

# Best Practices & Lessons Learned

## A Collection from Outreach and Enrollment (OE) Staff in Texas FQHCs

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### 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 location 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.
  - 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 points 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:
  - Use language that is inviting and emphasizes choice.
  - Use FAQs as an effective way to share facts.
  - 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 Medicaid 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 assisters 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
  - Free to OE staff including training and demonstration
  - 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.
  - 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.
  - 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. Medicaid).
- 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.