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How Can My Organization Connect Children to Coverage? A Guide to Fundamentals and Promising Practices

Across the United States, many organizations are working to connect eligible, uninsured children to Medicaid and the Children’s Health Insurance Program (CHIP). State and local government agencies, tribal organizations, safety-net providers, faith-based groups, and school systems are increasing community outreach and enrollment activities where they see fit. Federal agencies and private charitable organizations provide these groups with funding, communications support, and technical assistance to make their work possible.

In addition to eligibility expansion and simplified enrollment in some states, such outreach and enrollment activities have helped lower the rate of uninsured, low-income children nationwide. Even though the rate has dropped from around 25% to 6% since 1997 (the year CHIP was created), roughly 3.2 million children remain uninsured, despite being eligible for Medicaid or CHIP. Many of these children are in the hardest-to reach groups. Children are at higher risk of being uninsured if:

- They live in rural areas
- They’re American Indian/Alaska Native or Hispanic/Latino
- They live in households with very low income
- They’re teenagers

About This Guide

This guide is designed for directors, managers, and coordinators who lead outreach and enrollment activities at their organizations.

It's based on the work of organizations that participated in the federal government's Connecting Kids to Coverage (CKC) grant program from July 2016 to June 2018.

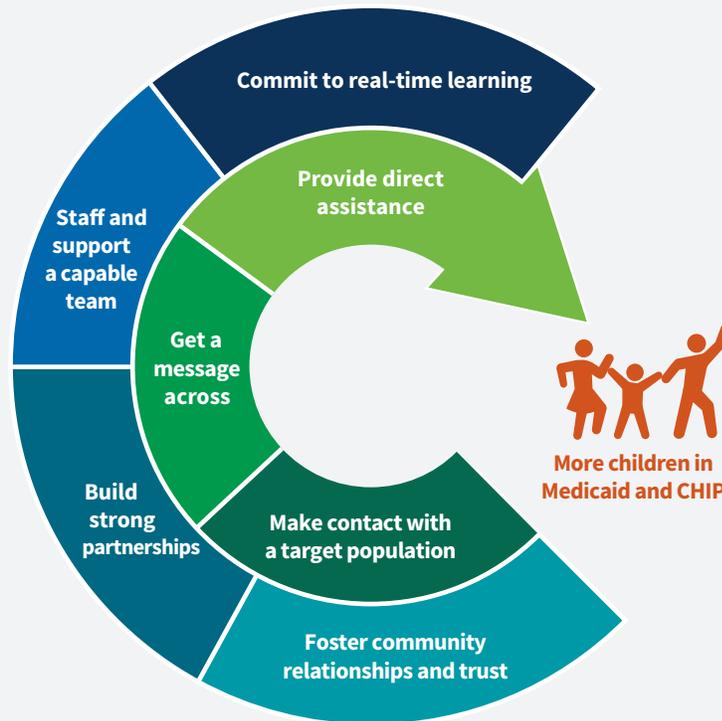
Part I covers the core activities of an outreach and enrollment initiative. It describes how to make contact with a target population, get a message across, and provide direct enrollment assistance.

Part II discusses the capacities that make the core activities possible. It describes ways to foster community relationships and trust, staff and support a team, build strong partnerships, and learn for improvement (Figure A).

The Centers for Medicare & Medicaid Services administer CKC. Visit www.InsureKidsNow.gov for more information.

Connecting children to Medicaid and CHIP through outreach and enrollment activities is an evolving process. Some old challenges continue as new ones emerge. This guide will help organizations address those challenges by answering the question, *What does it take to insure kids now?*

Figure A. Organizations do many things well to connect kids to coverage



Effective outreach and enrollment initiatives are made up of 3 core activities (inner ring) and 4 supporting capacities (outer ring). Organizations can use this model to visualize and organize their activities and to communicate their resource needs. More experienced organizations can use the model to measure their strengths and weaknesses. Grant-making organizations can use the model to monitor progress and plan technical assistance.

Part 1 Core Outreach & Enrollment Activities

Organizations leading outreach and enrollment initiatives perform 3 core activities at the same time. They:

1. Make contact with a target population
2. Get a message across
3. Provide direct enrollment assistance

Although these activities are designed to work together, they are described here separately for simplicity.

Quick Tips for Community Networking

- When collecting contact information, request two telephone numbers in case the monthly minutes for one number expire. This way, workers will be able reach another family member or friend.
- Turn to the calendars of school districts, public libraries, parks and recreation departments, and chambers of commerce for event ideas.
- If you're attending events mainly to meet families with uninsured children, stop attending those that aren't successful and apply the resources elsewhere.

Make Contact With A Target Population

Organizations looking to connect families with eligible, uninsured children to coverage find ways to meet them in the community or identify them through program records. There are several ways to make contact through either approach, but organizations that combine approaches increase their reach.

Community networking. Outreach workers spend time in the community to meet families with eligible, uninsured children that need help applying for or renewing coverage. Many Connecting Kids to Coverage (CKC) grantees learned that the quality of these interactions is more important than the quantity. When choosing which community events to attend, grantees consider whether the target population will be there and at what time, and whether the event is a good setting to have a conversation about insurance. After a connection is made, outreach workers exchange contact information with families. That way, both parties have the information they need to follow up.

Third-party referrals. Since outreach workers can't be everywhere at once, it's important to work with other organizations for referrals. CKC grantees educate referring organizations about the basics of Medicaid, CHIP, and the benefits of coverage. Some even provide screening questions that referring organizations can use to identify families with health insurance needs. To keep referrals coming, CKC grantees thank the referring organizations often and share positive enrollment stories that wouldn't be possible without their referrals.

The United Way's 2-1-1 program, which refers people to community resources, has been an effective source of third-party referrals for some CKC grantees.

Self-referrals. Parents seeking enrollment assistance may contact an organization or helpline after coming across a poster, postcard, pamphlet, radio ad, or social media post. CKC grantees foster self-referrals by handing out materials at events and leaving postcards where parents are likely to see them—like at WIC¹ centers and community health clinics. And because parents may pay more attention to radio or TV announcements about health coverage during the annual Marketplace Open Enrollment Period, grantees may limit expensive media buys to such periods. Grantees that aren't well-known in their target communities may work with better-known partners to cobrand outreach materials and promotional efforts to increase their name or brand recognition.

“Inreach” and internal referrals. Safety-net providers who lead outreach and enrollment initiatives likely have data in their patient records that they can use to identify and contact families with eligible, uninsured children.

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¹ WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children

Messages that Resonate with Parents

- Medicaid and CHIP are health insurance programs.
- Income-eligibility levels are higher than many parents assume.
- Health insurance protects families from unexpected medical costs.
- Children may qualify for Medicaid or CHIP, even if their parents don't.
- Preventive care, dental and vision care, and prescriptions are covered benefits.
- Older children and teens need proof of health insurance to play organized sports.

These CKC grantees can contact families by phone, letter, or email to confirm insurance status and offer application help. Some also set e-alerts into their systems to notify them when a child in Medicaid or CHIP is approaching his or her renewal date so that staff can offer assistance.

Screening uninsured children for Medicaid and CHIP eligibility at the point of care and offering enrollment help to those who may be eligible is also a good “inreach” option.

Multiservice CKC grantees can cross-train their staff to internally refer clients who may need enrollment help. These organizations view every client interaction and community event as an opportunity to ask about health coverage. Staff conduct “warm handoffs” where one team member introduces and transfers families to an enrollment worker in-person. These exchanges keep windows of opportunity open, reduce delays, and help families feel taken care of—not passed along.

Get A Message Across

When raising awareness or offering enrollment help, CKC grantees know that compelling messages tailored to the target population and effective delivery are both very important.

From awareness to opportunity. Families vary in their readiness to apply for coverage. CKC grantees must be prepared to educate them about Medicaid and CHIP and provide the basics on eligibility. They may have to work to change reluctant parents' minds about the programs. They also convey that even though applying for Medicaid or CHIP may at first appear to be difficult or inconvenient, their enrollment workers have the skills and experience to simplify the process.

Message development. To motivate parents to take action, CKC grantees develop messages that counteract any barriers, myths, or misunderstandings that may keep parents from applying for coverage. Early on, it's important to learn about a target population's level of awareness of Medicaid and CHIP, their attitudes and motivation levels, their literacy and comfort with computers, and their perception of how easy or hard it is to apply. Once CKC grantees understand what their target populations care about and why parents might say no or fail to act, they can develop strategic messages that address those concerns.

One way to collect information about a target population's knowledge, attitude, and motivation is to invite parents to participate in focus groups. Making focus groups convenient to attend, serving refreshments, and offering a gift card or other token of appreciation will increase attendance. If talking directly with parents isn't possible, speaking with outreach and enrollment workers who have experience with the target population may be the next best way to gather information for message development.

Quick Tips for Message Delivery

- Don't reinvent the wheel! Use or adapt materials from www.InsureKidsNow.gov.
- Format written products as “What to do when...” and “How to...” mini instructional guides.
- Keep it simple: Stick to basic facts and a sixth-grade reading level.
- Develop a simple income-eligibility chart, so parents can see if they qualify without sharing personal details about their income.
- Use photos of culturally diverse outreach and enrollment workers and enrollees.
- Use broadcast media to promote outreach events.
- Partner with Spanish-language TV stations to promote outreach and enrollment initiatives.
- Provide application materials and help in the languages of the families you serve.

Whether speaking with parents or outreach and enrollment workers, ask about the information sources that parents trust most (such as faith-based organizations, community leaders and groups, and local media).

Message delivery. CKC grantees share their messages through a variety of formats and media. This way, the information reaches more people, and not just once but many times. Consistent messages are communicated through multiple channels, like broadcast media (TV, radio, billboards, and social media), publications (printed brochures, posters, and palm cards), and face-to-face interaction (by giving talking points to outreach and enrollment workers, partners, and community leaders).

The messenger matters! Parents tend to accept information, ideas, and assistance from sources they know and trust, whether it's the enrollment worker helping them apply for coverage or the community leader reminding them about the availability of affordable insurance.

Provide Direct Enrollment Assistance

Once parents decide to apply for children's Medicaid or CHIP, enrollment workers can help them complete and submit an enrollment or renewal application. They'll follow up with parents as needed until a determination is made. Enrollment workers can also help parents appeal determinations that may be wrong. Enrollment and renewal procedures differ by state and sometimes by county, but the following good practices apply everywhere.

Productive appointments. Since the enrollment process requires attention to detail, preparation by parents, and sharing personal information, effective enrollment workers provide direct help mostly by appointment. They prioritize meeting in-person, at places and times that are convenient for families. WIC centers, public health departments, and public libraries can be good meeting places in cities and suburbs if they're near public transportation—or get decent foot traffic from target families—and have semiprivate or private meeting spaces. Places with regular, publicized hours tend to be more convenient for parents and signal the enrollment worker's commitment to the community. In rural areas, where families have fewer transportation options, enrollment workers may do the bulk of the traveling to meet parents. In most cases, evening and weekend appointments may be most convenient.

Technology plays a key role in appointment productivity. Enrollment workers should have laptops, Wi-Fi hotspots, portable printers, and smartphones with them. This way, they have the flexibility to complete both online and paper applications and the ability to give families a printed confirmation page and number. When workers follow up with a family after in-person appointments, they should use whatever communication method (telephone, text, or email) the family prefers.

Quick Tips for Productive Appointments

- Prior to meeting, enrollment workers should remind parents about the appointment and the documents they should bring with them.
- Sometimes enrollment workers need real-time help with tricky questions. Assigning an experienced team member who can be reached by phone or video chat can keep appointments on track.
- Enrollment workers should use their time productively. Having a portable office makes it easy to catch up on case notes or phone calls between appointments.

Helpful and persistent customer service. Many parents are discouraged from enrolling in Medicaid or CHIP because of past negative experience with the application process. Direct assistance and excellent customer service can help solve this problem. Enrollment workers should begin appointments with friendly dialogue and then lead parents through the application conversationally. Immediately jumping into the application and asking parents a set of personal questions can be off-putting and confusing.

Providing good assistance doesn't end after applications are submitted. Many CKC grantees set service-delivery standards, asking enrollment workers to follow-up with parents two weeks after an application is submitted, and then every week after that, until a decision is made about their eligibility. If a decision hasn't been made after six weeks, enrollment workers will make an appointment with the parents and the social services agency that processes applications to identify and troubleshoot problems. Such persistence helps build a relationship with the family and gets applications past procedural hurdles.

Record keeping and outcome verification. Providing high-quality direct assistance is enhanced by good record keeping. Some CKC grantees design databases where outreach and enrollment workers enter information about any interactions with the families they're helping. Good record keeping helps enrollment workers meet service-delivery standards and can make it easier for them to collaborate to move a case forward. Sophisticated databases can be programmed to remind enrollment workers when children's renewal dates are approaching. Sorting spreadsheet data by renewal date can be just as effective.

Verifying that applicants have successfully enrolled in Medicaid and CHIP is a vital step in connecting children to coverage and cultivating a relationship with families. Many CKC grantees verify enrollment with a state or county agency. Double-verifying directly with parents has other important benefits: to confirm that parents realize their children are covered, to discuss plan or provider selection and how to use covered benefits, and to explain the renewal process.

Part 2 Supporting Capacities

In order to succeed at the core outreach and enrollment activities, organizations must utilize 4 supporting capacities:

1. Foster community relationships and trust
2. Staff and support a capable team
3. Build strong partnerships
4. Commit to real-time learning

Foster Community Relationships & Trust

When parents trust the organizations and people who are trying to help their children enroll in Medicaid or CHIP, they may be more likely to respond favorably. Building rapport and trust with a community takes time and effort; many CKC grantees have established trusting relationships through years of stable and consistent service. These organizations are recognized in the community as accessible and transparent.

Visibility. Parents are more likely to trust organizations they see a lot. CKC grantees increase their visibility by sending outreach and enrollment workers to popular community events, especially those hosted by reputable community-based organizations, faith-based groups, and neighborhood centers. CKC grantees may also sponsor their own outreach events. Some have had success hosting game nights at elementary schools or holding regular in-school office hours. Small or recurring events make it possible to interact one-on-one with parents more frequently and strengthen ties. Leaders of outreach and enrollment initiatives can raise their organization's profile and community influences by serving on public health advisory councils, association boards, and neighborhood development efforts.

Accessibility. CKC grantees make their services accessible through language and culture. Hiring outreach and enrollment workers who reflect the cultural background of the communities they serve, and translating materials into the languages that parents prefer is important. Also, grantees make complex information about Medicaid and CHIP accessible by clearly defining insurance-related terms and dispelling misperceptions. They make the application process accessible by creating a convenient, welcoming, and supportive environment, so that families feel respected and comfortable discussing sensitive information. They return phone calls from parents within 24 hours.

Transparency. CKC grantees exhibit trustworthiness by being transparent. They clearly communicate that enrollment help is free (some mention that grant funding makes that possible), that they're not selling insurance, and that they're not collecting personal information for non-programmatic reasons. They're up-front and clear about what to expect from the enrollment or renewal process and how long it may take. Grantees can monitor an application's status to keep families informed until an eligibility decision is made. Through these simple steps, grantees increase both their transparency and that of Medicaid and CHIP.

An added benefit of striving for visibility, accessibility, and transparency is word-of-mouth referrals. Many clients learn about Medicaid and CHIP outreach and enrollment initiatives from their families or friends who have benefited from the CKC program.

Staff & Support A Team

Successful outreach and enrollment workers have a combination of attributes and skills that organizations can enhance through training and culture.

Qualities and skills to look for. Outreach and enrollment workers need strong interpersonal skills both for group settings and one-on-one interactions. Effective workers are outgoing enough to approach people in a crowd, and warm and personable enough that parents feel comfortable discussing aspects of their private lives.

Workers who speak the language of their target community have the best chance of earning trust. For example, one CKC grantee looking to connect with Hispanic/Latino children hires only bilingual and bicultural outreach workers. Their knowledge of both English and Spanish helps them interact with a wide range of community members, even enabling them to switch between English and Spanish with members of the same family.

In addition to having strong interpersonal and diverse language skills, enrollment workers should be good problem solvers and organized. Guiding a family through the enrollment process involves knowledge, creativity, and diligence. It takes a well-organized person to help many families at once. Families' unique circumstances may affect how quickly they move through the process and any potential setbacks.

Finally, outreach and enrollment workers must be able to convey key information about Medicaid and CHIP in a way that's easy for parents to understand.

On-the-job training. Outreach and enrollment workers complete training and certification, so they can help parents apply for children's coverage (and perhaps other benefits). Basic certification ensures workers understand the eligibility criteria and the mechanics of applying and enrolling. Many CKC grantees invest in additional training to grow the expertise of staff. They dive deeper into the nuances of Medicaid and CHIP eligibility, cultural sensitivity and awareness, how to approach people at large community events, and how to engage reluctant people and tactfully ask about insurance status and other personal topics.

Some CKC grantee organizations require new outreach and enrollment workers to spend at least two weeks job-shadowing more experienced colleagues. This exposes workers to the styles and approaches that experienced staff use, the circumstances in which different styles work best, community members' common questions and attitudes about Medicaid and CHIP, and a variety of family circumstances and appropriate enrollment solutions. It also helps established outreach and enrollment workers introduce new staff to the community.

Potential Partners

- Health care providers
- Faith-based organizations
- Social service providers
- State and local governments
- Public health departments
- Housing authorities
- School districts
- Community centers
- Libraries
- Juvenile courts
- Food distribution agencies
- Homeless shelters
- Family education centers
- Workforce development agencies
- Job sites for migrant workers
- Head Start and WIC centers

Team culture. Effective CKC grantees foster team culture among outreach and enrollment workers and the staff who coordinate and supervise them. When these workers feel and function like a team:

- They'll be more open to learning from and helping each other.
- Morale stays higher, even when the work feels discouraging or lonely.
- Client service improves because team members work together.

Effective outreach and enrollment teams have as much in-person interaction as possible. The frequency depends on the distances between where team members live, where they work, and where they interact with community members. Many CKC teams meet every Monday to talk through the week ahead, the caseload of families receiving direct assistance, and any problems that arise as state or county agencies process applications. Teams that are too far apart for frequent in-person meetings may have fewer but longer in-person meetings combined with video calls.

Coordinators of effective teams promote collaboration and collective achievement, rather than competition. A spirit of collective achievement could inspire a team member to handle appointments for an overbooked colleague. Serving a stressed parent today instead of asking him or her to reschedule could be the difference in a child getting coverage. On the contrary, competition could result in team members seeking applications from children who are ineligible, which is a disservice to the community and a waste of resources. Staff who are the most committed to outreach and enrollment work truly care about the communities they serve and benefit from a cooperative working environment.

Build Strong Partnerships

Many CKC grantees form partnerships or make sub-grantee arrangements with other health care providers or social service agencies to gain access to target populations, provide enrollment services, and receive referrals. They choose partners based on mission compatibility and the partner's credibility among a target population.

Identify and enlist good partners. Strong partnerships are based on what organizations have in common as well as each organization's unique contribution to solving a problem. Organizations team up to accomplish goals they cannot accomplish separately. CKC grantees identify prospective partners who share their mission to improve the health and quality of life of children and families in the same target populations. The grantees convey how Medicaid and CHIP enrollment furthers that shared mission and how a partnership would serve each organization's interests. For example, a partnership in which a resource-strapped safety-net clinic in a rural area agrees to refer families to a

Quick Tips for Strong Partnerships

- Seek out partners with strong ties to hard-to-reach populations, including immigrants and Spanish-speaking parents and families.
- Offer something in return! Figure out the best ways you can offer services or resources that support your partner's needs.
- Seek out partnerships with state and local officials who sponsor and support “healthy children” initiatives.
- Contact school administrators about offering informational materials to children who need health insurance.

CKC grantee for enrollment help would benefit both partners. The grantee would gain access to a key population, and the clinic would increase its third-party reimbursements by having more insured patients.

Once CKC grantees establish a mutually beneficial partnership, they clarify their respective roles, responsibilities, and expectations. Developing a written memorandum of understanding (MOU) is a good way to do this. MOUs may be especially useful when partnerships involve obligations, resources, or specific staff responsibilities.

Although mission compatibility and mutual interests would seem to make schools an obvious partner for CKC grantees, partnering with schools is often tricky. Some CKC grantees partner successfully with school districts in various ways, relying on principals, nurses, teachers, athletic directors, and parent-teacher associations as points of contact. However, others have found that schools or school districts restrict partnerships, whether for practical reasons or as a matter of policy. Organizations that are exploring school-based partnerships should invest wisely (probably not exclusively) in such efforts.

Cultivate good relationships. Once a partnership is established, it takes work to maintain it. Effective strategies include frequent, open communication between grantees and partners via face-to-face meetings, phone calls, trainings, and email. Some grantees designate a “go-to” person who serves as the primary contact when partners have questions or need support.

Recognition helps too. CKC grantees build good will by exchanging progress updates, sharing program successes, and publicly thanking their partners for their contributions.

Commit To Real-Time Learning

Organizations that routinely succeed in helping more children apply, enroll, or renew aren't lucky—they're dedicated to learning and improving. Here are some ways teams can learn together and apply what they've learned immediately.

Make it manageable. Organizations disappointed by their recent application, enrollment, and renewal numbers might feel stumped about how to improve. It helps to think about the numbers as a product of many activities. Learning for improvement entails breaking those activities down for manageable analysis.

For example, an organization could think of their initiative in terms of the activities covered in this guide. Beginning with the 3 at the core, the team could consider its relative strengths and weaknesses with respect

Quick tips on learning from your target population

- Don't assume you understand their experiences and opinions; be humble and ask about them.
- Build learning questions into the talking points that outreach and enrollment workers use with families, and ask them to keep a log of their answers. For example:

-How did you hear about us?

-Is there any way I could have been more helpful today?

-What could be keeping other families in this community from applying for coverage?

to making contact with its target population, conveying a message that motivates parents to apply for children's coverage, and providing direct help. If making contact with a target population is the main challenge, a manageable question for the team might be, *How can we reach a larger share of our target population in the coming months?*

Perhaps the organization needs to bolster one or more of the supporting activities, like creating and supporting a team, fostering community rapport and trust, or building strong partnerships. Each of these activities lets the organization set a manageable target for critical thinking and creative solutions, for example, as the team becomes more skilled at making contact.

Use a before-and-after approach. Many outreach and enrollment initiatives last two or more years, allowing time for a recurrent, iterative learning process recommended by experts in implementation improvement. Having teams answer a few questions before and after a discrete piece of work (a single outreach event, a month of office hours at a WIC center, or a three-month relationship with a partner that promised referrals) can be a productive exercise. A well-functioning team of outreach and enrollment workers can answer before-and-after questions in 20 to 30 minutes. Effective managers will build learning into regular meeting agendas.

Good "Before" Questions:	Good "After" Questions:
<ul style="list-style-type: none">• What are our intended results?• How will we know if we achieve them?• What challenges might we encounter?• What have we learned from similar situations?• What can we do to make success more likely?	<ul style="list-style-type: none">• What were our actual results?• What was most important in achieving those results?• What will we keep or improve in the future?

Be inclusive. Everyone (leaders, doers, administrative support staff, partners, and allies) who contributes to an organization's outreach and enrollment initiative can also contribute to learning. It is up to the leaders of an initiative to create an atmosphere of openness, support, idea-sharing, and collaboration. Competitive team members will hoard their own learning and hide missteps, both of which hinder an initiative's progress. Collaborative team members won't place blame, will share their successes and failures, and ask for help when they trust their leaders. Leaders may need to prompt and encourage input from team members or partners who aren't used to offering their opinions.

Health insurance coverage is vital to the well-being of families. Connecting children to Medicaid and CHIP coverage is challenging but rewarding work for both the organizations and partners that conduct outreach and enrollment initiatives. Organizations must do many things well to connect children to coverage; how quickly they accomplish this depends on their ability to support core activities with partnerships, teams, community relations, and continual learning.

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