

ACA Outreach & Enrollment:

Charging the First Hurdles

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The Affordable Care Act (ACA) reached a key milestone in October 2013 with the launch of new health insurance marketplaces, also known as exchanges. The recently birthed marketplaces rely on coordination across a range of actors to implement a complex and interrelated set of functions, helping people assess their coverage options, determine their eligibility for public programs and subsidies, and enroll in plans. Not surprisingly, the early days of operation have been characterized by problems that will need to be ironed out in the weeks and months ahead.

Many health grantmakers have directed resources to support outreach and enrollment initiatives, including efforts to inform and educate the public about new coverage opportunities. This Issue Focus takes a look at where things stand in the early phase of the enrollment initiative.

FEDERALLY FACILITATED MARKETPLACES

In 34 states that elected not to operate their own exchanges, the new health insurance marketplaces are run by the federal government. Known as federally facilitated marketplaces, the exchanges are accessed through the Web site Healthcare.gov, an on-line service geared toward individuals and small businesses seeking health insurance coverage.

In the weeks since launch, the on-line service has been hampered by technical problems that have limited users' ability to shop for and enroll in health insurance plans. These problems have contributed to early enrollment numbers that fell short of expectations, with fewer than 27,000 enrollments completed through the federally facilitated marketplaces during the first month of operations (HHS 2013).

Technical problems with the Web site are not the only hurdles to coverage in states with federally facilitated marketplaces. Public resources available for consumer outreach and assistance tend to be limited, in comparison with what is available in states with state-run exchanges (Dash et al. 2013). Some states have put in place stringent licensure requirements for persons authorized to assist consumers in health plan selection and provisions barring state government agencies or employees from providing assistance or direction to consumers with respect to the federally facilitated marketplaces (Wieczner 2013).

STATE-OPERATED MARKETPLACES

Sixteen states and the District of Columbia elected to operate

their own exchanges. Some of the states have experienced technical problems along the lines of what has been seen with the federally facilitated marketplaces (Goodnough and Abelson 2013). On the other hand, exchanges in a number of states—including Connecticut, New York, and Washington—are said to be working effectively. In comparison with marketplace users in the federally facilitated marketplace states, a notably higher share (21 percent versus 4 percent) of the state-operated exchange users who were assessed as eligible to enroll had succeeded in doing so by the end of the first month of the open enrollment period, representing more than 79,000 enrollments (HHS 2013). Furthermore, data from several states with state-run marketplaces showed a sizeable surge in enrollment during the first weeks of November (Kliff 2013a).

MEDICAID ENROLLMENT

The expansion of Medicaid eligibility and enrollment was expected to generate a significant share of the ACA's increased insurance coverage. In fact, the 2012 U.S. Supreme Court decision that allowed states to forego expansion has had a significant impact on projections, as many of the 25 states that have chosen not to expand Medicaid or have not yet chosen to do so have relatively high shares of uninsured persons who would have qualified for Medicaid coverage.

Because the ACA envisaged that adults with incomes up to 138 percent of the federal poverty level—or incomes up to \$15,856 for a single person in 2013—would qualify for Medicaid, those who would have been eligible for coverage in states choosing to forego expansion will not qualify for subsidies that would assist them in obtaining coverage through the exchanges (KFF 2013). A full 27 percent of uninsured Americans fall within this so-called coverage gap and will continue to face both health and financial risks.

Despite the technical problems of Healthcare.gov and some of the state exchanges, the new marketplaces are succeeding in identifying Medicaid-eligible individuals. In the first month of the outreach and enrollment period, close to 400,000 individuals were assessed as Medicaid eligible (HHS 2013). Even more importantly, Medicaid enrollment also increased sizably, thanks to effective programs to target those potentially eligible (for example, food support recipients) and to facilitate Medicaid enrollment through the exchanges. The state of Maryland, for example, enrolled more than 82,000 people in Medicaid in October 2013, in part because of automatic

enrollment of those already participating in a state program offering limited health benefits for adults earning up to 116 percent of the federal poverty level (Kliff 2013b).

CONSUMER INFORMATION NEEDS

The initial weeks of enrollment opportunity have demonstrated clearly that the success of the exchanges depends in large part on how well consumers' needs for unbiased information are met. In some parts of the country, resources available to finance consumer information support are limited and existing communication channels are in some cases being blocked through measures taken by political opponents of the ACA (Wieczner 2013). Experience underscores the fact that many consumers have relatively little knowledge about their health insurance enrollment opportunities and options under the ACA, and how to get answers to their questions.

ROLES FOR HEALTH GRANTMAKERS

Operating in widely different political landscapes, health grantmakers are working to surmount hurdles that have emerged in the initial stages of outreach and enrollment, and are sharing information regarding effective programs and practices.

Some resources are going to the development of coalitions and networks of people and organizations working on outreach and enrollment, so as to share information about developments in real time and to collaborate effectively. An example is the Cover Missouri Coalition, financed by the Missouri Foundation for Health, which includes more than 300 member organizations working on awareness, enrollment, and health literacy as part of a push to reduce the state's uninsured rate from 15.6 percent to 5 percent over five years. The Cover Arizona Coalition, launched by Arizona-based St. Luke's Health Initiatives, consists of more than 600 member organizations and has, among other achievements, created a Web site that offers a rich collection of information for enrollment support workers in the state.

Grantmakers are also financing outreach to the uninsured and efforts to hone in on particular subgroups of the uninsured population, as well as public information and education campaigns. This work includes the public education campaign launched by the Maine Health Access Foundation, designed to complement federal government outreach and to steer Maine consumers to the federally facilitated marketplace. A statewide enrollment network funded by the New York State Health Foundation empowers community-based organizations to undertake outreach to groups that are disproportionately represented among the uninsured.

Grantmakers are working to support effective coverage expansion by funding training for consumer assistance counselors where needed, and to support evaluations of experience with the enrollment systems. They are supporting efforts to collect and disseminate stories of individuals affected by the ACA coverage provisions, and are working to address the important coverage gap in states foregoing Medicaid expansion

by developing information on the problem and solutions, and, in some cases, advocating remedies.

CONCLUSION

Reflecting on both the complexity of the tasks at hand and relevant past experience with programs such as the roll-out of Medicare prescription drug coverage, analysts and experts had foreseen that the launch of the new health marketplaces would face sizeable challenges. Now that the parameters of the early challenges are known, organizations that support health insurance coverage expansion are focusing on tackling those challenges, making progress toward common goals, and ensuring that there is sufficient public awareness of what has been achieved and what is at stake.

SOURCES

Dash, Sarah, Christine Monahan, and Kevin W. Lucia, "Health Policy Brief: Health Insurance Exchanges and State Decisions," *Health Affairs*, <http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_96.pdf>, July 18 2013.

Goodnough, Abby, and Reed Abelson, "Some State Insurance Exchanges Continue to Battle Technical Problems," *The New York Times*, <<http://www.nytimes.com/2013/11/13/us/some-state-insurance-exchanges-continue-to-battle-technical-problems.html>>, November 12, 2013.

The Henry J. Kaiser Family Foundation (KFF), *The Coverage Gap: Uninsured Poor Adults Who Live in States that Do Not Expand Medicaid*, <<http://kff.org/health-reform/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>>, October 13, 2013.

Kliff, Sarah, "In the First Month, the Vast Majority of Obamacare Sign-Ups Are in Medicaid," *The Washington Post Wonkblog*, <<http://www.washingtonpost.com/blogs/wonkblog/wp/2013/10/31/in-first-month-the-vast-majority-of-obamacare-sign-ups-are-in-medicaid/>>, November 1, 2013b.

Kliff, Sarah, "There's a November Surge in Obamacare Enrollments," *The Washington Post Wonkblog*, <<http://www.washingtonpost.com/blogs/wonkblog/wp/2013/11/22/theres-a-november-surge-in-obamacare-enrollments/>>, November 22, 2013a.

U.S. Department of Health and Human Services (HHS), Assistant Secretary for Planning and Evaluation, *Health Insurance Marketplace: November Enrollment Report*, <http://aspe.hhs.gov/health/reports/2013/MarketPlaceEnrollment/rpt_enrollment.pdf>, November 13, 2013.

Wieczner, Jen, "Obamacare a Different Law in Red States: Republican Lawmakers Engage in 'Massive Resistance' to Health Law," *Wall Street Journal*, <<http://www.marketwatch.com/story/obamacare-a-different-law-in-red-states-2013-10-09>>, October 10, 2013.