



Outreach & Enrollment

Training Curriculum 2.0

For Health Center Staff & Outreach Workers



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Introduction

Health center staff and outreach workers play many important roles, such as **connecting members of a community with health center services**. Outreach workers are a health center's first point of contact and are very knowledgeable about their community's strengths, needs, interests, and concerns. Often coming from the community, outreach workers build trust by bridging the gap between people and health center services. This not only helps health centers reach more people, but can uplift and empower communities by bringing their voices to the table. This is especially important in helping marginalized people overcome barriers and improve their access to affordable health care.

Did you know that right now millions of people are losing their health insurance coverage? As a result, health centers are badly impacted since they are the ones who directly work with many of these impacted communities. In fact, 50% of patients who go to a health center rely on public assistance programs, like Medicaid.

This may seem like all bad news, **but we have a solution... YOU!**

The good news is that **outreach workers can put an end to this cycle** by bridging the gap between communities and enrollment into affordable health coverage. With proper support, outreach staff can be leveraged to go into communities and provide people with up-to-date information and step-by-step instructions on how to help people enroll or re-enroll in health insurance.

By the end of this training, you will...

- 1.** Walk away more confident about helping your community address concerns and challenges regarding affordable health insurance.
- 2.** Understand how to identify priority populations most likely to face difficult health coverage scenarios, and how best to assist them.
- 3.** Explore practical strategies and communication techniques, both at the individual and community-level, to help get people in your community enrolled into health coverage.
- 4.** Be able to navigate questions and challenges regarding the current Medicaid redeterminations and provide up-to-date information associated with the end of the COVID-19 Public Health Emergency and beyond.

This training booklet is filled with activities and ready-to-use resources that you can take on the go and keep for future use.



Getting Started

Welcome to Your O&E Training!

Getting Started

Welcome!

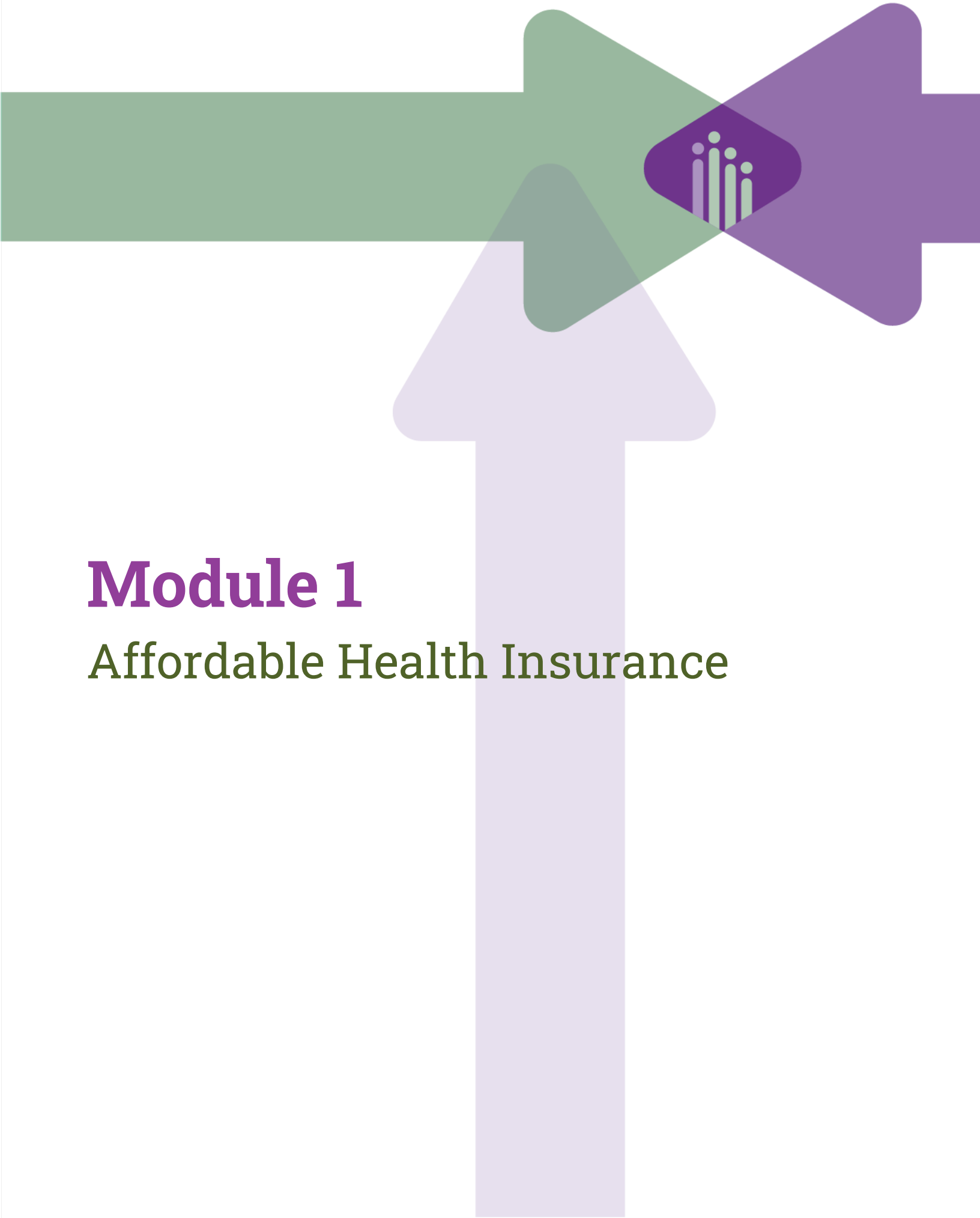
To your outreach and enrollment training. Whether this is your first one ever or a training you have done before, this interactive and easy to follow curriculum will help you optimize your community’s access to affordable health insurance.

In this training, **you will walk away more confident to help and address community concerns about affordable health coverage.** You will develop practical strategies and communication techniques that will assist you in answering questions and addressing challenges that your priority population may be struggling with. This training booklet is also filled with **real-world examples, informative activities, ready-to-use resources, and summarizing index cards** that you can take on the go and keep for future use.

Complete Training Agenda

Section	Details	Time
Getting Started	Welcome and Introductions	
	Training Agenda & Ground Rules	
Module 1: Affordable Health Insurance	Importance of Health Insurance	
	Overview of Public Health Insurance	
	The Health Insurance Marketplace	
	The Role of Outreach in Boosting Coverage	

Module 2: Priority Populations & Health Coverage Scenarios	Priority Populations	
	Best Approaches and Solutions	
Module 3: Individual Level Strategies	Case Management	
	Busting Myths and Fears about Coverage	
	Motivational Interviewing	
Module 4: Community Level Strategies	Developing an Outreach Plan	
	Taking Collective Action	
Module 5: Investing in the Future	Maintaining Coverage	
	Tracking Case Load	
	Data Collection	
Wrap Up	Key Takeaways	
	Q&A	
	Evaluation	



Module 1

Affordable Health Insurance

Module 1: Affordable Health Insurance

Let’s first talk about the basics:

We know talking about health insurance is confusing. **In this first Module, we will provide an overview of affordable health insurance.** At the end of this module, you will be able to answer questions like: *Why should everyone have health insurance? What are some affordable health insurance options? Who is eligible and how can people get enrolled?*

Additionally, we will look at today’s challenges and problems that many people face when it comes to getting and keeping health coverage. More specifically, you will discover how the Medicaid redeterminations (because of the end of the COVID-19 Public Health Emergency) are changing people’s ability to get covered.

It is critical that we start with these basics so health center staff and outreach workers, like you, know all about affordable health insurance. **Remember, YOU are the key** to helping your community get covered during these difficult times!

Module 1 Agenda

Section	Sub Sections	Time
1. Importance of Health Insurance		
2. Overview of Public Health Insurance	2.1 What is public health insurance? 2.2 Who is eligible? 2.3 How can people get enrolled?	
3. The Health Insurance Marketplace	3.1 What is the Marketplace? 3.2 Who is eligible and how to apply?	
4. The Role of Outreach in Boosting Coverage	4.1 Your important role in outreach 4.2 Real-world example: COVID-19 4.3 How can you help?	

Learning Objectives:

1. Understand the basics of public health insurance programs and the Health Insurance Marketplace.
2. Learn about the effects of the Medicaid Redeterminations and the end of the COVID-19 Public Health Emergency on people’s access to health insurance.
3. Discover your important role in outreach and helping vulnerable people get affordable health coverage.

Section 1: Why is health insurance so important?

Let’s Reflect!

What does having affordable health insurance mean to you or to people in your community?

“The right to health for all people means that everyone should have access to the health services they need, when and where they need them, without suffering financial hardship.” – World Health Organization

Health care is a fundamental right and everyone should have access to the health services they need without suffering financial hardship. **Having health insurance coverage is a right!**

Every single person will need medical treatment at some point in their life, even if they are healthy and do not have any current medical issues. Sadly, people who suddenly find themselves needing medical services end up learning that they can be very costly. In fact, many people end up using their retirement money or taking loans to pay off their medical bills.



Having health insurance can prevent this problem by:

- Protecting people from paying a lot of money for their health services, especially emergency services.
- Providing preventive care at no cost! Preventive health care services are medical services for healthy people who do not have medical issues. Preventive care can help identify and treat certain medical problems from early on to improve health outcomes at a much more reduced cost.
- Giving people control of their health. Health insurance gives peace of mind knowing they are safe from life-changing expensive medical bills.

That when more people are uninsured, medical costs go up?

When more people get insured, medical bills get covered, pressure on healthcare goes down, and costs go down too!

You can help people in your community and patients at health centers realize the importance of getting covered.

We understand how getting health insurance can be extremely confusing and difficult, which is why in our next step we will learn the basics of affordable health insurance and how people can enroll.

Section 2: Overview of Public Health Insurance

2.1 What is Public Health Insurance?

Private health insurance plans can be expensive. Some people are fortunate to be able to buy their plans through their employer at a cheaper price but for many individuals and families, this is not the case, which is why public health insurance is so essential.

Public health insurance programs are run by U.S. federal, state, or local governments in which people have some or all of their health care costs paid for by the government.

There are 3 Main Public Insurance Programs:

- **Medicare** is a federal health insurance program for people aged 65 years or older, people with certain disabilities, or people with permanent kidney disease.
There are 4 “parts” to Medicare:
 1. Part A (hospital insurance) covers inpatient care in hospitals.
 2. Part B (medical insurance) covers general services from doctors and other health care providers and outpatient care.
 3. Part C (known as Medicare Advantage Plan), is a Medicare-approved plan from a private insurance company that you can choose to help cover most of Part A & Part B benefits.
 4. Part D (drug coverage) covers drug prescriptions.

For more information on Medicare: <https://www.medicare.gov/>

- **Medicaid** is a public health insurance program for people or families with limited incomes and resources, including children, pregnant women, older adults, and people with disabilities. The program is funded jointly by states and the federal government.

Each state government runs its own Medicaid program using federal guidelines, so Medicaid rules and benefits can differ from state-to-state. **To be eligible for Medicaid, a person or family must meet the Medicaid rules of the state in which they live.**

Additionally, Medicaid has a different name in each state. To know what the program is called in your state check out this link: <https://www.medicaidplanningassistance.org/state-medicaid-resources/>

For more information on Medicaid: <https://www.medicaid.gov/>

- **The Children’s Health Insurance Program (CHIP)** provides health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states, according to federal requirements. The program is also funded jointly by states and the federal government. For more information on CHIP: <https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/>

Having a basic understanding of these three public insurance programs is important when building that vital connection with someone. To be able to listen first to the kind of support they and their family need, but then help talk through and connect them to the right insurance program for their needs.

2.2 Who is Eligible?

Medicare Eligibility:

As stated above, people are eligible for Medicare if:

- They are 65 years or older.
- They have permanent kidney disease, referred to as ESRD (End Stage Renal Disease), and are waiting for dialysis or transplant.
- They get diagnosed with ALS (Amyotrophic Lateral Sclerosis or Lou Gehrig’s disease).
- Have certain disabilities (like Alzheimer’s or blindness) and have been receiving Social Security Disability benefits for at least 24 months.



That some people can be enrolled in both Medicaid and Medicare at the same time? Medicaid can cover additional costs for the elderly like dental & vision.



To be eligible for Medicaid or Medicare, a person has to be a U.S. citizen or a permanent legal resident in the U.S. for 5 years.

Medicaid Eligibility:

No matter what state you're in, federal law requires states to cover certain groups of individuals, these include:

- Low-income families with children under 26 years of age.
- Low-income pregnant women.
- People receiving Supplemental Security Income (SSI), which is a program that provides monthly payments to adults and children with a disability or blindness who have income and resources below specific financial limits, including those with disabilities or the elderly.

For the whole list of eligible individuals, see

<https://www.medicaid.gov/sites/default/files/2019-12/list-of-eligibility-groups.pdf>.

CHIP Eligibility:

Children of families with incomes too high to qualify for Medicaid but too low to afford private health insurance can be eligible for CHIP if they are:

- Under 19 years of age.
- Unable to get any other insurance coverage.
- A citizen or meet certain immigration requirements.
- A resident of the state they live in.
- Eligible within the state's CHIP income range and requirements.

For more information:

<https://www.medicaid.gov/chip/eligibility/index.html>

States also have the option to provide additional coverage and may choose to cover other groups of individuals, such as people receiving home and community-based services or people experiencing a specific health problem like breast cancer.

What is the Medicaid Expansion?

You may have heard a lot of talk about if your state has approved or has yet to approve the Medicaid expansion. Medicaid expansion expands Medicaid to cover nearly all low-income individuals under age 65 that meet the state's income qualifications.



How "low-income" levels are decided?

Income and assets are taken into account when calculating a person's or family's level of income. It is then compared to the federal poverty level, and presented as a % of the federal poverty level.

For states that have expanded their Medicaid program, individuals or families with incomes of up to 138% of the federal poverty level can be eligible for Medicaid.

As you can see, **Medicaid eligibility can look very different from one state to the next**, because there are so many factors! This is why it is important for you to dig deeper and know more about the state-specific Medicaid eligibility criteria in your state.

_____’s Medicaid Eligibility

{Insert your state here}

1. State-specific eligible groups and individuals include:

2. People may also qualify for Medicaid benefits if they are already enrolled in one or more of the following programs:

3. What additional benefits are covered under Medicaid in _____ ?

{Insert your state here}

Additional information:

To help you find out exactly who is eligible for Medicaid or CHIP in your state or if you want to know if certain members of your community are eligible, you can check out the federal government website here: <https://www.healthcare.gov/>

This is a fast, simple to use resource that you can easily access. Please share this website with anyone interested in learning more about public health insurance.

2.3 How Can People Get Enrolled?

Medicare:

Individuals receive their Medicare card automatically in the mail if they meet eligibility criteria and receive Social Security Benefits at the same time.

However, for those who do not receive social security benefits, they can sign up for Medicare themselves between 3 months before their 65th birthday and 3 months after the month they turn 65.

Medicaid or CHIP:

Even if someone is not sure that they are eligible for Medicaid or if their children are eligible for CHIP, **you should first check with an enrollment officer with any questions or concerns, and then encourage them to apply anyway.**

There are two main ways to apply:

- Online, by phone, or by mail through the state's Medicaid or CHIP agency.
Find your state's Medicaid agency: <https://www.medicaid.gov/about-us/beneficiary-resources/index.html#statemenu>
Find your state's CHIP agency: <https://www.insurekidsnow.gov/coverage/index.html>
- Through the Marketplace (see Section 3: Health Insurance Marketplace).

NOTE: Sometimes people are automatically enrolled into Medicaid or CHIP if they are already enrolled in another public assistance program like SNAP (Supplemental Nutrition Assistance Program). So, it's always good to ask if someone is on any public assistance programs!

What about Emergency Medicaid?

You may have heard of Emergency Medicaid before. **Emergency Medicaid is NOT regular Medicaid coverage.** It only covers medical expenses for someone who is not usually eligible for regular Medicaid but experienced a sudden medical emergency requiring costly health services.

A medical emergency can be any of the following:

- A stroke
- Heart attack
- Severe burns
- Emergency surgery
- Labor and delivery
- Serious injury



Though undocumented people are not eligible for regular Medicaid, anyone is eligible for Emergency Medicaid.

People who qualify for Emergency Medicaid must not have any insurance and must still meet certain income eligibility criteria set by each state. It is important to note that folks must still apply to Emergency Medicaid to receive its benefits.

Let's Reflect!

Now that you have completed this section, pretend to summarize public health insurance programs to someone who has never heard of them before, as fast as you can. Ready, set, GO!

In the next section, you will learn about the Health Insurance Marketplace which provides people and families with private coverage plans at a reduced price, if they are not eligible for Medicaid or CHIP.

Section 3: Health Insurance Marketplace

Even if a person's income or situation changes, making them ineligible for public health insurance, they should know that staying covered is important. People who are **no longer** eligible or have lost Medicaid or CHIP can get marketplace coverage, meaning **they can still get health coverage at a reduced price.**

3.1 What is the Marketplace?

The Health Insurance Marketplace is a service that helps individuals, families, and small business owners shop for and enroll in health insurance. The federal government operates the Health Insurance Marketplace for most states. Some states run their own Marketplaces.



When someone applies to the Marketplace, they automatically apply for Medicaid. Some people find out they are eligible for Medicaid that way.

There are four main plans:

1. **Bronze:** The plan with the lowest premium (the amount of money needed to be paid monthly to keep the coverage). Bronze plans covers 60% of medical costs while 40% needs to be paid by the subscriber.
2. **Silver:** The plan with the next lowest premium. Silver plans cover 70% of medical costs while 30% is paid by the subscriber.
3. **Gold:** The plan with the second highest premium. Gold plans Cover 80% of medical costs while 20% is paid by the subscriber.
4. **Platinum:** The plan with the highest premium. Platinum plans cover 90% of medical costs while 10% is paid by the subscriber.

The good news is that through the Marketplace, people can qualify for reduced cost plans (i.e., the government will help pay a part or all of a person’s monthly premiums), tax credit savings, or cost-sharing reductions.

3.2 Who is Eligible and How to Apply?

Since some states manage their own Marketplace, eligibility is different according to where a person lives. **As stated above, the best way to find out if someone is eligible is to just apply and see!**

-----’s Marketplace Eligibility

{Insert your state here}

1. Groups or individuals who can receive state-specific Marketplace benefits include:

2. What additional benefits are covered in -----’s Marketplace?

{Insert your state here}

Additional information:

Shopping for affordable health coverage through the Marketplace is very similar to applying to Medicaid or CHIP. A person can do it online or reach out to local help.

To apply online:

1. Go to Healthcare.gov:
<https://www.healthcare.gov/get-coverage/>
2. Provide your state and zip code.
3. Get transferred to your state’s Marketplace website.
4. Provide information such as your income, household size, health coverage status, immigration information, and the plan you want to select.



There are deadlines to apply to the Marketplace or Medicare, called “Open Enrollment Period”. Some people can apply outside of this time period if they have special life events like losing a job or having a baby.

We live in an unpredictable world where politics, the economy, and a pandemic can make things more confusing. It’s important to know that **eligibility criteria can always change.**

Make sure to occasionally check in with the links and resources provided in this curriculum for up-to-date information, or with an Enrollment Officer for any questions!

Section 4: The Role of Outreach in Boosting Coverage

Let’s Reflect!

What does “outreach” personally mean to you?

4.1 Your important role in outreach.

You play a critical role in outreach. In fact, you are a health center’s credible messenger who can bridge the gap between members of your community and enrollment into health coverage. As we mentioned before, everyone deserves to take some control over their health and well-being. This largely depends on people having access to affordable health coverage.

You can help people take one step closer to getting covered by:

- Answering questions about the different insurance programs out there.
- Debunking myths or misunderstandings that scare people from applying.
- Referring people to resources or guidance with their applications.
- Following up with people to make sure they get or keep their coverage.



**Important
Message**

Getting covered is not easy, especially for so many vulnerable people who have been historically deprived of their right to health. There can be a lot of mistrust and misinformation preventing people from getting health coverage. Any tiny little help you provide to remove some of these barriers can make a huge difference for somebody. Baby steps can do wonders!

Let’s take the current Medicaid redeterminations following the end of the COVID-19 Public Health Emergency as a real-world example.

4.2 Real-world example: COVID-19

When the COVID-19 Public Health Emergency (PHE) was announced in January 2020, two big changes happened:

1. **Eligibility for public health insurance programs, like Medicaid, became more flexible.** This meant that more people were eligible **temporarily**.
2. A federal law called the **“continuous enrollment requirement”** meant that states must continue to provide coverage for all Medicaid enrollees during the pandemic if they wanted **an increase in federal funding**. This helped people keep their coverage during the



**Did You
Know?**

Because of these changes, enrollment into Medicaid and CHIP increased to 90 million people in August 2022. The highest it’s ever been!

pandemic. For example, if someone had Medicaid at the start of 2021 but then got a big raise in 2022, the state was not allowed to drop them from coverage.

These two decisions helped protect millions of people during a very difficult time.

But what will happen now that the public health emergency has ended?

1. As of February 2024, **over 16 million Medicaid enrollees have been disenrolled throughout the country** due to Medicaid redeterminations. This is when eligibility of people enrolled are revised every year to see who is still eligible and who must be dropped.
2. **70 percent of all people disenrolled had their coverage terminated for procedural reasons, even though they are still eligible.** This is happening because administrations all across the nation are overloaded with work and pressure, causing mistakes.
3. **Vulnerable communities are affected the most including:**
 - Children
 - Black, Indigenous, & People of Color
 - People with medical conditions or disabilities
 - Those who do not speak English fluently
 - People without a permanent address
 - People who moved during the pandemic and did not update their contact information.
4. **Many people will not even realize they lost their insurance until it is too late!** Sometimes individuals and families only realize their health coverage is lost when they receive a huge medical bill they cannot pay.



Did You Know?

1 in 10 Medicaid beneficiaries moved during the pandemic

Community health centers are financially impacted too! **Nearly 50% of people who go to health centers rely on Medicaid or CHIP.** Through the Health Center Program Mission, people can still receive health care at health centers through a sliding fee scale, but health centers could potentially lose revenue if patients lose Medicaid/CHIP, even though they could still be eligible.

The solution? You!

4.3 How can you help?

1. **Warn those using Medicaid about coming changes.** A lot of folks don't even know that this is happening. Many think they do not need to renew their coverage themselves and that it will be automatic like the past few years during COVID. Now that the continuous enrollment requirement is over, everyone has to take action.

MODULE 1: AFFORDABLE HEALTH INSURANCE

2. **Encourage people to update their contact information, look out for renewal notices, & renew coverage on time.** For the 6 million people who might lose their coverage even though they are still eligible, the solution is simple: Make sure Medicaid has their updated contact information.
3. **Check with individuals who are uninsured** to see if they (or a family member) are eligible for Medicaid, CHIP, Medicare, or State Marketplace. A lot of the time, people don't even know there is a program out there that can help them get covered. This is especially the case for people who will lose their eligibility for Medicaid or CHIP. They can be referred to the State Marketplace, instead, and stay covered!
4. **Check on your health center services to keep the community informed.** **Potential services** that may be available at health centers to help with enrollment include: helping fill out applications, solving issues like missed enrollment/application deadlines, denials, or lost renewal notices.

Sounds like a huge responsibility? Don't worry! In the next coming modules we will go over how you can achieve all this in the easiest and most effective way.

KEY TAKEAWAYS

- ✓ Health insurance is essential and protects people of all ages. Everyone should try to get covered no matter how healthy they are.
- ✓ Summary of main health insurance programs:

	Medicaid	Medicare	CHIP	Marketplace
Public or Private:	Public	Public	Public	Private
Eligibility:	Low-income families, low-income pregnant women, and people receiving SSI. + State specific eligibility criteria	People 65 years or older, have medical disabilities, or have permanent kidney disease.	Children under 19 years old whose families are not eligible for Medicaid.	For people with income too high for Medicaid but need more affordable coverage.
Deadline:	None for the first time, but must renew every year after that.	<u>Regular Plans:</u> Oct 15 to Dec 7 <u>Plan C:</u> Jan 1 - Mar 31	None for the first time, but must renew every year after that.	Nov 1 - Jan 15
To apply or check eligibility:	Medicaid.gov Healthcare.gov	SSA.gov (social security). Usually automatic if already receiving social security benefits.	Medicaid.gov Healthcare.gov	Healthcare.gov

- ✓ The end of the continuous enrollment requirement, which guaranteed people's health coverage during COVID-19, will lead to millions of vulnerable people losing their coverage.
- ✓ Outreach workers and health center staff are essential in helping people protect their right to health. In this case, it is through helping marginalized communities easily access affordable health insurance options.

POP QUIZ

1. Circle the best answer:

Who among these groups of people need to get health insurance?

- a. People who have a family history of certain diseases.
- c. Families with children or adolescents.
- d. Those with medical issues or disabilities.
- e. Elderly people.
- f. Healthy people without any known medical issues.
- g. All of the above.

2. Match the insurance program with its correct eligibility criteria:

Medicaid	For children under 19 years old
Medicare	Provides private insurance at no or low cost
Emergency Medicaid	The biggest public health insurance program
CHIP	For people over 65 years old OR with medical complexities
Marketplace	Medical care for people who suddenly need treatment

3. True or False:

People who are not eligible for public health insurance have no other choice but to buy regular priced private health coverage.

4. True or False:

Every year, people in Medicaid/CHIP have to renew their coverage to stay enrolled.

5. Circle the best answer:

Up to how many people are at risk of losing their coverage because of the current Medicaid redeterminations?

- a. 7 million people
- b. 100 thousand people
- c. 15 million people
- d. 500 thousand people

6. What is something new you discovered about your role in outreach from this module?



Module 2

Priority Populations &
Health Coverage Scenarios

Module 2: Priority Populations & Health Coverage Scenarios

The truth is,

you understand your community better than anyone. You understand their strengths, needs, interests and barriers. Now that you have a solid foundation of the different types of affordable health insurance options out there, we want to go one step further and use that knowledge to help those within your community find the coverage plan that best suit *their* needs.

Within each and every community, there are priority populations who are more likely to need additional support getting or keeping coverage. It is important to focus outreach efforts on these groups of people since they are more likely to need assistance. In this module, we will highlight **who these priority populations are and the barriers they face when trying to get health insurance.**

Understanding this will help you tailor your outreach to reach their individual needs. Additionally, we go over the potential scenarios individuals find themselves in when it comes to getting or staying covered. We will conclude this module with **practical solutions and approaches** to help people navigate their specific health insurance situation.

Module 2 Agenda

Section	Sub Sections	Time
1. Priority Populations	1.1 What Defines a Priority Population? 1.2 Common Barriers to Getting Coverage 1.3 Who are the Main Priority Populations?	
2. Best Approaches and Solutions	2.1 The Different Health Coverage Scenarios 2.2 How to Address Each Scenario 2.3 Data Collection & Case Management	

Learning Objectives:

1. Get to know more about the priority populations who face unfair barriers and struggles with getting covered and improving their health.
2. Understand the different health coverage scenarios people can find themselves in and how to best approach each one.
3. Learn about the importance of noting down contact information for case management purposes.

Section 1: Priority Populations

1.1 What defines a priority population?

In the United States, **there are several groups of people who are more likely to lack or lose health coverage than others.** These groups are more at-risk and suffer from a history of discrimination and structural barriers that prevent them from getting or keeping their health insurance. They are referred to as **Priority Populations.**

The CDC defines priority populations as:

“Those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Let's Reflect!

Question 1: What are some examples of priority populations you or your health center work with?

Priority populations represent diverse groups, communities, demographics, and lived experiences that disproportionately have unique barriers to access coverage and health care. **It is important to identify people who may belong to a priority population because they can benefit from additional support and technical assistance from health center staff and outreach workers.**

Structures and social drivers of health have a major impact on people’s health, well-being, and quality of life, as well as contribute to wide health disparities and inequities.

It is especially important that we discuss priority populations in this training so we can tailor our outreach efforts, like sharing enrollment and health insurance information, to those who need it most. **Our strategies should fit the special needs of each person, specifically adapting to the perspective, practices, and preferences of those who belong to a priority population.**

In the next coming subsections, we will identify the common barriers that prevent people from getting covered and who the main priority populations are when it comes to enrollment.

1.2 Common barriers to getting coverage

Let’s Reflect!

Question 2: What barriers or challenges have you seen people in your community face when trying to get health coverage?

There are many barriers people might face when trying to get or keep health insurance. **Although priority populations are more likely to face barriers to access and enrollment, anyone can find themselves with difficulty trying to get covered.** It is important to know that barriers exist, and the more you are able to recognize *why* people are uninsured, the more you’re able to get to the root of it and move one step closer to getting the right insurance plan. **Let’s break it down!**

First, applying for public health insurance can be complicated and overwhelming, especially for individuals that have **limited English language proficiency, low health literacy, live in rural areas without internet access, or live in mixed immigration status households.**

For example, certain documents must be submitted in order to prove eligibility for public health insurance programs like Medicaid. Applicants may be asked to present proof of citizenship/immigration status, a Social Security number, three years of tax returns, and pay stubs from the last 30 days. These documents must be correctly uploaded to an online Medicaid



Low health literacy is NOT the same as low education. Though people who have low education are more likely to have low health literacy.

verification system that could take 6-10 business days. Additionally, some applicants also have to verify their identity with financial documentation, which is not often possible **for many low-income families, those reentering communities from incarceration, refugees, and immigrants.**

For applicants that cannot enroll online they must visit a local social services office and bring with them the original identification documents. **Coming in-person adds barriers including:**

- Taking time off work
- Finding transportation
- Finding childcare
- Long wait times

Many of these barriers won't go away overnight and may seem out of your control. It's important to note that it is not your responsibility to eliminate every individual's barrier. Your role is to work with a patient to understand what their individual barriers are and provide support or resources when possible. Even if that means validating their experience, providing them with additional resources and support, referring them to a specialist, or advocating for these patients at your health center. Any small bit of guidance can do wonders!

Additional clinical provider-level and systems-levels barriers may include:

At the medical provider-level	At the systems-level
<p>Provider-related barriers</p> <ul style="list-style-type: none"> ● Providers don't speak language or understand culture or religious beliefs ● Providers do not listen and are not trustworthy ● Provider office is not welcoming <p>Perceived discrimination</p> <ul style="list-style-type: none"> ● Unfair treatment due to gender ● Unfair treatment due to ability to pay ● Unfair treatment due to race/ethnicity/nationality 	<p>Coverage barriers</p> <ul style="list-style-type: none"> ● Not sure if they are dropped from coverage ● Do not know what health plan covers ● Do not know where to go for questions <p>Financial barriers</p> <ul style="list-style-type: none"> ● Worry about cost

Source: Allen EM, Call KT, Beebe TJ, McAlpine DD, Johnson PJ. Barriers to Care and Health Care Utilization Among the Publicly Insured. Med Care. 2017 Mar;55(3):207-214. doi: 10.1097/MLR.0000000000000644. PMID: 27579910; PMCID: PMC5309146.



Less than 6% of doctors in the U.S. are Hispanic, and less than 5% are Black. It is difficult for ethnic minorities to trust a system that does not involve them enough!

1.3 Who are the main priority populations?

With a better understanding of the kind of barriers people face when trying to get or keep health coverage, we will now explore the main priority populations in the U.S. who disproportionately struggle to get covered.



The following list may not reflect all the priority populations within your community. We encourage you to allow space to explore additional priority populations, and reflect on their complexities and lived experiences. This will help you improve representation, inclusivity and equity within your community.

MODULE 2: PRIORITY POPULATIONS & COVERAGE SCENARIOS

Priority Population	Description	Common Barriers
<p>Low-income individuals & families</p>	<p>People dealing with financial or economic hardships even if they are currently employed.</p> <p>People usually earn 200% or less of the federal poverty level.</p>	<ul style="list-style-type: none"> ● Unable to afford coverage. ● Do not get coverage through their employment. ● Have incomes that are too high for public insurance programs and too low for regular-priced plans. ● Time-constraints with many juggling between more than one job and home duties.
<p>Racial or Ethnic Minorities</p>	<p>Black, Indigenous, & People of Color (BIPOC).</p> <p>Immigrants, refugees, & undocumented people.</p> <p>Compared to White Americans, African Americans are twice as likely, Hispanics communities are three times as likely, and Indigenous populations are three times as likely to be uninsured.</p>	<ul style="list-style-type: none"> ● Lack of cultural competency in the health system. ● Low English Language Proficiency and language barriers. ● Difficulty meeting documentation requirements. ● Distrust in the Health system due to Historical discrimination and disrespect. ● Under the Affordable Care Act, most immigrants qualify for health coverage but the process can be confusing. ● Undocumented folks are usually not eligible for many public health insurance programs.

MODULE 2: PRIORITY POPULATIONS & COVERAGE SCENARIOS

<p>Adolescents & Young Adults</p>	<p>Adolescents are children aged 10 to 18 years old, while young adults are those aged 19 to 25 years old.</p> <p>This group is especially affected if they live in a non-expansion state where age limits are more restrictive.</p>	<ul style="list-style-type: none"> • They are transitioning out of their old care and growing out of eligibility for public assistance programs (CHIP). • They face confusion and low health literacy when it comes to coverage for adults. • Have financial constraints.
<p>Those without a permanent mailing address</p>	<p>Those who are unhoused or those who need to move regularly for work purposes such as migrant agricultural workers.</p>	<ul style="list-style-type: none"> • Difficulty meeting documentation requirements. • Are more likely to be a part of another priority group such as ethnic minorities or low-income folks.

Spencer, D. L., McManus, M., Call, K. T., Turner, J., Harwood, C., White, P., & Alarcon, G. (2018). Health Care Coverage and Access Among Children, Adolescents, and Young Adults, 2010-2016: Implications for Future Health Reforms. *Journal of Adolescent Health*, 62(6), 667-673. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5964030/>

Tolbert, J, Drake, P., & Damico, A. (2022). *Key Facts about the Uninsured Population*. Kaiser Family Foundation. <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>



Important Message

People can belong to more than one priority population. This increases the chances of them dealing with more barriers to getting health coverage.

Understanding _____

{Insert your specific priority population here}

1. What are some of their unique characteristics (cultural background; socioeconomic status; immigration status; spoken languages; location of work, home, or play... etc.)?

2. What are their specific barriers that prevent them from getting care or coverage?

3. What is important to keep in mind when working with this population?

Section 2: Best Approaches and Solutions

Now that you have uncovered the specific needs of priority populations and the different barriers people face with getting covered, **it is important to start identifying potential health coverage scenarios individuals might find themselves in.** Once you get to know where each person or family is in terms of their health insurance status, you can then determine the best course of action to help them take the next step to getting or keeping their health coverage.

2.1 The different health coverage scenarios

People can fall under one of the following scenarios or situations when it comes to accessing public health insurances, like Medicaid:



Those who **ARE** eligible and **already enrolled**.



Those who **ARE** eligible but **did not enroll** because of experiencing certain barriers or obstacles (such as those mentioned earlier)



Those who **ARE NOT** eligible and **not enrolled**.



Those who **ARE** eligible **but were denied** because they either missed the deadline, got accidentally dropped during a redetermination or had trouble with their application.



Those who **were not previously** eligible but **ARE NOW** eligible because of a change in employment, immigration status, or household size.



Those who **were previously eligible** but **ARE NOW NOT** eligible because of a change in employment, immigration status, or household size.

Let's Reflect!

Question 3: What are some health coverage scenarios you have seen in your work?

Once you have identified which situation your client or community member is in, the next step would be to take action accordingly. In the following section, we will discover practical solutions and approaches to assisting these groups of people.

2.2 How to approach each health coverage scenario

Approaching each individual or family will be different and mostly based on their unique health coverage scenario. **In this section, we will provide you with solutions and best practices for each specific health coverage situation.**

1. For those who are eligible and enrolled

Goal: Maintain coverage to keep it.

Best strategy:

- Remind them to update their contact information with their program whenever there is a change to their personal information.
- Remind them to look out for a renewal notice every year at their designated renewal time.
- Encourage them to fill out the renewal form and send it back before the deadline.

2. For those who are eligible but not enrolled

Goal: Overcome barriers and get covered.

Best Strategy:

- Identify reasons or barriers that prevent them from getting enrolled (distrust, lack of awareness, complicated application process, and others we discussed in earlier sections).



Important Message

Each person or family has their own designated renewal date for Medicaid & CHIP. They must know it to avoid missing the deadline.

MODULE 2: PRIORITY POPULATIONS & COVERAGE SCENARIOS

- Address their specific barriers one at a time by debunking myths or correcting misinformation or providing assistance. Tips on how to do this will be provided in Module 3, Individual-level strategies.
- Follow-up with them later on to see if they were able to get enrolled.

3. For those who are not eligible and not enrolled

Goal: Find other suitable insurance or health services options.

Best Strategy:

- Double check that they, or any other member of the family, are not eligible for public insurance programs. For example, sometimes children are eligible for CHIP even when parents are not eligible for any program.
- Identify other possible health insurance options such as the Health Insurance Marketplace, where they can get affordable health coverage.
- If not eligible for reduced price plans through Marketplace, find state-level programs for priority populations that they may be eligible for.
- Provide them with information on how to apply to other programs.
- Follow-up with them later on to see if they were able to get enrolled.

4. For those who are eligible but got denied

Goal: Troubleshoot and reapply for coverage.

Best Strategy:

- Identify the reason why they got denied (mistake in application process, missing document, passed the deadline, administrative errors...etc.).
- Correct the issue and encourage them to reapply. They may require to be referred to enrollment assistants or specialists.
- Follow-up with them later on to see if they were able to get enrolled.

5. For those who were not previously eligible but now are eligible

Goal: Get enrolled.

Best Strategy:

- Identify what factors made a previously ineligible person eligible. For example, an increase in household size and dependents, or loss of employment.

Sometimes, people may not even realize that they have become eligible and it is best to point that out to them.

- Explain to them how public health insurance programs work, briefly.
- Encourage them to apply. They may require them to be referred to enrollment assistants or specialists.
- Follow-up with them later on to see if they were able to get enrolled.

6. For those who were previously eligible but are not eligible now

Goal: Alert and apply for another coverage option.

Best Strategy:

- Identify what factors made a previously eligible person not eligible anymore. For example, new employment or changes in eligibility criteria of a program. Sometimes people who used to be eligible do not realize they lost eligibility after a life change. Sadly, they only realize when they receive a costly medical bill that did not get covered.
- Alert them that they may have lost or will lose their coverage.
- Identify other possible health insurance options such as employer-funded insurance plans or the Health Insurance Marketplace, where they can get affordable health coverage.
- If not eligible for reduced price plans through Marketplace, find state-level programs that they may be eligible for.
- Provide them with information on how to apply to other programs.
- Follow-up with them later on to see if they were able to get enrolled.

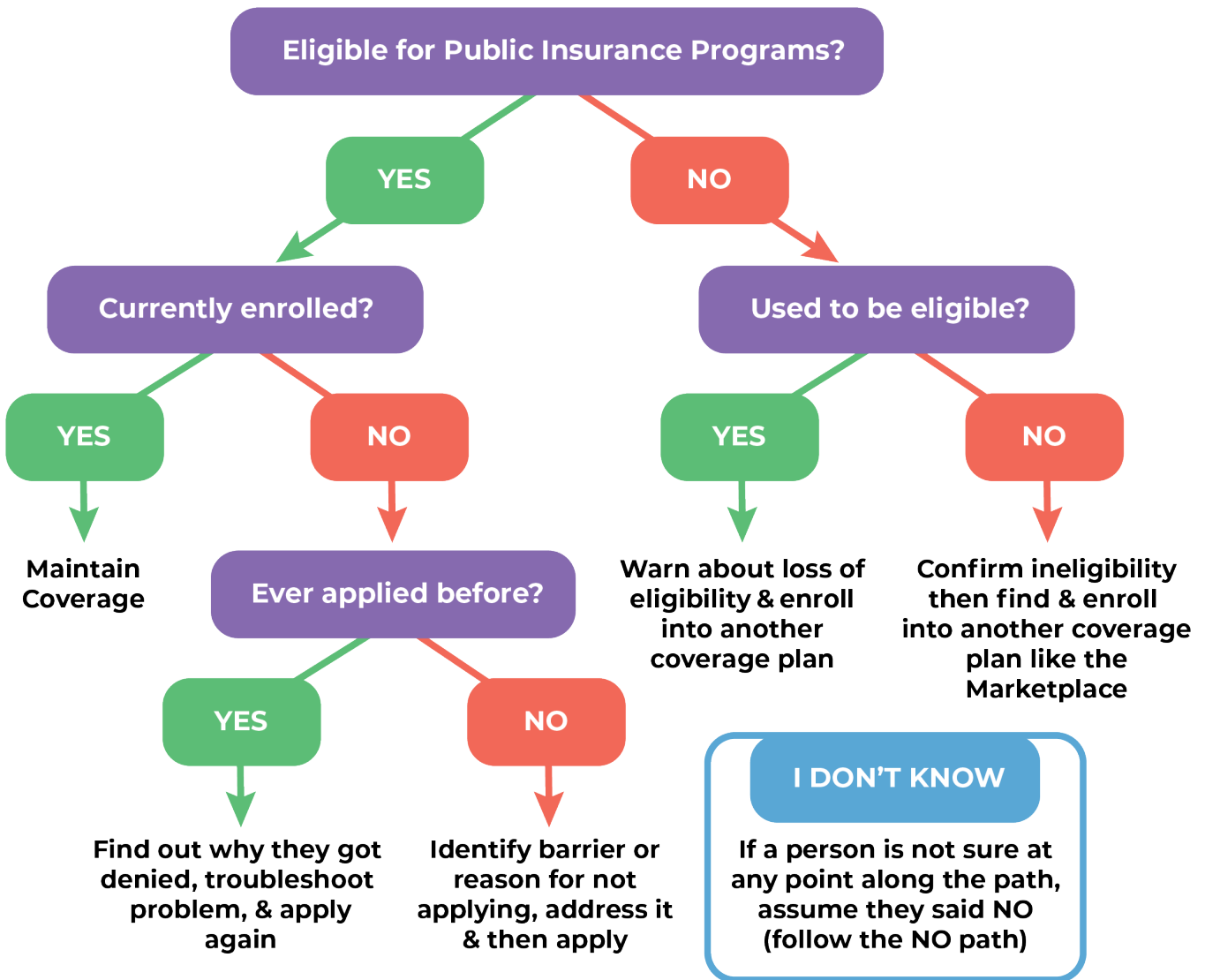


Important Message

When someone says they don't know if they are eligible or if they are not sure they are enrolled, it is always best to verify with them. Check eligibility yourself or call an enrollment assister.

Here is a summary of possible health coverage scenarios and strategies:

Health Coverage Scenario Decision Tree



As you can see, the ultimate goal for all these groups of people is to **get covered somehow, one way or another.**

2.3 Data Collection and Case Management

Now that you have a better understanding of who priority populations are, their common barriers, and their common health care scenarios, it is time to do this with an individual in real time. When you sit down with someone, it's important to remember to take notes and collect the right information. Keeping a log and writing down important details will start a record and be able to refer back to them at any given time.

Remember: you don't have to know everything at the first meeting! Writing down notes and reminders will help you remember 1) important details about an individual and their barriers; 2) key questions they have that you may not have the answer to on hand and need to check with a specialist; and most importantly; 3) it shows the individual that you're actively listening and wanting to help.

Some important details to write down are:

- Their name and how big their household is (meaning how many family members or dependents they have)
- Address or location
- Date of each conversation or encounter
- Preferred language and mode of communication
- Preferred day of the week and time they would like you to follow up or call
- Barriers they have shared or potential barriers you foresee in the future
- Any questions you want to ask an enrollment specialist or clinician



Important Message

Before leaving, make sure to schedule a time to follow up with the individual. Setting a day and time keeps you accountable and also lets that person know that you are committed to helping them on their health care journey!

Let's Reflect!

What are some questions you would ask someone to get to know them, their current health care situation, and their barriers?

Once you have a clear idea of an individual's needs, **you'll be able to work together to co-develop a plan of action in an agreed upon timeline.** A plan of action is thinking through the steps needed to accomplish a goal. Think of this as the roadmap to your desired destination!

Creating a plan of actions helps to:

- Build consensus
- Communicate expectations
- Talk through barriers and solutions
- Know when and how your goal will be accomplished
- Build trust

Remember, it's important for the individual to have control over their health care journey so working together (i.e., co-developing) with the patient to create actionable steps will help you as the outreach worker create a customizable plan to best accomplish this goal.

You want to make sure that your goals are **SMART:**

Specific - Think small and detailed. Define your goal and be sure to include *who*, *what*, *where*, and *when* to make sure it's as specific as possible.

Measurable - How will you know when you achieve it?

Attainable - Can you actually do what you set out to do given everything going on and the timeline you set for yourself?

Relevant - Is your goal important and meaningful to you? How does this goal help you and your patient?

Timely- Set a time when you want to achieve your goal. Set realistic deadlines to help keep you accountable and on track.

Case Study: Putting SMART Goals into Practice

After meeting with an person and assessing their needs using the Health Care Scenario Decision Tree, you find out that they are eligible to enroll in Medicaid, but are not yet enrolled.

You assess that their major barriers to enrolling are:

Spanish is their first language

They have low digital literacy.

They don't have wifi available and don't have a computer at home.

They are worried about paying for health coverage since they believe they don't actually need it (they are currently young and healthy with no medical issues).

Using the template below, select a barrier and come up with a goal to assist the patient in getting covered.

S - My goal is: _____

M - I will track my progress by: _____

A - I will achieve this goal by: _____

R - This goal helps me because: _____

T - I will complete this goal by (date): _____

KEY TAKEAWAYS

- ✓ Priority populations are diverse groups and communities that experience inequitable barriers to accessing coverage and health care services. It is important to identify them since they can benefit from additional support and technical assistance.
- ✓ The process of securing health coverage is overwhelming and difficult for people experiencing barriers such as having limited English language proficiency, low health literacy, living in rural areas without internet access, or living in mixed immigration status households.
- ✓ You can work with a patient to understand what their individual barriers are, and provide support or resources when possible. Sometimes just validating their experience, providing them with additional resources and support, referring them to a specialist, or advocating for these patients at your health center is enough.
- ✓ The main priority populations that are more likely to experience barriers:
 - Low-income individuals and families
 - Racial or ethnic minorities including immigrants and undocumented people.
 - Adolescents and young adults, especially in non-expansion states.
 - People without a permanent mailing address.
- ✓ To help people overcome any barriers to getting covered, determine their current health coverage situation using the following decision tree.

POP QUIZ

1. True or False: Most of the time, people fail at getting health coverage because they are either lazy or don't care about their or their family members' health.

2. Name 4 common barriers people experience when trying to get health coverage.

- a. _____ b. _____
c. _____ d. _____

3. Match the priority population with their common barriers to getting coverage.

Hint: some barriers can be shared with more than one group!

Low-income folks

Ethnic or racial minorities

Adolescents & young adults

People without a mailing address

Distrust in Health System

Missing Eligibility Documents

Expensive Insurance Plans

Low Health Literacy

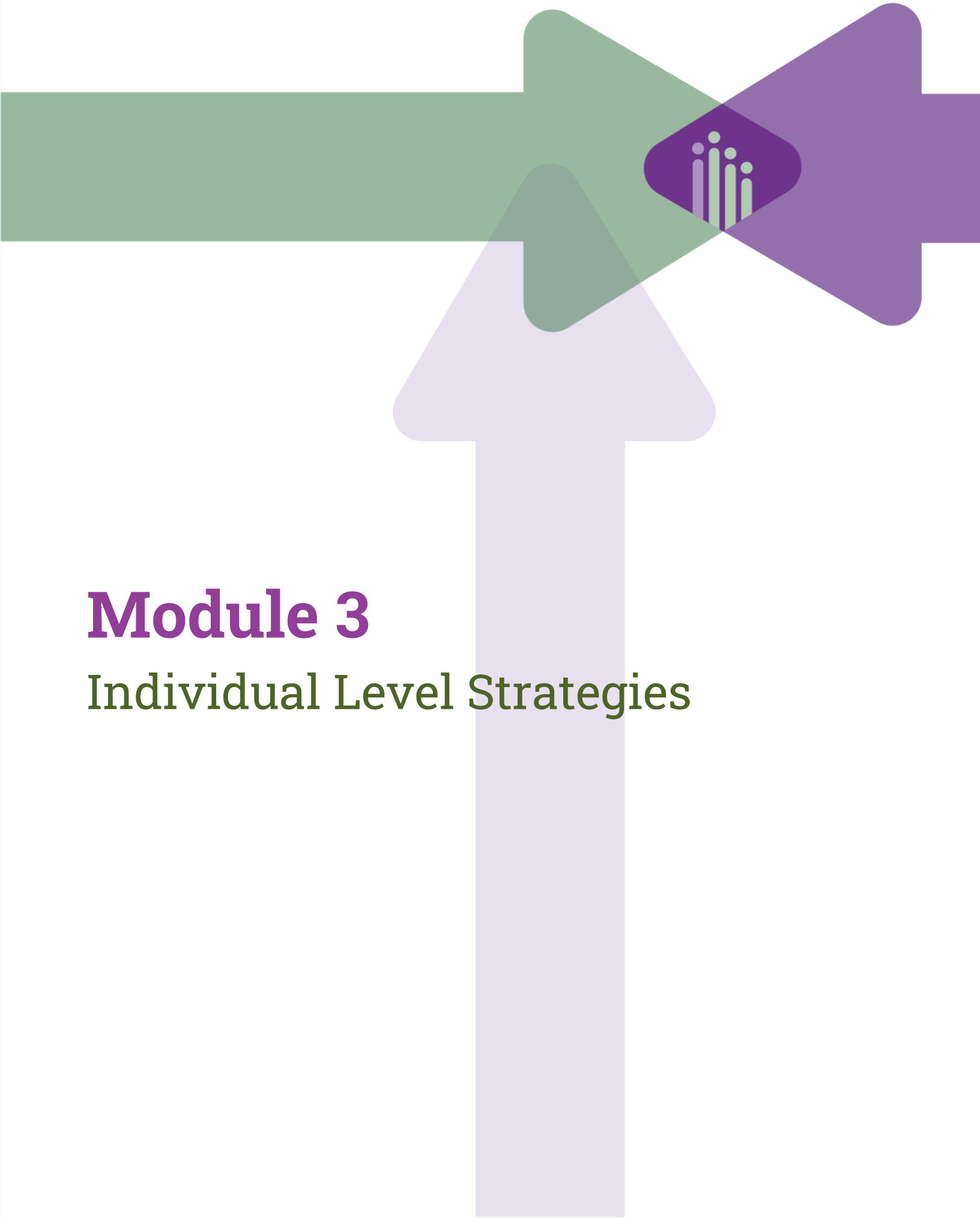
4. Case Study:

An African American single mom living with her 3 children and elderly mother are looking to get coverage. She has recently lost her job as a restaurant waitress and is having a hard time juggling between paying the bills, raising her children, and caring for her mother who is recently experiencing a lot of health complications.

She thinks she may be eligible for Medicaid but she is anxious about looking to get coverage. She heard of a few bad experiences from extended family when they tried to get care from a health provider (who was rude, curt, and unhelpful). They gave her misinformed advice about not trusting the medical system and those working in it.

a. What kind of barriers are they experiencing?

b. What kind of health coverage scenario is the family in?



Module 3

Individual Level Strategies

Module 3: Individual Level Strategies

By now,

you are well equipped at recognizing priority populations and the barriers they experience when trying to get covered, as well as what data to collect in order to assess an individual's health coverage situation.

In this module, we will discuss individual level strategies for how to have a one-on-one conversation with a person or family interested in improving their health coverage scenario. We will explore how to interact with an individual and take into consideration their environment, beliefs, fears, and hesitancy. You will learn about **motivational interviewing, a technique that will boost your confidence in encouraging people to take action and get covered.** Through these interactions you may experience pushback, so we will end this module with how to **bust common myths and fears surrounding coverage** and help people overcome some of the obstacles that inhibit them from getting health insurance.

Module 3 Agenda

Section	Sub Sections	Time
1. Health Education	1.1 Introducing Health Education 1.2 Positive Behavioral Change	
2. Motivational Interviewing	2.1 What is motivational interviewing (MI) 2.2 How to use MI in overcoming barriers	
3. Busting Myths & Fears about Coverage		

Learning Objectives:

1. Define Health Education and how it empowers people to take change on their own health journey.

2. Define Motivational Interviewing and be able to apply the ask-tell-ask technique when discussing health coverage.
3. Be able to dispel at least two of the most common myths when it comes to health coverage.

Section 1: Health Education

1.1 What is Health Education?

Health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes. -The World Health Organization

Health education is helping your patients and individuals in the community to **gain the information, skills, or support they need around a certain health issue or behavior.** The purpose is to help people live healthier lives by giving them the tools they need to do so, while keeping in mind their unique learning styles, preferred languages, culture, and environment.

The main objective of health education is to put individuals in the driver's seat of their health journey. **Building trust, addressing barriers, and helping folks navigate the complex health system are all important parts of outreach.** However, health education is what empowers folks' understanding why health care is important and taking action on their own health care.

1.2 How to encourage people to take action

One of the most important tasks in outreach work is having an open dialogue with someone about their health insurance experience and motivating them to take the next step to either get or maintain coverage. **It can be extremely difficult to encourage someone to speak about their barriers, challenges, and suspicions about getting health insurance.** This is especially the case because the topic can be very personal and sensitive to each person or family.

However, it is important to establish trust and connection with someone to be able to help them better understand the benefits of health coverage and how to overcome their obstacles or concerns. **A person or family is required to spend a bit of effort and time to get or maintain coverage, and so outreach workers and health center staff must be able to encourage them to take these steps.**

Let's Reflect!

Think about a time when you were trying to encourage someone to take a certain action, what was successful or unsuccessful about that experience?

Section 2: Trauma-Informed Motivational Interviewing

2.1 What is Motivational Interviewing (MI)?

Motivational interviewing is a communication technique that can be used to create a safe space for people to talk about adopting, changing, or stopping a specific behavior.

It is a person-centered approach that helps an individual grow motivated to take action from within themselves. Instead of telling someone they need to do something, outreach staff utilize motivational interviewing so that the person sees for themselves the value of doing that action.



Motivational interviewing is one of the most successful individual-level strategies used by health professionals that leads to:

Sustainable, long-lasting, and positive outcomes for people.

Increased commitment and motivation to change.

Improved skills and confidence levels.

In this case, **we can use motivational interviewing when talking to community members to encourage them (out of their own will and interest) to overcome their personal barriers and get one step closer to obtaining health coverage.**

Motivational interviewing requires that:

- The outreach worker and priority person establish trust and mutual respect with one another.
- Both sides put the priority person’s best interest in mind and collaborate together to achieve a common goal.
- The outreach staff practices reflective listening, meaning they should pay more attention to simply listening to the person instead of telling them what they should do or how they should think.

What is Trauma-informed Motivational Interviewing?

Trauma-informed Motivational Interviewing is different than standard Motivational Interviewing in that it recognizes that, unless health professionals are aware of how trauma and adverse events affect how a person thinks and acts, as well as how trauma influences health risks, they may unknowingly re-traumatize clients, even when they believe they are being respectful and curious when asking questions. **It is important to keep in mind when discussing challenges and barriers when it comes to health insurance coverage, medical bills, and access to health care can bring out difficult emotions in people.** We should approach these conversations with empathy as we support and motivate them through this process.

Motivational Interviewing	Trauma-informed Motivational Interviewing
<ul style="list-style-type: none"> • Directly asks someone about something without assuming they might be uncomfortable talking about it. • Overlooks social drivers of health. • May unknowingly use triggering or judgmental language. • Ignores cultural, social, financial, historical, and gender issues that influences a person’s way of communicating. 	<ul style="list-style-type: none"> • Acknowledges that the topic of health coverage can be a traumatizing one for people to discuss. • Understands that the way questions are worded matters. • Appreciates that a trauma-informed approach is a more effective and compassionate way to help people achieve positive change, which in this case is getting or maintaining health insurance coverage.

<p>Example:</p> <p>“So you mentioned that you didn’t have a good experience with a past outreach worker. I’m sorry about that. Tell me about it.”</p>	<p>Example:</p> <p>“In your previous response, you mentioned that, overall, you didn’t have a good experience with a past outreach worker. That must have been hard, and I’m sorry. Would you feel comfortable telling me why you feel that way? The information will help me respect your needs and avoid repeating the same mistakes.”</p>
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2.2 How to use Trauma-Informed Motivational Interviewing¹

There are three main elements to conducting motivational interviewing.

These are:

1. Collaboration between the two parties.
2. Evoking or drawing out a priority person’s ideas and thoughts.
3. Helping the priority person establish autonomy.

The best way to accomplish this is **by asking tons of questions!**

Use questions to help the person:

- Speak about their opinion on affordable health insurance.
- How much they value having dependable coverage.
- How much they want to overcome current obstacles with regards to getting or keeping coverage
- What they are willing to do to get or keep their coverage.

¹ CHW Solutions, Minneapolis Health Department, & Volunteers of America. (n.d.). Community Health Worker (CHW) Best Practice Guideline for Motivational Interviewing & Health Coaching. <https://chwsolutions.com/wp-content/uploads/2019/03/CHW-Best-Practices-Health-Coaching-123.pdf>



How can we do this in a trauma-informed way?

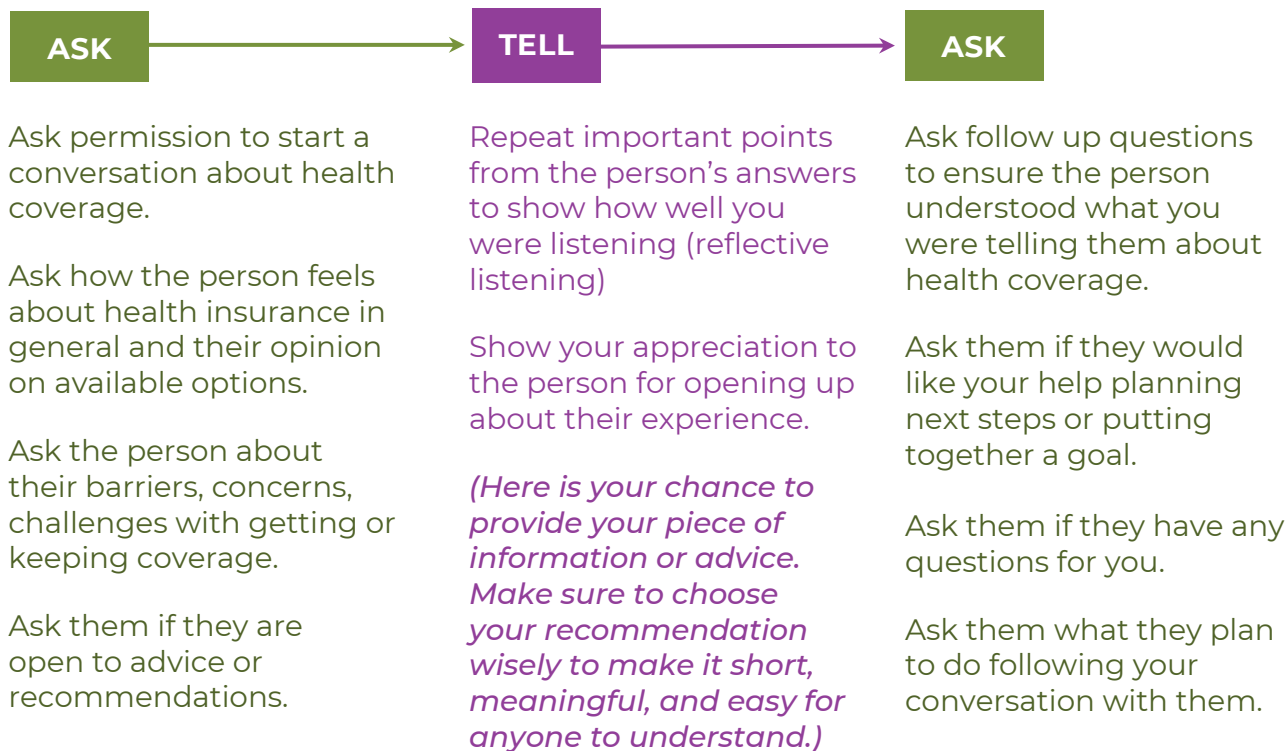
- Express empathy by using reflective listening.
- Differentiate between client goals and current problem behavior
- Provide objective feedback without judgment
- Avoid arguing and assuming that the person is fully responsible for their health coverage situation, since social drivers of health have a huge influence.
- Roll with resistance and do not confront it.
- Support their self-confidence and be optimistic about their ability to change or take action.

The ASK-TELL-ASK Method:

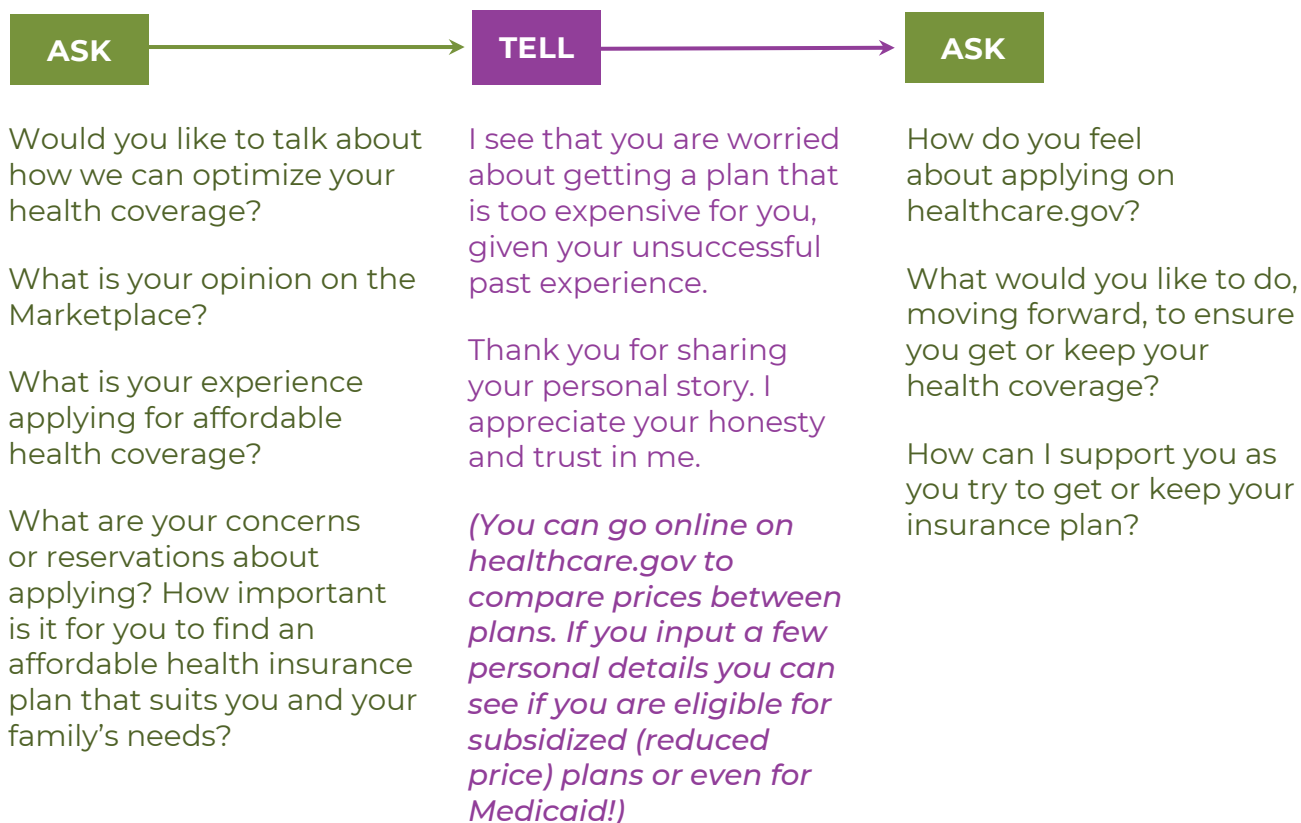
By using the ask-tell-ask method, you can smoothly sandwich in a suggestion or recommendation about getting or keeping health coverage without making a person feel like you are trying to persuade them to do something they won't feel comfortable doing.

This method helps the person feel like they are part of the conversation and collaboration instead of feeling like a patient. It boosts feelings of engagement and accountability. The following diagram goes more in depth on how to use the ask-tell-ask method when talking about health coverage.

MODULE 3: INDIVIDUAL LEVEL STRATEGIES



Here is an example:



MODULE 3: INDIVIDUAL LEVEL STRATEGIES

To make sure you are on the right track and are using motivational interviewing correctly, check if you are using the following techniques:

- **Ask open ended questions** using “what”, “how”, and “why” to encourage people to open up and provide you with longer responses with plenty of information to work with. For example “What are your thoughts on getting health coverage even if you are healthy?” Instead of “Do you think health coverage is important even if you are healthy?”
- **Provide affirmations** by highlighting some positive aspects about their journey with getting health coverage. For example: I admire your perseverance with trying to get covered.
- **Reflect on what the person told you** and show them that you were listening.
- **Summarize the important points** they told you to show that you are on the same page.
- **Roll with any resistance** you might get. Try not to get defensive since the point is not to take sides or debate. There are no winners or losers in this discussion. The goal is to show the person that you are on their team and want the best for them. Show that you understand their point of view and respect it.
- **Develop discrepancy** between what the person is telling you versus what they are doing. For example, ask if the person values having reliable insurance to cover their medical costs. If they tell you they have not tried to solve their barriers with keeping their coverage plans even though they value having insurance, remind them that they themselves voiced a need to make sure they have reliable coverage. Usually, when a person voices their goals and values they are more likely to stick to an action plan and hold themselves accountable.



Important Message

Remember to make sure that any goals you set with the priority person is a realistic goal. This increases the likelihood of them sticking to their plan and achieving it.

Use the S.M.A.R.T. goal method:

S for Specific

M for Measurable

A for Achievable

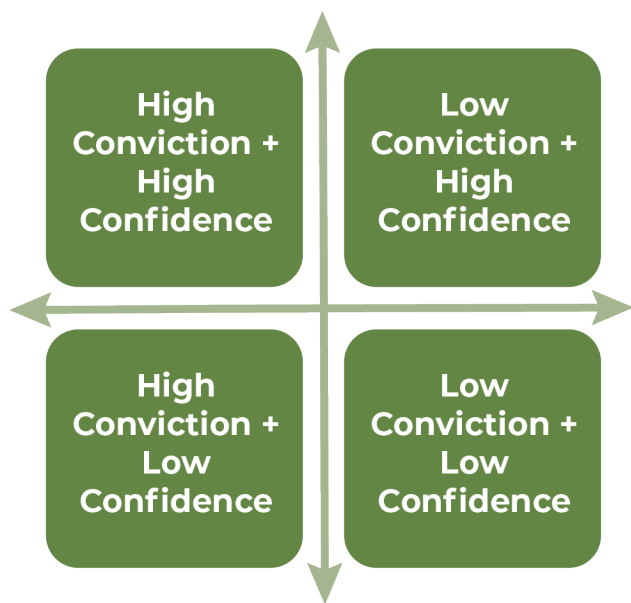
R for Relevant

T for Timely

The Conviction-Confidence Ruler:

If you are not sure whether someone is ready, able, or willing to change their health coverage situation, you can use the conviction-confidence ruler.

Conviction-Confidence Ruler



Conviction: On a scale of 0-10 (0 meaning not at all; 10 meaning you already applied for health insurance), how convinced are you that it is important to get health coverage?

Confidence: On a scale of 0-10 (0 meaning not at all; 10 meaning you already applied for health insurance), how confident are you that you can successfully maintain health coverage?

At the end of the day, it is not expected that you completely change someone's mind about health coverage or completely resolve a person's problem or barrier. Any small change you make matters, even if it just means showing appreciation and compassion with someone's experience.

Section 3: Busting Myths and Fears

When it comes time to talk with a person or family about their health coverage situation, **you might come across false information that prevents them from securing a reliable health insurance plan.** You can be the key in correcting people's wrong perceptions about health coverage and helping them get or keep health insurance.

3.1 Common Myths & Fears

Nowadays, misinformation is incredibly widespread. Unfortunately, the topic of health coverage is surrounded by myths and fears that make many people hesitant, fearful, and anxious about getting health insurance. Additionally, scams targeting priority populations are on the rise, spreading false claims about insurance plans. Unfortunately, many people have fallen for these misconceptions. By simply falsifying these myths, you are taking one step closer to helping people get the right plan for them.

Some of the common myths include:

“I am employed and earn money, so I am not eligible for public insurance programs”
FALSE

This is a dangerous misconception. 80% of people who are uninsured have jobs. The reason they do not have coverage is because their employers do not provide insurance benefits and regular priced plans are too expensive. Medicaid and the Marketplace are so important in this case because their eligibility is based on level of income, household size, and many other factors, and not just on whether or not someone is employed.

“I am not a U.S. Citizen, so I am not eligible for any health coverage plans” **FALSE**

Legally present individuals, including green-card holders, are eligible for insurance programs and assistance programs, so long as they have been in the U.S. for at least 5 years. Though undocumented individuals are not eligible, their children or other family members can be if they are legal residents. Undocumented people get health care services from their local community health centers and county programs without any consequences to their stay.

“Insurance programs and companies only want money. They don’t actually cover medical costs” **OR** “The quality of affordable health coverage, through Medicaid or Marketplace, is worse than more expensive private health insurance.” **BOTH ARE FALSE**

Sometimes people get a service and get shocked when they get billed and so warn other people that affordable health coverage plans “are poorly managed” or “are a scam”.

These misconceptions probably come from the fact that health coverage plans don’t actually cover all medical costs. It is important that people know exactly what their plan covers before they get health care services.

For example, they need to know which providers are in-network (i.e., accept their coverage plans) and those who are out-of-network. Additionally, individuals and families need to understand the conditions of their plans including deductibles, co-pays, and more. Sometimes health plans don’t cover all preventive care, hospital bills, or prescription bills either. These concepts will be covered in more detail in Module 5, which explains how to maintain coverage.

“I can't get coverage since I missed my state Marketplace's open enrollment period, even though I just experienced a life-changing event” **FALSE**

It is true that open enrollment periods for state marketplaces are strict, but there is a special enrollment period for those who missed it and have special cases.

These exceptions include:

- A person just welcomed a new addition to their household (just had a baby, got married, adopted a child, or placed a child into foster-care).
- A person lost their coverage plan because of losing their job or getting divorced from a spouse who used to sponsor their coverage.
- A person just became a U.S. citizen or is a legal resident who just met the required-length-of-stay criteria (usually at least 5 years).
- A person just gained membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder.
- A person just left incarceration.
- A person just started or ended their service as AmeriCorps State and National, VISTA, or NCCC (National Civilian Community Corps) member.
- A person just moved to a new county or state that runs Medicaid differently.
- A person just moved to the U.S. from a foreign country or United States territory.
- A person is constantly moving because they are students, migrant workers, or live in a shelter.



**Important
Message**

People must
apply or change
their coverage
plans within 60
days after the
life-changing
event began.

MODULE 3: INDIVIDUAL LEVEL STRATEGIES

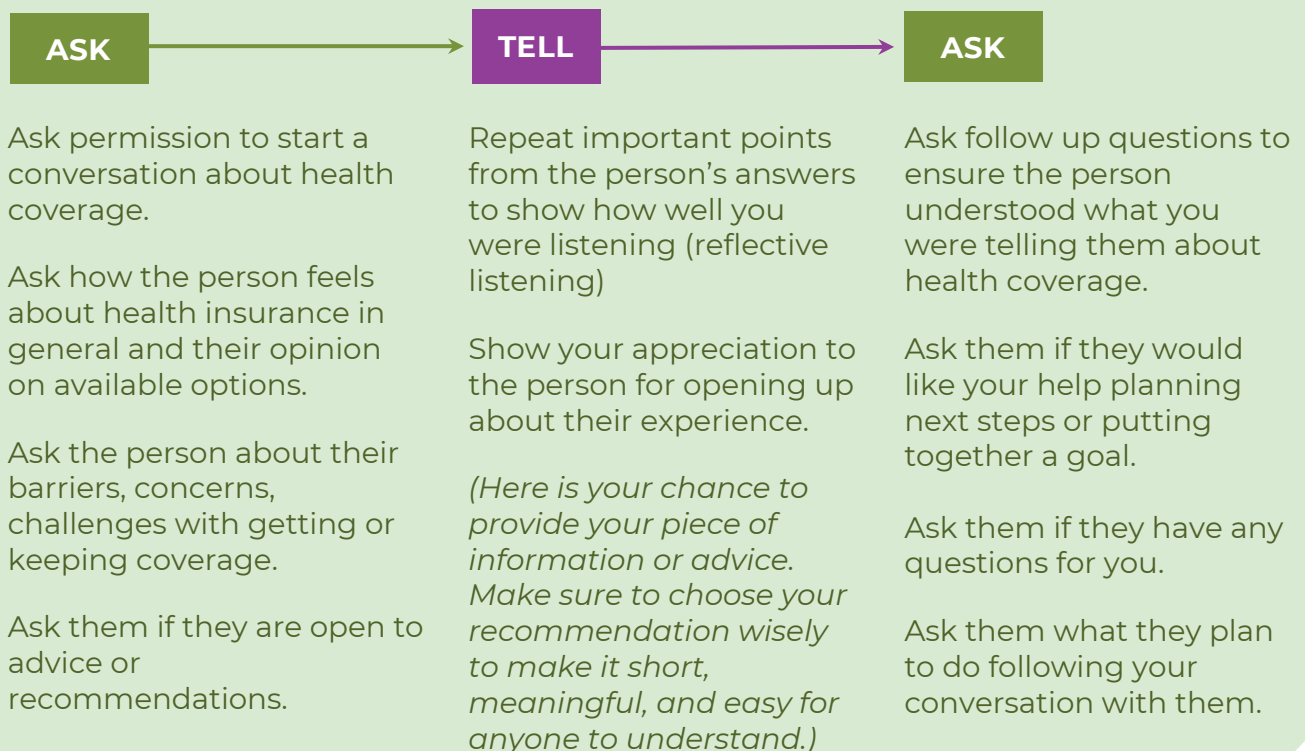
“I am healthy and don’t have any medical needs, so I don’t need health coverage”
FALSE

As we have previously discussed, this is a common misconception. Research shows that every person will need medical services at least once in their lifetime. Most of the time, medical services are very costly and can impact a person or family’s finances. It is wise to get health insurance early before someone receives a sudden and expensive medical bill.

Now that you have uncovered individual level strategies, In the next module you will learn community level strategies to get as many people in your priority population covered at the same time.

KEY TAKEAWAYS

- ✓ Health education is helping your patients and individuals in the community gain the information, skills, or support they need around a certain health issue or behavior. It's what empowers folks' understanding why health care is important and taking action on their own health care.
- ✓ There are many myths and misconceptions surrounding health insurance that can inhibit someone from moving forward with their health coverage journey. It is important that health center staff and outreach workers are knowledgeable about these false ideas to help people overcome them.
- ✓ Motivational interviewing is a technique that empowers people to take action and secure the right health coverage plan for themselves. It demands that we listen closely to what someone wants to say, without judgment, and ask questions to guide them into realizing what they need to do using their own will and self-motivation.
- ✓ The ask-tell-ask method is a useful guide that can help you conduct motivational interviewing with a priority person about health coverage.
- ✓ It is important that during motivational interviewing you ask open ended questions, provide affirmations, reflect, summarize important points, roll with any resistance and develop discrepancies between the person's goals and their actions.



POP QUIZ

1. True or False

An individual's environment and culture are not that important to take into account when trying to encourage someone to get covered.

2. Myth or Reality:

State whether the following statements are a myth or a reality about health coverage.

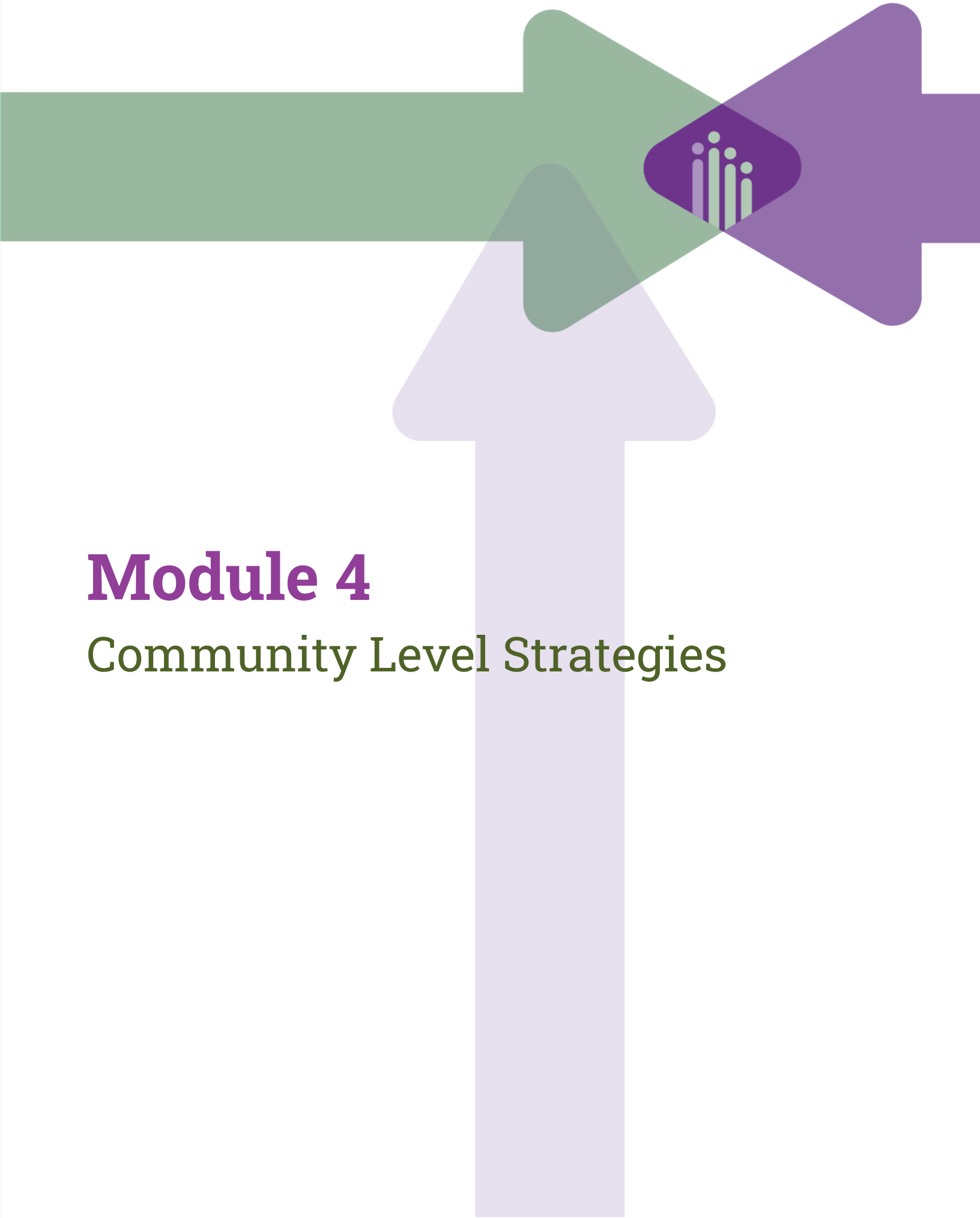
- Not everyone needs to get health coverage, especially if they are healthy. _____
- Undocumented individuals cannot get insurance from Medicaid. _____
- Immigrants cannot get health coverage since they are not U.S. citizens. _____
- Special enrollment periods allow those who face a life-changing event to enroll into a health coverage plan, even after they pass the open enrollment deadline. _____

3. Choose the right answer:

Which of the following is NOT an open-ended question?

- a. How difficult was it to find a health insurance plan that fits your needs?
- b. What do you know about the health insurance marketplace in your state?
- c. Did you experience any barriers when it came to getting health insurance?
- d. In what ways do you think you can overcome your barrier to getting coverage?
- e. Why do you think you might not need health coverage?

4. Think back to an experience you had trying to convince someone about doing a specific action. How could the ASK-TELL-ASK method have helped you better convey your message to them?



Module 4

Community Level Strategies

Module 4: Community Level Strategies

An effective outreach plan,

Is one that makes efficient use of a health center's limited resources, including outreach staff, when trying to reach people who need to get covered. **The best way to reach as many individuals and families as quickly as possible using few resources is by using community-level tactics.**

In this Module, you will learn how to boost a community's enrollment into coverage using group-level strategies. By learning **how to do a needs and assets assessment** you will be able to identify a community's weaknesses that inhibit people from getting coverage as well as strengths that you can take advantage of to increase enrollment rates.

We will also go over when and where outreach efforts should be allocated, using a customizable year-at-a-glance calendar. Finally, we will uncover ways to increase a community's assets through **establishing partnerships and enhancing community messaging methods.**

Module 4 Agenda

Section	Sub Sections	Time
1. Developing an Outreach Plan	1.1 Needs & Assets Assessment 1.2 When & Where to Do Outreach 1.3 Year-at-a-Glance Calendar	
2. Taking Collective Action	2.1 What is Collective Action? 2.2 Building Community Partnerships	

Learning Objectives:

1. Learn how to do a quick and easy needs and assets assessment of a community in order to make use of their strengths to overcome any weaknesses in obtaining coverage.

2. Put together an effective outreach plan, as a team, to determine when and where to do outreach over a year.
3. Explore the benefits of collective action and building community partnerships to enable and empower community members to obtain health coverage.

Section 1: Developing an Outreach Plan

We understand that sometimes **health centers deal with shortages in important resources such as staffing**. Because staff time and resources are so limited and precious, it is important that outreach and enrollment efforts are efficient and effective. This means **working as a team to create smart outreach plans to ensure resources are allocated in an optimal way**, maximizing reach into a community and boosting access to coverage. To accomplish that, some planning is required including a needs and assets assessment.

1.1 Needs and Assets Assessment

Oftentimes, when tackling a problem or challenge, people tend to heavily focus on a community's weaknesses or needs and forget to look at its assets and strengths. It is important that you are able to identify both! **This is called a needs and assets assessment, meaning identifying the strengths people can use and the weaknesses they must address, to achieve a goal**. In this case, you can use your knowledge about a community's assets and needs to help people get covered.

In a needs and assets assessment, you identify a group's:

- Preferred languages or dialects.
- Cultural background.
- Online presence such as Facebook groups or forums.
- Way of connecting with the world and everyday news (radio, T.V., newspaper, or social media).
- Communities or social groups they like to be a part of (faith-based groups, organizations, or community centers).
- Most common types of employment, including hours worked and job intensity.
- Shared health needs or concerns.
- Trusted leader, specialist, or professional they go to see when they get sick.
- Method of communication with others (phone, text messages, email, mail, person-to-person, etc.).

Creating an Outreach Plan Part 1: Needs & Assets Assessment

1. What are some assets or strengths that are special about your community?

2. In what ways do you think you can use a strength or asset to overcome a community's barrier to getting health coverage?

You have now listed concrete examples of what makes your community special, including needs but most importantly strengths. Once you have completed your detective work, you have enough information to take the next step. That would be knowing **when and where to allocate resources and time according to the activities of a community.**

1.2 When and Where to do Outreach

Creating an Outreach Plan Part 2: Community Mapping

1. Write down possible **places, times, or events** you are very likely to see members of your community gathering together.

Describe **why this occasion or location is important** to the community.

3. Give examples of **how outreach work can be included** during this specific time or location you mentioned.

MODULE 4: COMMUNITY LEVEL STRATEGIES

By determining when and where your community carries out their daily, monthly, or yearly activities, you are able to decide when and where outreach work should be done. This concept is called **community mapping, which is when you figure out and record important places and times the members of your community, especially priority populations or people with less favorable health coverage scenarios, come together.** This can include the places where they live, work, play, or spend time at.

Examples could be:

- Faith-based organizations
- Community centers
- Local libraries
- Parks
- Housing sites
- Cultural centers
- Schools and school district offices
- Farms or warehouses
- Places of employment
- Health and social services agencies
- Local facilities like grocery stores or laundromats



Did You Know?

Touring a community and visiting the places that members frequent can help you community map!

You can even reach out to owners, leaders, or staff of some of these places with any questions about your community.

By recording these times and places in a visually clear way you are able to plan your outreach activities in the best way possible. Additionally, while you are community mapping, you might come across a community asset that you can leverage, which you did not think about before.



Important Message

It is important to continually revisit your community map and update it as activities or locations change over time.

1.3 Year-at-a-glance Calendar

A helpful tool that you can use to plot out all important events happening throughout the year for your community is the Year-At-A-Glance Calendar. This is an organized, clear, easy to follow, and quick-to-refer-to method whenever you need to plan an outreach project or event.

Key information you can include in the calendar:

- Community health fairs or tent events
- Parent meetings
- Back-to-school events
- Church socials
- Annual festivals
- Holiday celebrations

Don't forget to also include:

- Enrollment dates or deadlines for insurance programs, like the Marketplace, or assistance programs, like Head Start.
- Organizational activities like when the health center is closed, staff meetings or trainings, staff vacations, event planning meetings or debriefings, and so on.

You can use this calendar to make sure everyone in an outreach team is on the same page, and it can help with planning important activities such as when is best to start planning an outreach project and when to implement it.

In the next page, you will find a Year-at-a-glance template that you can use as a guide.

MODULE 4: COMMUNITY LEVEL STRATEGIES

Year-at-a-glance Calendar Template Year: _____

January	February	March
April	May	June
July	August	September
October	November	December

Section 2: Taking Collective Action

2.1 What is collective action?

Collective action is **when a group of people or organizations come together with the common purpose of achieving the same goal**. Part of the process involves a community, health center, or outreach staff (like you!) creating and building partnerships.

2.2 Building Community Partnerships.

By creating community partnerships with trusted people or groups, you can boost a community's enrollment into health coverage. These partnerships can play key roles in spreading important information and encouraging members of a community to take action and get the right coverage plan for them.

Let's Reflect!

What are examples of partnerships or collaborations you have seen in your community or health center? How did this partnership help the community achieve its goals?

Community partnerships can help an outreach team by:

- Increasing access to priority populations or people who are uninsured or eligible but unwilling to get insured.
- Bringing fresh energy, new ideas, different perspectives, and additional experiences.
- Sharing resources and tools.
- Providing in-kind support such as volunteers, meeting rooms, transportation, food, networking, and more.
- Spreading important news or messages to a larger audience.

Partnerships can look like a combination of the following:



Schools can be one of the most effective partners in boosting people’s enrollment into affordable health coverage.

They are trusted by families, have access to eligibility information, interact with many uninsured children and parents, and conduct yearly events that can be used for outreach (such as parent-teacher conferences or back-to-school events).

Additionally, they usually implement other assistance programs such as school lunch programs that can help identify anyone who may be eligible for affordable health insurance.

Creating an Outreach Plan Part 3: Building Partnerships

1. Write down some **examples of groups, institutions, organizations, or businesses** who could be potential partners that your community has not collaborated with yet.

2. How can these potential partnerships **help you increase enrollment** into affordable health coverage?

The best partnerships are ones that care about your goals and are willing to collaborate with you in achieving them. In our case, partnerships should be invested in helping people get the right health coverage plan for them. Usually that means when more people get covered, a partner's goals or objectives are also fulfilled as a result.

To be able to convince a potential partner to collaborate with you, they must be able to see the benefits of doing so. **The key here is that they must truly see the benefits of helping you achieve increased access to affordable health insurance.** How will assisting you be helpful to them? Most of the time, it is because **your priority population or community is the same one that they work with or serve too.**

For example, a school is happy to partner with your outreach team in working to get more students and parents covered, because when more students have health insurance, they will have improved access to yearly checkups. Their student body will be healthier in the long run. Partnering with the school has given you increased access to a priority population: adolescents and young adults. It is a win-win for everyone involved!

Creating an Outreach Plan Part 3: Building Partnerships ... continued

3. How does increasing enrollment into affordable health coverage **benefit the partners** you listed in question 1?

When approaching a potential partner, prepare some important talking points to strengthen your position.

This includes:

- Why increasing affordable health insurance enrollment will benefit your potential partner. Here you can emphasize or develop shared goals.
- What you or your health center can offer in return (such as workshops on getting coverage, education handouts, one-on-one consults with enrollment specialists, answering any questions on affordable health insurance, etc.)
- What specifically you might need from them to achieve that (access to a community, distribution of promotional material, marketing a workshop you are

planning, hosting your outreach event, funding, etc.).

- A practical timeline for your proposed project that you want your potential partner to collaborate on. This must include ways you will measure the success of the project (a realistic evaluation plan).

With these important pieces of information prepared, you can finally approach your potential partner.

Creating an Outreach Plan Part 3: Building Partnerships... continued

4. What is the **best way to approach the potential partners** you talked about? Give some examples of how you may have approached a current partner previously.

Outreach teams and health center staff are experts at reaching out to people and making connections. You can use that skill to also form a relationship with future partners you hope to work with.

Examples of ways to reach out to potential partners:

- Emailing, calling, or arranging a time to meet with them.
- Making use of some personal relationships you already have who may be in connection with the potential partner.
- Connecting with potential partners during an outreach event, such as a health fair.
- Inviting potential partners to relevant meetings or events they may be interested in.



Important Message

It is so important that once you have successfully formed a partnership that you continue to stay in touch with them. The best way to do this is by assigning a key contact person from your team to maintain the relationship.

MODULE 4: COMMUNITY LEVEL STRATEGIES

The good news is that using both individual and community level strategies at the same time will give you and your team plenty of opportunities to get as many people as possible covered.

The even better news is, we're almost at the end of our training! We will finish up this curriculum with important points on keeping track of caseload, staying in touch with the community, and following up with individuals and families to ensure they are able to get enrolled smoothly.

KEY TAKEAWAYS

- ✓ Part of an effective outreach plan is conducting a needs and assets assessment of a community. This is when you identify strengths that a community can use to overcome their barriers to getting health coverage.
- ✓ When you do community mapping, you locate and record important places and times in which members of your community come together. This can help you identify when and where to do outreach work.
- ✓ To help organize your outreach activities to match with your community's events and important dates, use a Year-at-a-Glance calendar as a guide.
- ✓ When you and your community take collective action, you bring together members and partners to help achieve a common goal. Establishing strong community partnerships with organizations and establishments that care about your priority population's health can do wonders in boosting health coverage enrollment.

POP QUIZ

1. List four assets or strengths your community can make use of to boost health coverage enrollment:

1. _____

2. _____

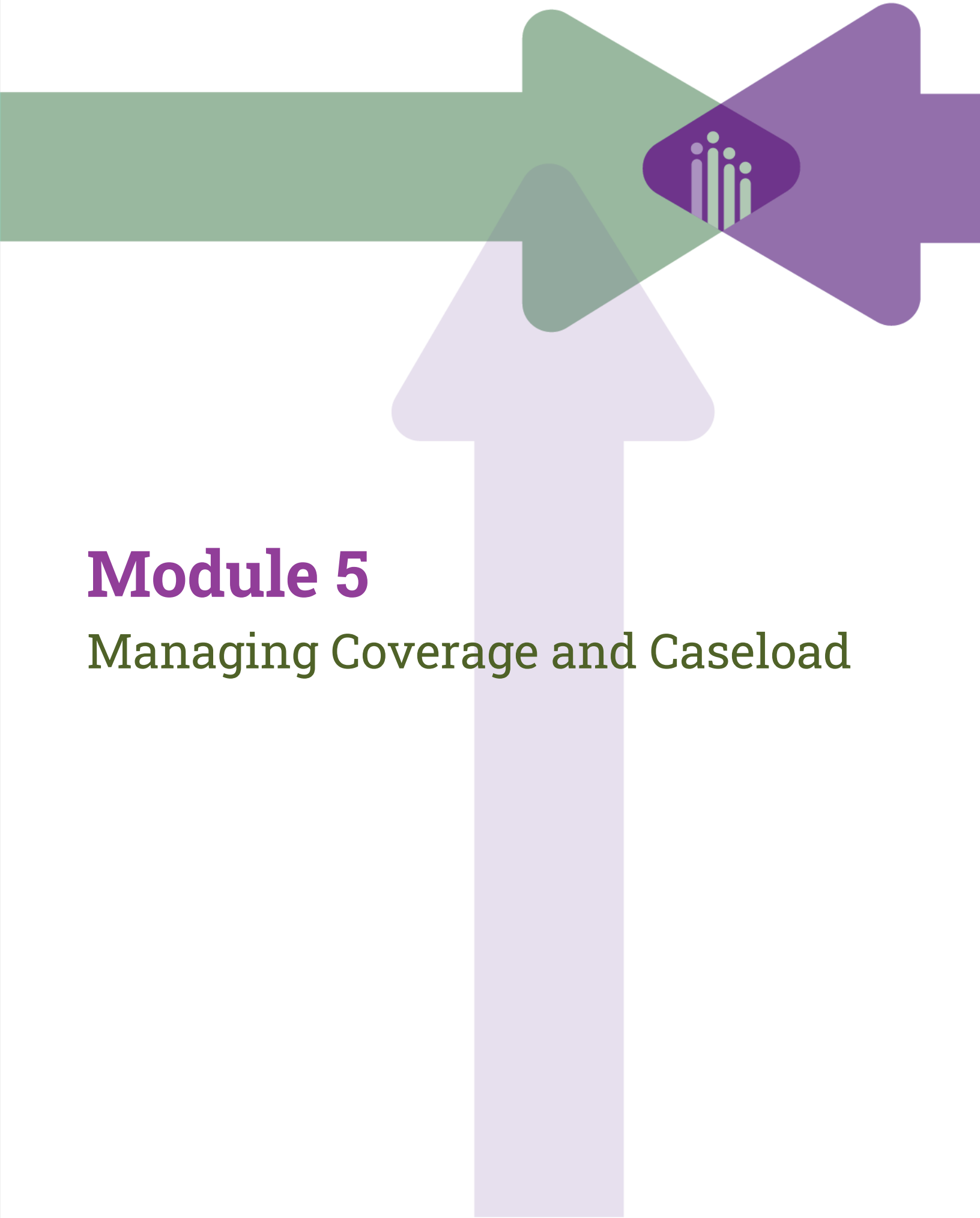
3. _____

4. _____

2. True or False: Community mapping is when you tour a neighborhood to get an idea of how many people are part of a specific community and how many of them are not enrolled in a health coverage plan.

3. Choose the best answer: Which of the following partnerships is considered one of the strongest ones in helping people get covered:

- a. Hospitals
- b. Schools
- c. Local restaurants and businesses
- d. Nearby banks



Module 5

Managing Coverage and Caseload

Module 5: Managing Coverage & Caseload

Getting individuals and families enrolled,

can be taxing and complex, especially when you are dealing with many different and complicated cases at the same time with limited resources. But it doesn't just stop there! It is also incredibly important to **make sure that you follow up with people you have had conversations with** to ensure they were able to get enrolled smoothly and access the health care services they need.

In this final module, you will learn how to better **manage your caseload**, how to **ensure the people you helped get coverage stay covered**, and how you can **collect important data** to strengthen your outreach program for the future.

Module 5 Agenda

Section	Sub Sections	Time
1. Maintaining Coverage & Access to Care	1.1 Importance of maintaining coverage 1.2 Accessing care through coverage	
2. Keeping Track of Caseload	2.1 How to prioritize cases 2.2 Planning for retention	

Learning Objectives:

1. Understand the importance of individuals and families maintaining coverage and understanding the terms and conditions of their insurance plans.
2. Be able to organize and track caseloads to ensure people avoid missing important deadlines and prevent coverage loss.
3. Learn how to stay connected with individuals and communities to ensure they continue to receive help and guidance.

Section 1: Maintaining Coverage & Access to Care

Once someone successfully enrolls into health coverage, it can be so easy to feel relief and forget that **it doesn't end there!**

If an individual or family fails to maintain their coverage plan, they can lose it without ever realizing. Additionally, it is important that each enrolled person knows how to use their insurance to make sure their medical services and prescriptions are covered.

1.1 Importance of maintaining coverage.

Coverage loss can occur suddenly. In fact, millions of people are currently losing their health insurance following the end of the continuous enrollment requirement that protected them during the COVID-19 pandemic. To make matters worse, many of these individuals and families have no idea that this is happening.

This example highlights why it is important for people to keep checking on their coverage plan, make sure their contact information is up to date, and that they are in touch with recent health insurance news.

Let's Reflect!

Think about people from your community or health center who have lost their health coverage. How did that experience impact them?

Some of the reasons why people might lose their coverage unknowingly include:

- Insurance programs or companies losing contact with enrollees because of outdated personal information (like address and phone number).
- People not responding swiftly to their renewal notices or calls from their insurance programs.

MODULE 5: MANAGING COVERAGE & CASELOAD

- Changes in eligibility criteria of public or private health insurance programs that can make someone no longer eligible.

Unfortunately, when people lose their coverage, **they may experience delays in getting urgent health services, receive an expensive medical bill they must pay themselves, or avoid accessing health care altogether.** These are all undesirable consequences that are completely preventable.

We will provide you next with tips on helping people and communities you work with maintain their coverage plan.

1.2 Accessing care through coverage.

It is similarly important that **people know how to use their coverage plan** after they obtain it. It is not uncommon for people enrolled in health coverage to assume that they can go to any provider or get any health services. This is not true!

You can help alert people about what they need to know about their coverage before accessing care. This helps prevent unnecessary medical bills which can shock people and cause them to believe health coverage is a scam.

Each individual and family must check with their health insurance plan to know:

- What health services are covered (i.e., dental, preventive, prescriptions...etc.)
- What percentage of the cost is covered per service (i.e., 100% or 50%).
- How much a person needs to pay out of pocket per visit (**usually referred to as a co-pay**).
- How much a person needs to pay from out of pocket until the insurance plan starts paying the rest (**known as a deductible**).
- Which providers, hospitals, centers, or clinics are **in-network** (accept an insurance plan) versus those who are **out-of-network** (those who do not accept an insurance plan).

Usually before booking a medical appointment, a person must inquire with their insurance plan about all of the above information. This way they can avoid any surprising medical bills.

As an outreach worker or health center staff, you should be prepared to answer the following **questions about accessing care through coverage:**

- How do I know if my provider or health service is covered?
- How do I know if and how much preventive care services are covered?
- How and when do I need to renew my insurance?
- How and when should I update my contact information with my insurance?

Usually, the answer is to **call the insurance company that runs their plan**. Each person should be able to find that number. For example, those enrolled in Medicaid can call their state agency. For those with private insurance, they can refer to the number on their card or ID.



The best way to answer these questions is to call the insurance company that runs a person's plan. Each person should be able to find that number.

For example, those enrolled in Medicaid can call their state agency. For those with private insurance, they can refer to the number on their card or ID.

Section 2: Keeping Track of Caseload

1.2 How to prioritize cases

We know that managing your caseload can be overwhelming, especially with limited resources. **Effective outreach plans put priority cases at the center of attention**, followed by less urgent cases. That way every person and every case gets the attention it deserves in a timely manner.

The ultimate goal when tracking your caseload is to **tackle all cases without missing each of their deadlines**.

We recommend you:

- Keep a small calendar specifically for writing down the renewal deadlines for each person you work with.
- Then, work backwards! Depending on each person's preference and schedule, arrange a time that suits them for when you can give them a call or alert about renewing their coverage plan or applying for a new one.
- Make sure to give them enough time to collect or mail in any documents before their deadline.

Your top priority as an outreach worker or health center staff, is to closely collaborate with those who are eligible for insurance programs (like Medicaid), but are not enrolled yet because **they are hesitant or experiencing barriers**.

1.1 Planning for retention.

In this subsection, we will cover how you can follow up with individuals and community members to ensure that the goals you have set with them are implemented correctly and sustainably.

Let's Reflect!

How do you and your health center stay in touch with people you have helped?

The main reasons why we want to stay connected with individuals and communities is to:

- Ensure people know how to maintain their coverage and renew it.
- Make sure people know how to access care through their coverage.
- Help answer any questions or concerns that come up along the way.

The trick is to **get contact preferences and permission to set up a follow up call from the very first point of contact with someone.** From there it would be helpful to reach out to people enough time before their renewal deadline to alert them about maintaining their coverage.

This can be done through:

- Providing reminders during appointments.
- Giving hard copy resources about renewing coverage.
- Sending postcards, letters, magnets, or other keepsakes to remind them about renewal deadline date.
- Setting up automated text messages or emails.
- Making either personal or automated phone calls.

You can refer back to the Year-at-a-Glance Template to help you organize your cases. This can be done by writing in any deadlines and working backwards to when you would like to follow up with an individual or family and give them enough time to take action before their renewal notice comes in.



If at any point during your work you feel stuck or unable to answer a question, the best thing to do is let the person know you will follow up with them soon!

Take their contact information, set up a call back time, and ask your question to an enrollment specialist.

KEY TAKEAWAYS

- ✓ Getting someone enrolled into coverage is a huge achievement, but it doesn't end there! Coverage loss can happen suddenly. Individuals and families need to know how to maintain their coverage plan, and how to use it to make sure their medical services and prescriptions are covered.
- ✓ You can remind people to:
 - Make sure they update their contact information with their insurance provider
 - Keep tabs on their coverage plan
 - Look out for and respond to their renewal notices on time
 - Check with their insurance plan before medical appointments to see if services are covered.
- ✓ To keep you on track of your caseload, make sure to collect contact information of people you work with and make note of important dates for when you need to reach out to them and remind them of important action steps.
- ✓ It is important to stay connected with individuals and communities after you helped them to make sure they continue to receive guidance whenever they need it. This can be done in a variety of ways, just make sure to choose the option that best suits your priority person.

POP QUIZ

1. True or False: Coverage loss can happen when insurance programs change eligibility criteria.

2. Choose the best answer: What is a co-pay?

- a. The amount a person needs to pay when they go to an out-of-network facility to get medical services.
- b. The amount an insurance company needs to pay when a person has reached and passed their deductibles.
- c. The amount a person needs to pay, on a monthly basis, to stay subscribed to their health coverage plan.
- d. The amount a person needs to pay when they go to a medical visit, and the insurance company will pay the rest.

3. Why is it important for outreach workers and health center staff to stay connected or keep tabs of people they have worked with?



Wrap Up

Self-Care

Take a step back,

And think about all that you do for others. This curriculum was designed with you in mind, to provide the resources, tools, and information on helping people and their families get covered. **For all of us who work in service of others it can be motivating and rewarding, but that doesn't mean it is always easy.** Your job is incredibly important and essential to not only help communities live healthier, stronger lives, but also improve the health system at large.

There is a lot of need and oftentimes the challenges can be great. Being witness to someone and their struggles in navigating the health system can take a toll on us, as well. It's important to remember that we cannot fill someone else's cup, if ours is empty. If we aren't focusing on our wellness and preserving our strength, it will be harder for us to be champions for our community, which is why we are ending this training with **a pledge to self-care.**

Self-care means taking the time to do things that help you live well and improve both your physical health and mental health. When it comes to your mental health, self-care can help you manage stress, lower your risk of illness, and increase your energy. -National Institute of Mental Health

Here are some tips to help you get started with self-care:

- **Get regular exercise.** Even 30 minutes of walking a day can boost your mood!
- **Eat healthy, regular meals.** Your body fuels you so instead of a quick, sugary snack, opt for a healthy alternative.
- **Stay hydrated.** Drinking plenty of water and limiting caffeinated beverages can improve your energy and focus throughout the day.
- **Make sleep a priority.** Try to create a sleep routine by going to bed and waking up at the same time each day.
- **Practice gratitude.** Start a gratitude journal or jot down a few things that you're thankful for and revisit them each week.
- **Focus on positivity.** Identify and challenge your negative thoughts.
- **Spend time with family and friends.**
- **Do something that you love** whether it's cooking, knitting, or working in your garden.

-----'s Self-Care Pledge



I will try my best to practice self-care by doing these 3 things:

1. _____
2. _____
3. _____

*“Caring for Myself
is not self-indulgence,
it is self-preservation...”
-Audre Lorde*

RESOURCES

Medicaid & CHIP:

<https://www.medicaid.gov/>

Details of eligibility groups:

<https://www.medicaid.gov/sites/default/files/2019-12/list-of-eligibility-groups.pdf>

State agencies:

<https://www.medicaid.gov/about-us/beneficiary-resources/index.html#statemenu>

<https://www.medicaidplanningassistance.org/state-medicaid-resources/>

Marketplace:

<https://www.healthcare.gov/get-coverage/>

Medicare:

<https://www.medicare.gov/>

Tools & Templates on Unwinding & Medicaid Redeterminations:

<https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>

Information for Immigrants:

<https://www.coveredca.com/learning-center/information-for-immigrants/f>



Pop Quiz Answers

Module 1

1. f. All of the above

2. Medicaid → The biggest public health insurance program

CHIP → For children under 19 years old

Medicare → For people over 65 years old OR with medical complexities

Marketplace → Provides private insurance at no or low cost

Emergency Medicaid → Medical care for people who suddenly need treatment

3. False. People can be eligible for reduced price insurance plans through their state's health insurance marketplace. In most states, people with incomes between 138% and 400% of the federal poverty level can find reduced price plans.

4. True. People must renew their coverage every year to stay insured. They will receive a renewal notice every year at their address that must be completed and returned. This is why it is so important for them to update their contact information.

5. c. 15 million people

Module 2

1. False. Only less than 10% of uninsured people choose not to be insured. The most common reason is that coverage plans are costly (around 50% of uninsured). People usually do not get covered because they face external barriers².

2. Examples of barriers people can experience include limited English language proficiency, low health literacy, living in rural areas without internet access, or living in mixed immigration status households, low income and much more.

3. Low-income folks usually face high expensive insurance plans. Ethnic or racial minorities usually face distrust in the health system, missing eligibility documents, and low income among many others.

Adolescents & young adults face low income and low health literacy.

People without a mailing address face missing eligibility documents and low income.

4. a. The patient is part of an ethnic minority group, is a single mom with a lot of responsibilities, experiences time and financial constraints, has dependents who require medical attention, and is worried about trusting the system and moving forward with getting health coverage.

b. Her health coverage scenario is “eligible” but “not enrolled” due to “barriers”.

² Tolbert, J, Drake, P., & Damico, A. (2022). *Key Facts about the Uninsured Population*. Kaiser Family Foundation. <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

Module 3

1. False. An important part of health education is helping your patients and individuals in the community gain the information, skills, or support they need while also keeping in mind their unique learning styles, preferred languages, culture, and environment.

2.

- Not everyone needs to get health coverage, especially if they are healthy. MYTH
- Undocumented individuals cannot get insurance from Medicaid. REALITY
- Immigrants cannot get health coverage since they are not U.S. citizens. MYTH
- Special enrollment periods allow those who face a life-changing event to enroll into a health coverage plan, even after they pass the open enrollment deadline. REALITY

3. c. It is important to ask open-ended questions when having a conversation about health coverage with someone. In motivational interviewing, open-ended questions (starting with what, how, and why) encourage longer responses. In this example, “Did you experience any barriers?” can be simply answered with “No” or “Yes”. The respondent might not feel encouraged to elaborate on what these barriers are.

Module 4

1. Important assets and strengths to consider are:

- Cultural values and social ties.
- Online presence such as Facebook groups or forums.
- Way of connecting with the world and everyday news.
- Communities or social groups they like to be a part of.
- Trusted leader, specialist, or professional they go to see when they get sick.

2. False. community mapping, which is when you figure out and record important places and times the members of your community, especially priority populations or people with less favorable health coverage scenarios, come together.

3. b. Schools are trusted by families, have access to eligibility information, interact with many uninsured children and parents, and conduct yearly events that can be used for outreach (such as parent-teacher conferences or back-to-school events). Additionally, they usually implement other assistance programs such as school lunch programs that can help identify anyone who may be eligible for affordable health insurance.

Module 5

1. True. Reasons why people might lose their coverage include:

- Insurance programs or companies losing contact with enrollees because of outdated personal information (like address and phone number).
- People not responding swiftly to their renewal notices or calls from their insurance programs.
- Changes in eligibility criteria of public or private health insurance programs that can make someone no longer eligible.

2. d. Nearby banks

3. The main reasons why we stay connected with individuals and communities is to:

- Ensure people know how to maintain their coverage and renew it.
- Make sure people know how to access care through their coverage.
- Help answer any questions or concerns that come up along the way.

