**Job Description Template:**

**Health Center Outreach and Enrollment Coordinators or Managers**

*Overall Role and Scope of Responsibilities*

* To provide and create an environment that provides accurate, unbiased, impartial information that assists consumers (patients) with submitting their Federal or State-Based Marketplace, Medicaid, and Children’s Health Insurance program (CHIP) (hereafter “health coverage”) enrollment application. This includes clarifying information and helping individuals who qualify make informed decisions about plan selection.
* This is a key position whose main goal is to ensure organization, planning, and implementation of outreach and enrollment activities which has direct fiscal impact on our ability to provide comprehensive services to our patients. This role is essential to increasing our visibility in the community in order to increase our patient-base, increase our capacity, and expand opportunities for both patients and providers.
* Train and supervise Certified Application Counselors (CACs) and/or Navigators, Enrollment Assisters, Outreach staff, and Community Health Workers, as appropriate, to facilitate consumer (or patient) enrollment into health coverage. Working knowledge and experience with outreach and enrollment is recommended.
* To provide oversight, coordination, or management of the outreach, in-reach, and partner engagement activities for the purposes of facilitating enrollment in health coverage. This can include coordination of enabling services for health center patients.
* Ensure that outreach, in-reach, application assistance and enrollment facilitation of eligible patients and community members is implemented and resulting in coverage through health insurance programs, Medicaid, CHIP, and inclusive of presumptive eligibility, where necessary.
* This includes coordinating with marketing or other departments to allow for accurate, timely, and actionable messages are conveyed about coverage opportunities available.
* Provide oversight and design of outreach and in-reach strategies and overall implementation work plans to ensure access to health coverage and care. Establish and document workflows in order to ensure gaps in service delivery areas are met. This can include leveraging Plan Do Study Act (PDSA) tools to enable process improvement protocols.
* Serve as thought partner to staff and management in order to implement design-forward approaches that allow for self-directing staff who manage and prioritize their daily tasks, caseload management, client visits, walk-ins, outreach, and meet training requirements.

*Essential Core Duties*

* Coordinate and ensure that health coverage information and assistance given at the health center is impartial and that understanding basic concepts and rights related to health coverage for patients and how to use it is provided in culturally and linguistically appropriate ways to meet the needs the population served. This includes understanding complex medical, social, cultural, and environmental challenges commonly experienced by consumers (patients) who seek public health services including individuals with limited English proficiency, and ensuring accessibility and usability for individuals with disabilities. It means that they will provide assistance in the consumer’s preferred language and/or provide limited-English proficiency consumers with oral and written notices of their rights to receive language assistance services and how to obtain such services. If unable to provide culturally and linguistically appropriate assistance or ensure accessibility for individuals with disabilities, the health center must ensure that an appropriate referral is made for the consumer to another organization, such as a Navigator or the Marketplace call center, who can provide appropriate assistance.
* Maintain knowledge, expertise, and certification (when necessary), in eligibility, enrollment, and program specifications of the State-Based or Federal Marketplace and other health coverage programs such as Medicaid, CHIP, and presumptive eligibility.
* Organize, supervise, and coordinate implementation of outreach and in-reach strategies to promote the availability of health coverage and encourage enrollment of consumers (patients) particularly in communities that are under-served and under-represented in the current health insurance market, Medicaid, and CHIP.
* Review self-pay patient aging reports for coding and billing accuracy and ensure the proper sliding fee was applied or provide the opportunity to enroll that patient in coverage. Work with registration, accounting, and/or billing in order to ensure access to coverage where possible.
* Implement and provide quality improvement processes including performance reviews of outreach and enrollment staff, assessing for gaps in implementation of outreach and in-reach workplans, ensure compliance with existing policies and that staff and/or volunteers meet all training requirements.
* Continually build new relationships and maintain existing ones with current and future community entities that are providing services to consumers to promote health insurance coverage options.
* Provide referrals for consumers (patients) with questions, complaints, or grievances to any applicable office of health insurance consumer assistance or health insurance ombudsman, or any other appropriate state agency or agencies. This includes assisting consumers (patients) with marketplace decision appeals.
* Participate in regularly scheduled conference calls, meetings, and trainings in order to provide accurate, quality services. This includes participation in the Centers for Medicare and Medicaid Services (CMS) trainings and other required training to complete and maintain Navigator certification and to enhance outreach and enrollment expertise.
* Ensure timely elevation of consumer (patient) enrollment issues and provide updates to managers, sharing lessons learned in order to establish best practices, and proposing solutions or modifications to challenges with the marketplace application and/or online application for Medicaid and CHIP.
* Ensure the protection, data-sharing consent, and security of a consumer’s personal, confidential and identifiable information in a professional and responsible manner and carry out all measures to prevent from unauthorized disclosures.
* Provide health insurance literacy and patient follow-up is regularly conducted by health center staff resulting in continued enrollment and timely access to care.
* Create and conduct annual or regular community-based surveys to engage community members and patients in order to assess and plan for changing needs of the community served. For example, post-pandemic needs may include expanded virtual appointment opportunities and protocol changes that need to be implemented in order to increase patient demand for services.
* Provide data and other information necessary for CMS and other reporting requirements.

*Knowledge, Skills, and Abilities*

* Excellent communication skills and ability to build and maintain stakeholder relationships in order to serve diverse client populations and create referral networks.
* Leadership skills in supervision and management of staff and/or volunteers, including implementing performance metrics, workplans, and project management.
* Experience in taking initiative, critical problem-solving, ensuring data-driven decision-making protocols, delegating and assigning work to appropriate staff and/or volunteers.
* Knowledge of and experience with organizational policies, workflows, procedures, systems, and the reporting databases utilized by our health center.
* Able to implement and oversee training and proficiency in health insurance, health literacy, benefits access, application assistance best practices, and health promotional skills.
* Maintain Certified Application Counselor and/or Navigator training and certification status to supervise and/or perform duties as needed.
* Proficient in computer usage, including but not limited to Microsoft Office Suite, Adobe, databases, and capacity for online learning.

*Education and Experience*

* Demonstrate and maintain the standards and requirements of the Health Insurance Portability and Accountability Act (HIPAA) including knowledge of confidentiality practices for Personally Identifiable Information (PII) and Personal (also known as Protected) Health Information (PHI) standards.
* Agree to comply with all conflict-of-interest protocols set forth by federal or state governments.
* Degree and/or experience requirements based on employer.

*Physical Requirements*

This varies by position and health center. We recommend employers share what the physical requirements and technical expectations for the job will entail, along with whether the work is carried out remotely or in-person or a hybrid of both. For example: access to wi-fi, having one’s own working vehicle, walking, standing, bending, carry boxes to and from events, etc.

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