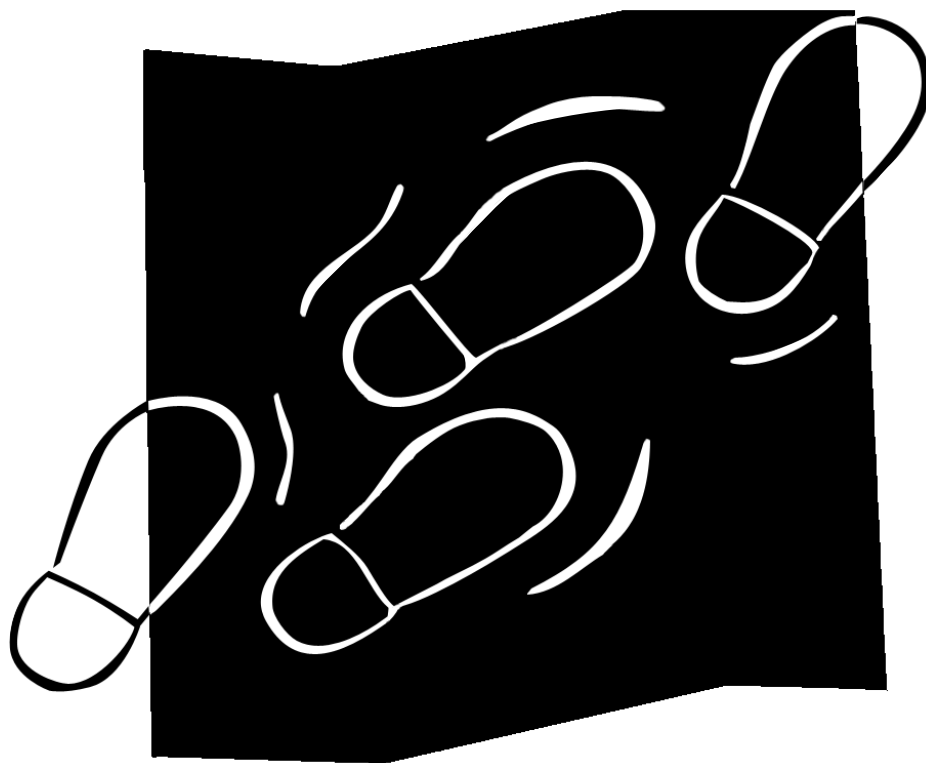


MOVING BEYOND ENROLLMENT:

CONNECTING LOW-INCOME FAMILIES TO HEALTH CARE



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Since 1999, COMMUNITY PARTNERS, a non-profit organization in Amherst, Massachusetts has been helping new Medicaid patients to get appropriate care through a program called MOVING BEYOND ENROLLMENT.

The idea for MOVING BEYOND ENROLLMENT came directly from community-based outreach workers in Massachusetts who had successfully enrolled thousands of residents into the state Medicaid program. They noticed that even after people were enrolled, many were not actually getting care. There were many reasons, including: their insurance card didn't work because of a system glitch; they didn't understand their benefits; they didn't know how to use a complicated managed care system; they were assigned to an inappropriate provider. Without an understanding of how to use their card and negotiate the system, many people continued to be deprived of health services even after they were enrolled in public insurance programs.

Community Partners went to the front lines to find solutions to this problem. By joining forces with outreach staff, patients and health care providers in three rural regions of Massachusetts, the program was able to identify and overcome barriers to care, and to help new enrollees in publicly funded health insurance to establish good working relationships with the right primary care providers.

Between September of 1999 and June of 2002, nearly 4,500 people were served by the MOVING BEYOND ENROLLMENT program. Feedback from participants indicated that the post-enrollment services they received were welcome and valuable.

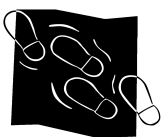
The program has also improved providers' and outreach workers' own understandings of public insurance. It has developed innovative tools to help clients with limited English proficiency and developed more efficient paperwork for organizations that provide post-enrollment services.

Perhaps most importantly, MOVING BEYOND ENROLLMENT has proven that community-based health access outreach workers can be highly effective in helping their clients to navigate the health care system. This in turn facilitates the provision of needed health services to families and individuals and makes the best possible use of public health care dollars.

The materials in this booklet are the product of years of experience by Community Partners and the MOVING BEYOND ENROLLMENT team. We see them as a contribution to the dialogue between health care access workers, providers and policy makers on how to improve the quality and fiscal efficiency of publicly funded health care in America.

In these pages, your outreach staff will find a wealth of tips and tools to make office routines more effective and health care more accessible for your clients. You can fine-tune these tools to suit your needs or use them just as they are. You can even use them as start-points for your own practical inspirations.

We at COMMUNITY PARTNERS believe that when more people understand their health care benefits and receive the support they need to get them working, everyone comes out a winner.



COMMUNITY PARTNERS is a non-profit organization that brings together Government, advocates, and frontline workers in Massachusetts to build a health care system that is equitable, responsive and accountable to everyone it serves. Since 1996, we have coordinated a number of statewide programs supporting access to health care for low-and middle-income residents of Massachusetts. Our networking programs share news, methodology and support among hundreds of Massachusetts health care access organizations. We facilitate forums and workshops for access workers, health care providers, and state and private insurance officials. Our MOVING BEYOND ENROLLMENT initiative offers resources to help newly enrolled Medicaid patients get connected to care.

COMMUNITY PARTNERS' activities and program models have been cited for their success by the Children's Defense Fund, the Center for Budget and Policy Priorities, Families USA, and Massachusetts Medicaid, among others. Our program findings have been instrumental in the expansion of post-enrollment outreach efforts sponsored by both the Blue Cross Blue Shield of Massachusetts Foundation and Massachusetts Medicaid.

Our 2001 publication, *Outreach Works: Strategies for Expanding Health Access in Communities*, offers a detailed range of best practices we've learned in our health access work.

Please visit our web site at <http://www.compartners.org> for an online library of free, downloadable tools and resources designed to increase the success and effectiveness of health access outreach programs.

If you work in health care access, you know that many people covered by public health insurance don't actually get seen by doctors when they need to.

Example 1:

After years of being uninsured, Mr. Leonard became enrolled in Medicaid. He received a thick packet of materials in the mail with information about how to enroll in a plan and pick a provider. Mr. Leonard found it very hard to understand and put it aside. When he was in severe pain from a backache a few months later, he went where he had always gotten his care – to the Emergency Room of his local hospital. He was later surprised to receive a large bill. Because Mr. Leonard didn't return his enrollment materials and choose a primary care physician, the Medicaid agency assigned him one. Because that physician had never seen Mr. Leonard, he would not approve the Emergency Room treatment. Mr. Leonard is still paying the hospital – and is reluctant to visit the physician.

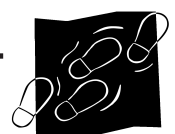
Example 2:

In late August Mrs. Carr got a note from her daughter's school saying that Robin couldn't attend until she had a physical exam and updated her vaccinations. The Carr family was enrolled in Medicaid; they rushed Robin to the doctor. When they got there, they were told that Robin couldn't be seen because there was a problem with their Medicaid coverage. Mrs. Carr was very distressed. Robin would miss the beginning of the third grade. The pediatrician's busy receptionist was sympathetic, but didn't have time to try tunneling through the Medicaid system to find the answer.

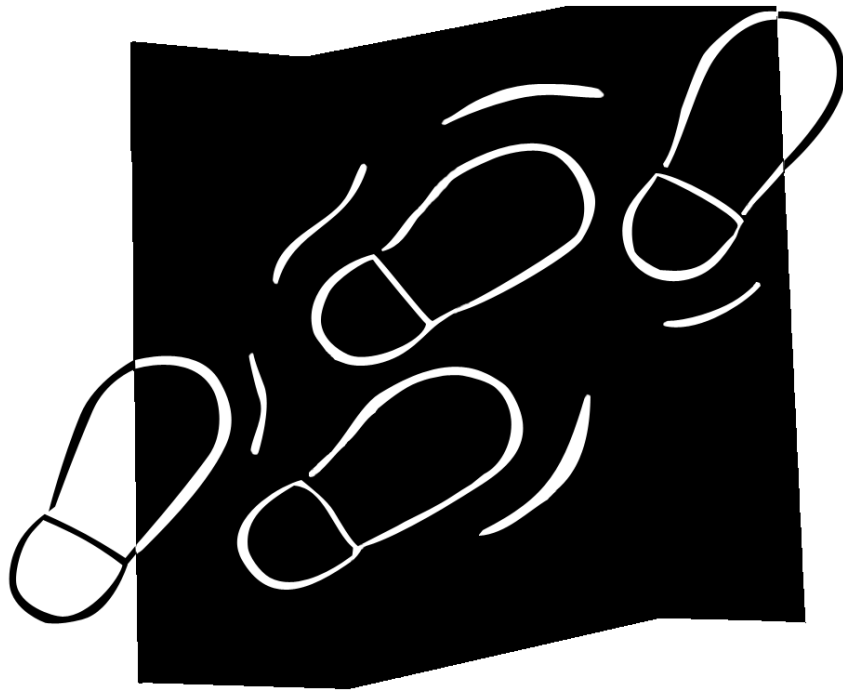
Unfortunately, our health care delivery system is full of potholes and dead ends. The information that's available is often hard to understand. Finding answers is difficult and time-consuming. Too often, people like Mr. Leonard and Mrs. Carr can become frustrated in their search for treatment. They can also become discouraged and reluctant to seek care at all.

But there is a better way. With the help of skilled outreach workers, families and individuals who enroll in publicly funded insurance plans can prevent problems like these before they arise.

This booklet is designed to help make your outreach team more effective in providing post-enrollment services. With your staff's informed support, your newly enrolled clients have their best chance of getting connected to the health care they need –in real life, not just on paper.



PART ONE: HELP AT THE FRONT LINES



Getting There From Here: Using a Health Access Continuum Model to Connect Medicaid/SCHIP Members to Care

A practical outline of the steps involved in getting a new enrollee into the care of an appropriate Primary Care Physician

STEP 1: CONFIRM ELIGIBILITY

Once the application for health insurance has been submitted, the only way outreach workers can do proactive follow-up is if they keep their place in the loop. Different states may have various ways of keeping outreach workers involved; the key is to identify a mechanism that works. Here in Massachusetts, when Medicaid informs applicants that they are eligible for coverage, the outreach worker involved also receives a copy of that notice in the mail. That's the signal to begin the steps in the follow-up continuum.

By "confirming eligibility" we mean that the outreach worker checks the notice to make sure each family member is properly listed and has the appropriate coverage. If something's not right, the problem is worked out with the relevant system. The outreach worker then contacts the client, inviting them into the office or working with them by phone to complete the enrollment process.

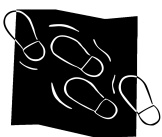
STEP 2: SELECT APPROPRIATE PLAN AND PROVIDER

Once eligibility is determined, a new member will receive a package of materials from the Medicaid/SCHIP agency or its vendor that describes available plans and benefits. This information can often be confusing. Since enrollment in a health plan and choice of a primary care provider are usually necessary before a person can get care, these decisions should be made right away. Clients bring their enrollment materials to the outreach worker, or call, so they can walk through them together. The outreach worker can answer questions, give explanations, find out about the family's particular needs and help them choose the most appropriate plan and provider. Often a client can make the selection call from the outreach worker's office.

STEP 3: MEMBER EDUCATION

During the selection process, the outreach worker has an opportunity to make sure that the member understands the health care coverage system and how to use it successfully. Their conversation should cover each of the following areas:

- ❖ How **managed care** works
 - The function of the **primary care provider**
 - How to get a **referral** for specialty services
 - How to **change** your primary care provider
- ❖ Why it's important for adults as well as children to make a **well visit** to new doctors, to get to know them and to be known by them before a need for treatment arises
- ❖ What **preventive services** are available and why it's a good idea to use them
- ❖ What they can do to make sure they don't lose their coverage
 - Inform Medicaid/SCHIP of any change of address
 - Participate in re-eligibility reviews/renewals in a timely way
 - Contact the outreach program for help
- ❖ The possibility of **future follow-up** by the outreach program (Part of ensuring the effectiveness of these early steps is contacting clients in a few weeks to see how the system is actually working for them. We have found that if people know in advance that you want to call, and why, they won't feel intruded upon.)



STEP 4: CONFIRM EVERYTHING IS IN ORDER

At this point everything should work; but does it? System errors can be detected and fixed *before* a patient in need of care tries to use her card at a provider's office and is told that she's not covered. Once a client has received her Medicaid/SCHIP card, the outreach worker confirms it, making sure that each family member is recognized by the computer system as being enrolled and associated with the correct plan and provider. MOVING BEYOND ENROLLMENT staff members in Massachusetts are fortunate to be able to use a Point of Service card-swiping machine, which communicates directly with the Medicaid/SCHIP computer system to check on the status of a client's card in minutes. This confirmation can also be done by telephone.

STEP 5: MAKE OR CONFIRM INITIAL PROVIDER APPOINTMENT

Public health officials across the board stress the importance of regular well visits; however, many people are not in the habit of seeing a doctor unless they have an immediate medical need. Outreach workers address this issue during the member education, which takes place at STEP 3. To add momentum to the process, they follow up by contacting the member within a set time period to confirm that they have made an initial appointment with their primary care provider, helping them to make the appointment if necessary. If there are transportation, language interpretation, or other such needs, outreach workers can be instrumental in finding resources for their clients.

When clients are new to Medicaid/SCHIP coverage but are continuing an existing relationship with a primary care provider, outreach workers should check that each member of the family has seen that provider for a well visit within the last year. If appropriate, they should encourage family members to get care for any existing needs that they may have put off.

STEP 6: CONFIRM INITIAL VISIT COMPLETED OR SERVICE RECEIVED

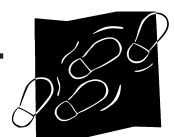
Following the MOVING BEYOND ENROLLMENT logic of follow-up, outreach workers contact clients again after the scheduled visit to confirm that it occurred. If the appointment was not kept, this is an opportunity for the outreach workers to identify barriers from the patient's point of view and see if remedies are available. In cases where clients couldn't be reached by phone, outreach workers have used short self-addressed questionnaires to complete their follow-up with good results. If the visit did occur, then the first link in the patient-provider connection has been successfully forged.

STEP 7: POST-VISIT ASSESSMENT

While confirming the medical visit with their client in STEP 6, outreach workers have found it natural to ask, "How did it go?" With this informal question, an outreach worker can get a sense of how comfortable a client feels with the process and whether they may need further support—in getting prescriptions or specialty care, for example. The client's perception of the appropriateness of the patient-provider match may also emerge, as well as issues of language competency, office hours, availability of transportation, and child care.

This is also a good time for reminders of upcoming eligibility reviews or the need to report an address change to maintain coverage. At the very least, it's a reminder that while members are gaining experience in negotiating the system, they have a friendly local partner to call upon for help.

Providers and their staff members also appreciate this partnership as patients come into their practice with a working insurance card and a better understanding of how to access their benefits.



About the Tip Sheet

The following “Tip Sheet For Connecting Clients To Care” is a compilation of best practices identified by the MOVING BEYOND ENROLLMENT team through their long experience with post-enrollment support. It was designed for use by front-line outreach workers who want to help clients to understand and access their Medicaid/SCHIP benefits. The Tip Sheet occupies just one sheet of paper, but don’t let its brevity fool you. It is a highly condensed treasure chest of practical ideas that can make a real difference to the success of your outreach program.

A good example of the power of these recommendations is the story behind a certain Tip which suggests that outreach workers prepare clients to receive follow-up calls. Initially, Outreach workers in the MBE program found that some clients were impossible to reach by telephone during business hours and would not return calls, and that others seemed to find follow-up calls intrusive. These clients were falling through the cracks despite outreach workers’ best efforts.

Client interviews conducted in search of a solution to this problem revealed that most clients would welcome further follow-up by the outreach workers if they knew about it in advance. Subsequently, the workers began explaining the MBE program to clients at the beginning of their relationship and inviting them to participate in follow-up activities. The results were excellent. Instead of getting lost trying to navigate post-enrollment solo, new enrollees, with the help of their outreach workers, were moving ahead towards the care to which their insurance entitled them.

This profound difference to the program’s success was effected by a seemingly small difference in procedure at intake. There are many other small but significant suggestions on the Tip Sheet that can similarly help your team avoid pitfalls and boost the effectiveness of its outreach efforts.

Don’t let your team “reinvent the wheel.” Give them the Tip Sheet and encourage them to consult it regularly. It is sure to support them as they provide outstanding service to your clients.



Tip Sheet For Connecting Your Clients To Care

POST-ENROLLMENT SERVICES START AT INTAKE:

- ❖ If your client is on Medicaid/SCHIP, make sure you're listed with the State agency as a contact, if possible, to make sure you get all important notices (eligibility, termination, etc.).
- ❖ Tell clients you'll be following up with them to make sure everything works. If they are expecting to hear from you, they won't resent your call.
- ❖ Start member education right away — repeat at every contact.
- ❖ Encourage people to call you with questions or problems. Some are afraid of bothering you.

MEMBER EDUCATION:

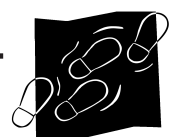
- ❖ BE THOROUGH. Check that clients understand the following:
 - How managed care works (the function of a primary care provider, how to change the PCP, how to get a referral for specialty services)
 - Why it's important for adults and children to make well visits
 - What preventive services are available and why they're important
- ❖ Give clients something to take away (Welcome Kit, checklist, for example) — but go through it with them first.
- ❖ Make sure they take away something with your telephone number on it. Let them know you're in the phone book, in case they lose the number.
- ❖ Invite their questions.
- ❖ Use the opportunity to ask if they have unmet medical needs so you can steer them in the right direction.
- ❖ Explain client's right to change provider, appeal denial; stress what they need to do to keep coverage (fill out and mail appropriate renewal/redetermination forms, notify of address change). Let them know you can help if they need it.

FOLLOW-UP:

- ❖ Develop a tickler system to remind you when follow-up should be done.
- ❖ Phone calls are best; calling at night is helpful if your program can support it.
- ❖ If you can't call at night, ask about other options: Can you leave a detailed message on an answering machine? Can you call at work? Make a "phone date" for their lunch break at a specific date and time.

GENERAL:

- ❖ Nurture relationships with State Medicaid agency staff, other providers' office staff, (hospitals, health centers, private doctors' offices, pharmacies), local community groups.
- ❖ Keep up-to-date files on coverage program changes.
- ❖ Keep up-to-date files on other resources for people who don't qualify for coverage programs.
- ❖ Attend any networking meetings that keep you informed of program and policy changes.
- ❖ If clients reach you through a switchboard, make sure all the operators know exactly what you do.
- ❖ Let your supervisor know what you're doing. This is important and time-consuming work, but it's not easily seen by people who aren't doing it. You need their support!



About the Checklist

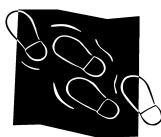
When new Medicaid/SCHIP clients leave your outreach office, do they know exactly what they need to do to activate their benefits? The single-page, English-Spanish checklist, “What You Need To Make Your Health Insurance Work” ensures that the answer to that question will be “yes.”

In many health access programs, member education and follow-up procedures are random at best. This means that new enrollees might not know they have skipped an important step until a medical situation arises and they can’t get the care they need.

However, when education and follow-up are systematized, new enrollees can be sure that their benefits will be there for them if they become ill, and they’ll also be more likely to get the preventive care they need to stay well.

Your staff can use the checklist to increase their knowledge of each step of the process, making it easier to communicate clearly with clients. The checklist also serves as a helpful training aid for new staff members. Most importantly, it gives your clients something concrete that they can bring with them, to help them through the steps of enrollment.

“What You Need To Make Your Health Insurance Work” was designed to be used generically across the state of Massachusetts, and to serve as a template nationwide. It provides an excellent foundation for a New Member Welcome Kit. It’s a simple, powerful tool that can make enrollment in public health insurance easier and more successful for everyone involved.



What You Need To Make Your Health Insurance Work

CHECKLIST:

- ☐ I have received a Notice of Enrollment from MassHealth.
- ☐ I have selected a primary care provider who accepts MassHealth for each member of my family.
- ☐ I have called 1-800-841-2900 to choose a health plan and a doctor for each member of my family.
- ☐ I have received a MassHealth card AND
 - ☐ verified that all names are correct
 - ☐ verified that all Social Security numbers are correct.
- ☐ I have made an appointment with the doctor for each member of my family for a well check-up **OR** Each member of my family has seen our doctor within the last year for a well check-up.
- ☐ I understand my/my family's MassHealth benefits.
- ☐ I understand that I must get a referral from my doctor to see a specialist or have any outpatient medical procedures done.

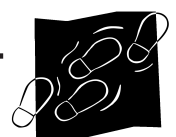
THINGS TO REMEMBER:

Your worker is _____ who can be reached at (agency name & phone) _____.

Always contact us with your renewal changes or with any questions about MassHealth.

If you change your **mailing address** or **phone number**, contact MassHealth at 1-800-841-2900, and contact your worker.

Expect to get a form to renew your MassHealth in approximately one year. If you are a family on Standard MassHealth, complete the renewal even if your income is too high! You may still be able to remain covered for one more year.



Lo Que Necesita Para Hacer Funcionar Su Seguro De Salud

LISTA:

- ☐ He recibido una notificación de participación de MassHealth.
- ☐ He escogido un proveedor de cuidado primario que acepta MassHealth para cada miembro de la familia.
- ☐ He llamado al 1-800-841-2900 para escoger un plan de salud y un doctor para cada miembro de mi familia.
- ☐ He recibido una tarjeta de MassHealth Y
 - ☐ verificado que todos los nombres están correctos.
 - ☐ verificado que todos los números de seguro social están correctos.
- ☐ He hecho una cita con el doctor para cada miembro de mi familia para un examen de rutina O cada miembro de mi familia ha visto a nuestro doctor durante el último año para un examen de rutina.
- ☐ Entiendo los beneficios de MassHealth para mí y mi familia.
- ☐ Entiendo que debo obtener un referido de mi doctor para ver un especialista o para que me hagan procedimientos ambulatorios.

COSAS PARA RECORDAR:

Sé que mi trabajador es _____ quien puede ser localizado en (nombre de la agencia y teléfono) _____.

Siempre contacte a su trabajador con los cambios de su renovación or con cualquier pregunta sobre MassHealth.

Si cambia su **dirección postal** o **número de teléfono**, contacte a MassHealth al 1-800-841-2900 y contacte a su trabajador.

Espere a que reciba una forma para renovar su MassHealth en aproximadamente un año. Si es una familia en MassHealth estándar, complete la renovación **aunque su ingreso sea muy alto**. Puede ser que todavía pueda permanecer como miembro por un año más.



About the “I SPEAK” Card

Many non-English speakers experience great difficulty accessing health care, particularly in rural areas where both provider organizations and language groups are small. To address this need, Community Partners developed this simple, wallet-sized card to for non-English speakers to present to office staff when seeking health care.

The card indicates in English the language spoken by the bearer, and it provides information so a provider can reach the outreach worker/case manager, primary care physician (if necessary) or a family member. The card also advises the office staff member of federal legal requirements to provide interpretation services.

To “complete the loop” and help the non-English speaking client to fill out the card, Community Partners developed a “Babel” translation sheet on which translations of the card’s text

appear in eight languages: Spanish, Portuguese, Khmer, Haitian Creole, Lao, Chinese, Vietnamese, Russian, and Arabic. These translations have been carefully checked by native speakers for correct syntax and appropriate word usage.

This card can help smooth out difficulties for your clients in a number of situations. Non-English-speaking bearers of the card will feel safer knowing that the card identifies their translation needs and will refer the reader to other English speaking people who know them and can be of help. Also, Outreach workers on your staff will appreciate knowing that they can be reached to help troubleshoot their clients’ coverage issues and make referrals for a whole range of needs.

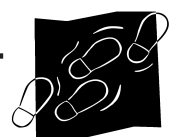
You can make double-sided copies of “I Speak” cards directly from this booklet (printing them on cardstock is recommended). Or, you can contact Community Partners at 413-253-4283 and we can provide you with a few originals. Let us know if you need a large quantity and we’ll arrange something.

WHAT’S REQUIRED BY LAW?

It’s important that your staff be apprised of both Federal and State requirements regarding language assistance. Federal Law under Title VI of the Civil Rights Act appears below. Your organization should contact the appropriate legal authorities for your states’ requirements.

Translation services by telephone are available everywhere for a fee and most regions have local resources for interpretation. Health access organizations should have the names of translation specialists on hand, to be used in fielding calls from providers who are working with non-English speaking patients, or to help their clients understand their health benefits. A reference librarian, regional University or Community Action organization can help you locate these services.

Language assistance to persons with limited English proficiency is covered under Title VI of the Civil Rights Act of 1964. Title VI covers any organization or individual that receives Federal financial assistance, either directly or indirectly, through a grant, contract or subcontract. Examples include hospitals, nursing homes, home health agencies, HMOs, health service providers, and human services organizations. All have an obligation to ensure that persons with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person of limited English proficiency so as to facilitate participation in, and meaningful access to, services.



“I Speak” card

Please provide your client with an "I Speak" card translation to help him/her understand the card and how to use it.

Developed by Community Partners, Inc. of Amherst, MA • 413-253-4283 • www.compartners.org • info@compartners.org

Hello, _____ and _____
I Speak _____

I NEED AN INTERPRETER

Please help me find an interpreter or bilingual staff member to help me communicate.
If you are unable to do this, your supervisor may be able to assist you.*

The person  on the back of this card knows me and can give you information about finding an interpreter. Thank you for your help!

*FEDERAL LAW REQUIRES THAT SERVICE PROVIDERS ACCEPTING FEDERAL FUNDS PROVIDE FREE INTERPRETATION SERVICES FOR CLIENTS WHO CANNOT COMMUNICATE EFFECTIVELY IN ENGLISH.

Hello, _____ and _____
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If you are unable to do this, your supervisor may be able to assist you.*

The person  on the back of this card knows me and can give you information about finding an interpreter. Thank you for your help!

*FEDERAL LAW REQUIRES THAT SERVICE PROVIDERS ACCEPTING FEDERAL FUNDS PROVIDE FREE INTERPRETATION SERVICES FOR CLIENTS WHO CANNOT COMMUNICATE EFFECTIVELY IN ENGLISH.

"I Speak" card


Please provide your client with an "I Speak" card translation to help him/her understand the card and how to use it.


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Developed by Community Partners, Inc. • Amherst, MA

My name _____
Address _____ City _____
State _____ Zip _____ Phone _____

 Case worker's name _____
Agency phone _____


 Primary care provider's name _____
Address _____ Phone _____
Emergency contact _____ Phone _____


 Health plan/ID # _____


*If no appropriate interpreter can be found, ask if your organization has access to a
telephone interpretation service (available for a fee).

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Developed by Community Partners, Inc. • Amherst, MA

My name _____
Address _____ City _____
State _____ Zip _____ Phone _____

 Case worker's name _____
Agency phone _____

 Primary care provider's name _____
Address _____ Phone _____
Emergency contact _____ Phone _____

 Health plan/ID # _____

*If no appropriate interpreter can be found, ask if your organization has access to a
telephone interpretation service (available for a fee).

“I Speak” card translations

PLEASE GIVE ONE TO YOUR CLIENT TO HELP HIM/HER UNDERSTAND THE CARD AND HOW TO USE IT.

SPANISH—Elaborado por Community Partners, Inc. - Amherst, Massachusetts

Hola, hablo _____ y _____. NECESITO UN INTÉRPRETE

Por favor, ayúdeme a encontrar un intérprete o algún empleado que hable mi idioma y me ayude a comunicarme. Si usted no sabe cómo ayudarme, su supervisor seguramente le podrá indicar cómo hacerlo. En el reverso de esta tarjeta verá el nombre de alguien que me conoce y que le puede informar sobre cómo encontrar un intérprete. ¡Muchas gracias por su ayuda!

POR LEY FEDERAL, TODA INSTITUCIÓN DE SERVICIOS PÚBLICOS FINANCIADA CON FONDOS FEDERALES DEBE PROPORCIONAR UN SERVICIO DE INTERPRETACIÓN GRATUITO A TODO CLIENTE QUE NO SEPA SUFICIENTE INGLÉS PARA COMUNICARSE.

Me llamo _____
 Estado _____ Zip _____
 Nombre del empleado a cargo _____
 Nombre del médico de atención primaria _____
 En emergencias, llamar a _____
 N° Identidad / Plan de Salud _____

Dirección _____ Ciudad _____
 Teléfono (____) _____
 Teléfono (____) _____
 Dirección _____ Teléfono (____) _____
 Teléfono (____) _____

PORTUGUESE—Desenvolvido pelo Community Partners, Inc. - Amherst, MA

Olá, eu falo _____ e _____. EU PRECISO DE UM INTÉRPRETE

Por favor ajude-me a achar um intérprete ou um membro bilingue dos funcionários para ajudar-me a me comunicar. Se você não puder fazer isto, seu supervisor pode ajudá-lo.* A pessoa na parte de trás deste cartão me conhece e pode dar-lhe informações sobre como encontrar um intérprete. Obrigado por sua ajuda!

***LEI FEDERAL EXIGE QUE PROVEDORES DE SERVIÇOS QUE RECEBEM FUNDOS FEDERAIS PROVIDENCIAM SERVIÇOS DE INTERPRETAÇÃO PARA CLIENTES QUE NÃO COMUNICAM EFICIENTEMENTE EM INGLÊS**

Meu nome _____
 Estado _____ CEP _____
 Nome do responsável pelo caso _____
 Nome do médico _____
 Contato de emergência: _____
 Número do Plano de Saúde _____

Endereço _____ Cidade _____
 Telefone (____) _____
 Telefone (____) _____
 Endereço _____ Telefone (____) _____
 Telefone (____) _____

Se um intérprete apropriado não puder ser encontrado, como um último recurso, pergunte se sua organização tem acesso a um serviço de interpretação por telefone (tal como o serviço do Language Line, o qual está disponível mediante uma taxa).

KHMER—បង្កើតឡើងដោយ Community Partners, Inc. - Amherst, MA

សូម ខ្ញុំនិយាយភាសា _____ ហើយ _____ ខ្ញុំត្រូវការអ្នកបកប្រែ។
 សូមជួយរកអ្នកបកប្រែ ឬបុគ្គលិកចេះពីភាសាខ្មែរ ដើម្បីជួយខ្ញុំក្នុងការទំនាក់ទំនង។ បើសិនអ្នកមិនអាចធ្វើការបានទេ មេត្តាសួរម្ចាស់អង្គការនេះបាន មេត្តាសួរម្ចាស់អង្គការនេះបាន។

មនុស្សដែលនៅលើខ្នងកាតនេះស្គាល់ខ្ញុំ និងអាចជួយព័ត៌មានអោយអ្នកដឹកនាំ។ សូមអរគុណចំពោះការជួយរបស់អ្នក។

* ច្បាប់សហរដ្ឋអាមេរិកតម្រូវឱ្យអ្នកផ្តល់សេវាកម្មសេចក្តីជួយការពារអ្នកបកប្រែចោលមិនចាត់តាំងថ្លៃ អតិថិជនដែលមិនចេះភាសាអង់គ្លេសប្រើប្រាស់។

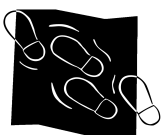
ឈ្មោះខ្ញុំ _____ អាសយដ្ឋាន _____ ទីក្រុង _____
 រដ្ឋ _____ លេខតំបន់ _____ ទូរស័ព្ទ (____) _____
 ឈ្មោះអ្នកកាន់សំណុំរឿង _____ ទូរស័ព្ទ (____) _____
 ឈ្មោះអ្នកថែទាំ (គាំទារ) ជួយ _____ អាសយដ្ឋាន _____ ទូរស័ព្ទ (____) _____
 ទំនាក់ទំនងគ្រោយអាសយដ្ឋាន _____ ទូរស័ព្ទ (____) _____

លេខថែទាំការសុខភាព / អត្តសញ្ញាណប័ណ្ណ _____

បើសិនជាអ្នកមិនអាចរកអ្នកបកប្រែបាន មេត្តាសួរម្ចាស់អង្គការនេះបាន មេត្តាសួរម្ចាស់អង្គការនេះបាន។ បើសិនជាអ្នកមិនអាចរកអ្នកបកប្រែបាន មេត្តាសួរម្ចាស់អង្គការនេះបាន មេត្តាសួរម្ចាស់អង្គការនេះបាន។

“I SPEAK” CARD TRANSLATIONS: Please give one to your client to help him/her understand the card and how to use it.

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HAITIAN-CREOLE—Konpayi ki fè dokiman sa a, se Community Partners, Inc.- Amherst, MA

Bonjou, mwen pale _____ epi _____. MWEN BEZVEN YON ENTÈPRÈT.

Tanpri, ede m jwenn yon entèprèt oswa yon anplwaye ki pale lang mwen, pou ede m pale ak moun. Si w pa kapab fè sa oumenm, sipèvizè w kapab rive ede w*.

Moun ki gen non l ekri deyè do kat sa a konnen mwen, epi li ka ba w enfòmasyon pou ede w jwenn yon entèprèt. Mèsi dèske w ap ede m !

*LWA FEDERAL YO MANDE POU FOUNISÉ SÈVIS KI AKSEpte LAJAN GOUVENMAN FEDERAL YO BAY KLIYAN KI PA PALE ANGLE BYEN YO SÈVIS ENTÈPRÈT GRATIS.

Non mwen _____ Adrès _____ Vil _____
 Eta _____ Kòd Postal _____ Telefòn (_____) _____
 Non anplwaye ki okipe dosye a _____ Telefòn (_____) _____
 Non Doktè Prensipal la _____ Adrès _____ Telefòn (_____) _____
 Pou ijans, kontakte : _____ Telefòn (_____) _____
 Plan Sante / Nimewo Idantite _____

*Si yo pa rive jwenn yon entèprèt pou lang sa a, mande an dènye si òganizasyon w lan kapab kontakte yon sèvis entèprèt ki travay nan telefòn (tankou Language Line, ki fè peye pou sèvis li.)

CHINESE (Simplified)—由马萨诸塞州阿默斯特市社区合伙人公司制作

你好！我说_____和_____。我需要_____一个翻译。

请帮我找一个翻译或会说双语的工作人员，帮助我进行语言交流。如果您找不到，您的上司也许能帮您。* 这张卡片背面的人认识我。此人可以向您提供寻找翻译的有关信息。 谢谢您的帮助！

*联邦法要求各项服务项目接受联邦政府的资助向无法有效的使用英语交流的客户提供免费的服务。

我的名字是_____住址_____城市_____
 州_____邮政编码_____电话号码(_____)_____
 本案工作人员的姓名_____电话号码(_____)_____
 您首选的基本医疗服务提供者的名称_____住址_____电话号码(_____)_____
 紧急情况联系人:_____电话号码(_____)_____
 健康计划/卡片编号_____

*如果找不到合适的翻译，作为最后的办法，您可以要求您的组织与电话翻译服务中心联系（例如语言连线服务，您交付一定的费用就可享用该项服务。）

RUSSIAN—Выполнено Community Partners, Inc – Америк, МА

Здравствуйте, я говорю _____ и _____. МНЕ НУЖЕН ПЕРЕВОДЧИК.

Пожалуйста, помогите мне найти переводчика или сотрудника, который говорит на моем языке. Если вы не в состоянии это сделать, может быть, ваш начальник сможет вам помочь.*

Человек, имя которого написано на обратной стороне этой карточки, меня знает и может подсказать вам, где можно найти переводчика. Спасибо за вашу помощь!

*СОГЛАСНО ФЕДЕРАЛЬНОМУ ЗАКОНУ, ОРГАНИЗАЦИИ, ПОЛУЧАЮЩИЕ ФЕДЕРАЛЬНЫЕ СРЕДСТВА, ОБЯЗАНЫ ПРЕДОСТАВЛЯТЬ БЕСПЛАТНОГО ПЕРЕВОДЧИКА ЛИЦАМ, КОТОРЫЕ НЕ МОГУТ ЭФФЕКТИВНО ОБЩАТЬСЯ ПО-АНГЛИЙСКИ

Имя _____ Адрес _____ Город _____
 Штат _____ Индекс _____ еелефон (_____) _____
 Ведущий специалист _____ Телефон (_____) _____
 Лечащая организация (врач) _____ Адрес _____ Телефон (_____) _____
 В случае экстренной необходимости звонить: _____ Телефон (_____) _____
 Медицинская страховка/Регистр. № _____

*Если вы не смогли найти переводчика, узнайте, не может ли ваша организация связаться с платным бюро переводов по телефону (например Language Line service)

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VIETNAMESE—Được xây dựng bởi Công ty của Những Đối tác Cộng đồng - Amherst, MA

Xin chào, Tôi nói _____ và _____ TÔI CẦN CÓ MỘT THÔNG DỊCH VIÊN.

Đề nghị hãy giúp đỡ tôi tìm một người thông dịch viên hay một nhân viên song ngữ để giúp tôi trao đổi giao dịch. Nếu như bạn không thể làm được việc này, người phụ trách của bạn có thể giúp đỡ được bạn.* Người có tên ở mặt sau của tấm thẻ này biết tôi và có thể cung cấp cho bạn thông tin về việc tìm một người thông dịch. Xin cảm ơn sự giúp đỡ của bạn!

*LUẬT PHÁP CỦA LIÊN BANG YÊU CẦU RẰNG NHỮNG NGƯỜI LÀM CÔNG VIỆC DỊCH VỤ THEO NGÂN SÁCH LIÊN BANG THÌ CUNG CẤP CÔNG VIỆC THÔNG DỊCH MIỄN PHÍ CHO CÁC KHÁCH HÀNG NHỮNG NGƯỜI KHÔNG THỂ GIAO DỊCH MỘT CÁCH CÓ HIỆU QUẢ BẰNG TIẾNG ANH.

Tên tôi là _____

Địa chỉ _____ Thành phố _____

Bang _____ Mã số _____

Điện thoại (____) _____

Tên của người theo dõi công việc này _____

Số điện thoại (____) _____

Tên Bác Sĩ Gia Đình _____

Địa chỉ _____ Số Điện thoại (____) _____

Liên hệ khi khẩn cấp _____

Số Điện thoại (____) _____

Kế hoạch sức khỏe/ID# _____

*Nếu không tìm được người thông dịch thích hợp, thì bạn có thể tìm đến dịch vụ thông dịch qua điện thoại (phải trả lệ phí)

ARABIC

تم تطويره بواسطة شركة كومينيوتي بارتنرز ، أمهرست ، ماساشوستس

مرحباً ، أنا أتحدث اللغة _____ و _____ . أنا بحاجة الى مترجم .

من فضلك ساعدني أن أجد مترجماً أو موظفاً يتحدث لغتين ليساعدني على التفاهم . إذا لم تقدر على ذلك ، ربما كان المسؤول عنك قادراً على المساعدة . *

الشخص المسجل على ظهر هذه البطاقة يعرفني ويمكنه أن يعطيك معلومات عن العثور على مترجم . شكراً على مساعدتك .

* إن القانون الفدرالي يفرض على الهيئة التي تقدم الخدمة والتي تستلم أموالاً من الحكومة الفدرالية أن تقدم خدمات ترجمة مجانية للزبائن الذين لا يمكنهم التفاهم بالانكليزية بصورة فعالة .

اسمي _____ العنوان _____ المدينة _____

الولاية _____ الرمز البريدي _____ هاتف (____) _____

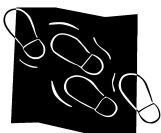
اسم الموظف العامل على هذه الحالة _____ هاتف (____) _____

اسم الطبيب المسؤول عن تقديم العناية الطبية الأولية : _____ العنوان _____ هاتف (____) _____

للاتصال عند الطوارئ: _____ هاتف (____) _____

رقم بطاقة التأمين الصحي/الهوية : _____

* إذا لم يكن بالإمكان العثور على مترجم ملائم ، وكل حل أخير اسأل إذا كانت المنظمة التي تعمل فيها تستطيع استخدام خدمة الترجمة على الهاتف (مثل خدمة لانغويج لاين ، التي تتطلب دفع رسم معين .)

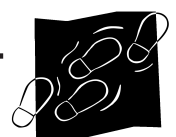


Welcome Kit Tip

Provide a Welcome Kit for clients to take away, including:

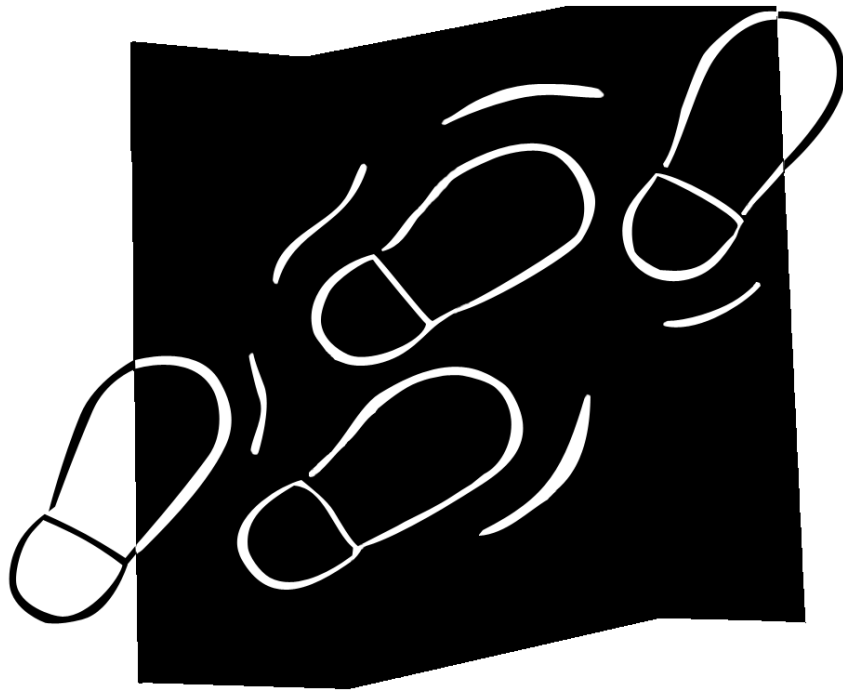
- ☐ The “What You Need To Make Your Health Insurance Work” checklist or other post-enrollment step checklist.
- ☐ Referral information about additional programs clients might be eligible for (WIC, a local pharmacy assistance program, dental clinic hours, etc.)
- ☐ Refrigerator magnets with the name and contact info of the health access program.
- ☐ Materials from insurance providers, for example, a brochure explaining the appropriate use of the Emergency Room.
- ☐ Card to record the name, address, telephone number and office hours of their primary care provider.
- ☐ A copy of the “I Speak” card and translation sheet, if appropriate.
- ☐ Tips for self-advocacy at the doctor’s office.
- ☐ Other pamphlets and information relevant to the individual/family.
- ☐ Something fun, like a growth chart for a child’s room.
- ☐ Use your own ideas to create the ideal Welcome Kit for your clients.

Go through each item on the Checklist to make sure it’s understood. Sitting with folks is what helps them remember and use important information.



PART TWO:

WORKING WITH THE SYSTEM



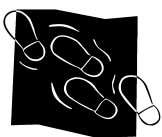
MEDICAID AND SCHIP: HOW IS THE SYSTEM STRUCTURED?

Publicly insured health care can be a maze. Patients with Medicaid/SCHIP must sort through complex policies on everything from eligibility to referrals, and even appeals. If they overlook something, their medical care can be derailed. Often, providers are also not well acquainted with public health insurance policies and are unable to help patients resolve difficulties with their coverage. And it is not always possible to reach a Medicaid representative who can answer specific questions.

Community-based outreach workers understand this and they work hard to bridge the gaps between patients, providers and state agencies. In order to do this well, they must understand the structure of the system itself. There are several distinct areas each worker must grasp in order to best advise a client, areas such as: system navigation, provider selection, use of benefits and appeals of denial.

The following series of questions was compiled by Community Partners to help outreach workers and their supervisors check their own knowledge of their state's Medicaid system and identify areas where they may need to learn more.

Developing expertise on the workings of the system will help your staff streamline their dealings with clients and agencies, and will help clients get the attention they need from both providers and administrators without unnecessary delays and complications.



1. SYSTEM DESCRIPTION

How is the system structured? Fee-for-service? Managed care? Primary Care Case Management?

- Find out if your local area is different from the state as a whole.
- Find out if certain parts of the system are “carved out” (e.g., behavioral health).

Do Medicaid and SCHIP contract with different health plans and providers? Do two children in one family sometimes need to have different doctors because of this structure?

Which health care providers take new Medicaid or SCHIP patients? How long does it take to get an appointment? Are sick visits scheduled or walk-in?

If your state has managed care, how do people select a health plan? Does your state do auto-assignment? How does it work?

2. PROVIDER SELECTION

How is a primary care provider selected?

- Whom can families call to do this?
- Can a family maintain relationships with existing providers once they enroll in a health plan?
- Can health plan members switch providers? How often?
- How can a family find out if a provider speaks their primary language?
- What happens if a person does not select a primary care provider?

How is a behavioral health provider selected? What steps do you need to follow to see a behavioral health provider?

3. SYSTEM NAVIGATION

What government agency or contractor is responsible for educating consumers about their choices of providers and plans? Is the information available in different languages and varying formats? If so, which ones?

Is there a number to call for help if the system doesn't work? For instance, if a parent can't get a timely appointment for a child? What kind of help is provided?

4. USE OF BENEFITS

Are newly enrolled members followed up with to make sure they have been able to receive care?

Are there system issues that create barriers (e.g., delays in card activation, co-payments, etc.)? How do people get services if they are waiting to be enrolled in a managed care plan? What happens if you can't pay the co-pay?

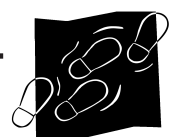
How do families get services such as transportation or interpretation? How do members get durable medical equipment (e.g., hearing aids, nebulizers, etc.)? Is there a prior authorization process and how does it work?

Are publicly-insured patients seen by providers only on specified days?

Do health care providers or plans provide 24-hour phone access to a nurse?

5. APPEALS PROCESS

If care is denied or delayed, what can people do about it? How do people get help appealing a decision?



6. CHANGING HEALTH PLANS

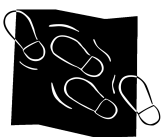
What is the process in managed care for changing health plans or providers?

- Under what circumstances can consumers return to fee-for-service Medicaid?
- Under what circumstances can consumers change plans or providers? How are medical records transferred?

7. OVERSIGHT AND COORDINATION

What office or agency in your state contracts with and monitors health plans? How are consumer problems or complaints tracked? Is there a “report card” on plans?

Is there a state Medical Assistance Advisory Committee? Who sits on it and when are the meetings? Is there any other forum for public input?



Building Bridges Between Patients & Providers

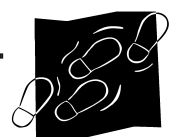
One of the most important services health access workers can provide is to help their clients establish a relationship with a Primary Care Provider's (PCP) office. Without this "primary care home," Medicaid patients are effectively denied access to preventive care; and if proper referrals are not obtained, they may receive bills for services that could have been covered. And patients who receive unexpected bills they can't afford to pay will often stay home when they need care. While the responsibility for initiating this crucial relationship lies with the patient, the success of the managed care system is also dependent on PCP readiness to handle the special circumstances their Medicaid patients may face, such as billing problems and limitations on medical services and prescriptions.

One of the innovative facets of the Moving Beyond Enrollment program has been the effort to "build bridges" between providers' offices and clients. The program conducted discussion groups including outreach workers and providers in three regions of Massachusetts. Outreach workers and providers' staff members work with many of the same clients about the same issues, but they have had no mechanism for sharing their perspectives and problem solving. MBE felt that involving medical providers in the dialogue about post-enrollment issues would identify ways outreach workers and providers could work together to solve their common problems, giving their mutual clients an even greater chance of receiving the right care.

Sharing perspectives through discussion groups could also be useful in cementing the personal relationships within the network of community service providers.

The MBE outreach programs then made a practice of offering pragmatic support to the PCP's by educating office staff members about Medicaid regulations and by offering their own expertise in solving day-to-day problems. They scheduled visits to PCP offices, where they performed trainings and answered staff questions about public health insurance. They also provided their health access centers' contact information, printed on handy items such as mugs or magnets.

Because many PCP offices lack the resources to make lengthy phone inquiries to Medicaid helplines, and because the information provided by these helplines is often inconsistent, the outreach workers made sure the providers' staff understood that they were just a phone call away and able to help sort out billing and regulatory difficulties.



Whenever possible, the MBE team also encouraged the PCP staff to initiate their own post-enrollment services, such as contacting new enrollees to set up appointments and making sure that convenient office hours and transportation support were available. Though providers are often too busy to devote much time to post-enrollment services, they are more likely to prioritize them when they are offered guidelines and support, and when the importance of such efforts is explained to them.

MBE outreach workers discovered that another way to help build bridges between clients and health care providers is by helping to dispel stereotypes about their clients. There is a tendency among some providers to view Medicaid patients as less responsible and therefore less deserving. Outreach workers can help them understand that Medicaid patients often face special challenges, such as language barriers, lack of transportation and child care, or inflexible work schedules. They can explain that these patients are sometimes under-informed about how their health insurance works, and may come from a background where adequate health care was not the norm. With these understandings, and the knowledge that the outreach workers will help them, providers can more easily move beyond prejudices and work towards solutions.

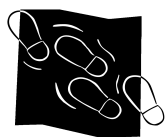
Because outreach workers are based in the community rather than in a medical system and already have a relationship of trust with their clients, they can facilitate, educate, problem-solve and advocate with unique effectiveness. Practitioners generally do not have time to do that work, though many say they wish that they could.

It is evident that medical providers value outreach programs as local experts in publicly funded health insurance. According to the discussion groups, providers' office staff would welcome the ongoing involvement of outreach workers in the challenging and time-consuming work of facilitating health care for newly enrolled members of public health insurance programs. There is much to be gained for everyone involved in these collaborative efforts.

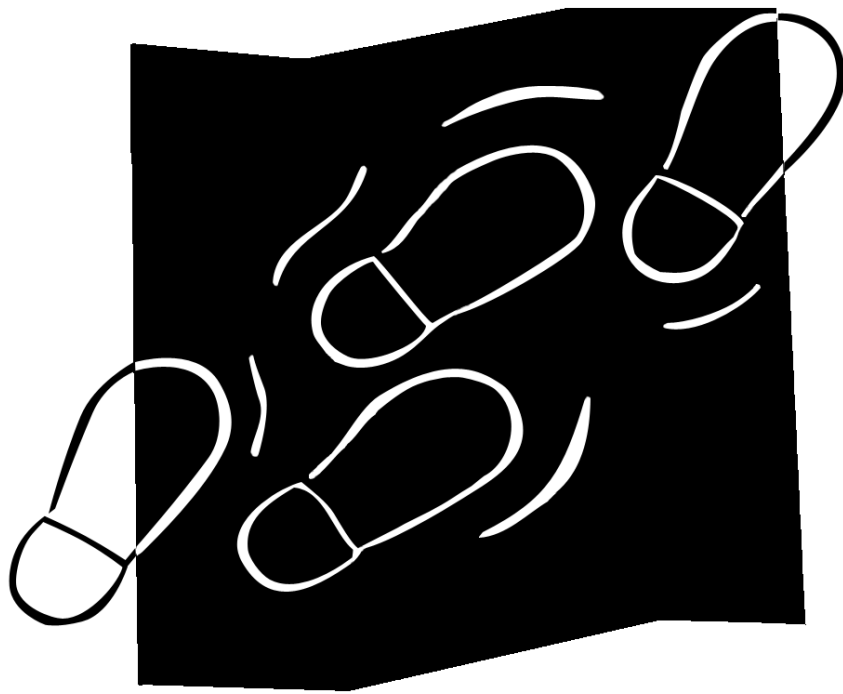
But this area of post-enrollment service is still underdeveloped. Further trials are needed to determine the practicality of extending the collaboration with providers on post-enrollment work. Might lengthening the outreach workers' involvement in the patient-provider connection stretch the outreach workers too thin, hence

reducing their effectiveness? Will the outreach workers need additional training as their role is lengthened? Are there privacy and confidentiality issues with outreach workers being more involved in the medical aspects of their clients situations? These and other questions remain to be explored.

Community Partners hopes that their research and development work in this area will serve to promote a wider dialogue about the benefits and challenges of the "Bridges To Providers" approach to post-enrollment services.



PART THREE: TRACKING YOUR SUCCESS



About Tracking Forms

Most programs need to keep track of both their individual clients and their total programmatic activities. The MBE program developed tracking forms for both these purposes.

It's clear that post-enrollment services can significantly enhance the quality of health care that your clients receive. But it's also true that tracking these services can create additional record-keeping duties for your staff. How can your program track these important services without adding undue strain to your staff's daily workload?

The MBE team has addressed this problem by developing tracking forms which streamline the data-collection process and free outreach workers to focus their energy where it is needed most—on actual client service.

Forms to Identify and Track Clients:

The **INDIVIDUAL/HOUSEHOLD BACKGROUND INFORMATION FORM** includes intake and demographic data about the client household that determines what programs family members will be eligible for.

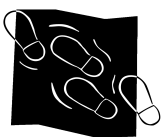
The **INDIVIDUAL/HOUSEHOLD SERVICE HISTORY FORM** is designed to identify the range of distinct steps and activities necessary to move someone along the continuum from outreach referral to actual use of health care services. It will provide your staff with an at-a-glance overview of each client's post-enrollment case history.

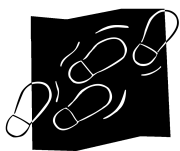
Forms to Document the Activities of Outreach Programs:

The **MONTHLY REPORTING FORM** seeks to gather qualitative data on post enrollment issues at the community level. Outreach workers make observations regarding progress, existing barriers and possible next steps. These questions help inform the program director of community issues and prompt the outreach worker to clarify his/her work plan.

The **MONTHLY SERVICE INFORMATION FORM** provides a confidential way for the program director to track the post enrollment services provided to each individual. The information for this form is transferred from the Service History forms the outreach workers fill out. This form documents all services provided during the course of one month and can be reviewed by agency administrators and referenced in grant reports.

In this booklet, the forms appear two ways—both filled in with sample information, and as blanks that you can duplicate. Please feel free to use them as they are, or to modify them to suit your program's needs.





MOVING BEYOND ENROLLMENT

INDIVIDUAL/HOUSEHOLD BACKGROUND INFORMATION

CONFIDENTIAL

Household ID#: ____ - ____ - ____ - ____

First Date of Contact: ____/____/____

Address: _____ Town: _____ Zip: _____

Home Ph: (____) _____ - _____ Alt. Ph: (____) _____ - _____

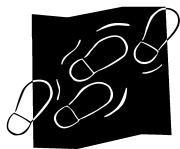
	<u>First Name</u>	<u>Mid.</u>	<u>Last Name</u>	<u>Relationship</u>	<u>Indiv #</u>
Head of Household	_____	____	_____	_____	00
Household member	_____	____	_____	_____	01
Household member	_____	____	_____	_____	02
Household member	_____	____	_____	_____	03
Household member	_____	____	_____	_____	04
Household member	_____	____	_____	_____	05
Household member	_____	____	_____	_____	06
Household member	_____	____	_____	_____	07

Referral Info: (source name/type) –FOR YOUR RECORDS ONLY-

Household ID#: ____ - ____ - ____ - ____ Town: _____ Zip: _____

HOUSEHOLD INFO:	00	01
EMPLOYMENT STATUS: Unemployed, Fulltime, Part-time Seasonal/Temporary, Retired, , unKnown, N/A		
INCOME SOURCE(S): Wages/Earnings, Self-Employed, Other		
INCOME 1. 2. 3. 4.	\$, . per/ ____ mnth ____ yr (check one)	
NUMBER OF PEOPLE IN HOUSEHOLD: (for FPL calculation)		
HOUSEHOLD IS BELOW WHAT FPL?:	Below	%

INDIVIDUAL INFO:	00	01	02	03	04	05	06	07
RACE: Caucasian, African-Am, Asian, Hispanic/Latino, Native Am. Other, unKnown								
GENDER: Male, Female, UnKnown								
DATE OF BIRTH (mm/dd/yy or Month/Yr)								
HEALTH INSURANCE? (Yes, No, UnKnown, N/A)								
EXISTING RELATIONSHIP WITH A PROVIDER? (Yes, No, UnKnown, N/A)								



MOVING BEYOND ENROLLMENT

INDIVIDUAL/HOUSEHOLD BACKGROUND INFORMATION

CONFIDENTIAL

Household ID#: 2 - 4 1 2 6

First Date of Contact: 2 / 3 / 2002

Address: 122 State Road Town: Pleasantville Zip: 00000

Home Ph: () - - Alt. Ph: () - -

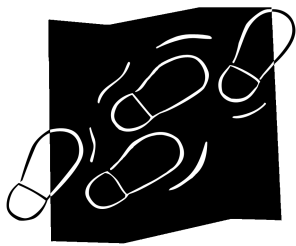
	First Name	Mid.	Last Name	Relationship	Indiv #
Head of Household	<u>Mattie</u>	<u>C</u>	<u>Scotfield</u>	<u>Self</u>	<u>00</u>
Household member	<u>Roger</u>	<u>T</u>	<u>Scotfield</u>	<u>Husband</u>	<u>01</u>
Household member	<u>Jeffrey</u>	<u>A</u>	<u>Taylor</u>	<u>Son</u>	<u>02</u>
Household member	<u>Wyatt</u>	<u>R</u>	<u>Scotfield</u>	<u>Son</u>	<u>03</u>
Household member	<u>Carm</u>	<u>M</u>	<u>Scotfield</u>	<u>Daughter</u>	<u>04</u>
Household member					<u>05</u>
Household member					<u>06</u>
Household member					<u>07</u>

Referral Info: (source name/type) -FOR YOUR RECORDS ONLY- Bob's Pharmacy -
Couldnt afford prescription (no insurance)

Household ID#: 2 - 4 1 2 6 Town: Pleasantville Zip: 00000

HOUSEHOLD INFO:	00	01
EMPLOYMENT STATUS: Unemployed, Fulltime, Part-time Seasonal/Temporary, Retired, , unKnown, N/A	<u>P</u>	<u>P</u>
INCOME SOURCE(S): Wages/Earnings, Self-Employed, Other	<u>W</u>	<u>W</u>
INCOME 1. <u>Mom - childcare avg. \$5000/yr</u> 2. <u>Dad - carpentry self-empl. avg. \$24,000/yr</u> 3. 4.	<u>\$ 30,000.00</u> per/ mnth <input checked="" type="checkbox"/> yr (check one)	
NUMBER OF PEOPLE IN HOUSEHOLD: (for FPL calculation)	<u>5</u>	
HOUSEHOLD IS BELOW WHAT FPL?:	Below <u>133</u> %	

INDIVIDUAL INFO:	00	01	02	03	04	05	06	07
RACE: Caucasian, African-Am, Asian, Hispanic/Latino, Native Am. Other, unKown	<u>C</u>	<u>C</u>	<u>C</u>	<u>C</u>	<u>C</u>			
GENDER: Male, Female, UnKnown	<u>F</u>	<u>M</u>	<u>M</u>	<u>M</u>	<u>F</u>			
DATE OF BIRTH (mm/dd/yy or Month/Yr)	<u>6/71</u>	<u>4/68</u>	<u>1/89</u>	<u>2/93</u>	<u>3/00</u>			
HEALTH INSURANCE? (Yes, No, UnKnown, N/A)	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>			
EXISTING RELATIONSHIP WITH A PROVIDER? (Yes, No, UnKown, N/A)	<u>N</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>			

**CONFIDENTIAL**

MOVING BEYOND ENROLLMENT

INDIVIDUAL/HOUSEHOLD SERVICE HISTORY (OFFICE USE)

Household ID# ____ - ____ Individual ID# ____ Name: _____
Address: _____ Town: _____ Zip: _____
Phone: _____ Alt. Phone: _____
Has existing relationship with a provider: Yes__ No__ If yes, name: _____
Existing Health Coverage Programs: _____ Plan: _____

Health/Medical Continuum

MBE Step	Description	Month	Yr	Comments
0	Referral Made			
1	Eligibility Confirmed			
2	Provider & Plan Selected			
3	Describe Program; How to Use System; Why Prevention is Good			
4	Confirmation- Everything in Order			
5	Successfully Enrolled!			
6A	Initial Appt Made OR			
6B	Confirm Existing Provider			
7A	Initial Visit Completed OR			
7B	Appropriate Services Received			
8	Post-Service Assessment Done			

RELATED MBE ACTIVITIES

Code	Date	Comments

21- Retention/Re-enrollment Activity

22- Follow-up Activity

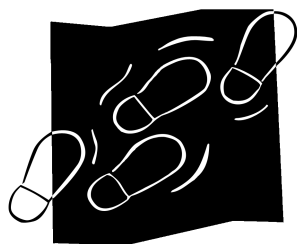
23- Arrangements for Add'l Medical/Related Services

CLIENT RELATED INFORMATION:

Provider Name: _____ Health Plan: _____
Other: _____
Initial Appt Date: _____ Time: _____
Medical Needs: _____

Status: (record on monthly service form)

Completed/No More Action Necessary (c) _____ Retained/Re-enrolled (RT): _____
Denied for Coverage (d): Date: _____ Not Eligible for Anything (n): _____ Terminated (t): Date: _____

**CONFIDENTIAL**

MOVING BEYOND ENROLLMENT

INDIVIDUAL/HOUSEHOLD SERVICE HISTORY (OFFICE USE)

Household ID# 2-4126 Individual ID# 02 Name: Jeff Taylor
Address: 122 State Rd. Town: Pleasantville Zip: 00000
Phone: _____ Alt. Phone: _____
Has existing relationship with a provider: Yes ☒ No ☐ If yes, name: Dr. Brown
Existing Health Coverage Programs: Medicaid Plan: Standard / PCC

Health/Medical Continuum

MBE Step	Description	Month	Yr	Comments
0	Referral Made	2/3/02	02	
1	Eligibility Confirmed	2/14	02	
2	Provider & Plan Selected	2/22	02	
3	Describe Program; How to Use System; Why Prevention is Good	2/22	02	
4	Confirmation- Everything in Order	3/28	02	
5	Successfully Enrolled!	3/28	02	
6A	Initial Appt Made OR			
6B	Confirm Existing Provider	3/14	02	
7A	Initial Visit Completed OR			
7B	Appropriate Services Received			
8	Post-Service Assessment Done			

RELATED MBE ACTIVITIES

Code	Date	Comments
22	3/14	Drs office called: Jeff's showing on old insurance. Contacted Cust Srv.
22	3/16	Mattie here - we wrote old ins. co.
22	3/27	Rec'd copy of ins. co.'s letter to Medicaid
22	3/28	Mattie in - Verified change

21- Retention/Re-enrollment Activity

22- Follow-up Activity

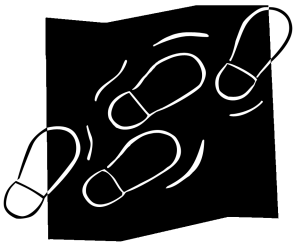
23- Arrangements for Add'l Medical/Related Services

CLIENT RELATED INFORMATION:

Provider Name: Dr. Brown Health Plan: PCC
Other: _____
Initial Appt Date: _____ Time: _____
Medical Needs: Asthma - needs inhaler

Status: (record on monthly service form)Completed/No More Action Necessary (c) C Retained/Re-enrolled (RT): _____

Denied for Coverage (d): Date: _____ Not Eligible for Anything (n): _____ Terminated (t): Date: _____



MOVING BEYOND ENROLLMENT

MONTHLY REPORTING FORM

Worker Name: _____

Report Month: _____ 200__

Completed: ____/____/____

Signature: _____

WHAT'S ON YOUR MIND?

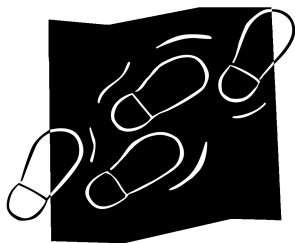
Please include good things, issues, or problems – things you think we should know about (even if we've discussed them on the phone, documentation is helpful)

THINGS YOU WANT US TO PURSUE?

SUPERVISOR COMMENTS

Supervisor Signature

Date



MOVING BEYOND ENROLLMENT MONTHLY REPORTING FORM

Worker Name: Joanne Lee

Report Month: July 2002

Completed: 8/13/02

Signature: Joanne Lee

WHAT'S ON YOUR MIND?

Please include good things, issues, or problems – things you think we should know about (even if we've discussed them on the phone, documentation is helpful)

A good thing: the front office of our local Community Health Center reports that they saw several first-time patients who said they enrolled in Medicaid through our program, and that they were encouraged by us to come into the Center for preventive care instead of waiting until they were sick.

THINGS YOU WANT US TO PURSUE?

Billing staff in providers' offices are often confused about how to effectively bill Medicaid; also, when they've asked for clarification in the past, they have received inconsistent answers. Lack of understanding or a miscommunication can result in a patient being told they can't receive a service that should be covered. We need to improve the communication flow between the state Medicaid agency and providers.

SUPERVISOR COMMENTS

Staff members are developing good relationships with providers through outreach. Providers' office staff members are calling Health, Inc. proactively now.

Cathy Wilson
Supervisor Signature

8.15.02
Date



MONTH: _____
YEAR: _____

COMPLETED:

[illegible]**Status: Completed, Retained, Denied, Terminated, or Not eligible**



MOVING BEYOND ENROLLMENT

MONTHLY SERVICE INFORMATION

MONTH: _____
YEAR: _____

WORKER NAME: _____

AGENCY NAME: _____

COMPLETED: _____

ID # Household	Indiv	MBE Steps	STATUS	Issues/Barriers/Comments If noteworthy – things we should know or track about this person
C-1234	02	0→8 20→23	C,R,D,T,N (see below)	
Z-4126	00	0	D	
	01	0	D	Self-emp; Chronic back pain; referred to Insurance Partnership
	02	0,1		
	03	0,1		
	04	0,1		
Z-4330	00	21,22	Ret.	2 follow-up calls
Z-2460	01	21	Ret.	Helped with redetermination
	02	21	Ret.	"
Z-4126	02	2,3		able to keep existing doctor
	03	2,3		
	04	2,3		

Status: Completed, Retained, Denied, Terminated, or Not eligible

Afterword

THE TOOLS IN THIS BOOKLET are, of course, the fruit of collaboration. Many of the fundamental insights that led to them stem from invaluable front-line work by outreach staff at three Massachusetts health access programs well known for their work connecting low-income families with health care: Healthy Connections in Orleans, Healthy Connections in Athol/Orange, and Advocacy for Access at Fairview Hospital in Great Barrington.

Christine Molnar of the Community Service Society of New York, was instrumental in the development of the “Working with the System” template.

Everyone trying to connect low-income families with health care faces some of the issues the tools are designed to address. We encourage you to take what you can and apply it to your own situations. In turn, we ask that as you explore, develop tools and learn lessons, you share them generously with others. There’s no time to reinvent the wheel.

In closing, we wish to share two underlying convictions. First, health care is a right of all people. Second, the United States must ultimately embrace a fair system in which all its residents have access to affordable, high quality health care.

For Community Partners,
Michael DeChiara *Executive Director*
Anne Rosen *Health Access Programs Coordinator*

We would like to thank Ursula Shea Borneo for assistance with copy preparation and Pamela Cargill of Positronic Design in Northampton for the graphic design.

Funds for the original Moving Beyond Enrollment program were provided by an outreach grant from the federal Office of Rural Health Policy. Additional funds have been provided by the Robert Wood Johnson Foundation through the Center for Health Care Strategies, and by the Northern Tier Healthy Community Action Program through the Community Health Center of Franklin County in Turners Falls, MA.