

Health Insurance Marketplace: Enrollment 3.0

**April M. Washington, MMPA
Public Affairs Specialist, Region IV
U.S. Department of Health & Human Services**

**Deric Gilliard, Public Affairs Specialist, MPA
U.S. Department of Health & Human Services**

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Session Topics

- Accomplishments of Open Enrollment 2.0 Region IV
- Lessons Learned
- Ongoing Outreach
- Marketplace OE.3



National Enrollment Highlights

- **Of the more than 16.4 million :**
 - 54 percent are female and 46 percent are male;
 - 36 percent are under age 35;
 - 28 percent are between the ages of 18 and 34;
 - 69 percent selected a Silver plan, while 20 percent selected a Bronze plan; and,
 - 87 percent selected a plan with financial assistance.



REGION IV ENROLLMENT

Over 3.5 Million

State	Enrollment	New Consumers	Financial Assistance
Alabama	231,440	54%	89%
Florida	1,596,295	55%	93%
Georgia	541,080	55%	89%
Kentucky	106,330	26%	69.3%
Mississippi	104,538	56%	93%
North Carolina	560,357	51%	92%
South Carolina	210,331	58%	88%
Tennessee	231,440	53%	82%



REGIONS II, III and VI ENROLLMENT

State	Enrollment	New Consumers	Financial Assistance
New Jersey	254,316	48%	83%
Delaware	25,036	51%	83%
Ohio	234,341	47%	84%
Texas (R6)	1,205,174	57%	85%
Louisiana (R6)	186,277	58%	89%



11 Million fewer uninsured Americans

- The number of uninsured U.S. residents fell by more than 11 million since the enactment of the Affordable Care Act, marking the lowest level measured in more than 16 years.
- The most dramatic change took place in comparing 2013 with the first nine months of 2014.
- As the health care law's major coverage expansion was taking effect, the number of uninsured people fell by 7.6 million over that time, [according to a Centers for Disease Control and Prevention.](#)



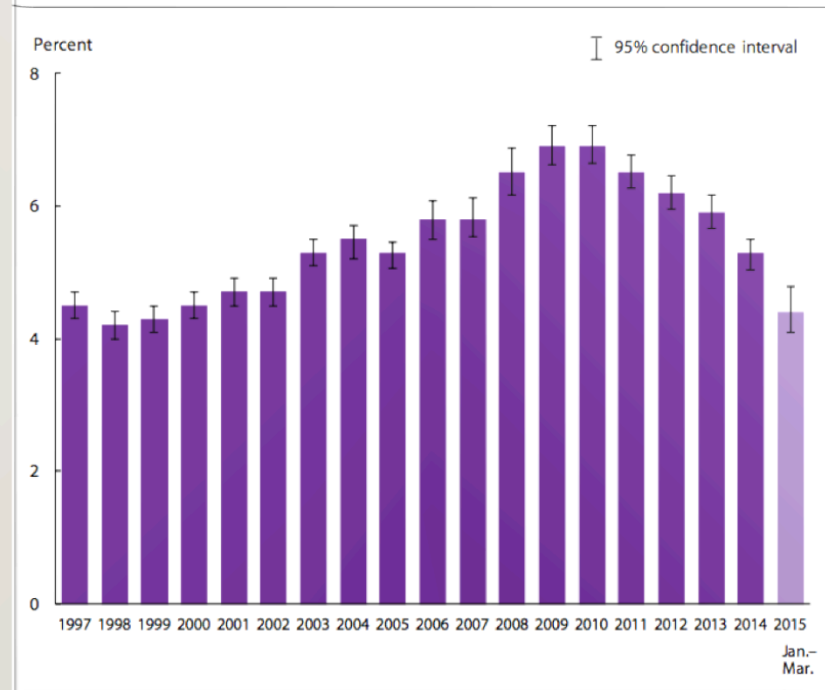
Fewer Americans Uninsured

- In the first three months of 2015, the CDC reported, the rate of people without health insurance stood at **9.2 percent**.
- That's down from **11.5 percent** in the same period in 2014, and represents a **20 percent** reduction in the uninsured rate over the past year.
- In absolute numbers, **29 million people** lacked health insurance in early 2015, compared with **36 million people** in 2014.
- That number reached a high **48.6 million** in 2010, the year the ACA was signed into law by President Barack Obama.



CDC Report

Figure 3.1. Percentage of persons of all ages who failed to obtain needed medical care due to cost at some time during the past 12 months: United States, 1997–March 2015



NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. The analyses excluded persons with unknown responses to the question on failure to obtain needed medical care due to cost (about 0.2% of respondents each year). See [Technical Notes](#) for more details.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 1997–March 2015, Family Core component.

For January–March 2015, 4.4% (95% confidence interval = 4.09%–4.79%) of the population failed to obtain needed medical care due to cost at some time during the past 12 months, which was lower than the 2013 estimate of 5.9%.

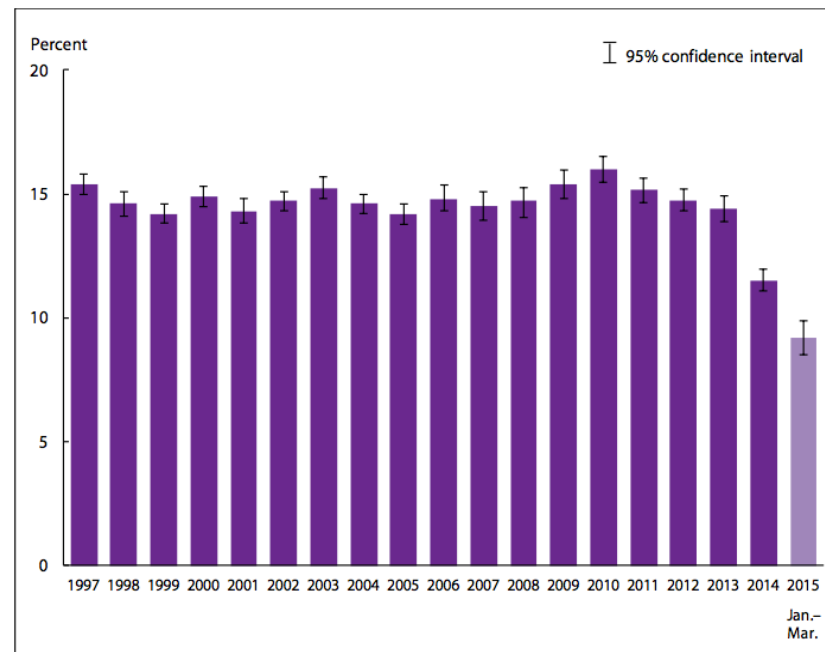
The percentage of persons who failed to obtain needed medical care due to cost increased from 4.3% in 1997 to 6.9% in 2009 and 2010, and then decreased to 4.4% in January–March 2015.



CDC Report

Lack of Health Insurance Coverage and Type of Coverage

Figure 1.1. Percentage of persons of all ages without health insurance coverage at the time of interview: United States, 1997–March 2015



NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan at the time of interview. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. The data on health insurance status were edited using an automated system based on logic checks and keyword searches. For comparability, the estimates for all years were created using these same procedures. The resulting estimates of persons without health insurance coverage are generally 0.1–0.3 percentage point lower than those based on the editing procedures used for the final data files. The analyses excluded persons with unknown health insurance status (about 1% of respondents each year). See [Technical Notes](#) for more details.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, 1997–March 2015, Family Core component.

- For January–March 2015, the percentage uninsured at the time of interview was 9.2% (95% confidence interval = 8.52%–9.90%), which was lower than the 2014 estimate of 11.5%.
- The percentage uninsured at the time of interview decreased from 16.0% in 2010 to 9.2% in January–March 2015.



CDC Highlights

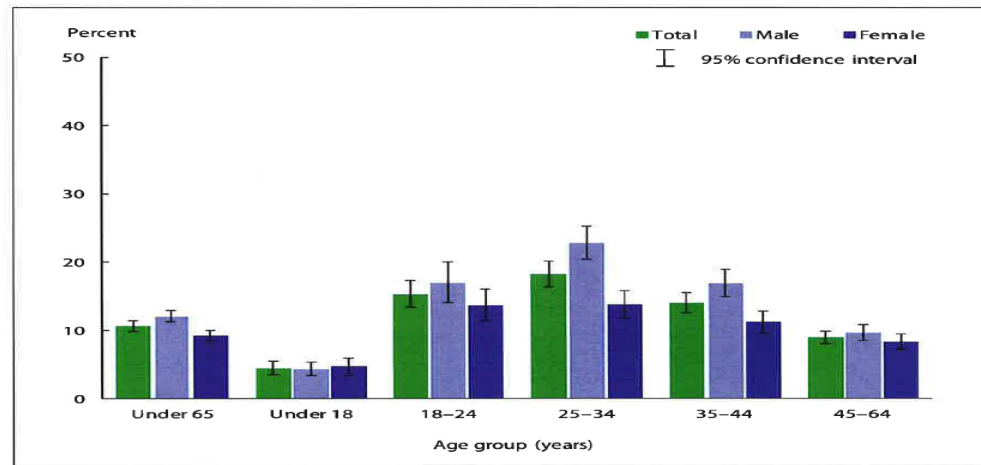
- Persons aged 18–24 and 25–44 were the least likely to have a usual place to go for medical care.
- Children under age 18 were more likely than adults in age groups 18–24, 25–44, and 45–64 to have a usual place to go for medical care.
- Among those aged 25 and over, the percentage of persons having a usual place to go for medical care increased with age.
- For persons of all ages combined, as well as for age groups 25–44 and 45–64, females were more likely than males to have a usual place to go for medical care.



Age-sex adjusted of persons without health insurance

Early Release of Selected Estimates Based on Data From the National Health Interview Survey, January–March 2015

Figure 1.2. Percentage of persons under age 65 without health insurance coverage at the time of interview, by age group and sex: United States, January–March 2015



NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. A person was defined as uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan at the time of interview. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. The data on health insurance status were edited using an automated system based on logic checks and keyword searches. The resulting estimates of persons not having health insurance coverage are generally 0.1–0.3 percentage point lower than those based on the editing procedures used for the final data files. The analyses excluded the 1.0% of persons with unknown health insurance status. See Technical Notes for more details.

DATA SOURCE: CDC/NCHS, National Health Interview Survey, January–March 2015, Family Core component.

- For both sexes combined under age 65, the percentages uninsured at the time of interview were highest among persons aged 25–34 (18.3%) and lowest among persons under age 18 (4.6%).
- Adults aged 25–34 were more likely than adults aged 18–24, 35–44 and 45–64 to lack health insurance coverage.
- For all persons under age 65 and for adults in age groups 25–34 and 35–44 males were more likely than females to lack health insurance coverage at the time of interview.



CDC Highlights


- After adjustment for age and sex, the percentages of persons with health insurance were:
 - 82.3% for Hispanic persons
 - 88.9% for non-Hispanic white persons, and
 - 87.1% for non-Hispanic black persons.
- Of the three race/ethnicity groups, Hispanic persons were the least likely to have a usual place to go for medical care.
 - ❑ *DATA SOURCE: CDC/NCHS, National Health Interview Survey, January–March 2015, combined Sample Adult and Sample Child Core components*




Top Markets and Demographic Markets

	2014 Top Markets – Tier 1	2015 Top Markets – Tier 1	2015 Hispanic Markets	2015 Af-AM Markets
1	Dallas-Ft. Worth	Dallas-Ft. Worth	Miami-Ft. Lauderdale	Atlanta
2	Houston	Houston	Houston	Houston
3	Miami-Ft. Lauderdale	Northern New Jersey	Dallas-Ft. Worth	Dallas-Ft. Worth
4	Atlanta	Chicago	Brownsville	Miami-Ft. Lauderdale
5	Phoenix	Miami-Ft. Lauderdale	Northern New Jersey	Northern New Jersey
6	Northern New Jersey	Atlanta	San Antonio	Chicago
7	Tampa-St. Pete	Philadelphia	Chicago	Philadelphia
8	Orlando-Daytona Beach	Phoenix	Phoenix	Raleigh-Durham
9	Detroit	Tampa-St. Pete	El Paso	Detroit
10	San Antonio	Orlando-Daytona Beach	Tampa-St. Pete	Memphis

Key

 Three occurrences

 Two occurrences

OE3 Outreach and Engagement

OE3 will be more data driven; focus on priority markets; new focus on micro-targeted consumer segments for new enrollment; emphasis on re-enrollment within key demographics and emphasis on ensuring the ACA stands the test of time.

- Improve surrogates, earned media, digital and partnerships
- Amplify new stories of successful “use” of healthcare
- Integrate Coverage 2 Care , Preventive **Services/HealthySelf** and “The Future of Health Care” messaging to help stakeholders institutionalize ACA as a part of their business practice and not an additional “annual campaign”
- Target engagement of new leaders of newly identified OE3 consumer segment
- Find ways to formalize the coalition coordination for sustainability

OE3 Outreach and Engagement

- Earned Media
 - New relationships with local media personalities for events and social media amplification. Use media as partners not just reporters.
 - Engage more local leaders in earned media
 - Use more stakeholder leadership as surrogates in local markets
 - Engage communications staff from key stakeholders partners to target amplification and tailor messages to their constituents
 - Tell more stories about successful use of coverage
- Strategic Engagement
 - Identify and develop new sector specific relationships that align with consumer segmentation targets (e.g. men, hospitality/service associations, employment companies, contractors and builder associations, realtors)
 - Convene and educate new partners on ACA
 - Encourage new stakeholders to become CACs
 - Engage more youth of non-English speakers for access to parents

Enroll and Re-Enroll

Consumers taking charge of their healthcare

- Nationwide, of the 4.2 million consumers who were re-enrolled in 2015 Marketplace coverage, more than half came back to the Marketplace, updated their information and actively selected a plan.
- And of the 2.2 million active re-enrollees, 1.2 million switched to a different plan than they had in 2014.
- This is a much higher proportion of active plan selections than what we see in other programs, such as Medicare Part D or in employer-sponsored coverage.



OE3 – Enrollment Theme Weeks

August – September

- August 2015 Key Goals/Milestones: Back-to-School and youth focus, targeted at youth enrollment in Medicaid/CHIP, students losing school-based insurance SEP, and #BornIn89 efforts focused on turning 26 SEP
- **Week of August 3rd: Engage K-12 and College/University Leadership**
- **Week of August 10th: Focus on Community Health and Health Centers**
- **Week of August 17th: Back to School Training**
- **Week of August 24th: #BornIn89 Push for Turning 26 SEP**
- September 2015 Key Goals/Milestones: Mental health, suicide prevention, and substance abuse recovery focus; continuing to amplify SEP opportunities and beginning to amplify that open enrollment is approaching
- **Week of August 31st: Back to School Training**
- **Week of September 7th: Having or Adopting a Child SEP Push and Mental Health Partner Recruitment**
- **Week of September 14th: Hispanic Heritage Month and Health Amplification**
- **Week of September 21st: Mental Health and Suicide Prevention Amplification**

OE3 – Enrollment Theme Weeks

October - November

- **October 2015** *Key Goals/Milestones: Amplifying the benefits of the ACA for women, beginning a full transition to enrollment focus*
- **Week of September 28th: Women’s Health Focus**
- **Week of October 5th: Coalition and Local Partnership Building Focus**
- **Week of October 12th: Countdown to Enrollment Focus**
- **Week of October 19th: Countdown to Enrollment Focus**
- **Week of October 26th: Countdown to Enrollment Focus and Launch**
- **November 2015** *Key Goals/Milestones: Amplify that open enrollment has begun; targeting key constituencies for new enrollment and re-enrollment*
- **Week of November 2nd: Open Enrollment Has Begun**
- **Week of November 9th: Women’s Week of Action**
- **Week of November 16th: LGBT Week of Action, Native American Week of Action**
- **Week of November 23rd: Thankful for Coverage Theme and Faith Focus**

OE3 – Enrollment Theme Weeks

December - January

- **December 2015** - *Key Goals/Milestones: Amplify that open enrollment has begun; targeting key constituencies for new enrollment and re-enrollment with a hard focus on deadlines*
- **Week of November 30th: Give the Gift of Health Care and Re-Enrollment Theme**
- **Week of December 7th: Re-Enrollment and Enrollment Deadline Push**
- **Week of December 14th: Deadline Push**
- **Week of December 21st: Give the Gift of Health Care**
- **Week of December 28th: Health and Wellness/New Year's Resolutions Focus**
- **January 2016** - *Key Goals/Milestones: Continue to amplify open enrollment with target constituencies with a hard focus on deadlines*
- **Week of January 4th: Health and Wellness/New Year's Resolutions Focus/Faith Focus**
- **Week of January 11th: African-American Week of Action, Latino Week of Action**
- **Week of January 18th: Young Invincibles Week of Action, AAPI Week of Action, Providers Week of Action, MLK Weekend of Service and Faith Focus**
- **Week of January 25th: Deadline Focus and Strong Final Push**

Navigator Funding

- **CMS awards \$67 million in Affordable Care Act funding to help consumers enroll in affordable Marketplace coverage in 2016**
- In a recent [survey](#), 4,600 assister programs consisting of more than 30,000 staff and volunteers helped Marketplace consumers find affordable coverage during the second Open Enrollment period.
- **Open enrollment starts on Nov. 1, and runs through Jan, 31, 2016, giving consumers three full months to shop, with coverage beginning as early as Jan. 1, 2016.**

Navigator Grantees 2015

Florida	\$9,950,222.00	Community Health Interventions & Sickle Cell Agency, Inc.
		Epilepsy Foundation of Florida, Inc.
		Meridian Behavioral Healthcare, Inc.
		National Alliance for Hispanic Health
		Pinellas County
		The Public Health Trust dba Jackson Health System
		University of South Florida
Georgia	\$3,925,069.00	National Alliance for Hispanic Health
		Boat People SOS, Inc.
		Georgia Association for Primary Health Care, Inc.
		Georgia Refugee Health and Mental Health
		Health Care Central Georgia dba Community Health Works
Mississippi	\$963,091.00	Oak Hill Missionary Baptist Church Ministries Incorporated; University of Mississippi

Region IV Navigator Grantee Cont.

North Carolina	\$3,603,077.00	Alcohol/Drug Council of North Carolina
		Legal Aid of North Carolina, Inc.
		Mountain Projects, Inc
		Randolph Hospital, Incorporated
South Carolina	\$1,580,018.00	Beaufort County Black Chamber of Commerce
		Palmetto Project, Inc.
Tennessee	\$1,783,575.00	Family & Children's Service
		Wellmont Foundation, Inc.

Region IV Navigator Grantee Cont.

Alabama

- \$ 1,365,024
- AIDS Alabama, Inc.
- Tombigbee Healthcare Authority



Lessons Learned

- Combination of paid, social, earned, and grassroots outreach drove enrollment
 - Reinforce key dates and messages across all channels
- Follow up -- ongoing direct consumer communication was valuable
- Go digital – social media
- Engage partners -- provide resources for partners/plans to leverage (marketplace.cms.gov) and feedback loop to share information
- Leverage shared resources

Best Practices: Latino Strategy

- With the generous support of Kate B. Reynolds Charitable Trust, (\$15,000) *NC Get Covered* has implemented a robust Latino Outreach and Enrollment Strategy and hopes to expand this year's activities with a request for \$50,000.
- The purpose of *the NC Get Covered Latino Mini-Grant Program* is to help build the capacity of Latino community-based organizations that are involved in ACA outreach, education and enrollment activities across the state, including rural communities. Such activities might include:
 - Providing culturally-sensitive and linguistically-appropriate education to Latinos in their community regarding the Health Insurance Marketplace; their eligibility; and how to access local, state and national resources for enrollment
 - Helping those who are ineligible for coverage through the Federal Marketplace to access safety net resources

Best Practices Cont.

- Collaborating with in-person assisters in their local area to enroll consumers in the Health Insurance Marketplace
- Hosting an enrollment event
- Becoming trained as Get Covered America Communicators
- Becoming a Certified Application Counselor organization and participating in available trainings related to qualifying legal statuses, etc.
- Helping the newly insured understand their benefits and how to navigate the healthcare system
- Collecting personal stories from the newly insured regarding the value of having health insurance
- Working with local Spanish-language media

Best Practices: Partnership Tactics

Doug Hoffman, a navigator for Enroll Alabama and a former hospital administrator, culled county-level data for the state's 17 least served communities and shared it broadly with the various coalition stakeholders.

- Data supplied included the county average enrollment percentage, local enrollment assister contract information, any other resources available.
- Stakeholders then discussed the findings on the weekly calls and identified tactics and personnel to address boosting the enrollment numbers.
- They then used this data to target churches and CAC organizations to provide more assistance. The data was also broken out into Medicaid Regions based on our Medicaid reform effort.

Best Practices: Reaching African Americans

Georgia-based navigators formed a partnership with The Center for Black women's Wellness (CBWW), which is a community-based, non-profit organization committed to improving the health and well-being of Black women and their families and the economic health of communities.

- CBWW serves about 2,000 people annually in the metro Atlanta area. Their target population includes African American women and their families.
- Outreach Workers are utilized to connect individuals to services. Advocates, family support workers, and health educators are also utilized to provide information and link families to services.
- CBWW has experience referring clients to agencies that provides benefits screening and enrollment services.
- In addition to a strong grassroots outreach presence, CBWW uses social media, phone-line, word-of-mouth, small media (ex: brochures), and agency referrals to educate the public about its services.

Marketplace Enrollment Maps

Enroll America has developed an interactive map that provides county-by-county data collected by HHS that shows the number of and proportion consumers who enrolled in marketplace plans in the 37 states that used Healthcare.gov.

Orange County, FL

Total Plan Selections: 108585

Application Plan Tax Credit (APTC)

Total 100474 (92.5%)

➤ Consumer Type

New - 60139 (55.4%)

Active - 32243 (29.7%)

Auto - 16203 (14.9%)

➤ Cost Sharing Reductions (CSR)

Total - 82801 (76.3%)

Plan Type

Platinum - 4673 (4.3%)

Gold - 3095 (2.9%)

Silver - 88703 (81.7%)

Bronze - 10997 (10.1%)

Catastrophic - 117 (1%)

➤ Race

American Indian Alaska Native - 82 (0.1%)

Asian - 7486 (6.9%)

Black - 12045 (11.1%)

Latino - 13464 (12.4%)

Native Hawaiian Pacific Islander - 134 (0.1%)

Multiracial - 731 (0.7%)

White - 27313 (25.2%)

Unknown Race - 47330 (43.6%)



Messaging & Creative—What Worked Best

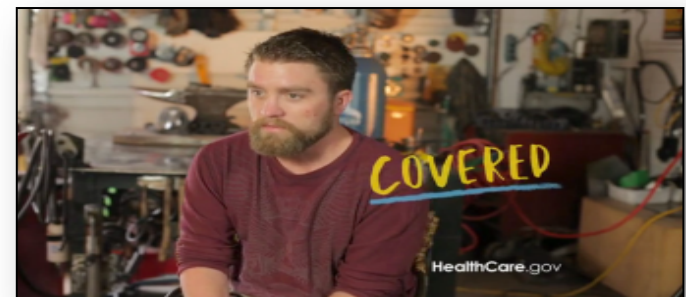
- Testimonials using real people worked best
 - *I went onto the health insurance marketplace. I signed up. It was very simple. I was able to find a plan for less than \$100 a month, and it has dental. It can fit with whatever budget I have month to month. I'm very elated about it. Everybody should be covered"*
 - *"I only pay about 70 bucks a month for it. Getting coverage this good, at this price...I'm thrilled"*
- "Join millions"—best digital performance



Affordable Health Care

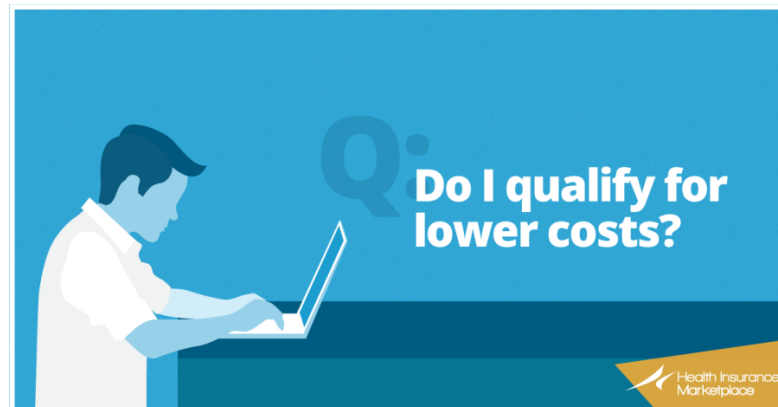
Millions of people have signed up,
Don't be left out – Sign up now.

[HealthCare.gov/Marketplace](https://www.healthcare.gov/marketplace)



Affordability

- Cost is the top barrier for uninsured
 - “Get lower costs or lower your monthly premium”
 - “Many people applying for coverage through the Marketplace are eligible for lower costs on their monthly premiums.



Events/Localized Help



Join us for an Enrollment Event this Monday!

© RCMA, Hendry County
551 W. Cowboy Way

 Health Insurance Marketplace

Visítanos en el Latino Enrollment Summit

¿Cuándo?
Este sábado, 15 de marzo de 10am a 5pm

¿En dónde?
Union City Housing Authority Pavilion
3911 John F Kennedy Blvd
Union City, New Jersey

 Mercado de Seguros Médicos

Deadlines

- Advertising with deadlines performed the strongest and drove enrollment across channels



Ongoing Outreach Using New Coverage

Educate consumers on understanding and using their new coverage

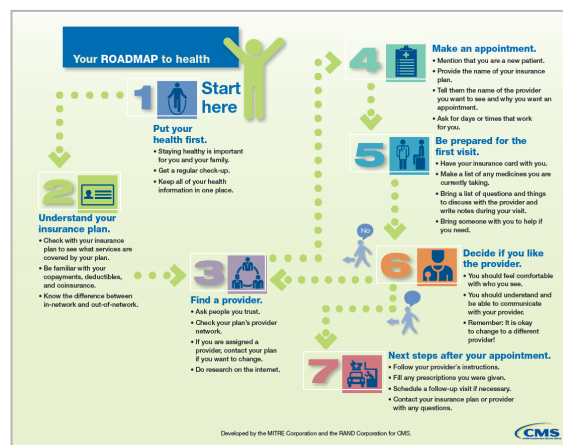
**ROADMAP
to HEALTH**

**Step #2:
Understand your
insurance plan**



- Premium
- Deductible
- Out-of-pocket cost
- In-network

Health Insurance Marketplace



INSURANCE
| Key Terms |

FORMULARY:

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

Health Insurance Marketplace

From Coverage to Care

An initiative designed to help the newly insured understand:

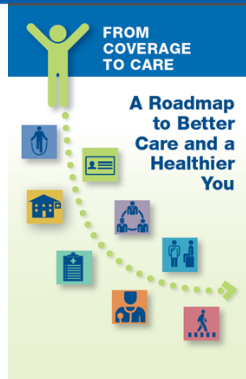
- ✓ What it means to have health insurance;
- ✓ How to find the right provider;
- ✓ When and Where to seek health services; and
- ✓ Why prevention and partnering with a provider is important for achieving optimal health.

For more information, please visit:

marketplace.cms.gov/help-us/c2c.html

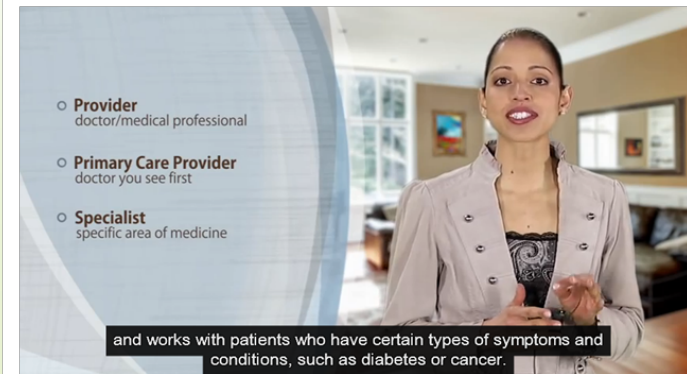
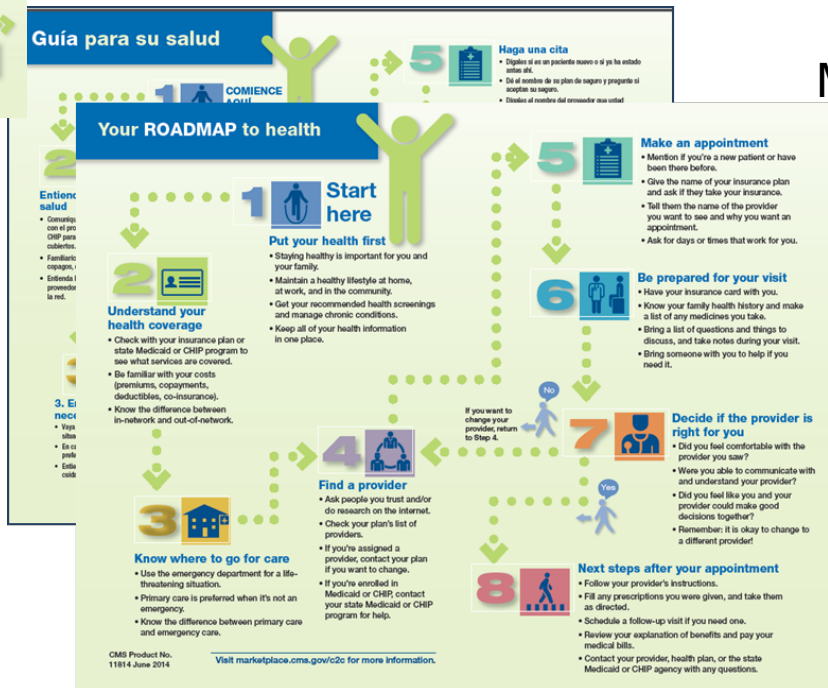
Or email us at coveragetocare@cms.hhs.gov ;
OMH@cms.hhs.gov

Coverage to Care Initiative



Written materials and videos available in English and Spanish

Marketplace.cms.gov/c2c



Contact Info:

Karen Jordan, Executive Assistant
U.S. Department of Health and Human Services
61 Forsyth St., SW Suite 5B95
Atlanta, GA 30303-8909
Region IV - AL, FL, GA, KY, MS, NC, SC, TN
Office: (404) 562-7909
Fax: (404) 562-7899
Email: karen.jordan@hhs.gov
Follow us on Twitter: [@HHSRegion4](https://twitter.com/HHSRegion4)

