

# Incorporating Health Insurance Literacy into Enrollment

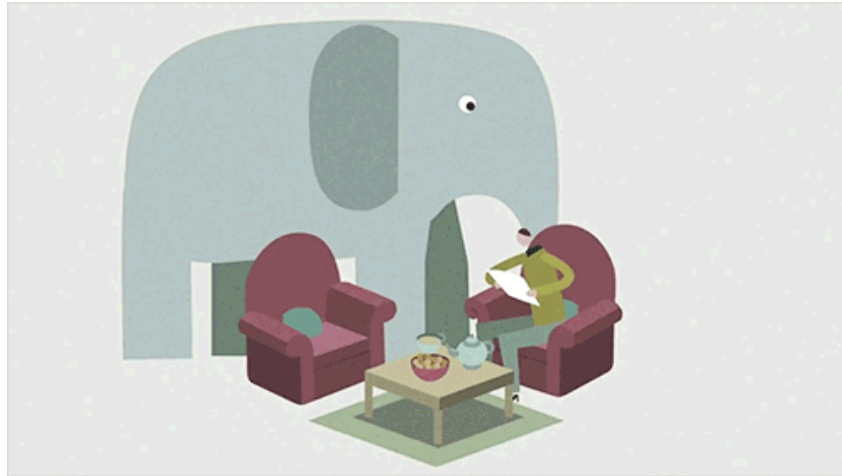
Adam Fox, Colorado Consumer Health Initiative

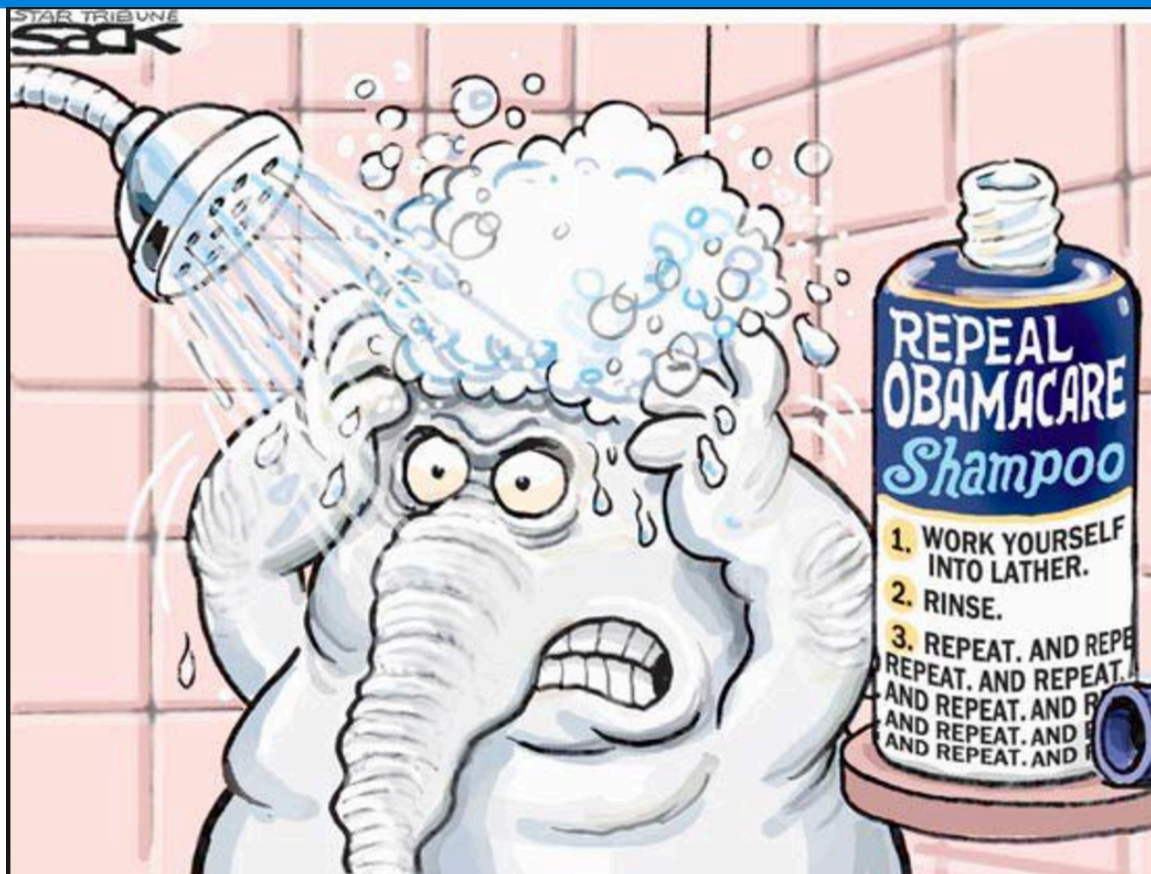
Stacey Wright, Tri-County Health Network

Mirna Castro, Servicios de la Raza

# The Elephant(s) in the Room

- CSRs
- Mandate enforcement
- Increasing premiums
- ACA still law of the land



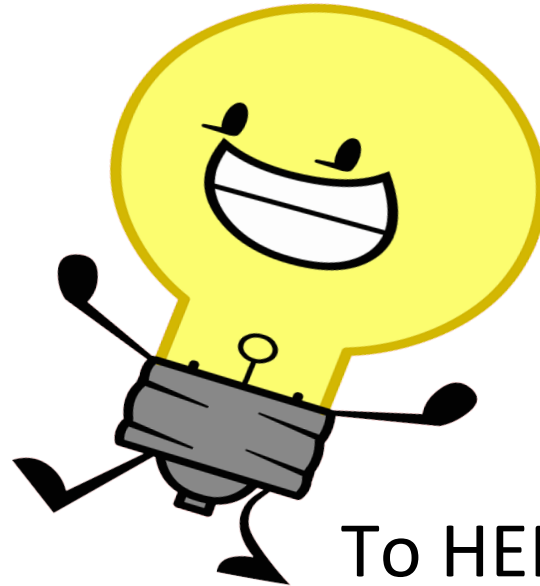
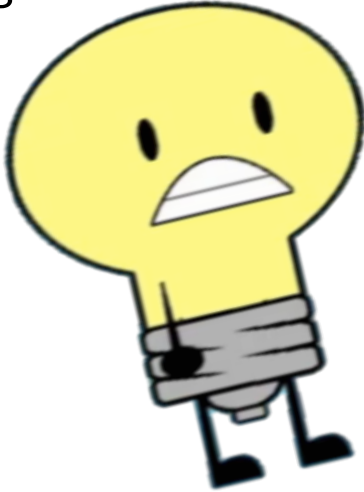


# Techniques on Integrating HIL into the Enrollment Appointment



# Beyond the Blank Stare

Getting from here



To HERE!



# Pinpointing the Need

- My job is to not just get you enrolled but to make sure you understand your benefits and how to use them
  - Review basic terminology
- Ask Questions! - Understand how your client uses their insurance
- Educate your client based on the needs in your community



# Client Insurance Folder

- Your business card
- Profile sheet
- 1-pager: What you need your population to know
- 1095s: Where to find them
- Regional brokers



# Keeping your clients engaged

- **[tchnetwork.org/faqs-links-videos/](http://tchnetwork.org/faqs-links-videos/)**
  - Navigators supply most commonly asked questions
  - Subjects of videos and GoAnimate are based on specific community needs
    - Links to other organization videos
      - Department of Health & Human Services
      - CBMS
      - C4HCO
- Social Media
- Follow up phone calls, emails or texts
- Quarterly emails
- Newsletters





# Contact Me

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TRI-COUNTY HEALTH NETWORK



# Efforts begin...



# Messages vary by community



**Get Health  
Insurance?**

**Pay \$695  
Penalty?**



# What we know...



# Attempt it!

“

**WE COULD HAVE AVOIDED  
COLE'S EMERGENCY ROOM BILL**

”



# Finding Opportunities

- Phone calls
- One on one appointments
- Group enrollments (session on how to do it at BBH)
- Social Media
- Radio/TV spots
- Group Presentations

# Flow and Integration

- Check in phone call – no more than 10 minutes
  - Intro, what are they looking for
    - i.e Problem solve, education, referred, looking to shop
  - Its hard but you need to learn to cut the call, stick to your time limit
  - Progress note the call so you know what the client will need when they come in.
    - Our “packet” is an intake form and progress note
    - This is a great practice to maintain flow regardless of who ends up seeing the client.





DOB:



☐ A Signed Consent (This is **MANDATORY** at the first appointment!)

☐ Uploaded Info to their account (document in your notes below if you uploaded in PEAK (SES) or on the C4 side)

☐ Medi-Voter Choice Form (White Sheet, for Paper Applications **ONLY**)

## Date of Note:



**Notes and name of person who documented:**

When contacting customer service, note incident #, name of representative, time and duration of call.

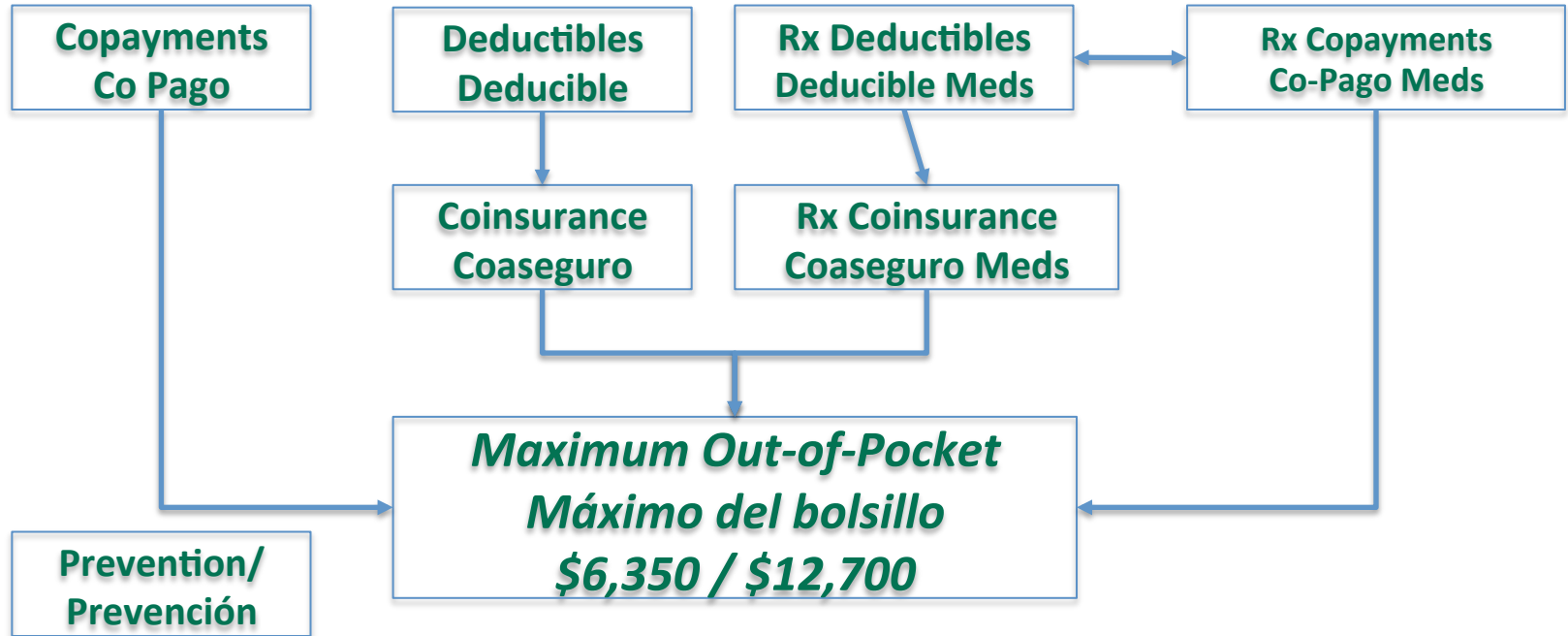
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# Flow and Integration....

- On the day of the appointment you will start where your call left off.
- As you are assisting with the application help the client identify what are priorities for them
  - Covering a certain provider, formulary
  - Cost premium vs out of pocket
  - Explain the silver tier and CSR
    - How does this help their out of pocket expenses?

# Applies to Maximum Out-of-Pocket HMO & EPO Plans

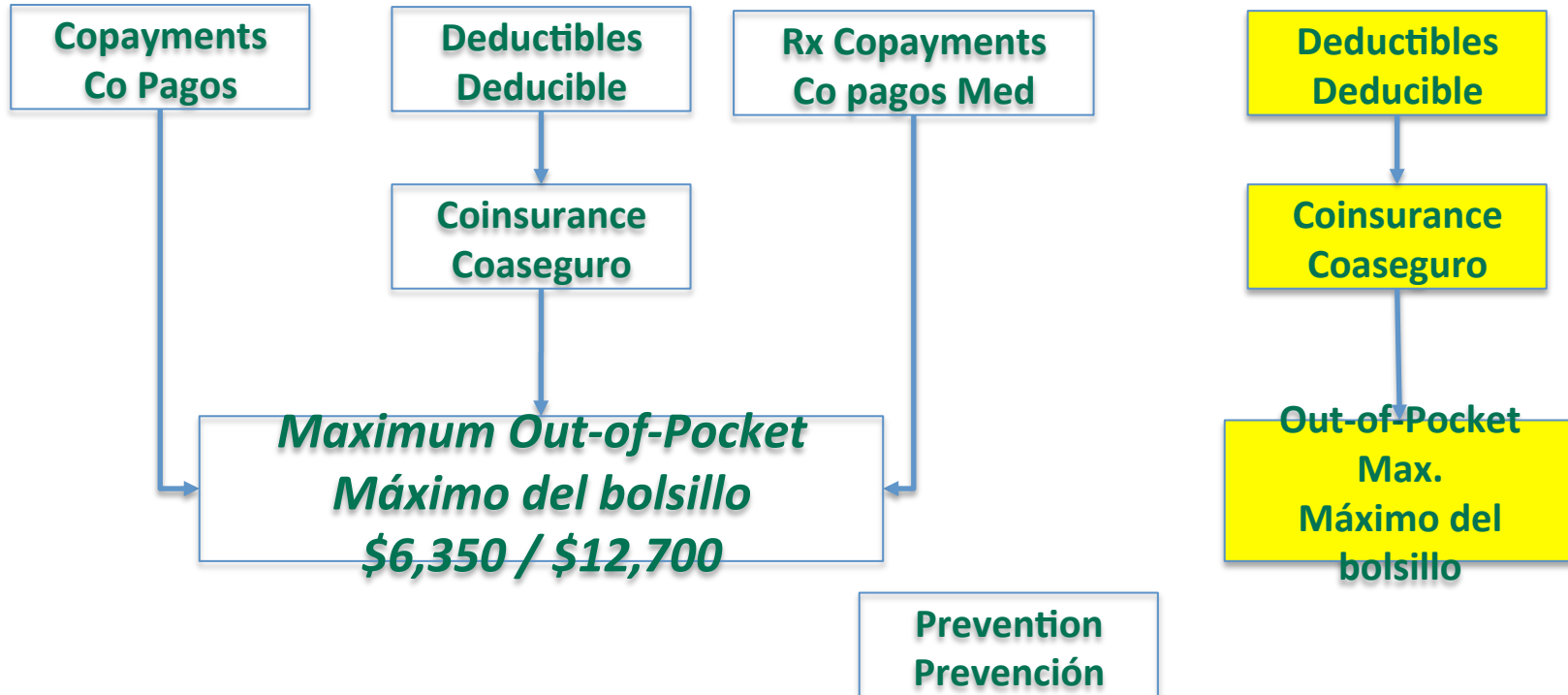
## Lo que aplica al máximo para HMO y EPO



# What Applies to Maximum Out-of-Pocket PPO Plans

## Que aplica al Máximo del bolsillo en plan PPO

### In Network Services/Dentro de la Red



# Take home tools...

**COMO Funciona el seguro MEDICO**

Cuando usted compra seguro medico, usted paga una cantidad de dinero. En c pagar las visitas al doctor, procedimientos médicos, visitas al hospital, vacunas,

**PREMIA**  
Una prima es la cantidad que usted paga por el seguro de salud usualmente cada mes, cada cuatrimestre o una vez al año. En

**DEDUCIBLE**  
Un deducible es una cantidad que usted debe pagar por ser medico pague algo. Por ejemplo, si su deducible es de \$200 cumplido con el deducible de \$2000 por el año.

**COPAGO**  
Un copago es una cantidad fija (por ejemplo \$25) que un co/clinica. La cantidad puede variar por el tipo de consult emergencia o por medicamentos recetados. Un ejemplo, visita al medico y la compañía de seguros pagara el resto

**COSEGURO**  
El co-seguro es otra cantidad que usted pagara de su bolsillo por (como \$25 por consulta) usted pagara un porcentaje del costo to hospitalizado, usted primero tendra que satisfacer su deducible, y

**MÁXIMO DE SU BOLSILLO**  
Esta es la maxima cantidad de dinero que saldra de su bolsillo. E poliza/plan (en un año) antes de que su plan comience a pagar el

**TIPOS DE SEGURO MEDICO**

**EL mercado de seguros es un lugar donde individuos, las familias y**

**SERVICIOS DE LA P**  
**SERVICES FOR THE PEO**

What You Need to Know about Health Insurance  
Keeping and Using Health Insurance

## How to Use Your Health Insurance



About  
this guide

Health insurance is not just for when you are sick—it also helps you stay healthy. After you buy a health plan, take these steps to use your insurance to stay healthy and pay less for services. These steps will also make it easier for you to use your insurance in case of an emergency.

### Choose a Primary Care Provider

A primary care provider may be called a family doctor, a general practitioner, an internal medicine specialist, or something else. Your primary care provider will get to know you over time and become familiar with your medical history and health needs.

### The Role of Your Primary Care Provider

■ Helps you prevent health problems

# CONTACT INFORMATION

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# Break Out Groups

- What's 1 thing you think you do well to help consumers with HIL during appointments?
- What's a question you get, but don't know quite how to answer related to HIL?
- How can we talk about CSRs in current uncertainty?
- Even if someone doesn't enroll, what's one HIL takeaway you hope they leave an appt. with?
- How do you plan to adjust what HIL topics/ concepts you emphasize in appointments with another year of substantial premium increases?