



**Enroll**  
*America* ★

**Outreach and  
Enrollment: New  
Opportunities in Health  
Coverage**

# Enroll America

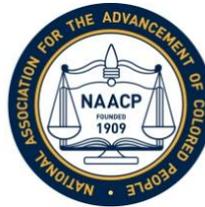
## Our Mission

Maximize the number of uninsured Americans who enroll in health coverage made available by the Affordable Care Act

## Two-fold Strategy

- 1 Promoting Enrollment Best Practices
- 2 National Enrollment Campaign Using Cutting Edge Engagement Strategies

# Sampling of Partners



# MPCA

- For over 30 years, MPCA has been the voice for Health Centers and other community-based providers in Michigan
- Today, we represent 35 Health Center organizations operating 230 sites and serving over 600,000 residents statewide
- MPCA works to build a healthy society in which all residents have convenient and affordable access to quality health care that ensures excellent health and quality of life for all residents



**GET  
COVERED  
AMERICA**

Your health. Your choice.

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

# Get Covered America Campaign

**1. Data-driven and Metrics-based**

**2. Grassroots-focused**

**3. Coalition-based**

**4. Maximizing Online / Social Media Tactics and Tools**

**5. Building a Narrative of Success**

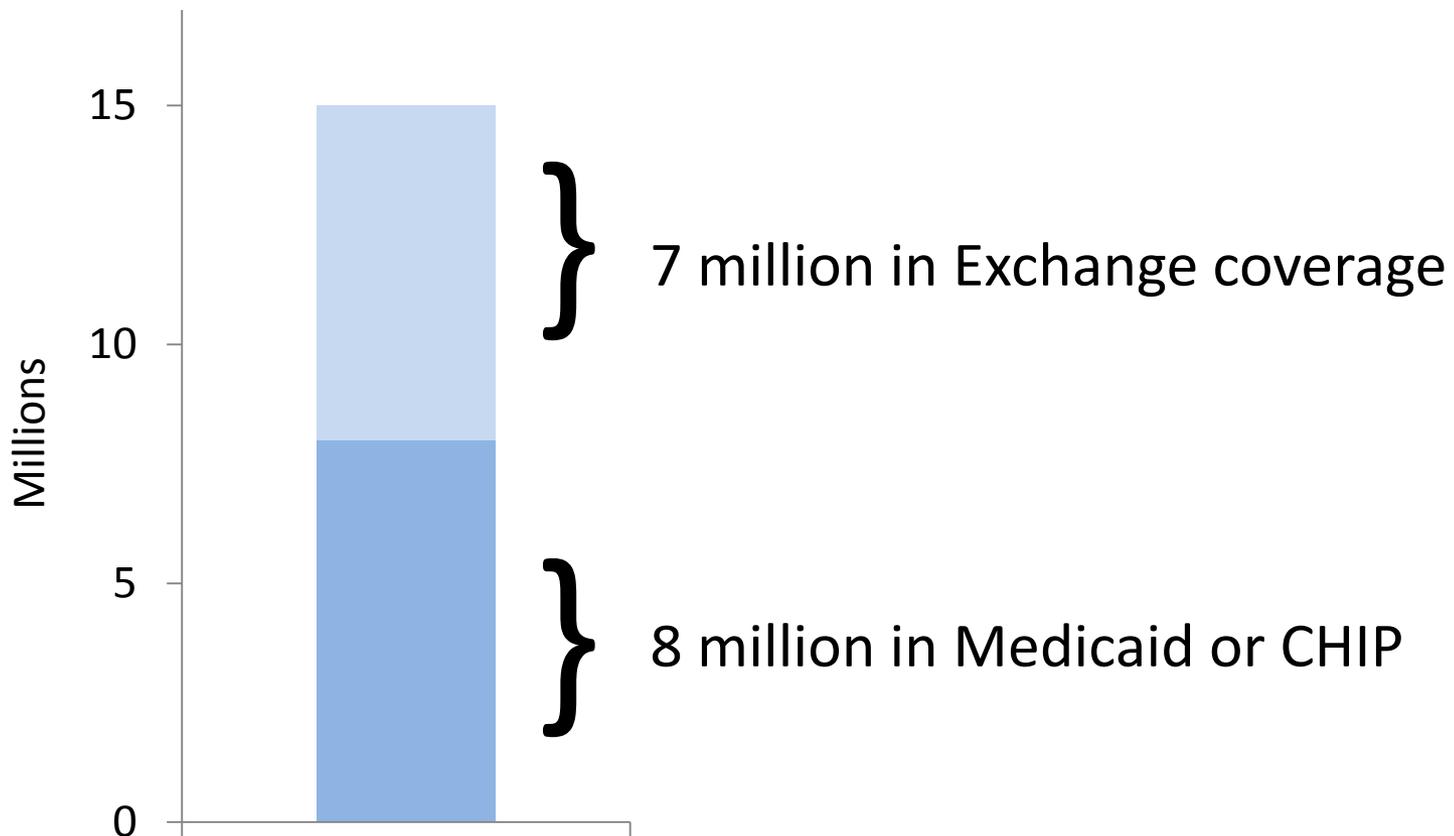
# Building an Effective Campaign



What's this I hear about  
an opportunity?

# The 2014 Enrollment Opportunity

Enroll at least 15 million people in new coverage options



Source: February 2013 CBO estimates

# Health Coverage in 2014

## Coverage Options for Adults without Medicare or Employer-Based Coverage

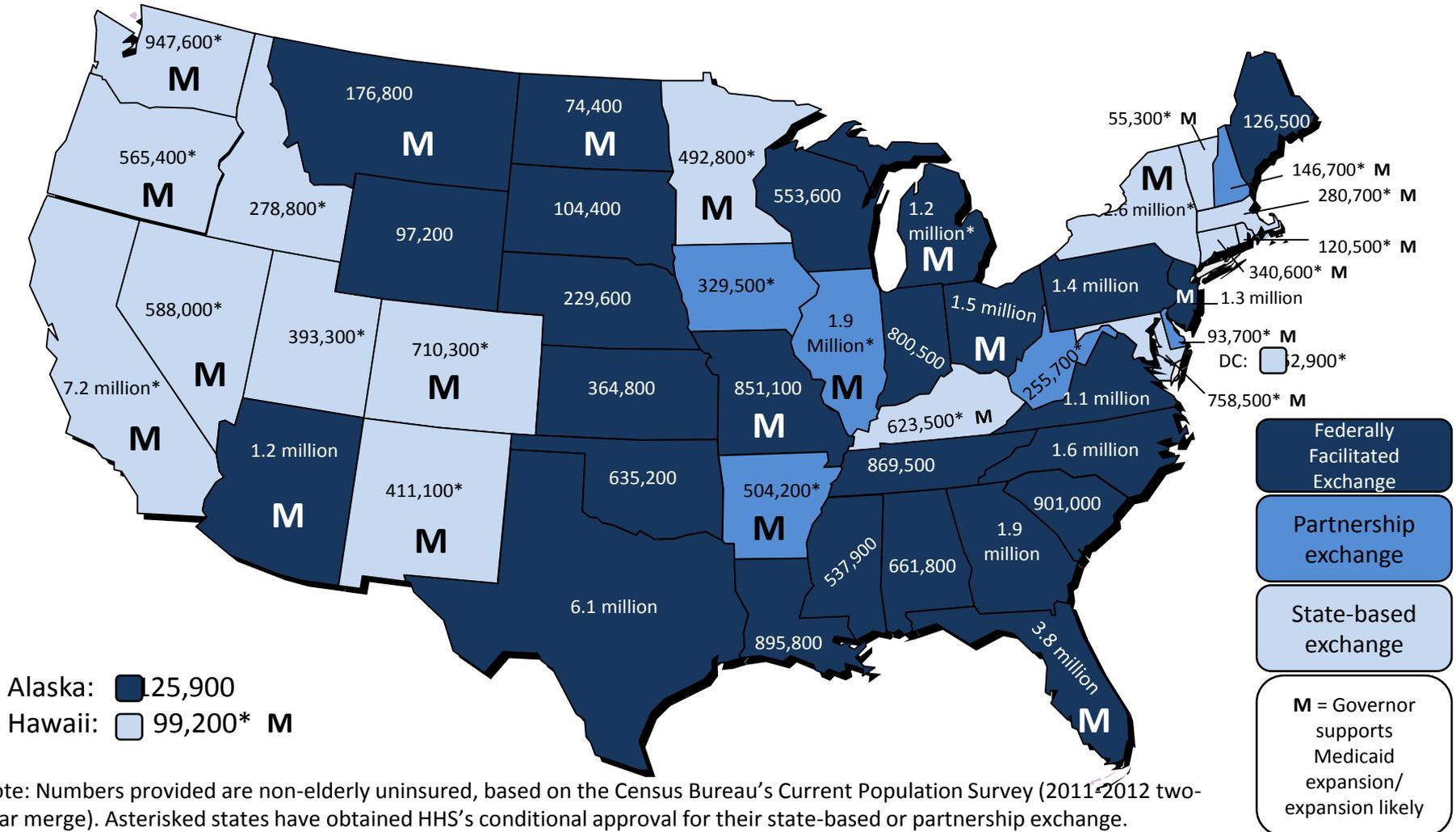
Income as a percent of the federal poverty level



*An Opportunity for a Complete Continuum of Coverage*

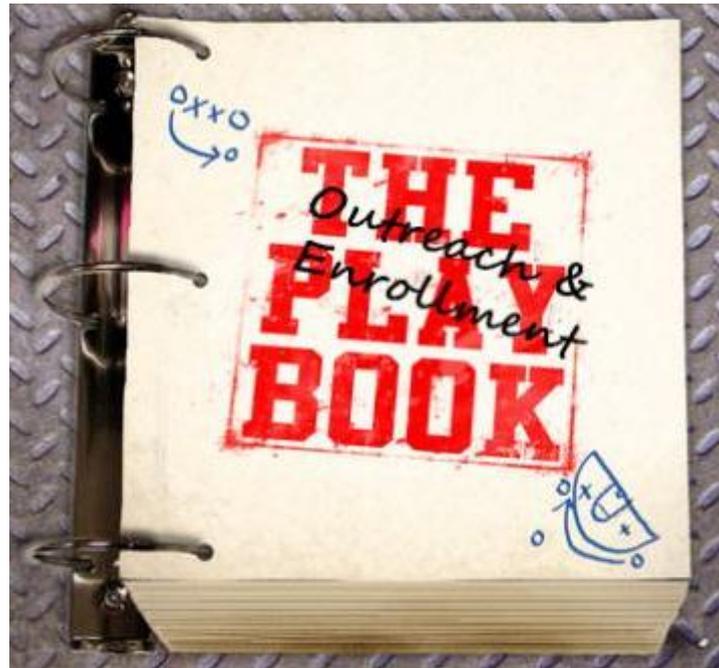
*As of April 22, 2013*

# State-by-State Guide: Medicaid Expansion and Insurance Marketplaces



# The Outreach and Enrollment Playbook

*Strategies for Leveraging the Coverage Expansion Opportunity*



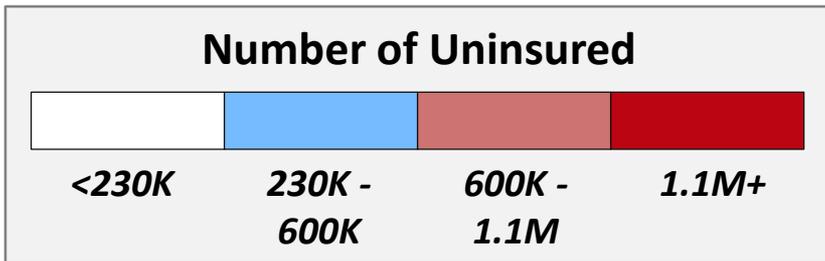
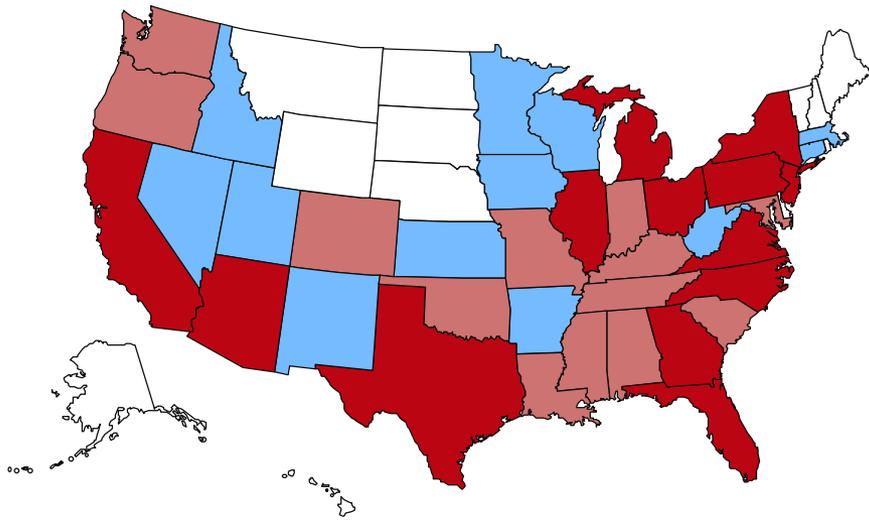
# Your Playbook

- Recognize Your Stakeholders
  - Staff, Patients, Community Members and Partners
- Designate a “Playmaker”
  - This undertaking needs a coordinator and a strong team to ensure success
- Construct a Plan
  - Draw from our strategies where helpful and add your own for a comprehensive approach
- Create Measures of Success
  - Agree on metrics and track them from the start to measure progress against a benchmark

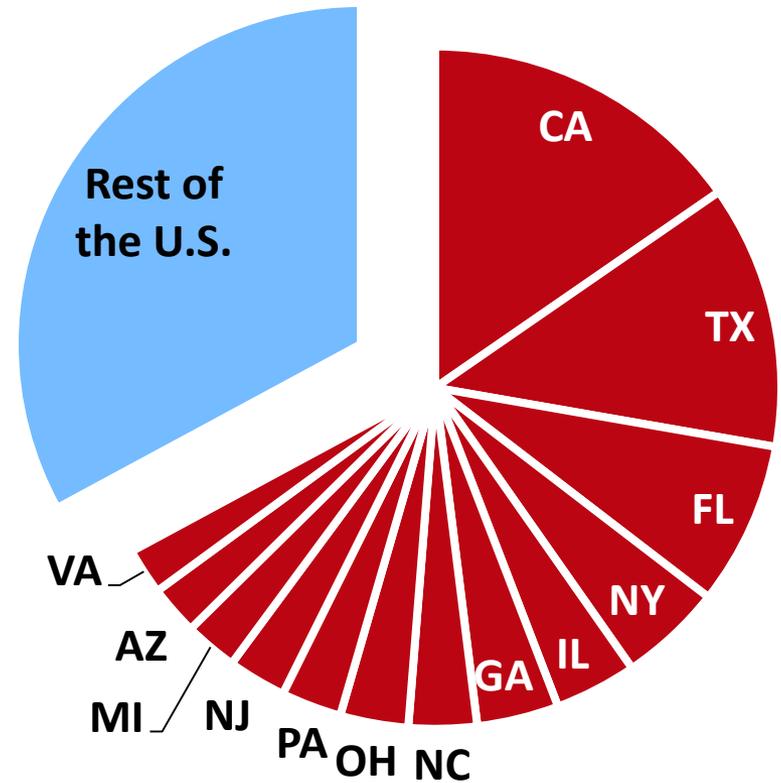
# Who are we targeting?

# Two thirds of the uninsured live in 13 states

Uninsured by State



67% of uninsured live in 13 states



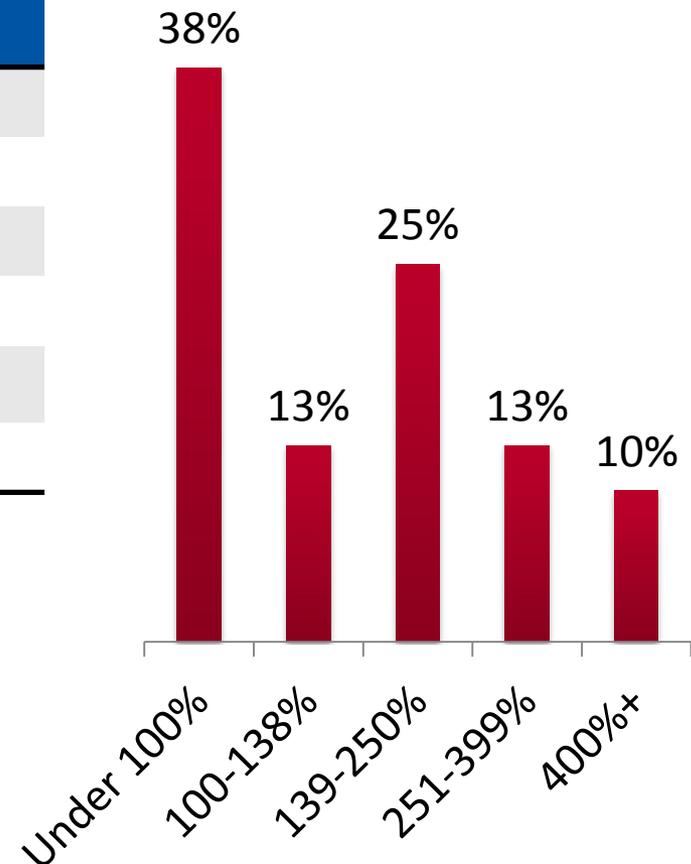
Source: Census Bureau, Current Population Survey, March 2011 and 2012

# Demographic Profile of the Uninsured

(Nonelderly Adults, Ages 18-64)

Race/Ethnicity	Percent of Uninsured	Uninsured Rate
White (non-Hispanic)	45%	13%
Black (non-Hispanic)	15%	21%
Hispanic	32%	32%
Asian/Pacific Islander	5%	18%
American Indian/Alaska Native	1%	27%
Two or More Races	2%	15%

## Federal Poverty Level



62%

Live in Families  
with at least One  
Full Time Worker

# Limited Public Awareness

The majority of uninsured Americans don't know the health reform law will help them

**78%** of the uninsured don't know about the new health insurance exchanges

**83%** of people who could be eligible for the new Medicaid expansion don't know about it

# Anticipate Patient Needs

- A few important statistics...
  - 78% of uninsured lack awareness of new options for insurance (83% amongst those likely Medicaid eligible)
  - 75% would like in-person assistance, especially in figuring out what financial help they could receive and in selecting a plan
  - Provider offices (you) are number three on the list of places the uninsured will turn to for help



# Anticipate Patient Needs

- Apply the research to “math it out” and develop an informed estimate

Number of Uninsured  $\times$  83%

= Number of patients that need coverage education

Number of Potentially Medicaid Eligible Patients  $\times$  75% / 12

= Number of potentially Medicaid eligible patients that need enrollment assistance per month

Number of Other Uninsured Patients  $\times$  75% / 6

= Number of patients per month that need enrollment assistance during the first open enrollment period



# How will the enrollment process work?

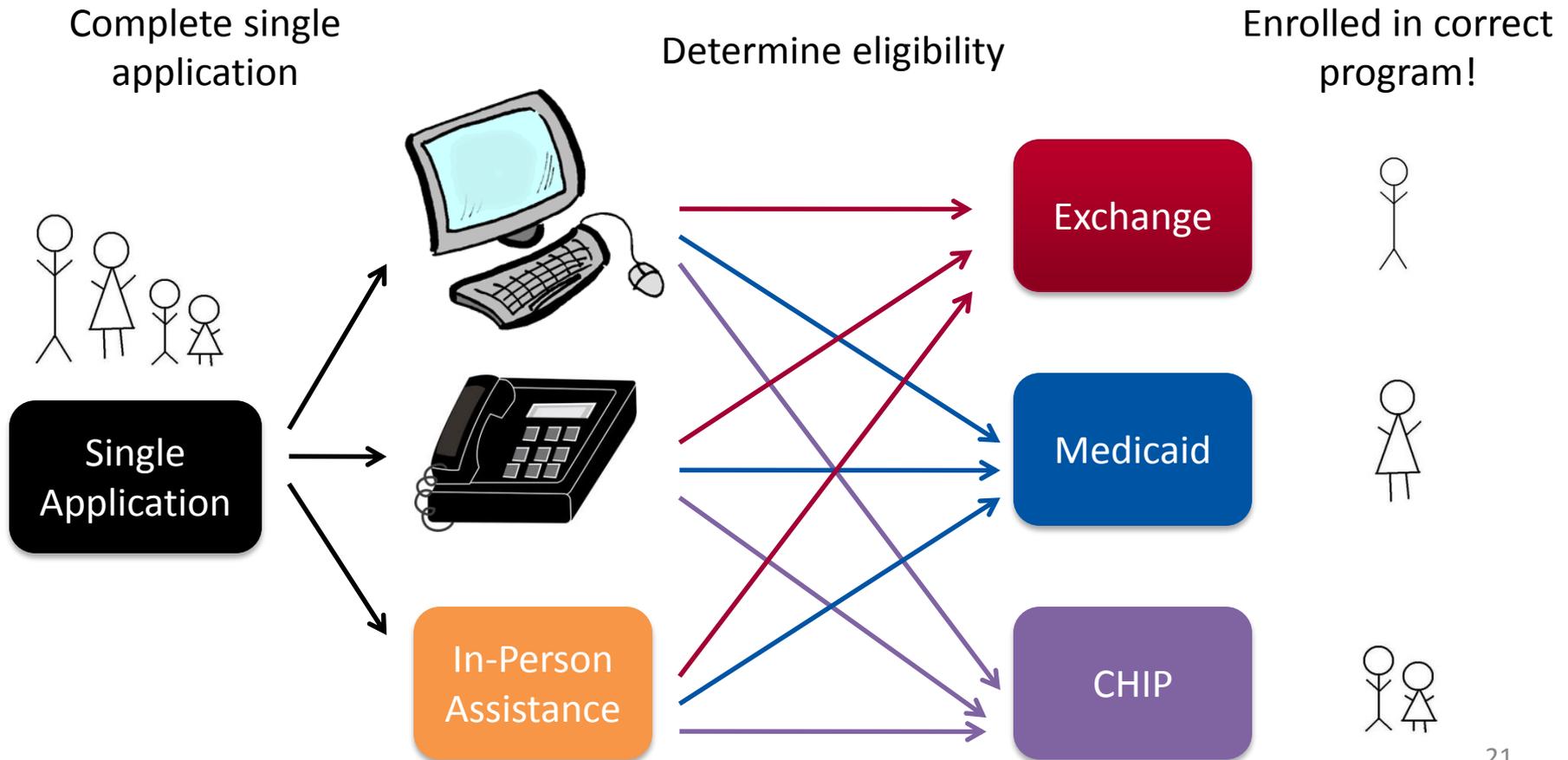


or



# A New Way to Enroll in Coverage

Consumers can connect to whichever program they are eligible for, no matter where they start.



# Key State Decisions

## Medicaid

**Whether** to expand to 138% FPL

**When** to expand to 138% FPL

**How long** to maintain an expansion

**NOT** allowed to expand incrementally

**NOT** allowed to reduce adult eligibility before 2014 or child eligibility before 2019

## Exchanges

**Whether** to have a state, partnership, or federal exchange

**How** the state will provide enrollment assistance

**How** the state will coordinate eligibility between the exchange, Medicaid, and CHIP

**NOT** whether an exchange and premium tax credits will be available to families

# Requirements for ALL states



Regardless  
of Medicaid  
expansion!

## A Single, Streamlined Application

- One application for all health coverage programs
- Available in online, phone, and paper

**Use Modified Adjusted Gross Income/No Income Disregards**

**Eliminate Asset Tests**

**Eliminate In-Person Interview Requirements**

**Use Electronic Verification to the Greatest Extent Possible**

# Enrollment isn't a snap

## Take-up in optional public benefit programs

Program	Percent of Eligible People Enrolled
Children's Medicaid/CHIP, national average, 2009	84.8%
Medicare low-income subsidy, 2009*	40%
Unemployment benefits	72-83%
Earned income tax credit	80-86%
SNAP (food stamps)	54-71%

\* Does not include populations automatically enrolled in the low-income subsidy.

This is where you come  
in...

# Gather Patient Income Information

- 23% of Health Center patients do not have a Federal Poverty Level percentage reported in UDS
  - Is your Health Center's data “better or worse?”
- If you don't know your patients' income data how can you proactively reach out to those who are likely eligible?
  - How can you work to record and/or update this information before coverage expansions take effect?



# Update Patient Contact information

- What systems do you have in place to update patient contact information?
  - How well are they working?
  - Are you periodically verifying the validity of phone numbers?
- Are you collecting the full range of patient contact information?
  - Text message enabled mobile phone numbers? Email? Facebook? Mailing address?



# Get Consent to Contact

- Does your Health Center include an “express consent” to contact statement in patient forms (or other tools) for non-traditional contact methods?
  - Voice broadcast and text messages are very cost-effective in-reach tools, but you need permission to contact!



# Educate All Staff

- Does every staff member in your Health Center understand how the ACA will affect your organization? Your patients?
  - Can every staff member seamlessly guide a patient to coverage resources and enrollment assisters?
  - Do your staff understand the importance of providing this assistance for patient retention?
- How can you incorporate this basic training into existing staff/team meetings?



# Educate All Staff

- What should all Health Center staff understand in relation to outreach and enrollment?
  - How coverage can improve patients' access to care and health status
  - Changes to the Medicaid program
  - Basics of the new health insurance marketplace and coverage tax credits (out-of-pocket cost)
  - Essential health benefits (what's covered)
  - The coverage mandate
  - How to refer a patient to enrollment assisters
  - Patient retention strategies
- Get started with the basics today!



Part of Core Mission

Insured patients  
= better long  
term health  
outcomes

People trust  
providers

Medicaid Primary Care Rates Increasing

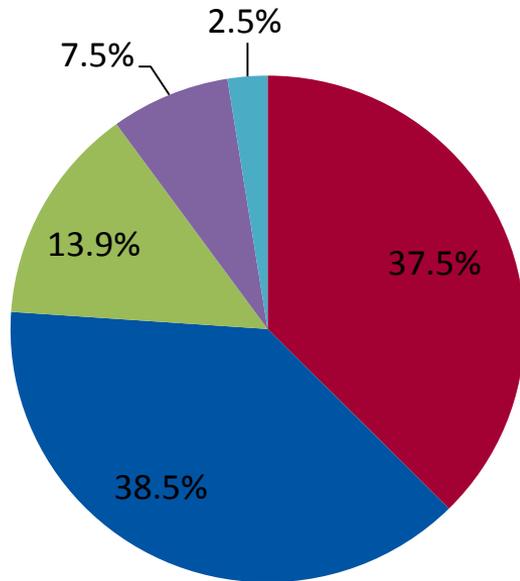
## Why Health Centers?

Relationships with the uninsured

Enroll the  
Whole Family

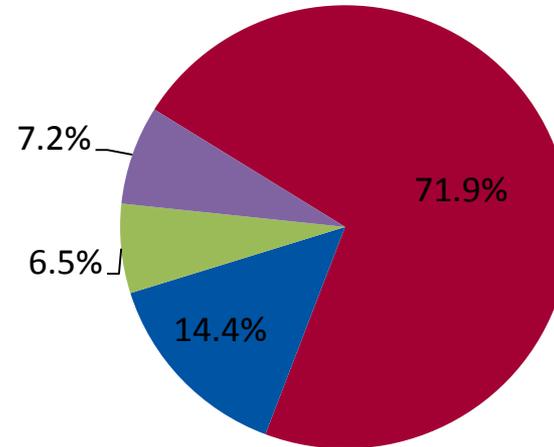
# Health Centers- Who They Serve

**Health Coverage, 2011**



- Uninsured
- Medicaid/CHIP
- Private Insurance
- Medicare
- Other Public

**Income as a Percentage of the Federal Poverty Level, 2011**



- 100% FPL and below
- 101-150% FPL
- 151-200% FPL
- Over 200% FPL

# Scale Up Assistance

- Use a mix of enrollment assisters to meet the needs of your patients
  - Do you have sufficient staff to provide enrollment assistance?
  - Can staff be temporarily re-assigned to help with enrollment?
  - Can you incorporate additional AmeriCorps members or other volunteers?
  - Do you have organizational partners with enrollment capacity?
- Plan for high demand in the first six months, concentrated toward the middle/end of open enrollment
- Scale up over time to be ready for that demand



# Scale Up Assistance

- Consider this ROI scenario...

Enrollment FTE Cost- \$65,000 (including salary, fringe, indirect etc.)

"Working" Weeks- 48 (subtracts vacation/sick time, training etc.)

Enrollment Hours per Day- 6 (subtracts lunch/breaks, admin etc.)

Enrollment Hours per Year- 1440

Time Spent per Enrollment Application- 45 minutes

70% Productivity (accounts for start-up, system down time etc.)

70% Capture Rate (percentage of those enrolled who continue to be Health Center patients)

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Potential Newly Enrolled Patients for one Enrollment FTE- **941**

Potential Revenue for one Enrollment FTE- **\$409,335** (\$145 per visit x 3 visits per year)

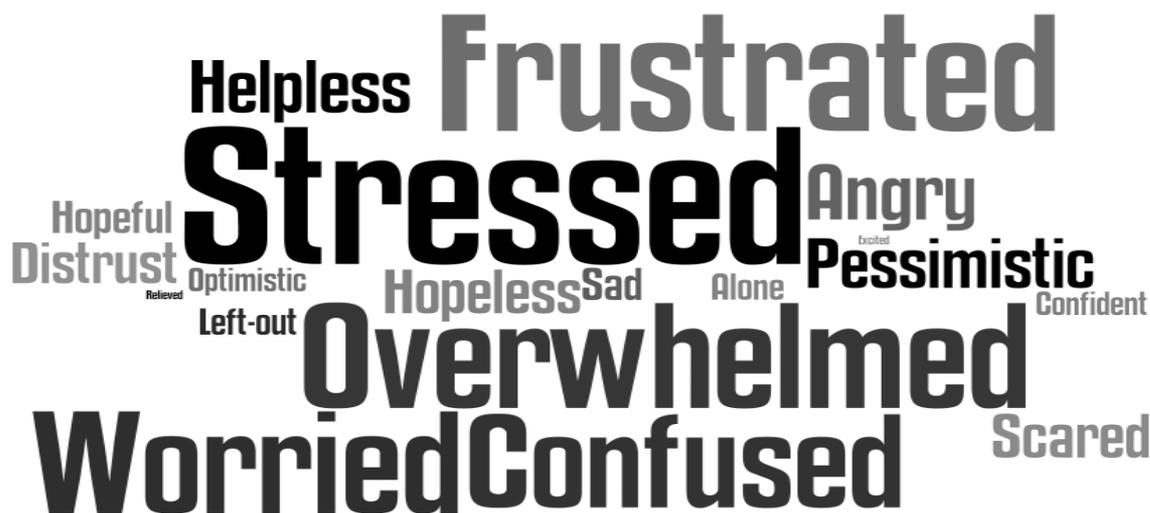


What did we learn from our  
public education research?

# Key Findings

- Almost all (91%) believe **health insurance is necessary or very important.**
- Cost and **affordability** are the biggest barriers.
- **Financial & health security** are the biggest motivators.
- Deep **skepticism & confusion** among consumers.

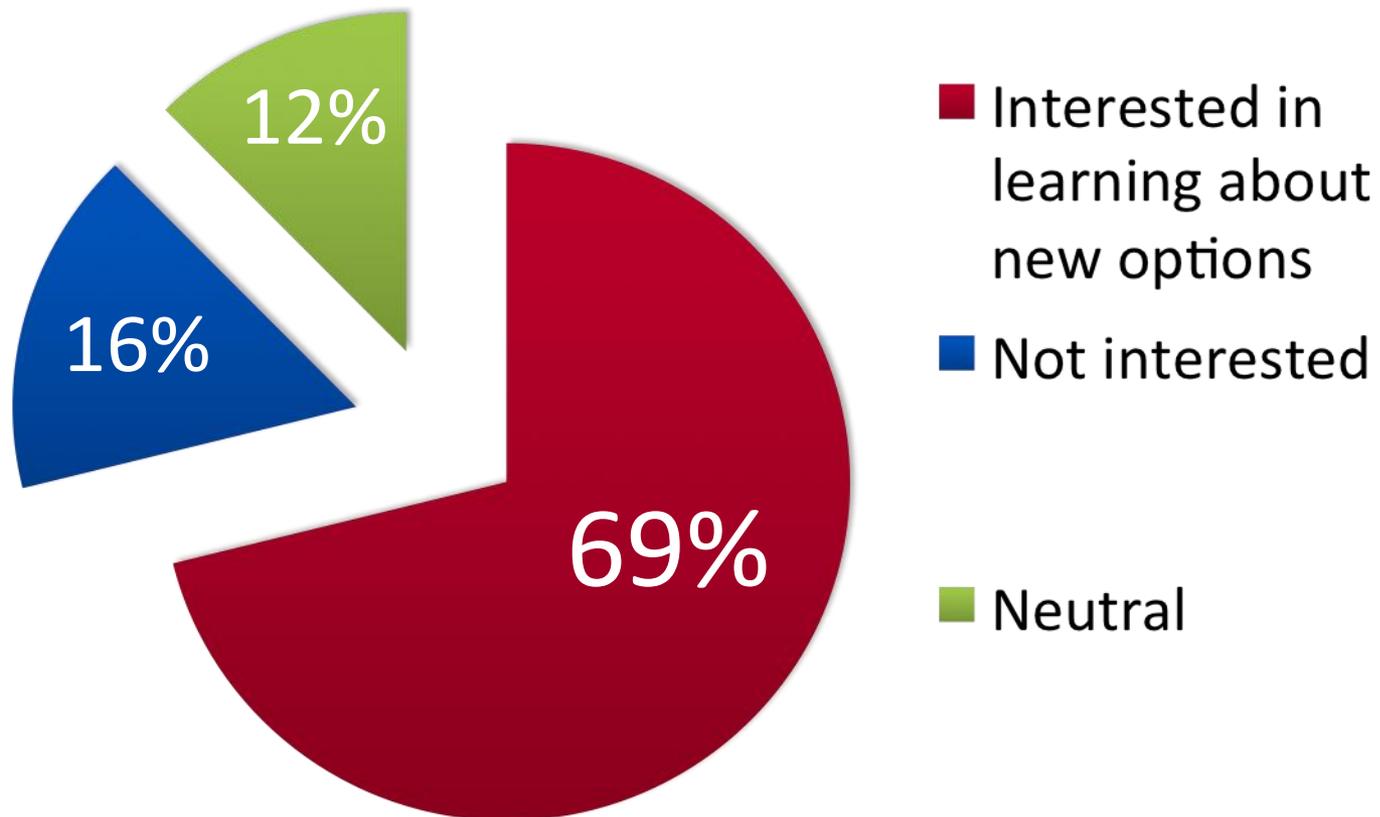
# Past Experiences Seeking Coverage



have shopped for  
**44%** insurance outside  
their job

have been  
**67%** uninsured for 2  
years or more

# Initial Reactions to New Coverage Options



# Four Key Messages to Reach Most Uninsured

All insurance plans will have to cover doctor visits, hospitalizations, maternity care, emergency room care, and prescriptions.

You might be able to get financial help to pay for a health insurance plan.

One of these =  
top message  
for 89% of  
population

If you have a pre-existing condition, insurance plans cannot deny you coverage.

All insurance plans will have to show the costs and what is covered in simple language with no fine print.

We all need a little help from our  
friends...

# Public Perceptions

75%

Three out of four of the newly eligible want in-person assistance to learn about and enroll in coverage.

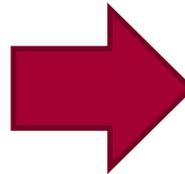
Help gets them  
from here...

Confused

Overwhelmed

Worried

Helpless



...to here.

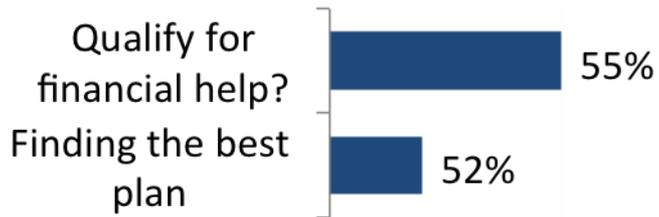
Secure

Confident

Reassured

# Help, I Need Somebody!

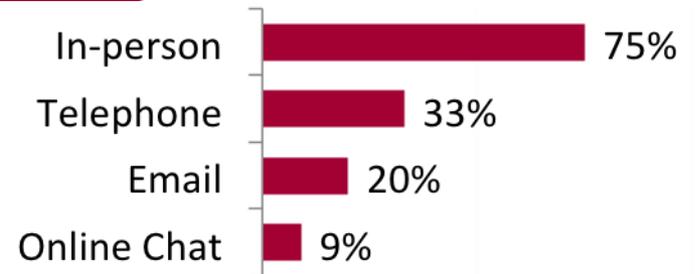
## What Kind?



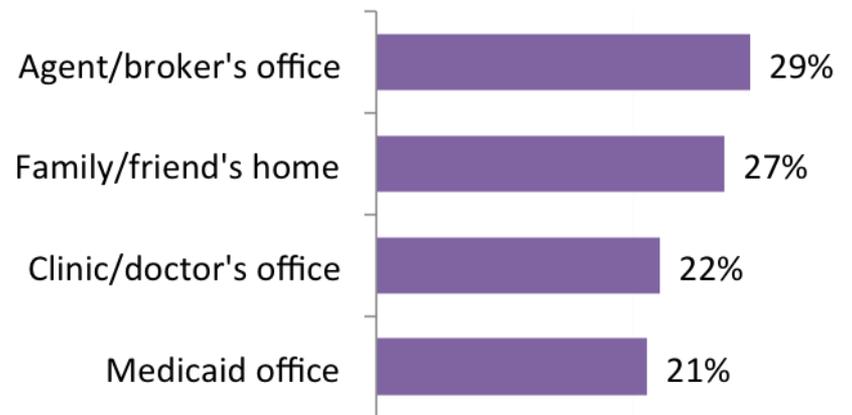
## From Whom?



## How?



## Where?



# Value of In Person Assistance

## Knowledge

- What is and isn't covered
- Out of pocket costs

## Security

- In-person beats online/self-service experience

## Confidence

- Have provided all necessary paperwork
- Have completed application correctly

## Reassurance

- Know when their insurance will start
- Know what to do if they need health services before they get their card

# Train Assisters

- Staff providing direct enrollment assistance will need a high level of expertise in coverage issues across Medicaid, MIChild and plans sold in the marketplace
  - The content is more complex than previous enrollment assistance training programs
  - Training is expected to be intensive; competency assessments are likely with strong ongoing oversight
- MPCA will communicate training opportunities widely as they become available!



# Develop Enrollment Assistance Processes

- Educating staff and training your assisters is a great start, but consistent enrollment processes are indispensable
  - Think about the enrollment process from start to finish
  - Document the steps, the tips, the tricks, website URLs, helpful links, troubleshooting resources, patient take-away materials, etc.
- Enrollment processes help to ensure patients receive quality assistance across the organization
  - Start thinking about the processes today and build them into your plan for the future!



# Undertake Quality Assurance

- We measure and pursue quality improvement for most services in Health Centers... should enrollment assistance be treated in the same manner?
  - Think about key indicators of patient satisfaction with their enrollment experience
  - Implement a methodology to use satisfaction results for staff and process development



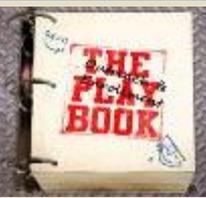
# Map Patient Entry Points

- How do your patients connect with the Health Center on a routine basis?
  - Scheduling? Check-In? Patient Portal? Nurse Triage? Case Managers? Outreach Workers? Group Visits? Preventive service reminders?
- How can you institutionalize a process at each entry point to educate and assist potentially eligible patients?
  - Map the touch points and treat each one as an opportunity.
  - Focus on consistency across the organization!



# Leverage Financial Processes

- How can Health Center financial processes be used to engage patients in a conversation about coverage?
  - Collecting co-pays and nominal fees?
  - Patient questions/calls on balances due?
  - Mailing patient statements?
  - Sliding fee applications and updates?
- How can you best leverage the processes you already have in place?
  - Again, map the processes and use each one as an opportunity!

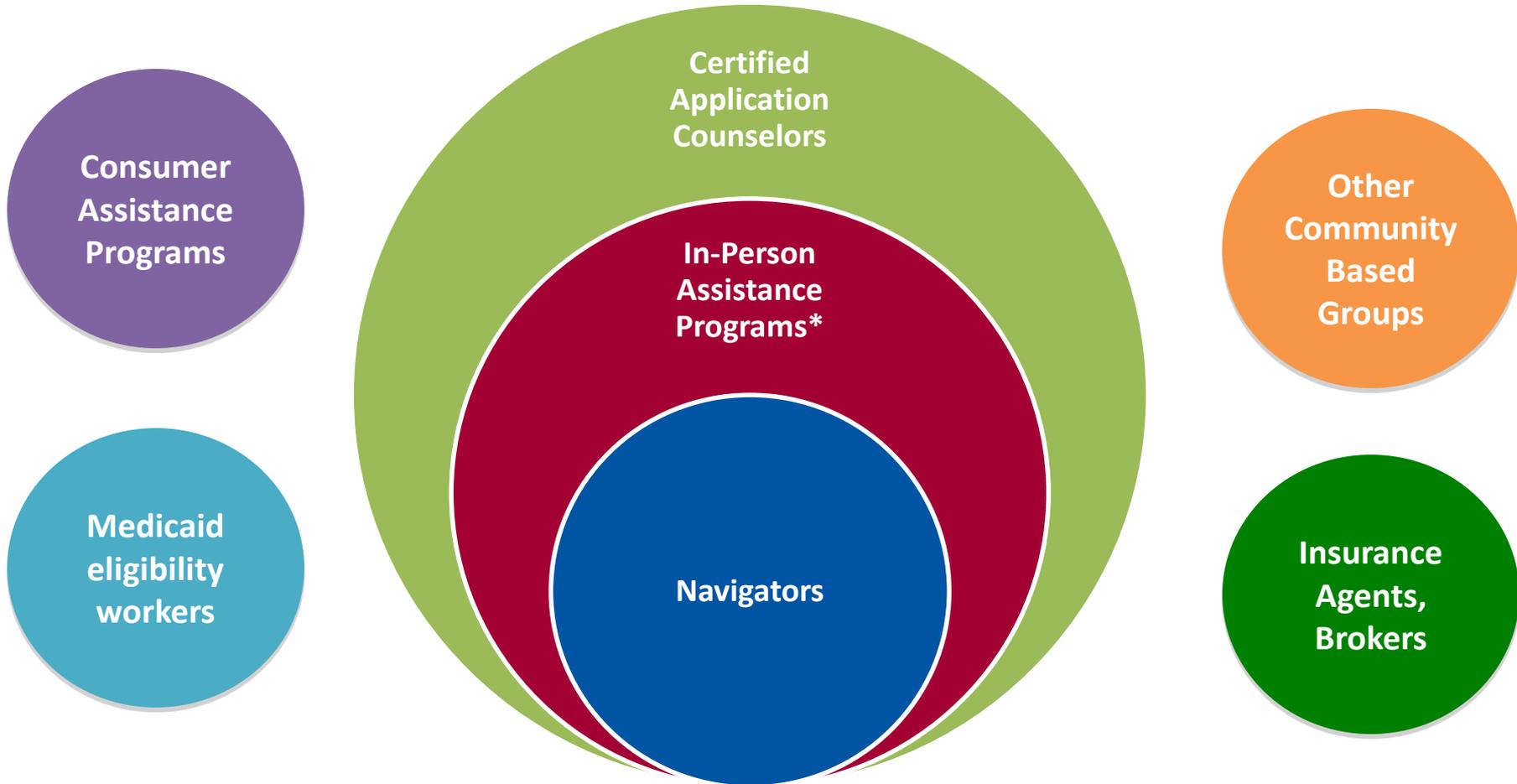


# Structure Patient Visits

- How many opportunities exist within the flow of a patient visit to educate and assist with coverage?
  - The waiting room?
  - Front desk staff interactions?
  - Clinical support staff interactions?
  - Waiting in the exam room?
  - Follow-up appointment scheduling?
- How can you structurally engrain coverage conversations into the visit?
  - PM / EHR Templates
  - Patient Forms
  - Patient Education Materials



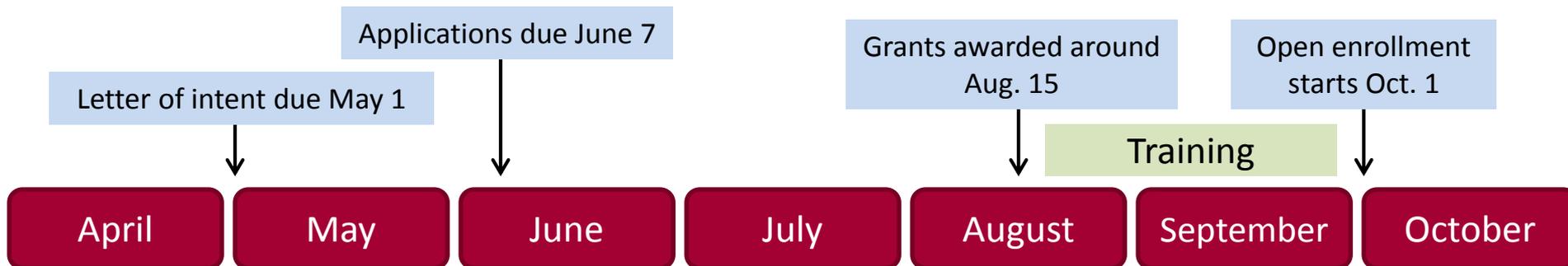
# Understanding State Assistance Options



\*IPA programs not available in federally facilitated exchange states.

# New Funding Opportunity

- \$54 million total
- Grant period = 1 year
- At least two awards per eligible state
- Must describe communities plan to serve, number of people expect to serve, percentage of state's uninsured in the target community



# Outreach and Enrollment Opportunities

- What role will your organization play?
- What is your organization currently doing?
- What tools exist?
- What tools does your organization need?



# Address Barriers Head On

- Health Centers are experts in designing health care services to meet community needs
  - Use a similar assessment and program design process for enrollment services
  - Don't rely on assumptions and conventional wisdom- get data, talk to patients, use community informants, test your ideas
- Think about the barriers you uncover as you select and implement strategies in your playbook
  - Be deliberate!



# Organizational Barriers

- Approachability
  - How do we encourage and support patients who need enrollment assistance?
- Availability
  - How do we expand access to enrollment assistance?
- Language
  - How do we prepare for providing assistance in multiple languages?
- Competing Priorities
  - How do we ensure enrollment assistance services have the resources needed to be successful?



# Patient Barriers

- Lack of Transportation
  - What methods can we use to reduce transportation barriers?
- Literacy
  - How do we simplify our language and materials to be easily understood?
- Satisfaction
  - How do we combat clients' past (potentially negative) experience with benefit programs?
- Social Stigma
  - How do we “de-couple” the enrollment process from perceived stigmas?
  - How do we reassure Medicaid beneficiaries they will be respected?



# New Challenges

- To name just a few...
  - Lack of awareness of new coverage options and how programs are changing
  - Tax credit implications
  - Opposition to the mandate
  - Out-of-pocket costs
  - High levels of skepticism
  - Discomfort using a website to enroll
  - Low level of health insurance knowledge
  - Affordability (perception and reality)

*The Outreach and Enrollment Playbook*

# Connect with Key Audiences



# Tools to Connect (In-Reach)

- Flyers / Brochures
- Fact Sheets / Cards
- On-Site Promotions
- Staff Promotions / Contests
- Posters
- Direct Mail
- Text (and/or Voice) Messaging
- Newsletter
- Website
- Social Media



# Tools to Connect (Outreach)

- Flyers / Brochures
- Website
- Social Media
- Earned Media
- Search Engine Marketing
- Local Advertising
- Community Events
- Community / Partner Websites and Publications



*The Outreach and Enrollment Playbook*

# Enroll



# The Health Center Role

- The federal government, several national campaigns and state efforts will be broadly conveying the messages we discussed today...
  - Local organizations like your Health Center are pivotal in reinforcing these concepts and encouraging enrollment actions



# Put Your Plan in Action

- The plays in your playbook should prepare your Health Center for enrollment and carry you through peak open enrollment demands
  - Patient enrollment actions may not be immediate, but the pace should pick up quickly and continue to be vigorous

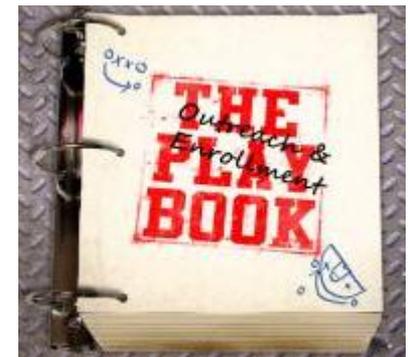


# Be Vigilant

- Watch indicators of success closely and adjust your strategies
  - Outreach and enrollment is not a science... some strategies may be more successful than others with different populations
  - Make course corrections quickly to maximize efficiency and return on your efforts
  - Report issues you encounter quickly for broader troubleshooting

*The Outreach and Enrollment Playbook*

# Retain



# Retain Your Patients

- What strategies can you employ to ensure patients gaining coverage continue to use the Health Center?
  - Ensure patients know you accept their new health insurance plan
  - Account for the perception they should leave the Center to “make room” for the uninsured
  - Use the opportunity to talk about PCMH
  - Emphasize your breadth of service and convenience
  - Emphasize the quality of care
  - Emphasize your community “roots” and investment in the area
  - Emphasize your connection to other community organizations and services





**Working together: We  
all play a role in a  
successful enrollment  
effort**

**Retailers**

**CONSUMER  
GROUPS**

**Hospitals**

**Insurers**

**Communities of  
Color**

**Faith-based  
groups**

**Business**

**LABOR**

**Civic  
Groups**

**Community  
Health Centers**

**Drug  
Companies**

**Grassroots  
volunteers**

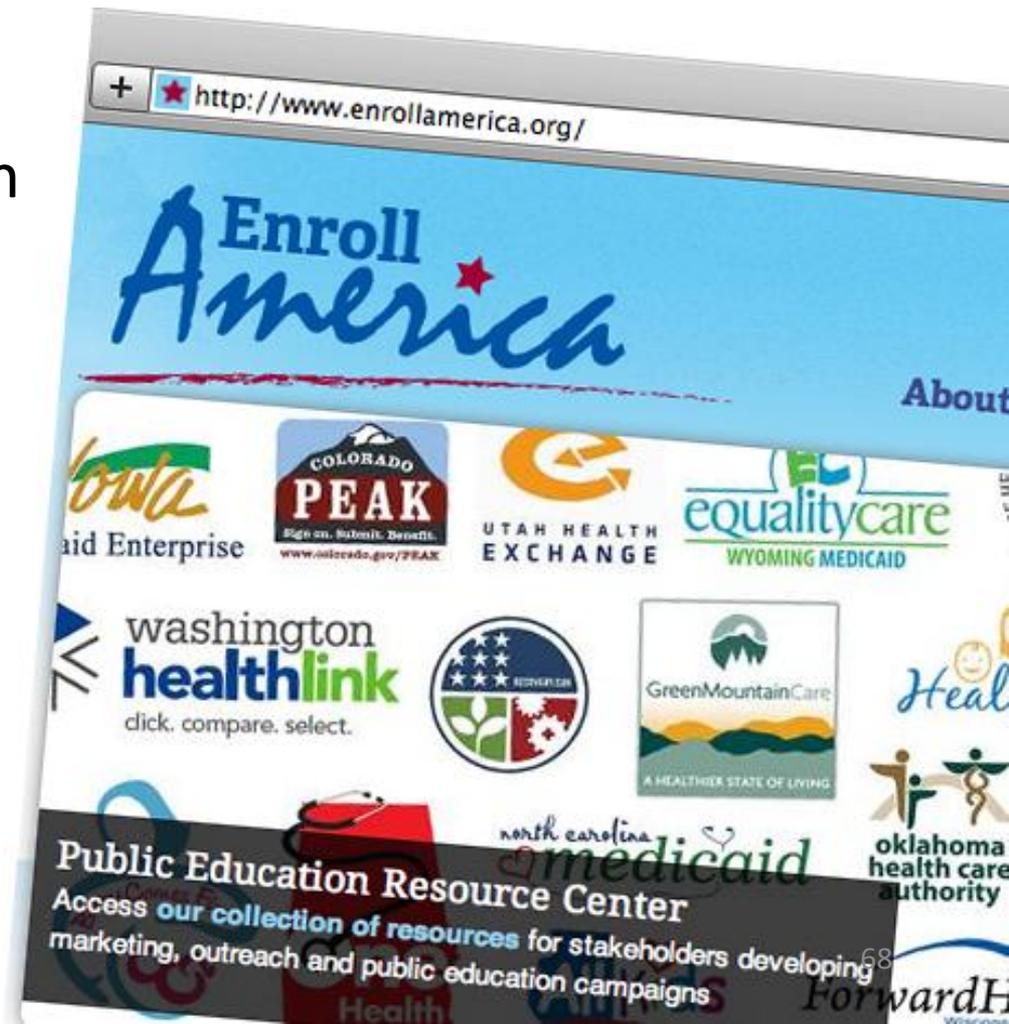
# Summary: Steps to Take

1. Develop a plan
2. Invest in staff
3. Prepare and refine your infrastructure
4. Connect
5. Enroll
6. Retain

# www.enrollamerica.org

## More Information On:

- Best practices in outreach and enrollment
- Exchange branding research
- Public opinion polling
- Statewide marketing and outreach plans



# Questions?



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