Health Center Outreach and Enrollment Position Descriptions

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TITLE: Outreach and Enrollment Specialist

REPORTS TO: (The supervision received should be filled in based upon your organizational structure.)

GENERAL DESCRIPTION: The Outreach and Enrollment Specialist will work to provide outreach opportunities for community residents who lack access to healthcare and health insurance, provide enrollment and application follow-up assistance and build/strengthen enrollment collaborations with local partner organizations.

POSITION GOAL: Increase health insurance coverage and access to quality primary health, dental, and behavioral care for community residents.

TYPICAL WORKING CONDITIONS: Work is partially performed (60%) in a normal, pleasant office environment. A portion of work time (40%) will be spent performing in-field outreach and enrollment assistance activities. Duties will require travel throughout the organization’s service area. Travel expenses will be reimbursed.

SCHEDULE/COMPENSATION: (We generally include a salary range and example of benefits along with a general work schedule so that candidates are aware of the fact that outreach and enrollment positions often include some evening and weekend hours.)

RESPONSIBILITIES:
1. Provide enrollment assistance (including but not limited to completing coverage applications, gathering required documentation and troubleshooting the enrollment process) for uninsured children and adults to access subsidized, low-cost and free health insurance programs through the health insurance marketplace, Medicaid and the Children’s Health Insurance Program (CHIP).
2. Provide structured patient education on health coverage, engage in follow-up conversations and offer renewal assistance for enrolled individuals.
3. Distribute outreach materials to patients, community members, partner organizations and businesses to build coverage option awareness.
4. Develop, discover and attend community events in order to promote coverage options and the mission and services of the organization.
5. Collaborate with various local organizations to build awareness of coverage options, spur enrollment, and build referral linkages.
6. Attend and successfully complete all required training programs and participate in ongoing conference calls, webinars, and other professional development opportunities.
7. Accurately provide required reporting to track goal achievement and client satisfaction.
8. Recruit and utilize volunteers to increase program capacity.
9. Assist in the development and implementation of organizational outreach and enrollment initiatives.
10. Other duties as assigned.

EXPECTATIONS: (We’ve often found it helpful to articulate some basic outreach and enrollment position goals (e.g. expected number of patients assisted per month) to set an expectation for potential candidates.)

MINIMUM QUALIFICATIONS:
- Must be 18 years of age or older.
- Must be able to travel with use of a personal vehicle.
- Must possess the ability to read and interpret documents.
- Must possess the ability to write routine reports and correspondence.
• Must possess the ability to speak effectively before groups and actively engage the general public in outreach situations.
• Must possess the ability to interact respectfully with diverse cultural and socio-economic populations.

TYPICAL PHYSICAL DEMANDS:
The physical demands described herein are representative of those that must be met by a staff member to successfully perform the essential functions associated with this position. Because we are committed to inclusion of those with disabilities, reasonable accommodations will be made to enable individuals with disabilities to perform the essential functions associated with their position.

This position requires prolonged sitting, some bending, stooping and stretching. It requires eye-hand coordination, and manual dexterity sufficient to operate a keyboard, photocopier, telephone, calculator and other office equipment. It also requires a normal range of hearing and eyesight to record, prepare, and communicate appropriate reports.

In addition, this position requires travel between sites and the ability to interact with others in both small and large group settings. At times, this position may include periods of extended physical activity, such as walking/standing at community events and/or moving and distributing educational materials.

PERFORMANCE REQUIREMENTS:
1. Oral and written communication skills at a level typically acquired through completion of a Bachelor’s degree program in public health, health education, communications or related program. An equivalent combination of education and experience will be considered.
2. Knowledge of the health and human services infrastructure, health insurance programs and public coverage options.
3. Ability to effectively develop and nurture relationships with a diverse group of stakeholders.
4. Ability to work independently and coordinate multiple tasks.
5. Ability to enthusiastically communicate with potential enrollees.
6. Strong computer skills with proficiencies in Outlook, Word, PowerPoint, Excel, internet-based applications and the Microsoft operating system.
Outreach and Enrollment Specialist

Planned Parenthood of Southern New England has an opening for an Outreach & Enrollment Specialist to work in our Administrative office in [insert location]. This is a TEMPORARY assignment until December 2014.

Responsibilities include: Coordinating logistics for Affordable Care Act (ACA) patient education and collaborating with staff on enrollment activities in health centers. Coordinating event times in health centers, including waiting room and off-hours. Coordinating education and enrollment opportunities with Navigators and Assisters. Educating patients and community members about the ACA and the enrollment process. Building relationships and collaborating on community-based ACA events with internal and external stakeholders. Coordinating participation in community activities, including health fairs and other community outreach events. Working closely with staff from Navigators and Assisters to provide necessary staffing at events. Coordinating database tracking for all ACA education, enrollment events and accounts. Generating reports based on data collected. Ensuring continued progress toward all goals and implement adjustments as necessary. Completing all responsibilities according to established protocols, policies and standard practices in the areas of customer service, quality assurance and regulatory compliance programs.

The Outreach & Enrollment Specialist must have an Associate’s degree in a related field preferred but not required. Be a strong supporter of mission and all of the reproductive health services offered. Ability to represent to external stakeholders with the highest degrees of competence and professionalism. Excellent written, verbal and presentation skills. Proven ability to manage database and associated reporting. Exceptional organizational skills and experience meeting goals in a fast-paced work environments. Ability to work independently, take initiative, multi-task and prioritize work effectively. Excellent interpersonal skills, good collaboration skills; positive attitude and desire to learn. Strong commitment to working to expand health care coverage is a must. Knowledge of the Affordable Care Act is a plus (training will be provided). Bilingual skills required - Must have working proficiency level in reading and speaking in Spanish. Must be able to travel throughout the state as needed (up to 85% of workdays require travel to offsite locations). Must be willing to work evenings and/or weekends when necessary.
**Title:** Navigator

**Essential Functions:**
The AmeriCorps/Community HealthCorps Navigator will assist 600 individuals in completion of the Medicaid application process. The Navigator will collect data and find patients who are currently using the health center's sliding fee and not receiving Medicaid assistance. The Navigator will mail out Medicaid application to patient accompanied with postage paid envelope. Patient will fill out application and mail back to assigned Navigator who will track patients and answer any questions they may have. The Navigator will follow-up with Medicaid to determine if the particular patient has been accepted or denied. The Navigator will need to scan necessary documents for EMR in computer system and check Medicaid eligibility when scanning chart.
Position Title: Program Enrollment Manager
Job Category: Administrative/Management

Date Available: Immediately
Closing Date: Open Until Filled
Loan Repayment: 

Job Description:
Salud Family Health Centers offers a wide variety of programs and services to community members and patients including programs such as Medicaid, Child Health Plan +, Connect for Health Colorado, the Colorado Indigent Care Program (CICP) and Salud Clinic Rate through a streamlined enrollment visit. The Program Enrollment Manager assists the Vice President of Operations with training, supervision, coordination, team building, policy and procedure development, expansion project management, outreach/in-reach strategies and development and overall implementation of programs and services at Salud. Adheres to the spirit of the Salud mission statement while performing assigned duties and demonstrates thoughtfulness and consideration of each employee.

The goals of this position are to:
Prepare Salud for insurance program expansions through the Affordable Care Act
Ensure that all patients are screened for eligibility, educated about and enrolled in all Salud programs and services whenever possible through a streamlined enrollment visit
Serve as a subject matter expert and in some cases the “program lead” for Salud programs and services

Supervision Received:
Works under the direct supervision of the Vice President of Operations.

Supervision Exercised:
May supervise Enrollment Specialists, Health Coverage Guides and/or Outreach Workers as necessary.

Specific Duties:
Prepare Salud for insurance program expansions through the Affordable Care Act
Ensure that all patients are screened for eligibility, educated about and enrolled in all Salud programs and services whenever possible through a streamlined enrollment visit
Serve as a subject matter expert and in some cases the “program lead” for Salud programs and services
Create and maintain a positive, recognition-based, and fun work environment for staff that results in teamwork for enrollment specialists and Health Coverage Guides
Act as a positive representative, influencer, and valuable contributor to external organizations such as CCHN and NAHC when required
Provide orientation, training and continuous quality improvement techniques for enrollment staff Assist Business Managers with performance reviews for enrollment staff
Assist the Vice President of Operations and the Center Directors to ensure compliance with internal policies and procedures and works with all staff in assigned sites to ensure compliance with policies and procedures regarding programs, enrollment and financial screening
Attend relevant and required meetings (both internal and external, stakeholder meetings, forums, coalition meetings etc.) trainings and community events
Subscribe to program newsletters, read and approve program contracts/grant requirements and conduct other activities to serve as the subject matter expert of programs and services
Develop and implement enrollment training materials, presentations, training guides, policies and procedures
Evaluate the effectiveness and competency of staff trained by means of audits, visit observation etc.
Oversee call center scheduling of enrollment visits, make recommendations for shifts in the schedule based on community demand
Collect data, prepare reports, compile and analyze statistics
Maintains current knowledge and skills of all computer programs being used in the clinic site Performs other duties as assigned

**Practice Highlights:**

is a nationally recognized headquartered in whose mission is......

**Community Highlights:**

situated in, stands at the crossroads of progress. with its small city atmosphere, progressive facilities and available sites continues to provide an attractive ideal location for business, small industry and families alike.

**Knowledge, Skills, and Abilities:**

Skill in leadership, management and direct supervision of employees including administering disciplinary action and performance evaluations
Skill in planning, organizing, coordinating and project management
Excellent oral and written communication skills, including presenting and speaking in public settings
Customer service experience including working with people in one-on-one settings and group settings
Ability to explain and summarize detailed concepts like Medicaid Enrollment Process or Essential Health Benefits in a way that the general population can understand
Bilingual English/Spanish
Knowledge of organizational policies, procedures, systems, objectives, electronic health records systems and computer systems applications (MS Office, Powerpoint, Chrome etc.).
Knowledge of clinical work flow.
Skill in exercising initiative, judgment, problem-solving and data driven decision-making
Ability to create a department atmosphere which encourages motivation, innovation and high performance.
Ability to delegate responsibility and authority to staff.
Sensitivity to low income and ethnic minority community.

**Education:**

Bachelor’s degree in Business Administration, Health Administration or similar field required.
Experience may be substituted for higher education.

**Experience:**

Five or more years of experience working with programs and services intended for low-income, underserved populations. At least two years of experience in management, leadership and direct supervision. Knowledge of Medicaid, Child Health Plan + and insurance programs required, experience
working with grant programs is preferred.

**Licensure/Certification:**
None needed
Outreach & Eligibility Program Specialist

Essential Duties and Responsibilities:

Responsible for outreach to adults and families residing in Hill County or those who seek healthcare in Hill County, to increase awareness and the access modes for health insurance options. Assists new and existing patients, and uninsured community members, in the correct completion of Medicaid, CHIP, and/or Health Insurance Marketplaces health insurance applications. Provide information and assistance in a fair, accurate, and impartial manner. Provide information and assistance in a manner that is culturally and linguistically appropriate to diverse communities and accessible to individuals with disabilities. Provide referrals to any applicable office of health insurance consumer assistance or ombudsman established under Section 2793 of the PHS Act to address consumer grievances, complaints, or questions about their health plan, coverage, or a determination. Outreach activities will be conducted in neighborhoods, agencies, churches, Health Center dental and medical units, and other various community outlets. Identify adults and families in need of health insurance and connect them to enrollment resources. Perform assignments related to the service goals and objectives of the program. Must comply with organizational and departmental policies and regulations. Participates in training and educational opportunities related to the Affordable Care Act Marketplace, CHIP and Medicaid enrollment standards and competencies. Incorporates new learning into daily work. Reads appropriate journals and articles. Stays current on local concerns/issues. Demonstrates and maintains expertise in eligibility and enrollment rules and procedures; the range of qualified health plan options and insurance affordability programs; the needs of underserved and vulnerable population; and privacy and security standards. Demonstrate the capacity to conduct “in reach” with currently uninsured health center patients and “outreach” to non-health center patients who access healthcare in Hill County. Shares knowledge and skills with other agency staff.

Key Duties and Responsibilities:

- Plan, prepare and implement projects and procedures for effective community outreach and enrollment
- Responsible for documentation of program data and statistics
- Prepare reports and documents as needed or requested
- Evaluates effectiveness of program activities through multiple methods including but not limited to: participating adult and family satisfaction surveys; number of adults and families reached through education and outreach activities; number of adults and families enrolled in Medicaid, CHIP or health insurance options; community service agency satisfaction surveys
- Assist in facilitating workshops, events and other functions pertaining to adult and family outreach and enrollment program
- Coordinate adult and family participation based on individual or family needs assessments and interviews
- Conduct outreach in the community
- Act as a patient advocate
- Provide social support
- Assist in setting follow-up appointments for assessment and/or enrollment purposes
• Assist in transportation needs
• Conduct patient/health insurance option education
• Follow-up with adults and families regarding insurance applications
• Coordinate with other health center personnel and community agencies or volunteers
• Conduct assessments
• Assist adults and families in the re-application process
• A commitment to the mission of the Bullhook Health Center
• Other duties as reasonably assigned

Send resume to the contact listed above.

Qualifications
• To perform this job successfully, an individual must be able to perform each essential duty satisfactorily after training is provided for increased skills sets and duties.
• Must have high school diploma or G.E.D. College graduate preferred.
• Must possess demonstrated ability to relate to individuals and families of varied ethnic, cultural backgrounds, ages and economic circumstances
• Good knowledge of interviewing and recording techniques; of the surrounding community; program policies; and knowledge of health care systems
• Ability to execute “inreach” and “outreach” plans, collect data and prepare reports
• Excellent oral and written communication skills
• Must have a valid driver’s license and transportation
• Must be proficient in MS Word, MS Excel, and become proficient in electronic medical record database software
Marketing/Outreach Representative

The Marketing and Outreach Representative supports a broad range of marketing activities and/or promotes sales and creates goodwill for [People’s Clinic] programs and services among patients and the community. This is a professional level, non-supervisory position. The Marketing and Outreach Representative is responsible for identifying, educating and performing outreach activities – targeting public relations, marketing and educational efforts to targeted populations of people who could be eligible for [People’s Clinic] services. This individual is responsible for developing and maintaining community relationships to increase enrollment in [People’s Clinic] health care programs and overall increased patient visits, tracking outreach efforts that increase enrollment and the collection of patient enrollment information necessary for the accurate determination of health plan eligibility and the successful completion of billing functions. Additionally, this position assists patients in all phases of the application process, including explanation of payment plan options, requirements and clinic fee policies. This position is responsible for the successful execution of the Clinic’s goals and objectives outlined in the Clinic’s Outreach Program.

The Marketing and Outreach Representative will: direct the Clinic’s Outreach Program to fulfill the goals and objectives of the Clinic’s Outreach Program; coordinate outreach efforts including speaking engagements, marketing and public relations activities, educational opportunities, etc. to target and educate individuals and families without health insurance about the availability of [People’s Clinic] programs and services; be responsible for developing relationships with local organizations, schools, human service agencies, churches, day care centers, and businesses in order to effectively target families and individuals without health insurance; be responsible for the collection and accuracy and analysis of pertinent demographic and plan information for new patients according to goals and objectives; determine plan eligibility for patients and family members, which includes completing appropriate applications and educating applicants on the application process; communicate with and train as necessary, front desk, phones and enrollment peers on new systems for tracking outreach efforts; enter financial and plan information into database system while adhering to data entry procedures; provide weekly activities plan to appropriate staff, including supervisor; ensure application delivery to the [Boulder County Department of Social Services] in conjunction with enrollment team; contribute to a healthy organizational culture and achievement of the [People’s Clinic] mission through the utilization of established lines of communication, professional attitude toward job tasks and respectful behavior toward staff and patients; assist with enrollment and phone duties when required; develop appropriate promotional material under the direction of the Development Director; and attend all related meetings including development, marketing, enrollment as needed.

Some travel is required; about 30% of the time.

Please mail, fax, or email resume and application.
College degree in sales and/or marketing required. Cross-cultural sensitivity is necessary. Fluency in written and verbal English and Spanish. Excellent communication, organization, attention to detail, and customer service skills are essential. Established relationships within the community is a plus. Experience with the underserved population is helpful. Knowledge of state and federal patient assistance programs is required. Minimum one year customer service necessary. Must have valid state of Colorado driver’s license. Basic computer literacy. Experience in a medical setting/community healthcare and/or non-profit organization preferred.
**Certified Application Counselor**

**Job Description**

The Affordable Care Act Application Certified Counselor provides outreach, education, referral and enrollment activities to consumers requesting such assistance. This person will conduct public education activities to raise awareness of available Qualified Health Plans within the federal marketplace. Make consumers aware that plans are available for purchase in the outside market and that they may want to talk with a licensed insurance health agent about health insurance options. Outline information that a consumer will need to have available when applying for coverage through the federal marketplace. Explain to consumers the following information: Potential eligibility for public/governmental programs. How the federal health insurance premium tax credit and cost-sharing reductions work and risks, if any. Describe the features and benefits of health insurance coverage in general terms, including cost-sharing mechanisms like deductibles, co-pays or co-insurance and how these work or affect the consumer. Describe the different metal tiers and how the benefits may change at different tiers based on the consumer’s income. Describe what a summary of benefits document is and where to locate a summary of benefits. Explain where to find information about provider networks. Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the federal marketplace. Carries out all other duties and functions as assigned.

**Candidate Qualifications**

Thorough knowledge of: public assistance program policies and procedures; interviewing techniques to elicit and probe for personal, financial, medical, or other sensitive information and case management practices, including case file/computer records management; available public and private sector community resources. Knowledge of: case management processes and techniques; evaluation processes and techniques; employment and training resources in the community; labor market resources; support services resources. Ability to establish customer relationships; explain basic budgeting and personal finance; speak and write clearly; work independently with established policies, procedures and guidelines; organize work and establish priorities. Ability to utilize the CARES Workweb EDSNET, and KIDS computerized records system. Ability to establish and maintain effective working relationships with fellow employees, customers, staff of other agencies and the general public; skill in conflict resolution and problem-solving in individual and group settings. Ability to develop and retain knowledge of eligibility factors and standards of agency administered programs. Ability to communicate orally and in writing with clients, department personnel, social work interns, supervisors, physicians, psychologists, psychiatrists, attorneys, news media representatives, Social Service personnel, educators and school guidance personnel, law enforcement personnel, health care providers and the general public in a polite and effective manner. Ability to maintain discretion regarding business-related files, reports, and conversations, within the provisions of open records laws and other applicable State and Federal Statutes and Regulations. Ability to add and subtract, multiply and divide, and calculate percentages, fractions, and decimals. Ability to understand and carry out directions in a timely manner. Ability to operate a variety of office equipment such as computer, photocopier, computer printer, fax machine, telephone, etc. Ability to recognize and identify degrees of similarities or differences between characteristics of colors, forms, sounds, tastes, odors, textures, etc. associated with job-related objects, materials and ingredients. Ability to use functional reasoning and apply rational judgment in performing diversified work activities.

**Candidate Skills**

Bachelor’s Degree in a human services or financial related program with two (2) years of recent work experience in a human service or financial setting; or an Associate’s Degree in a financial or related field with four (4) years recent work experience in a human service or financial setting. Previous work experience with benefit programs and determining benefit eligibility preferred. Work experience must include direct
customer contact. Must have knowledge of and experience with computers. Must have strong interpersonal and customer service skills. Must have a valid driver's license.