You, and the State of Enrollment

Health Action 2018
Agenda

State of Enrollment
- Heather Bates, NAHAA
- Karen Pollitz, Kaiser Family Foundation
- Liz Hagan, NAHAA

Q & A

NAHAA Introduction
- Lisa Olson, Wisconsin Primary Care Association, CCHI, NAHAA

Celebrate & Network at the Dubliner!
The State of Enrollment
Consumer Assistance in Health Insurance: Where We’ve Been and What Lies Ahead?

2018 Health Action Conference
National Association of Health Access Assisters (NAHAA) Workshop
January 25, 2018

Karen Pollitz, Senior Fellow
Kaiser Family Foundation
Inspired by predecessors:

- State health insurance ombudsman programs (e.g., CA, CT)
- Health advocacy units established by State Attorneys General (e.g., MD)
- Independent, nonprofit consumer assistance and advocacy programs (e.g., ME, Medicare Rights Center)
- Medicare SHIP
- FQHC and public health department community health workers
- Connecting Kids to Coverage outreach and enrollment campaign

Intended to create a new, permanent capacity within the health coverage system to:

- Help consumers understand health coverage options, rights, responsibilities
- Help consumers enroll in coverage, financial assistance
- Help consumers resolve post-enrollment problems and questions
- Help regulators monitor consumer experiences and improve oversight
Consumer assistance capacity under the ACA: CAPs

- State independent offices of health insurance consumer assistance/ombudsman (CAPs)
  - Permanently authorized (§1002)
  - Initial appropriation of $30 million
  - Serve all state residents (group and non-group coverage and uninsured)
  - Duties:
    - Public education and outreach
    - Enrollment assistance
    - Post enrollment assistance, including help filing grievances and appeals, resolve problems obtaining premium tax credits
    - Collect data on consumer problems; Secretary shall use such data to identify enforcement priorities and share data with other state/federal regulators
- Established in 2010; 36 operating as of March 2016
Marketplace enrollment assisters (Navigators)
  – Permanently authorized, required by law in every marketplace (§1311(i))
  – Funded through Marketplace operating revenue
  – Duties:
    • Public education and outreach
    • Enrollment assistance
    • Refer consumers to CAPs for help filing grievances and appeals
    • Provide information in a manner culturally and linguistically appropriate

Additional in-person assister programs established by regulation and federal contract:
  – Certified Application Counselors (CACs)
  – Federal Enrollment Assistance Program (FEAP)
Figure 8

Types of Marketplace Assister Programs, 2016

- Certified Application Counselor (CAC) 65%
- Federally Qualified Health Center (FQHC) 24%
- Navigator 10%
- Federal Enrollment Assistance Program (FEAP) 1%

Total Number of Assister Programs = 5,094

Distribution of Marketplace Assister Programs and Consumers Helped by Program Caseload Size

Assister Programs
- Large (>1,000 helped): 23%
- Midsize (100-1,000 helped): 47%
- Small (Up to 100 helped): 30%

Consumers Helped
- Small (Up to 100 helped): 1%
- Midsize (100-1,000 helped): 19%
- Large (>1,000 helped): 80%

Total Number of Assister Programs = 5,094
Total Number of Consumers Helped = 5.3 million

Figure 10

Reasons Consumers Sought Help, 2014 - 2016

Share of Assister Programs reporting “most” or “all or nearly all” consumers sought help for the following reasons:

- Lacked confidence to apply on their own
- Help understanding plan choices
- *Limited understanding of ACA
- *Help renewing coverage
- *Income/household questions
- Medicaid-related questions
- Lack internet at home
- *Technical problem with website
- Needed translation services

<table>
<thead>
<tr>
<th>Reason</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacked confidence to apply on their own</td>
<td>79%</td>
<td>79%</td>
<td>80%</td>
</tr>
<tr>
<td>Help understanding plan choices</td>
<td>68%</td>
<td>77%</td>
<td>82%</td>
</tr>
<tr>
<td>*Limited understanding of ACA</td>
<td>61%</td>
<td>52%</td>
<td>76%</td>
</tr>
<tr>
<td>*Help renewing coverage</td>
<td>47%</td>
<td>42%</td>
<td>51%</td>
</tr>
<tr>
<td>*Income/household questions</td>
<td>44%</td>
<td>42%</td>
<td>61%</td>
</tr>
<tr>
<td>Medicaid-related questions</td>
<td>35%</td>
<td>31%</td>
<td>49%</td>
</tr>
<tr>
<td>Lack internet at home</td>
<td>41%</td>
<td>38%</td>
<td>26%</td>
</tr>
<tr>
<td>*Technical problem with website</td>
<td>18%</td>
<td>17%</td>
<td>18%</td>
</tr>
<tr>
<td>Needed translation services</td>
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</tbody>
</table>

* Reasons that have statistically significant changes between 2014 to 2016.

Assister Program Clients Needing Help Understanding Basic Insurance Concepts, 2015-2016

Among your Program’s clients who considered or purchased QHPs, how many needed help understanding basic insurance terms, such as “deductible” or “in-network service”?

*Significantly different from 2016 at the 95% confidence level.

NOTE: Data may not sum to 100% due to rounding.

Figure 12

Post-Enrollment Problems Assister Programs Encountered, 2016

- Didn’t receive insurance card: 72%
- Didn’t receive premium invoice: 60%
- Coverage was terminated: 59%
- Help understanding how to use health insurance: 58%
- Provider not in network: 55%
- Missed/late premium payment: 54%
- Can't afford deductible, other cost sharing: 53%
- Consumer feels s/he picked wrong plan: 50%
- Prescription drug not covered: 38%
- Claim denied: 29%
- Other health care benefit or service not covered: 25%
- No post-enrollment problems seen so far: 3%

Figure 13

Average Time Assister Programs Spent Helping New and Renewing Consumers, 2016

New Consumers
- Less Than 1 Hour, 15%
- 1-2 Hours, 66%
- 2-3 Hours, 14%
- 3+ Hours, 2%

Renewing Consumers
- Less Than 1 Hour, 54%
- 1-2 Hours, 41%
- 2-3 Hours, 5%

Share of Programs Reporting Demand for Consumer Assistance Exceeded Capacity, 2014-2016

- **Entire Open Enrollment Period**
  - 2016: 21%
  - 2015: 19%
  - 2014: 37%*

- **Last Two Weeks of Open Enrollment**
  - 2016: 20%
  - 2015: 22%
  - 2014: 49%*

*Significantly different from 2016 at the 95% confidence level.

Marketplace assister programs and brokers tend to serve different populations with different needs

<table>
<thead>
<tr>
<th></th>
<th>% of Assister Programs</th>
<th>% of Brokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Few or no clients required language translation help</td>
<td>54%</td>
<td>85%</td>
</tr>
<tr>
<td>Few or no clients lacked internet at home</td>
<td>24%</td>
<td>60%</td>
</tr>
<tr>
<td>Helped Latino clients</td>
<td>76%</td>
<td>48%</td>
</tr>
<tr>
<td>Most or nearly all clients were uninsured when sought help</td>
<td>56%</td>
<td>30%</td>
</tr>
<tr>
<td>Most or nearly all clients could qualify for Medicaid</td>
<td>42%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation 2016 Survey of Health Insurance marketplace Assister Programs and Brokers
Federal funding for in-person marketplace consumer assistance (Navigator and FEAP), 2014-2018

- Year 1 (2013-2014): $84 million
  - Navigator: $67 million (67%)
  - FEAP: $17 million (20%)
  - Navigator: $60 million (67%)
  - FEAP: $29 million (33%)
- Year 3 (2015-2016): $96 million
  - Navigator: $67 million (69%)
  - FEAP: $29 million (31%)
  - Navigator: $63 million (76%)
  - FEAP: $20 million (24%)
- Year 5 (2017-2018): $37 million
  - Navigator: $37 million (100%)
  - FEAP: $0 million (0%)

The Henry J. Kaiser Family Foundation
Figure 17

Changes in Federal Marketplace Navigator Program Funding, 2016-2017

NOTE: Data may not sum to 100% due to rounding.
SOURCE: 2017 Preliminary FFM Navigator Funding Awards as of September 13, 2017
Figure 18

Cumulative healthcare.gov plan selections by week (millions)

Source: CMS Open Enrollment snapshot data.
Success, Challenges, and a Look Forward

Liz Hagan, Associate Director of Policy
A Successful Open Enrollment Period

Trump Administration Sharply Cuts Spending on Health Law Enrollment
By ABBY GOODNOUGH and ROBERT PEAR  AUG. 31, 2017
Sharon Barker, an enrollment counselor for the Affordable Care Act, setting up her information booth at a gym in Nashville, Tenn., this summer. Joe Buglewicz for The New York Times

Obamacare Sign-ups at High Levels Despite Trump Saying It’s ‘Imploding’
By ROBERT PEAR  DEC. 21, 2017
Kelley Mui helped a client sign up last week in Chicago for health insurance through the Affordable Care Act. The number of people who signed up through the federal marketplace was only slightly lower than last year despite a shorter enrollment time. Scott Olson/Getty Images

Source: The New York Times
Leading Up to OE5...

- Cuts to Marketing and Advertisements
- Last Minute Cuts to Programs
- Prioritizing Agents and Brokers
- Negative Rhetoric
- Consumer Confusion
Common Themes

- Partner Support
- Press Attention
- Prioritizing Enrollment

- Outreach and In-Reach
- Consumer and Partner Education
- Word of Mouth, Trust, and Consistency
Remaining Challenges

- Sustainability and Fundraising
- New Rules and Laws
- Rhetoric around Affordable Care Act
- Uncertainty about OE6
- Consumer Questions
- Data and Sharing Your Value
What is Left to do?

Plan, Plan, Plan!
Advocating for the role of assisters
Continued programming

And the list goes on....
Questions?
NAHAA Introduction
MISSION:
The National Association of Health Access Assisters elevates, advances and advocates for the Health Access Assister profession. The goal is to promote and support the work of our members who help *individuals, children and families gain, use, and retain* high quality health care and coverage.

*Become a member today at* [nahaa.org](http://nahaa.org)
NAHAA Steering Committee: connect to learn more!

Lisa Olson  Wisconsin
Mark Diel  California
Jodi Ray  Florida
Daniel Bouton  Texas
Jessie Menkens  Alaska
Deepak Madala  Virginia
Jennifer Simmons  North Carolina
Jeb Murphy  Maine
Elba Gonzalez-Mares  California
Shelli Quenga  South Carolina
Maggie Norris-Bent  Delaware
Why the phrase “Health Access Assisters?”

Health Access Assisters are a gateway to the health care delivery system all year.

<table>
<thead>
<tr>
<th>Outreach</th>
<th>Enrollment (ACA, SEPs, Medicaid, CHIP)</th>
<th>Public Education</th>
<th>Renewal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeals</td>
<td>Provider Networks</td>
<td>Health Insurance Literacy</td>
<td>Trusted Messengers</td>
</tr>
<tr>
<td>Formularies</td>
<td>Vision/Dental</td>
<td>Connecting to Resources (e.g. Food, Housing)</td>
<td>Costs</td>
</tr>
<tr>
<td>Tax Credits</td>
<td>Referrals</td>
<td>Partner Engagement</td>
<td>Coverage</td>
</tr>
<tr>
<td>Follow Up</td>
<td>Storybanking</td>
<td>Language Translation</td>
<td>Tracking/Identifying Trends</td>
</tr>
</tbody>
</table>
NAHAA Key Priorities

Communicate the value assisters provide by collecting and analyzing qualitative & quantitative research.

Develop and secure sustainable funding to properly resource assisters and enrollment (and post-enrollment) work nationally.

Provide effective training and best practices to increase & retain enrollment, and meet consumer healthcare needs.

Advocate at the federal level, and support member advocacy at the state and local levels, on policy issues impacting both assisters and consumers in the legislative and regulatory arenas.

Create space & opportunities to enhance membership support and community.
The NAHAA Experience

- Networking
- Training
- Policy
- Visibility
- Capacity Building
- Best Practices
- Learning Tables
- Growth Opportunities
- Advocacy

MEMBER INPUT DRIVES DIRECTION

National Association of Health Access Assisters
Enrollment Workshops

Make the Money Follow You:
Diversifying Funding Models to Support Consumer Assistance

NAHAA: You, and the State of Enrollment

Tell Your Program Story: Upholding Your Place in the
Health Care Landscape

Hot Topics: Health Access Assisters Exchange & World Café Discussion
Next Steps

1) Network with us!
2) Sign up!
3) Collaborate!
4) Get in Touch!
5) Become a Member!
Contact Us

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