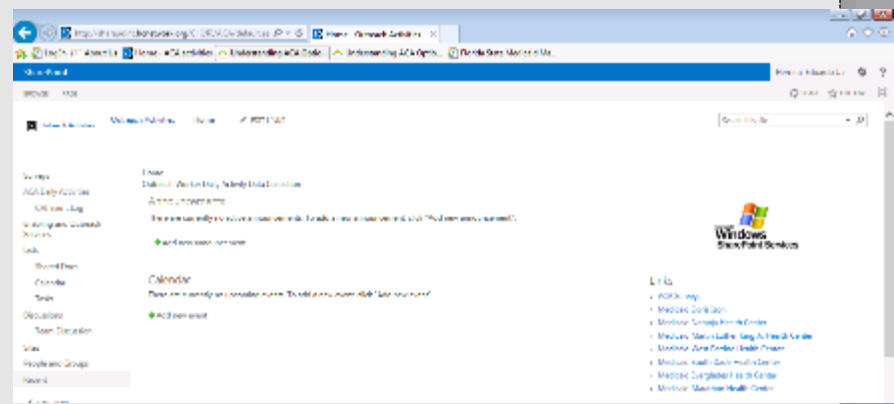
**Appointment:** An individual or family assisted in the enrollment process with a consult scheduled in advance. This procedure will count on an individual basis.

**Walk In:** An individual or family assisted in the enrollment process without a previous appointment. This procedure will count on an individual basis.

**Education:** Education consists of any type of didactic instruction (auditory, tactile, and visual) in which the client develops a better understanding of the procedures, and requirements necessary to comply with the Affordable Care Act. This procedure will count on an individual basis.

Patient #	Name of Client						D.O.B	Telephone	Type of Service/Procedure code/insurance					
	I	D	F	E	AC200	AC201			Individual	# of FM	Time			

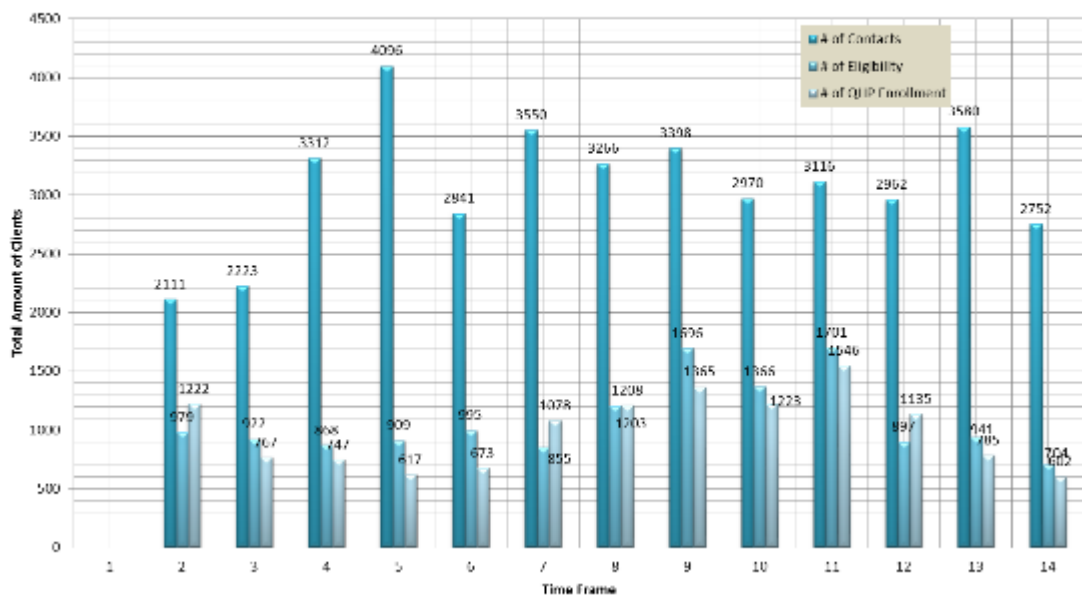
Staff name: \_\_\_\_\_ Date: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_





# Results

Education, Eligibility, and Enrollment Encounter Comparison for 2014-2015



Descriptive Statistics	Education Encounters	Eligibility Encounters	Enrollment Encounters
Mean	3090.54	1079.69	997.54
Standard Error	150.99	88.56	86.76
Median	3116.00	941.00	1078.00
Mode	#N/A	#N/A	#N/A
Standard Deviation	544.42	319.30	312.84
Range	1985.00	997.00	944.00
Minimum	2111.00	704.00	602.00
Maximum	4096.00	1701.00	1546.00
Sum	40177.00	14036.00	12968.00

Month and Year	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
# of Contacts	2111	2223	3312	4096	2841	3550	3266	3398	2970	3116	2962	3580	2752	
# of Eligibility	979	922	868	909	995	855	1203	1696	1366	1701	897	941	704	
# of QHP Enrollment	1222	767	747	617	673	1078	1208	1365	1223	1546	1135	785	602	



# Acknowledgments

## Thank You

CHI would like to acknowledge RCHN Community Foundation for funding this project and working in collaboration with CHI to reduce barriers to care for undeserved populations. CHI would like to thank all community partners that referred clients to CHI for enrollment and health assistance. Lastly, CHI would like to thank the Outreach and Enrollment Department for their dedication and hard work in assisting clients with enrollment.

### References

Berkowitz, S. A., & Miller, E. D. (2011). The individual mandate and patient-centered care. *Jama*, 306(6), 648-649. doi:10.1001/jama.2011.1137

Gable, L. (2011). The Patient Protection and Affordable Care Act, public health, and the elusive target of human rights. *The Journal of Law, Medicine & Ethics*, 39, 340-354.

HRSA (2011). Community Health Workers Evidence-Based Models Toolbox. Patient Protections and Affordable Care Act, P.L. 18-391.



Eduardo Herrera

Community Health of South Florida, Inc.

[www.chisouthfl.org](http://www.chisouthfl.org)

10300 SW 216 ST

Miami, Florida 33190

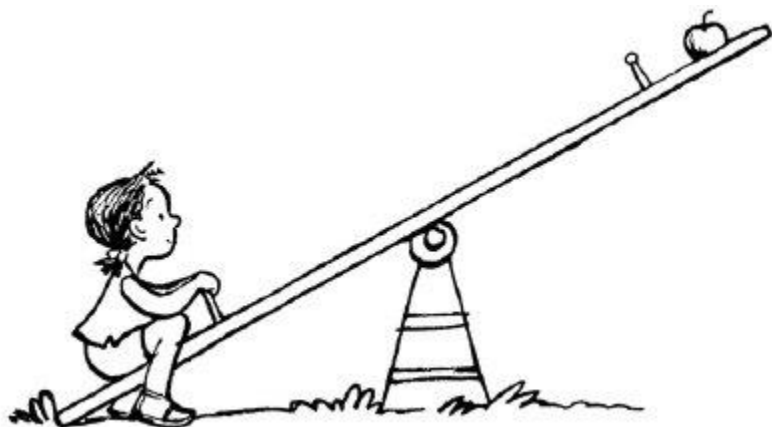
Phone: (786) 348-9892

Email: [ejherrera@chisouthfl.org](mailto:ejherrera@chisouthfl.org)

# Using Community as a Catalyst for Success in Open Enrollment

# Strategies

- Articulate the Need for Strengthening O & E Programming at Health Centers



Finding balance between new innovation and expansion of training and awareness for frontline staff

# Strategies

## Provide Focus for Innovations Related to Outreach & Enrollment

- Approach the O & E work from several directions based on CHC commitment to a given innovation
- Develop a statewide message that CHCs helped to frame, which resonated with CHC patients and the communities that CHCs serve
- Engage 100% of CHCs in the project to help ensure a somewhat uniform statewide approach and improved networking

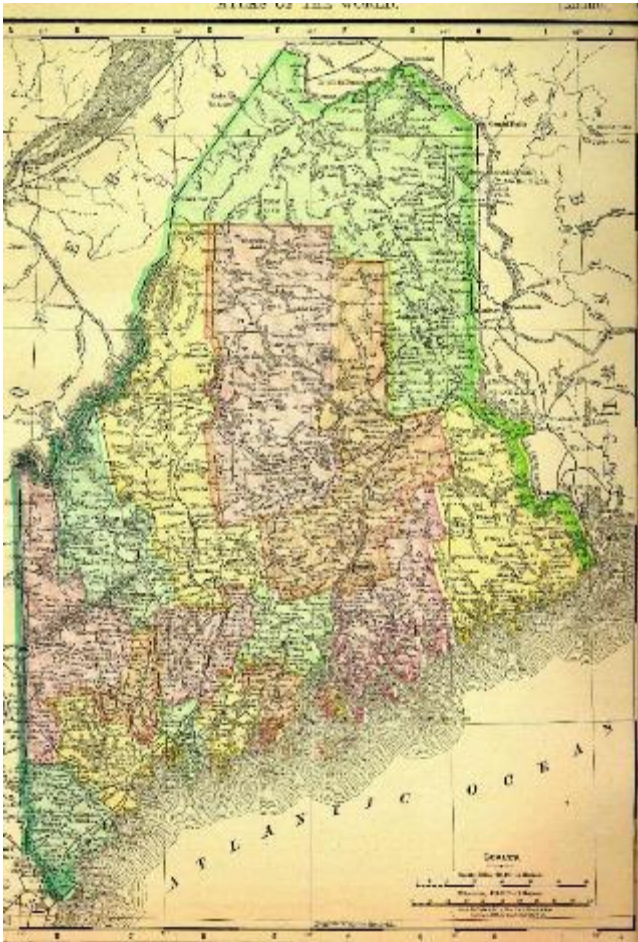
# Strategies

## *Best ROI Strategy: Invest in People*



- Front line staff provide key input
- Patients provide key input
- Team focus @ MPCA helped to drive success

# Population Focus



- Rural Mainers
- Mainers with lack of access to quality health care coverage
- Mainers who may be unaware of affordable coverage
- Mainers who may struggle to find help to gain access to affordable coverage

# Results

## Utilizing Health Information Technology for O&E



- i2i: Population Health Management Tool
  - Used nationwide for tracking and pulling customized reports from EHRs
  - Being piloted in Maine for O&E efforts

# Results

Lookup Patient: ID: [ ] Last Name: [tes] First Name: [sl] MRN: [ ] SSN: [ ] DOB (M / D / Y): [ ] [Reset]

Current Patient: Test, Aleece  
 ID: 14425 DOB: 5/10/1988 Sex: F  
 SSN: MRN: 14425  
 Language: English  
 Status: Active

Alerts (2)  
 Upcoming Items (0)

Patient Profile (Test, Aleece)

Tracking Type: OBC Default Visit Date: 2/24/2015

Item	Current	Date	Plan	Date
Other (0)				
Set: OBC - Applied, Family Total	View	N/A	?	3/24/2015
Set: OBC - Applied, PT	View	N/A	1	3/24/2015
Set: OBC - Asses, Family Total	View	N/A	2	3/24/2015
Set: OBC - Enrolled, Family Total	View	N/A	2	3/24/2015
Set: OBC - Enrolled, PT	View	N/A	1	3/24/2015
Set: OBC - Asses, PT	View	N/A	1	3/24/2015
Set: OBC - Renewal, Family Total		N/A		
Set: OBC - Renewal, PT		N/A		



**SACOPEE VALLEY**  
**HEALTH CENTER**  
 30 Main Street, Parker, MO 63458  
 Phone (207) 625-8126 • Fax (207) 625-7820 • TTY: 1-800-437-1220  
[www.svh.org](http://www.svh.org)

<DATE>  
 <PATIENT\_FNAME> <PATIENT\_LNAME>  
 <PATIENT\_ADDRESS1> <PATIENT\_ADDRESS2>  
 <HAILIN\_QTY\_STATE\_ZIP>

Dear <PATIENT\_FNAME>:

We hope this letter finds you well. It is that time of year again to re-enroll in your Health Insurance Marketplace plan for 2015 coverage.

You may choose to stay in your current plan but there have also been new plans added this year that you may want to review. It is important to update any changes to your account and income information for the upcoming year. Even if nothing has changed this can affect how much of a tax credit you are eligible to receive.

To ensure you do not have a lapse in coverage, you would need to re-enroll by December 15, 2014 for January 1, 2015 continued coverage. A visit with us is free, so be sure you are getting the most savings by scheduling an appointment with us today. Please contact Ann Marie Day at 625-2210 or Aleece Dixon at 625-2239. We look forward to helping you with this process.

Sincerely,

Outreach & Enrollment Team



# Results



The Maine Primary Care Association's

## Field Guide to Enrollment

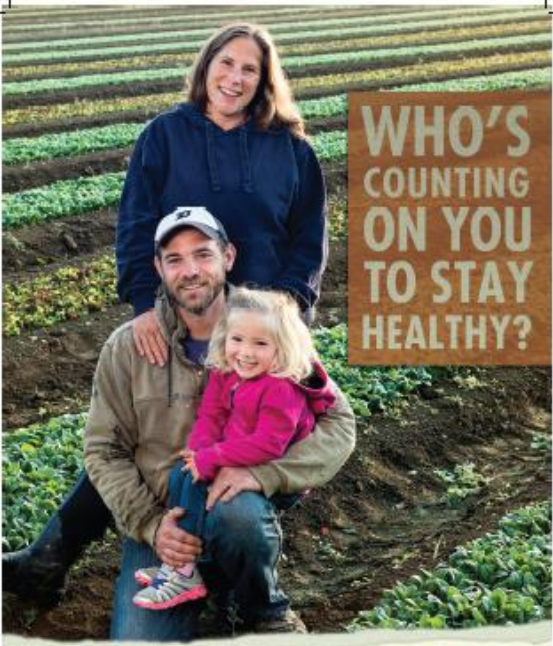
Tips and Strategies for Assistors

- A resource for assistors, by assistors
- Gives ideas and guidance to assistors from across Maine
- Can be found by [clicking here](#)



# Results

## “Who’s Counting On You to Stay Healthy?”



**WHO'S COUNTING ON YOU TO STAY HEALTHY?**

**Need affordable health insurance?**  
Ask us about our free and friendly help in finding affordable health care coverage — because staying healthy matters to you and your family, friends, and co-workers, too.

The public service made possible by generous CIGNA Health Insurance and Service Administration, Division of Primary Health Care. Insurance is subject to availability of the policy and does not represent the actual issue of 2012.

www.mspca.org



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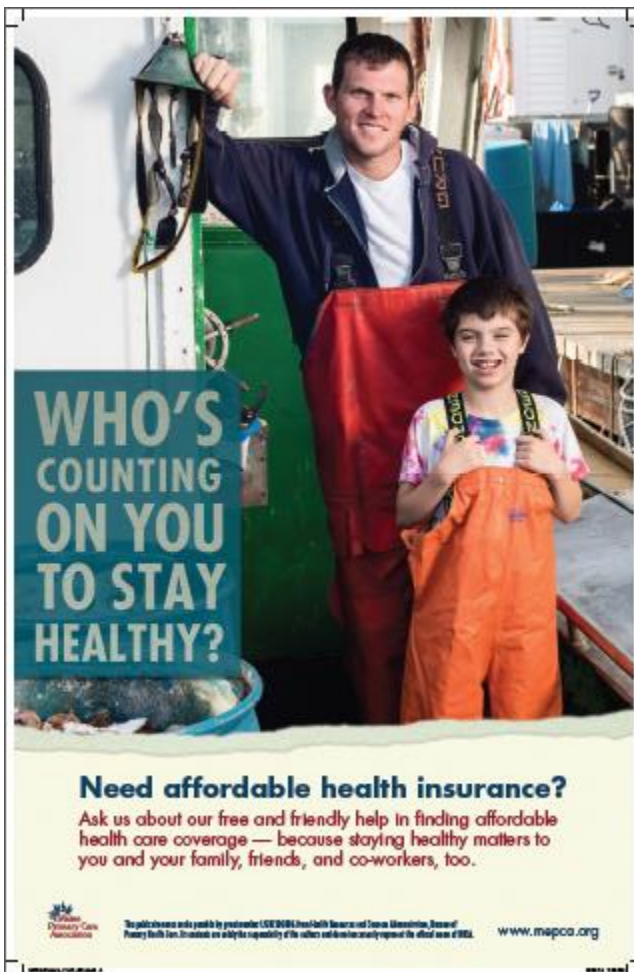
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www.mspca.org

# Results



- Developed message with input from frontline staff
- Created images that would convey all parts of Maine
- Presented a message that appealed to the idea of health as not a singular issues, but one that affected everyone
- In addition to posters, the same images were used in newspaper ads for weekly papers with space for assisters photo
- Videos were created for people to narrate their own stories, they can be found at [youtube.com/MainePCA](https://youtube.com/MainePCA)



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# **RCHN Project**

**December 2013 – June 2015**

## **Gateway to Marketplace (G2M)**

**Lane Jacobs**

**ljacobs@mo-pca.org**

## **G2M Partners**

**Lane Jacobs, Project Lead**

*MPCA, Outreach Program Manager*

**Warren J. Brodine, Consultant**

*W. J. Brodine & Co.*

**Affinia Healthcare**

**Betty Jean Kerr People's Health Centers**

**Family Care Health Centers**

**Myrtle Hilliard Davis Comprehensive Health Center**

**Angela Fleming Brown**

*St. Louis Regional Health Commission*

# Gateway to Marketplace (G2M) Goals

- **Encourage eligible patients to enroll in Marketplace coverage in first quarter calendar 2014.**
- **Sustain interest in coverage in months leading up to the Oct. 15, 2014 Marketplace open enrollment.**
- **Identify eligible patients for Medicaid coverage.**
- **Encourage preventive care visits to help show the value of coverage.**
- **Encourage re-enrollment.**
- **Encourage Health Center collaboration.**

# Target Population

- **Patients who lost Gateway to Better Health (GBH) coverage and might be eligible for the Marketplace.**
  - *GBH is a Medicaid waiver plan that began in 2012. It offers limited benefits for St. Louis City and County residents with incomes up to 133% FPL.*
- **Patients who were Marketplace-eligible, but didn't enroll in 2014, but could be eligible in 2015**
- **Patients with GBH or Marketplace coverage that hadn't accessed specified preventive care visits.**

# G2M Strategies

**E-mail, text messages and robocall technology as an adjunct to traditional outreach to:**

- **Increase awareness and enrollment in coverage options.**
- **Increase awareness and importance of using health insurance coverage.**

**Increase collaboration between the Health Centers allowing them to leverage each other's experience.**

- **Bi-monthly meetings with one-hour conference calls in between provided opportunities for G2M staff to share ideas and problem solve.**
- **Collaborative staff development between Health Center staff, Regional Health Commission staff, Project Lead and Consultant.**



# Steps In the Process

- **Designate project staff**
- **ID sample population of patients**
- **Purchase or use existing technology to send e-mails, text messages and robocalls**
- **Develop messages**
- **Purchase needed equipment (Tablet/laptop and scanner or smart phone)**
- **Schedule enrollment events**
- **Develop systems and track all contacts. The most challenging aspect of the G2M project...**

# Technology Success

- **Each center had a slightly different experience, but all felt the various technologies:**
  - **Were easy to use and manipulate.**
  - **Should be continued and possibly expanded.**
- **General findings about message options included:**
  - **All four Centers found e-mail communications to be a non-starter.**
  - **Texting was cited as a positive tool by two of the centers, but the 130-character limit was challenging.**
  - **Robocalling was by far the most positively received method of mass communication.**

## Collaboration Success

- **Message development to encourage enrollment and use of preventive services.**
  - **Centers shared draft messages with the Project Lead for a “plain language” review. After review and edits, messages were shared with all four Centers who were then free to use any of the text in their own messages.**
- **Center staff worked together to streamline contact tracking.**
- ***Show-Me Sign Up!* was a very successful joint enrollment event held Nov. 22, 2014 at all four St. Louis Centers.**
  - **This became a statewide Health Center event.**

# The Numbers

- **MPCA and the St. Louis Regional Health Commission helped each Center identify all of their patients who lost GBM coverage.**
- **Centers successfully contacted 1,895 (63%), of the ~3,000 ex-GBH patients to determine if they had found other coverage.**
- **Of the 1,895 contacted, 853 were eligible for some kind of coverage.**
- **Of the 853, 291 (34%) purchased Marketplace coverage, which exceeded our project goal of 30%.**
- **But... The total number of attempted contacts (face-to-face, texts, e-mail, calls/robocalls) was 13,264. Contacting and tracking took a lot of time.**
- **Inability to contact the remaining ex-GBH patients was mostly due to incorrect telephone numbers or addresses.**

# Challenges

- **Longer than expected ramp up on purchasing equipment and developing messages. This meant less time for staff to fully understand and utilize the capacity of the technology.**
  - **These factors resulted in not having enough time for best practices to emerge that could be shared with the other centers.**
- **“Value of coverage” messages were difficult to convey because many patients view the coverage as simply a cost to them, without benefit.**
- **The eternal problem of having correct telephone numbers for Health Center patients.**
- **Tracking contacts required a lot of staff time...**



## **Outreach & Enrollment: Sharing Strategies & Outcomes**

**Morris Heights Health Center, Inc.  
Health Matters Outreach & Enrollment Program  
Bronx, New York  
June 29, 2015**



# Overview

## Agenda

- **Need (selected pertinent demographics)**
- **Program goal and objectives**
- **Program services**
- **Sites and locations**
- **Results and outcomes**
- **Sustainability**



## **Client Demographics: Bronx and Manhattan Counties**

- **38% of total population in Bronx County is uninsured (10% are children)**
- **27% of total population in Manhattan County is uninsured (9% are children)**
- **73% of uninsured individuals in Bronx County are Latino**
- **57% speak a language other than English in Bronx County; 60% in Manhattan County**
- **39% of uninsured individuals in Manhattan County are Latino; 16% identify as Black/African-American**





# Goal & Objectives

**Goal:** O&E Services to 11,000 individuals annually

**Objectives:**

1. Increase vulnerable population enrollment rates (including any uninsured individual, children, college students, homeless individuals, recently incarcerated, veterans, small local businesses);
2. Increase staff competency by training at least 120 service providers on coverage options and processes; and
3. Increase the use of unconventional outreach tools that increases access to health insurance coverage and moves services into the community and out of an office environment.



# Services

## ***Health Matters services include:***

- **Health insurance enrollment assistance through NY State of Health;**
- **Provision of client and professional staff training;**
- **Extensive outreach through population-tailored media outlets and marketing materials;**
- **Partnership, collaborations and network-building;**
- **Support for recertification, special enrollments, advocacy for appeals;**
- **Access to health insurance enrollment services to home-bound individuals.**



# Service Locations

## ***Health Matters staff deliver services at:***

- **Seven MHHC Diagnostic and Treatment Centers in the South, Central and Northeast Bronx;**
- **MHHC School-Based Health Centers;**
- **Ten community partner sites including private medical practices, colleges, food banks, and CBOs.**

***Note: Hours of operation include late evening and weekend hours.***



# Results

# Performance Results

**Goal : Provide O&E Services to 11,000**

	Service	Result
<b>Duplicated Services</b>	Medicaid Marketplace Applications	7,649
	Qualified Health Plan Applications	890
	Child Health Plus-B	315
	Follow-Up	5,132
	Education	8,193
	Outreach	5,829
	Recertification	3,887
<b>Total Adults Served (Unduplicated)</b>		<b>13,540</b>
<b>Total Children Served (Unduplicated)</b>		<b>7,808</b>
<b>Grand Total (Unduplicated)</b>		<b>21,348</b>



## Performance on Objectives

### Objective: Increase vulnerable population enrollment rates

Service performance reflect outcomes reached as a result of:

- Assigning *Health Matters* staff to provide services at 15 SBHCs operated by MHHC specifically to reach low-income children and young adults;
- Conducting O&E services at Lehman College to support enrollment of community college students;
- Conducting O&E activities at the New York Food Bank targeting the homeless population;
- Conducting services and support at all MHHC locations and, via the use of our mobile medical clinic, to remote locations where there are vulnerable residents needing access to healthcare and O&E services;
- Through partner agreements, conducting onsite O&E services at non-MHHC medical practices and CBOs in upper Manhattan and in the Bronx.



## Performance on Objectives

**Objective: Increase staff competency by training at least 120 service providers**

During the funding period, 169 professional staff participated in Health Matters-sponsored capacity building training events including:

- 32 Morris Heights Health Center staff that were trained on conducting outreach and enrollment activities; and
- 137 community members/others who were trained for outreach and enrollment activities. The 137 professionals included representatives from community-based organizations, two local colleges and five faith-based organizations.

*Note: The program utilizes a similar training module that the NYSDOH utilizes and endorses to train both professional and non-professional staff. Within MHHC, we have trained all appropriate clinical and non-clinical staff.*

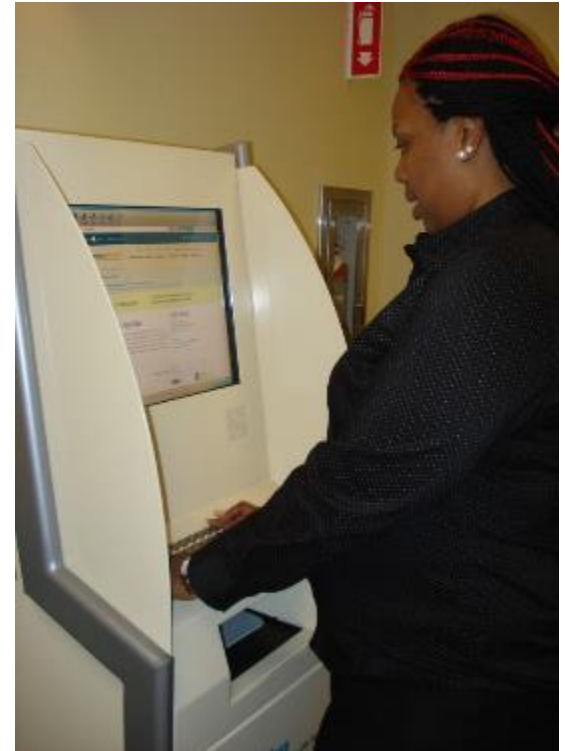


# Results

## Performance on Objectives

**Objective: Increase the use of unconventional outreach tools that increases access to health insurance coverage**

Three **enrollment kiosks** were placed at high-volume MHHC clinics. Within a three-month period 768 individuals used the kiosks to access health insurance enrollment support and applications. Each kiosk gives the client information about MHHC, the Healthcare Exchange, and allows them to enroll, and print out critical information. Each location is equipped with necessary technology to submit applications electronically through the NY State Exchange/Portal. Appropriate staff members at each location were trained on the kiosk usage and how to support community members needing assistance.





# Results

## Performance on Objectives

**Objective: Increase the use of unconventional outreach tools that increases access to health insurance coverage (cont'd)**

**Portable tablets** support a “first class” customer experience for clients through:

- Seamless coordination between Medicaid, CHIP and the Exchange, as well as between private plans, the Exchange and small businesses;
- Same experience for consumers regardless of program premium subsidy qualifications;
- With some exceptions, real-time enrollment in coverage; and
- Easy access and navigation for IT systems for consumers.

The tablets are also used for presentations and to educate community members.







## Looking ahead...

- Forge more partnerships with colleges and schools
- Explore out-stationing opportunities
- Outreach to car service and livery drivers
- Partner with automobile insurance companies to insert Health Matters marketing materials in mass mailings
- Explore the use of social media (FB, Twitter, Pinterest, etc.) to reach a larger pool of uninsured individuals
- Partner with Children and Adult Day Care Centers (both experienced major growth in NYC)
- Embark on grassroots “hit the streets” outreach campaign
- Respond to funding opportunities for public education of navigation services



# Contact

# Thank You!

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Monday, February 6,  
2017

# Expanding Outreach in Wisconsin

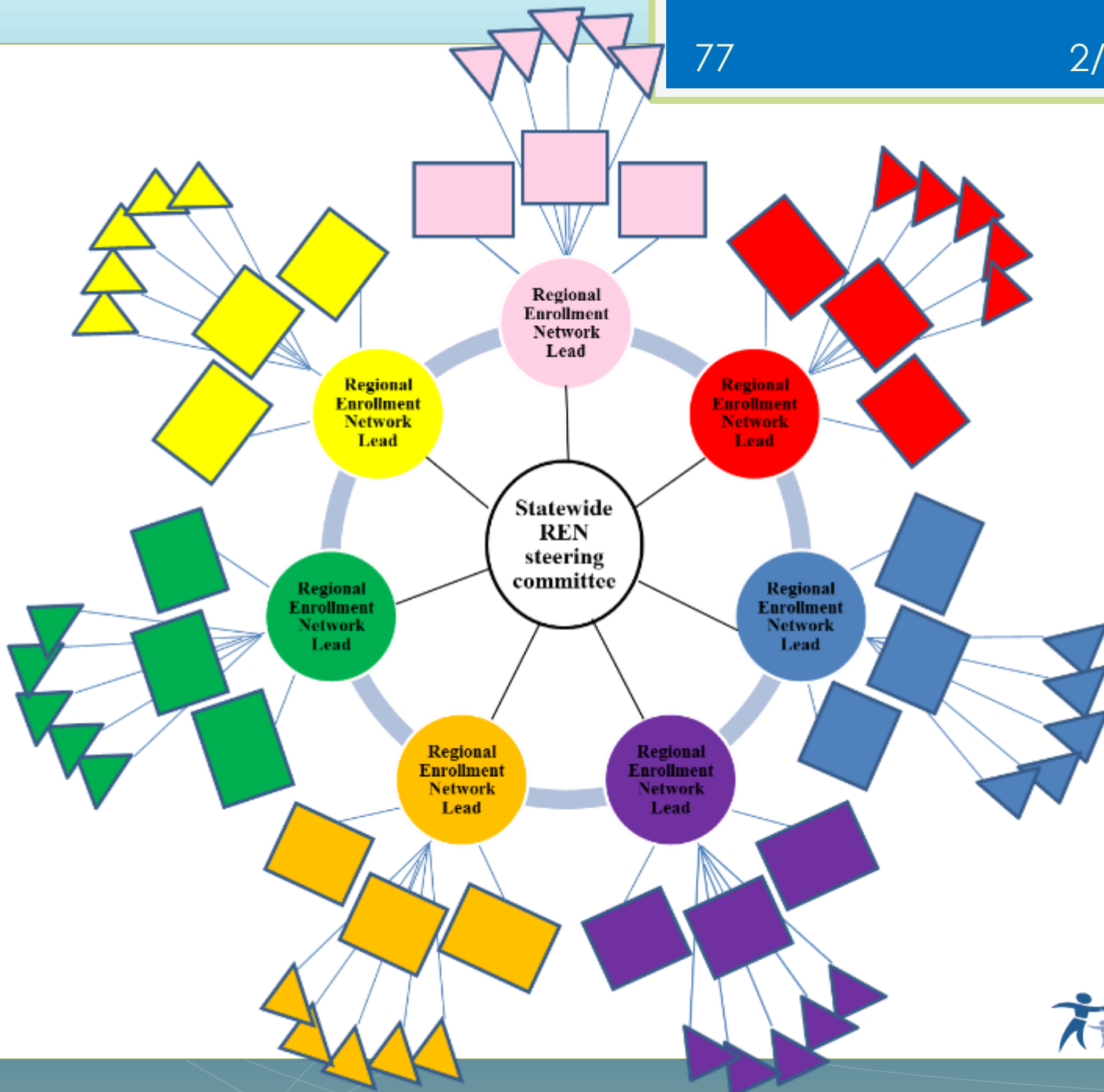
Lisa Olson, MSW  
Director of Policy and  
Programs



# Quick Facts - Wisconsin

- Federally-Facilitated Marketplace
- Partial Medicaid expansion, partial Medicaid contraction
- \$0 for pro-enrollment marketing
- Strong tradition of partnership

**Goal:** Reduce number of uninsured by half

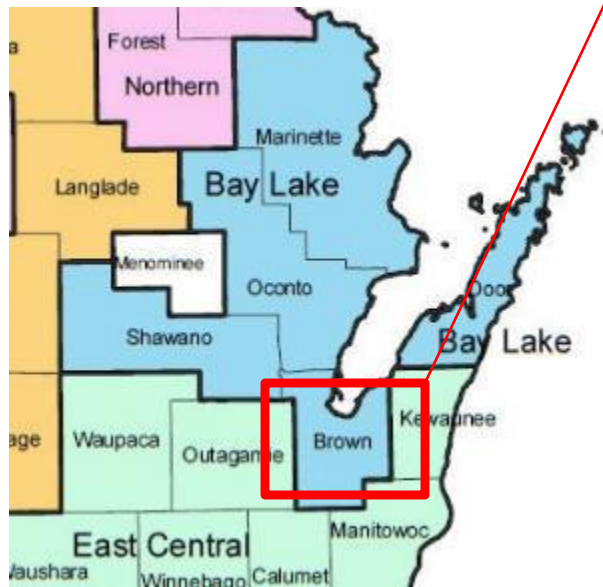




# Our Initial Plan

- Take advantage of Regional Enrollment Network structure, particularly:
  - AmeriCorps members organizing and volunteer management skills
  - Expertise of enrollment assisters
  - Mobilizer energy and commitment
- Get Covered Data from Enroll America
  - designed to be used by enrollment field programs so that they can access a list of American adults segmented into tiers based on their predicted likelihood of being uninsured
- Targeted canvassing, outreach and direct consumer interaction

# Data-Driven Initiative



City	Approximate number of individuals likely to be uninsured	Predicted # of FTE assisters needed*	# of assisters anticipated**
Green Bay	18,145	30.24	
De Pere	1,471	2.45	
Pulaski	256	0.43	
Denmark	202	0.34	
Oneida	123	0.21	
Suamico	101	0.17	
Greenleaf	96	0.16	
New Franken	65	0.11	
Wrightstown	59	0.10	
Hobart	33	0.06	
Luxemburg	17	0.03	
Kaukauna	14	0.02	
Ashwaubenon	4	0.01	
Brillion	4	0.01	
Reedsville	4	0.01	
Allouez	2	0.00	
La Farge	1	0.00	
Seymour	1	0.00	
	<b>20,598</b>	<b>34.33</b>	<b>12</b>



# Commit Card Campaign



Yes! I, \_\_\_\_\_, commit  
signature:

to learning more about my health coverage options.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I do not currently have health insurance

I'm looking for better coverage

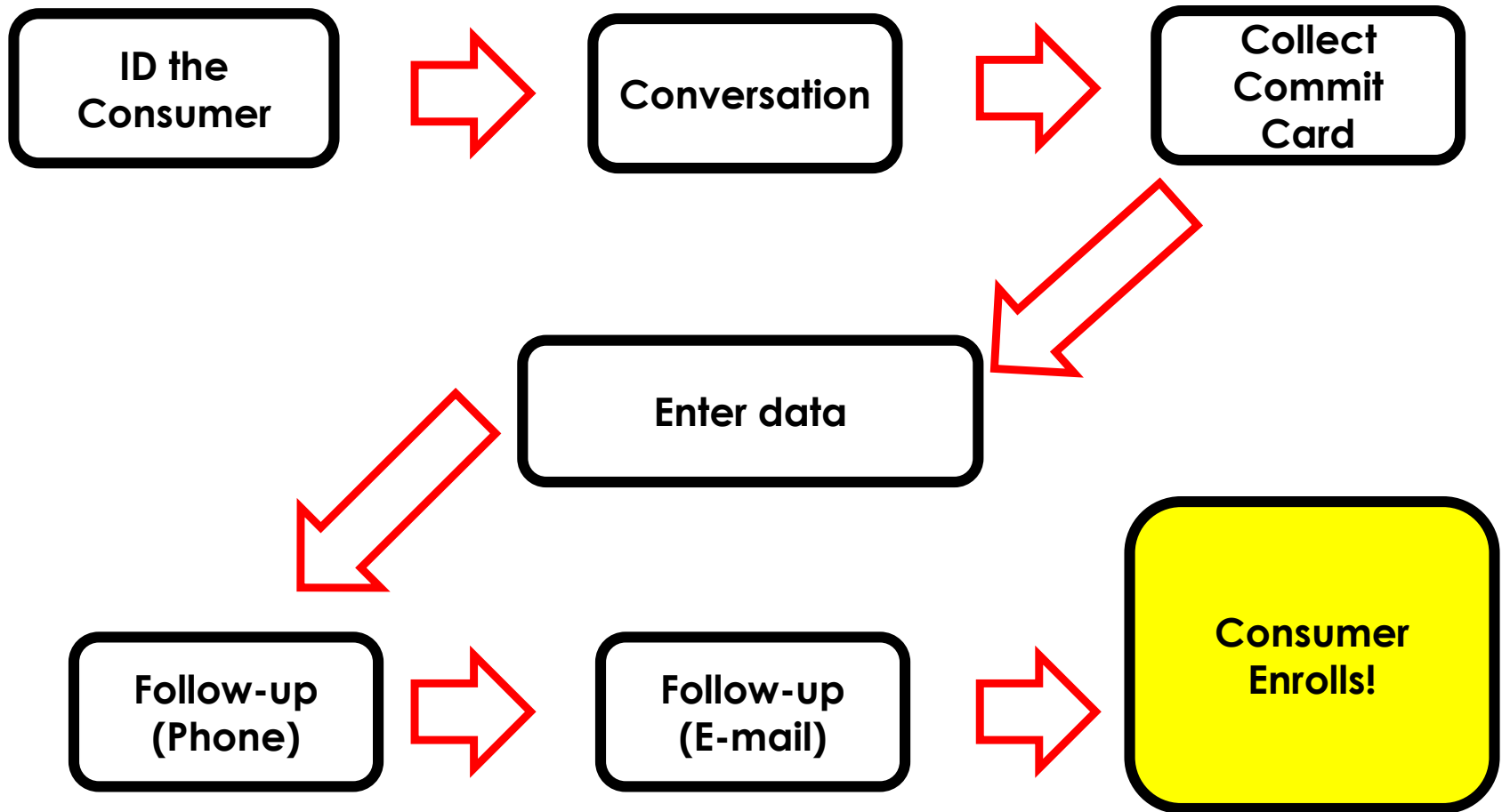
I'd like to volunteer

Text "COVERED" to 877377 to get text alerts\* about enrollment  
\*Standard messaging rates may apply

\_\_\_\_\_

(For official use)

# Life Cycle of the Card



# What did we learn?

- Critically important to assess capacity on an ongoing basis
- Go with the willing
- Simple is best, especially when working in a short time frame
- Embrace happy accidents
- Hindsight is 20/20



# Contact me:

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## Thank You

Feygele Jacobs

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