

HRSA Health Center Outreach and Enrollment (O/E) Promising Practices and Lessons Learned

Below are examples of outreach and enrollment assistance lessons learned and promising practices identified by health centers and primary care associations through health center quarterly progress reports and primary care association updates.

In-reach

General Strategies

- Having clinical providers ask about coverage and refer interested uninsured patients to assisters.
- Promoting the availability of health center O/E assistance to small businesses not offering insurance to their employees.
- Having clinic staff wear "ASK ME ABOUT MEDICAID" or "ASK ME ABOUT INSURANCE" buttons and training them to answer questions and refer clients to assisters as needed.
- Setting up and staffing tables at the entrance of the health center to personally engage patients who may be eligible.

Outreach

General Strategies

- Integrating enrollment assistance into health center events in the community (e.g., providing blood sugar checks or other health screenings at community events)
- Coordinating outreach efforts with popular seasonal events and venues (e.g., parades, festivals, state fairs, and shopping malls).
- Engaging communities through traditional media outreach sources like TV, radio, newspaper advertisements and local news.
- Using social media to increase language access (e.g., Facebook's translation capacity) and advertise enrollment services.

Health centers have partnered with a variety of traditional and non-traditional educational, ethnic, cultural, civic, and business partners. A list of partners to consider includes:

- Navigator and other assister organizations
- Faith-based organizations
- Young Women's Christian Association/
Young Men's Christian Association
- United Way
- American Association of Retired Persons
- WIC, food pantries, soup kitchens
- Farmer associations
- Local pharmacies and hospitals
- Local Departments of Motor Vehicles
and/or mechanics
- Local businesses and shops (e.g., Leasing
storefronts for enrollment assistance and
education in high traffic areas)
- Restaurants, coffee shops, grocery stores
- School districts, school nurse workgroups
- Head Start programs, child care centers
- Free tax assistance organizations
- Unemployment offices
- Shelters, share houses, addiction centers
- State departments of insurance
- Home health aides
- Chambers of commerce, trade associations,
banks
- Locations where qualifying life events occur
(e.g., birth centers, correction facilities)
- National, state, and local advocacy
organizations (e.g., organization
representing the interests of people of
color, lesbian, gay, bisexual, transgender
(LGBT) organizations, housing groups, or
migrant health groups)
- Community-based organizations specializing
in immigration and refugee issues

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Promising Practices and Lessons Learned

- Community colleges vocational/trade schools, technical schools, universities (e.g., to share computer lab space for enrollment, to target young invincibles)
- Community-based partners that are trusted resources for uninsured target populations (e.g., cab drivers)
- Programs for individuals being released from jail or prison
- Congressional and offices
- Fitness instructors

Broad-Based Education and Awareness

- Encouraging consumers to refer friends and family by using word-of-mouth.
- Hiring assisters from within the community.
- Using slogans to attract attention, e.g., “STOP SHOP ENROLL.”
- Using portable equipment with internet capability to complete off-site enrollment.

Enrollment Assistance

Streamlining Assistance Appointments and Follow-Ups

- Creating a decision tree for the front desk staff to use when responding to ensure that the consumer is directed to the right person for their enrollment needs.
- Providing consumers with folders that contain documents to help them prepare for a future appointment, such as:
 - A checklist of what to bring to each appointment (e.g., SSN or income information).
 - A summary checklist specific to each consumer visit whereby the assister records what information was discussed during a session.
 - Dates for open enrollment periods and when coverage will begin based on enrollment date.
 - An eligibility and enrollment process flow chart or a “what happens next” document, which includes the steps of the entire enrollment process.
 - A poverty guideline sheet that explains benefit and eligibility levels for affordable insurance options.
 - A personal account sheet for consumers to record their username, password, and security questions.
 - A renewal process checklist.

Enhancing the Impact of Assistance

- Building in additional time when scheduling medical visits for a transition to enrollment assistance if desired by the patient.
- Offering targeted assistance to consumers who have transportation or mobility issues via a three-way conference call between a consumer, assister and Marketplace Call center.
- Using multiple monitors, with individual privacy screens, so both the assister and consumer can comfortably view the same information.
- Using online tools such as calculators, estimators and comparison charts to explore health coverage options and subsidy estimates.
- Creating Modified Adjusted Gross Income tip sheets to help consumers with challenging MAGI questions.

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Enhancing Staff Capacity to Meet Consumer Needs

- Designating a lead trainer to serve as a liaison between health center assisters, Primary Care Association, Centers for Medicare & Medicaid Services, and Health Resources and Services Administration and meeting regularly as a team for updates.
- Training administrative staff to provide education to uninsured consumers on the benefits of health insurance.
- Training a broad range of health center clinical and non-clinical staff as CACs to assist during periods of increased demand.
- Connecting assisters with other assisters in the area/region/state to share best practices and provide peer support.