



Colorado Covering Kids and Families

Promising Practices in Outreach and Enrollment:

*Lessons Learned from Colorado's
Outreach and Enrollment
Learning Collaborative*



SEPTEMBER 2016

CONTACTS

JESSICA ROSENTHAL

O&E Learning Collaborative Project Lead
Colorado Covering Kids and Families
Colorado Community Health Network
600 Grant Street, Suite 800
Denver, CO 80203
(303) 861-5165, Extension 133
jrosenthal@cchn.org
ckf.cchn.org

JENNIFER JAMES, MA

Senior Vice President
Harder+Company Community Research
3965 5th Avenue, Suite 420
San Diego, CA 92103
(619) 398-1980
jjames@harderco.com
www.harderco.com

KYLE W. SARGENT, MPP

Program Officer Health Care and Health Coverage
The Colorado Health Foundation
501 South Cherry Street, Suite 1100
Denver, CO 80246
(303) 953-3694
ksargent@ColoradoHealth.org
www.coloradohealth.org



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ACKNOWLEDGEMENTS

Colorado Covering Kids and Families (CKF) would like to thank the Colorado Health Foundation's (the Foundation's) Community Approach to Outreach and Enrollment (O&E) funding opportunity grantees for their dedicated work in the area of O&E in health coverage since February 2015. Without their tireless efforts, this toolkit of promising practices would not have been possible. The grantee organizations, and counties served, include: Arapahoe County Early Childhood Council (Arapahoe County), Boulder County Healthy Kids and Adults (Boulder County), the Family and Intercultural Resource Center (Summit County), the Health District of Northern Larimer County (Larimer County), Hilltop Community Resources, Inc. (Mesa, Montrose, and Ouray Counties), the La Plata Family Centers Coalition (La Plata and Archuleta Counties), the North Colorado Health Alliance (southern Larimer and Weld Counties), the Northwest Colorado Community Health Partnership (Routt, Grand, Jackson, Moffat, and Rio Blanco Counties), the Piñon Project (Montezuma and Dolores Counties), and Pueblo StepUp (Pueblo, Alamosa, Bent, Conejos, Costilla, Crowley, El Paso, Fremont, Mineral, Otero, Rio Grande, Saguache, and Mineral Counties). CKF would also like to thank Harder+Company Community Research (Harder+Company) for the use of their extensive materials derived from interactions with the grantees. CKF would also like to thank the Foundation and Harder+Company for reviewing the content of this document to ensure its accuracy. In addition, thank you to the following individuals for reviewing and providing feedback on drafts of the report: Polly Anderson, Katie Pachan Jacobson, and Kristen Pieper. Finally, this project would not have been possible without the generous support of the Foundation.

ABOUT CKF, HARDER+COMPANY, AND THE FOUNDATION

CKF is a statewide coalition of nearly 200 organizations and more than 400 individuals with experience and expertise in O&E in Colorado's health insurance affordability programs. CKF's mission is to increase access to affordable health coverage and high quality health care by ensuring Health First Colorado (Colorado's Medicaid Program), Child Health Plan *Plus*, and subsidized private insurance through Colorado's state-based marketplace consistently meet the needs of low-income Coloradans. Since 2002, CKF has been an effective voice in influencing improvements to the state's eligibility and enrollment systems, and health insurance affordability programs to ensure they work better for individuals and families.

Harder+Company is a research and consulting firm that works with public sector, nonprofit, and philanthropic clients nationwide to reveal new insights about the nature and impact of their work. Through high-quality, culturally-based research, evaluation, and planning services, Harder+Company helps organizations across a wide range of areas, from health to family and child well-being, to translate data into meaningful action.

The Foundation works to make Colorado the healthiest state in the nation by ensuring that all Colorado kids are fit and healthy and that all Coloradans achieve stable, affordable and adequate health coverage to improve their health with support from a network of primary health care and community services. To advance their mission, the Foundation engages the community through grantmaking, public policy and advocacy, private sector engagement, strategic communications, evaluation for learning and assessment, and by operating primary care residency training programs.

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The Colorado Health Foundation™



Colorado Covering Kids and Families

600 Grant Street Suite 800
Denver, CO 80203

(303) 861-5165
ckf.cchn.org



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INTRODUCTION

The Colorado Health Foundation (the Foundation), Colorado Covering Kids and Families (CKF), Connect for Health Colorado (Colorado’s state-based marketplace), and the Colorado Program Eligibility and Application Kit (PEAK) Outreach Initiativeⁱ began meeting in spring 2014 to discuss how to be more strategic about outreach and enrollment (O&E) in Colorado. As a result of these discussions, the Foundation contracted with CKF to implement and manage an O&E Learning Collaborative and Harder+Company Community Research (Harder+Company) to evaluate the learning collaborative as part of the Foundation’s Community Approach to O&E funding opportunity.

A learning collaborative is a group of individuals from various communities who come together for a designated period of time to learn, build skills capacity, and implement a particular activity to determine evidence-based successes in that work.¹ The specific purpose of the O&E Learning Collaborative is for 10, multi-regional grantees of the Foundation to spend three years determining the most promising, data-driven (when possible) practices in O&E as relates to health coverage. Additionally, CKF is providing resources and a learning platform to the grantees so they can increase their skillset in relationship to O&E, as well as share and learn from one another as they implement a community approach to O&E.

The 10 grantees making up the O&E Learning Collaborative, and counties served, include:

- Arapahoe County Early Childhood Council (Arapahoe County)
- Boulder County Healthy Kids and Adults (Boulder County)
- The Family and Intercultural Resource Center (Summit County)
- The Health District of Northern Larimer County (Larimer County)
- Hilltop Community Resources, Inc. (Mesa, Montrose, and Ouray Counties)
- The La Plata Family Centers Coalition (La Plata and Archuleta Counties)
- The North Colorado Health Alliance (southern Larimer and Weld Counties)
- The Northwest Colorado Community Health Partnership (Routt, Grand, Jackson, Moffat, and Rio Blanco Counties)
- Piñon Project (Montezuma and Dolores Counties)
- Pueblo StepUp (Pueblo, Alamosa, Bent, Conejos, Costilla, Crowley, El Paso, Fremont, Mineral, Otero, Rio Grande, Saguache, and Mineral Counties)

ⁱ The PEAK Outreach Initiative performs outreach and training on the online application for public assistance benefits in Colorado.

These organizations often serve surrounding areas, and partner with other organizations in those surrounding areas.

Each organization that applied for this funding opportunity was asked to develop partnerships with key community partnersⁱⁱ in order to demonstrate a true community approach to O&E. Organizations were required to collaborate with the following entities: counties, school districts, key providers of health care to underserved and/or low-income populations, and Connect for Health Colorado Assistance Sites. Many grantees choose to partner with other community partners as well such as brokers, community-based organizations (CBOs), and administrators of the criminal justice system.

This toolkit highlights the most promising approaches to O&E in Colorado based on the work of the 10 grantees from August 2015 through May 2016. **The goal of this toolkit is to showcase the most promising O&E strategies in Colorado for communities wishing to begin their own O&E program for health coverage, or to serve as inspiration for those who are already doing this work to try new approaches.** See the call-out box for five key takeaways from grantee work to date. Each of the takeaways includes specific strategies and/or tactics associated with them and each will be explored in more detail in the toolkit. Additionally, the toolkit notes which strategies were promising for all grantees, and which were promising for fewer. CKF provides examples of grantees' promising practices throughout. When an example appears in a call-out box, it will provide a particularly detailed example of a promising practice.

FIVE KEY TAKEAWAYS

- Collaborate with community partners
- Co-locate programs/services
- Create an O&E workplan to guide your work
- Hire or cultivate relationships with individuals who are already trusted members of the communities you want to reach
- Use data to find the eligible but not enrolled (EBNE)

Whenever possible, information is included from reports that support the findings of the learning collaborative. This toolkit also uses the findings of Harder+Company in their work with, and evaluation of, the learning collaborative over the past year.

ⁱⁱ Community partners are other organizations within a community that an organization will partner with to achieve O&E goals.

What is O&E and Why is it Important

O&E efforts support individuals in getting and keeping health coverage. Activities include identifying which Coloradans are eligible for health coverage, helping them learn about health insurance options, assessing eligibility, and assisting with enrollment and renewal. In addition, outreach often means helping individuals and families access services once they are determined eligible.² O&E is important because it helps get individuals access to needed health care services, and access to health care means improved health for the people of Colorado. Insured children are more likely to have a regular health care provider, have fewer unmet health care needs, and better access to dental care than children who are uninsured.³ Adults who are insured are more likely to get needed care, including preventive care and services for major health conditions and chronic diseases.^{4,5,6} Having health insurance also

provides a reduction in financial strain on low-income families from medical costs, and decreases adult mortality.^{7,8}



Certification and Funding

The most promising O&E strategies require both funding and certification by key partners to perform the work such as the Colorado Department of Health Care Policy and

Financing (HCPF) and Connect for Health Colorado; see [Appendix D](#) to view a map to help the assisterⁱⁱⁱ community understand the current state of funding streams and types of certifying relationships involved in O&E work in Colorado, and inform recommendations for the future based on any challenges currently observed.

There are a number of different certifications assister organizations can attain, including Assistance Site (individual assisters would be designated as Health Coverage Guides (HCGs)) or Certified Application Counselor (CAC) Designated Organization from Connect for Health Colorado (individual assisters would be designated as CACs; this is a non-funded, ‘volunteer’ designation); or Medical Assistance (MA) site, Presumptive Eligibility (PE) site, or Certified Application Assistance Site (CAAS) from HCPF (see [Appendix E](#) for a list of grantee certifications). To learn more about these certifications, visit the following websites:

ⁱⁱⁱ An assister is anyone who provides outreach and/or education on health coverage programs, and/or helps with the process of applying for and enrolling in health coverage. This includes, but is not limited to, Connect for Health Colorado Health Coverage Guides, Certified Application Counselors, and service center representatives; staff at the Colorado Department of Health Care Policy and Financing Medical Assistance sites, Certified Application Assistance Sites, Presumptive Eligibility sites, hospital out-stationing sites, and customer service centers; and staff at county departments of human/social services. For the purposes of this document, this does not include Connect for Health Colorado certified brokers as their involvement is talked about explicitly. However, brokers who wish to perform outreach and enrollment may find this document beneficial.

- Connect for Health Colorado
 - For information on becoming an Assistance Site, email AssistanceNetwork@c4hco.com and look for additional information on the following site: <http://connectforhealthco.com/get-started/resources-for-partners/health-coverage-guides/>
 - Information on becoming a CAC Designated Organization: <http://connectforhealthco.com/get-started/resources-for-partners/application-counselors/>
- HCPF
 - Information on becoming an MA site: <https://www.colorado.gov/pacific/hcpf/medical-assistance-ma-site-frequently-asked-questions>
 - Information on becoming a PE site (under Presumptive Eligibility): <https://www.colorado.gov/pacific/hcpf/training-topics-reference-documents-and-guides>
 - Information on becoming a CAAS site: <https://www.colorado.gov/pacific/hcpf/application-assistance-sites>

Three of the primary sources for funding for O&E work are Connect for Health Colorado’s Assistance Network (funded by the Colorado Health Foundation), HCPF, and the Foundation.

- There are often annual funding opportunities through the Connect for Health Colorado Assistance Network: <http://connectforhealthco.com/>
- Becoming an MA site could provide a source of funding: <https://www.colorado.gov/pacific/hcpf/medical-assistance-ma-site-frequently-asked-questions>
- The Foundation offers various funding opportunities throughout the year: <http://www.coloradohealth.org/grantmaking.aspx>

How to Use this Toolkit

There are many tactics for a promising O&E program throughout this toolkit; however, you can visit sections independently of each other and still learn a great deal. Read the “Working in Collaboration” section to learn more about making the most of O&E and partner relationships; visit the “General O&E Promising Practices” section to learn more about specific tactics; or visit the “Helpful Tools for Conducting O&E” section to learn about tools to augment your work. For a glossary of terms and definitions, see [Appendix A](#). Additionally, footnotes are denoted by Roman numerals and endnotes are denoted by conventional numbers.

PROMISING O&E PRACTICES

The O&E Learning Collaborative grantees have experienced many successes over the past year. CKF identified five key areas that facilitated promising O&E:

- Working in Collaboration
- General O&E Promising Practices
- Population-specific O&E Promising Practices
- Promising Practices for Addressing External Factors
- Venues for Outreach

Each section includes specific, promising practices that may be helpful in other O&E contexts and communities.

Working in Collaboration

Working in collaboration with other organizations in their community was a key success for the grantees, often giving access to diverse populations, as well as a greater chance for program and/or organizational sustainability. On a national level, strong collaboration among stakeholders, including holding regular meetings and continuous information sharing with partners, is shown to be a successful tactic for getting the Medicaid and Children’s Health Insurance Program EBNE population into coverage.⁹ As mentioned in the introduction, possible organizations to partner with include counties, school districts, key providers of health care to underserved and/or low-income populations, and Connect for Health Colorado Assistance Sites among others.

The grantees structured their Community Approach to O&E in one of three ways during the first year of the learning collaborative with some slight variation per grantee: Independent Hubs, Extended Networks, and Integrated Hubs.¹⁰

- Independent Hubs are categorized as those grantees doing the O&E for community partners and having one-on-one relationships with them.



- Extended Networks are categorized as grantee organizations who work in an integrated fashion with other organizations that also provide O&E services in the community but still retain more autonomy and work independently with some community partners.
- In the Integrated Hub model, the grantee works in total collaboration with a number of traditional and non-traditional partners, making decisions for the whole community. Often the relationship between the grantee and community partner is formalized with a memorandum of understanding (MOU) or contract.¹²

Through observations of the grantees, CKF sees that O&E collaboration is not a one-size-fits-all business. For example, Boulder County acts as an Independent Hub in their core work, but works as an Extended Network in their outreach to surrounding mountain communities where it is especially important to work with trusted partners. Collaborations come in many different forms, and it is important to have the format that is right for the community.¹³

The most important thing is to establish a way of working with community partners that serves the community best and engages a cross-sector of partners. For example, seven grantees meet with their community partners on a regular basis (monthly or quarterly); one grantee meets with their partners intermittently or through other group meetings in the community; and two grantees choose not to meet with their partners in a large group. One of these two grantees had tried the large group approach previously and determined that meeting with their main partners one-on-one on a regular basis was more effective. They cited the ability to meet with key decision-makers who had the power to initiate change when they took this approach. Key successes and challenges of each approach are outlined below:

ROUTINE LARGE GROUP FORMAT PARTNER MEETINGS	
Successes	Challenges
Partners are able to brainstorm together	May not always get key decision-makers at the table (though in a few cases this was still possible)
Demonstrates community collaboration to funders	Time commitment
May lead to greater sustainability through partnership strengthening	

ONE-ON-ONE PARTNER MEETINGS	
Successes	Challenges
May be able to get time with decision-makers at partner agencies	May not as clearly demonstrate community collaboration to funders
Allows lead organization to manage all work of the partnership	Possible overwork of lead organization
	May reduce information sharing among partners

All grantees designated improving current and adding additional community partnerships as a key O&E strategy. To ensure promising collaborations, partners must be held accountable through clear goals and planning, clear roles, shared resources, a shared goal of supporting clients beyond O&E alone, and creating formal agreements whenever appropriate, such as MOUs.¹⁴ Though supporting clients beyond the O&E processes was not a requirement of the learning collaborative, many grantees and their partners choose to do this anyway. Here are some promising tactics the grantees employed in working collaboratively with community partners:

Regional/Large Scale Collaboration

- Hold a regional meeting and invite Connect for Health Colorado certified brokers, HCGs, and CACs, county departments of human/social services, hospitals, clinics, and Medicare representatives. Identify ways the convening organization and its partners can work together as a region.
- Reach out to assisters across the state working with similar populations, or in similar ways, to discuss challenges and get new ideas. The learning collaborative has provided a way for the grantees to easily do this through in-person meetings, virtual learning sessions, and CKF’s learning platform, Basecamp.

General Community Partner Collaboration

- Counties. Work to establish a strong relationship with your county’s (ies’) departments of human/social services.
 - Establish a liaison line between your organization (or CBOs^{iv} in general) and the county for emergency cases where you can call a county technician directly with

^{iv} CBOs are organizations that work in communities across the state and may or may not be in direct partnership with other organizations.

questions. Having dedicated lines for communication between assisters and those with expert knowledge is a national best practice.¹⁵

- Establish secure email ability between the county and your organization to communicate about complicated applications.
- In smaller communities, establish a contact person at the county you can call for emergency cases. Establish a monthly (or more frequent) time to meet with an eligibility technician at the county who has access to the Colorado Benefits Management System (CBMS) to review cases. This allows for problematic or complex cases to be resolved in a timely manner and increases understanding of processes between CBOs and counties.
- Share with the county all the services you offer to increase referrals.
- Work with the local health department to send out flyers to key contacts such as restaurants through health department mailings and restaurant license renewals.
- Develop referral pathways between partners, sometimes called “consumer roadmaps,” to ensure a consistent process and tracking for transferring clients between partner organizations.¹⁶
- Provide education to partner staff at enrollment events^v on what services your organization offers generally to increase referral rates for all services.¹⁷
- Reach out to day care providers through organizations who serve them, such as early childhood councils, to encourage day care providers and staff to get health coverage and to provide information on health coverage to the families they serve.
- The reach of grantees was extended by collaborating with organizations already having the community’s trust.¹⁸ This can be especially true and important for hard-to-reach populations.¹⁹ Leverage personal alliances to establish relationships with the community organizations you are interested in partnering with. The Piñon Project had success with this in both the faith-based community and at their local workforce center.
- Where personal alliances do not already exist, consider hiring “community connectors” who are individuals already integrated into the target population and who can assist with outreach to these populations.²⁰ Ideally, they may speak a variety of languages in areas with diverse populations.



^v Enrollment events are events where clients have the opportunity to apply for and enroll in health coverage.

- Partner with community health workers and case workers in the community to hand out flyers and provide referrals to your organization.
- Work with local health care entities, including hospitals, federally qualified Community Health Centers, health clinics and others, in the following ways:
 - Put commit cards^{vi} in walk-in clinics. Check to see if the clinic is willing to schedule appointments for the clients who fill them out.
 - Hold weekly enrollment events at their building.
- Work with community partners to share the cost of advertising and staff at co-hosted enrollment events.
- Create a list of local assisters and post it with community partners.
- Create a guide for clients on where they should go depending on their particular situation, including each partner organization's contact information.

Co-location

Co-location is one of the most useful strategies employed by all grantees in O&E work and leads to faster troubleshooting of difficult cases and decreased need for clients to return for additional appointments.²¹ Here are some examples of how co-location is structured:

- County technician located at assister site: If a liaison line or contact person cannot be established with a local county, have a county technician with CBMS access co-locate at least one day a week at your office. The North Colorado Health Alliance found this extremely useful and negotiated to have the technician there two days per week during the fourth open enrollment period. The technician is there to troubleshoot and does not process applications. Assisters having access to state Medicaid agency staff is a best practice nationally to ensure quick and accurate responses to questions; in Colorado, having CBMS technicians on-site helps assisters get the answers to the questions they need so they do not have to go to the state Medicaid agency.²²
- Assister located at county: Having a HCG at a county allows those who are denied Health First Colorado (Colorado's Medicaid Program) and Child Health Plan *Plus* (CHP+) to immediately receive assistance enrolling in a qualified health plan (QHP), with or without subsidies. Additionally, for those assisters who are stationed at the county health department, it allows those clients who are uninsured and may have just found out they are pregnant to immediately apply for health coverage.

^{vi} Commit cards are cards O&E staff can use to gather information from potential clients to perform follow-up.

- Assister located at local health care entities, including hospitals, federally qualified Community Health Centers, health clinics and others: This practice is supported nationally because of the ability of providers to encourage enrollment among patients, especially those with whom they have a longstanding relationship.²³
- Assister located at partner site: As mentioned above, some clients have trusted organizations where they are more likely to seek help. Stationing assisters at partner organizations may be both more effective and more convenient for a target population. If clients are not attending walk-in hours, your organization and the partner agency should schedule appointments for clients when assisters are present.

CO-LOCATING TO PRESERVE POPULATION SERVICE

Due to reduced federal funding for state-based marketplace assistance networks after the second open enrollment period, some Assistance Sites lost funding for the third open enrollment period. In order to continue serving their community, two of these sites partnered with the Aurora Coverage Assistance Network (ACAN), an organization that is part of the Arapahoe County Early Childhood Council coalition and funded by both the Arapahoe County Early Childhood Council and Connect for Health Colorado. ACAN stationed an assister at both sites during the third open enrollment period to ensure the population served by these organizations continued to get their needs met.

Brokers

It is important for assisters and brokers to work together because they each bring different expertise to the table. Assistors are often more familiar with working with complex cases such as households who have members eligible for different health coverage programs or members with various immigration statuses. Brokers are able to provide advice to a client on which QHP they should choose for their circumstances. By working together, assisters and brokers can each leverage their strengths to provide clients with a holistic experience of successful eligibility and enrollment. Kaiser Family Foundation research highlights how clients are benefitted when assisters and brokers work together in regard to referrals and the sharing of information to ensure that clients get the most appropriate assistance for their needs.²⁴

The grantees have shared brokers were more interested in partnering during the third open enrollment period than during the second.²⁵ A factor in brokers' increased willingness to partner included the ability of grantees to explain how the role of an assister is different from that of a broker such as the ability of brokers to make recommendations to clients on choosing specific Connect for Health Colorado QHPs as mentioned above.

An important consideration when working with brokers is ensuring all Connect for Health Colorado certified brokers are invited to partner in any given region to avoid the appearance of preferential treatment to one broker over another.^{vii}

Here are ways to partner with brokers:

- Partner on events with brokers. It can be fruitful to include brokers at enrollment events to address the needs of clients who want help picking the right QHP.²⁶ Additionally, brokers may even be willing to share the cost of advertising for the event.
- Whenever possible, perform warm hand-offs to and/or follow-up with brokers to determine if the client was able to enroll in health coverage.
- Co-brand outreach materials with brokers. In order to avoid the appearance of preferential treatment to one broker over another, Connect for Health Colorado provided guidance that brokers may include Assistance Site information on their materials, but Assistance Sites may not include specific broker information on their materials.
- Refer clients to, and receive referrals from, brokers. Brokers can refer Health First Colorado and CHP+ clients, or those with complex situations, to assisters, while assisters can refer clients to brokers for help with QHP selection.

General O&E Promising Practices

Data: Locate Clients, Follow-Up with Clients, and Analyze for the Future

All 10 grantees designated the use of data to determine who the uninsured are as another key O&E strategy.²⁷ Once you have located the EBNE population using data, you can cultivate additional partner relationships near the target group, host outreach events,^{viii} or even relocate staff. You can then follow up with clients in the future using data.

- The Colorado Health Institute’s (CHI’s) Colorado Health Access Survey provides invaluable data on the EBNE population in Colorado.²⁸ In addition to this survey, CHI produces ad hoc surveys including valuable data such as the Connect for Health Colorado Market by ZIP Code detailing the number and percentage of EBNEs for Advanced Premium Tax Credits (APTCs)^{ix} in Colorado by ZIP code.²⁹

^{vii} If an Assistance Site ever has questions on how to appropriately and equitably partner with brokers, they should contact the Connect for Health Colorado Assistance Network.

^{viii} Outreach events are events where clients are provided with information about health coverage but do not have the opportunity to apply for or enroll in health coverage.

^{ix} The Advanced Premium Tax Credit is a tax credit to help individuals pay for QHPs purchased through the marketplace.

- Enroll America also provides helpful data on the EBNE population, including [State Snapshots](#).³⁰
- Work with school districts to attain Free and Reduced Lunch data.
- Client follow-up:
 - Ask clients how they found you to determine which partners and what advertising techniques are most helpful.
 - Follow-up with clients following enrollment by having the assister who worked with them contact them in their native language to survey their experience or provide additional information such as on health insurance literacy. Health and health insurance literacy are very important for the newly insured as many of these individuals may have gone for long periods without health coverage or not know how to access health care services using insurance.³¹
 - Provide an incentive for clients to come back in following enrollment to discuss how things are going.

USING DATA TO TARGET A SPECIFIC POPULATION

Boulder County Healthy Kids and Adults used [public data](#) from the St. Vrain Valley School District to identify the schools with the highest percentage of students receiving the Free and Reduced Lunch Program to determine areas of greatest need in their community.³² They then reached out to new and existing partners in the area to share resources and setup referral connections to best serve the target population.

Grantees also collect data about enrollments and enrollment events to track progress and improve future activities. Grantees showed interest in gathering similar data elements across all grantee organizations to determine how best to structure O&E and determine the success of outreach activities. Grantees then captured data from November 2015 through January 2016. There were challenges in getting consistent data, as the grantees had multiple ways of collecting data and variance existed in the data being collected.³³ None withstanding, general information was gleaned that can be used by the broader assister community:

- Identify the target number of individuals you would like to engage at an event; track the number that you assist at the event; track the engagement you have with individuals (e.g., the number you provided information to, created follow-up appointments for, and/or enrolled); and track the number of interactions resulting in follow-up. Review this data after each event and evaluate whether this event was a good investment/success and why.

- Track what took place at enrollment appointments and events to know what to provide clients. Nearly half of the 9,598 individuals who received enrollment assistance during the tracking period required information and education, and 40 percent wanted health insurance literacy.³⁴ This is consistent with the Kaiser Family Foundation’s findings that 74 percent of assister programs reported for 2014 and 2015 that “most or nearly all consumers needed help understanding basic insurance terms, such as ‘deductible.’”³⁵

Some grantees implemented client surveys and found the information gathered to be very helpful. Boulder County Healthy Kids and Adults started using client surveys in November 2015 at the urging of Harder+Company to address barriers clients faced such as transportation, day care, and language barriers. Many of these barriers were addressed as a result of the client meeting with the grantee; however, the surveys served to reinforce the importance of the work the grantee does. Additionally, since the surveys are administered following client appointments, it also enhances staff accountability. It does this by asking questions on how the appointment went and if any areas needed improvement.

Finally, grantees also found value in collecting data from staff following enrollment events through a simple debriefing process that allowed staff and partners to immediately consider what went well, where improvements were needed, and determine any training needs.³⁶

Organize O&E Events

Grantees designated organizing outreach events as another key O&E strategy.³⁷ This is supported nationally by research from the Kaiser Family Foundation.³⁸ It is important to host them at the right time, in the right place, with the right advertising, and with the right process.

- Harder+Company noted increased client participation in outreach events when they were hosted on evenings or weekends.³⁹ Enroll America has data from the Get Covered Connector^{x 40} stating the most popular enrollment appointment time is Saturday morning.⁴¹ However, one grantee noted that working in the mountain communities where there are many seasonal workers who primarily work weekends, it is important to determine other specific days of the week when an organization’s staff can meet with the EBNE.
- Holding enrollment events on consistent days and times is helpful and drives additional clients to your events over time. If numbers begin to dwindle in the future, you may want to change days and times to attract different populations.

^x Enroll America’s nationwide scheduling tool to help clients and assisters schedule in-person assistance appointments effectively.

- It is important to host outreach or enrollment events, and establish retail or other assistance sites, in areas where target clients can easily reach the site. Using CHI’s data, you can determine which regions need the most Health First Colorado and CHP+ assistance, and which ZIP codes need the most APTC assistance.
- Choose an appropriate form of advertising based on the population you are targeting (see information on “Population-specific Promising Practices” and “Helpful Tools: [Media Campaigns](#)” below).
- Another element is the setup and flow of an enrollment event. The Arapahoe County Early Childhood Council coalition setup a very organized flow at an enrollment event in January 2016. As clients come through the door, they took an intake form; were checked to see if they needed state identification numbers,^{xi} CBMS case numbers^{xii} (often referred to as “1B” numbers), and/or password resets; and then waited to see an assister. This process ensured clients had the information they needed prior to sitting down with an assister, assuring the best use of time for all involved. See [Appendix B](#) for additional information.
- Host walk-in enrollment events where the following representatives will be present to increase the likelihood of clients completing the enrollment process at one event: assisters, a broker, someone from a hospital, and someone from the county department of human/social services.



Develop and Distribute Outreach Materials

Grantees designated developing outreach materials as another key O&E strategy.⁴²

- Boulder County Healthy Kids and Adults created an innovative “[Why me?](#)” [campaign](#) aimed at Young Invincibles (those age 18 to 34). Clients cited this advertising when asked how they heard about an event.⁴³
- Graduation is a key time to perform outreach.⁴⁴ Provide outreach materials to graduating seniors. Use Boulder County Healthy Kids and Adults’ [guide](#) for graduating seniors as inspiration.⁴⁵

^{xi} A state identification number is a sequence of numbers and letters assigned to each individual seeking assistance on a case in CBMS. This identification number is assigned when someone first seeks benefits and always remains as their number even if they seek benefits later in life.

^{xii} Case numbers are a sequence of numbers starting with “1B” that are assigned to each case within CBMS. Each household seeking benefits generally has one case with one case number.

- With permission, retain client email addresses and send mass email newsletters to clients with main points about life change events^{xiii} and health insurance literacy.
- Create a brochure containing a list of local assisters and make it available through medical offices and the county department of human/social services. Also, put it in a newspaper and on Facebook.
- Work with local realtors to provide flyers on special enrollment periods^{xiv} (SEPs) in welcome packets to clients who have recently moved.
- Partner with the local Volunteer Income Tax Assistance (VITA) program^{xv} to attend events and have the accountants hand out flyers to clients about your organization and SEPs.
- Create outreach materials for partners. The Health District of Northern Larimer County created folders to hand out to prospective partners at community events containing a generic letter to the community partner, tear-off pads with Larimer Health Connect’s (an Assistance Site) information for the partner’s clients, their business card, and other resources for partners. Community events are also an opportunity to gather partners’ materials to share with your clients.

DIRECT MAIL

In September and October 2015, La Plata Family Centers Coalition reported sending out 5,700 direct mail cards in La Plata and Archuleta Counties. They were sent along routes including the highest uninsured ZIP codes per CHI’s EBNE data but were not addressed to any particular individual. The cards stated that clients may qualify for low cost adult and/or child health coverage. The cards had questions about life change events, such as if the individual was recently unemployed. The back had La Plata Family Centers Coalition’s contact information, and all of the information was in English and Spanish.

Population-specific O&E Promising Practices

Promising practices in O&E can vary by population. Identifying and developing outreach approaches that work best for specific populations is important.⁴⁶ One tactic that applies to

^{xiii} According to Connect for Health Colorado, a qualified life change event (LCE) is an event occurring outside of open enrollment allowing a client to make changes to their current QHP, purchase a new QHP, or enroll in a QHP for the first time. Qualified LCEs include events such as marriage, divorce, or the birth or adoption of a child. In some instances, a life change event may not allow a client to make adjustments to or shop for a new plan.

^{xiv} According to Connect for Health Colorado, if you are eligible to adjust, shop for, or newly shop for a QHP due to a qualified LCE, the time frame in which you have to do this is called a special enrollment period. A SEP is a 60 day timeframe beginning from the date of the qualified LCE.

^{xv} According to Colorado Volunteer Income Tax Assistance (VITA), VITA is an IRS-sponsored program run by local volunteers to provide free tax preparation and e-filing of income taxes for eligible individuals.

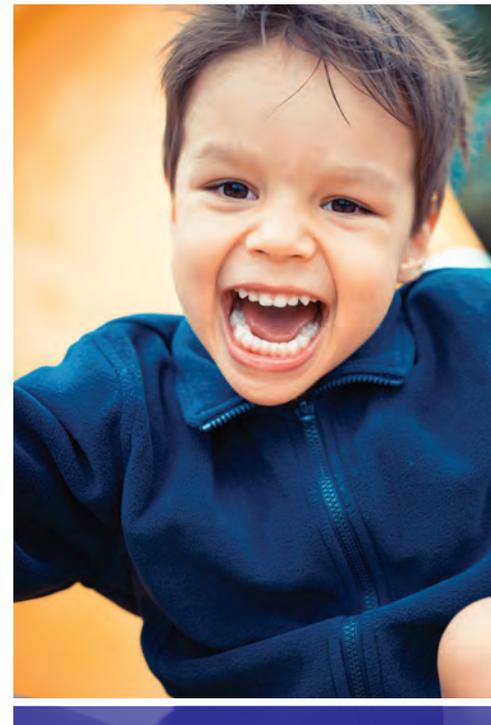
work with all populations is to partner with organizations who are trusted by and who serve individual communities you are interested in reaching. Finding community liaisons within these groups can also be helpful; see information on “community connectors” under General Community Partner Collaboration above. The below promising practices are alphabetical by population.

American Indian/Alaska Natives

- Request referrals from Indian Health Services (IHS) for Health First Colorado-eligible clients who are American Indian/Alaska Native. Health First Colorado can still pay for emergencies when a client lives in a rural area where there is not always immediate access to an IHS facility.

Children and Families

- Schools continue to be identified nationally as an important avenue for O&E.⁴⁷ Make connections with school employees to bring in clients versus only doing outreach events at schools. For example, develop and maintain relationships with school counselors to get referrals; do a presentation to school liaisons on the services you provide; and offer support services for the school liaisons’ work, such as translation services.
- Develop strong relationships with school-based health centers (SBHC), including the front desk staff. Encourage referrals of students and their families who do not have health coverage when they come in for school physicals.
- Create an appointment slip for a SBHC with a checklist of what is needed to apply for health coverage. Include pictures of the school’s mascot.
- Host a table at pre-school and other resource fairs such as Back-to-School nights. Provide activities for children to draw families to your booth. Provide goodie bags to parents and include your organization’s flyer.
- Partner with schools for events. The La Plata Family Centers Coalition partnered with a local school for a Thanksgiving Turkey Trot event. The parents came with their children to do games and activities and had the opportunity to enroll in health coverage. Additionally, they secured use of a private office for enrollments and permission for community members to attend the event from the principal.
- Host or attend a community baby shower with partner organizations to outreach to expectant mothers like Pueblo StepUp did.



Faith-Based

- Find a liaison in the community to connect you with places of worship. These are identified nationally as an important avenue for O&E.⁴⁸
- Meet with groups of faith practitioners to see if you can participate in health-related events at their locations, as well as provide flyers for their congregations.

Individuals Experiencing Homelessness

- Hold events at homeless shelters.
- Attend events focused on the homeless population.

HELPING INDIVIDUALS EXPERIENCING HOMELESSNESS

The homeless shelter in Cortez is open seasonally from October 12 through April 30 and requires those who stay there to have health coverage. The Piñon Project worked diligently to enroll as many homeless clients as possible while they had more focused access to this population. They sent an assister to the shelter once a week. By March, there were nearly no new individuals to enroll. Since Piñon Project offers services beyond enrollment into health insurance affordability programs,^{xvi} one of their best successes was getting a client enrolled in Long Term Care so he could go to a nursing home instead of remaining in the shelter.

Immigrants/Refugees

- Do research and determine the top 10 languages in your area. Create or acquire resources to provide to clients and translate them into the top 10 languages.
- For clients who may not qualify for any of the health insurance affordability programs or have a mixed immigration status household, become certified to enroll clients in the Kaiser Bridge Program, if available in your area. Additionally, federally qualified Community Health Centers have sliding fee scales for when other options are unavailable to clients, or if it is outside of the open enrollment period and clients still need care.
- Have assisters available at O&E events that speak multiple languages so clients can receive assistance in their native language.
- Train staff in cultural competency.

^{xvi}Health insurance affordability programs include Health First Colorado (Colorado's Medicaid Program), Child Health Plan *Plus* (CHP+), and Advanced Premium Tax Credits (APTCs) and Cost Sharing Reductions (CSRs) to purchase a qualified health plan (QHP) through the state's health insurance marketplace, Connect for Health Colorado.

COMMUNITY LIAISON

During the time when ACAN was working to connect with the Russian community, they noticed that an older Russian woman kept coming in each weekend to their enrollment center. They assumed she was helping her family until they saw her coming in with different families. They discovered she was a volunteer from the community. She went to the enrollment center with families who did not have an interpreter to talk to HCGs or brokers to help the families get access to health coverage. They have since taken her information to get her story and possibly the stories of some of the families she has helped. Long term, ACAN may try and bring her on as a contract worker to perform interpretation services on an hourly basis. ACAN also wanted to brainstorm with her and see how she managed to make all of these connections within her community.

Justice-involved

There are many O&E opportunities with the justice-involved population. Due to new federal guidance from the Centers for Medicare & Medicaid Services and action taken by HCPF and Connect for Health Colorado, those who reside in community corrections facilities, also known as halfway houses, are eligible for Health First Colorado and to receive APTCs and Cost Sharing Reductions (CSRs)^{xvii} when purchasing private health insurance through Connect for Health Colorado.

- Meet with the local sheriff. Individuals being released from jail often qualify for Health First Colorado or a QHP, and beginning the enrollment process prior to leaving incarceration is considered a best practice nationally.^{49, 50} Request to come into their incarceration facilities and work with the justice-involved population. Ask for reports on who will be released within 60 days. Meet with inmates in a safe location within the jail weekly.
- To improve buy-in from county jail officials, offer to help enroll inmates in Health First Colorado who require more than 24-hour hospitalizations in addition to enrolling those who are about to be released from incarceration. Boulder County made this a part of their program and saved the county jail \$102,393 in 2015 as hospitals usually bill the jail at a rate of 40 percent of hospital charges if the inmate is uninsured.⁵¹
- Another approach is to station someone at the local jail part time to do enrollments and email with the inmates regarding the steps to getting health coverage and health insurance literacy. Consider hours that best serve the work release population.

^{xvii} Cost sharing reductions are a discount lowering the out-of-pocket costs an individual pays for deductibles, copayments, and coinsurance for clients whose incomes are below 250 percent of the Federal Poverty Level and enrolled in a silver level qualified health plan.

- There are alternative sentencing and pre-trial programs housed in some sheriff’s offices. These individuals and their families may also be uninsured. The Piñon Project noted this as their most fruitful community partnership as they get approximately six enrollments per week from their work in alternative sentencing, pre-trial, and the jails.
- Speak with staff at probation offices on what you can provide to the justice-involved population.

Rural

- Develop and maintain relationships with rural communities over time through continued outreach until your organization is able to establish itself as a trusted partner; this can take a couple of years.
- Be in rural communities on consistent days and times with the same staff whenever possible.
- Work with existing government entities and CBOs in the rural community to ensure the best outcomes and avoid conflict over areas of responsibility. Though this could apply in any community, it caused the most challenges for grantees when working in rural communities.

Seasonal Workers

- Work with ski resorts. Ask to meet twice a year: once before prime season and once after. Ask human resources to include postcards in new hire packets and LCE flyers in lay off packets. Include information for target populations such as Young Invincibles or Spanish-speaking families as the Family and Intercultural Resource Center did. Consider incentivizing the client to look at the flyer by attaching a coupon or gift card. Post additional flyers where employees clock in and out.



- Reach out to restaurant associations in the mountain towns to ask to speak with members’ employees.
- Visit agricultural fields to speak directly with farmworkers.
- Talk to the farmers at farmer’s markets, not just the customers.

Self-Employed/Small Businesses

- Work with self-employed and small business support centers to reach their membership. Hilltop Community Resources, Inc. works with their local Business Incubator Center to reach small businesses and the self-employed in Grand Junction.
- Work with leasing offices of buildings with small businesses to perform outreach to tenants.

Spanish-speaking

- Hire Spanish-speaking assisters. Allowing assisters to help clients in a personalized way is a successful O&E best practice nationally.⁵²
- Market directly to Spanish-speaking clients, including translating all materials into Spanish.
- Train staff in cultural competency.
- Advertise using Spanish-speaking radio and Spanish-speaking newspapers. Several states reported Spanish-speaking radio and newspapers as effective and financially feasible ways to reach the Hispanic community.⁵³

Unemployed

- Workforce centers are identified nationally as an important avenue for O&E.⁵⁴ Reach the unemployed through workforce centers by training their staff on what you offer, providing outreach materials, and staffing a table at employment fairs.
- If a large employer is planning a layoff, ask to speak to staff about health care options following the end of employment to capture the population who may not come to the workforce center.

Young Invincibles (those age 18 to 34)

- Advertise using Facebook and Twitter for a cost-effective way to reach many clients. If possible, have one staff member established as the point person for this work. Blanket Facebook with impressions (the sponsored stories in the Facebook feed) the day before a large enrollment event. See more details below under “Media Campaign.”
- Target Young Invincibles by creating marketing showing the importance of health coverage.
- Encourage assisters to share genuine personal experiences from when they were young and needed to use health coverage.

Promising Practices for Addressing External Factors

Political Misgivings

- Work with clients who are unsupportive of the Affordable Care Act (ACA) by using health insurance literacy flyers to begin a conversation about health coverage. Child wellness visits, healthy eating, and active living are good topics to start the conversation.
- Use humor with clients. The Piñon Project’s health program director had seen an ACA billboard in Idaho and decided to leverage it for an enrollment event. They setup a chalk board at the front of the library for the event reading, “We didn’t write the law, but we’ll help you get through this.”

What doesn’t work?

It is difficult to identify a list of tactics that did not work because oftentimes what does not work in one community may work in another.

Grantees reflected, however, that unsuccessful tactics tend to be:

- When outreach is broad and not tailored to the population they are trying to reach (e.g., attending a community fair is often less successful than creating an O&E-specific event)
- When they did not have partners (or the right partners) at the table
- When they do not have clearly identified outcomes for the tactic

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Venues for Outreach

It is important to consider location when creating an enrollment event. Selecting a location based on the target population is a promising practice for reaching and enrolling clients.⁵⁶ Here are some venues, in alphabetical order, which the grantees found advantageous:

Health Fairs

Many grantees choose to perform outreach at health fairs. Work with partner organizations to coordinate your work at events to avoid duplication of efforts and support one another. Find out if a client has health coverage during health screenings. Note: Many of those who come to health fairs are actually eligible for Medicare. Be sure to research who attends health fairs in your area to ensure it includes your target population.

Libraries

Libraries are identified nationally as an important location for O&E.⁵⁷ Having established, advertised hours for walk-in or scheduled appointments at local libraries is very beneficial; leave commit cards behind for clients to fill out when you are not present so you can reach out to those clients later; and post outreach materials at libraries.

Low-income Housing

Low-income housing is a good location to target specific clients.⁵⁸ Reach out to management to get permission to leave flyers in common areas.

Retail Storefront

Retail storefronts are identified nationally as an important avenue for O&E.⁵⁹ Retail storefronts provide a consistent place for clients to visit when they need help enrolling and re-enrolling in health coverage from year to year.⁶⁰ It should be located in a central location with high client traffic in the community and in a location that all clients in diverse communities feel comfortable accessing. This is a very effective way of getting clients the services and enrollment assistance they need in an environment in which they are most comfortable accessing assistance.⁶¹



IMPORTANT ACTIVITIES UNRELATED TO HEALTH COVERAGE

Training Assisters and Community Partners

To ensure the best assistance is provided to clients, all assisters^{xviii} must be properly trained. This especially includes training from an organization’s certifying agency, for example, HCPF for MA sites, PE sites, and CAAS sites, and Connect for Health Colorado for Assistance Sites and CAC designated organizations. Additionally, organizations can help train partners who more commonly interact with target populations. For example, some grantees chose to do PEAK training with community resource groups, including local domestic violence shelters and family support programs to ensure those who need help can get it from the organization they may seek assistance from first, including enrollment in health coverage. Grantees also found it beneficial to spread the word to community partners on the services the grantees offered to improve referrals even if the partner was uninterested or unable to provide clients with application assistance.⁶²



^{xviii}An assister is defined as anyone who provides outreach and/or education on health coverage programs, and/or helps with the process of applying for and enrolling in health coverage. This includes, but is not limited to, Connect for Health Colorado Health Coverage Guides, Certified Application Counselors, and service center representatives; staff at the Department of Health Care Policy and Financing Medical Assistance sites, Certified Application Assistance Sites, Presumptive Eligibility sites, hospital out-stationing sites, and customer service centers; and staff at county departments of human/social services. For the purposes of this document, this does not include Connect for Health Colorado certified brokers as their involvement is talked about explicitly. However, brokers who wish to perform O&E may find this document beneficial.

Additional Activities

Some activities are important or nice to do even if they are not directly associated with the O&E you provide related to health coverage.

- Arapahoe County Early Childhood Council coalition created Health Record Organizers for clients to keep, which are small notebooks for clients to keep track of their information. The notebooks include a file folder and a place to write notes. If the client visits an assister multiple times, they can keep all of the notes in one place. Many clients of the Arapahoe County Early Childhood Council coalition brought organizers back for subsequent appointments.
- To boost staff morale, host periodic fun activities for staff throughout open enrollment, as well as kick-off and end of open enrollment lunch events or a group activity such as bowling.
- Link clients to partners who can meet the needs you cannot fulfill such as partnering with a State Health Insurance Assistance Program that can help clients with Medicare enrollment.
- Consider becoming an MA site for access to CBMS to be able to provide greater customer service to clients. See the introduction for a link on how to become an MA site.



HELPFUL TOOLS FOR CONDUCTING O&E

Here are a number of tools, in alphabetical order, organizations can consider using to improve O&E practices.

Basecamp

Basecamp is a learning platform which is an integrated set of interactive online services that provide individuals working collaboratively with information, tools, and resources to support and enhance knowledge delivery and project management. Basecamp allows CKF to share resources with grantees and for grantees to share resources with one another. It also allows grantees to discuss important topics and questions, as well as to stay up-to-date on trainings and events. During January and February 2016, Harder+Company conducted interviews with eight of the grantees; seven expressed the benefits of Basecamp and appreciation for it as a resource. Based on the success of Basecamp with the grantees, CKF is launching a similar online learning and sharing forum for all assisters in Colorado that will allow assisters to ask each other questions, share best practices and resources, and cultivate a well-informed and effective O&E community that will foster collaboration and cooperation among assisters in the state. The forum will also organize resources, share upcoming training opportunities, and provide timely and relevant updates on policy and system changes. It will be available in winter 2016.

Business Cell Phone

This allows assisters to text clients, especially teen clients, and prevents clients from having to use cell phone minutes if they are limited.

Commit Cards

Enroll America promotes their commit cards within Colorado, and several grantees created their own. These are cards or small flyers for gathering client contact information and granting permission for an assister to follow up with a client about health coverage. These are excellent to have at outreach events or to leave with partners for them or clients to fill out at other locations.

Connect for Health Colorado's Quick Cost and Plan Finder Tool

This tool, to be debuted in fall 2016, will allow clients to estimate out-of-pocket costs for various marketplace plans. This will include helping clients more meaningfully understand the benefits of CSRs and help clients make plan decisions by considering financial factors beyond the cost of the premium.

Enroll America's Get Covered Connector⁶³

This tool allows clients and assisters alike to schedule appointments at convenient times and locations, provides the client with appointment reminders which decreases “no show” rates, and maintains valuable client data. The Connector can be attached to your website or branded with your organization's brand for a fee. Nationally, a tool allowing clients to search for local assistance is considered an especially effective way to facilitate enrollment.⁶⁴

Media Campaigns

Grantees designated the creation and deployment of media campaigns as another key O&E strategy.⁶⁵

- Use social media to reach clients, specifically use Facebook and Twitter to reach a larger audience for an affordable price. If possible, have one staff member designated as the point person on this work.
- Traditional media
 - Participate on local radio shows.
 - Advertise enrollment events in the newspaper two days prior to the event.
 - See above under “Population-specific Promising Practices: Spanish-speaking” for additional suggestions.

EFFECTIVE USE OF FACEBOOK

ACAN hosted a large enrollment event in January 2016. On the previous day, they blanketed Facebook with 6,000 impressions (their ad displayed 6,000 times) for \$50. Impressions are how many times the ads of your organization pop-up in the Facebook feed, for example, between other posts from friends, and will say “Sponsor.” ACAN had previously displayed ads over several days but got a better response from blanketing Facebook with the ads over only one day. Ads reached 3,191 individuals, and they received 10 attendees at their event as a result of the Facebook ads at the cost of only \$5 an individual in advertising. In comparison, ACAN spent \$2,500 on traditional radio advertising for the same day, but the return on investment was 33 attendees at \$75 an individual.

ACAN targeted who they wanted to see the ad, including those in Aurora; those ages 18 to 64; those who spoke particular languages, such as Spanish or Russian; and even those who liked particular magazines. They added key words triggering ads to display such as “immigrant,” “refugee,” and “Medicaid.” ACAN utilized data from Facebook illustrating the impact of the ads. All the metrics were downloaded to an Excel spreadsheet. From pulling statistics, ACAN determined who had “liked” or commented on their ad, the age and gender of those whose Facebook page generated the impression for viewing, and how much was spent in any given hour and how much it cost their organization for each time the ad displayed.

O&E Process Mapping

O&E Process Mapping is an interactive, live mapping session that helps provide a common understanding of a community's O&E system, identify specific roles and contributions of different partners, and pinpoint gaps or breaks in the local system for clients. This process includes three key steps:

- Bring key community partners and stakeholders to the table;
- Describe each partner's and stakeholder's O&E work in relation to the client experience (i.e., how does a client come to an organization, where in the O&E process are they plugged in, are they "handed off" or referred to another organization); and
- Clarify – in a visual manner – connections about how partners and stakeholders are or are not working together.

Grantees performed this exercise during a site visit and found that having various partners in the room led to real-time problem-solving and strategizing, as well as to identification of client attrition points, challenges, and missing partners.

O&E Workplans

As part of the funding opportunity, grantees were required to create O&E workplans to document efforts related to O&E. The hope is the workplan would become a tool to outline promising O&E strategies as there would be a paper trail of past efforts tried and how those efforts might be replicated, abandoned, or improved in the future. In December 2015, five out of the 10 grantees confirmed creating O&E workplans was beneficial, one grantee's staff was divided, one grantee thought they were not beneficial and preferred to focus on key areas of outreach instead of recording their actions, and three grantee organizations did not comment on the topic at that time. Since grantees were polled on this topic, additional work has been done with grantees to provide extra tools to improve plans, and CKF hopes to poll grantees again in August 2016 to see if they now consider the O&E workplans useful. Here are some key points to consider when creating O&E workplans:

- They should serve as a guide for your work.
- They should contain S.M.A.R.T. (Specific, Measurable, Achievable, Realistic, Time-bound) objectives.
- Staff and community partners should be involved in the creation whenever possible to increase buy-in.⁶⁶
- Per Enroll America, directly following the open enrollment period is the best time of year to have an O&E workplan in place for your use as you move into

outreach season. Take time to reflect and debrief on what went well and what needs improvement, and use that information to modify the workplan accordingly for the next six months to a year.⁶⁷

- Confirm with funders if they will count it against you if you do not meet all of the projected measurement aims in your O&E workplan related to each of the activities under the objectives (these being separate from any deliverables you have agreed to in your contract with the funder). Measureable aims are an opportunity for you to project what you think you will be able to achieve, and then adjust those numbers up or down in the future depending upon your success.
- Look to various data resources, including other areas of Colorado and partners, to determine what measurable targets should be.⁶⁸
- Finally, these are living documents you should update for your benefit as you try different activities and think of other tactics throughout the year.

Debrief with staff after open enrollment and after major enrollment events or trainings to discuss successes and areas for improvement. Develop teams of staff for making improvements in the future. Include all of these activities and their outcomes in the O&E workplan. Please see [Appendix C](#) for information to assist in the creation of O&E workplans.

Wi-Fi Data Cards

Using Wi-Fi data cards are helpful in locations without secure internet (such as correctional facilities or community events) and can help ensure real-time appointment scheduling or eligibility, if applicable.



CONCLUSION

The numerous tactics within this toolkit can help organizations create a great O&E program. Throughout the report, there are indicators of what should be most promising with various populations. However, several tactics appear promising across the state regardless of the organization's location, target population, or the size of their staff:

- Collaborate with community partners
- Co-locate programs/services
- Create an O&E workplan to guide your work
- Hire or cultivate relationships with individuals who are already trusted members of the communities you want to reach
- Use data to find the EBNE population



As organizations implement the items suggested herein or try new innovative approaches, CKF encourages organizations to share successes with the broader O&E community within Colorado as opportunities arise such as through the upcoming CKF forum website, take data driven approaches, and continue to innovate.

APPENDIX A:

Terms and Definitions

Advanced Premium Tax Credits (APTCs) – a tax credit to help individuals pay for qualified health plans purchased through the marketplace.

Affordable Care Act (ACA) – the federal health reform statute signed into law by President Obama in 2010; sometimes referred to as “Obamacare.”

Application assistance site – a site for receiving assistance in applying for health insurance affordability programs, including sites trained and certified by the Colorado Department of Health Care Policy and Financing and Connect for Health Colorado.

Assistance Site – an organization funded, trained, and certified by Connect for Health Colorado to hire Health Coverage Guides to provide assistance with outreach, education, and applying for Advanced Premium Tax Credits, Cost Sharing Reductions, and qualified health plans through the marketplace.

Assister – anyone who provides outreach and/or education on health coverage programs, and/or helps with the process of applying for and enrolling in health coverage. This includes, but is not limited to, Connect for Health Colorado Health Coverage Guides, Certified Application Counselors, and service center representatives; staff at the Colorado Department of Health Care Policy and Financing Medical Assistance sites, Certified Application Assistance Sites, Presumptive Eligibility sites, hospital out-stationing sites, and customer service centers; and staff at county departments of human/social services. For the purposes of this document, this does not include Connect for Health Colorado certified brokers as their involvement is talked about explicitly. However, brokers who wish to perform outreach and enrollment may find this document beneficial.

Case – a file within the Colorado Benefits Management System that includes the application information, eligibility, and benefits for an individual enrolled in a health insurance affordability program or other public benefits. The case number begins with “1B” and is often referred to as the “1B number.”

Certified Application Counselor (CAC) – an individual at a certified application counselor designated organization trained and certified by Connect for Health Colorado to provide assistance with education and applying for Advanced Premium Tax Credits, Cost Sharing Reductions, and qualified health plans through the marketplace. Certified application counselors assist with qualified health plan selection and enrollment. Certified application counselors cannot recommend specific qualified health plans.

Certified Application Counselor (CAC) designated organization – an organization certified by Connect for Health Colorado. Certified application counselor designated organizations are not funded by Connect for Health Colorado.

Certified broker – an individual certified by Connect for Health Colorado to provide assistance with applying for Advanced Premium Tax Credits, Cost Sharing Reductions, and qualified health plans through the marketplace. Brokers assist with qualified health plan selection and enrollment, including recommending specific qualified health plans both on and off the

marketplace. Brokers are licensed and regulated by the Division of Insurance and are usually compensated by health insurance carriers.

Child Health Plan Plus (CHP+) – Colorado’s Children’s Health Insurance Program. Child Health Plan *Plus* provides coverage to children under 19 years old and pregnant women with a household income under 260 percent of the Federal Poverty Level.

Colorado Benefits Management System (CBMS) – the system used to determine eligibility and calculate benefits for Health First Colorado (Colorado’s Medicaid Program), Child Health Plan *Plus*, and other public assistance programs.

Colorado Department of Health Care Policy and Financing (HCPF) – the department of the Colorado state government that administers Health First Colorado (Colorado’s Medicaid Program), Child Health Plan *Plus*, and other health care programs.

Colorado Program Eligibility and Application Kit (PEAK) – a website that allows Coloradans to screen and apply for health insurance affordability programs and food, cash, and child care assistance programs, and to manage benefits and report changes.

Commit cards – cards outreach and enrollment staff can use to gather information from potential clients to perform follow-up.

Community-based organization (CBO) – typically a public or private nonprofit organization engaged in a particular community, and helping community members access public assistance programs and other resources.

Cost Sharing Reductions (CSRs) – a discount lowering the out-of-pocket costs an individual pays for deductibles, copayments, and coinsurance for clients whose incomes are below 250 of the Federal Poverty Level and enrolled in a silver level qualified health plan.

County Department of Human and Social Services – local departments processing eligibility determinations, managing cases, and processing renewals, among other tasks, for the programs administered by the Colorado Department of Health Care Policy and Financing and Colorado Department of Human Services.

Eligibility site – a county department of human and social services or Medical Assistance site with access to process cases in the Colorado Benefits Management System.

Eligibility technician – an individual working at a county department of human or social services or Medical Assistance site, with full access to process cases in the Colorado Benefits Management System.

Federal Poverty Level (FPL) – a measure of income set annually by the U.S. Department of Health and Human Services used to determine eligibility for health insurance affordability programs and other public assistance programs.

Health Coverage Guide (HCG) – an individual who works at an Assistance Site and is trained and certified by Connect for Health Colorado to provide assistance with outreach, education, and applying for Advanced Premium Tax Credits, Cost Sharing Reductions, and qualified health plans through the marketplace. They also assist with qualified health plan selection and enrollment. Health Coverage Guides cannot recommend specific qualified health plans.

Health insurance affordability program – health coverage programs, including Health First Colorado (Colorado’s Medicaid Program), Child Health Plan *Plus*, and subsidies in the form of Advanced Premium Tax Credits and Cost Sharing Reductions to purchase private health insurance through Connect for Health Colorado.

Health insurance marketplace – an online health insurance eligibility, shopping, and enrollment portal established by the Affordable Care Act. Marketplaces may be federally-facilitated, facilitated in partnership with the state, state-based on the federal platform, or state-based. Colorado has a state-based marketplace, Connect for Health Colorado.

Individual mandate – the federal requirement introduced by the Affordable Care Act requiring most individuals in the U.S. to have health coverage or pay a penalty.

Lawfully present – a term used to describe immigrants with certain lawful immigration statuses, including those with qualified noncitizen status, a humanitarian-related status or circumstance, a valid nonimmigrant visa, or a legal status conferred by other immigration laws.

Medical Assistance – the term used by the Colorado Department of Health Care Policy and Financing to collectively describe Health First Colorado (Colorado’s Medicaid Program) and Child Health Plan *Plus*.

Medical Assistance (MA) site – an organization trained and certified by the Colorado Department of Health Care Policy and Financing to process applications in the Colorado Benefits Management System.

Mixed eligibility household – a household where some members are eligible for Health First Colorado (Colorado’s Medicaid Program) or Child Health Plan *Plus* and other members are eligible for a qualified health plan with or without Advanced Premium Tax Credits or Cost Sharing Reductions.

Open enrollment period – the time of the year clients can enroll in private insurance, including qualified health plans through the marketplace. For 2017 health coverage, open enrollment is from November 1, 2016, through January 31, 2017. Health First Colorado (Colorado’s Medicaid Program) and Child Health Plan *Plus* do not have an open enrollment period. Clients can enroll in these programs all year long.

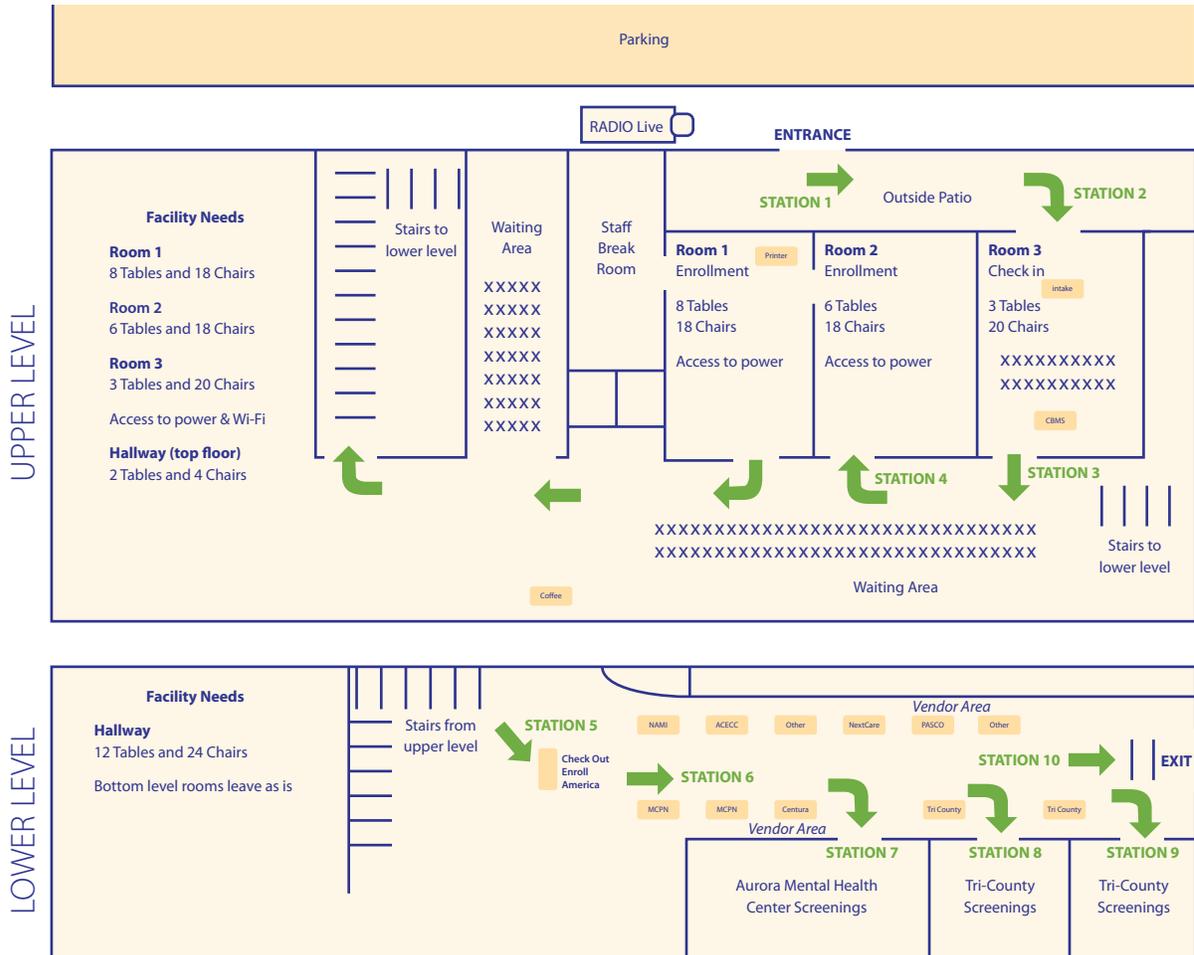
Qualified Health Plan (QHP) – established by the Affordable Care Act starting in 2014, a private insurance plan certified by the Colorado Division of Insurance in partnership with Connect for Health Colorado, and which provides essential health benefits, follows established limits on cost-sharing such as deductibles, copayments, and out-of-pocket maximum amounts, and meets other requirements.

Qualifying Life Change Event (LCE) – a change in a client’s life making the client eligible to enroll in health coverage outside of the annual open enrollment period. The three most basic types of qualifying life change events are loss of health coverage, changes in household such as getting married or having a baby, and changes in residence.

Special Enrollment Period (SEP) – a period of time outside of the annual open enrollment period when an individual can enroll in a qualified health plan if they experience a qualifying life change event.

APPENDIX B: ACAN Enrollment Event Information

These diagrams represent the details of the ACAN enrollment event including the flow of the event, the station details, the schedule, and the key roles performed by each individual and organization.



STATION 1

- Clear Entrance from the parking lot
- Volunteers stationed outside to control the flow of traffic

STATION 2

- Check in with Enroll America
 - Intake Form (Bilingual greeter)
- Seating area for clients to fill out the form (bottled water was given to clients)
- Connect for Health Colorado & Servicios de la Raza CBMS access
 - Pull clients state ID's for Health Coverage Guides, CACs, and Brokers
- Pull number for Station 3

STATION 3

- Holding area to break for a Health Coverage Guide, Broker, and CAC. Spanish-speaking clients went to our bilingual staff.

STATION 4

- Two rooms break out
 - Room 1 had English only staff
 - Room 2 had Bilingual staff
- Room had printer, scanner, and copier

STATION 4

- Two rooms break out
 - Room 1 had English only staff
 - Room 2 had Bilingual staff
- Room had printer, scanner, and copier

STATION 5

- Complete enrollment process
 - HCG, CACs, and Brokers walked clients downstairs to station 5
 - All clients did a final check out with Enroll America. All client data put into the Connector with notes, etc. for follow-up

STATION 6

- Vendors
 - Partner agencies and other participating organizations gave out information to clients. Every vendor had a small snack to give to the clients.

STATION 4

- Two rooms break out
 - Room 1 had English only staff
 - Room 2 had Bilingual staff
- Room had printer, scanner, and copier

STATION 5

- Complete enrollment process
 - HCG, CACs, and Brokers walked clients downstairs to station 5
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STATION 6

- Vendors
 - Partner agencies and other participating organizations gave out information to clients. Every vendor had a small snack to give to the clients.

STATION 7

- Aurora Mental Health Center Screening

STATION 8 & 9

- Tri-County Health Screening

STATION 10

- Exit

SCHEDULE

7:45 AM

ACAN Team Arrives

9:00 AM

Breakfast snacks provided

Health Coverage Guides & Brokers Arrive

Check in with staff

Screenings, Vendors, & Volunteers Arrive

Check in with staff

10:00 AM

Doors open to clients

11:00 AM

Staff lunch provided

2:00 PM

Afternoon snack provided

3:00 PM

Take final clients and close front door

5:00 PM

All enrollments done and began clean up

6:00 PM

Facility closes, THANK YOU & Good Night

If you need to get ahold of event coordinator, call XXX-XXX-XXXX

STAFF KEY RESPONSIBILITIES

Names of staff

Health Coverage Guides

Names of HCGs

Relief Staff

Names of staff

Brokers

Names of brokers

INFORMATIONAL BOOTHS

Informational Booths

Names of organizations with booths at event

Screenings

Orgs doing screenings

Other

Materials Needed

300 intake Forms

10 clip boards

5 orange extension chords

5 power strips

Signs for all area

2 rolls of duct tape

Boxes of pens

Breakfast/Lunch/Snacks

Breakfast Snacks provided by X

9:00 AM

Pizza provided by Y

11:00 AM Staff break room

Snacks provided by Z

3:00 PM Staff break room

APPENDIX C: O&E Workplan Assistance

Enroll America serves as an expert organization on the creation of O&E workplans. See the two documents below, “Colorado Outreach Workplan Guidance” and “Outreach WorkPlan Template” for helpful guidance on creating O&E workplans. Visit the following link for Enroll America’s how-to guide on creating O&E workplans: <https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2013/12/Enroll-America-Factsheet-HowToOutreachWorkPlan.pdf>

Colorado Outreach Workplan Guidance

Prepared by Enroll America Colorado Staff

Outreach Workplan: A workplan is a tool to help structure and evaluate your outreach efforts.

Goal: A goal is a general, big-picture statement of what you intend to accomplish. A goal should be written so that outcome is very clear and measurable. What are you trying to achieve?

Measure of Success: How will you measure progress? How will you know if your program has achieved this goal?

Workplan Time Period: Be specific about the timeframe. However, this is a living, learning document that can be reassessed, modified, and reused.

Objective: What “big” steps do you need to do to achieve this goal? Each objective should not include more than one expectation. Objectives should be:

- Specific – can identify who, what, and where
- Measurable – can identify how many
- Achievable – can be attained
- Realistic – can be attained given time and resources available
- Time-bound – can identify when it will be done

Example Objective 1: What step do you need to do to achieve the goal?

Activities	Timeline	Expected Outcome	Measurement	Responsible Person	Status/ Comments
To meet the objective, what action is needed? What barriers do you need to overcome? List specific activities that focus on meeting the objective.	When should this activity be complete?	What expected outcomes do you expect to see from this activity?	Identify data to measure and/or evaluate progress of each activity.	Who is responsible for competing this activity?	Did you complete the activity? What notes do you want to add for next time?

Sample Outreach Workplan

(Includes some objectives and activities from Colorado workplans)

Workplan Time Period: June 1, 2016 - January 31, 2017

Goal: Enroll 900 county residents into health coverage during open enrollment

Objective 1: Work with community partners to identify target uninsured populations in county

Objective 2: Research, contact, and educate 5 new community organizations who serve target communities about identifying and referring uninsured consumers

Objective 3: Develop relationships with and educate 10 employers who employ hourly and temporary workers about referring uninsured employees

Objective 4: Partner with public elementary schools in ZIP codes x and x to outreach to 400 families

Objective 5: Partner with community colleges to identify and enroll 150 young adult students

Objective 6: Partner with faith communities in high uninsured ZIP codes x, x, and x to conduct outreach to 250 individuals

Objective 7: Retention and Reenrollment: Send 3 follow-up emails to people enrolled in the second and third open enrollment periods

Objective 8: Develop a media campaign that includes a postcard mailing to specific ZIP codes, radio, and social media targeting specific communities

Objective 9: Staff Preparation and Training: 3 activities to enhance skill level and learning about policy, plans, enrollment sites, reporting, and troubleshooting

Objective 10: Enhance and maintain a referral network with 10 brokers

Objective 1: Work with community partners to identify target uninsured populations in county

Activities	Timeline	Expected Outcome	Measurement	Responsible Person	Status/ Comments
Use Colorado Health Institute data and Enroll America data to identify ZIP codes, specific populations, and communities with high numbers of uninsured people. Identify the language and cultural characteristics of the uninsured in those communities.	July 2016	Identify communities with highest number of uninsured and key characteristics of those communities.	Identify 8 ZIP codes and the characteristics of the uninsured.	Mary	
Work with collaborative partners to review information and together, identify target uninsured communities.	August 2016	Come to agreement among partners on which uninsured communities to focus on.	Agree on 6 target ZIP codes and/or communities to focus outreach.	Sam	

Objective 2: Research, contact, and educate 5 new community/municipal organizations who serve target communities about identifying and referring uninsured consumers

Activities	Timeline	Expected Outcome	Measurement	Responsible Person	Status/ Comments
Partner with County Human Services to outreach to APTC eligible clients.	July 2016 – July 2017	Provide flyers in appropriate languages to county eligibility workers to provide our contact information to APTC eligible clients. Co-locate at county 3 shifts a week to provide in-person assistance to APTC eligible clients.	Number of referrals from County Human Services Department.	Henry	
Identify and meet with housing managers in low income housing units in ZIP codes xxxxx and xxxxx.	August 2016 – September 2016	Meet with housing managers for 2 locations and secure permission to distribute 500 door hangers and host follow-up enrollment event in December.	Number of enrollments in from low-income housing community.	Pat	
Attend staff meeting at Workforce Center to educate counselors on insurance program eligibility and develop referral networks for assistance.	Sept 2016 – October 2016	Provide training to counselors on how to use the Connector to make appointments for uninsured clients. Workforce Center will place Connector widget on website.	Number of referrals from Workforce Center.	Sue	
Attend staff meeting at Community Mental Health Center.	Sept 2016 – October 2016	Provide training to intake/billing staff on how to use the Connector to make appointments for uninsured clients.	Number of referrals from Mental Health Center.	Abe	
Partner with Public Health Department to notify people applying for birth, marriage, and death certificates about potential eligibility for Life Change Events.	August 2016	Collaborate with Public Health Department on message, and Health Department will include information with each birth, marriage, and death certificate.	Number of consumers who said they received information from the Public Health Department.	Breyann	
Partner with Public Health Department to outreach to families attending child immunization clinics and flu shot clinics.	August 2016 – January 2017	Attend child immunization clinics in August and September. Provide training to intake staff on how to use the Connector to make appointments for uninsured clients.	Number of consumers who said they received information from the immunization clinics.	Breyann	
Work with collaborative partners to review information and together, identify target uninsured communities.	August 2016	Come to agreement among partners on which uninsured communities to focus on.	Agree on 6 target ZIP codes and/or communities to focus outreach.	Sam	

Objective 3: Develop relationships and educate 10 employers who employ hourly and temporary workers about referring uninsured employees

Activities	Timeline	Expected Outcome	Measurement	Responsible Person	Status/ Comments
Meet with and educate 3 employers at local ski resorts about special enrollment periods for employees who leave/ change employment.	October 2016	2 Employers will agree to distribute information about health insurance enrollment services to employees who leave employment after the ski slope closes.	Number of referrals from ski resorts.	Rob	
Meet with and educate 5 local restaurant employers about income levels for Health First Colorado/CHP+ and marketplace insurance eligibility.	October 2016	3 Employers will post health insurance information in breakrooms and will encourage uninsured employees to make an appointment for in-person assistance.	Number of employees from local restaurants.	Sylvia	
Meet with 2 Home Health Agencies to provide information to contract home health aids.	November 2016	2 Employers will provide health insurance information to employees in staff meetings and emails encouraging uninsured employees to make an appointment for in-person assistance.	Number of employees from Home Health Agencies.	Katrina	

Objective 4: Partner with public elementary schools in ZIP codes xxxxx and xxxxx to outreach to 750 families

Activities	Timeline	Expected Outcome	Measurement	Responsible Person	Status/ Comments
Work with staff at Reed elementary to collaborate on health insurance education and enrollment.	November 2016	Send health insurance information and commit cards home in backpacks of 400 students.	Number of families who return commit cards to school.	Rob	
Work with staff at Maple Elementary School to collaborate on health insurance education and enrollment.	December 2016	Advertise and host an enrollment fair at the school in December. Send flyers and emails to parents of 350 students.	Number of families who attend enrollment fair.	Marco	

Objective 5: Partner with community colleges to outreach to student body and enroll 150 young adult students

Activities	Timeline	Expected Outcome	Measurement	Responsible Person	Status/ Comments
Form relationship with community college student health clinic or Wellness Center.	October 2016	Wellness Center staff taught to make Connector referrals, add widget to website.	Number of referrals coming from community college clinic.	Rob	
Work with staff at community college to create a plan for outreach and enrollment leading up to Youth Enrollment Day.	November 2016	School sends email blast to student body with key messages to Young Invincibles. School also hosts an enrollment event in January.	Number of students who enroll on-campus.	Marco	

Objective 6: Partner with faith communities in high uninsured ZIP codes xxxxx, xxxxx, and xxxxx to conduct outreach to 400 individuals and families

Activities	Timeline	Expected Outcome	Measurement	Responsible Person	Status/ Comments
Meet with the first ladies and health ministries of 8 AME, Baptist, or other African-American faith communities to provide education about health insurance enrollment assistance.	October 2016	Provide training to health ministry leaders on how to use the Connector to make appointments for uninsured clients.	Number of referrals.	Deborah	
Establish schedule of HCP (Healthcare from the Pulpit) with consecutive weekends dedicated to pitching the value of health coverage.	December 2016	Pastor makes a healthcare pitch to his/her congregation to make Connector appointments or bring uninsured friends/family next Sunday when enrollment assisters are present (ex. MLK Weekend).	Number of HCP events, referrals.	Karl	
Meet with Faith-based leaders in the Latino community to provide education about health insurance enrollment assistance.		Faith leader will include information about enrollment assistance in the weekly news.			

Objective 7: Retention and Reenrollment: Send 3 follow-up emails to 800 individuals and families enrolled in the second and third open enrollment periods

Activities	Timeline	Expected Outcome	Measurement	Responsible Person	Status/ Comments
Prepare digital and printed tools for HCGs, CACs, and Community Partners.	September – November 2016	Easy to read and catalogued resource library with Health Insurance education materials for staff and partners in languages appropriate for community.	Staff survey to evaluate compiled resource library.	Evon	
Email insured consumers on importance of paying premiums on time and reporting income changes to maintain insurance.	April 2016	Consumers will stay enrolled and will contact our agencies for assistance, if needed.	Number of emails sent. Click rate for opened emails.	Rob	
Email insured consumers to tell them about the value of getting preventive care. Remind employees about the importance of selecting an in-network provider.	July 2016	Consumers will stay enrolled and will contact our agencies for assistance, if needed.	Number of emails sent. Click rate for opened emails.	Marco	
Email insured consumers to remind them about open enrollment beginning November 1, 2016 and the importance of shopping for new plans.	October 2016	Consumers come in for in-person assistance and reenroll (helpful to include Connector's direct enrollment location link for your organization).	Number of emails sent. Click rate for opened emails. Number of consumers who come in for in-person assistance.	Marco	

Objective 8: Develop a media campaign that includes a postcard mailing to specific zip codes, radio, and social media targeting specific communities

Activities	Timeline	Expected Outcome	Measurement	Responsible Person	Status/ Comments
Identify the ZIP code in the county with the highest number of uninsured and mail postcard about enrollment event in January.	December 2016	Inform 700 people in the community about enrollment services and enrollment event in January.	The number of people in the community who made an appointment or attended the enrollment event (bonus: and say they received a post card!).	Lida	
Identify and ask 3 organizations that have Spanish-language Facebook presence to post enrollment event information. Ask to post Spanish Language Connector Widget.	December 2016	Two Spanish-speaking organizations will post information about community enrollment events and will post the Spanish-language Connector Widget on their website.	Number of Spanish-speaking consumers who attend enrollment event and say they heard about it on Facebook.	Javier	
Enlist 4 community validators (elected officials, community leaders, very articulate consumer with Marketplace success story).	December 2016	Community validators can be made available for op-eds, press conferences, media, earned media opportunities, and/or faith outreach.	Number of earned media hits promoting open enrollment and particularly enrollment locations.	Janice	
Identify 3 local media outlets to publish an earned media story about upcoming enrollment event.	December 2016	One radio station and one local newspaper will interview Spanish-speaking community validator the week of enrollment event.	Number of consumers who heard about the enrollment event through media.	Janice	

Objective 9: Staff Preparation and Training: 3 Activities to enhance skill level and learning about policy, plans, enrollment sites, reporting, and troubleshooting

Activities	Timeline	Expected Outcome	Measurement	Responsible Person	Status/ Comments
Review the fourth open enrollment period enrollment goals with staff to evaluate and determine most efficient processes for enrolling consumers.	July 2016	Enrollment team is aligned with enrollment goals and best means to meet them.	Clearly defined schedules, and processes for: intake, reporting, escalations, referrals, follow-up, and customer surveys.		
Staff Recertification for the fourth open enrollment period: ensure staff are fully trained, and equipped to meet consumer enrollment goals for the fourth open enrollment period.	September 2016	Sufficient certified staff to meet service and enrollment goals.	Each HCG/CAC passes initial certification or recertification for Connect for Health Colorado/PEAK certification compliance.	Jess	
Monthly Lunch & Learn sessions to share best practices and to gain more in-depth knowledge on policies, insurance plans, challenges, and solutions.	2016-17	Preparing staff to meet customer needs in an ever-changing healthcare environment and equipping staff to handle complex issues beyond the basics.	Staff evaluation of value of lunch and learn sessions. Customer satisfaction survey from consumers.	Greg	

Objective 10: Enhance and maintain a referral network with 10 brokers

Activities	Timeline	Expected Outcome	Measurement	Responsible Person	Status/ Comments
Grow our relationship with local certified insurance brokers by reviewing the third open enrollment period with them, asking for input on how we can better help them meet their customer's needs and grow their business for the fourth open enrollment period.	2016-17	Increased referrals to brokers resulting in higher efficiency for HCG enrollments. Increased referrals from Brokers to assist with system errors, mixed eligibility issues.	Number of clients are being referred between brokers and HCGs. Customer satisfaction survey from consumers.	Chris	

Additional suggestions for partnerships: Fire Departments, municipal organizations like city and county governments, Health Access Groups, County Jails and Correctional Centers, Urgent Care Centers, Mental Health Centers and Clinics, Workforce Centers, Small Business Development Centers, Fitness Centers, Recreation Centers, the YMCA, Immigrant Resource Centers, Tax Prep Sites, and Naturalization Services

Life-changing event (LCE) locations: marriage offices, maternity wards, realtors, low-income housing (apartment lease packets, RV park flyer distribution)

OUTREACH WORKPLAN TEMPLATE

Outreach Workplan for: _____

Workplan Period: _____

Goal: _____

Strategy/Objective: _____

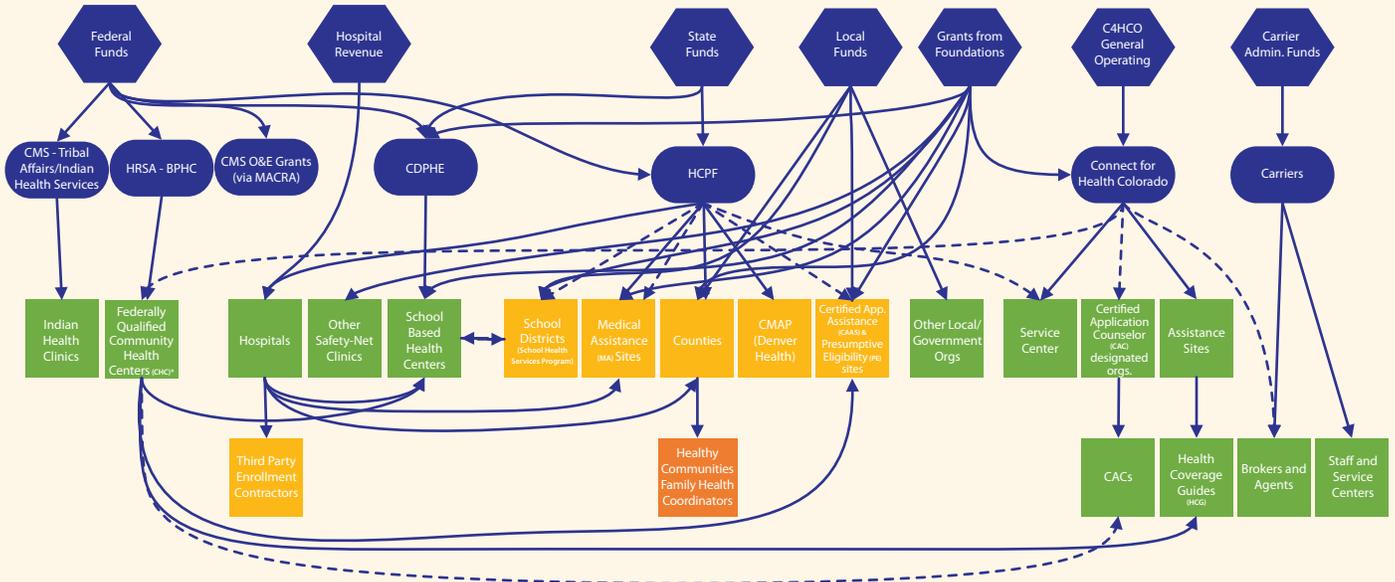
Activities	Timeline	Expected Outcome	Measurement	Responsible Person	Status/ Comments

APPENDIX D:

O&E Funding and Certification Relationships in Colorado

Outreach and Enrollment Funding and Certification Relationships in Colorado

This map is intended to be a tool to help the assister community understand the current state of funding streams and the types of certifying relationships involved in O&E work in Colorado, and to help inform recommendations for the future based on any challenges observed in the current state.



Community-based organizations often have multiple designations: a CHC may also be a MA, CAAS, PE, and CAC site; a county may also be a healthy communities, CAAS, PE, and Assistance site; a school district's Medicaid department may also be a CAAS and PE site, and have a connection with a CHC through the school-based health center. Multiple funding or certification sources also contribute to multiple tracking methods, reporting time frames, and evaluation reports for each entity.

KEY:

- Kids Medicaid and CHP+ Enrollment Assistance
- Medicaid and CHP+ Enrollment Assistance
- Medicaid, CHP+, and Marketplace Enrollment Assistance
- Original Funding Source
- Agency
- Funding Relationship
- Unfunded Relationship

* Two CHCs in Colorado use BPHC funding to pay for FTE at other CBOs

APPENDIX E:

Grantee Certifications

- Arapahoe County Early Childhood Council: HCG
- Boulder County: HCG and county
- The Family and Intercultural Resource Center: HCG and CAAS
- The Health District of Northern Larimer County: HCG and CAAS
- Hilltop Community Resources, Inc.: HCG, MA site
- The La Plata Family Centers Coalition: CAC and CAAS
- The North Colorado Health Alliance: HCG
- The Northwest Colorado Community Health Partnership: HCG, CAAS, PE, and MA site
- Piñon Project: HCG and CAAS
- Pueblo StepUp: CAC through Centura Health affiliation and MA site

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Colorado Covering Kids and Families

600 Grant Street Suite 800
Denver, CO 80203

(303) 861-5165
ckf.cchn.org