



The Maine Primary Care Association's

Field Guide to Enrollment

Tips and Strategies for Assisters





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Preparer's Statement

The *Field Guide* is meant to be used by those working directly with consumers, assisting them to find health coverage that meets the consumer's needs.

MPCA pulled together the following tips, ideas and recommendations from Maine health centers' assister experience during the first year of Open Enrollment (2013-2014). This brief guide can be used to help health center staff and other assisters build off of successful strategies from last year, as well as maximize their time and expertise given that this upcoming Open Enrollment period will be shorter (three months) and more complex due to the addition of reenrollment. We hope assisters will use this guide as a 'local' reference, in addition to Enroll America's toolkits and resources (www.enrollamerica.org) as well as Enroll207's guide, "I Have Health Insurance! Now What?" (www.enroll207.com).

Please note: This is not meant to be a substitute for Marketplace training, which is provided by CMS and other local agencies. Please refer to CMS or Maine DHHS for up to date information on eligibility for Marketplace or Medicaid coverage.

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PART ONE

ENGAGING ALL STAFF MEMBERS

Building your O&E Team

At a busy primary care practice, it can be difficult to engage a variety of staff in efforts relating to Outreach and Enrollment (O&E) –especially if they see it as an additional responsibility, outside of their every day job duties. In this section, we'll explain why O&E efforts matter to your health center or primary care practice as a whole, how O&E connects to the work your peers are already doing, and provide tips on starting the conversation across all levels of your health center.

Why does O&E matter?

- ✓ Reduces barriers to patient care
 - If patients have insurance coverage, cost may be less of a barrier to accessing appropriate and timely care- especially for preventive services and regular checkups which may be covered.
 - Patients who pay out of pocket for health care may put off or delay needed care, if other pressing needs arise for them or their family (paying for housing, food, or transportation).
- ✓ Creates opportunities for improved patient health and outcomes
 - Having insurance improves the ability of patients to get timely and appropriate care. This is especially important for those have chronic or ongoing health concerns.
- ✓ Improves sustainability
 - It is important for your health center or primary care site to be able to continue serving your community for many years to come. By having patients insured, the health center is paid for the services that are provided.

How does O&E connect with *my* work?

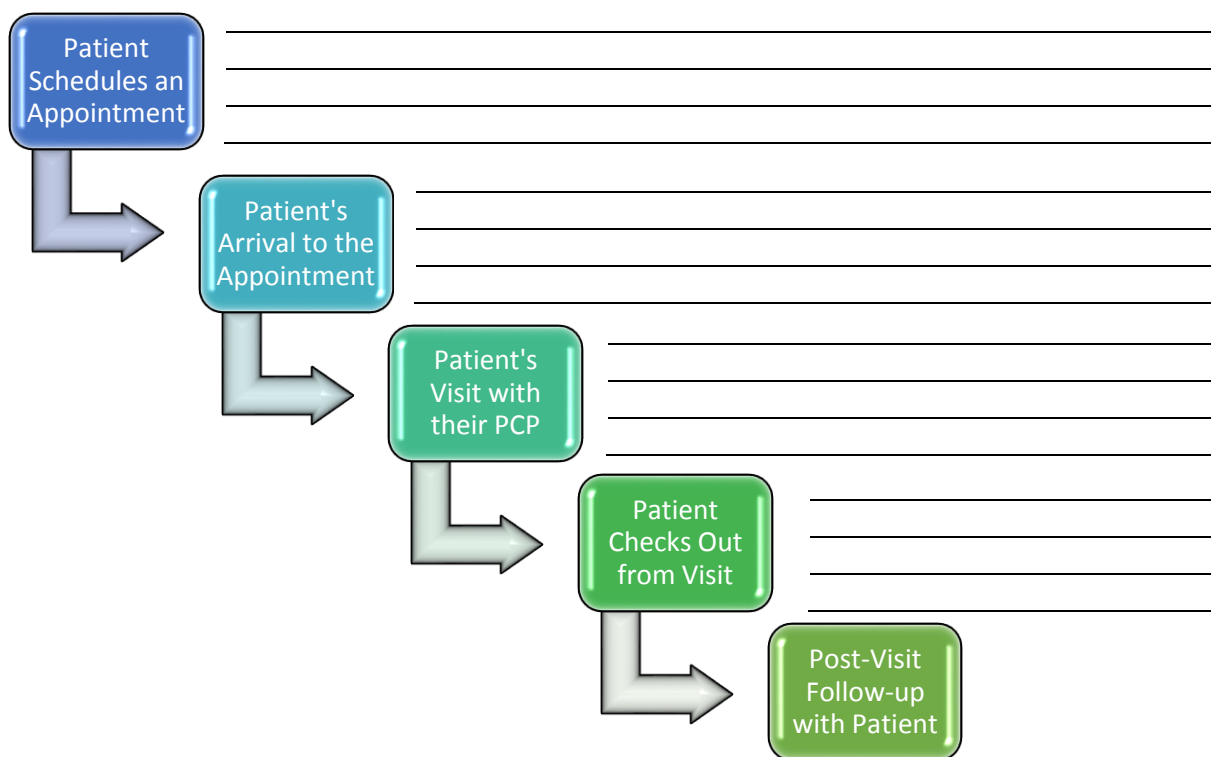
There may be staff at your health center who may not understand how O&E intersects with their role. That is why cross training a variety of staff is critically important to integrating O&E into the daily working of your practice. In this section, we will provide an overview of how O&E works in a health center setting and ideas for how to start the conversation.

How does Outreach and Enrollment work in your Health Center?

Think about the process entailed at your site when a patient is seen for a visit. There are many steps for the patient to go through. In each of those steps, the patient interacts with one staff member or another at your health center. This can be used as an opportunity to discuss O&E. For many, it may take more than one touch for patients to understand the importance of health coverage. Enroll America found “with each contact from an Enroll America volunteer or staffer, consumers became more likely to successfully enroll.” Utilizing the chart below, identify which staff members are involved in the process and what their potential opportunity could be for O&E interaction with the patient.

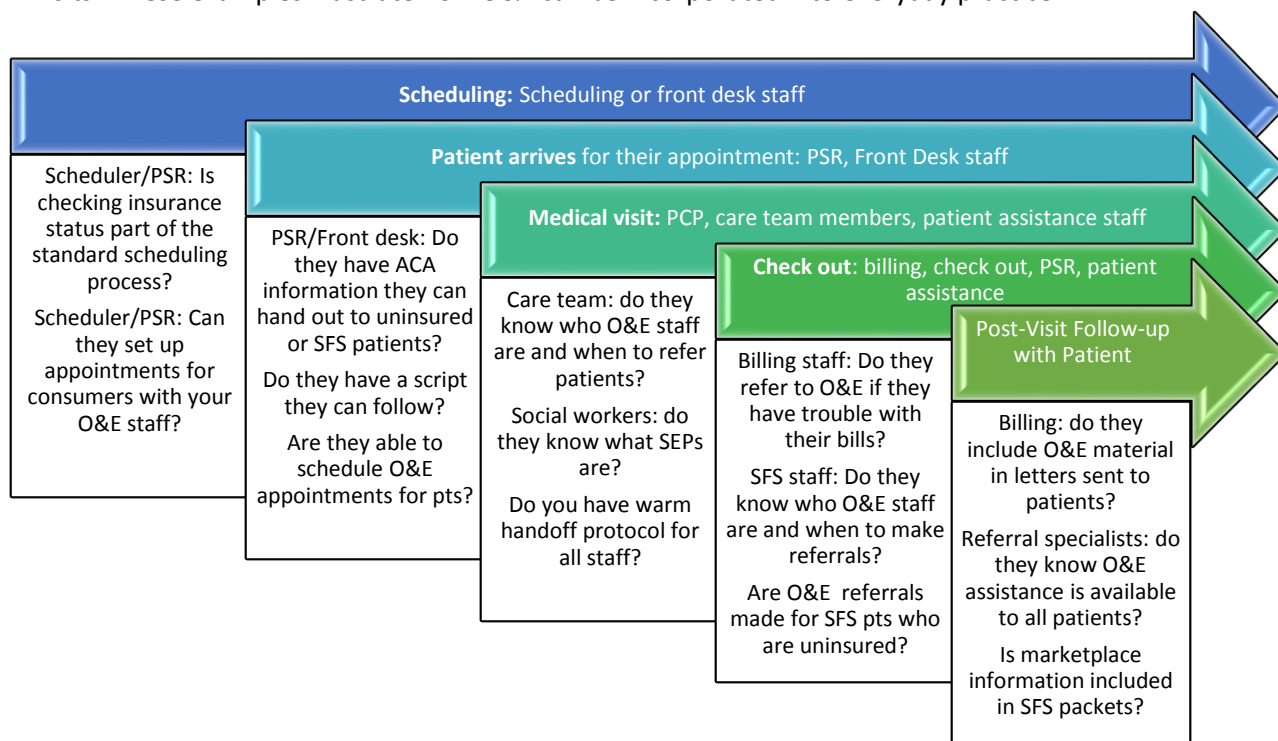
Throughout the patient visit process, identify which staff members are involved in the interaction with the patient and ask yourself the following questions:

- *What is the opportunity for O&E interaction with the patient?*
- *Which staff members do you already interact with?*
- *Are there any places not listed below where interactions are possible? What are they?*



Examples of staff roles

Below are some ideas for small ways that you can begin incorporating O&E into your existing patient visits. These examples illustrate how O&E can be incorporated into everyday practice.



Starting the conversation at your health center

Making all employees at your health center aware of how they can assist with O&E is the first step to getting everyone involved in your effort. Here are some ways you can make it happen:

- Provide a script for the scheduling staff directing uninsured or SEP patients to schedule an appointment with the O&E staff.
- Remind staff at morning meetings or huddles that they can encourage uninsured/SFS patients to set up a meeting with O&E staff for enrollment
- Include Q&A sessions on the agenda of FQHC staff meetings.
- Provide the front desk staff with a script and/or informational pages regarding ACA and O&E. Ask them to read the script or hand out the information to uninsured patients checking in or out.
- Display informational flyers and cards regarding ACA and O&E in the waiting rooms, bathrooms and exam rooms. Be sure to include your contact information.
- Educate your providers with information that explains SEP scenarios they might encounter while meeting with patients.
- Do the providers at your FQHC know where to find you and how to contact you? Provide them with business cards to remind them that you are available for warm handoffs or to be contacted to schedule meetings.
- When patients bills are sent out, have the billing department include your name and contact information on the bill, along with information regarding the ACA and O&E.



PART TWO

MAINE-SPECIFIC STRATEGIES: WHAT WORKED IN YEAR 1?

MPCA pulled together the following tips from Maine health centers' assister experience during the first year of Open Enrollment (2013-2014). There were five key areas identified as common and successful approaches to consumer assistance and engagement. They include: Building partnerships across your community to develop a strong referral network; fostering community engagement through the use of formal (community publications) and informal (word of mouth) outlets; reaching out to existing patients through staff and patient education; outreach in the community through tabling or providing formal presentations at community meetings; and lastly using media for outreach.

In the following pages, we begin each section with a testimonial from a health center assister, sharing their experience and how they were able to successfully use the strategy at hand. We also include specific details on what made the strategies successful and tips for replication.

“The Career Center would let me use one of their conference rooms for enrollment or Q&A. The hospital posted in their newsletter that I was available on set dates and times to answer any questions regarding the ACA. At the end of open enrollment, I was doing two days of outreach just at the hospital. The library would let me use their kitchen area. The librarians were also very good at referring people to the medical center. One of the librarians took the training course for the ACA.”

- Regional Medical Center at Lubec

Building Partnerships

Objectives: Grow outreach through community partnerships

Targets: Community Partners

Strategy:

Engaging Community Stakeholders to Develop a Referral Network

- **When:** Business Hours, Monday-Friday
- **Resources needed:** Business Cards, Compelling Data, Background Info
- **Successful approaches:**
 - Work to create a no wrong door policy in your community/county
 - Network with other assisters in your community, get to know who else is able to provide enrollment assistance.
 - Develop collaborative relationship with other assisters. Examples of collaboration include co-hosting enrollment events and cross-marketing assistance availability.
- **Outcome:** CACs expand their referral network, connecting with community members that need help with insurance. Through local networking with assisters, each agency increases its capacity and resources to assist a larger audience.
- **Tips for replication:**
 - Identify organizations with similar missions or those who may have contact with your patients in the community, and provide education about your role in providing marketplace assistance.
 - Identify organizations who serve underserved populations who may need help with insurance. Work with them to tailor messages to those who may not interact with mainstream media or messaging. Barriers may include literacy or preferred languages other than English.
 - Coordinate with assisters in your community to develop a method for referring to each other when needed.
 - Build partnerships with organizations that have expertise in the field. Utilize these partnerships to troubleshoot or cross-reference as issues arise.
 - Look at stakeholders like (or are similar to):

- Hospitals
- Mental Health Agencies
- Masonic Lodges
- Lions Club
- Housing Authority
- Food Pantries
- Social Service Agencies
- Community and State Colleges
- Private Colleges and Universities
- Insurers (MCHO/Anthem/Harvard Pilgrim)
- Certified Insurance Brokers
- Navigators
- Faith-Based Organizations
- Other CACs in your community

“Forming a relationship and creating trust is important. Once you have this, it can give you the opportunity to assist consumers and educate them in understanding their health insurance options.”
-St. Croix Regional Family Health Center

“Word of mouth is a successful strategy for reaching others when the original person being helped has a positive and successful experience with the assister to enroll in a health plan. The original person then reaches out to others in their circle of family, friends, coworkers, etc. to share about their experience, leading other individuals to also desire the same outcome.”
-Nasson Health Care

Community Engagement

Objectives: Foster a positive identity in the community and engage the larger population

Targets: Non-healthcare consumers and non-patients, friends and family of consumers and other community members.

Strategy 1:

Promote Outreach in Community Publications

- **When:** Before and during the open enrollment period.
- **Resources needed:** Written publications to be placed in community newsletters, on flyers and posters.
- **Successful Outreach:**
 - Use ad space to notify the community about upcoming events where they can learn about or sign up for health coverage.
 - Write articles for local papers, highlighting the work that your health center is doing to help community members.
 - Hang up posters in high traffic areas downtown in town and at local schools.
 - Notification of where to go for help and whom to seek it from.
- **Outcome:**
 - Consumers are aware of event times, locations and purposes.
 - Consumers are able to either schedule appointments or have a point of contact they can call for more information
- **Tips for replication:**
 - Include contact information on ads or articles, so that people know who to call.

Strategy 2:

Foster informal sharing in the community (Word of Mouth)

- **When:** During consumer and O&E staff interaction
- **Resources needed:** Customer service skills
- **Successful interactions:**
 - Develop a trusting relationship with the consumer by maintaining a calm spirit, engaging and professional demeanor and the ability to adjust to the consumer's needs.
 - Foster a positive experience for the consumer
 - Encourage consumers to tell their friends and family about their positive experience with O&E staff and getting enrolled in the Marketplace.
- **Outcome:** Patients from outside the health center and hard to reach patients call the CAC looking for a similar experience
- **Tips for replication:**
 - Maintain the following customer service skills:

<ul style="list-style-type: none">▪ Patience▪ Attentiveness▪ Clear and open communication▪ Knowledge of ACA & Marketplace▪ Positive Language▪ Acting skills when necessary▪ Time management	<ul style="list-style-type: none">▪ Calming presence▪ Goal oriented focus▪ Ability to handle surprises▪ Tenacity▪ Closing Ability▪ Willingness to learn
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 - Offer additional business cards or informational flyers for consumers to give to their friends and family
 - When consumers experience issues with enrolling, follow-up with them after the appointment to ensure they were able to enroll or to schedule another appointment.

“Letters were mailed to each self-pay and sliding fee patient offering information about the ACA and how to access the O&E staff person. Letters were mailed to all non-cat Mainecare patients who were losing health coverage 1/1/14 informing them of the income guidelines for the ACA and how to access assistance from the O&E staff person.”
–DFD Russell Medical Centers

Inreach to Existing Patients

Objectives: Reach patients through existing health center channels, streamline outreach, and ensure all staff understand how O&E fits into the FQHC model

Targets: Uninsured/Underinsured patients

Strategy 1:

FQHC Staff and Board Education

- **When:** Before open enrollment, during standing meetings with key board and staff members.
- **Resources needed:** Handouts, presentation, time on standing meeting agendas
- **Successful Approaches:**
 - Include audience-specific definitions of their role in outreach and enrollment
 - Develop a referral process for staff to follow that explains how to guide potential enrollees
 - Discuss who may be eligible for Marketplace Coverage (Up to 400% FPL)
 - Discuss why outreach and enrollment matters to financial sustainability and patient care
 - Stay away from political language and opinions and promote this as a core FQHC service
- **Outcome:** All health center staff and Board members understand their role in connecting patients to insurance coverage resources.
- **Tips for replication:**
 - Tailor your message to your audience
 - Board Members
 - Front Desk Staff
 - Providers
 - Billers
 - Other specific staff
 - Make the focus on the patient and impact to care of the FQHC and the community

Strategy 2:

Internal Referrals

- **When:** Before, during or after a patient visit. Priority populations include those who are uninsured, underinsured, on the Sliding Fee Scale or self-pay.
- **Successful Approaches:**
 - Before the visit, be sure to check the patient's insurance status
 - Include on a pre-visit planning checklist
 - Set standing times when warm handoffs can be made to O&E staff.
 - Design O&E schedules to allow for blocks of flexible or 'walk in' time to see patients
 - Once a referral is made for O&E, schedule an appointment immediately for a meeting with the CAC.
 - Enable scheduling dept. to set up O&E appointments for patients
 - Encourage providers to refer self-pay and sliding fee scale patients for education on the ACA and O & E.
 - Empower your billing dept. to make referrals to O&E if patients have difficulty paying their bills, are uninsured or are on your SFS.
- **Outcome:** Patient is able to talk with outreach and enrollment staff while they are at the health center, or set up a future appointments. They feel comfortable doing so with the support of other trusted staff at the FQHC.
- **Tips for replication:**
 - Develop a policy or procedure for a variety of staff to follow that would enhance warm handoffs to O&E staff
 - Set up an internal referral process for O&E, including the ability to schedule and track outreach visits.
 - Cross train a variety of CHC staff on their role and the referral process (see 'FQHC staff and board education')
 - Streamline referral process internally, remove barriers to warm handoffs

Strategy 3:

Patient Reminders

- **When:** During open enrollment and leading up to re-enrollment
- **Resources needed:** Informational letters and calls tailored to patient needs.
- **Successful Strategies:**
 - Mail letters regarding ACA and O&E information to patients identified as self-pay, using the sliding scale fee, or who may have lost their MaineCare coverage.
 - Include Marketplace information in sliding scale application packets
 - Include O&E contact information and simple messages on billing notices.
 - For example, 'need help paying your medical bills?' or similar.
 - Mail letters to uninsured patients regarding the next open enrollment period

- **Outcome:** Patient remains covered with no gaps in insurance. Patient is able to learn about how the ACA impacts them, proactively set up meetings with O&E staff to sign up for coverage, or learn more about their options.
- **Tips for replication:**
 - Identify patients that are self-pay, uninsured, on the sliding fee scale or are at risk for losing MaineCare coverage.
 - Develop tailored messages for each group regarding ACA, O&E and the next open enrollment period.

Strategy 4:

Patient Education

- **When:** Leading up to re-enrollment and during open enrollment.
- **Resources needed:** Infographics, flyers, newsletters (public/patient), accessible/take-home informational material
- **Successful Approaches:**
 - Design simple, “need-to-know” materials to give to patients.
 - Display ACA and O & E informational material at the front desk, in the waiting room and in exam rooms.
 - Create a patient newsletter, and include O&E information in an ongoing basis
- **Outcome:** Existing patients of the health center are informed about the ACA, and are aware of the O&E staff that can assist them.
- **Tips for replication:**
 - Identify specific information that may be useful for patients to understand and provide them with this information. Simplify it if necessary.
 - Place useful information on exam room walls or in the waiting area for patients to read while waiting to be seen.
 - Develop a patient newsletter as a way to keep patients up-to-date with changes in their health care setting, as well as inform them on upcoming enrollment periods and what one needs to do to enroll.

“The Community Learning Center does a lot of fun activities in the community. They would let me table at most of their events. I would answer general questions about insurance. I also had flyers throughout their buildings so they would know where to find me if they needed help”
- Regional Medical Center at Lubec

Community Education and Outreach

Objectives: Reach local communities through education

Targets: General Population

Strategy 1:

Informational Tables

- **When:** Daytime/Early Evening (4:30-6 PM)
- **Resources needed:** Staff, Business Cards, Contact Sign-up Sheet, Handouts/Giveaways
Partner with local businesses during their events.
- **Successful Approaches:**
 - Have consistent, standing hours
 - Have advertising at both the venue being held and around the community
 - Schedule in person enrollment appointments at the event
 - Educate a larger group of people to provide accurate information and dispel misunderstandings
 - Partner with community organizations and other local assisters for in person events
- **Outcome:** Consumers sign up for a 1:1, face to face meeting with CAC, or agree to receive a follow up call/email.
- **Tips for replication:**
 - Bring consent forms with you for consumers to sign, so they can be followed up with after the event.
 - Bring your calendar and appointment cards with you, so you are able to schedule future appointments on the spot.
 - Tie in what you're doing with the partner's mission
 - Utilize established community events that already have people attending:
 - Town Meetings
 - Rotary Clubs
 - Downtown Business Bureaus
 - Faith based community events
 - Other established local events
 - Host your informational table at reliably high foot traffic areas like:
 - Local coffee shops
 - Local stores
 - Supermarkets

- Community hubs or “hot spots”
- Libraries
- Recycling centers
- Hardware stores
- Schools
- Community health fairs
- Voting places
- Local Learning Center
- Hospitals

Strategy 2:

Question and Answer Forums

- **When:** Mid to late evenings
- **Resources needed:** Staff, Business Cards, Contact Sign Up Sheet, Handouts/Giveaways
- **Successful Approaches:**
 - Engage a population in a helpful and beneficial way
 - Create community face to face time with CACs
 - Advertise beforehand at the venue as well as in the community
 - Schedule in person enrollment appointments at the event
 - Educate a larger group of people to provide accurate information and dispel misunderstandings
 - In person events done in partnership with community organizations and other local assisters
 - Use spaces or locations that have visible signage outside of the building that will draw in foot and automobile traffic
- **Outcome:**
 - Consumers sign up for a 1:1, face to face meeting with CAC, or agree to receive a follow up call/email.
 - Consumers identify you as a resource for helpful, well informed, accurate information.
- **Tips for replication:**
 - Begin with a short introduction, but leave lots of time for question and answer
 - Ask people to write questions down while you’re presenting to address them
 - Politely disengage if people are rude/confrontational
 - If the crowd is small enough, have a discussion instead of a full room presentation and question and answer
 - Have people sign up beforehand and call them the day before
 - Bring consent forms with you for consumers to sign, so they can be followed up with after the event.
 - Bring your calendar and appointment cards with you, so you are able to schedule future appointments after the presentation.
 - Tie in what you’re doing with the partner’s mission

- Utilize established community events that already have people attending:
 - Town Meetings
 - Rotary Clubs
 - Downtown Business Bureaus
 - Other established local events

“We have limited media resources so for the most part, we utilized the weekly newsletter, placed posters downtown and at the local school, and talked with as many people as we could especially whenever ‘Obamacare’ was mentioned.”

–Islands Community Medical Services, Inc.

“Patients who were self-referral or referred by staff or friends, as well as the general public learned about us from our marketing efforts, including articles, flyers, posters, community partner newsletters, etc. We were able to schedule those people for one-on-one meetings with the CACs at their health center.”

–HealthReach Community Health Centers

Using Media for Outreach

Objectives: Reach local communities through existing media and communication outlets

Targets: Consumers who get information from local media. This includes newspapers, shopper’s guides, local radio stations, etc.

Strategy 1:

Ads placed in local, weekly or daily papers

- **When:** Weekly during open enrollment
- **Resources needed:** Funds purchased or donated ad space
- **Successful ads:**
 - o Are bold, eye catching
 - o Use clear, succinct headings (are easy to understand)
 - o Include: photos of assisters, real people
- **Outcome:** consumers reported making an appointment after seeing the ads.
- **Tips for replication:**
 - o Use your logo
 - o Note that assistance is free; people don’t have to be health center patients to receive assistance. Use language like: free service, free consultation, etc.
 - o Focus message on scheduling individual appointments
 - o List other health center events (in addition to insurance assistance).
 - o Stay away from stigmatized language (Obamacare/ACA) Stick to generic terms such as “insurance.”
 - o Include language about financial help and tax credits for those who may think it’s “unaffordable.”

Strategy 2:

Interviews given on local radio shows

- **When:** Morning/commuting drive time; Shows that may run multiple times
- **Resources needed:** Staff person or people to be interviewed

- **Outcome:** Consumers report making appointments after hearing the radio show.
- **Tips for replication:**
 - When reaching out to radio stations, make sure to let them know it is a Public Service Announcement so air time could be donated, not purchased.
 - Develop concise language, giving names, phone numbers more than once, and an action statement, i.e. “call today,” etc.
 - Aim for a radio spot that will have multiple runs

PART THREE

HELPING CONSUMERS AFTER ENROLLMENT

The consumer's experience with health insurance doesn't end as soon as they sign up and pay their first month's premium. In this section, we highlight a number of key areas where assisters could provide additional information to consumers around health insurance literacy and what it means for them. This section also includes information on tracking your outcomes; as it is important to be able to quantify the impact of your outreach efforts to your organization and community. More information on this topic can also be found in Enroll207's guide, "I Have Health Insurance! Now What?" (www.enroll207.com).

Highlighting the Importance of Health Literacy for Patients Future

For some consumers, having health insurance may be entirely unfamiliar. It is important that they understand how it works and why it's so important. Defining some health insurance terms and how to use the insurance can help the consumer stay healthy and insured. For more information regarding this, please review pages 4-5 in enroll207's *Guide to Using Your Private Health Insurance Plan*.

Helping the Consumer Understand the Importance of Health Insurance

No one plans to get sick or hurt, but most people need medical care at some point. Health insurance covers these costs and protects you from very high expenses.

Health coverage when you need care

Health insurance is a contract between you and your insurance company. You buy a plan, and the company agrees to pay part of your medical costs when you get sick or hurt.

There are other important benefits of health insurance. Plans available in the Marketplace (and most other plans) provide free preventive care, like vaccines, screenings, and check-ups. They also cover some costs for prescription drugs.

Health insurance protects you from high, unexpected costs

Did you know the average cost of a 3-day hospital stay is \$30,000? Or that fixing a broken leg can cost up to \$7500? Having health coverage can help protect you from high, unexpected costs like these.

Using Insurance & Staying Healthy

After obtaining health coverage, you must choose a **primary care provider**, which is a doctor you see for most health problems. He or she makes sure you get the care you need to keep you healthy. He or she may also make referrals for other health professionals, depending on the care you need.

In an emergency situation, which is an illness, injury, symptom or condition so serious that a reasonable person would seek care right away and treatment to keep the condition from getting worse, you would seek **emergency services**.

Keeping Coverage

- Pay your premium payment
 - If consumers do not pay their premiums, their insurer can cancel their coverage.
- Throughout the year:
 - Report any life changes to your insurer, including:
 - Income changes
 - Moving to a new service area

- Citizenship or immigration status change
- Changes in family size (marriage, death or birth)
- Renew your coverage during annual open enrollment
 - Consumers who have been determined eligible to continue to receive marketplace coverage can keep their current plan or change plans during the annual open enrollment period

As described above, there are differences between when you should utilize your Primary Care Provider and the Emergency Department. Below is a graphic to help the patient understand the differences and can be accessed in CMS' [From Coverage to Care: A Roadmap to Better Care and a Healthier You](#).

Primary Care Provider	Emergency Department
You'll pay your primary care copay , if you have one. This may cost you between \$0 and \$50.	You'll likely pay a copay, co-insurance, and have to meet your deductible before your health plan pays for your costs, especially if it's not an emergency. Your copay may be between \$50 and \$150.
You go when you feel sick and when you feel well .	You should only go when you're injured or very sick .
You call ahead to make an appointment.	You show up when you need to and wait until they can get to you.
You may have a short wait to be called after you arrive but you will generally be seen around your appointment time .	You may wait for several hours before you're seen if it's not an emergency.
You'll usually see the same provider each time .	You'll see the provider who is working that day .
Your provider will usually have access to your health record.	The provider who sees you probably won't have access to your health records.
Your provider works with you to monitor your chronic conditions and helps you improve your overall health.	The provider may not know what chronic conditions you have .
Your provider will check other areas of your health , not just the problem that brought you in that day.	The provider will only check the urgent problem you came in to treat but might not ask about other concerns.
If you need to see other providers or manage your care, your provider can help you make a plan , get your medicines, and schedule your recommended follow-up visits or find specialists.	When your visit is over you will be discharged with instructions to follow up with your primary care provider and/or specialist. There may not be any follow-up support.
In some areas, you may be able to go to an Urgent Care Center . If Urgent Care is available in your area, call your health plan before you go to find out how much you will have to pay.	

How health insurance coverage works

When you have insurance, you pay some costs and your insurance plan pays some others. Insurance coverage also protects you from high medical costs. Here are some of the ways that the payments break down:

- **Explanation of Benefits:** A summary of health care charges that your insurance company sends you after you see a provider or get a service. It is not a bill. It is a record of the health care you or individuals covered on your policy got and how much your provider is charging your insurance company.

- **Premium:** The amount that must be paid for your health insurance plan; usually paid monthly, quarterly or yearly. By paying a premium, the consumer is assisting in paying for a portion of the cost for doctor visits, medical procedures, hospital visits, immunizations, etc. The premium cost can be less expensive than one single hospital visit. Having health insurance can get consumers the health care they need at an affordable cost.
- **Deductible:** The amount you owe for health care services before your health insurance plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.
- **Co-payment:** A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.
- **Co-insurance:** Your share of the costs of a covered health care service, generally shown as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.
- **Cost sharing reduction:** A discount that lowers the amount you have to pay out-of-pocket for deductibles, coinsurance and copayments.
- **Out-of-pocket limits:** The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or services your health insurance plan doesn't cover. Check with your insurance provider to see if all of your co-payments, deductibles, co-insurance payments or other expenses count toward this limit.

Example of Health Cost Sharing Between Consumer and Patient

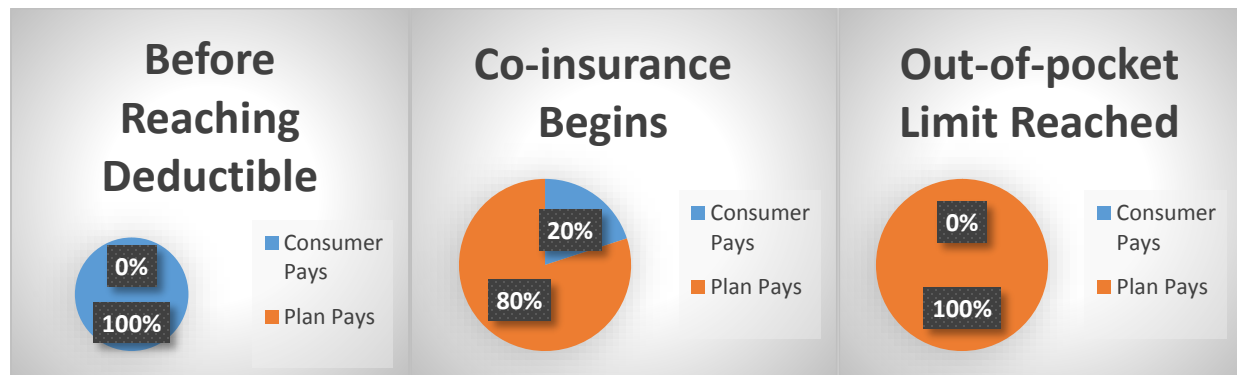
Consumer plan Deductible: \$1500

Co-Insurance: \$20

Out-of-Pocket Limit: \$5000

January 1st
Beginning of Coverage
Period

December
31st
End of Coverage
Period



Consumer hasn't reached the \$1,500 deductible yet

The plan doesn't pay any of the costs

Office visit costs: \$125

Consumer pays: \$125

Plan pays: \$0



Consumer reaches the \$1,500 deductible, co-insurance begins

Consumer has seen a doctor several times and paid \$1,500 in total. The plan pays some of the costs for her next visit.

Office visit costs: \$75

Consumer pays: 20% of \$75=\$15

Plan pays: 80% of \$75 = \$60



Consumer reaches the \$5,000 out-of-pocket limit

Consumer has seen a doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$200

Consumer pays: \$0

Plan pays: \$200

Tracking Your Outcomes

There are 4 main facets assisters may focus on to facilitate tracking. They include a **consumer planning form**, an **intake form**, a **consumer take-home form**, and an **assister tracking form**. Each facet plays a different role in O & E. Varying from pre-screening to HRSA reporting, tracking is a vital part of each consumer assist. Below, the facets are broken down into three areas, detailing when a tracking tool could be useful and what is helpful to include.

Before Consumer Appointment

Consumer Planning Form: This form could include information for the patient to prepare for their assister appointment. Possible information to include:

- Notification of appointment with CAC/Navigator, listing,
 - Time
 - Date
 - Location of appointment
 - Assister name and contact information
- Application checklist, detailing what to bring to their appointment
 - Identification information for everyone claimed on the tax return, even if they don't need coverage
 - Name
 - Address
 - Date of birth
 - Social security number
 - Immigration Documentation Numbers/Immigration Status
 - Healthcare.gov account & e-mail account log-in information, if account is already set up
 - Username
 - Password
 - Documents displaying income
 - Social security benefits or foreign income statements, letters or awards
 - Most recent tax return
 - Paystubs
 - Any other income documents
 - Information about any other health coverage offered to you, even if you didn't take it:
 - Employer offered coverage
 - COBRA coverage
 - MaineCare, Medicare or VA coverage
 - Optional: debit or credit card, if consumer wishes to purchase a plan

During Consumer Visit

There are two items that can be completed by the assister and the consumer, during the visit with the consumer:

- **Intake form:** A form to review what the consumer is coming in for. This document may be helpful for reminder/recall purposes, as long as you receive written permission to follow-up with them regarding the matter. For tracking purposes, it may be helpful to include:
 - Demographic/contact information
 - Name, phone number, mailing address, email address
 - Current needs/reason for visit
 - Household size/people needing insurance

- Names, dates of birth, immigration status of those needing insurance
 - Current insurance status for all family members
- Current income situation
 - Does the consumer or anyone in their family have income?
 - Most recent AGI
 - Has the consumer's income changed since then?
- Current PCP status:
 - Is the consumer and/or their family member(s) patients of the health center?
 - Does the consumer and/or their family member(s) need a PCP?
- **Consumer take-home form:** A form that will provide the consumer with information from the day's appointment. An example of this form can be found on page 2 of enroll207.com's *Guide to Using Your Health Insurance Plan*. It is a useful tool for the consumer, and may include:
 - Status of Marketplace Application:
 - Username and password (may also be applicable for email if created)
 - Insurance information
 - Insurance carrier
 - Plan choice
 - Plan ID
 - Monthly premium
 - Confirmation of first month's payment
 - If consumer needs to return to complete application, it may be helpful to include date and time of next appointment.
 - If consumer needs to send information to the Marketplace for any reason (i.e. immigration paperwork, income documents), include written instructions on how to do this and, if possible, an addressed envelope to the Marketplace.
 - Other optional indicators:
 - Consumer mailing address (if different from personal address)
 - Insurance carrier and marketplace phone numbers
 - Security questions and answers from marketplace account
 - Note the importance of keeping this information in a safe place and bringing with them to any follow-up appointment.

After Consumer Appointment

- **Assister tracking form:** A form that is to be completed by the assister after the appointment with the consumer. This is in an effort to meet HRSA reporting requirements. In order to ensure you don't miss an assist, try to track your numbers directly after the interaction. Helpful information to track includes:
 - Items to be tracked:
 - Assists
 - **Assist** is defined by HRSA as the number of individuals assisted in any part of the enrollment process, including:
 - Receiving education about affordable coverage options;
 - Setting up a profile in the portal;
 - Filing affordability assistance information;
 - Receiving an eligibility determination; and/or
 - Enrolling in affordable health insurance.
 - Application submission

- **Application submitted** is defined by HRSA as all applications submitted to the Marketplace with the assistance of a trained O/E assistance worker and should include the total number of individuals included in the application submission.
 - This includes paper and electronic applications.
 - Enrollment
 - **Enroll** is defined by HRSA as the number of individuals assisted who enroll in affordable insurance coverage. The number enrolled should also be included in the number assisted. Those enrolled includes those who are assisted with:
 - Selecting a Qualified Health Plan (QHP), or
 - Submitting enrollment information for Medicaid or CHIP, or
 - Confirming enrollment in the Marketplace, Medicaid, or CHIP.

Additional Resources

For official information on HRSA expectations surrounding O&E in health centers, please visit:

<http://bphc.hrsa.gov/outreachandenrollment/>

<http://www.safetyweb.org/fpl.php> provides helpful information on establishing where a consumer is on the FPL, which could help pre-determine their tax credit.

<http://www.puttingpatientsfirst.net/> has an estimate my cost tool that will help consumers learn about the types of marketplace plans that will meet their health and budget needs.

As a member of the MPCA, additional resources on Tracking Outcomes can be found on the Members Forum page of our website: <http://www.mainechc.org/forum/>. Follow this link, sign in, scroll down to “OUTREACH,” and chose “Marketplace Outreach.” All items will appear in this link.

Included are

- Various Health Center examples of their forms used.
- Marketplace Enrollment Checklist.
- HRSA tracking and reporting FAQs with in-depth definitions.

In-state resources include:

- **Enroll207.com** A project of the Maine Health Access Foundation (MeHAF), aimed toward connecting Mainers to the Health Insurance Marketplace assistance.
- **Consumers for Affordable Health Care (CAHC)** A nonprofit, non-governmental advocacy organization committed to helping Mainers obtain quality, affordable health care. The CAHC helpline gives free, confidential information and help on health coverage and health care costs.
 - Consumer Assistance Helpline: 1-800-956-7476 – mainecahc.org