The open enrollment period for people to apply for coverage through the Affordable Care Act’s health insurance exchanges kicked off on November 15, 2014, and extends to February 15, 2015, and health centers are once again at the epicenter of the push to enroll the uninsured.

Through the end of September this year, health centers reported supporting more than 19,000 trained outreach and enrollment (O&E) assistance workers and assisting more than seven million people in their efforts to become insured.

“Health centers are on the front lines of caring for the uninsured and will continue to be a key player in getting people the quality, affordable health care coverage they deserve this year, just like they were last year,” says Dr. Matthew Heinz, Director, Provider Outreach, U.S. Department of Health and Human Services.

“We’re counting on health centers to get the word out to their patients,” says Dr. Heinz. “If they are looking for health insurance, [they should] look no further than the Health Insurance Marketplace. If they already have health coverage through the Marketplace, make sure they know open enrollment is the time to review their plan and decide if they need to make changes for 2015. With all the new choices out there, there may be a more affordable plan that better fits their family’s needs.”
Creating an Enrollment-Centered Culture

One of the major lessons learned from the first open enrollment period was that enrolling the uninsured is critical to all aspects of a health center’s operations. Having more people insured could lead to a better payer mix for health centers and better health outcomes for patients. As a result of this double bottom line perspective, many health center executives are making important changes to ensure that all health center staff are focused on enrollment.

A strong example of where this is happening is the Mountain Comprehensive Health Corporation (MCHC), a large rural, federally-qualified health center based in Whitesburg, KY, that serves 27,000 patients annually at five sites. MCHC received O&>E funding from the Health Resources and Services Administration (HRSA) last year that allowed it to hire dedicated O&>E personnel, who are referred to as kynectors. (The state’s health insurance exchange is called kynect.)

When the first open enrollment period began on October 1, 2013, an enormous volume of people came to the health center for assistance. Teresa Fleming, Director of Financial Affairs at MCHC, immediately recognized the importance to her center’s overall operations of reducing appointment backlogs and enrolling the uninsured into coverage.

Under her leadership, MCHC has trained 27 clinic staff – and not just those brought on as a result of the HRSA supplemental funding – kynectors. The center’s billing staff, receptionists, financial counselors, clinic administrators, office managers, school-based coordinators, and even Fleming herself, have been trained.

The idea is to ask patients about their insurance status at multiple points within their health center visit.

“When a patient comes into the clinic to be seen, a registration form and/or income verification form is filled out capturing data for UDS [Uniform Data System-HRSA’s health center data reporting system] and sliding scale purposes,” says Fleming. “Because MCHC receptionists are trained as kynectors, they can identify if the patient is eligible under the kynect guidelines.”

Fleming points out that certifying the receptionists is crucial because they are the first people patients see when they walk into the health center.

“The receptionist, if time permits, goes ahead with the assist. If not, then the patient is referred to the next available kynector to learn about their options and enroll.”

Capturing patients at other places within the center – referred to as “in-reach” – is also a key part of MCHC’s ongoing enrollment strategy.

“If a patient has a balance, it is our policy to direct them to the financial counselor, who is also a trained kynector. To ensure that no one has fallen through the cracks, some of our self-pay billing staff have been trained as kynectors. This gives them the ability to recognize a patient who may have been eligible for coverage.”

In addition to educating all staff about kynect, MCHC has worked on the strategic placement of kynectors within its clinic sites, underscoring their overall importance to the health center’s operations.

According to Zachary Sturgill, MCHC’s kynect Outreach Coordinator, the kynect function at its largest site (Whitesburg Medical Clinic) is located in the main lobby – a well-defined area – to ensure adequate visibility for patients. He also points out that there are kynect rack cards that provide essential information about the program in each site’s lobby and central office.

While in-person assistance has proven to be the most effective way to enroll people into coverage, enrollment assisters in Kentucky are able to complete applications over the phone. Telephone assistance has been a boon to efforts to enroll people in hard-to-reach rural areas of the state who cannot easily access the health center.

MCHC has also created outreach events such as the kynect Sunday Social, where MCHC partnered with the local hospital for an afternoon of gospel singing, food, and a health fair. MCHC also operates 16 school-based clinics, which means that kynectors are able to attend most major school events.

In addition the health center has ramped up its advertising and marketing efforts to remind residents in a largely rural area about the new open enrollment period.

“We mainly advertise through radio and newspaper. However, we have also found that social media, such as Facebook, is a great way to reach the population,” says Sturgill. “We receive a great response when we post that we are available to enroll or answer questions on Facebook. We have also placed billboards in each of our service area counties to remind people about kynect.”

Dealing with Challenges, Forging Ahead

Making outreach and enrollment a health center-wide priority has been particularly challenging in states that haven’t expanded Medicaid, where the federal government facilitates the insurance exchange, or that have laws that restrict the activities of enrollment assisters. Despite these challenges, health centers have adapted to find innovative ways to reach and enroll their communities.

Nuestra Clinica del Valle is a federally qualified health center in San Juan, Texas. San Juan is a city of approximately 34,000 people on the U.S.-Mexico border with a population that is 95%
Hispanic or Latino. Heading into last year’s open enrollment period, Texas led the nation with the highest percentage of uninsured residents.¹

According to Christian Muñoz, the Outreach and Enrollment Coordinator at Nuestra Clinica del Valle, the problems with the www.healthcare.gov website during the first open enrollment period caused many enrollment challenges.

“There were many times when we were trying to find someone’s application that the website had glitches and presented an enrollment barrier for my employees,” says Muñoz. “Many consumers took time off from work to set up an appointment to get enrolled into the Marketplace Health insurance. My employees would have had higher enrollments if the website worked properly.”

In addition to last year’s website problems, the lack of Medicaid expansion in Texas and overall skepticism continues to adversely impact outreach efforts.

One such example is a new online reporting tool created by the Texas Association of Community Health Centers (TACHC). Nuestra Clinica del Valle formerly used a Microsoft Excel spreadsheet to collect the information needed both during the enrollment process and for its quarterly progress reports to HRSA. The TACHC reporting tool allows Muñoz to see how many clients each assister has met with and whether or not his staff are meeting their monthly goal of assists and application submissions.

“The TACHC tool minimizes time and maximizes the work productivity for certified application counselors,” says Muñoz.

Jill Kessler, the program specialist in charge of outreach and enrollment for the Community HealthCare Association of the Dakotas, says that the development and streamlining of tools has health centers in a much better position for the second open enrollment period.

“The state websites serve as a central hub to connect consumers with numerous resources and in-person assistance,” says Kessler.

Despite this, enrollment numbers at the health center have still been strong and Nuestra Clinica has invested heavily in training assistants and building effective partnerships with community organizations to handle the workload. Like Mountain Comprehensive Health Cooperation in Kentucky, Nuestra Clinica has stressed the importance of enrollment by creating a separate office located next door to the clinic that is dedicated just for enrollment assistance.

Another boost to enrollment efforts has been a range of enrollment tools – from subsidy calculators to assister toolkits – created by national, state and local partners.

Other resources, such as Enroll America’s Connector Tool, allow consumers to “connect with assistants and schedule their own appointments,” in addition to providing organizations that do the actual enrollment work a way to track and report assists, according to Kessler.

The level of demand for enrollment assistance and the degree to which health insurance exchanges/websites will function efficiently remain to be seen. In addition, the question of how assistants can handle the task of simultaneously enrolling and re-enrolling consumers in a three-month time frame poses additional challenges. But the proliferation of tools and resources for assistants, combined with the knowledge acquired and lessons learned from the first open enrollment period, have health centers well positioned to make gains in enrolling the uninsured and ultimately expanding healthcare access to more people.

Ted Henson is Director of NACHC’s Robert Wood Johnson Outreach and Enrollment Project.

¹ http://www.texmed.org/Uninsured_in_Texas/

Federal Support of Health Center Outreach & Enrollment Efforts

HRSA provided $150 million in grant awards in July 2013 to 1,159 health centers and $58 million in one-time awards in December 2013. This October, HRSA announced supplemental funding awards for O&E work to 91 health centers (those that were newly funded or had not previously received supplemental O&E funds) in 35 states and the District of Columbia.