



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

Connecting Kids to Coverage National Campaign

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Riley Greene: Hi everyone. Welcome to the Connecting Kids to Coverage Webinar on Measuring for Success: Using Data to Reach Your Target Communities and Improve Enrollment Strategies. We have a great lineup of speakers this afternoon from veteran organizations that have done outreach and enrollment and are really getting smart about how they use data to improve their efforts. So before we jump in and hand it over to them, I'm just going to walk through a couple of housekeeping items for the webinar today. First and foremost, your lines are on mute throughout the webinar, but we will have a question and answer session at the end of the presentation. So stick with us throughout and then we will open it up for questions. But you can send your questions as you have them, as people are presenting, through the chat box. That's in the control panel, the grey box on the right hand side of your screen. Just type your questions in as you have them and send them our way, and we'll read those out to our speakers at the end of the presentation. Finally, I'll anticipate our most popular question, which is getting a copy of the slides and a recording of the webinar. We post all of our slides and a recording on InsureKidsNow.gov in about two weeks following the webinar is when we are able to get those files up. If you want a copy sooner, we will share our campaign contact information towards the end of the webinar, and you can always shoot us an email letting us know that you want a copy of those slides as soon as possible. So without further ado, I'm going to hand it over to Donna Cohen Ross, the Director of Enrollment Initiatives at the Centers for Medicaid and CHIP Services to kick us off.

Donna Cohen Ross: Thanks so much Riley, and thanks everyone for joining us on this summer afternoon. We really are grateful for everyone's participation for this really important subject. I think a lot of times, data collection is really a very difficult thing for a lot of us, partly because we're not used to doing it sometimes or because it takes a little while for the data to emerge after we've done our hard work and so, well, maybe I'm just speaking for myself, but impatience sometimes is the thing. But we're going to hear from some really well-seasoned data collectors and data analysts this afternoon about how we can use data to measure our success, as our title says, but also as a tool to help us understand what we're doing and how to do it better. When do we need a mid-course correction because something's not working out just the way we'd like it to. When does some emerging need in another part of the community tell us that we need to stop doing or do a little less of what we're doing now because there is a need that has popped up somewhere else and really needs our attention. So data can really help us understand how to manage our programs much better. I'm going to introduce all our speakers at once so that we can go from one to the other pretty seamlessly. Some of them we've heard from before, maybe about



some other topic, but this is something that is crosscutting for all of us. So we're going to hear from Jodi Rae, who is the director of Florida's Covering Kids and Families. We've heard from Jodi in the past on so many different topics. We're going to then hear from Stacy Rae, the Stability Director at 90 Work, she is also in Florida, and she's going to tell us about her program and how she's been using data. And then finally, we're going to hear from Lydia Starrs, who is the Enabling Services Specialist

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at the Michigan Primary Care Association.

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Jodi Ray: ... you've got to be able to articulate the program that you have in place, the initiatives that you have in place, whatever it is you're doing. If you're doing school-based outreach, if you're doing business outreach, if you're targeting a particular population, if you want to reach folks in rural areas, make sure that your evaluation design is in line with the work that you're doing. So you can't just throw an evaluation design on top of a program initiative, the two may not align and you might not get what you need to get out of it. You've got to make sure those two align well, make sure that the evidence, the data that you're collecting is credible and concrete, make sure it is less obscure or big or general as possible, the more specific that you can get the more credible and viable the data will be for your use and to be able to draw some of your conclusions about the effectiveness of what you're doing. And always make sure you continue to share the lessons learned and your best practices. But there is always something out of this that you can share. So these are all the general steps that we use no matter what kind of program evaluation we're doing, again whether it is for funded activities, not funded activities, if you're out there doing this you need to make sure that you're using your resources wisely. Next please. So these are some of the things that we do generally speaking across all of our outreach efforts. These are things that we do, some of these things might fit, some of these things may or may not fit. I think it is always helpful if you are collecting data, particularly if it's including PII, that you're always using HIPAA compliant servers, that you're always adhering to any IRB Institutional Review Board requirements, obviously if you're within a university but hospitals have to use that stuff, I know health departments have to use that. It's helpful to have a good solid MOU in place with your Medicaid and CHIP agencies. Make sure you know who your partners are. Ongoing technical assistance. You know, all these things are continuous and also they need to be done up front. So some of these things, you are not going to repeatedly have an MOU developed but you want to make sure that you're compliant with how you are using personally identifiable information. You want to make sure that you're doing ongoing communication with your partners. Going out in the field, it's not enough just to have people inputting data, but get there, the way we like to use our program evaluation steps is to physically go out there and see what's going on. It also helps with the ongoing program plan compliance. Even our local coalitions, who are mostly not receiving outside funding, they have a plan and they need to know that what they're doing, they have a way to go back to the plan and tie it all back to the work they're doing in the plan. Next please. So real quick, we have a couple of



different funding initiatives that give us the opportunity to develop some data collection pieces. For the CHIPRA grants, we've developed an online data collection utilizing Checkbox. These are things anybody can use. The partners are able to log in with a password, get their data uploaded, we're able to download it, we're able to send off the care files to get disposition data. Our data collection online system also allows us to collect information on what was being done for assistance, where it's being done, how it's being done, how do these people get referred. It's all a form that requires that they adhere to the forms, and the data has to be complete. We collect qualitative as well as quantitative data, and we do a lot of internal review of the data as well as work with the partners to make sure they're reviewing the data for accuracy. Next please. This is a real quick shot of our system. We've learned a lot from the activities that we had. For example, we've been able to look at the data and all the work the outreach partners have done in terms of working school districts like training nurses and social workers and full-service schools, neighborhood family centers to find the eligible children. We gained a lot of best practices out of this. It gave us the opportunity to use this information in other ways. We were able to learn about some of the strategies that were effective in certain areas, and not all of them were replicable, but some of them offered up models for others to adapt to their local situations. So that was really very helpful. And this is what this looks like. So you can just skip through all this a little bit, I just wanted to slowly show you how we were collecting the data on the household information, gender, social security number, race, ethnicity, where was the child helped. We collect zip codes, income, we know down to the zip code what income, what age, what race, gender, everything. You can keep going please. Okay. And on the Navigator Grant we also have a data collection system that we developed, and that one we use Qualitrics, it's a little different, but we also collect information on outreach and enrollment efforts and application assistance efforts. And we again are able to collect the data in an accurate way, we're able to report on it, but we're also able to use it to enhance our outreach strategies really effectively. We're able to look at the data, provide real time feedback, because a lot of that data is uploaded on a regular basis. The rate at which you collect data is always determined by you and your partners and what's agreeable and what is necessary. So depending on what kind of an outreach strategy you have, you'll decide how frequently you need to collect the data. You can go next. We use Google Docs for events and outreach as well. Everybody has access to this, so anybody can use this. This is one way you can in a very low cost way collect what is going on on the ground into one place. You can see we've collected on what's going out there, whether they are using print, what kind of media, what the reach is, who are you reaching, how frequently are you reaching, keep going. Again, on the different kinds of marketing activities that you can do, are we reaching our intended audience. And then they sign verifying that the data they're submitting on all of our data collection tools, they sign that they're verifying that they are in fact submitting accurate data. And you can skip through these, I just wanted people to see what these look like. Again, this is on application assistance data, on household size, languages. You can make this look any way you want. We collect the number of consumers getting assisted, how many people are getting enrolled, where they got enrolled. Again, race and ethnicity and income and zip code and what assistance was provided for each and every individual assisted. We also get to find out what happened as a result of that. So we compile all of this data on a regular basis. We send out the raw data on a



weekly basis for review for accuracy. Again there is nothing here that has to be done primarily only for a funded initiative, because while some of this data we collect is for compliance purposes, it's also useful for, we have gone beyond that. So you're not limited to what a grant or contract requires. There are certain things that funders might require, but there is so much more meaningful data out there about what is being done that is effective that will help drive your activities. Plus, when you are reporting what is a successful outreach initiative or barrier, you want to be able to be concrete about that. So the last thing I want to just say is, remember that you have all this data, what do you do with it? It's not just about the contract, it's not just about the funding. It's about using your resources wisely no matter how you're allocating them or where they're coming from. It allows us to do things like design some strategies and allowing local control around what initiatives look like, but it allows us to identify what's working. So if everybody is doing school outreach, but everybody is doing something a little different, we can collect that from the field. We use a lot of these lessons learned and strategies by the outreach partners. We've compiled it, for example, into a school-based outreach tool kit that is used as a guide in Florida. Other states can do the same thing. They worked with the schools to identify children for health insurance. So we were able to take the strategies, while not every approach and strategy was a success, we thought there were very important lessons learned from even those things that didn't work. And so those allowed us to compile that and made a useful tool kit out of it. So that's an example of what we've been able to do with it. So that's it. And I will hand it over to Stacy, who is going to talk about what she does with this at the local level. Oh I'm sorry, I forgot there were a few more slides. The other thing we do is we use heat maps to put a lot of outreach data in. This is particularly for the Navigator Initiative. So we overlap and we can see where outreach and application assistance is being done and where there are gaps in the state, you can see where there are blank grey areas, and these are things that allow us to go back to those partners, you know there's a big area there where the Everglades is, and say, you've got to get there, we need to figure out a way to fill that in, and what is not working there. Obviously they're not doing a lot of enrollment in the Everglades, but if that was not a place where people didn't live we could go back and work with that partner, we can look at that by zip code and talk about some different strategies to help them reach more eligible populations in that area, whether we're talking about children or adults, it doesn't matter. Those are ways you can use the data. And now I'm done, sorry.

Stacy Ray: Okay. Good afternoon, I'm Stacy Ray. So we're going to go over just a few things here at 90 Works that we do with our data. First is, what do we know about utilizing the data? We know one, that it is fundamental to change, that it's going to fluctuate. The strategies that we might use can be modified, and I will say that as a community based organization we modify strategies daily. And that our data is always influenced by external factors and internal factors. So the building grounds for our data here locally. What we here utilize is a coalition. This coalition is developed and comprised of key partners in the community. Those partners can come anywhere from local business, small business, large business, local hospitals, health departments, other not-for-profits, and we utilize a lot with our school system. During this coalition, we are going to agree on a common language to use in the community. So we are going to talk about, do we want to have outcomes, are we looking for results, are we looking for the indicators. What do



we as a coalition want to utilize our data for? We want to acknowledge where the local data comes from, because it is very important to know that we are not utilizing data, we serve here in the panhandle in Florida, that we're not using data from Miami when we know that they're twice the size. How to collect the data, interpret the data, make comparisons, making sure that we're listening as much as we are telling, and of course having that collaborative conversation with the coalition. So coalition building, what do you do? You have those key partnerships, and you want to make sure that the partnerships that you have are all working on the same goal. So it's great to sometimes have coalitions where everyone has different goals...

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It's important to know where you get your data from that you're going to analyze there in your coalition. So I just listed a few of the agencies and places that we get some external data from, and one of the ones that we utilize a lot recently is our labor statistics. And the reason that we use that locally is that they do hiring, which businesses, because we know, is it more of a small business, or more, our population in one of our counties is working for the Department of Corrections. So we know where to target, where to look at that might have uninsured children. Are there a lot of state agencies, a lot of naval bases in the area where we are going to have a lot of military so we might not have a lot of children who are uninsured because they're covered military-wise. So those are some of the places that we receive some external data. What to look for when we're collecting new data? Here are some things that we look for. We are examining the trends from local health care sources and centers. One of the things that we've done that is very important is examine the data through our Homeless Management Information System, our HMIS system, to see where there are gaps in coverage. The system we utilize here locally, and I know it's national, but we utilize, say someone receives services from a not-for profit, and they check that they didn't have insurance. We're looking at seeing where the gaps are, is it gaps in adult coverage, is it gaps in children's coverage. And then what areas, which counties, which cities are those gaps in. And again, just partnering with all the local agencies that are assisting with health care, because we had found that a lot of people had a lot of meetings. It is really trying to bring everyone together so we're not stretched so thin when we are all trying to work on that common goal. How we interpret the data locally in our community too is utilizing all the data to see what the trends are, to watch fluctuations in enrollments in health insurance or declines in health insurance, or increases in ER visits with the uninsured or decreases. We have that coalition to discuss how we are going to use this data in the field, and then conduct that collaborative conversation that I talked about earlier. So tracking data internally. These are some things that we utilize. We utilize a project management system called Smartsheet. What we utilize Smartsheet for is all of my staff to internally put information in along with my community partners can put information into this, and it gives me live data, live time data to look at to see that we've had 20 applications in two hours coming from this area, but we've had one in the past two weeks coming from this area. So we're able to see which counties, very similar to some information that Jodi talked about earlier, we collect very much the same information in the demographic. So we can really look at where our gaps in coverage might be. We utilize the data to ensure that outreach is being completed in the appropriate area. We don't want to go, there are



tons of events, we attended over 402 events last fiscal year and this year we're looking at the events again where we want to go. So with those community events, we utilize all this data that we've found using our coalition. Like I said, the coalition is our best bet to bring all the data together. And really utilize that boots on the ground outreach, grassroots social work, whatever agencies might want to call it, but getting out where everyone is. We are going to utilize the data to assist us with creating partnerships with agencies that have access to special populations. Those special populations are the ones that we identify as those that are being underserved or have never been served at all. So what we would do is we go out and find those agencies and say, here's information about Florida KidCare, here's information about health insurance, would you be willing to post it, would you be willing to allow us to come out and set up shop and let your customers, let people in your community know there are options. And then finally, to utilize that data to increase application assistance with families with efficiency and effectiveness, and making sure that we are where we need to be based on this data. And the data has been very nice for us, especially for credentialing. I am able to pull tracking this data, when it is time for our agency to get credentialed again which we are about to go through, I am able to pull that data out and just hand it straight over. So having a good tracking system, a way to have that data, has more benefits than just getting those insured which is important but also getting those benefits back to the community agency collecting the data and the community. And that's all I have.

Donna Cohen Ross: Well thank you Stacy and thank you Jodi. We've gotten a lot of questions that I think at least some of them we'd like to take right now, because they really are questions that go to the roll up your sleeves nature of what you're doing. So let me share a couple of these, and Jodi, you or Stacy can jump in on these. First, we had a question about, who actually does the data entry? This question is from Maria Romera Mora. Who actually does the data entry? Is the application assister logging in the information that you talked about as he or she is going along with the helping consumers with the application? How does that actually happen?

Jodi Ray: Yes. Even for the children's health insurance outreach, the application assisters are logging that information in. We download it on a monthly basis. On the marketplace enrollment they actually do it either daily or weekly, and we download it weekly. So yes to both those questions, they do that in most cases. I think there are a couple of them that oversee, there is one person that oversees all of the assisters for the organization and they have the responsibility for putting the data in.

Donna Cohen Ross: Great, thanks Jodi. We know you have quite an operation down there in Florida. So that's really good. Here is another question, and I think this is for either Jodi or Stacy. Doris Higgins asks whether or not, or in what ways, are you connecting outreach to enrollment? For example, are you asking people how they heard about your different programs? Are you using the data to figure out what outreach strategies are connecting people to enrollment assistance? What does that look like?

Jodi Ray: Stacy, I'll let you take that one first.



Stacy Ray: Okay. Here locally, we utilize, we of course utilize the data when we input tracking for community outreach we say where we were, and then when someone calls to make an appointment or they want to just call and ask questions, we ask, how did you hear about us, and then that is loaded into the data that we track utilizing Smartsheet. So when someone calls, we ask how did you hear about us, was it at the community event we were just at, did you get a flyer from the gas station that we posted it. So we track all of that data so we can also look at, okay, people are calling us from getting it at the Tom Thumb which is one of our big partners. And so we're going to go out to the Tom Thumb and make sure that they are stocked well with any information and that we make sure that we have those enrollment events available right there to sign people up for health insurance. So that's how we utilize it from outreach and events, asking where they heard about us, to actual enrollment.

Jodi Ray: And real quick. We do the same thing with all of the outreach efforts that we oversee Donna, all of them. For every applicant we also include information about what strategy was used to find them, what was the referral process, and what outreach activity was being done. So yes.

Donna Cohen Ross: Great. That's super helpful, again, it helps us understand what's working best, where are you finding the most people who are interested in getting enrolled. I have one more question before we move onto our next speaker. This is a question that came from Colleen Beckwith. I'm going to paraphrase her question. She asked about collection of demographic information, but I actually think she was referring to some of the personal information that you're collecting. Can you talk about how you're protecting that information?

Jodi Ray: Yes, and I know Stacy can talk about what they do at the local level. So from our perspective, for the children's outreach we do collect PII, and that's why we have, so that project is all under an IRB, an Institutional Review Board approval going through all the HIPAA training. We have the luxury because we are at the university of having that server, that online data collection tool on a HIPAA compliant server which means it's protected with the medical school. We then download it on our end, lock it, password lock it, and then we go through the Medicaid agency's email process to submit it to them. And it's shared only under these password protected files. So any data that we download is only on the HIPAA compliant server, it's not out there for the world and distribution, it is locked up, any data we have. Under the Navigator, we don't collect PIIs, we only collect consents and those consents are kept under lock and key.

Stacy Ray: And that's the same at the local level. Our server is HIPAA compliant, it's locked door, no one can get into. And we don't always, we always have a release of information to collect data. If someone does not want anything collected it is just a tickler mark that we completed an application and which area it came from.

Donna Cohen Ross: Great. Thank you both, that's a really important topic, so I thank Colleen for that question as well. We have more questions but I think we are going to hold those until a little bit later, and we are going to welcome Lydia Starrs, our next presenter, again from the Michigan Primary Care Association. Lydia, welcome today, and I'm turning it over to you.



Lydia Starrs: Thanks Donna. Thanks again for inviting us to speak today on this webinar. I was really excited to be asked to present on this because I love data and I like evaluating programs. You can move forward. I guess before I get started I should give everyone a little bit of a background on the Michigan Primary Care Association and why we're involved in this work. Our members are the 40 federally qualified health center and health center look alike in the state of Michigan, and they operate approximately 250 health centers and health care sites throughout the state. I work directly with all their outreach and enrollment staff. Many if not most of them have an O&E staff person helping their community members and their patient population enroll in health coverage options that are available to them. And then MPCA also has private funding to have four of our own CACs who are placed regionally throughout the state. They are mobile and they are able to go out in the community and they develop lots of partnerships in order to get the work done in the areas that they're working. So we're going to go over today how to do ongoing evaluation in your O&E programs, and we're going to look at these five buckets: enrollment and outreach impact, outreach events and partnerships, and then finally service quality. I think Jodi mentioned this a little bit earlier. We all typically are doing this work using some external funding source, and there is always going to be a requirement by them to report some level of data about the work that you're doing to prove that you're actually doing what you said you would do with the money that they gave you. And that's great to collect that information, and it's very important to make sure that you're having an impact, that the program is working. But we think it's really important to add different tracking fields to the current processes that you already have in place so that you can use some of that data that you're collecting to compare it to other external data resources. Both Stacy and Jodi mentioned that they look at other data that's available to them. Just an example of this could be for us, we use the American Community Survey, and that gives us some information about the uninsured in the state of Michigan. It is a little bit older data, but it is something that we have that we can use as a baseline to really compare and find the folks who are uninsured, and then we can compare that to some of the data that we have been collecting on zip codes, their age and the coverage type that they have. That way we can figure out where we're being successful or where we still have gaps. We also have an online data tool that our CACs use here, MPCA, and then all of our health centers use this as a model form to build out their own data collection tools. And we use Zoho which is an online resource. It's free, so it's really cost effective and it's very easy to create these questions and it's very easy to go through and click the check boxes. I think our CACs have reported that it takes them a maximum of 30 seconds to complete this form at the end of an enrollment encounter. You can see we track everything from demographic information, age, zip code, race, including things like what was the method of contact for requesting assistance. Were they referred by phone, were they a walk-in, an email, did they meet you at a community event. And we have this embedded on the MPCA website. So that top link that I included, you can click on there and you can see what it would look like if you had it embedded in your website. So how do we use some of the data that we're collecting to figure out whether or not we're being successful? One that use quite a bit is zip code level data, because it helps us figure out if we're reaching the target number of people that we want to enroll in a specific zip code or county. And health centers are unique in that we have some specific numbers and data on the number of patients in their population who



are uninsured because we have sliding fee scale folks and self-pay. So we can have really pretty accurate numbers about who is coming into the health center and what type of coverage they have. And so if we compare those patients and we have their zip code information, so the number of folks that we're enrolling in those zip codes, we can see where we're making progress in our own patient population. On the third one down, we can see that 134 folks out of over 1600, we're not doing too well in that 33333 zip code. So that's an area that we're going to need to focus more on that population, and we're going to have to find unique ways to get to those patients. Some ways to determine whether or not your outreach is impactful is by working with your staff and implementing some processes to help them better understand the scope of their outreach, and then to coordinate with other staff at your organization. So a simple way to do this would be a log of locations or events that you've been to where you've hung flyers, shared materials, or talked with community members or partners. You can also have a common calendar of community events. So sometimes if there are multiple outreach staff, they are going out into the community and meeting different people and making connections and they can include that event information that they heard about that someone may not have been connected with in their organization, so then you can see all at once what's coming up. And then it's easier to divide and conquer what we're going to do going forward and what events we're going to attend. And then also, holding a regular meeting for your O&E program staff is important so that way they can come together and have discussions about the work that they're doing, share their best practices and talk about barriers. We do this with our own four CACs. We meet with them bi-weekly, but only once in person. Because they're so far away we do a lot of visiting by Skype. But we get together at least once a month in person, and that's about a four hour meeting where we really dig into their outreach work plan and we talk about what kind of focus they want to have going forward, what has been working for them, and they share different ideas because they all have varying levels of experience. So it's really great to bring them together in that way, and they can work and talk with one another about what's working. I mentioned earlier that it's good to have a record of all the places that you're going to post flyers or share your materials, and one way that you can visually represent where you have placed all of those materials is by using a website called BatchGeo, it's really simple. You just log in all of the addresses or the mapping data points that you want to use where you've been putting materials, and then it sort of creates a Google Map image of all the places that you've been where you've left materials or events that you recently attended. And then it shows you with these little bubbles all of those places visually. And you can kind of tell that here in the lower right hand corner, the left corner, we haven't really put much effort in reaching those areas, and so we know that we need to start broadening our scope from just that area at the very top and move out to see what activities are going on in the south side of the city and then where we can partner up. We all know outreach events consume a significant number of our resources and our time. Just recently one of my CACs was telling me about a farmers market event that she was attending, and she had to get there at 7:30 in the morning to set up her tent and haul all of her materials, and then it ran the entirety of the day until the evening. So that's a long time to be at an event, and it takes a lot of energy to be there. So you really want to make sure that the event is something that's worthwhile, it's worth spending those resources. So you need to have in place a process to evaluate an event from the



beginning of planning stages all the way until after the event has occurred. You can go to the next one. So some key questions to ask before you're attending an outreach event. What's going to be the focus of the event, and is it going to be something where we're raising awareness or is there going to be an opportunity for me to actually enroll folks in coverage? That's important to know. If it doesn't mesh or match up to what you're focusing on currently or what you're interested in doing, then it may not be a good fit. Also, if this is applicable, how successful was the event last year and how many people attended? The organizers of an event, if it's an annual event or a monthly event, they should have some data on the number of folks who are coming in and attending the event. If they don't have that data, then it doesn't seem like it's a very well organized event and so it may not be well attended or it may not be well promoted. And then, who is likely to attend the event? Is it going to be the same target, the same population that you're trying to target? If it is a senior citizen group who's looking to target 65 and older, which is Medicare, and you're not interested in enrolling Medicare folks, that may not be the best fit. So make sure that the populations that each of you are trying to target, that they match. And how much does it cost for participants to attend? Is there free and convenient parking or even public transportation? Cost or bad parking or if it's not close to public transit, those are all going to be barriers to getting folks to the event, and so it may not be well attended. And then how is it going to be promoted in the community? The organizer of the event should be able to communicate to you the way that they're going to market the event. Are they going to have local media? Is it going to be Facebook or Twitter? Do they have a website? And what do the materials look like for marketing, can they share those with you, and is there any way that you can assist with promoting the event? And then after the event has taken place, you're going to want to ask yourself how well did it go, and did you reach the intended audience. So being observant while you're there of who they said they were targeting to come to the event and then who actually arrived is important to make sure that you know that they are marketing to the correct group. And then how many people are you assisting or enrolling as a result of the event? Enrolling is pretty easy because you can just go back into your data if you're using those data tools to collect that information and just look at that date and really see the number of enrollments you had. But if you are just talking with folks and it's just about raising awareness, you might want to keep a little tally pad of paper of people who are coming up and taking your materials or folks that you talk to. Even though it may not be 100% accurate, you may not catch everyone, it is a pretty good estimate of the number of people you were able to reach. And then how many referrals did you receive? So after the fact when folks are calling you for additional help or coming to you for an appointment, making sure you're asking if they heard about your services at that local event or making note of that when you're talking to them. And then were you able to meet anyone else from any other organizations or agencies while you were at the event is important. Sometimes it's great, and we know we all are there to meet folks to enroll them and to give them information about health coverage, but it is a wonderful opportunity at those events to also connect with other organizations and agencies and start to develop relationships and maybe the foundation for a partnership. That segues perfectly into this next slide, outreach partnerships. This is a team sport and we're all working together to make sure we're able to reach everyone in the community who is uninsured or moving back and forth between maybe private insurance, employer insurance, or



Medicaid and marketplace. And so it's important to look at our partnerships and evaluate the scope and effectiveness of them. You can evaluate these through simple techniques like staff recording in a log of organizations that they're working with, so that way you know who they're connecting with. Then you can also evaluate the effectiveness by asking clients for their referral source. So if you have that log of who you're working with, who your partners are, and then you're asking clients as they come in for enrollment or assistance who referred them, you can just make little checkmarks next to that name so you know who is giving you referrals or who isn't. You should monitor the trends in the numbers of partners you are interacting with and the volume of referrals. Like I mentioned just a minute ago, making that little tally is important. If there are low referral levels, that means that the partnership may need to be rejuvenated. They may need more information about the work that you're doing, they may need more materials from you, they just don't have anything else to hand out. Their staff may need to be trained on how to organize or how to make that referral happen. And then you want to compare where the partners are in the community to those outside data sources and those indicators of need. So knowing where they are in the community and whether or not they are in a place where it is going to help you reach the population that you're targeting. This is what I mentioned earlier about the log and the list of the partners and then listing the number of the referrals. You can see here, these 0 referral partners, it's time to question whether or not this is really an effective partnership and what could we do to make it more effective, or if it's something that we need to just put a little less effort into. These high number of referrals, we want to make sure that we're recognizing that they are giving us lots of referrals and we want to thank them for their partnership. It's very important in making sure that those referrals keep coming in. And some of these, the mid-range number of referrals, as I mentioned. Do they need additional training, do they need more materials, what can we do to make that partnership more effective? Because it's clear that some of the constituents that they're serving are in need of health coverage enrollment and they are referring folks to us, but how can we increase that number? We need to begin to analyze that. So a few key questions to ask yourself when you're looking to establish a partnership. First and foremost, how many constituents can they help you reach for your program? So you want to know, and they should be able to tell you kind of what their population looks like and how many they think will need enrollment services. And then does that all align with the eligibility criteria for the programs that you're helping to enroll folks in. What resources do they have in place to help you reach them? Do they have a website, newsletter, do they have upcoming events or flyers that they distribute, and are there ways for them to include your logo, include your information or post your information on their website or in their newsletter. So in what ways are they willing to partner with you and in what ways are they willing to promote you. Do their constituents already have access to enrollment assistance? They may have other partners that are similar organizations to your own. So if they are primarily sending all of their constituents to a navigator organization, they may not be interested in sending more your way, or they think that the navigator organization or the other CAC organization isn't able to meet all the needs, so that's why they are trying to partner with you. So it's good to make that clear from the jump. And then can they help introduce you to any other organizations? So who else are they close with, what kinds of relationships do they have with other agencies that you maybe are



trying to get in touch with and trying to work with. So today we've talked a lot about how we are evaluating our outreach and enrollment programs internally and how we look at the work that we're doing and the impact we're having. I think it's really important to also give consumers an opportunity to evaluate your work that you're doing. And so at MPCA and in our health centers, we really want consumers to have an opportunity to comment about the service that we're providing to them. So all of our CACs have clients at the end of their enrollment submit a client satisfaction survey. We have these in paper form, and then our CACs also have iPad tablets, so they have it as a link tabbed on their page. So it is really easy for those consumers who are computer savvy or iPad savvy to go through and quickly click through that. This really just helps us measure the strengths and the weaknesses of our programs. We know if we need to start working on a specific area of the assistance we're providing. Included in that service quality survey, we have some information to measure the health insurance knowledge and literacy of our patients. So we know whether or not those things that we communicated about renewal or how to access care, if those were well understood by the consumer. I think the next slide is a picture of that so you can see some of those questions. So you can see here we have a lot of things about how well they were treated with respect or if we listened to their concerns. And then at the very bottom there we had some things about, I understand the renewal process, I understand who to connect with in the future, I understand how to use the health services. All of those are important to making sure that our outreach and our work that we're doing is effective. So again I just wanted to reiterate that it's really important to evaluate all of these different aspects of your outreach and enrollment programs to really help you inform your program design. Jodi and Stacy both mentioned this earlier, we want to make sure that we can tweak or change things totally if need be, the work that we're doing, so that we are being effective and we're reaching the populations that are in need. So once you identify what resources are your greatest assets, you can think of ways to improve upon them, you can look at the things that you're doing that are a little more lackluster maybe, and think of ways to improve it. And then you can also look at new tools to make that resource even greater. So if you're really great at doing different types of surveys or getting participation in surveys there are different surveys you can conduct. And then this bottom one here, the temporary staff activity tracking. There are a couple different ways you can do that. One would just be to have your staff kind of mark down what they're doing on a daily basis and for how long so that way you can see where they're putting most of their efforts, and does that really match up with the impact that you're having. Or, one thing that we've done recently is we've had focus months with our CACs. They choose one type of assistance they're going to provide in that month, they're really going to work hard on increasing that number. Last month it was renewal. We're going through Medicaid renewal right now, Medicaid expansion renewal specifically in Michigan and we've had some trouble with that. They really wanted to focus on getting to those folks who are in need of renewal assistance. And so we would just pull that data out last month to see how well they were doing at increasing their renewal numbers. It's an easy thing to track because it's already in our data tool, but it is something that you could light a little fire and see if they can come up with some new ideas to expand their outreach strategies.



Donna Cohen Ross: Lydia, thank you so much. Stick with us for a second. We're going to go to a couple of questions before I turn it back over to Riley. The first question Lydia is for you. We really appreciated seeing the BatchGeo slide that you had, and we have a question from Alison Dahl. She's asking whether there is a way to overlap what you showed us with for example the zip codes of consumers who got assisted with applications. So in other words, can you see which of those locations where you've conducted outreach or provided these materials, where you've had the most take up in terms of application assistance.

Lydia Starrs: Yes, I haven't explored BatchGeo enough to know if that resource would be able to do it. If they have that capability, it might cost something to subscribe to that. But if any organization has what's called geographical information system mapping or GIS mapping, that's an easy way to map data on top of images. And I think even, it looks like Jodi or Stacy mentioned they were doing some heat mapping, so I don't know what type of tools they were using to do that but I think it's done in a very similar way.

Donna Cohen Ross: Great, thanks Lydia. I'm going to actually ask Jodi a question, but Jodi if you're still with us before I ask you the question aimed for you, what do you think about the comment that Lydia just made? Is this something you're able to do through your heat mapping?

Jodi Ray: Yes, I mean, we're able, with the heat map, we work with somebody who manages the heat map. But what we do is we submit the data on a weekly basis on where the applicant assistance, where they are being done, and it's done by zip code, as well as the outreach efforts to see... So we're able to pull it up by any number of things, income, gender, age. So across the heat map we can break it down any way we want to, whether it's the outreach, the application assistance, is the outreach that we're doing for a specific population reaching the intended application applicants. So we have a lot of different ways with the dashboard that we can play around with the data on the heat map.

Donna Cohen Ross: Great, thank you. And I have one more question for you Jodi while I've got your attention. And this is another question from Doris Higgins. Going back to what you described about how navigators and other application assisters are putting information into the database when they are helping consumers, the question is about how they use that information to continue to help that consumer. Can they go back in and check to see what's happened to the application, is it pending, has the person become enrolled, are there, is there other information that the person needs. Is there some kind of ongoing way that that information is used?

Jodi Ray: So specifically for the kids outreach, for the CHIP and Medicaid programs, since that's where we collect the information on the applicants. On the others we collect all the information about the specific appointment but we don't collect obviously the demographic information. Because for a long time we couldn't keep PII on that. I think some of those rules have been changing, and they do keep different sets. But on the children's applicant information, we do get the PII, and as I said, we have a data sharing agreement with the state agency. So that data is submitted, they update the disposition of the applications. We do send that back to the assister so that the assister, and we keep track of how many are pending, what rate they're getting



denials in. And one of the things that we are constantly working with them on is making sure that they are following up with those individual applicants to make sure, if there was a denial why was there a denial, what else needed to be done. If something is pending, making sure that by the time we're resubmitting that pending, so we re-submit that pending, we will get updated disposition the following month, but making sure in the meantime they are working with that applicant to meet any other requirement to get enrolled. So yes, it is used as a tool at the local level for the assister to continue the application assistance process to a successful outcome.

Donna Cohen Ross: Great, thank you Jodi. And I'm going to thank everyone at the end, but I just want to say this has been a really very robust conversation about the variety of tools that some of our outreach partners are using to track what they're doing and to continue to do a better job as they are continuing their outreach work. So hang on, I'm going to pass the baton to Riley who has been in and out of the room with us really trying to help us get back on track with some of our technical difficulties. And I think at the end of the day we did pretty well. So we know we had folks stick with us throughout the webinar, we're really grateful for that. And we don't want to let anyone go until Riley has a chance to walk us through the Connecting Kids to Coverage outreach and enrollment materials. So it's all yours.

Riley Greene: The webinar would not be complete without A, some technical difficulties, and B, a review of our awesome Connecting Kids to Coverage Campaign resources. So I'll quickly walk through these just so you all know what you can find on InsureKidsNow.gov to help with your outreach and enrollment efforts. So of course we have our customizable print materials. These are available in a variety of sizes and formats with different fun images aimed at teens, kids, and beyond. They are customizable with your program name, your state's annual income eligibility for a family of four, your website and phone number, and then up to two logos. These are free to have customized, and it takes about two weeks for design services at CMS to fill the order. You just incur any local print costs. And as a reminder, these materials are all available in English and Spanish, and many of them are available in other languages such as Chinese, Korean, Vietnamese, Hmong and more. We also have a slew of other resources available online, both print and digital. So we have TV and radio public service announcements both pre-recorded and PSA scripts for you to use. We have template print articles to share with your community publications that tout the benefits and eligibility levels of Medicaid and CHIP. We have web banners and buttons that you can see an example of on the bottom right. Those can go on your website, your partner websites, and you can make that link through to either the Insure Kids Now site or your own application assistance site. And then we also have social media posts and graphics, you can see our little superhero on the right as an example of one of those. Those are ready to go for Facebook and Twitter. All of our webinars are recorded and available online. If you go to InsureKidsNow.gov and look in the left hand bar, you can see the Webinars link. You can access any of our presentations from the past. And then we've also developed a really outstanding outreach video library that features more of your peers from across the country doing outstanding outreach and enrollment work under a variety of different topics. So we have things that highlight working with small businesses, working with foster youth, oral health care and more. And finally we encourage you to keep in touch with the campaign so that you can learn



more about your peers that are doing this kind of work, join in future webinars, and hear about new resources as we develop them. So again, InsureKidsNow.gov is the place to go to find all of these resources and more. We encourage you to sign up for our eNewsletter, we always announce our webinars through there, any new resources we've developed, we highlight best practices from across the country. A lot of great content there. And we're on Twitter, @IKNGov. So that's a great easy way to keep up with the campaign as well. So that really brings us to the end of our presentation. We're going to go back and check our question pane and see if any of you have questions about our materials. Gloria Nunez, you asked if there was a cost. There is no cost to get the materials customized with your information. You just incur the local printing charges based on how many you want to print, what type of materials, etc. Otherwise I think that really covers it in terms of our questions. Thank you all so much for your patience with our audio difficulty at the top of the call. Thanks for our presenters for listening and signing back on quickly. I'm going to hand it on over to Donna to close us out.

Donna Cohen Ross: Great, thanks so much Riley. I want to just add my thanks to our presenters Jodi Ray, Stacy Ray, Lydia Starrs. We really are grateful for their presentations this afternoon. I want to just especially thank our team here at GMMB, Jenna Kelly, Riley Greene and Sandy Won. We don't have technical difficulties very often, and when we do, they just jump right on it and have made the webinars go so smoothly throughout the year. This is our last webinar for a little while. We're going to come back in September. But because I think it just feels like summer and time to just say a little bit of farewell for a while, I just wanted to say thank you to everyone for joining us and sticking with us throughout the year. We know back to school time is coming up and we know lots of you are getting ready, maybe some of you are already prepared. But we'll be coming back in September with I think one more webinar in our list. So I just want to say thanks again and I wish everybody a safe and healthy summer and we will see you in September. So thanks so much.

Riley Greene: Thanks everyone. Take care. Good-bye.