Coverage is Here!

An Outreach and Enrollment Guide for Washington State Hospitals

OCTOBER 2013
This guide was developed by the Washington State Hospital Association to support the outreach and enrollment efforts of its member hospitals. It is not intended to be an authoritative work on how insurance exchanges will operate within Washington State. Questions about particular exchanges should be directed to that organization. If legal or other technical advice is needed to implement the suggestions in this guide, that advice should be sought by the member hospital.

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Dear Members,

For years, we have struggled with the challenge of caring for the uninsured residents of our communities. We see them come through our emergency room doors—some, suffering from chronic diseases and conditions that would be better treated in a doctor’s office, and others, arriving as a result of an unexpected life-threatening illness or injury. In either case, they are suffering from both the medical condition and the high cost of a medical crisis.

The proportion of uninsured in our state had risen to approximately one in seven when the Washington State Legislature voted to approve the expansion of Medicaid. Because of this important vote, health care coverage and services will be available to low-income individuals and families at no cost to them. Federal subsidies will help hundreds of thousands of other families get health coverage as well.

The creation of the Health Benefit Exchange, which was also part of the Affordable Care Act, provides a single point of entry for people at any income level to shop for and enroll in health coverage. This single marketplace has never been tried before, and it reflects a huge change in how individuals shop for health insurance.

It is now all of our responsibility to engage the public and increase their understanding of the importance of coverage and the new opportunities available. While the law, now more than three years old, continues to create political controversy, it is likely going to be in place for some time, and we need to make it work for our residents and our institutions.

With that in mind, WSHA has been active in working with the Exchange and other statewide partners on the “Coverage is Here” campaign. This is an exciting project with a lot of active member involvement, and we look forward to continuing to work on this effort in the coming year.

Sincerely,

Scott Bond
President & CEO, Washington State Hospital Association

PS: We will likely be updating this guidebook as time goes on, so please continue to share your ideas, your perspective and your lessons learned!

Thank You

The enrollment of hundreds of thousands of people is a significant challenge that requires extraordinary amounts of effort and coordination. We want to express our gratitude to the people who we have worked with on this journey, and have shared their knowledge and expertise with us:

• Governor Jay Inslee and his staff
• Washington Health Benefit Exchange
• Washington Health Care Authority
• Washington State Medical Association
• American Hospital Association
• California Hospital Association
• Enroll America

Most important, we want to thank our members. This would not be possible without the extraordinary efforts being undertaken by our member hospitals. This is a new, but important, way for us to care for our patients, and I appreciate the work you are doing.
Introduction to Outreach and Enrollment

The creation of the Health Benefit Exchange is an extraordinary opportunity for Washington state residents to get access to affordable, quality health insurance. However, we know that all the new choices and the new marketplace are a big change, and it will likely take a lot of education and effort to help people get enrolled in health insurance. *(For more information about why that’s necessary for hospitals, visit the Background section on page 10.)*

We hope this guidebook gives you some basic tools to reach out to your community and help them find their way to quality coverage. *This guidebook is intended to be more of a menu than a recipe* — every hospital or clinic should determine what steps they can take, and how outreach and enrollment activities tie into other projects. What’s more, this guidebook is not inclusive of all the possibilities, and (with your help) we hope to add to it in the future.

Our approach is divided into four basic categories of action steps:

1. **Engage** community and staff about how to raise awareness about new coverage opportunities.

2. **Educate** patients and visitors about how to access coverage.

3. **Enroll** patients and visitors with either direct assistance or information and referral.

4. **Enlighten** us! Share with WSHA how enrollment is working in your community.
Engage

Engaging others within your community and your hospital to raise awareness and excitement is the first step. This is also a great opportunity to build relationships with other organizations that are also bringing their energy and resources to this effort.

This section covers the work hospitals and board members can do to raise awareness about the need for health coverage, and the opportunities afforded by the Exchange. It also includes actions you can take in advance of the next step, which is educating the public.

Within the Community

Hospitals are not alone in doing outreach and enrollment efforts—far from it. The Exchange has contracted with 10 regional lead “In-Person Assister” organizations in place for the next 18 months to help with local events and organizing.

Some of the steps hospitals can take with the lead organizations are:

- Make direct contact with the lead organization. In some areas, hospitals are allocating space to the lead organization so staff from the lead organization can assist hospital visitors and members of the public enroll in coverage. In other areas, lead organizations are contracting directly with hospitals and referring members of the public to them for direct enrollment assistance.

In-Person Assister organizations have a network of community organizations and providers. They are equipped with extensive community outreach and awareness plans specifically tailored to their communities.

See the Resources section for a map of lead organizations.

- Work with your lead organization to convene community partners on a monthly or bimonthly basis during at least the first six months of enrollment.
- Open a temporary centrally located “enrollment office” in your community to promote the Exchange and enroll people in health insurance. A commercial landlord may be willing to offer space for free or for a lower rate on a temporary basis.
- Send a regular update to primary care physicians, obstetricians, and other community partners informing them of outreach and enrollment resources, including those offered by the hospital.
- Feature your outreach and enrollment activities in your regular newsletters and publications to the media and the community.

Within the Hospital

All levels of staff within your hospital should have basic awareness of enrollment opportunities so they can refer patients and their families to enrollment staff or resources. The first phase in this effort is raising the awareness of staff; the second is to enable staff to educate the uninsured.

- Devote a staff meeting to educating all staff, including clinicians, about the Affordable Care Act and how the coverage opportunities will help their patients.
Three out of four of the uninsured want a real, live person to tell them about new coverage opportunities. And 35% say a doctor or nurse is the most trusted source of information. Having all major clinical and staff departments within your hospital understand the basics of enrollment will help encourage and reassure patients, who can then be assisted in enrollment by others.

See the Resources section for more tips on clinician/patient communication.

- Create a “toolkit” for staff with simple promotional materials to get them informed and motivated to talk about these new coverage opportunities (see back cover for the website for materials and information for partners).
- Make sure all staff members know who the “experts” are at your hospital or system in case enrollment questions arise.
- Consider making outreach and enrollment an official Quality Improvement Program, if this is a strategy your clinical staff are accustomed to encountering.
- Include outreach and enrollment in the hospital’s strategic plan, to facilitate commitment and coordination across the organization.

**Enrollment Staff**

Enrollment in insurance options via Washington Healthplanfinder will be a different (and much faster and easier) process compared to current enrollment in Medicaid. Enrollment staff must be engaged, prepared, and trained on new eligibility rules, and how to help newly eligible patients get enrolled and oriented in the system.

- Consider hiring additional enrollment staff during open enrollment (October 1, 2013 – March 31, 2014), to float throughout the hospital and provide direct enrollment assistance to hospital patients and visitors.
- Identify staff members who will be actively enrolling patients and plan training time (see training information page in Resources section).

**Other Staff**

Patients and their families will encounter a full range of staff while in your hospital. Consider ways to engage staff and volunteers in areas such as the cafeteria, front desk, patient rooms and waiting areas.

- Although some staff will need complete enrollment training, everyone can learn the basics and know where to point people. It can be as simple as reminding people to get their flu shot.

  *Did you know that you can get affordable, quality health insurance? Just call Washington Healthplanfinder or go online, and you can see all your options. It’s really easy. Here’s a pamphlet, or you can talk to a person at (hospital or community location).*

- Reach out to staff through internal newsletters and intranet features to raise awareness about the coming changes. Your local lead organizations and the Exchange may also have newsletter content that would be helpful (see sample newsletter content in Resources section).
- Distribute “Ask Me About Coverage” buttons to all staff in the hospital.
- Include your hospital auxiliary members and volunteers in your plans—they are great resources for patients, and often have more time than clinical staff to talk to worried patients and family members.
- Educate staff via internal communication methods, such as emails, staff newsletters, intranet and paystub inserts.
- Ensure that all your front-line staff members know the basics of enrollment and where to direct people who have more questions.

Your staff may already be getting outreach and enrollment information from other sources, including their union. Many unions worked hard to secure the passage of Medicaid expansion, and unions such as SEIU are working to inform and engage their members about the opportunities for enrollment in health coverage.
Educate

Now that you have engaged with other organizations and with staff groups, it is time to turn attention to patients and visitors in your hospital.

Clinical staff members are the most credible sources of information for patients, but the amount of time they have to engage on this subject is often very limited. That said, a doctor or nurse who gives written materials or a phone number is still sending a reassuring message. Other staff members, such as those in billing or customer care, will be able to spend more time with patients, and will need more training to provide direct patient assistance.

Remember, these are all possible actions—your hospital is in the best position to decide exactly what steps are needed to take to meet the need in your community.

\section*{Clinical and Administrative Staff}

- Engage with staff to identify popular patient and visitor access points, and work together to determine what information would be helpful in those places.
- Maintain communication with staff throughout the enrollment period to identify problems and opportunities. Since many staff have never spoken with patients about issues like health insurance, continued conversations will help staff feel comfortable and confident about the topic.

\section*{Patients}

- Send a letter to all previous patients who were uninsured and/or received charity care from the hospital, informing them of these new coverage opportunities. Consider follow-up phone calls. Continue this practice of identifying patients and sending letters during the entire open enrollment period—after March, enrollment will be mostly limited to those who qualify for Medicaid (see sample letter in Resources section).
- Put up a special “information kiosk” in high-traffic areas, where people can see and take home official Washington Healthplanfinder promotional materials, and where people could view a promotional video, such as \url{http://kff.org/health-reform/video/youtoons-obamacare-video}
- Put posters in examination and treatment rooms.
- Identify potentially eligible patients as “pending” in their record.
  - Run reports of all “pending” patients.
  - Follow up with a phone call within 24 hours.
- Include enrollment information in discharge materials. Washington Apple Health (Medicaid) will provide retroactive coverage, so for uninsured patients at low-income levels, it is not too late to enroll in coverage that will help them with their medical bills.

\section*{Hospital Visitors}

While patients are in your hospital, there is also an opportunity to educate family and friends about enrollment.

- Identify “access points” where staff can ask patients and visitors about coverage and tell them about these new opportunities. These areas are where staff and educational materials will have the highest impact.
- Use waiting room TVs or other information screens to show videos and ads from the Exchange or the Kaiser Family Foundation. Place simple promotional materials nearby.
  - \textbf{Kaiser Family Video}: \url{http://kff.org/health-reform/video/youtoons-obamacare-video}
  - \textbf{Exchange Overview}: \url{www.wahbexchange.org/info-you/partners/videos}
  - \textbf{Exchange Ads}: \url{www.wahbexchange.org/news-resources/press-room/adcampaign}
• Create “Coverage is Here” pens for patients and visitors with www.wahealthplanfinder.org and the phone number for the Exchange call center.

While patients are in your hospital, there is also an opportunity to educate family and friends about enrollment.

• Provide phone stickers or contact cards with the Exchange website and phone number and any hospital enrollment staff contact information.

• Put up posters in the cafeteria, waiting rooms, and other places where hospital visitors spend time.
  – Admission/Front Desk
  – Emergency Department
  – Lab
  – Pharmacy
  – Urgent Care Centers
  – Outpatient Clinics
  – Specialty/Women’s Clinics
  – Primary Care

Community Members

• Educate your community about their new options via mobile vans/clinics, school nurses or emergency services.

• Invite community members on a tour of your hospital during the open enrollment period. This is an opportunity to help raise your community’s understanding of health services, and provide a place for the public to get enrolled in health coverage.

• Plan a special Enrollment Fair during open enrollment to get community members enrolled.

Go to www.wahbexchange.org/info-you/partners to download available promotion materials such as posters and information sheets.
Hospitals can enroll patients and visitors in a quality, affordable health plan by providing direct enrollment assistance or by providing information and support. Most of these steps are going to be most useful during the open-enrollment period, which is October 1, 2013 – March 31, 2014.

In 2014, the open enrollment period for commercial plans will be about 8 weeks between October and December (with exceptions for qualifying life events). Medicaid enrollment will be year-round.

**Staff and Operations**

- Train billing department and patient intake staff to help patients with enrollment. Hospitals should have at least one certified assister who can serve as a team lead and has access to the Washington Healthplanfinder dashboard, which will give the hospital access to important information about enrollment efforts (see training information in Resources section).

- Offer space to your lead In-Person Assister organization in your county so they can have staff in your hospital to provide direct enrollment assistance.

- Identify staff members on each shift to be on-point to answer enrollment questions.

- Prepare all phone and customer service staff to answer basic questions about enrollment, and ensure that Exchange contact information is available to anyone who answers a general information phone line.

- Equip enrollment staff with a mobile enrollment station on a wheeling cart with a laptop, printer and phone. This can be used to enroll both patients and visitors, assuming adequate privacy.

- Be ready to be flexible in order to meet evolving enrollment needs. Most of the new enrollment will be in expanded Medicaid and will be fast and easy. Enrollment in “Classic” Medicaid (i.e. Medicaid for the aged, blind, and disabled), however, may still require the use of vendors, because it still will continue to take about 45 days for applications to be finalized.

- Integrate a scripting tool into the registration system that includes blank fields staff cannot bypass or leave blank. This ensures critical information is collected so, if the patient does not enroll that day, staff can follow through or refer the patient to an in-person assister.

**Patients**

- Educate every uninsured patient, including those in the clinics and emergency department, about new coverage opportunities.

- Develop a plan to follow up with uninsured patients. Consider sending a letter to previous patients identified as uninsured in the past. (see sample letter for potentially eligible patients in Resource section). If you send a letter to previous patients, follow up with a phone call a few days later.

**Hospital Visitors**

- Create a self-serve “enrollment station.” You will need a desk, computer, phone, and promotional materials in this area, and nearby staff should be prepared to answer questions or at least direct visitors in the right direction.

- Target visitors in places where they spend time — the cafeteria and waiting rooms. Put up an information kiosk
in the cafeteria. Print tray liners for use on cafeteria trays. Put stick-on “footprints” on the floor directing visitors to self-service enrollment stations.

- Integrate into your registration scripting tool the following question to patients, “Is there anyone with you whom we can also help enroll in insurance?”
- If your hospital cannot directly enroll visitors, set up an appointment for them with the local lead organization, or at least get them connected with a specific staff member who can also follow up with the community member.

**On Your Mark, Get Set, Go!**

October 1st is not the deadline on important outreach and enrollment work—it’s the starting line. It will take continuous community outreach to achieve maximum enrollment, and it may take multiple years to reach everyone.

In Massachusetts, the effort towards mass enrollment was successful (98% of residents are now insured), but it took two years.

**Delivering an Effective Message of Coverage**

A recent study conducted by Enroll America found that four main messages resonate with almost 90% of uninsured individuals.

**The four best messages are:**

- This is comprehensive, employer-type coverage. All insurance plans cover doctor visits, hospitalizations, maternity care, emergency room care and prescriptions.
- You might be able to get financial help to pay for a health insurance plan.
- If you have a pre-existing condition, insurance plans cannot deny you coverage.
- All insurance plans will have to show the costs and what is covered in simple language with no fine print.

Staff and clinicians in your hospital will not necessarily need to deliver all four messages to the uninsured. Any one (or all) of these messages will encourage enrollment. (see [http://files.www.enrollamerica.org/best-practices-institute/enroll-america-publications/Provider_messaging.pdf](http://files.www.enrollamerica.org/best-practices-institute/enroll-america-publications/Provider_messaging.pdf))
Enlighten

We know how hard hospitals are working to help their community members get health coverage, and we want to be sure that we’re doing what we can to make those efforts successful. As these efforts go forward, we know that you will be adjusting your efforts along the way, as well as learning new things about how the Exchange and www.wahealthplanfinder.org are actually working.

We’re asking that as you go forward, you continue to communicate with WSHA about your experiences. We will continue to be actively engaged with the state agencies and the Exchange to identify problems and opportunities. We can do this with a much stronger voice if we hear from you.

For outreach and enrollment questions, please consider participating in WSHA activities:

- Sign up for our outreach and enrollment newsletter—open to anyone!
  - www.wsha.org/newsletters.cfm (check the “ACA Outreach” box)
- Join our members-only listserv by emailing Mary Kay (marykaycr@wsha.org)
- Tune in and join a WSHA webcast
- Inform us about your lessons and successes, so we can share them with other hospitals and the public

We also know that there will continue to be policy, regulatory and operational issues that need to be addressed in Olympia. Please keep us and your hospital’s public policy staff informed of what you are seeing throughout the enrollment period. Your experience and insight will help inform and prioritize our efforts to make the system work better.

We have deeply appreciated all the time our members have given us throughout this process, and we look forward to continuing the conversation going forward.

Special Thanks

We want to extend special thanks to former WSHA intern Kelly Veit for all of her work on this project. Without her, this guidebook could not have happened.

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Background on New Coverage Opportunities

The Affordable Care Act took three major steps to expand the public’s access to health insurance.

1. Expanded the Medicaid system to allow coverage of a broader population of low-income residents, removing the additional requirements of pregnancy or disability (each state was able to independently determine whether to expand their Medicaid-funded state health program);

2. Subsidized commercial individual plans that are offered through the health benefit exchanges, so they would be affordable to families making up to $94,000 a year;

3. Mandated the creation of state health insurance or health benefit exchanges to serve as a “no wrong door” marketplace for residents to compare health plans, determine their eligibility for state programs or subsidized commercial coverage, and then enroll—all in the same transaction.

In 2013, the Washington State Legislature voted to expand Medicaid in our state, thereby allowing Washington State Apple Health to expand coverage to more than 325,000 uninsured state residents.

The creation of the state Exchange was already underway at the time the state officially adopted the Medicaid expansion. As the Exchange website explains,

The Washington Health Benefit Exchange was created in state statute in 2011 as a “public-private partnership,” separate and distinct from the state. The Exchange is responsible for the creation of Washington Healthplanfinder, an easily accessible, online marketplace for individuals, families and small businesses to find, compare and enroll in qualified health insurance plans. Starting October 1, 2013, Washington Healthplanfinder will offer Washington State residents:

- Apples-to-apples comparisons of Qualified Health Plans (QHP);
- Tax credits or financial help to pay for copays and premiums; and
- Expert customer support online, by phone or in-person through a local organization, insurance broker or agent.

www.wahbexchange.org/about-us/what-exchange

According to moderate estimates, our state is expecting about 500,000 people to enroll in the expanded Medicaid program and in the Exchange in the early years. About 325,000 people are expected to enroll in Medicaid, and about 175,000 in subsidized Exchange coverage. A family of four making up to about $32,000 a year will be eligible for Medicaid; a family of four making up to about $94,000 a year will be eligible for subsidies under the Exchange.

Enrollment begins on October 1, 2013 for coverage that starts as early as January 1, 2014. Although enrollment in Medicaid is continuous, enrollment in an Exchange plan is limited to an open enrollment period, unless the consumer experiences a “qualifying event,” such as marriage, divorce, or the birth of a child. The first open enrollment period for the Exchange is October 1, 2013 until March 31, 2014. The next open enrollment period is October 15, 2014 until December 7, 2014.
In-Person Assister Lead Organizations

Ten lead organizations have been selected to oversee outreach and enrollment in specified geographic areas. Representatives from many community-based organizations throughout the state are receiving the training they need to provide assistance to community residents.

- **Benton Franklin Community Action Connections**
  720 W Court Street, Pasco, WA 99301
  Wes Luckey, Director of In-Person Assistance Program
  wluckey@bfcac.org  |  (509) 545-4042, ext. 212

- **CHOICE Regional Health Network**
  1217 4th Ave E, Suite 200, Olympia, WA 98506
  Libby Weisdepp, Communications and Operations Manager
  weisdeppl@crhn.org  |  (360) 539-7576, ext. 120

- **Clark County Public Health**
  1601 E Fourth Plain Blvd, Vancouver, WA 98666
  Janis Koch, Project Manager
  janis.koch@clark.wa.gov  |  (360) 397-8000, ext. 7278

- **Cowlitz Family Health Center**
  1057 12th Avenue, Longview, WA 98632
  Pamela Spears  |  pspears@cfamhc.org  |  (360) 353-3256
  Dian Cooper, CEO  |  dcooper@cfamhc.org

- **Better Health Together**
  111 N Post, Suite 301, Spokane, WA 99201
  Curt Fackler, IPA Network Manager
  curt@betterhealthtogether.org  |  (509) 939-1548
  Kristen West, Vice President of Programs
  kristen@empirehealthfoundation.org  |  (509) 828-9083

- **Kitsap Public Health District**
  345 6th Street, Suite 300, Bremerton, WA 98337
  Kerry Dobabelaere, Program Manager, Clinical Services
  kerry.dobabelaere@kitsappublichealth.org  |  (360) 337-5238

- **Public Health – Seattle-King County**
  401 5th Avenue, Suite 1000, Seattle, WA 98104
  Daphne Pie, Program Planner
  daphne.pie@kingcounty.gov  |  (206) 263-8369

- **Tacoma-Pierce County Health Department**
  3629 South D Street, Tacoma, WA 98418
  Kayla Scriver, Community Liaison Specialist
  kscriver@tpchd.org  |  (253) 798-2883
  Beth Wilson, Program Coordinator
  bwilson@tpchd.org  |  (253) 798-2949

- **Whatcom Alliance for Health Advancement**
  800 E Chestnut Street, Suite 2, Bellingham, WA 98225
  Dorothy Bradshaw, IPA Project Manager
  dabradshaw@hinet.org  |  (360) 788-6594

- **Yakima Neighborhood Health Services**
  12 South 8th Street, Yakima, WA 98901
  Rhonda Hauff, Chief Operating Operator
  rhonda.hauff@ynhs.org  |  (509) 574-5552

For more information on the in-person assisters, visit [www.wsha.org/0567.cfm or www.wahealthplanfinder.org](http://www.wsha.org/0567.cfm or www.wahealthplanfinder.org).
Training Opportunities for Hospital Staff

There are three different ways hospital staff can be trained to enroll people in the new Medicaid program and the Exchange. WSHA recommends that hospitals take advantage of the free training being offered by both the Exchange and the HCA, but that the determination as to level of training and number of staff is best made by hospital administrators. The following is a chart comparing the different options.

For more information, visit [www.wahbexchange.org/info-you/person-assisters](http://www.wahbexchange.org/info-you/person-assisters).

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>Duration</th>
<th>Benefits</th>
<th>Availability</th>
<th>Training Provider</th>
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| In-Person Assister, both in-person and online trainings | 8–20 hours | • Ongoing account access with consumer permission  
• Medicaid and Exchange enrollment | Now | Lead (Regional) Organizations |
| Certified Application Counselor, online training | 10 hours | • Short-term account access (30 days)  
• Medicaid and Exchange enrollment | Now | The Health Benefit Exchange |
| Medicaid, in-person trainings | One day | • Short-term account access (30 days)  
• Medicaid enrollment only | Now | The Health Care Authority |
Guide to Clinical Conversations

As noted earlier, many patients and their families will rely on their clinicians as a trusted source of information regarding coverage opportunities. To help clinical staff with these conversations, both Enroll America and the Center for Medicare and Medicaid have released tips and messages that these staff should be prepared to deliver.

Health Insurance Marketplace: 10 Things to Tell Your Patients

Source: Center for Medicare and Medicaid (September, 2013)

1. If you don’t already have health coverage, the Health Insurance Marketplace is a new way to find and buy health coverage that fits your budget and meets your needs.

2. Open Enrollment starts October 1, 2013, and ends on March 31, 2014. Plans and prices will be available then. Coverage starts as soon as January 1, 2014.

3. Not only can you view and compare health insurance options online, but with one simple application, you can have those options tailored to your personal situation and find out if you might be eligible, based on your income, for financial assistance to lower your costs.

4. The same application will let you find out if you and your family members might qualify for free or low-cost coverage available through Medicaid or the Children’s Health Insurance Program (CHIP).

5. The information is all available online, but you can apply four ways: online, by phone, by mail, or in-person with the help of a trained assister or navigator.

6. Each health plan will generally offer comprehensive coverage, including a core set of essential health benefits like doctor visits, preventive care, maternity care, hospitalization, prescription drugs, and more.

7. No matter where you live, there will be a Marketplace in your state, offering plans from private companies where you’ll be able to compare your health coverage options based on price, benefits, quality, and other features important to you before you make a choice.

8. Health insurance companies selling plans through the Marketplace can’t deny you coverage or charge you more due to pre-existing health conditions, and they can’t charge women and men different premiums based on their gender.

9. Marketplaces will be operated by your state, the federal government, or a partnership of the two, but each Marketplace will give you the same access to all of your Marketplace coverage options.

10. For more information, visit www.HealthCare.gov or call the Health Insurance Marketplace Call Center at 1-800-318-2596, 24 hours a day, 7 days a week. TTY users should call 1-855-889-4325.

Staff Awareness Examples for Newsletter or Intranet Announcements

For internal hospital newsletters

Coverage is Here!
Every day in our hospitals and clinics, we touch the lives of patients and their families. We also know that many of our patients, friends and neighbors are living without any health insurance. This causes unnecessary worry, suffering, illness, and even bankruptcy.

We can do something about that.
Starting October 1st, 2013, Washington State residents will be able to log on to www.wahealthplanfinder.org or call the call center to learn more about new health coverage options—they can even shop for plans anonymously. And when they’re ready to sign up for health insurance, it’s a short process without a lot of paperwork. Depending on their income, they may be able to get free or reduced-cost health insurance, but even those options don’t require any additional steps or paperwork. A family of four making under $94,000 a year (or $45,000 for a single person) could be eligible for this free or subsidized insurance.

The challenge is that most people don’t know that this opportunity is coming. [Hospital name] is working to raise public awareness of the coming options for health insurance. Because we see patients and their families every day, everyone can help spread the word about the Healthplanfinder [insert any other hospital-specific activities here, eg., We’ll be giving out information in every waiting room, going to the health fair or summer carnival, working with other groups like Rotary to help get people covered.]

You’ll be hearing more about this, as we get closer to October. In the meantime, we encourage everyone to look at the website. Although you can’t sign up for health coverage yet, anyone can check out the calculator for an estimate: www.wahealthplanfinder.org/calculator.

By working together to get our community covered, our neighbors and our hospital can be healthier and more financially stable, and that helps everyone. To read more about what Washington State hospitals are doing, visit: www.wsha.org/getcovered.cfm.
Do You Need Health Coverage?

If you don’t have health insurance, it probably means that you don’t have basic health care, or financial protection for illness or injury. Almost one million Washington residents are in the same position.

But starting this fall, Washington residents will have a new way to find, compare and enroll in affordable health insurance. It’s called Washington Healthplanfinder, and it gives individuals and families the confidence to choose the plan that best fits their needs and their budget.

No matter whether you go online, call the Call Center, or enroll in person with a local organization, or insurance broker, Healthplanfinder will help you compare health insurance plans and get information about free and reduced-cost options. If you find what you need, you can enroll right away, all in the same call.

Washington Healthplanfinder is our state’s Health Benefit Exchange, and it is required by federal law to perform a number of services for customers, including:

• Ensure that a health plan provides key benefits and meets other requirements;
• Provide information in a standard way on all plans offered, so customers can easily compare them; and
• Assign ratings to each plan based on quality and price.

How Washington Healthplanfinder Works

1. Shop for health plans anonymously. Individuals and families can begin the application process by entering basic information. If you’re not ready to fill anything out, you can browse and learn more about what is available.

2. Find out if you are eligible for financial help. Based on your age, annual income and household size, Washington Healthplanfinder can determine if you are eligible for help paying for premiums and copays. Families of four making up to $94,200 can qualify for help.

3. Compare plans side by side. It’s easy to sort plans by cost, coverage, provider or any number of factors.

4. Select a plan. Once you’ve looked through your options, you can feel confident choosing the plan that best fits your needs and your budget.

5. You’re covered! Now you can get the care you need. If an accident or illness strikes, a quality health plan can help protect you from financial hardship.

For more information about Washington Healthplanfinder, visit www.wahealthplanfinder.org or call 1-855-WAFINDER.
Sample Letter for “Potentially Eligible” Patients

NOTE: This letter was drafted to be sent to past patients who were previously identified as uninsured or who qualified for charity care assistance. It is only a sample, and should be edited to ensure consistency with your own organization’s protocols and standards regarding patient communications.

Dear [name],

You were a patient at [hospital] in [year], and at that time, the cost of your hospital visit was covered (at least partially) by our charity care program.

We want you to know about some new ways you can get health insurance that will give you access to regular medical care and help protect you and your family from future medical bills.

Because of the Affordable Care Act, everyone has more choices for getting health insurance coverage. Depending on your income, you may be able to get health coverage for you and your whole family at no cost or low cost. For most people, it will also be a very simple, very fast process to enroll in coverage.

WHAT: Fast, Affordable Health Coverage through the Washington Health Benefit Exchange

WHY: You may be able to get health insurance at little to no cost to you.

WHEN: You can pick a health plan and enroll beginning on October 1. Coverage begins January 1.

HOW: You can sign up for health insurance online: www.wahealthplanfinder.org or call the Call Center 1-855-WAFINDER (1-855-923-4633) or TTY/TTD: 1-855-627-9604.

Many working people in our community, including those who are self-employed or have part-time jobs, can’t get health insurance from their employers. This means they’re not getting good basic health care, and that illnesses and injuries are leading to expensive emergency room visits.

The health insurance being offered through the Exchange is required by law to cover doctor and emergency room visits, prescriptions, maternity care, and preventive care like cancer screenings and immunizations. It is comprehensive, employer-like coverage that will now be available to everyone. In addition, no one will be denied coverage because they are sick or have a pre-existing condition.

This is an opportunity to improve both your health and your economic security. We encourage you to visit the Exchange website or call the Call Center (information above) with your questions. You can also contact us [insert any local information, including lead organization, hospital billing office if you have staff prepared to answer questions about the exchange, notice of upcoming health fairs or other events.]

Sincerely,

[recommend that this be signed by a real person, not a generic office name]
Press Release Template

For Exchange opening or announcement of enrollment events or successes

Coverage is Here!

DATELINE — [Hospital name] is happy to join in the celebration of the opening of Washington Healthplanfinder. Starting today, uninsured residents in [Name] County can enroll in quality, affordable health plans simply by calling or visiting www.wahealthplanfinder.org. Coverage begins on January 1, 2014. [Describe any direct enrollment service the hospital is providing or supporting, e.g. working with your lead in-person assister organization, directly enrolling all patients, etc.]

“Too many people in our area are living without health insurance, which puts their health and their finances at serious risk,” said [CEO or other hospital leader]. “We have been working in the community to help raise people’s awareness of the new coverage options, and we’ve also been working with staff to help hospital visitors get more information and get enrolled.”

[Include any other information about the hospital’s outreach and enrollment activities—this can include staff training, internal process changes, distributing materials, providing space for community groups, etc.]

“Hospitals take care of anyone who comes through the door, regardless of whether they can pay or not,” said [maybe someone else? Nice opportunity to quote a frontline staff person, nurse, patient-advocate, or similar]. “Helping people actually enroll in health coverage is a new way to help our patients, and we’re going to be enrolling people this way for a long time.”

For commercial plans in the Exchange, the first open enrollment period is October 1, 2013 to March 31, 2014. The next Exchange open enrollment will be October 15, 2014 to December 7, 2014. Consumers must enroll in an Exchange plan during open enrollment, unless they experience a “qualifying event,” such as marriage, divorce, or the birth of a child. Enrollment in Medicaid, however, will be continuous and year-around.

According to Washington Healthplanfinder, more people than ever before will qualify for financial help to pay for coverage. Depending on the individual or family’s income, they may be able to qualify for a free or low-cost health plan, or have their premiums drastically reduced by way of tax credit. For example:

- A family of 4 making less than $32,500 can qualify for free health coverage;
- A family of 4 making up to $40,000 can qualify for an estimated $985 in tax credits per month; and
- A family of 4 making up to $90,000 can qualify for an estimated $436 in tax credits per month.
- Subsidies are available for a family of four making up to $94,200 a year.

www.wahbexchange.org/info-you/individuals-and-families

Supporting Medicaid expansion and enrollment have both been high priority issues for hospitals. Providing health care—especially emergency health care—to uninsured patients usually results in a significant burden on the family, and can be costly for the hospital as well. The cost of care for the uninsured gets shifted to other paying patients. If more people have health coverage that covers the cost of health care services, and provides them with access to preventative care, the entire community is better off.

To Compare Plans and Sign Up for Health Coverage:

Online: www.wahealthplanfinder.org  Email: customersupport@wahbexchange.org
Washington Healthplanfinder Customer Support Center: 1-855-WAFINDER or 1-855-923-4633

For more information about what Washington State hospitals have been doing to support Medicaid expansion and the Exchange’s outreach and enrollment activities, visit www.wsha.org/coverageishere.cfm.
Covered Is Here

www.wahealthplanfinder.org
1-855-WAFINDER or 1-855-923-44633
customersupport@wahbexchange.org

Newsletters, webinars, links to promotional materials

Washington State Hospital Association
www.wsha.org/coverageishere.cfm

Enrollment

WA Health Benefit Exchange
www.wahealthplanfinder.org

Data and strategies to enroll the uninsured

Enroll America
www.enrollamerica.org

Videos, studies, and information about health care reform

Kaiser Family Foundation
http://kff.org

Medicaid / Apple Health

Health Care Authority
www.hca.wa.gov/Pages/index.aspx