



Fiscal Year 2008-09 Enrollment Fair Mini-Grant Program Summary

The Department of Health Care Policy and Financing (Department) awarded funding to 23 community service providers for a total of \$100,920 to conduct enrollment fairs and establish outreach to eligible but not enrolled children who qualify for Colorado's Medicaid and the Child Health Plan *Plus* (CHP+) programs. The 23 grantees held 48 enrollment fairs during April and May 2009, where 652 children were found presumptively eligible for Medicaid or CHP+.

The requirements for funding during this first year included:

- Works collaboratively with community partners;
- Demonstrates outreach and/or marketing experience;
- Has applied to be a Certified Application Assistance Site by the time a contract is signed;
- Employs, or is able to recruit at least one (1) volunteer Presumptive Eligibility (PE) technician who will enter children's information into Colorado Benefits Management System (CBMS);
- Ensures that applications are tracked and submitted securely to the appropriate county department of human/social services office for eligibility determination in a timely manner; and
- Complies with the Health Insurance Privacy and Accountability Act (HIPAA) regulations for the fair and signs a HIPAA Business Associate Agreement (BAA) with the Department as part of the contract.

Each Enrollment Fair Mini-Grantee was asked to submit a self-evaluation developed by the Colorado Coalition for the Medically Underserved KidzBlitz project as part of their final report to the Department. This document describes the "lessons learned" by the grantees during the planning, community partnering, advertising, organizing for the enrollment fair day, interaction with the enrollment participants and the enrollment staff training that will inform the development of "best practices" for future enrollment fairs conducted by community partners.

Critical to the success of the fair is the actual planning process, which includes developing an understanding of the target community, relationship building and establishing the roles that the grantee and their partner(s) play in planning and executing the enrollment fair. Best practices in the planning process that were by the grantees' include:

- Hold the enrollment fair in conjunction with an already established event;
- Utilize the "Health and Enrollment Fair Planning Guide" found at www.covertheuninsured.org; and
- Develop processes that are outlined in the Enrollment Fair Resource Manual including the enrollment fair stations and flow of attendees and useful spreadsheets to collect important tracking information.

Lessons learned during the planning process by the grantees' include:

- Community partners are a great resource and their buy-in is critical to the planning and execution of a fair.

The most important aspect of organizing enrollment fairs involves establishing strong community partnerships. Given that each community will vary in its dynamics, it is important to have a solid understanding of the specific challenges and strengths of the target community during the initial planning stages. Such challenges may include language, geography, immigration status, resistance to accessing public benefits, misunderstanding of how public benefits work or for whom the benefits are intended. Partners participated with:

- Interactive activities, information on tobacco cessation, resources for women and children, information on children's health care benefits and a review of clients' immunization records;
- Distribution of information on the enrollment fair throughout out community partners and potential applicants; and
- Collaborations for the fair into sustainable partnerships.

Expansion of the lessons learned about the value of these partnerships included knowledge that:

- Support from the community throughout the planning stages and the level of involvement on the day of the fair were key features of a successful fair;
- Willingness to donate space for this event was surprising in that it came from so many organizations as well as outlying communities; and
- Fewer questions about the application process were received due to application assistance sites becoming more accessible

Advertising by word of mouth was seen as the most effective marketing strategy. Families encouraged other families to enroll. Grantees took advantage of the publicity for the fair to inform all parents with children that they had an opportunity to sign-up for public health insurance and learn about the services their agencies provided. The advertising generated by the grantees to promote their agency's enrollment fair was noted as a best practice evidenced by the following comments:

- "After the ads in the newspaper stopped, the agency continued to show an increase in phone calls;"
- "Connecting to the families in the community was evident during and after the enrollment fair;" and
- "The number of people who came to the agency after the fair who wanted to enroll was the most surprising aspect of the fair."

Lessons learned in advertising for the enrollment fairs include:

- Marketing through recognized local businesses and community organizations needs to be included in the planning process;
- Massive advertising efforts for the fair increased enrollment at the center, but did not always result in increased enrollment during the day of the fair itself;
- Advertising by word of mouth is the most effective marketing strategy. Budgeting for incentives for people to refer people they know as well as incentives for the applicants themselves to attend the fair should be considered; and

- The design of the enrollment fair flyer may have presented a barrier. Questions that came up include: 1) whether people thought that if the participants didn't have all of the necessary documentation would that keep them from attending? or 2) could the list of needed documentation be daunting for some potential attendees?

The day of the enrollment fair, or “fair day”, provided different reactions in different communities. Some families reported that they loved the informal and non-threatening environment that the fair offered. Other agencies reported that they were surprised that people would rather schedule an appointment to get their kids enrolled than meet with a counselor at a fair even when incentives were provided. Some of the best practices reported included:

- Entertaining the kids in the children's area with crafts, snacks, etc, was a big success with the parents as they were then free to fill out the application;
- Setting the education tables and activities up in the school gym was a perfect location;
- A short survey of applicants at the fair yielded the following results. After talking to a technician: 100 percent of applicants said that they understood the services available to their children and themselves better; 93 percent felt more confident in using public health insurance coverage; and 100 percent reported that they understood why having insurance for their children/themselves was important; and
- Making appointments for families before the fair to assist them with filling out their applications was a successful format. Success of this model was due to some of the following factors:
 - The individual 20-30 minute session with an enrollment counselor allowed the family to complete the whole application process; and
 - The ability to identify which families qualified, which families didn't and why, and who in the family was the best contact to follow-up with on the results of the application.

Lessons learned during the fair day include:

- Lack of interest in pre-registration for the fair;
- Having a captain available at the fair to oversee and delegate the coordination of logistical details. A point person was crucial to the success of the event and the staff satisfaction;
- Actually enrolling a child in health insurance was not possible during the enrollment fairs due to time limitations;
- Extent volunteers were willing to generously devote their time;
- Adding “calculators” to the list of needed enrollment fair materials;
- Having one more presumptive eligibility (PE) technician assigned at an earlier station to check families for existing insurance;
- Needing longer than normal to translate each application due to language and cultural barriers; and
- Not concentrating solely on telling people these programs are available but helping those who are already enrolled to re-enroll when their eligibility needs to be renewed; and
- Focusing on the older age groups when conducting outreach efforts to ensure that families reapply in time to stay enrolled in Medicaid or CHP+.

Interaction with the enrollment fair participants resulted in the additional lessons learned that included:

- Many Asian communities have heard about Medicaid, however, still little is known about CHP+ and many believe that CHP+ is only for people with low incomes and on food stamps;
- Families on the Southern Ute Indian Reservation think that because they have access to Indian Health Services (IHS), they do not qualify for Medicaid or CHP+;
- The need for a plan to eliminate the fear for undocumented parents worried about income verification and recognizing that their children can still be eligible for public health insurance;
- Quite a few families do not have birth certificates, and postponed enrollment because of the cost of purchasing birth certificates;
- More families want to apply for Medicaid/CHP+ due to job loss and the stigma attached to public health insurance is not as prevalent according to the impressions of one grantee;
- The attitude that a family does not “deserve” or “want” a given public service because: 1) there is a culture of self-reliance; 2) a belief that it’s welfare; 3) if kids are not sick, why should they have insurance; 4) lack of documents; 5) new socioeconomic groups who may have never accessed the social system and are unfamiliar with how it operates; and 6) distrust of the system.

Feedback from the grantees for future training topics include:

- Need for training on what an invoice is and how to get reimbursed for fair expenses from the state;
- Need more information on what is required for follow-up after the fair, e.g. call each family that attended and make sure they received their permanent cards, answer questions, etc; and
- Need to know what the mini-conference would cover beforehand so participants could bring a partner representative who would be working directly with the enrollment activity.

The Department relies on its community partners and stakeholders to assist families in the application process. The enrollment fair model has proven to be an effective and efficient method to determine children presumptively eligible for enrollment in Medicaid and CHP+. However, the Department learned from the SFY 2008-09 Enrollment Fair Mini-Grant Program that the enrollment fair model was not optimal for all families interested in applying for Medicaid and CHP+. For example, some enrollment fair attendees expressed a preference for a more private venue.

On September 1, 2009 the Department received notice of funding from the Health Resources and Services Administration (HRSA) State Health Access Program (SHAP). A portion of the HRSA SHAP funding will be used to implement the Maximizing Outreach, Retention and Enrollment (MORE) Project to design and implement outreach for new populations identified in the Health Care Affordability Act (see [HB 09-1293](#)). The focus of the MORE Grant Program for the first year of funding is to provide outreach to enroll children and pregnant women qualifying for CHP+ up to 250 percent of the Federal Poverty Level (FPL) and low-income parents qualifying for Medicaid up to 100 percent of FPL.

The MORE Grant Program is intended to expand the capacity of community-based organizations to develop an enrollment and/or application assistance activity that meets the needs of their community and results in the increased enrollment of children and families into Medicaid and CHP+.