**In-reach for Health Insurance Promotion**

**Focus on Medicaid Expansion**

*In-reach* is the practice of identifying the patient population that may benefit from information about health insurance, providing them with information and messages about health insurance, motivating them to apply, and directly linking them to application help.

**Basic Tips for Getting Started with In-reach**

**Educate & Train All Staff**

* All health center staff should know--
	+ Why it’s important for patients to get health coverage
	+ What Medicaid expansion means and why it is important for patients
	+ Open Enrollment Period dates for Marketplace and Medicare
	+ Life events that trigger Special Enrollment Period for Marketplace
	+ Process for directing patients to enrollment assistance at health center
	+ Appropriate health center staff to call with questions
	+ Messages to motivate patients to seek insurance
* Staff should be reminded of important points on regular basis
* All staff & providers should be encouraged by health center administration to actively participate in engaging patients in discussion about health insurance
* Health center administration is often the best initial messenger. Staff need to know that getting patients connected to health insurance is a **priority** and part of everyone’s job.

**Get Useful Data & Follow-Up, Follow-Up, Follow-Up**

Don’t wait for patients to come into the health center to get information about health insurance. Make plans to proactively contact them—often.

Your health center has patient information. How can you access it?

* What system can you use to retrieve patient information about insurance status? Your patient management system or your EHR?
* In what format does this information export from these systems?
* What data fields are included? At the very least, you’ll need contact information, insurance status, date of last contact with health center. It can also be helpful to have income information so that your staff can prioritize contacts with patients likely to qualify for Medicaid expansion.
* How quickly can you retrieve this information? When can it be retrieved?
* Who at the health center can do it? How do O&E staff access that person?

Now you’ve got the information, what do you do with it?

* You may want to further narrow down your list before contacting patients. Who is likely to qualify for Medicaid under expansion?
* What method of contact is best? It depends on the health center and the patient. Health centers have tried sending letters and postcards. This can usually be done quickly, although you do need to factor in the cost of printing and postage. However, this is generally a low touch strategy and may not generate a lot of response from patients. Phone calls to patients can also be used, and generally result in better return, but this often takes a lot of staff time. If your health center has permission to text patients, you may also want to explore a system to send out mass text messaging. Remember, studies have found that the more times people are contacted about health insurance, the more likely they are to enroll.

**Map Entry Points to Connect with Patients When They Connect to the Health Center**

Your patients should be hearing messages about health insurance every time they connect with the health center.

How do your patients connect with the Health Center on a routine basis?

* Scheduling?
* Check-In?
* Patient Portal?
* Nurse Triage?
* Case Managers?
* Outreach Workers?
* Group Visits?
* Preventive service reminders?
* Pharmacy interactions?

How can you institutionalize a process at each entry point to educate and assist potentially eligible patients?

* Map the touch points and treat each one as an opportunity.
* Focus on consistency across the organization!

How can Health Center financial processes be used to engage patients in a conversation about coverage?

* Collecting co-pays and nominal fees?
* Patient questions/calls on balances due?
* Mailing patient statements?
* Sliding fee applications and updates?

How can you best leverage the processes you already have in place? Again, map the processes and use each one as an opportunity!

How many opportunities exist within the flow of a patient visit to educate and assist with coverage?

* The waiting room?
* Front desk staff interactions?
* Clinical support staff interactions?
* Waiting in the exam room?
* Pharmacy
* Follow-up appointment scheduling?

How can you structurally engrain coverage conversations into the visit?

* PM / EHR Templates
* Patient Forms
* Patient Education Materials

Some health centers will have interested patients meet with a Certified Application Counselor (CAC) immediately. The CAC can assess whether the patient can complete an application during the visit or whether follow-up is needed. Other health centers will ask patients to complete a form to be contacted by a CAC later.