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

- Jodi Ray, MA
  Project Director
### 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.

<table>
<thead>
<tr>
<th>Understand why is it necessary to establish measurable goals</th>
<th>Develop strategies and tactics designed to achieve those goals</th>
<th>Determine if you are reaching your goals, and which strategies are successful in helping you meet them</th>
</tr>
</thead>
</table>
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
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 a way that stakeholders can understand and see
Program Evaluation Steps

Engage Stakeholders

Ensure Use and Share Lessons Learned

Describe the Program

Focus the Evaluation Design

Gather Credible Evidence

Justify Conclusions

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
CHIPRA Information System

This information system was designed to respond to the information needs of the different stakeholders taking part in the Florida Covering Kids & Families CHIPRA Project. The system will compile applicant information from the CHIPRA local projects partnering with Florida Covering Kids & Families.

Created on May 2011 by:
Abraham Salinas, MD, MPH
USF - College of Public Health
asalinas@health.usf.edu

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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 >>
Florida Covering Kids and Families InfoSystem

*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 11111111

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
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
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.

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)
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
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):
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):

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

**Advertising and Marketing**

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.
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 Rivors
Entering information related to Navigator appointments

NAVIGATOR ENROLLMENT APPOINTMENT SURVEY

QUALITRICS
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)

FLNAVC12345

Date of Application

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>31</td>
<td>2014</td>
</tr>
</tbody>
</table>

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

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

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

33761

Household Size

3

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.

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

English

- American Sign Language
- Arabic
- Cantonese
- Chinese
- Creole
- French Creole
- Hindi
- Malayalam
- Mandarin
- Portuguese
- Spanish
- Vietnamese
- Other
Select the **gender** and **number** of the consumers being assisted (ONLY include those who were assisted with the Marketplace).

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>2</td>
</tr>
<tr>
<td>18 to 24</td>
<td></td>
</tr>
<tr>
<td>25 to 34</td>
<td>1</td>
</tr>
<tr>
<td>35 to 44</td>
<td></td>
</tr>
<tr>
<td>45 to 54</td>
<td></td>
</tr>
<tr>
<td>55 to 64</td>
<td></td>
</tr>
<tr>
<td>65 to 74</td>
<td></td>
</tr>
<tr>
<td>75 or older</td>
<td></td>
</tr>
</tbody>
</table>
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
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):
Outcome of Appointment

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

- [x]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
- [x]Reviewed QHPs (compared plans)
- [x]Consumer selected a QHP
- [x]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
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
Reminder:
Consider these questions for the outcome of this individual enrollment appointment, not previous appointments.
Did the consumer enroll in a QHP?

- No
- Yes

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.

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
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

Additional Notes Section

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.
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
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
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
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.m pca.net/?OE_reporting

www.zoho.com
So, What Does That Look Like?

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Number of Clients Receiving Enrollment Assistance</th>
<th>Number of Total Health Center Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>11111</td>
<td>1,407</td>
<td>2,356</td>
</tr>
<tr>
<td>22222</td>
<td>1,136</td>
<td>1,997</td>
</tr>
<tr>
<td>33333</td>
<td>134</td>
<td>1,675</td>
</tr>
<tr>
<td>44444</td>
<td>907</td>
<td>1,430</td>
</tr>
<tr>
<td>55555</td>
<td>843</td>
<td>1,136</td>
</tr>
<tr>
<td>66666</td>
<td>468</td>
<td>895</td>
</tr>
<tr>
<td>77777</td>
<td>356</td>
<td>601</td>
</tr>
</tbody>
</table>
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?
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?

<table>
<thead>
<tr>
<th>Partner</th>
<th>Number of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>8</td>
</tr>
<tr>
<td>B</td>
<td>5</td>
</tr>
<tr>
<td>C</td>
<td>0</td>
</tr>
<tr>
<td>D</td>
<td>30</td>
</tr>
<tr>
<td>E</td>
<td>3</td>
</tr>
<tr>
<td>F</td>
<td>31</td>
</tr>
<tr>
<td>G</td>
<td>24</td>
</tr>
<tr>
<td>H</td>
<td>21</td>
</tr>
<tr>
<td>I</td>
<td>0</td>
</tr>
<tr>
<td>J</td>
<td>28</td>
</tr>
<tr>
<td>K</td>
<td>9</td>
</tr>
</tbody>
</table>

Are these effective partnerships? How should we thank these partners? Do these partners need additional training?
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.

Please circle the response for each question:

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
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
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.
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
Additional Campaign Resources

- All webinars available online

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