PXJ

Patient Experience Journal

Volume 4 | Issue 3 Article 11

2017

Maintaining public health insurance benefits: How primary care clinics help keep low-income patients insured

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Cover Page Footnote
Acknowledgments The authors gratefully acknowledge the Community Health Center leaders and staff who participated in this project, and want to give special recognition for contributions made by Sara Keller, MPH, MSW and Megan Hoopes, MPH. The authors are grateful for editing and publication assistance from Ms. LeNeva Spires, Publications Manager, Department of Family Medicine, Oregon Health & Science University, Portland, Oregon and preparation assistance by Ms. Claire Diener. Funding This work was supported by a Patient-Centered Outcomes Research Institute (PCORI) Award (308). All statements in this report, including its findings and conclusions, are solely those of the authors and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute (PCORI), its Board of Governors or Methodology Committee.

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PXJ Patient Experience Journal
Volume 4, Issue 3 – 2017, pp. 61-69

Research

Maintaining public health insurance benefits: How primary care clinics help keep low-income patients insured

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Abstract
Low-income families struggle to obtain and maintain public health insurance. We identified strategies used by Community Health Centers (CHCs) to assist patients with insurance applications, and assessed patients' receptivity to these efforts. Observational cross-case comparative study with four CHCs in Oregon. We observed insurance assistance processes, and interviewed 26 clinic staff and 18 patients/family members. Qualitative data were analyzed using a grounded theory approach. Patients' understanding of eligibility status, reapplication schedules, and how to apply, were major barriers to insurance enrollment. Clinic staff addressed these barriers by reminding patients when applications were due, assisting with applications as needed, and tracking submitted applications to ensure approval. Families trusted clinic staff with insurance enrollment support, and appreciated it. CHCs are effective at helping patients with public health insurance. Access to insurance expiration data, tools enabling enrollment activities, and compensation are needed to support enrollment services in CHCs.

Keywords
Health insurance, Medicaid, CHIP, patient and family experience

Note
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Introduction

Consistent health insurance coverage helps families meet their healthcare needs[1-4] and gaps in coverage are associated with reduced access to care, as well as poor health outcomes.[5,6] State-based public health insurance programs, such as Medicaid and the Children's Health Insurance program (CHIP), require beneficiaries to "re-determine" benefit eligibility every 6-12 months,[7] meaning patients must re-apply (so the state can verify eligibility). As a result, despite efforts to make the application process easier,[8,9] some families struggle to stay enrolled.[10,11] Often, applicants do not understand the insurance enrollment and redetermination processes[12,13] and long, complicated applications create additional barriers, especially for those with low literacy skills.[14-16]

Community Health Centers (CHCs) serving low-income populations are well-positioned to support patients navigating the complexities of the public health insurance application process and prevent lapses in patient insurance

coverage.[17] Some CHCs have specialized staff called Enrollment Assistants, dedicated to such efforts. Enrollment Assistants help families with eligibility for public health insurance and guide them through the application process. Our team previously described the workflows, tasks, and documentation needs of CHC site-based Enrollment Assistants.[18] Yet, despite calls for healthcare organizations like CHCs to play a larger role in helping patients enroll in public health insurance,[19] patient perceptions of the strategies employed by CHCs and their attitudes towards receiving such assistance is poorly described in existing literature. To address this gap, we present qualitative findings on patients' perceptions and receptivity to insurance application assistance provided by CHC site-based Enrollment Assistants.

Methods

We conducted an observational, cross-case comparative study using qualitative methods to understand how patients experience CHC-based assistance with health insurance coverage. This study was conducted within the context of a larger mixed methods study that evaluated the uptake and impact of electronic health record (EHR) based tools for supporting clinic staff in assisting pediatric patients to enroll in public health insurance.[20] Despite the larger study's initial focus on tools designed to assist pediatric patients with insurance enrollment, findings about the enrollment experiences and needs of adult family members also emerged. The Institutional Review Board at Oregon Health & Science University approved this study protocol.

Participants

Four Oregon CHCs, located in urban and rural settings, participated in this study. CHCs were selected based on interest and propensity score matching on patient panel size, % Medicaid patients, and % Hispanic patients.

Within these CHCs, we selected two groups for participation in this study: practice members and patients. We purposively selected practice members who represented a wide range of practice roles (e.g. managers, clinician, clinician and non-clinical staff, enrollment assistants) to participate in interviews. All practice members invited, agreed to participate in an interview (n=26).Adult family members who had at least one pediatric patient, who were enrolled in Medicaid or the Children's Health Insurance Program (CHIP), who spoke English or Spanish, and who visited the practice for a visit with their child during study days were invited and agreed to participate in an interview (n=18).

Data Collection

Data collection occurred between July 1, 2013 and September 30, 2013. A small team of experienced qualitative researchers conducted 2-3 day site visits at each clinic to observe insurance and enrollment assistance processes, and to conduct semi-structured interviews (see Appendix A) with clinic staff who provided patient insurance assistance. During these interviews, participants were asked about their site's approach to enrollment assistance, how their role fit into the process, and about their experiences assisting patients and families with the insurance applications. Clinic staff who participated in these interviews were compensated for their time with $5 gift cards. In addition, adult family members of at least one pediatric patient were interviewed about their experiences getting assistance with public health insurance enrollment. Family members were recruited for these interviews via referrals from clinic staff or by approaching families in the clinic waiting rooms before or after their child's visit. Family members were compensated with $35 gift cards. Study team members debriefed at the end of each site visit day to discuss information gleaned, refine data collection tools, and monitor for saturation.

Data Management

Interviews were audio-recorded, professionally transcribed, and reviewed for accuracy. Interviews conducted in Spanish were professionally transcribed in Spanish, then translated into English. Field observers took notes and created fieldnotes from these annotations. All data were de-identified and entered into Atlas.ti (Version 7.0, Atlas.ti Scientific Software Development GmbH, Berlin, Germany).

Analysis

Led by an expert in qualitative research, our multidisciplinary research team began analysis by reading fieldnotes and listening to interviews, as a group, to identify text related to the experiences of patients applying for public health insurance. We identified emerging themes, established a codebook for classifying text, and regularly discussed patterns within these findings. Once our codebook was stable, we divided the remaining transcripts, individually coded, and met weekly as a group to discuss, debate, and refine our process. We used patient and staff data to understand patients' fears about eligibility, barriers to the assistance process, and the help patients perceived to be most useful. We then analyzed the sorted data to identify which enrollment process steps were particularly challenging for families and how families benefitted from health insurance enrollment assistance provided by their clinic.

Results

Study clinic characteristics are shown in Table 1. Selected clinic staff (*e.g.,* front desk staff, provider team members, administrative staff) had direct responsibilities related to patient insurance. All four clinics had Enrollment Assistants dedicated to assisting patients with health insurance application processes, adhered to the same

Table 1. **Clinic Characteristics**

	Clinic 1	Clinic 2	Clinic 3	Clinic 4
Clinic Setting	Rural	Urban	Suburban	Rural
# Enrollment Assistants	1	1	2	1
# Patients	11,411	10,052	7,333	8,393
% Patients who are Spanish speakers	34.7%	26.8%	30.5%	76.2%
% Patients uninsured	38.8%	29.8%	34.8%	45.6%
% Patients enrolled in public health insurance	53.3%	69.0%	63.2%	48.9%

eligibility guidelines, and thus, used similar assistance models. They tailored the type of assistance provided based on family circumstances and needs but, in general, they provided help such as: determining eligibility and/or guiding patients through application processes (*e.g.,* assistance with completing the application forms, understanding requirements, and providing appropriate documentation).Below, we describe details regarding each of these types of assistance patients needed to secure public health insurance, what Enrollment Assistants did to meet this need, and how patients viewed this assistance.

Determining eligibility

Some families, particularly those in which some members may be undocumented immigrants, were hesitant to apply for public health insurance even for eligible family members. Medicaid and CHIP cover individuals but not families, so it was possible for some family members to qualify for insurance while others did not. For example, an Enrollment Assistant told a story about helping one family with six children but only the youngest child was eligible for public health insurance. The Enrollment Assistant helped the family understand health care costs and the access implications of insuring one family member while also helping to assuage fears about applying:

> They were so afraid to apply because they're undocumented. [So I said], "But this child could be covered for their insurance, and everybody else could still be seen here [at this CHC] but that's one less expense. This child could come to the doctor and get their well-child check as needed. Your kids [are] not going to be able to go to school if they don't get their vaccines." It was very difficult for them but they did finally do the application. It's...very difficult with our population because they're so worried about their status and what could happen to them (Enrollment Assistant, Clinic 1).

Guidance through the application process

Enrollment Assistants helped families who needed assistance determining which sections of the application were relevant to the family's circumstances and needed to be completed. For example, Enrollment Assistants highlighted required sections and crossed out sections not applicable:

> [The patient is] looking to complete his public health insurance application and has brought some necessary documentation with him…. The patient tells the Enrollment Assistant he likes coming to her...because she explains the process and helps more than the other clinics. She goes through the application with him and crosses off things that don't need to be filled out and asks him to sign a few things that do. She also has written an explanation about his income based on...his new business (Fieldnotes, Clinic 2).

Enrollment Assistants also helped with income documentation for families whose earnings came from self-employment or cash industries (*e.g.*, farm work, construction). These families needed help identifying the income documentation required since these earners may not receive standard paystubs, or have consistent income statements. For example, we observed one Enrollment Assistant searching through a stack of documentation from a family who owned a business:

> The mom can't find the right income document in the stack, but the Enrollment Assistant does. Mom seems relieved. There is quite a bit of paper spread out over the desk. The Enrollment Assistant groups it together [so it] doesn't look quite as scary [and] begins to fill out the form the state sent.... It looks like a bookkeeping breakdown: how much the business spent on gas, utilities, purchasing new materials, paying employees, etc. She

> [says] this process is so much more difficult for self-employed patients. It's much easier to just work with a paystub (Fieldnotes, Clinic 1).

In addition, Enrollment Assistants also advised families about factors that could disrupt the insurance application process:

> The Enrollment Assistant fills in the name of the dad's business in the form. She's hand-writing it in. She asks the mom what type of business it is. It's construction. She asks her how many hours he worked last month, but Mom doesn't know….
>
> The Enrollment Assistant says that if they leave this part blank, the caseworker will send it back, and that will delay the process even more (Fieldnotes, Clinic 1).

This helped families avoid potential mistakes that would trigger unnecessary steps in the application process, and lead to delays in insurance approval.

Patients' experiences

Patients, especially Spanish speakers, reported poor prior experiences with public health insurance application assistance when seeking it from the state or organizations other than their clinic. For instance, one said, "[Other places] always give me things that later I do not understand. So many papers that one fills out" (Adult Family Member 7, Clinic 4). Families reported their application assistance needs were not addressed in the past:

> [The state] hasn't helped me. They used to help [but] now they want me to fill it out. Even though I know how to read Spanish, sometimes I don't understand [and] the ladies there don't want to help like before (Adult Family Member 6, Clinic 4).

In contrast, participants reported being pleased with the application assistance provided by their clinic. One participant said, "When something [in the application] is missing or we do not know how [to do something] we come here and they help us" (Adult Family Member 1, Clinic 3). Participants also reported seeking help from their clinic with other tasks, and perceive their CHCs to be a trusted resource for help with state and federal documents in general. For example:

> "Well, the clinic helped me, even to have some citizenship tests done. I received help from my doctor with filling out the forms. I am very happy with the involvement of the doctors in our lives as well" (Adult Family Member 5, Clinic 2).

Often, adult family members reported being patients at the clinic prior to receiving health insurance and they felt welcomed at the clinic regardless of ability to pay. While uninsured they were able to pay on a sliding scale which also helped them to develop trusting relationships with clinic staff:

> I didn't have a job anymore, so I was looking for clinics with a sliding scale…. I always try to find one particular doctor that I like the way they treat my kids; then...I'll follow that doctor--even if I have to travel (Adult Family Member 14, Clinic 1).

Due to the positive relationships formed with their clinics and with clinic staff, adult family members found it to be easier to seek assistance with insurance applications and they were also more willing to receive reminders of when insurance was due to expire:

> I think if they knew they could tell you, "Hey, your insurance is going to end next month…you might want to call and figure something out," that would be a good idea…just to give you a heads up so you're not left in the dark and then all of a sudden you get that letter [stating insurance has expired]…. (Adult Family Member 4, Clinic 4).

Discussion

Health insurance improves access to healthcare and health outcomes,[4,5] but public health insurance enrollment processes are complicated[13,14] and families struggle to maintain coverage.[9,10]CHC Enrollment Assistants were valuable resources for families applying for public health insurance. The assistance these Enrollment Assistants provided helped families understand the process and avoid mistakes and delays while patients valued their advice and their pragmatic, hands-on application assistance.

While enrollment assistance from clinics has been identified as one way to enhance post-Affordable Care Act (ACA) public health insurance coverage enrollment,[21,22] we believe this study is the first to identify the specific types of assistance that families found most useful. Furthermore, while it is known that patients form trusting relationships with CHC site staff,[23,24] this study adds to the literature by showing that patient general trust of their CHC is key to acceptance of CHC support for their own health insurance enrollment. This trust enabled families to discuss sensitive issues such as immigration status and private information such as income documentation with clinic staff. As a result, Enrollment Assistants could encourage and help

families to apply for insurance when they might otherwise have chosen not to even apply. This health insurance application assistance also helped keep families insured.

Our study shows that it is feasible for clinics to help keep patients insured and that patients appreciate proactive outreach from CHC staff when their insurance is due to expire. With adequate compensation and support for enrollment activities, such as access to insurance coverage data, CHCs are well-positioned to reduce the burden that state caseworkers may experience when assisting clients with insurance applications, particularly those in states implementing Medicaid expansion. State Medicaid expansions have broadened eligibility to include thousands of new patients and thus, will likely increase state caseworkers' caseloads. CHCs benefit from enrolling these patients too; since many clinics, like those that participated in this study, offer care regardless of a patient's ability to pay, it is in their financial interest to help as many patients as possible get and stay insured. Those located in Medicaid expansion states benefit by conducting outreach to existing uninsured patients who may be eligible under the new guidelines but were previously ineligible for enrollment under the old criteria. Assistance services can be provided with the provision of adequate resources, such as the Health Resources and Services Administration's (HRSA) Health Center Outreach and Enrollment Assistance Program, which encourages clinics to track public health insurance enrollment numbers by providing financial assistance to expand enrollment services like those described here. Clinic-based health information technology (HIT) resources have the potential to significantly increase the efficiency of Enrollment Assistants by helping clinic staff to identify families in need of insurance application assistance, complete new applications for insurance, track the enrollment records of the families they have previously worked with, and to identify when families are due to re-apply. A suite of EHR-based tools to help clinics perform these tasks, and make the necessary information available to take a proactive approach to helping patients maintain benefits, could significantly reduce gaps in patients' insurance coverage while easing the clinic's financial burden of uninsured patient visits.

As previously mentioned in our methods, this analysis was conducted as part of a larger research mixed methods study to identify the HIT needs of clinic Enrollment Assistants as well as other staff. Preliminary study results have informed the initial development of a suite of EHR-based tools to fill these needs.[18] Analyses are ongoing to assess the effectiveness of such tools and whether these resources will have a positive impact on insurance coverage rates and health outcomes.[20,25]

Limitations

In order to protect clinic staff and patient privacy, we did not collect identifying information about interview participants. Thus, we were unable to look at findings across individual demographic groups. Since all four CHC sites were from a single state, assistance models across the sample shared similarities. Patients in different states conforming to state-specific enrollment and redetermination regulations and policies may have different experiences. However, since Medicaid and CHIP programs are federal programs, many state program requirements will be comparable.

Hearing from many Spanish-speaking adult family members, particularly about their unique insurance application needs and barriers, was a strength of the study. However, Spanish language interpreters were provided by the study clinics and data collection was subject to their skill and experience. Use of these interpreters may have affected researchers' opportunities to follow up on some participant responses.

Hoping to reach people who likely used or had heard about the enrollment assistance service, we recruited adult family members from study clinic waiting rooms. Thus, we did not speak to adult family members who do not visit the clinic so there may be other views that did not surface. The on-site interviews were designed to be focused and concise. At the last and smallest clinic, only one adult family member was interviewed. We strengthened our findings by comparing what we learned from patient interviews with what was learned from clinic observations.

Conclusions

Since the ACA expanded Medicaid to millions of Americans, it is important and opportune to understand and to disseminate the enrollment assistance that eligible families need and want to reduce gaps in patients' insurance coverage and to ease the financial burden of uninsured patient visits. Further research on clinic-based enrollment and retention in state-based health insurance programs is essential.

Funding

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Appendix A

Pre-Implementation Semi-Structured Interview Guide–Adult Family Member

The questions below are the general topic areas we will explore with interview participants. These questions will be modified in light of what is learned during clinic observation and to fit the expertise of the interviewee. This guide represents a comprehensive list of questions; all of which may not be asked of every interviewee.

Opening: Thank you for participating in this interview. We are creating tools for the clinic that your child goes to. We are trying to help families find and keep health insurance for their children. We would like to ask you some questions to figure out the most helpful way for your child's clinic to do this.

1. **First, please tell me about yourself:** Possible probes:
   - How far did you go in school?
   - How many children do you care for? How many children live with you?
   - What is your relationship to the children (parent, grandparent, etc.)?
   - How long has your child been a patient here?
   - Other experiences

2. **Tell me about your family's health insurance history?** Possible Probes:
   - When did you first get health insurance?
   - Have you always had health insurance? Or, has your health insurance coverage stopped and started?
   - Does your family have health insurance right now? If so, by whom?
   - Is your child currently insured? If yes, then by whom? (HealthyKids, private insurance, etc.)

3. **Can you think of a time when your child did not have health insurance? If so, did you try to get your child health insurance? Why or why not?** Possible Probes (if no gaps):
   - Have you done anything to make sure that you had health insurance all of the time? If yes, what did you do?
   - What would you do if your health insurance stopped?

4. **Have you ever gotten help with insurance at this clinic?**
   a. Yes: Please tell me more about that experience.
      i. What did they do?
      ii. How did they help you KEEP insurance for your children? Were there other things you needed help with?
   b. No: Skip to five

5. **Please think about the people in your community (family, friends, religious leaders, schools, health care providers**). **Have any of these people helped with your health insurance for your children?** Possible probes:
   - Tell me about your experience there.
   - How has {fill in blank} helped you? What did they do?
   - How did they help you KEEP your insurance?
   - Were there other things you needed help with? What steps have you taken to enroll/keep health insurance? Tell me about that process.

6. **How might your child's doctor or clinic help you with health insurance for your children?**
   - In what ways would you look to the clinic for assistance?
   - What types of assistance would be helpful to receive here?
   - How might the clinic help you KEEP health insurance for your children?
   - What if the clinic were to track your health insurance. What would you want them to do with that information? What if someone were to help you with the forms?
   - If patient doesn't think the clinic might be a source of help: How might [insert place] help you with health insurance for your children?

7. **Please think about the last couple of times you went to the doctor. When you and your child come to the clinic for a visit, when is the best time to talk about your child's health insurance coverage?**

8. **Now, please think about how your doctor or clinic staff contact you when you are not at the clinic. If someone from your clinic wanted to contact you about health insurance, what would be the best way to do that?** Possible probes:
   - Would you like phone call reminders, letters, text message and/or emails?
   - Of these methods, which is the best way to reach you? Why?

9. **This clinic has recently started using an online program that gives you access to your medical record and your children's medical record, and allows you to communicate with your providers. Are you familiar with this? Have you ever heard of MyChart? Have you ever used MyChart? If yes, please tell me about your experiences using MyChart.**

Pre-Implementation Semi-structured Interview Guide–Staff

The questions below are the general topic areas we will explore with interview participants. These questions will be modified in light of what is learned during clinic observation and to fit the expertise of the interviewee. This guide represents a comprehensive list of questions; all of which may not be asked of every interviewee.

Opening: Thank you for participating in this interview. We are creating computer-based tools to help families obtain and maintain public health insurance for their children. We would like to ask you some questions to identify the most helpful ways for the clinic to use these tools and to be involved in this process. We are talking with you today because we are interested in your experiences with delivering healthcare to patients in this clinic. During this interview, I will ask you to tell me a little bit about yourself and your thoughts and experiences with the work that you do in this clinic and how you use the electronic health record to take care of patients. I expect this interview to take about 20 minutes.

1. **First, please tell me about yourself.** Possible probes:
   - Professional background
   - Role in clinic
   - Prior work experience – how you came to be working at this clinic
   - How often do you take care of children?
   - Other experiences

2. **Please think about some situations where you've been working with a child's family that doesn't have insurance. Can you walk me through the process of how your clinic handles it when a child's insurance is lapsed.** Possible probes:
   - How did you learn that this child didn't have insurance?
   - How does the clinic typically identify a child that doesn't have insurance? In what other ways does this happen? Are there other ways? [probe until all methods are identified]
   - Once the patient has been identified, what the next step in the process?
   - Tell me about your experiences speaking with families whose children are uninsured?

3. **Please think about times when you've checked a child's insurance status. Can you describe the times when you do this?** Possible probes:
   - What other times do you do this?
   - Why is it important to know the child's insurance status?
   - In what ways does this information shape the visit with the patient and his/her caregiver?
   - In what ways to you think this affects the clinical workflow?
   - What other health care professionals are involved (e.g., social worker)?
   - What happens when a patient needs services outside of this clinic?

4. **How do you advise or assist patients/families with their medical insurance?** Possible probes:
   - Children
   - Adults

5. **What systems do you have in place to identify children whose insurance is going to lapse?** Possible probes:
   - Can you tell me about your role your in this process?
   - Tell me about your experiences recording and changing insurance information for children and their families?

6. **What features in the electronic health record would help you advise or assist patients/families with their medical insurance?** Possible probes:
   - How might it assist with patients whose insurance is about to lapse?
   - How might it assist you with patients whose insurance has already lapsed?

7. **How might clinic staff help advise or assist patients/families with their medical insurance?**

8. **How do you currently use patient lists, registries, or panel in your job?** Possible probes:
   - What kind of patient lists/registries/databases do you use?
   - What kind of information do they contain?
   - How do you use them?
   - How do you use the electronic health record in combination with these patient lists to do your job?

9. **How do you currently communicate with patients when there is some information you need to share or something they need to come back to the clinic for?** Possible Probes:
   - Phone
   - Email
   - Letter
   - MyChart

10. **If you were to have a way to reach out to patients to alert them about insurance, how would you do that?** Possible Probes:
    - What would tools do?
    - Who would use them?
    - When would they be used?
    - We would like you to take a look at some of the ideas we had and let us know if they would work for you (We will describe the tools we plan to implement and ask for specific feedback). We would also like any additional ideas you have.

11. **Tell me what you know about the Oregon Health Insurance Exchange (Cover Oregon).**

12. **What else would you like to share?**

Thank you so much for your time.