

Outreach & Enrollment Worker (OE W) Peer Meeting 6/14/16

Welcome!

Today

Time	Session
9:00 AM	Breakfast + Introductions
9:30 AM	O&E HRSA Data Review
10:00 AM	Evaluation of O&E Program Services: Resource Curve Activity
11:15 AM	Learn + Share: Outreach Plans
12:00 PM	Lunch
1:00 PM	Patient Activation: Engaging those who enroll
1:30 PM	Enrollment: What's your process?
2:00 PM	Advocacy: Enrollment challenges & what do we do
2:45 PM	Break
3:00 PM	Updates from our Partners
3:50 PM	Plus/Delta
4:00 PM	End

Introductions!

Share your name, role, organization and how long you have been in your current role.

Dinamica!



O&E HRSA Data Review

Currently 31/33 Oregon of Federally Qualified Health Centers receive O&E HRSA funding

□ HRSA Expectations

- employ a minimum of 1.0 FTE to O&E
- ensure that assisters working on behalf of the CHC have successfully completed all required federal and state training
- report quarterly progress reports (assists, application submissions, estimated enrollments, best practices, and lessons learned)
- conduct in reach, outreach, and enrollment assistance to all community members throughout the year

O&E HRSA Data Review

Enrollment Period #3 (data from Oct 2015 – Mar 2016)

- ❑ **Assists: 114,401**
 - Assist = customized O&E touches
- ❑ **Submissions: 36,862**
 - Submission = number of application submitted for the enrollment of minimum essential coverage (MEC) health plans (ex: OHP, marketplace plans, Medicare)
- ❑ **Estimated Enrolled: 35,385**
 - Enrollments = estimated enrollments into MEC plans based on your confidence that the individual will complete accept the enrollment

Past Enrollment Periods

Enrollment Period # 2 (Oct 2014 – Sept 2015)

- ❑ Assists – 212,816
- ❑ Submissions – 65,097
- ❑ Est Enrolled – 66,684

Enrollment Period # 1 (July 2013 – Sept 2014)

- ❑ Assists – 233,667
- ❑ Submissions – 62,008
- ❑ Est Enrolled – 66,673



What should be reported as assists provided?



DO report as an “assist provided” assistance with	DO NOT report as an “assist provided”
<ul style="list-style-type: none">✓ Understanding health insurance options through one-on-one or other customizable education✓ Creating a user account in the Marketplace✓ Updating an account profile and/or income information✓ Filing an exemption or appeal✓ Understanding Marketplace auto-enrollment notices✓ Submitting an application to/through the Marketplace or directly to the state Medicaid agency (also include as an application submitted)✓ Understanding an eligibility determination✓ Selecting a new or different Marketplace plan	<ul style="list-style-type: none">• Mailings• Brochure distribution• Conference calls• Large group presentations• Public Service Announcements• Other education and outreach that do not allow for customizable messages to consumers



Reporting Applications Submitted



- Include all applications submitted to the Marketplace and/or directly to the state Medicaid agency for coverage in Marketplace qualified health plans and/or Medicaid or CHIP with the help of a trained assister working on behalf of the health center.
 - *Applications submitted for enrollment in a new or different Marketplace plan, even by individuals previously enrolled, and*
 - *Medicaid/CHIP renewals/re-enrollments.*
- *Note:* *All applications submitted should also be counted as assists provided.*



Estimating Enrollments



- HRSA does not expect health center assisters to make significant efforts (e.g., follow up calls) to determine whether an assisted individual has enrolled.
- Report the number of individuals determined or presumed to be eligible for coverage and for whom the assister has confirmation or reasonable confidence of an intent on the part of the consumer to complete the enrollment process (e.g., the consumer has selected a Marketplace plan and has been informed about how to pay the premium or has submitted a complete application to the state Medicaid agency).

HRSA Data Review: Case Study

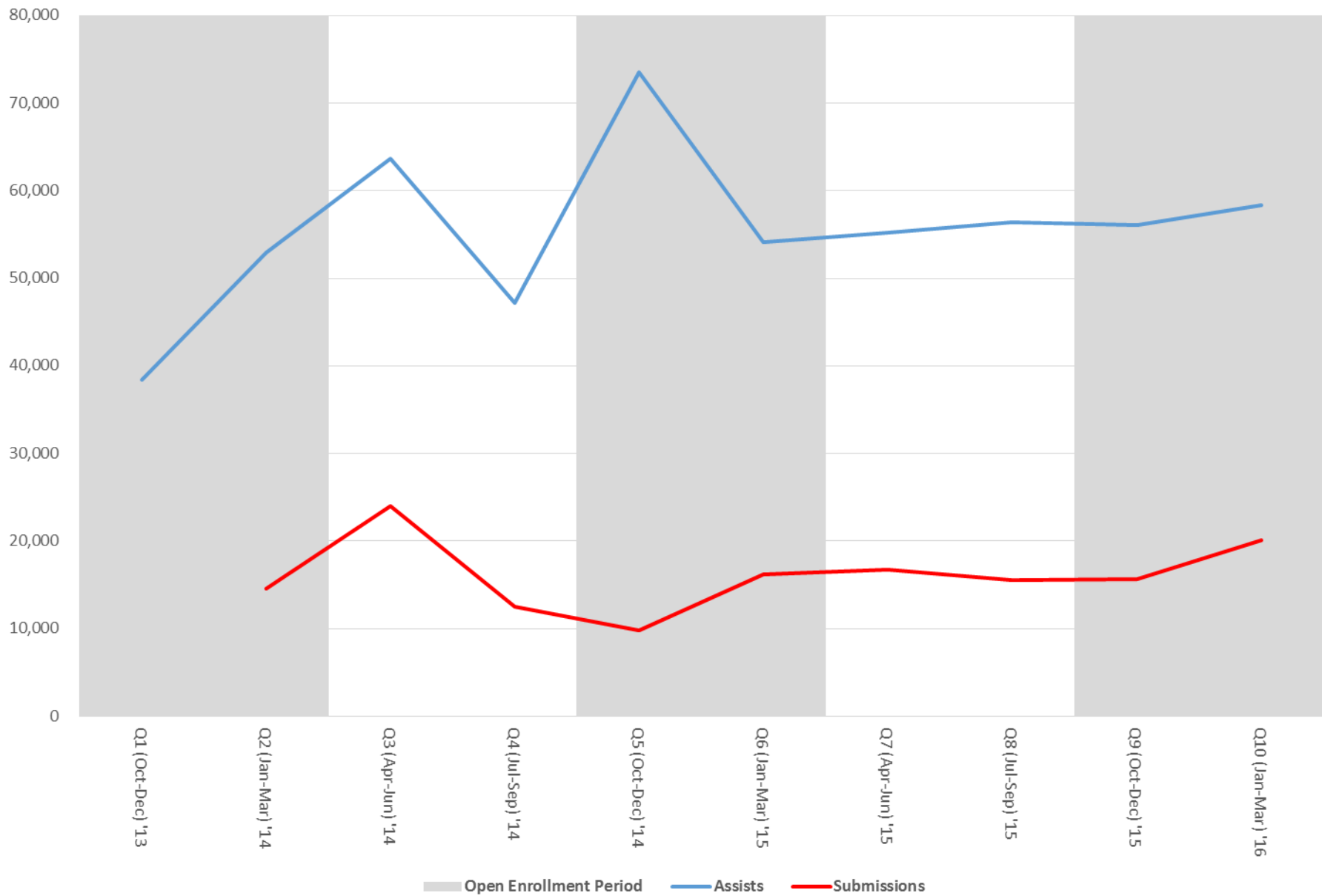
Chris seeks help from an assister of ABC clinic for an OHP renewal

1. Chris calls and asks for an appointment to see an assister. The front desk schedules an appointment for the following day and asks Chris to bring certain documentation with her.
2. On her appointment the assister helps Chris' complete and submit her renewal application. The assister learns that Chris's has had a pay raise.
3. After 45 days, Chris has not heard about the status of her application so she calls the assister for help.
4. That same day the assister calls OHA and learns that Chris is not eligible for OHP due to her income.
5. The assister return Chris' call to share the news and shares general Marketplace information over the phone before referring Chris to an insurance agent.
6. 3 weeks later the assister calls Chris to follow up about her marketplace enrollment but does not get a response and leaves Chris a voicemail.
7. Assister does not hear back from Chris

Data Review: Case Study cont'd

- ❑ **What should the ABC Clinic OEW report?**
 - How many assists? **5**
 - How many applications submitted? **1**
 - How many estimated enrollment? **0**
- ❑ **How would these numbers change if Chris had one dependent that she also needed help enrolling?**
 - Assists: **10**
 - Submissions: **2**
 - Enrollments: **need more information about the dependent**
- ❑ **How would these numbers change if Chris' dependent was only eligible for CAWEM?**
 - **10 assists**
 - **1 submission (CWM does not count as a submission)**
 - **0 enrollment**

All Oregon FQHCs OEW Activity Run Chart



Run Chart Discussions

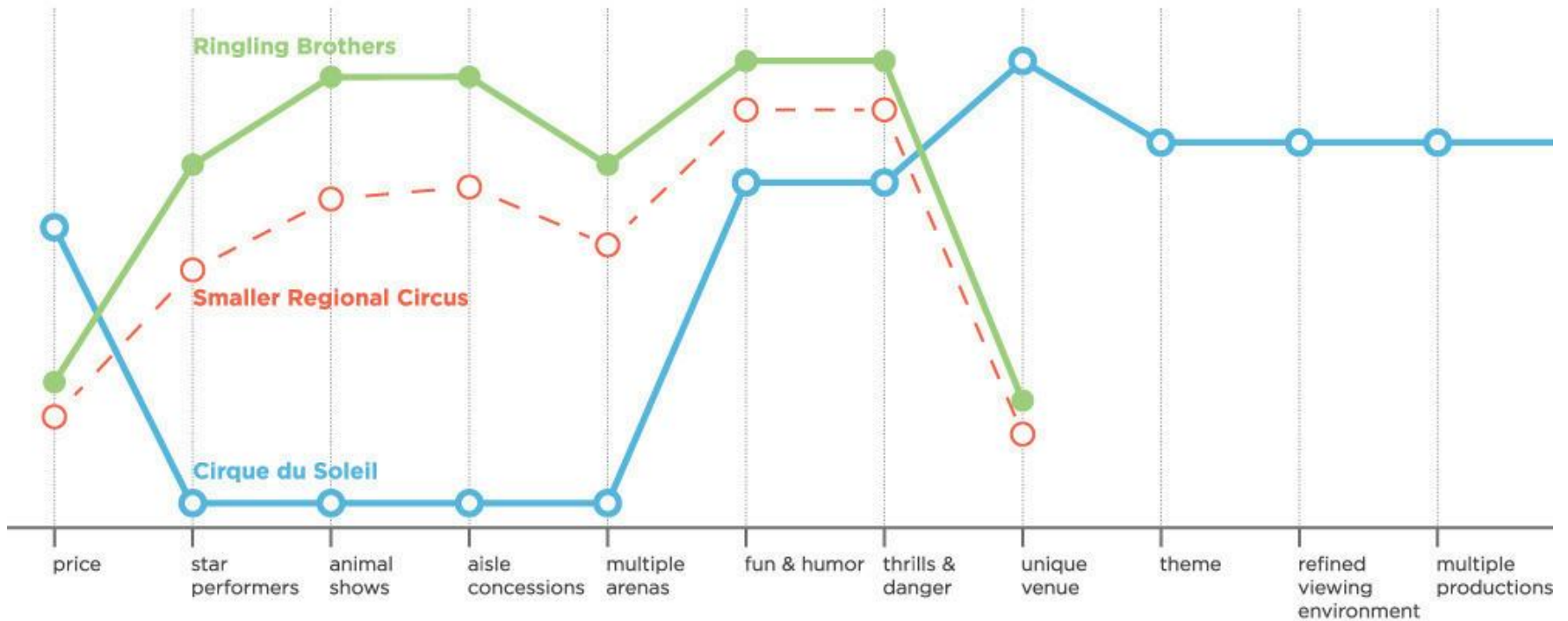
1) Discuss the following with your O&E teams:

- ❑ What trends do you see and why?
- ❑ What factors contributed to your run charts?
- ❑ What strategies, work plans, or work arounds were used?

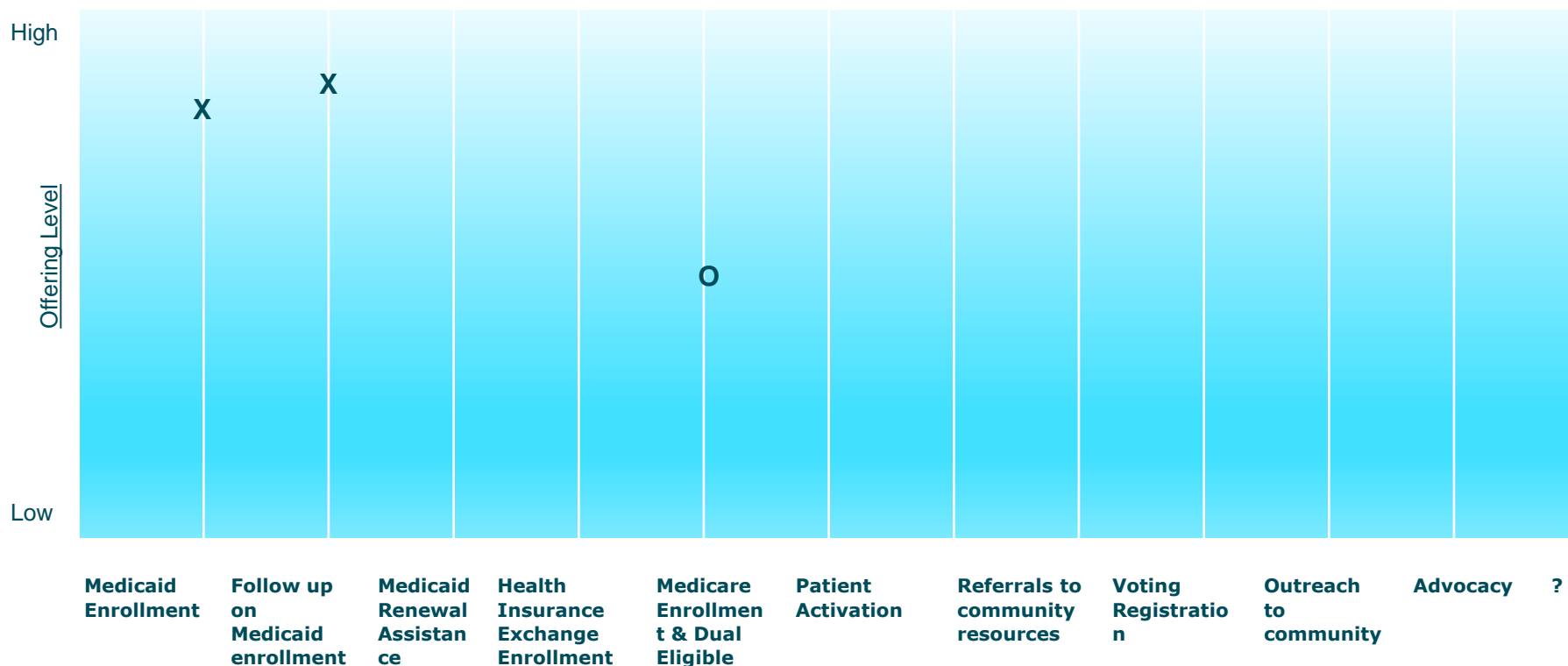
2) Pair up with peers from a different CHC

- ❑ Are they different? If so, how?
- ❑ What contributing factors were similar or different?
- ❑ Were outreach and enrollment strategies different?
- ❑ O&E teams larger or smaller?

O & E Resource Curve



Plot Your Own Curve



Consider These Questions

- Do the O&E resources you provide match what your clients value?
- What resources might you want to increase or decrease?
- Take a look at another clinic's resource curve and compare it to yours? Do you see any differences you are curious about?

Share & Learn: Outreach Plans

What are your outreach plans this summer that you're excited about?

Are there challenges you are running into with outreach?

CHC Share & Learn: Outreach

- **Mini Clinic activity:** Break out into three groups around the room. Help your peer brainstorm strategies of how to overcome the challenges they are facing with outreach.
 - Volunteers will share a challenge they face and what they've attempted to do
 - Peers will help each other brainstorm ideas and strategies of what the CHC can do differently

Share & Learn: Special Populations

Rapid fire group brainstorm: Where can you engage with these populations?

- ❑ Youth/young adults
- ❑ Homeless
- ❑ Recently Unemployed
- ❑ Veterans



LUNCH!

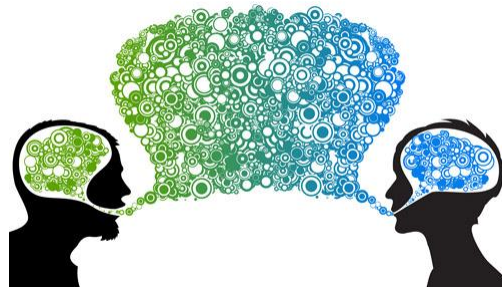
Why Patient Activation?

Who has patients that are “Lost to care”
or “Out of care” ?



Patient Activation

- **Information Exchange (Ask-Tell-Ask)**
 - ▣ Would it be ok if I share some additional information with you?
 - ▣ I would like to share some information with you, but you are always in the driver's seat and these are your decisions to make.
 - ▣ I'd like to explain a few things and then hear what you think, if that's ok.



Patient Activation

- **Information Exchange (Ask-Tell-Ask)**
 - What are your goals for your health now that you have health insurance?
 - What are your priorities for your health in the next little while?
 - What are you looking forward to for your health now that you have health insurance?
 - How are you hoping your health will improve once you have insurance?



Patient Activation

- Tell them how you can help (Ask-**Tell**-Ask)
 - These are the resources and services we have.
 - I can help you schedule an appointment.
 - ?
 - ?

Patient Activation

- **Patient Activation (Ask-Tell-Ask)**
 - ▣ What questions do you have?
 - ▣ What do you think?
 - ▣ What else might you like to know?
 - ▣ What concerns do you have?
 - ▣ ?

Enrollment: What's your process?



Enrollment: Case scenario

Ricardo & household

- ❑ Ricardo is uninsured and is looking for health insurance.
- ❑ He is seeking coverage mainly because he suffered a stroke earlier this year and needs to see a primary care provider about his health.
- ❑ Ricardo is a seasonal long haul truck driver who travels to and from Florida several times a year.
- ❑ The annual income of his household is \$38k.
- ❑ Ricardo was recently re-married and has a total of three dependents (two step-children who live with him and one biological child he financially supports Belize). Ricardo's step-children and pregnant wife have OHP.
- ❑ Ricardo gained his Legal Permanent Residency three months.
- ❑ The annual income of his household is \$38k.

What's your enrollment process look like?

Advocacy: Challenges & what we do

We all have an enrollment map that we follow and adjust but what happens when there are cracks and bumps and we are taken off-course?



Advocacy: Challenges & what we do

- ❑ What happens when the normal process does not meet the needs of your client?
- ❑ What tools or workarounds do you use in your organization to trouble-shoot the eligibility and enrollment process?
- ❑ Are these tools and workarounds still working in our current enrollment system?

Advocacy: Challenges & what we do

- Helping you do your work
 - ▣ How do we identify and track common barriers/issues for patients signing up for OHP or marketplace plans?
 - ▣ Do you have an organizational system to overcome the barriers you identify?
 - ▣ What stories are you hearing?

OPCA's goal: Elevate your stories to share with OHA, CMS, Legislature, to help make eligibility determination and enrollment workable for all of you

Advocacy: Challenges & what we do

- ❑ You hear stories about people and their lives every day and the challenges they face.
- ❑ Stories of real people can make a big difference to policy makers.
 - Are you comfortable sharing these kinds of stories?
 - **What barriers are there?** (your organization, confidentiality, capacity?)
 - What would make you comfortable – what can we do?
- ❑ How can we speak up?
 - Or, advocate for a better process
 - What skills and tools would you like in your O&E toolbox?

Advocacy: Voter Engagement

- Are you engaging your communities in voting?
- Why do it?
 - Congress enacted the [National Voter Registration Act of 1993](#) (also known as the "NVRA" and the "Motor Voter Act"), to enhance voting opportunities for every American.
 - Health centers have a trusted relationship with their patients and having more of our patients as voters dramatically leverages our advocacy power
- Resources
 - Oregon VOICE, www.OregonVoice.org
 - Nonprofit VOTE, www.nonprofitvote.org
 - Oregon Secretary of State, <http://www.sos.state.or.us/>

Updates from Community Partners



OHA Community Partner



Oregon Health Insurance Marketplace

Thank you!

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