



NC Get Covered Coalition Meeting Notes
Friday, March 6, 2015, 10:00 a.m. to 12:00 p.m.
NC Hospital Association
2400 Weston Parkway, Cary, NC 27513

Open Enrollment 2 Debrief

Stephanie Owens, Senior Advisor, HHS Region IV, congratulated North Carolina for the work that has been done to enroll people in the Federal Marketplace.

Lee Dixon, Project Director, NC Get Covered, invited NC Get Covered partners to share some of their successes, challenges, and recommendations moving forward. Below is what was shared.

Sorien Schmidt, Enroll America

- Haven't completed our internal debrief, but I have some of our numbers.
- From May through the end of open enrollment, Enroll America's staff and volunteers had conversations with over 22,00 people. It was difficult until about September to engage people in the ACA and around the Special Enrollment Period.
- Planned and advertised enrollment events throughout enrollment period.
- Tried to schedule activities to shorten the flatline over the holidays, which lasts a full month during OE1. Aimed to hold enrollment events on the 10th of January so it wouldn't take until the 16th to catch up.
- 11,000 people completed commit cards; 11,000 were reached by phone.
- Harder to get volunteers all the way through, not just the Special Enrollment Period. During OE1, Enroll America had 1,400 volunteers; we had 600 during OE2. The newness was gone and some of the organizations we worked with changed priorities. Volunteers were more engaged during OE2 and worked more shifts, so we still achieved a lot of work.
- NC collaborates incredibly well, but how the collaboration looks varies from place to place.
- Enroll America did a better job working with other community organizations to collect Commit Cards and make phone calls – e.g., churches and Delta Sigma Theta Sorority.
- The Get Covered Connector continues to be a very important tool for us in NC – posted more appointments sooner and maintained them consistently, as compared with other states using the Connector. North Carolina posted over 37,000 appointments; 14,000 were filled.
- Since May, over 350 earned media clips between Enroll America and Large Mouth Public Relations. From OE1 to OE2, about a dozen trainings and media events, including multilingual media. We provide instruction on how to do a well-run enrollment event with sophisticated sign in and sign out.

- In Wake, Durham, and Johnston counties, earned media drove people to events. We will have more data based on control groups and comparisons of how our work impacted people in our system vs. those who didn't get call backs or see an assister.

Carla Obiol, NC Department of Insurance

- Staff has been working with clients who are experiencing problems, along with BCBSNC, Coventry and UHC
- Not overwhelmed by number of consumers, which means in-person assisters are doing a great job.
- Those who come to the Department of Insurance have already enrolled/ We're engaged in referring folks to Navigators (Susan Nester). We make sure folks who land at DOI are getting to the right place/ 50 calls per month. We'll be hit with more calls in March and April/ working with CMS.

Sherry Hay, UNC Family Medicine

- We are a CAC and work with a slew of volunteers/students/partners from the community.
- Healthcare.gov was much more functional, lots of folks did it on their own.
- Response from call center has been very positive. Wasn't new this year like it was last year
- Tried to integrate some of our existing resources, like the media, to help those efforts.
- Thought enrollment events were successful/ saw over 100 people in our region at those events/ completed onsite appts.
- Conducted both inreach and outreach (partnership with Legal Aid). Looked at data/ saw increased number of enrollments.
- Keep the message as clear as possible.
- Have as much time for Open Enrollment as possible/holiday created issues.

Cindy Clark, NC Hospital Association

- Rural hospitals face significant challenges/different from more urban hospitals.
- Changes in payment models/non Medicaid expansion putting a strain on cost models.
- Rural communities hesitant to share financial information with hospital. Although a hospital might've had a CAC on staff, easier to share with a trusted resource like someone at a church or H&R Block. Want to see more CACs and Navigators in rural areas.
- Some hospitals reported not understanding how to use the enrollment site – they would get to a certain point and not be able to complete enrollment. Some not as savvy/ don't have Electronic Medical Record yet.
- 50% of patients falling in Medicaid gap – fear this is having a dampening effect on enrollment.
- Identifying partners was difficult/ community partners having trouble connecting with health system as well – importance of strengthening online connectors/resources (grant from KBR – had trouble identifying resources)
- Want to see more education and resources for underinsured to help them use their insurance – Increase in ED utilization for non-emergency issues / Can now go to a PCP instead of ED

- Rural hospitals are amenable to having a CAC or Navigator working in their facility. (Norma Marti, DPH: NC Office of Rural Health has a perfect example of this in Halifax County.)

Lafayette and Susan Miller Jones, SMSi

- Dearth of African American and Latino agents to help/formed collaboration with about 40 agents.
- 70 business partners, including Goodwill stores, churches, barber shops - Go after targets where they are in large numbers.
- Partnered with OTC beauty stores/Beauty World – Made deals with merchants.
- Last year assisted with signing up 3,000 people.
- Website got better because it worked.
- We thought people in the call center were terrific/getting better but wait is still too long.
- Education still needs to be in the forefront of what we're doing. Publication used for awareness building – put 100,000 on the street

Jo Ellen Needham, Randolph Hospital

- Assistors working with hospitals
- Our experience in the ER was not successful/ being housed closer to financial officer worked better.
- Hospital Home Health social workers refer people to us/people like having us separate
- Screen for ACA/ if don't qualify, refer them out/ connect them with financial counselors

Liz Gallops, Allegacy Benefit Solutions

- We have members who have done anywhere from several thousand to a dozen or so enrollments, varies widely across our members.
- OE2 far easier/website and contact center as well.
- Recommendations – 1) tobacco status is pre-filled with a “no”/People should have to make an active choice; 2) separate agent contact line; 3) letter circulating through congress – asking for greater flexibility in system for effective dates/ folks aging off parents' plans go without coverage until first of the month/would be nice to have more flexibility for folks aging off as well as newborns; 4) put SHOP feature back on the homepage; 5) petition to IRS to make changes to 125 Plan/Give families the ability to maximize their dollars.
- Barriers – Incorrect information coming from the Marketplace – 834 form/ some issues with the website when folks are eligible for Cobra/ site kicking them out when we know they're eligible.

Jennifer Grady, BCBSNC

- NC has been a real success story/ still looking at data but we have some gains again.
- Statewide effort to educate people about statewide coverage/participated in community events/ retail stores and other avenues/ outreach to the Hispanic community
- Had one Open Enrollment under our belt and lessons learned
- First time members renewed/some challenges but successful overall

- Continue to struggle with cost being an issue/ would like to see a redetermination option to have APTC calculated automatically

Stephanie Owens – What operational or policy challenges have you experienced and would like to see changed before OE3?

Jan Plummer, Mountain Projects, Inc.

- Everything is not as transparent as it should be on the Marketplace/ e.g., discrepancies between the formulary for plans that we're offering to people and what's posted on the website (e.g., medication for children with ADD)

Debra Owens, Capital Care Collaborative

- Navigator last year/ only do ACA policies for all 3 carriers
- People using email who have never used it before. Once you get into that system, it's a joy/Getting there is what's difficult (username and password a problem).
- We could qualify a lot more people if you could discount the folks in the family who don't need coverage.

Ralph Gildehaus, MDC

- New SEP for people who become eligible – e.g., get a job and go over 100% FPL – Great change! Will make time outside enrollment period better.

Sorien Schmidt, Enroll America

- Crossing from one year to another will raise the problem where people's tax credit may continue over the year even though the Silver policy (baseline for subsidy) might have changed and their plan premium/ automatically enrolled/ will come in January and see their premium has gone up and they're stuck in this cycle where they can't make up the difference (phantom premium). Bummed that we have to work with the holiday and phantom premium.

Jan Plummer, Mountain Projects, Inc.

- Seeing more people that fall into a certain financial place that can't get a tax credit because second lowest Silver plan is considered affordable for people who don't get the tax credit.
- Second lowest now an HMO and less costly than BCBS plan – causes problems for people who are less than 230% FPL/still can't get subsidy because second level Silver plan is affordable/least restrictive plan vs. using an HMO? Maybe a mean or an average?

Crystal Holman, Project Access Durham

- Family glitch one of the most unfortunate situations outside of the Medicaid gap/a lot of people could be insured if not for this family glitch/not affordable for the family

Norma Marti, DPH

- Should align release of FPL information with enrollment.

Andy Landis, Concerned Citizen

- Don't think enough thought or discussion has gone into the adverse consequences of a lot of people shopping primarily by price/people will want to change carriers/plans – Not good for the consumer or ACA program if too much of that takes place.

Sorien Schmidt, Enroll America

- As we go into SEPs, will we use the new 2015 FPLs or 2014?
- A: Stephanie Owens - I will double-check but it should be whatever is in effect federally at the time/ but it will switch in the middle of SEP, won't it? Let me check and get back to you.

Stephanie Owens – If you have something to share but not with the group, please email me at Stephanie.Owens@hhs.gov. The Secretary takes this information very seriously/ information you're sharing with me will go back to our team as we discuss possible changes and RFP for Navigators.

Debra Owens, Capital Care Collaborative

- Not perfect but it's a miracle!

Stephanie Owens – 5th anniversary of the ACA is on March 23 – Applaud yourself for the work you're doing.

Ricardo Perez, Hispanics in Philanthropy

- In a state where the Latino population has grown from 1% to 20%/ Wonderful for people who hadn't been insured but will be challenging to get more people enrolled in the multicultural community/even more complicated because we haven't resolved the immigration issues.

Jeff Spade, NC Hospital Association

- Thank you, Stephanie. You heard from Cindy that we've been doing a lot of work in rural areas but it's an area that is still underserved and in need of resources.
- Would like to suggest that the Office of Rural Health Policy/HRSA provide funding/resources for outreach and enrollment in rural areas.

Sorien Schmidt, Enroll America

- I second what Jeff said/we have staff in 8 counties but they actually serve 29/ we need more boots on the ground/great job getting more CACs

Norma Marti, DPH

- Every time you put out an RFP, e.g., Baby Love, our job is to connect with Navigators/ Have to come down through a lot of those levels for those states that don't have the ability to have government Navigators/include in RFP

Lafayette Jones, SMSi

- Great opportunity to tie into agents because they're business people.

Lee Dixon, NC Get Covered, presented on the Tax SEP and asked what others were doing.

- Working with AARP/VITA – 105 sites have NCGC flyers in English and Spanish/tax preparers can give this flyer to a consumer who faces a penalty

- Information about tax filing assistance posted on www.ncgetcovered.org
- If you'd like a copy of the flyer or VITA site locations, please contact Lee Dixon (ldixon@caresharehealth.org) or Willona Stallings (wstallings@caresharehealth.org).

Crystal Holman, Project Access Durham

- Trying to partner with local VITA sites in Durham and other tax preparers to see if we can set up a table during their busiest times/working with Aaron White from Enroll America.

Sorien Schmidt, Enroll America

- Talking to partners at the local level – all tax preparers, not just VITA – about what the SEP is and how it will work/encouraging them to contact us or NC call center or Get Covered Connector/more difficult to get them in the room to talk about SEP than OE in general – can't just go to the library, for example.
- In Charlotte, already have relationships with larger VITA sites + drop boxes.

Adam Linker, Co-Director of the NC Justice Center's Health Access Coalition, presented on the King v. Burwell Supreme Court Case.

- Consequences: 7.5 million would lose Premium Tax Credit in FFM states/255% increase in the cost of a FFM consumer's premium