Best Practices & Lessons Learned
A Collection from Outreach and Enrollment (OE) Staff in Texas FQHCs

GETTING THE WORD OUT ABOUT HEALTH INSURANCE

Best Practices for Outreach

- Host weekly or monthly enrollment events during open enrollment
- Continue outreach efforts and booking events for Medicaid and CHIP after open enrollment
- Conduct outreach before open enrollment and educate patients about importance of having health insurance
- Start consumer applications on the Marketplace during the months that open enrollment is closed.
- Provide education and awareness (presentations) in apartment complexes.
- Work with your local chambers of commerce to target small businesses that don’t offer insurance.
- Take outreach materials to local tax offices to give to clients filing their taxes or provide consumer education about the intersection between health coverage and filing taxes.
- Hand out extra flyers or business cards to consumers to pass on to family and friends.
- Offer health insurance literacy 101 sessions when open enrollment is closed. Or provide the education to patients during registration and screening.
- Call consumers with scheduled application appointments to remind them of what documents are needed to bring to the appointment.
- Conduct mini outreach events in different locations throughout the week instead of having one large scale outreach event for the month.
- Conduct strategic outreach events with groups that see a high number of uninsured people rather than scheduling large scale open enrollment events where you may not get the same direct contact or interaction face-to-face.
- Increase voter registration efforts and use as opportunity to inform consumers about health insurance.
- Attend outreach events that are sponsored by elected officials and/or have higher visibility (promotion) and impact in the community.
- Conduct events at local Mexican meat markets (carnicerias i.e. La Michoacana).
- Lease a space (such as a store-front) to dedicate to outreach and enrollment efforts to keep clinic traffic separate from OE traffic.
- Provide outreach and information in non-traditional locations such as barber shops, grocery stores, nail salons, etc.
- Work with populations that have future eligibility for coverage like ex-felons, individuals recently released from jail or children/young adults in juvenile detention centers.

Best Practices for In-reach

- Mailing flyers, outreach event notices, etc. to patients and their families about health insurance and outreach and enrollment services offered at the health center.
- Display posters and have other health insurance-related materials available in patient lobbies.
- Provide health insurance literacy trainings and one-on-one appointment education sessions with consumers to address certain questions and explain their coverage.
- Ensure that pregnant patients at the clinic are automatically referred to an OE Specialist for information regarding pregnancy and/or health coverage.
• Conduct follow-up calls to patients using a call list to remind them of the upcoming open enrollment period and important deadlines.
• Review upcoming clinic appointments in advance to make follow-up calls with patients to talk about eligibility for health coverage and assistance available to them.
• Provide patients with Medicaid and CHIP coverage information about renewing their coverage on time with the OE services offered at the health center.

Lessons Learned

• Mailers may be more feasible for larger health centers with more funding; smaller health centers may need to research and determine if cost-efficient.
• Mailers are a great way to reach patients and families in rural areas where information and access to care is more limited.
• Can use electronic health record (EHR) data showing insurance status to target mailer to uninsured patients.
• Be aware that clinics that have a high homeless population may not have an address available.
• Patients that speak languages other than English or Spanish may not be able to read or understand the information mailed.

Best Practices for Social network, Newspaper, Radio & Other Mediums

• Host a Q&A session on local radio spot.
• Sending wide-spread messaging through local TV stations.
• Strategic placement of billboard advertisements to reach all areas of community.
• Video loops played on TV screen in health center waiting rooms as way to provide more information about health insurance and what people need to know about the ACA.
• Continuous ads in local newspapers informing consumers of services and assistance available.
• Social media posts (Facebook and Twitter)
• Printing and distributing patient newsletters
• Public Service Announcements (PSAs) on radio
• Spanish radio stations to attract Spanish-speaking communities

BUILDING AND STRENGTHENING PARTNERSHIPS

Best Practices for Building Local Coalitions & Community Partnerships

• Work with a wide range of community partners and coalitions that have specific interests and/or skill in delivering information about health insurance.
• Partnering with local CMS Navigator entities, store-fronts and other CDO/CAC organizations in your community for combined effort.
• Partner with local Enroll America coalitions.
• Work with colleges, universities to provide education and awareness to young students (<30 years and younger) about health insurance.
• Use existing connections with local churches, schools, hospitals, local businesses etc. to work together on developing a referral system or for coordinating outreach events.
  o Get involved with elementary and high school-based parent teacher organizations (PTO) to deliver information to parents and their families.
• Form relationships with prominent and well-respected community leaders (i.e. mayor, state representative, county judge, etc.).
- Partner with 2-1-1 United Way for assistance with callers asking specific eligibility questions about CHIP, Medicaid or the Marketplace.
- Partner with Volunteer Income Tax Assistance (VITA) sites for tax-related questions and assistance.
- Collaborate with local hospitals to develop a referral system for uninsured patients visiting the emergency room (ER).
- Partner with the Salvation Army to target enrollment of children into Medicaid and CHIP.
- Partner with local health insurance plans to help answer questions about consumer coverage.
- Collaborate with local housing authorities and food banks to let them know about OE services at the health center.

Lessons Learned

- Develop an effective approach for getting more community organizations involved
- Partner with Enroll America to assist with providing a basic introduction to health insurance and overview of enrollment process during large enrollment events to allow OE staff more time to concentrate on one-on-one customizable interaction, eligibility screening and the application assistance process.
- Local coalitions may not be as easy to form in rural communities or in areas where there is opposition to the ACA.
- Enroll America regional staff is available statewide, but not necessarily in every service delivery area.

BASIC STRUCTURE AND PROCESS FOR ENROLLMENT ASSISTANCE

- Be organized.
- Track average appointment times and high traffic hours/days of week to be able to determine timing and scheduling of future appointments.
- Appoint a lead or supervisor dedicated to the OE department to ensure activities are planned and running smoothly.
- Cross-train all OE staff as Your Texas Benefits Navigators and Certified Application Counselors to be able to assist with all programs including Medicaid, CHIP and the Marketplace.
- Make sure to have (at a minimum) one bilingual CAC to assist non-English speaking patients.
- Hold staff meetings to develop outreach plan for assisting patients and consumers during open enrollment and keeping health center staff informed of process.
- Increase hours of operation and have appointment availability on weekends.
- Screen consumers’ eligibility for health coverage over the phone prior to making appointments.
- Have an additional health center staff person to assist CACs with answering phones and scheduling appointments.
- Create a calendar of events to keep track of scheduled outreach events, application appointments and open availability.
- Prescreen clients and assist with creating email accounts prior to application appointment for those who do not access to a computer.
- Conduct patient/consumer education sessions prior to open enrollment to create efficiencies in appointment times and ability to see more people.
- Increase advertising and outreach before open enrollment begins to make sure people are informed about open enrollment dates and know where to get help.
- Remind patients with Marketplace coverage to update changes (Special Enrollment Periods) and about deadlines for renewing their coverage.
Lessons Learned

- Weather-related emergencies or disasters impact outreach and enrollment services, including patient transportation (getting to and from) the health center for an application appointment.
- System outages/delays can result in having to reschedule appointment for another time and/or increase time spent with a patient causing interference with other appointments throughout the day.
- Have a back-up plan or system for countering such barriers or weather-related emergencies.

YEAR-ROUND MEDICAID AND CHIP ENROLLMENT

- Maintain health center participation in HHSC’s Community Partner Program for continued access to training and program updates.
- Keep OE staff current on bi-annual training for their Your Texas Benefits Navigator certifications through HHSC’s Community Partner Program.
- Use FREE promotional materials offered by HHSC to promote Medicaid, CHIP and other public programs.
- Keep informed and stay active by hosting and/or participating in outreach events all year-round and not just during open enrollment.
- Create opportunities to discuss Medicaid and CHIP eligibility with patients that have income under 200% of the FPL to identify potentially eligible family members.
- Work with food banks and food pantries to inform patients seeking food-assistance about eligibility for Medicaid and CHIP.
- Work with organizations that focus on serving low-income women and children.
- Look for opportunities to get involved with the Summer Meals Program for outreach to children and families most likely eligible for Medicaid and CHIP.

SPECIAL POPULATIONS

Migratory/Seasonal Agricultural Workers

- Provide assistance at the camp sites – many Farmworkers need assistance post-enrollment, too.
- Be flexible and provide assistance after hours.
- Create collaborations and or coalitions with other local organization serving farmworkers, including Mexican consulate offices, legal aid services, farmworker outreach workers, and policy experts
  - H2A workers must meet ACA requirement to have insurance and are classified as qualified immigrants eligible to receive Premium Tax Credits
- Assist farmworkers with preparing necessary documents to enroll in insurance such as their immigration documents or SSN, W-2 pay stubs, employer information and information about their household.
- Provide outreach and education to growers and farmers that employ Farmworkers, particularly growers/farmers who may not be aware their H2A workers are eligible
- Use the Migrant Health ACA outreach materials developed by Farmworker Justice, a HRSA NCA grantee in English, Spanish and Creole.
Public Housing
- Work with your local public housing authority to target residents of public housing.
- Set up certain dates and pass flyers to all the residents/units deemed as public housing to advertise the dates.

Homeless
- Identify ports of entry to identify homeless in your community i.e. homeless shelters.
- Adopt proper screening questions to identify homeless patients.
- Cross training of different departments (OE staff, patient navigators, housing specialists, WIC, Maternity support services, reception/billing staff, dental reception staff and behavioral health staff).
- Collaborate with other entities that provide assistance with the following programs: state support to counties such as the Consolidated Homeless Grant and Emergency Solutions Grant, Housing & Essential Needs and Low-Income Energy Assistance Program (LIHEAP).
- The National Health Care for the Homeless Council, a HRSA National Cooperative Agreement grantee. Check out their OE Quick Guide for promising strategies to engage the homeless population.

LGBTQ
- Provide a welcoming environment:
  - Prominently display non-discrimination LGBTQ policies.
  - Display LGBTQ materials in the lobby (use affirmative imagery and content to these materials).
  - Display rainbow stickers in the reception area.
- Hire LGBTQ OE staff. If not possible, make sure OE staff receive LGBTQ cultural competence training.
- Ensure intake or registration forms reflect the full range of questions on sexual orientation and gender identity and expression (OE responsibility for registration/screening varies across health centers).
- Refer to National LGBT Health Education Center, the HRSA NCA grantee for more information and publications.
- For LGBTQ outreach materials and other resources, please visit Out2Enroll.

Transgender Patients:
- Avoid using terms like “sir” or “ma’am.” If unsure, always ask what term they prefer.
- Inquire respectfully what name they prefer if it doesn’t match your records or insurance company records.
- Never refer to someone as “it” and use “they.”
- Consider making a unisex bathroom available.

HIV
- OE Staff should assist people living with HIV or AIDS obtain health coverage through the ACA if eligible.
  - Ensure that a person with HIV selects a plan that covers their HIV medications.
  - Ensure that their provider is in-network, even if the provider is considered a specialist.
- Make sure that you begin your conversations letting them know your discussions are judgement free and completely confidential. People living with HIV/AIDS are hesitant to disclose their status because they fear stigma.
• Build partnerships and work with local Ryan White providers or encourage people living with HIV/AIDS to visit with a Ryan White case manager that can help them identify additional financial resources and support.
• The Affordable Care Enrollment (ACE) Center has created a fact sheet for assisters who are new to people living with HIV.

Veterans
• Hire OE staff who have a military background. If not, become familiar with the military culture by viewing the Military Culture Course Modules offered by the Center for Deployment Psychology, an organization that prepares professionals to support military personnel and their families.
• Work with the Veteran resources in your community by contacting your local Texas Veterans Commission regional contact or Veterans County Service Officer.
• Veteran outreach materials:
  o Use language that is inviting and emphasizes choice.
  o Use FAQs as an effective way to share facts.
  o Use testimonials from peers of the target audience.
• Create informal partnerships with and/or obtain endorsement from Texas Veteran Commission field staff, state National Guard Bureau, local Veteran of Foreign Wars (VFW) or other Veteran referral source and include these endorsements in outreach materials.
• Create flyers/brochures with tear-off information tabs.
• Use military-related photos or graphics in communication material design and presentation
• Hire/engage a person with military experience to promote OE services or Veteran Choice Program (health center participation in the VCP varies).
• Take advantage of Veteran community events, such as Veteran job fairs, Veteran recognition events such as parades, appreciation events, etc.
• Reach out to college campuses with a Veteran Students office or Veteran Services Office, reserve Officer training Corps or Academic Counselors or Advisors to help connect you with Veterans.
• On-Base Approach: Connect with the Military Separation or Transition Assistance programs located within a military base.

Note: In most cases, family members of Veterans are not eligible for VA health coverage and if they are not enrolled in CHAMPVA or Spina Bifida, should seek coverage from the Marketplace.

SCREENING TOOLS AND OTHER RESOURCES

Promising Tools
• Customized flyers and handouts with important deadlines and information about health insurance to promote OE assistance offered at health center.
• A handful of health centers use Medicaider to screen patients for all programs, including sliding-fee scale eligibility.
• Created summary sheet to provide patients with a record of their username, password and security questions. Use same form to write notes on next steps for patient or write down important information (deadlines; phone numbers; health insurance plan name).
• Created a screening form to identify people that fell in the coverage gap (less than 100% of FPL who do not qualify for premium tax credits) to explain next steps and eligibility for exemption.
• Use interpreter line or seek translation services.
• Marketplace checklist document that provides information for what to bring to an appointment to apply.
• Use a unique-naming convention for helping computer illiterate consumers create passwords for their online account. (ex. LastNameDOB).
• Supply patients and consumers with an inexpensive folder for saving documents (record keeping) for future follow-up appointments with CAC’s.
• In The Loop (online assister community) for researching credible frequently asked questions and answers by other CAC’s and in-person assistants nationwide.
• Use blank business cards to write down username and passwords for consumers to have easy access to their online account.
• Coverage to Care materials offered by CMS to promote health insurance literacy.
• Using mobile units to provide education in hard-to-reach communities.

Resources
• TACHC health insurance literacy materials including tip sheets for CACs to use during one on one appointment to explain common health insurance terms, etc.
• TACHC resources on Voter Registration as part of the My Texas My Health My Vote campaign.
• Enroll America Application Assistance 101 lists some excellent best practices.
• Michigan Primary Care Association OE Toolkit has comprehensive number of resources, best practices and templates. There are also resources to help you gather data, develop a work plan and coordinate your efforts with other partners.
• TACHC Online Reporting Tool
  o Free to OE staff including training and demonstration
  o Most health centers OE grantees use the TACHC online reporting tool to record OE activities for HRSA reporting.
    ▪ Tool also generates HRSA report with a click of a button.
  o Use the various tool reports to benchmark trends, follow-up with patients that need to renew coverage, track the OE impact to your health center and to compare activity among OE staff among other uses.
  o Tool is used best when information is entered on a daily basis but not later than weekly.

Considerations about the TACHC Reporting Tool:
• May duplicate efforts already recorded in other systems (i.e. Medicaider).
• Does require more time to complete fields for tracking and recording OE activities.

Lessons Learned
• Retrieving username and passwords will often be a challenge so health center outreach programs need to adopt best practices and/or develop a system that works to help patients and consumers easily retrieve or save their information.