The Final Countdown:
Fifteen Days Until Open Enrollment

Jenny Sullivan
Director, Best Practices Institute
September 16, 2013
Overview

I. About Enroll America and Get Covered America

II. Enrollment Basics:
   - Who is eligible?
   - How do they enroll?

III. Messages that Work

IV. Providers: Essential to Successful Enrollment
I. About Enroll America and Get Covered America
Our Mission

Maximize the number of uninsured Americans who enroll in health coverage made available by the Affordable Care Act

Two-fold Strategy

1. Promoting Enrollment Best Practices
2. National Enrollment Campaign Using Cutting Edge Engagement Strategies
Sampling of Our Partners
How We Work

- National Partner Outreach
- Communications
- State Assistance
- Operations
- Constituency
- Data
- Digital
- Best Practices Institute
- Outreach

Enroll America
Enroll America’s Campaign

GET COVERED AMERICA

Your health. Your choice.

www.getcoveredamerica.org
Campaign Strategies and Tactics

- Strategic Partners
- Community Engagement
- Data & Results Driven
- Earned Media
- Digital & Social Media
- Paid Media
- Surrogates
State Presence

As of September 16, 2013

Staff on the ground
Working with partners

Alaska
Hawaii
II. Enrollment Basics:

- Who is eligible?
- How do they enroll?
The 2014 Enrollment Opportunity

Enroll at least 16 million people in new coverage options

- 7 million in Exchange ("Marketplace") coverage
- 9 million in Medicaid or CHIP

Source: May 2013 CBO estimates
Who are the Eligible Uninsured?

30% of all uninsured have a mental health or substance use disorder.

**Federal Poverty Level**
- 8% (0-138%)
- 38% (139-400%)
- 53% (401%+)

**Age Distribution**
- 0-18: 14%
- 19-25: 19%
- 26-34: 21%
- 35-54: 35%
- 55-64: 11%

**Race Distribution**
- White: 25%
- Black: 16%
- Hispanic: 14%
- AAPI: 4%

Source: Centers for Medicare and Medicaid Services’ (CMS) analysis of the 2011 American Community Survey (ACS)
The National Landscape

Alaska: [State Color]
Hawaii: [State Color]

Partnership Marketplace
State-based Marketplace
Federally Facilitated Marketplace

M = Governor supports Medicaid expansion/expansion likely

As of September 16, 2013

[Map Legend]
Coverage Options Depend on State Decisions

<table>
<thead>
<tr>
<th>States that Expand Medicaid</th>
<th>138% of poverty</th>
<th>400% of poverty</th>
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<tbody>
<tr>
<td>Medicaid</td>
<td>0-138% of poverty</td>
<td>Marketplace with Tax Credits</td>
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<tr>
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<td>139-400% of poverty</td>
<td>Marketplace without Tax Credits</td>
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<table>
<thead>
<tr>
<th>States that Don’t Expand Medicaid</th>
<th>Medicaid cutoff 100% of poverty</th>
<th>400% of poverty</th>
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</thead>
<tbody>
<tr>
<td>Medicaid* w/out Tax Credits</td>
<td>Marketplace with Tax Credits 100-400% of poverty</td>
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<td>Marketplace without Tax Credits &gt;400% of poverty</td>
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*Medicaid eligibility levels vary by state and population. Marketplace coverage without tax credits is available for individuals ineligible for Medicaid with income <100% of poverty.
Marketplace Eligibility

1. Eligible for the Marketplace?
2. Eligible for Tax Credits?
3. Eligible for Cost Sharing Subsidies?
Eligible for the Marketplace?

US Citizen or legal immigrant

• Undocumented immigrants are not eligible to buy a plan through the marketplace

Not incarcerated

• Incarcerated individuals are not eligible to buy a plan through the marketplace
Eligible for Tax Credits?

Eligible for the Marketplace

No affordable, adequate offer of job-based coverage

- Consumers with affordable, adequate offers of job-based coverage cannot get tax credits

Not eligible for Medicaid, CHIP, Medicare, etc.

Income <400% of the federal poverty level (FPL)

- Tax credits between 138-400% FPL
- 400% of poverty = $44,680 for a single adult, $92,200 for a family of four
Refundable, Advanceable Tax Credits

• Qualify for assistance based on projected income for following year
• Amount of assistance based on sliding-scale
• Can take all or part in advance
  o Do not have to wait until file taxes to get the tax credit – apply the credit to the cost of monthly premiums
  o If taken in advance, tax credit goes directly to health plan consumer chooses
• Reconciliation process at tax filing time
Eligible for Cost Sharing Subsidies?

Eligible for the Marketplace

Income <250% of poverty

- About $28,000/year for a single adult
- About $58,000/year for a family of four

Must purchase “silver” level plan from the exchange
Requirements for ALL States

A Single, Streamlined Application

- One application for Medicaid, CHIP, the Marketplace
- Available in online, phone, and paper

Use Modified Adjusted Gross Income/No Income Disregards

Eliminate Asset Tests

Eliminate In-Person Interview Requirements

Use Electronic Verification to the Greatest Extent Possible

Regardless of exchange type or Medicaid expansion!
Single, Streamlined Application

Consumers can connect to whichever program they are eligible for, no matter where they start.

- Complete single application
- Determine eligibility
- Enrolled in correct program!
Enrollment Process

- Can enroll online, by phone, in person, or using paper application
  - Data-driven system that integrates eligibility across programs
- Give basic info about self and household
  - Contact information and who’s applying for coverage
  - Income/types of income
  - Number of people in household
  - Citizenship/immigration status
  - If have affordable coverage now

Or, enroll in Medicaid or CHIP

Pick a plan, amount of tax credit to receive in advance, enroll!
III. Messages that Work
Increasing Awareness...

...but many of the uninsured still don’t know

Source: Enroll America

PERCENT OF UNINSURED AWARE

November 2012: 22%
June 2013*: 45%
August 2013*: 57%

*Source: Kaiser Family Foundation
Almost all (91%) believe health insurance is necessary or very important.

Cost and affordability are the biggest barriers.

Financial & health security are the biggest motivators.

Deep skepticism & confusion among consumers.
All insurance plans will have to cover **doctor visits, hospitalizations, mental health and substance use disorder services 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.**

One of these = **top message** for **89%** of population.
Past Experiences Seeking Coverage

44% have shopped for insurance outside their job

67% have been uninsured for 2 years or more

Source: Enroll America, November 2012
Three out of four of the newly eligible want in-person assistance to learn about and enroll in coverage.

Help gets them from here...

Confused
Overwhelmed
Worried
Helpless

...to here.

Secure
Confident
Reassured

Source: Enroll America, November 2012
Help, I Need Somebody!

What Kind?
- Qualify for financial help? 55%
- Finding the best plan 52%

From Whom?
- State employee... 45%
- Family member 37%
- Doctor or nurse 36%
- Health insurance... 35%

How?
- In-person 75%
- Telephone 33%
- Email 20%
- Online Chat 9%

Where?
- Agent/broker's office 29%
- Family/friend's home 27%
- Clinic/doctor's office 22%
- Medicaid office 21%

Source: Enroll America, November 2012
## Navigator Duties: Make Things EASIER

<table>
<thead>
<tr>
<th>E</th>
<th>Expertise (Medicaid, CHIP, QHPs)</th>
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<tr>
<td>A</td>
<td>Accessibility (cultural, linguistic, people w/disabilities)</td>
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<td>S</td>
<td>Selecting a plan (facilitating)</td>
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<td>Impartiality</td>
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<td>Education</td>
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<td>Referrals</td>
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Certified Application Counselors

- Integral part of ensuring adequate assistance, especially in states with fewer federal resources
  - Important role for CBOs, providers, hospital staff, health centers, etc.

- Training provided by the exchange

- Funding
  - No federal funding for CACs, but Medicaid administrative match available for Medicaid CACs (23 states fund now, but Nevada does not)
  - Flexibility for private funding

- Must disclose conflicts, but fewer prohibitions than navigators, IPAs
  - Agree to “act in best interest of the applicant”

- Must make info accessible to people with disabilities

- No obligation to do outreach
IV. Providers: Essential to Successful Enrollment
How Can Providers Help?

Train staff on four key messages

- Clinicians and outreach, administrative staff

Consider getting staff trained as Certified Application Counselors

Identify Navigators and other assisters who can help

- Partner with a local organization and develop referral relationships
- Offer space in your office for assisters to meet with patients

Spread the word!

- Include information about healthcare.gov and the hotline on your voicemail, on-hold message, and website
- Hang posters in waiting room
Outreach Best Practices

I. Identify your strengths
II. Identify your target
III. Build an outreach plan
IV. Identify essential skills for staff
V. Utilize consumer tested messages
VI. Follow up, follow up, follow up
Build On Your Strengths

- Who does your organization currently reach?
- What programs and resources currently exist?
- How can services be coordinated and integrated?
- What is the outreach program’s goal?
  - Reach specific ethnicity?
  - Geographic region?
  - Age?
  - Demographic?
Follow Up, Follow Up, Follow Up

Plan

Act

Check

Do
Using Four Key Messages

• Arm your staff with these four messages
  - Clinicians and physicians
  - Outreach Staff
  - Administrative Staff

• Use EA Provider Fact Sheet to inform messaging to patients
More Resources

Visit Us For More Information On:

- Best practices in outreach & enrollment
- Messaging research
- Mapping tools
- Outreach toolkits
- News and events
- ...and more!
Questions?

Jenny Sullivan
Jsullivan@enrollamerica.org