# Measuring for Success: Using Data to Reach Your Target Communities and Improve Enrollment Strategies

August 6, 2015 2:00 PM

Agenda

- Overview and Introductions
- From Statewide Tracking to On-the-Ground Impact: Metrics and Evaluation with Florida Covering Kids and Families
- A Provider's Perspective: Data Tracking with the Michigan Primary Care Association
- Connecting Kids to Coverage Campaign Resources
- Questions and Answers
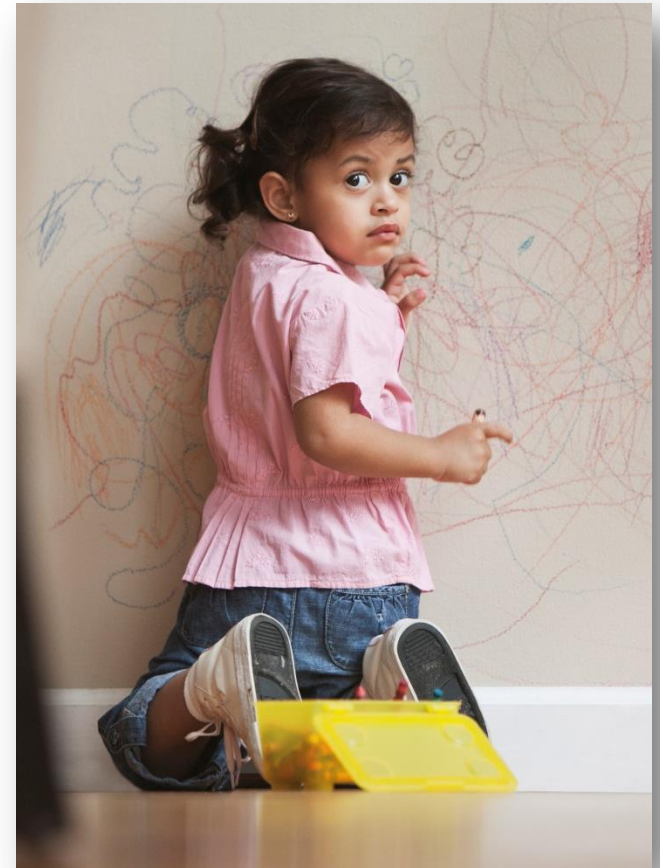
InsureKidsNow.gov

From Statewide Tracking to On-the-Ground Impact: Metrics and Evaluation with Florida Covering Kids and Families

- **Jodi Ray, MA**

  Project Director

florida covering kids™ & families

USF HEALTH

InsureKidsNow.gov

Goal & Objectives of Evaluation

GOAL: to assess the effectiveness of activities through a meaningful, targeted evaluation of strategies and a summative assessment of overall project success.

Understand why is it necessary to establish measurable goals	Develop strategies and tactics designed to achieve those goals	Determine if you are reaching your goals, and which strategies are successful in helping you meet them

Objectives

Understand expectations for data collecting and reporting

Increase data accuracy and decrease human error from data reporting

Compile and analyze information collected for Events & Outreach

Compile and analyze information collected for Enrollment Assistance

Develop data management and internal reporting process

florida covering kids™ & families

USF HEALTH

InsureKidsNow.gov
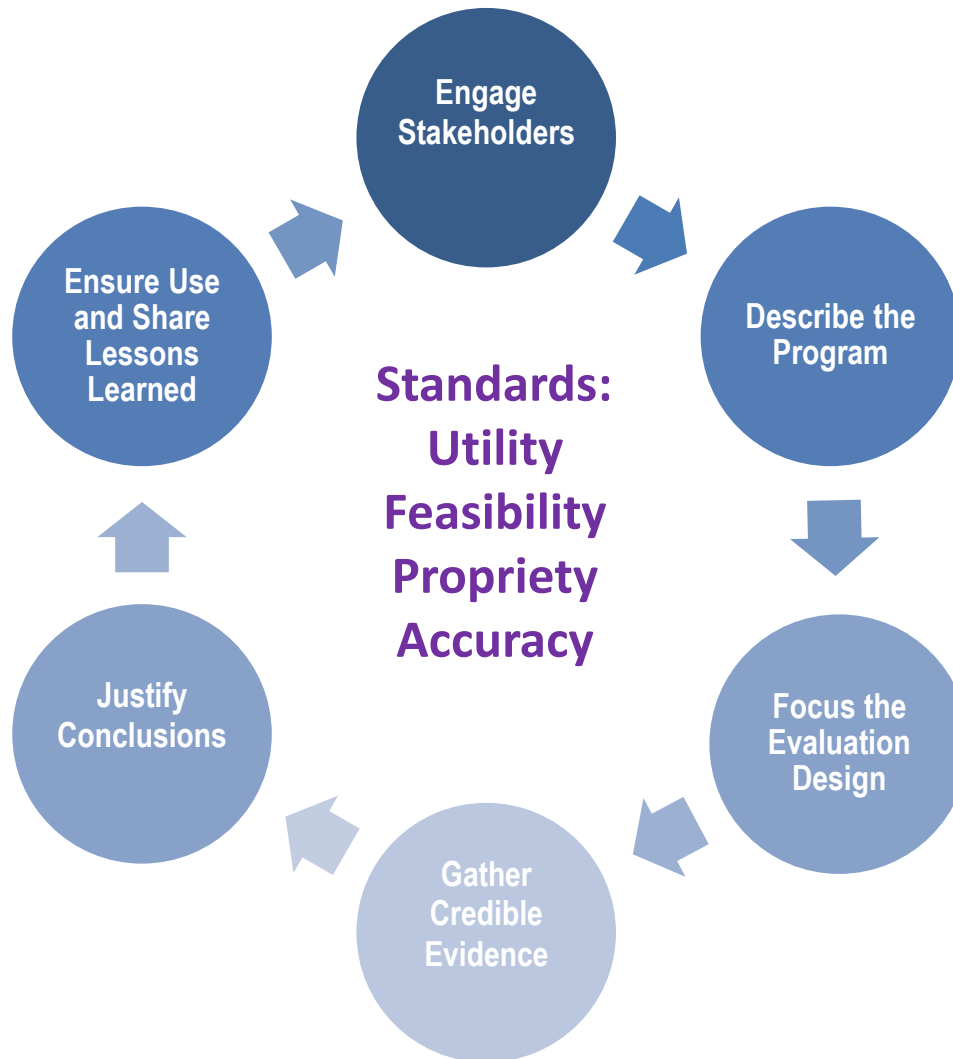
Why Evaluate My Efforts?

Evaluation removes the guesswork and creates a system where evidence guides your outreach & enrollment strategies.

Proper evaluation allows you to:

- Learn from your mistakes;
- Expand your successes;
- Continuously improve your efforts; and
- Communicate success in way that stakeholders can understand and see

Program Evaluation Steps

Engage Stakeholders

Describe the Program

Focus the Evaluation Design

Gather Credible Evidence

Justify Conclusions

Ensure Use and Share Lessons Learned

Standards:
Utility
Feasibility
Propriety
Accuracy

Source: Monitoring PPOR Efforts. CityMatch. 2005

Program Evaluation First Steps

- Determine the focus of the program or outreach initiative

- Identify key partners

- Formalize an MOU with Medicaid/CHIP agencies

- Develop a strategic workplan and scope utilizing a common framework

- Determine a schedule/procedures for data collection of enrollment and outreach activities

- Use a HIPAA compliant, secure online data form

- Complete and adhere to all IRB requirements for collecting consumer data

- Facilitate TA calls with all partners

- Conduct site visits

- Determine ongoing program plan compliance and success via progress reports

Cycle III Outreach Grant

- Developed online data collection process for applicant data using Checkbox

- Sent data via password protected files to Medicaid and CHIP agencies for disposition

- Sent applicant disposition to community partners for follow up with consumers to ensure enrollment

- Provided data reports to outreach project

- Reviewed all qualitative and quantitative data for continued quality assurance and outcomes

- And…if additional support is needed, assessments are made on an ongoing basis for continued positive outcomes

InsureKidsNow.gov

Florida Covering Kids and Families InfoSystem

*Date of the Application (MM/DD/YYYY)
Actual day the application is submitted.

[   ] 📅

*Parent/Guardian Last Name

[   ]

*Parent/Guardian First Name

[   ]

Phone (10 digits - including area code XXX-XXX-XXXX)

[000-000-0000]

Email

[   ]

*City
Select the city from the list

[Select: ▼] [   ]

*County of Residence
Select applicant's county from list

[Select: ▼]

*Postal Code

[   ]

<< Back   Save And Exit   Next >>

*Annual Household Income (Select the best estimate)
Amount in dollars per year from all sources (family income)

$20,000 to $29,999 ▼

*How many people live in the applicant's household?

*Strategy/referral method used to help you identify these potentially eligible child(ren) from this family.

Select from the drop down list, if a referral source is not in the list, please specify in the box provided:

Select: ▼
Select:
Advertisement
Attendance at one-time outreach event
Business/Chamber of Commerce
Child care organization
Co-worker
Community-based organization
Faith-based organization
Family
Friend
Government agency
Health care provider
Homeless services organization
Insurance coverage provider
Library
Mobile clinic
Neighborhood community center/organization
Pharmacy
Refugee service agencies
School

Florida Covering Kids and Families InfoSystem

*Child's Last Name

*Child's First Name

*Child's Date of Birth (MM/DD/YYYY)

*Child's Gender
○ Female
○ Male

*SSN of Child
Do not include dashes. If unknown, enter 111111111

Please enter the child's KidCare Account Number

Please enter the child's Medicaid ACCESS case number

*What is the child's race?
☐ Asian/Pacific Islander
☐ American Indian/Alaskan Native
☐ Black/African American
☐ White-European/Middle Eastern
☐ Unknown Race
☐ More than one race
☐ Some other race (indicate Hispanic/Latino on next question, not here), please indicate

*Is the child Hispanic or Latino?
○ Yes
○ No

*Which application was used to apply for coverage?
○ FL KidCare
○ Medicaid ACCESS

*How did the applicant apply to the program for this particular child?
○ Paper-based application
○ On-line application

*For this particular child, is this a new application (first time) or a renewal?

*SSN of Child
Do not include dashes. If unknown, enter 111111111

Please enter the child's KidCare Account Number

Please enter the child's Medicaid ACCESS case number

*What is the child's race?
- ☐ Asian/Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ Black/African American
- ☐ White-European/Middle Eastern
- ☐ Unknown Race
- ☐ More than one race
- ☐ Some other race (indicate Hispanic/Latino on next question, not here), please indicate

*Is the child Hispanic or Latino?
- ☐ Yes
- ☐ No

*Which application was used to apply for coverage?
- ☐ FL KidCare
- ☐ Medicaid ACCESS

*How did the applicant apply to the program for this particular child?
- ☐ Paper-based application
- ☐ On-line application

*For this particular child, is this a new application (first time) or a renewal?
- ☐ New application
- ☐ Renewal

*What type of assistance did you provide?
(For example, "I assisted the applicant to apply for Florida KidCare benefits", or "I called 1-800-821-5437 on their behalf")

*Do you want to add the information from another child of this same parent?
- ☐ Yes
- ☐ No

<< Back   Save And Exit   Next >>

Navigator Grant

- Develop an online data collection process for both outreach and application assistance using Qualitrics
- Collect appointment data daily
- Report data weekly to CCIIO
- Send raw data out to partners to review for accuracy and ensure completeness
- Review data monthly by project and individual navigators
- Review qualitative reporting for supplemental information on best practices and lessons learned
- Provide both data and qualitative feedback to projects for review and local level evaluation
- Provide outreach, demographic and application assistance data to Data Design, LLC for input into Heat Map

InsureKidsNow.gov

Entering data related to events, outreach, advertising and marketing
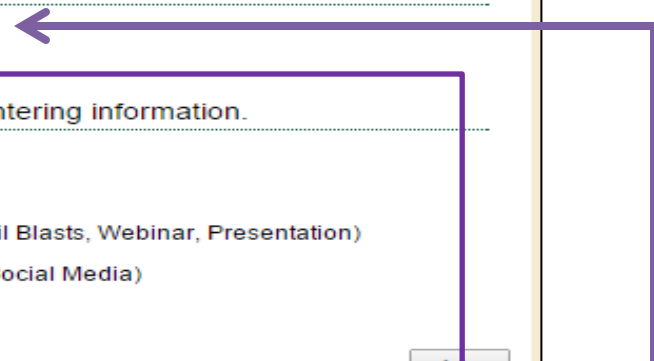
EVENTS & OUTREACH
GOOGLE DOCS

The following questions are intended to capture information about Enrollment Event and Outreach Efforts designed to inform consumers about signing up for health care coverage through the Federal Health Insurance Marketplace.

Information entered into this survey should be for Project Performance Period September 16, 2014 through September 15, 2015. Any outreach or enrollment event information prior to this period should be entered in the Year 1 survey link.

Please select your Consortium Partner Lead.

Consortium Partner Lead [▼]

Please indicate the type of Outreach/Enrollment activity for which you are entering information.

○ Daily Phone Calls

○ Education and/or Enrollment Event

○ Additional Outreach/Education Efforts (Example: Flyers, Mail-outs, Newsletters, Email Blasts, Webinar, Presentation)

○ Advertising and Marketing Activities (Example: Newspaper/Print Media, Radio, TV, Social Media)

90 Works
Broward Regional Health Planning Council
Center for Health Equality
FL CHAIN
Health Council of South Florida
Health Council of Southeast Florida - Treasure Coast
Health Planning Council of Northeast Florida
Health Planning Council of Southwest Florida
Primary Care Access Network, Inc. (PCAN)
The Family Healthcare Foundation
United Way of Brevard
WellFlorida Council, Inc.
University of South Florida

InsureKidsNow.gov

Materials provided at the event to educate consumers/public about the Health Insurance Marketplace and Navigator project

☐ The Value of Health Insurance Brochure

☐ About the Health Insurance Marketplace Brochure

☐ Employer Coverage Tool/Marketplace Application Checklist

☐ About the SHOP Marketplace Brochure

☐ Paper Health Insurance Marketplace Application

Did you advertise for this event?

○ No

○ Yes

<< >>

Additional Outreach/Education

Select the month of the outreach effort

Indicate the type of effort and the estimated reach or date

USF HEALTH

For which month are you reporting outreach and education efforts and activities?

October 2014 ▼

What type of Outreach and Education Efforts would you like to record?

☐ Flyers (Enter the number of flyers distributed):

☑ Mail-outs (Enter the number of mail-outs distributed):
100

☐ Newsletters (Enter the number of newsletters distributed):

☐ Email blast (Enter the number of email addresses):

☑ Conducted webinar (Enter the date of the webinar MM/DD/YYYY):
10/31/2014

☐ Presentation (Enter the date of the presentation MM/DD/YYYY):

☐ Other (Please describe):

<< >>

florida covering kids & families

USF HEALTH

InsureKidsNow.gov

Advertising and Marketing

Select the month of the advertising or marketing activity

Indicate the type of effort and the estimated reach

For which month are you reporting Advertising and Marketing Activities?

October 2014 ▼

What type of Advertising and/or Marketing Activities would you like to record?
NOTE: Please indicate the type and estimated number of reach. Details about these advertising and marketing activities are recorded in the next set of questions.

☑ Newspaper/Print Media (Enter estimated reach):
20,000

☐ Radio (Enter estimated reach):

☐ TV (Enter estimated reach):

☑ Social Media - Facebook, Twitter, LinkedIn (Enter estimated reach):
215

☐ Other (Please describe):

<< >>

florida covering kids & families

20

InsureKidsNow.gov

Advertising and Marketing

When prompted for additional information, be as **detailed as possible** as this information is used in both internal and external reporting!

USF HEALTH

Please describe the Newspaper/Print Media activity (Example: Name of newspaper, type of article or interview, etc.).

Daytona News Journal published an article on the upcoming open enrollment period. Navigator Debbie McAwesome was interviewed for the piece. Estimated reach in the Daytona Beach area is 20,000. The article will also appear on the Daytona News Journal website.

Please describe the Social Media Campaign that was designed and launched.

Get Covered! campaign was launched via Facebook through the Regional Consortium Partner's Facebook page. The estimated reach was 215 individuals based on traffic reports and followers. The campaign will run through the month of October and will be updated with news and information using Facebook as the primary information dissemination vehicle.

<<   >>

InsureKidsNow.gov

florida covering kids & families

USF HEALTH

Verification & eSignature

Must complete this section for data to count

Click the Affirmation Box

Type your full name here

Information Verification Section
In this required section, you are required to indicate your agreement that the information is accurate by marking the affirmation and electronically signing your name.

Affirmation:

☑ By marking this item, I certify that the information provided in this activity report are true representations of activities conducted under the Cooperative Agreement to Support Navigators in University of South Florida Federally-facilitated Exchanges Project.

Verification eSignature:
By my signature, I certify that the information provided in this activity report are true representations of activities conducted under the Cooperative Agreement to Support Navigators in University of South Florida Federally-facilitated Exchanges Project. I understand that if any information is found to be false, our agreement with the University of South Florida (USF) may be terminated at USF's sole discretion. I understand that I am responsible for any follow up communications related to this report.

Type your name here

Tommi Rivers

<< >>

florida covering kids & families

InsureKidsNow.gov

Entering information related to Navigator appointments

NAVIGATOR ENROLLMENT APPOINTMENT SURVEY
QUALITRICS

USF HEALTH

The following questions are intended to capture information about the consumers assisted with obtaining information about or signing up for health care coverage through the Federal Health Insurance Marketplace.

Information entered into this survey should be for Project Performance Period September 16, 2014 through September 15, 2015. Any Navigator enrollment appointments prior to this period should be entered in the Year 1 survey link.

Please select your Consortium Partner Lead.

Consortium Partner Lead: University of South Florida ▼

Navigator ID Number (beginning with **FLNAVC12**)

FLNAVC1212345

Date of Application

	Month	Day	Year
Please Select:	October ▼	31 ▼	2014 ▼

Was this visit related to a new or existing account?

◉ New Account (new appointment)

◯ Existing Account (follow-up appointment)

◯ SHOP Assistance Appointment (Small Business Health Options Program)

>>

Enter your partner name

Enter your Navigator ID in this format

Select only one:
-New/Existing lead same set of questions
-SHOP leads to different questions

florida covering kids & families

USF HEALTH

InsureKidsNow.gov

24

This section will capture Demographic information about the consumer(s) being assisted with the Federal Health Insurance Marketplace

Zip code of consumer

What is the zip code of the consumer(s) being assisted?

33761

Enter size of entire household

Household Size

3

Enter number of consumers being assisted

Please indicate the total number of people in the household who are applying for health insurance coverage (**including** the Primary Account Holder).

3

Consumer Language Spoken in the Home

☐ Please click here if the primary language spoken by the consumer(s) being assisted is **other** than English.

Enter primary language of consumer – check above if other than English

What is the primary language of the consumer(s) being assisted?

English ▼

American Sign Language
Arabic
Cantonese
Chinese
Creole
English
French Creole
Hindi
Malayalam
Mandarin
Portuguese
Spanish
Vietnamese
Other

<< >>

InsureKidsNow.gov

Select the **gender** and **number** of the consumers being assisted (ONLY include those who were assisted with the Marketplace)

☑ Male

`2`

☑ Female

`1`

Select the **Age Groups** represented in the household and indicate the **number of consumers** in the household who fall within each Age Group (NOTE: Only include those who received assistance with the Federal Health Insurance Marketplace in this Navigator appointment).

☑ Under 18

`2`

☐ 18 to 24

☑ 25 to 34

`1`

☐ 35 to 44

☐ 45 to 54

☐ 55 to 64

☐ 65 to 74

☐ 75 or older

This should match the number in the household receiving services

InsureKidsNow.gov

florida covering kids & families

USF HEALTH

Select the **Ethnicity** represented in the household and indicate the **number of consumers** in the household who fall within each Ethnic Group (NOTE: Only include those who received assistance with the Federal Health Insurance Marketplace in this Navigator appointment).

☐ Hispanic/Latino

☑ Not Hispanic/Latino

3

Select the **Race Group** and **number of consumers** in the household who received assistance with the Federal Health Insurance Marketplace.

☐ American Indian/Alaska Native

☐ Asian

☐ African American/Black

☐ Native Hawaiian/Pacific Islander

☑ White/Caucasian

3

☐ More than one race

☐ Other race

☐ Other race (Please describe below):

This should match the number in the household receiving services

florida covering kids & families

USF HEALTH

InsureKidsNow.gov

Assistance Provided During Appointment

Assistance Provided to the Primary Account Holder and/or other family members during this visit.
Please mark ALL that apply.

- ☑ Assistance to create an account
- ☑ Completing and submitting an application
- ☑ Assisted with eligibility determinations
- ☑ Assisted with comparing plans (reviewing QHPs)
- ☐ Renewing a QHP
- ☐ Selecting and/or enrolling in a QHP
- ☐ Selecting and/or enrolling in a dental plan
- ☑ Helping to file for the Advanced Premium Tax Credit
- ☑ Helping to file for Cost Sharing Reduction
- ☐ Helping to submit a change in circumstance
- ☑ Providing education about the Marketplace
- ☐ Paying for QHP
- ☐ Completing the Medicaid/CHIP enrollment process
- ☐ Referring for assistance to apply for Medicaid or CHIP
- ☐ Assistance with filing an appeal
- ☐ Assistance with filing an exemption application
- ☐ Other (please specify):

Reminder:
Check all that apply!

florida covering kids & families

USF HEALTH

InsureKidsNow.gov

Outcome of Appointment

If there is a text box below an item, be sure to enter a number

Outcome(s) of enrollment meeting.
Please select ALL that apply.

☑ Received an eligibility determination [includes consumer who already had a portal profile or account] Please enter the total number of eligibility determinations received during this visit.

`3`

☐ Consumer requested additional meeting

☑ Reviewed QHPs (compared plans)

☑ Consumer selected a QHP

☑ Consumer enrolled in a QHP (Please indicate the number of enrollments completed in this visit)

`3`

☐ Consumer referred to Medicaid

☐ Consumer referred to another health care program (Medicare, VA/TriCare, community health centers, etc.)

☐ Consumer referred to Florida KidCare

☐ Consumer referred to WIC

☐ Consumer referred to local county health plan

☐ Consumer referred to a program providing consumer assistance for further help after enrollment

☐ Consumer declined to select either a health plan or Medicaid/CHIP health coverage

☐ Consumer was ineligible for Medicaid and/or tax credits

☐ Submitted an appeal

☐ Consumer referred to ARC (Advanced Resolution Center)

☐ Consumer filed a grievance about an issuer or provider

☐ Other (please specify):

Reminder:
Check all that apply

InsureKidsNow.gov

florida covering kids & families

USF HEALTH

Enrollment Information

In this visit, were consumers deemed eligible by the Marketplace or through the State Medicaid portal for Medicaid or CHIP? If yes, please indicate the total number in the box provided.

◉ No

○ Yes (Please record number)

○ Unknown or NA

Was the application completed (during this visit)?
Answer NO if the application was completed on a previous visit.

○ No

◉ Yes

<<　>>

InsureKidsNow.gov

If yes, how was the application was completed?

○ Phone

◉ Internet

○ Paper application

Was the application submitted?

○ No

◉ Yes

Reminder:
Consider these questions for the outcome of this individual enrollment appointment, not previous appointments

<< >>

USF HEALTH

Did the consumer enroll in a QHP?

○ No

◉ Yes

USF HEALTH

If the consumer enrolled in a QHP, please indicate the health care plan selected by the consumer, including carrier, name of the plan and the medal tier.

Example: Blue Cross Blue Shield BlueOptions Everyday Health 1477

Humana Connect 4600/3600 Silver

Please be as specific as possible when entering the name of the health care plan and medal tier selected.

ONLY record plan if enrolled in this visit.

florida covering kids & families

USF HEALTH

InsureKidsNow.gov

![USF HEALTH logo]

Additional Notes Section

When entering additional notes:
-Do not type IN ALL CAPS
-Be as detailed as possible
-Okay to type in English or Spanish
-Share positive stories as well as challenges and barriers

Please use this space to document any consumer success stories that were relevant to this visit.

Please use this space to document any enrollment challenges or barriers that were relevant to this visit.

Please document any additional notes related to this enrollment visit.

florida covering kids & families   USF HEALTH

InsureKidsNow.gov
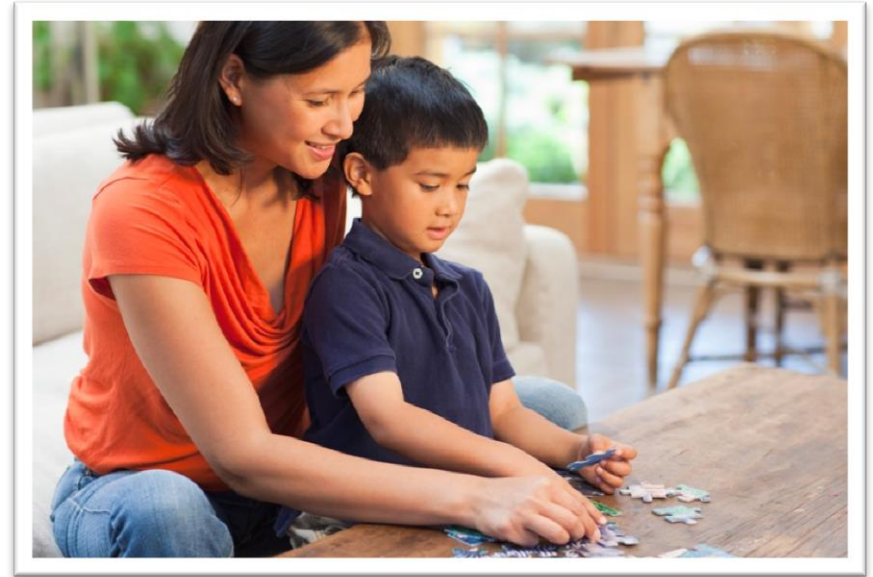
PUTTING IT TOGETHER

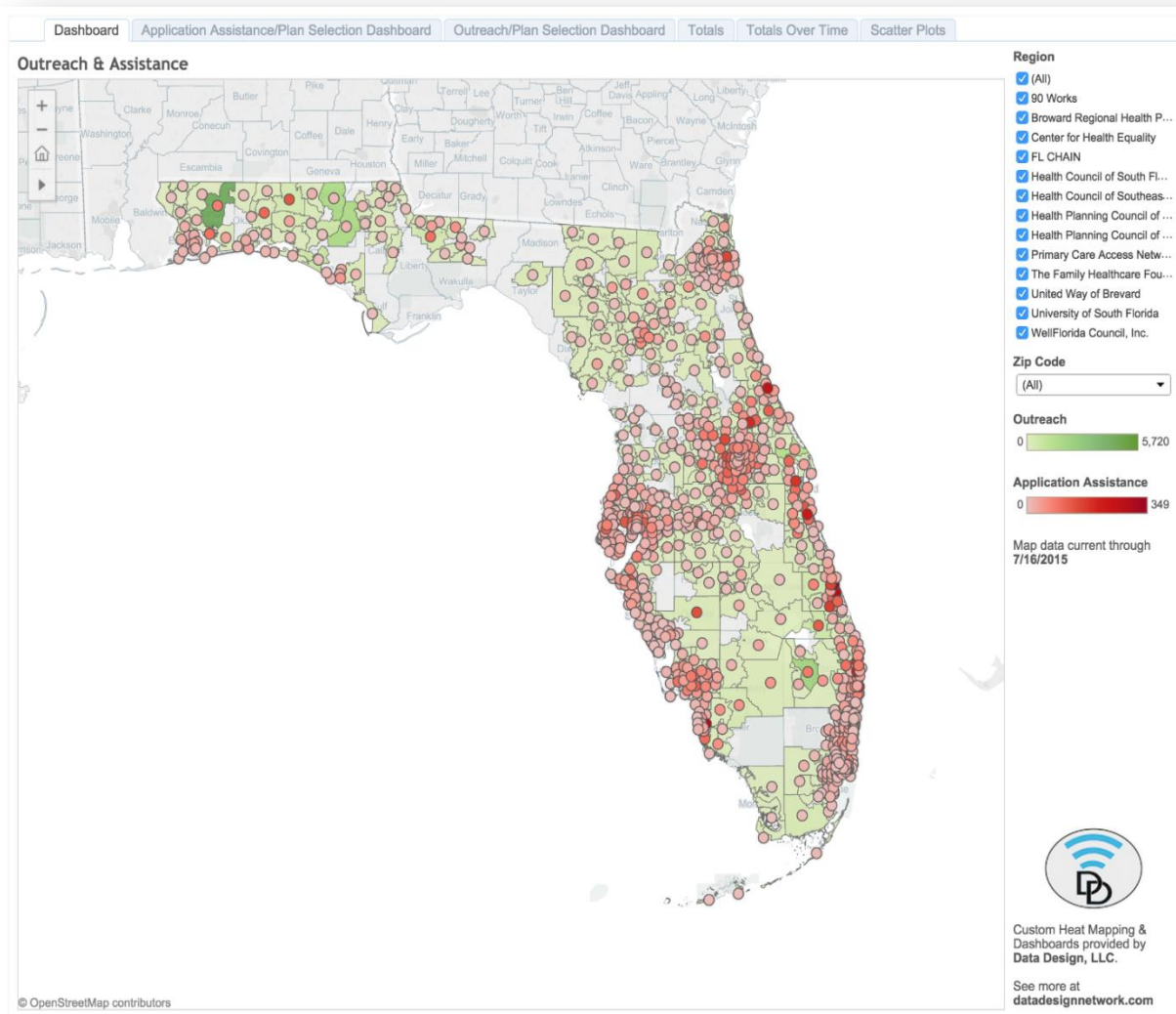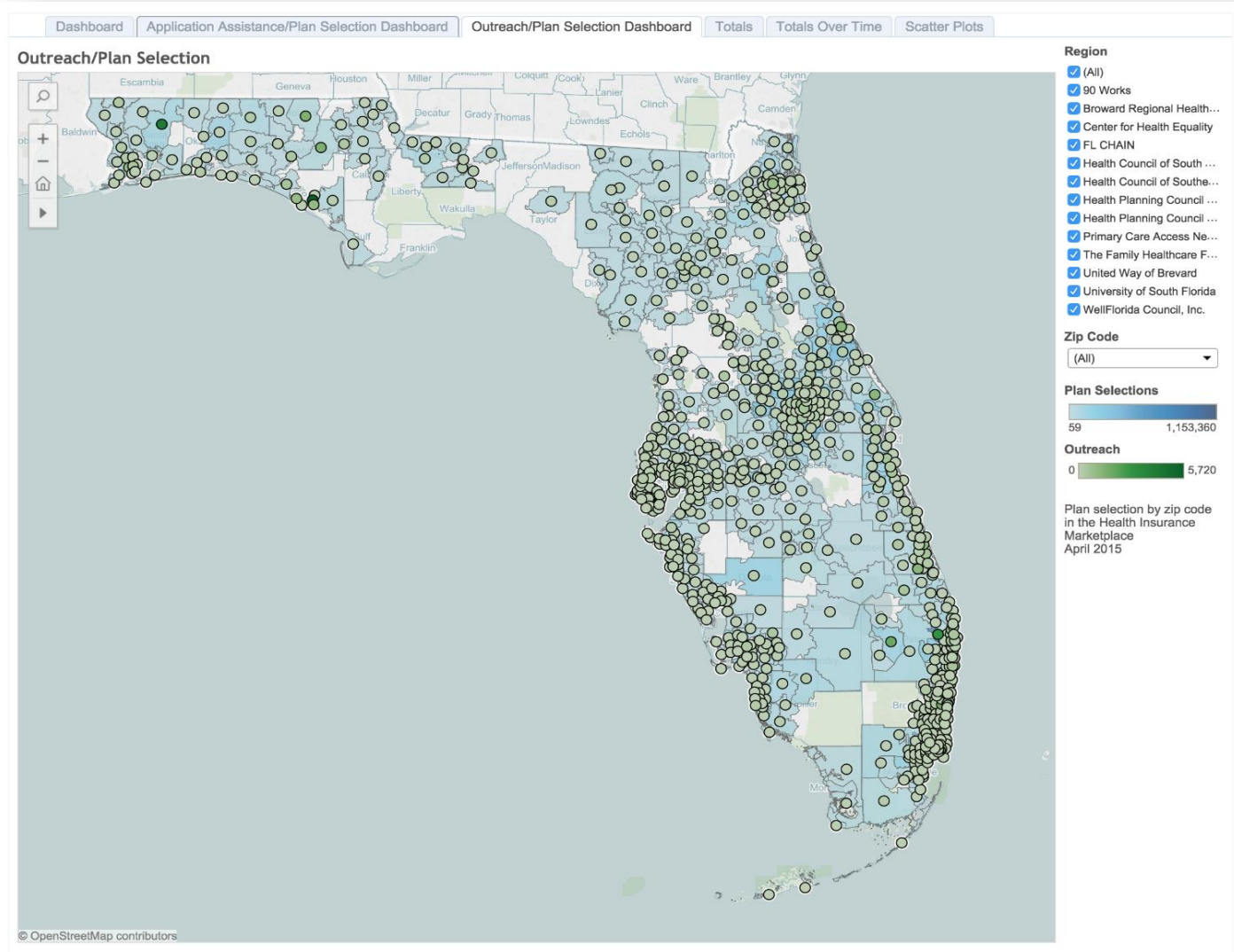# **Looking Beyond the Contract**

Now that you've met your contractual obligations, how do you critique the effectiveness of your project?
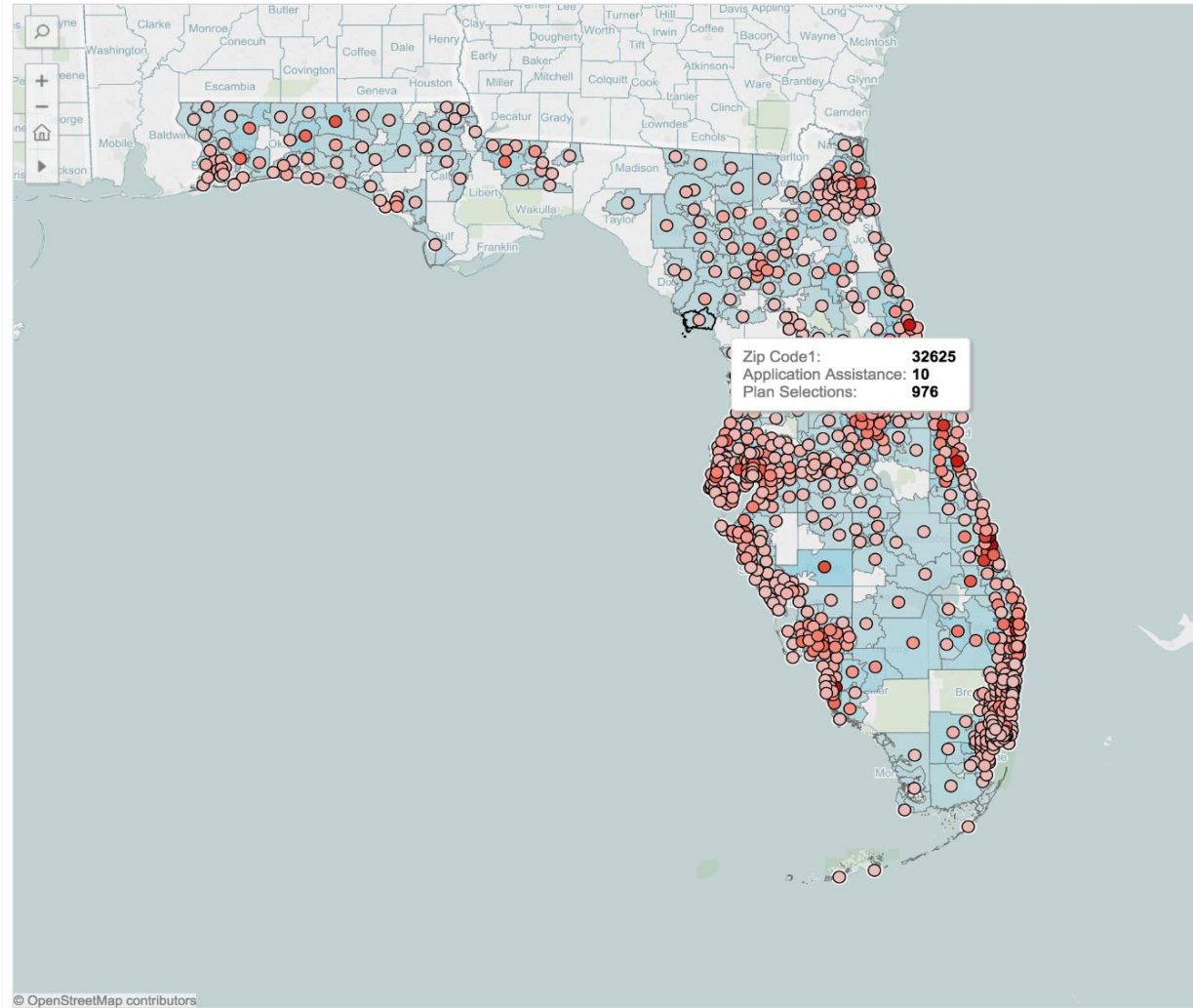
Heat Map
Data is transferred from Qualitrics

Outreach/Plan Selection

Dashboard | Application Assistance/Plan Selection Dashboard | Outreach/Plan Selection Dashboard | Totals | Totals Over Time | Scatter Plots

Region
- ☑ (All)
- ☑ 90 Works
- ☑ Broward Regional Health...
- ☑ Center for Health Equality
- ☑ FL CHAIN
- ☑ Health Council of South ...
- ☑ Health Council of Southe...
- ☑ Health Planning Council ...
- ☑ Health Planning Council ...
- ☑ Primary Care Access Ne...
- ☑ The Family Healthcare F...
- ☑ United Way of Brevard
- ☑ University of South Florida
- ☑ WellFlorida Council, Inc.

Zip Code
(All) ▼

Plan Selections
59 — 1,153,360

Outreach
0 — 5,720

Plan selection by zip code
in the Health Insurance
Marketplace
April 2015

© OpenStreetMap contributors

florida covering kids & families
USF HEALTH

37

InsureKidsNow.gov

Utilizing Data

- **Stacy Ray**

  Stability Director

What Do We Know About Utilizing Data?

Fundamental to change

Fluctuates

Strategies to implement can be modified

Influenced by external factors

Building Grounds for Data

- Form a coalition of key partners that will discuss data on a regular basis to examine the community at large
- Agree on a common language to use in the community (how to talk about outcomes vs. results vs. indicators)
- Acknowledge where local data comes from
- Collect new data
- Interpret data
- Make comparisons
- Listening, as much as telling
- Collaborative conversation

Coalition Building

- Involve a coalition of key partners that have the same goal and that will have the time to work on analyzing what is needed for the community

- Conduct monthly to quarterly coalition meetings

InsureKidsNow.gov

90WORKS
COUNTDOWN TO SELF-SUFFICIENCY

External Data

University of South Florida	Florida Healthy Kids	State agencies
Community agencies	Internal programs	Labor statistics

Collecting New Data

- Examine trends from local health care sources
- Examine data through the Homeless Management Information System to see where there are gaps in coverage
- Partner with local agencies that are assisting with health care

Interpreting Data

Utilize all data to see the trends of each community

Work with local Coalition to discuss how to use data in the field

Conduct a collaborative conversation

Tracking Data Internally

Ensure a system is active for all community members and staff to input application data (smartsheet.com)

Look at data input for trends on area (ex: which county has the most applications for Medicaid vs. Florida KidCare, demographics of those being served)

Utilize data to ensure outreach is being completed in appropriate area

InsureKidsNow.gov

90WORKS
COUNTDOWN TO SELF-SUFFICIENCY

Community Events

- Utilize all data to assist with conducting "boots on the ground" outreach
- Utilize data to assist with creating partnerships with agencies that have access to "special populations"
- Utilize data to increase application assistance with families with efficiency and effectiveness

Contact

Jodi Ray, MA

Project Director

813-974-3143

jray@health.usf.edu

Stacy Ray

Stability Director

855-909-6757 x201

sray@90works.org

Measuring Outreach Success to Evaluate and Improve Effectiveness

- **Lydia Stars, MSW**
  Enabling Services Specialist

Ongoing Evaluation Components for O&E Programs

Optimizing your O&E program requires a focus on monitoring and evaluating several key aspects of your work on an ongoing basis:

- Enrollment Impact
- Outreach Impact
- Outreach Events
- Outreach Partnerships
- Service Quality

Enrollment Impact

- Consider adding new data tracking fields to your current process to help your program understand who has been reached in the community
  - ✓ Zip Codes
  - ✓ Age
  - ✓ Race/Ethnicity
  - ✓ Preferred Language
  - ✓ Referral Source
  - ✓ Coverage Program
  - ✓ Type of Assistance
- Compare your enrollment impact data with indicators of need at the zip code level to illustrate successes and gaps in your program's impact

So, What Does That Look Like?

It could look like this! A simple, easy (and free) tool to gather data about the services staff are providing…

MPCA Reporting Tool:

www.mpca.net/?OE_reporting

www.zoho.com

MICHIGAN Primary Care ASSOCIATION

COMMUNITY HEALTH CENTER FQHC QUALITY sm

---

5. How many individuals in the household did you assist with health coverage? * -Select-

6. How many individuals in the household did you help submit an application for coverage? -Select-

7. How many individuals in the household did you help enroll in coverage? -Select-

8. Has the individual(s) attended a previous assistance session?
- ◯ Yes
- ◯ No

9. Assistance provided (select all that apply)
- ☐ Marketplace APPLICATION
- ☐ Marketplace RENEWAL
- ☐ Special Enrollment Period (SEP)
- ☐ Filing a Marketplace appeal
- ☐ Applying for an exemption
- ☐ Healthy Michigan Plan APPLICATION
- ☐ Other Medicaid APPLICATION
- ☐ MIChild APPLICATION
- ☐ Mediciad/CHIP RENEWAL

10. Zipcode where the individual resides

11. Age of individuals receiving assistance (select all that apply)
- ☐ Under 1
- ☐ 1 - 18
- ☐ 19 - 26
- ☐ 27 - 46
- ☐ 47 - 64
- ☐ 65 and Over

12. What was the race of individuals receiving assistance? (select all that apply)
- ☐ American Indian / Alaska Native
- ☐ Asian
- ☐ Black / African American
- ☐ Native Hawaiian / Pacific Islander
- ☐ White
- ☐ More than One Race
- ☐ Unreported / Refused to Report

14. What was the gender of the individual requesting assistance for their household?
- ◯ Male
- ◯ Female

13. How many individuals in the household were of Hispanic, Latino, or Spanish origin? -Select-

15. What was the preferred language of the individual requesting assistance? -Select-

16. What was the method of contact with the individual requesting assistance? (select all that apply)
- ☐ Phone
- ☐ Email
- ☐ Walkin
- ☐ Appointment
- ☐ Referral
- ☐ Community Event

So, What Does That Look Like?

Zip Code	Number of Clients Receiving Enrollment Assistance	Number of Total Health Center Patients
11111	1,407	2,356
22222	1,136	1,997
33333	134	1,675
44444	907	1,430
55555	843	1,136
66666	468	895
77777	356	601

InsureKidsNow.gov

Outreach Impact

Institute some simple staff processes to help the program better understand the scope of outreach underway and coordinate, for example:

- A log of locations and events where flyers and other materials have been distributed

- A common calendar of community events to coordinate community outreach presence

- A regular meeting where each program staff member shares their current outreach plans and focus

So, What Does That Look Like?

Where is our distribution of outreach materials lacking?

www.BatchGeo.com
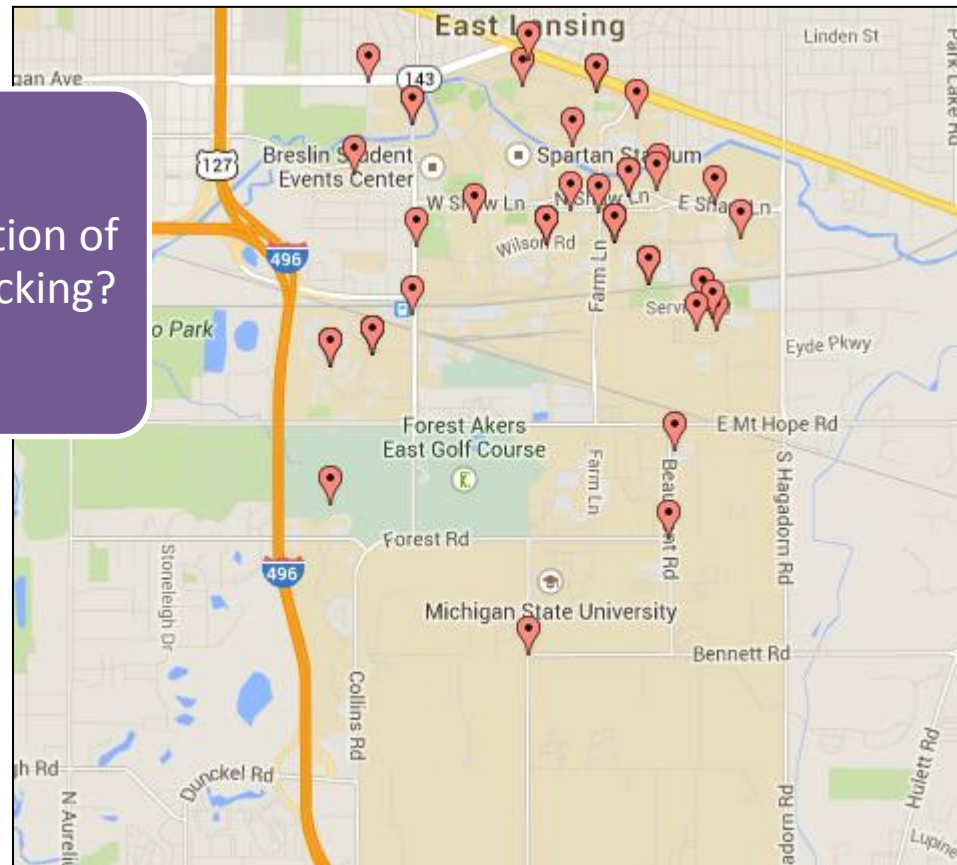
Outreach Events

- Outreach events consume significant resources, sometimes that is resource well spent and other times events can be a burden on O&E programs

- The process of evaluating outreach events starts before agreeing to attend through dialogue with organizers and participating in event planning

- Evaluation continues after an event takes place with reflection on event outcomes that shape future participation

Key Questions for Outreach Events

Before

- What is the focus of the event? (Will you be working to raise awareness or provide on-site enrollment?)
- (If applicable) How successful was the event last year? How many people attended?
- Who is likely to attend the event? (Is it a group of people your program is targeting?)
- How much does it cost for participants to attend? Is there free, convenient parking or easy access to public transportation?
- How is the event being promoted in the community?

After

- How well did it go? Did you reach the intended audience?
- How many people did you assist or enroll as a result of the event?
- How many referrals did you receive?
- Did you meet people or organizations that can contribute to future O&E activities?

InsureKidsNow.gov

Outreach Partnerships

Outreach is a "team sport," so measuring the scope and effectiveness of your partnerships is crucial

- You can evaluate the scope of your partnerships through simple staff reporting such as keeping a log of the organizations staff are working with
- You can evaluate the effectiveness of your partnerships by asking clients for their referral source and tracking it within your existing processes

Monitoring trends in the numbers of partners you are interacting with and the volume of referrals coming from those organizations provides actionable information

- Low referral levels may indicate a partnership needs to be rejuvenated, the partner needs more information or the partnership is ineffective
- Comparing partners to indicators of need can show staff where to form new partnerships in your community

So, What Does That Look Like?

Partner	Number of Referrals
A	8
B	5
C	0
D	30
E	3
F	31
G	24
H	21
I	0
J	28
K	9

Are these effective partnerships?

How should we thank these partners?

Do these partners need additional training?

InsureKidsNow.gov

Key Questions in Establishing Partnerships

- How many constituents can the partner help your program reach?
  - How many of those constituents align with general eligibility criteria?
  - How many of those constituents need coverage?
- What resources does the partner have in place to help reach constituents? (website, newsletter, ability to distribute flyers, upcoming events, etc.)
- Do the partner's constituents already have access to outreach/enrollment assistance?
- Can this partner introduce you to other helpful organizations?

Service Quality

Client satisfaction with their outreach and enrollment experience is an important measure of program quality

- Strengths and weaknesses derived from satisfaction feedback can demonstrate areas for additional staff training and organizational process development/refinement
- Incorporating a measure of health and health insurance knowledge/literacy in your evaluation of patient satisfaction can also illustrate areas to bolster client education and process explanation

Using a brief survey at the conclusion of a patient's enrollment experience is a great way to collect data on this topic

Michigan Primary Care Association Outreach and Enrollment Quality Survey

Please answer the following questions about your enrollment experience. The results of this anonymous survey are used to help us improve our services and will not affect your enrollment application or access to services.

<u>Please circle the response for each question:</u>

1. **My enrollment specialist treated me with respect.**

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

2. **My enrollment specialist listened to my concerns.**

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

3. **My enrollment specialist answered my questions.**

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

4. **My enrollment specialist respected my privacy.**

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

5. **I received enough information about the health insurance program I was enrolled in.**

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

6. **I understand how to use the health services available through my health insurance program.**

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

7. **I understand what to do or who to contact to answer questions I have in the future.**

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

8. **I understand what to do to complete the yearly renewal process to maintain my health insurance coverage.**

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

9. **It was easy to find enrollment help.**

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

10. **I would recommend/refer others to the MPCA staff member that assisted me for enrollment.**

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

InsureKidsNow.gov

Evaluating to Inform Program Design

- What is the greatest resource you have access to in assessing the impact and value of your services?
- What types of tools can you employ to make greater use of that resource?
  - Waiting Room Surveys
  - Satisfaction Survey Supplements
  - Poll Question of the _____ (Week, Month, etc.)
  - Temporary Staff Activity Tracking

Contact

Lydia Starrs

Enabling Services Specialist

lstarrs@mpca.net

InsureKidsNow.gov

Connecting Kids to Coverage Campaign Resources

Customizable Print Materials

You may choose to insert your program name(s), your state's annual income eligibility limit for a family of four, your website address and/or phone number, and up to two logos. *Please Note:* You may request these changes on all customizable materials.

Your program name(s)

Your state's annual income eligibility limit for a family/household of four

Your website and/or phone number

Up to two logos

Available in English and Spanish

Some available in Chinese, Korean, Vietnamese, Hmong and more.

An extra hand for parents with their hands full

Now, you have one less thing to worry about. Medicaid and CHIP offer free or low-cost health insurance for kids and teens. Children can get regular check-ups, immunizations, doctor and dentist visits, hospital care, mental health services, prescriptions and more. Children in a family of four earning up to $47,700 a year or more may qualify.

Go to InsureKidsNow.gov or call 1-877-KIDS-NOW to learn more.

Visit HealthCare.gov to learn more about affordable health coverage for your family.

LOGO 1   LOGO 2

SOY JOVEN, PERO NO NACÍ AYER

Reconozco una cosa buena cuando la veo, como la cobertura de salud a través de Medicaid y CHIP. Y yo estoy aquí para hablar sobre esto. Es a bajo costo o gratis para los niños y adolescentes de hasta 19 años de edad. Nosotros podemos obtener chequeos regulares, vacunas, visitas al doctor y al dentista, atención hospitalaria, servicios de salud mental, recetas y más. Y los niños en una familia de cuatro que ganan hasta $47,700 al año o más pueden calificar.

Se puede inscribir cualquier día del año, pero ¿por qué posponerlo cuando puede proteger hoy a su familia (y a sus finanzas)?

InsureKidsNow.gov

Other Resources

- TV and radio public service announcements

- Live read radio scripts

- Template print articles

- Web banners and buttons

- Social media posts and graphics

URL: http://www.insurekidsnow.gov/professionals/index.html

InsureKidsNow.gov

Additional Campaign Resources

- All webinars available online
  http://www.insurekidsnow.gov/professionals/webinars/index.html

- Outreach Video Library
  http://www.insurekidsnow.gov/nationalcampaign/campaign_outreach_video_library.html

Keep in Touch With the CKC Campaign!

- For more information, visit InsureKidsNow.gov

- Sign up for eNewsletters here: public.govdelivery.com/accounts/USCMS/subscriber/new

- Follow the Campaign:
  - Twitter: @IKNGov

Questions & Answers

Thanks!