

Medicaid and CHIP

MAC

Learning Collaboratives

Federally Facilitated Marketplace Eligibility & Enrollment Learning Collaborative

Marketplace Consumer Assistance:
Approaches to Program Sustainability

January 7, 2015

12-1pm ET

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Agenda

- ▶ Background
- ▶ Sustainability Considerations for Future Consumer Assistance Programs
- ▶ Profiles of State Approaches to Sustainability for Consumer Assistance Programs
- ▶ Update on FFM Consumer Assistance Plan for the 2015 Open Enrollment Period
- ▶ Discussion

Background

Overview of Consumer Assistance Entities

Funding sources for consumer assistance support types vary across FFM, SPM and SBM states.

Assister Type	Description	Funding		
		FFM	SPM	SBM
Navigators	<ul style="list-style-type: none"> All Marketplaces are required to establish a Navigator program Navigators provide eligibility and plan enrollment support to consumers, conduct public education and outreach, and connect consumers to other assistance resources. 	Funded through federal grants		May use federal establishment grants to <i>fund planning efforts only</i> for the Navigator program; required to use operational revenue to support after launch.
In-Person Assisters (IPAs)	<ul style="list-style-type: none"> FFM states may not establish IPA programs, but they are required in SPM states and optional in SBM states. IPAs provide essentially the same services as Navigators. 	Not applicable	<ul style="list-style-type: none"> Permitted to support IPA programs through federal 1311 grants No new 1311 grant funding will be available beginning–January 1, 2015. May be able to use remaining 1311 grant funding to support consumer assistance activities. Once 1311 grant funding has expired, states have the option to continue the program using non-federal funding. 	
Certified Application Counselors (CACs)	<ul style="list-style-type: none"> All Marketplaces are required to operate a CAC program. CACs provide information about Marketplace coverage options, application assistance, and enrollment support. SPM/FFM states rely on the Federal government to designate CAC organizations, and those organizations certify their own CACs. SBMs may certify CACs directly or designate entities to certify. 	<ul style="list-style-type: none"> Not required to be funded through the Marketplace May be funded through other sources or work as volunteers Many programs received funding from external sources in 2014 		
Agents & Brokers	<ul style="list-style-type: none"> Licensed agents, brokers, or web brokers may be certified to sell products in Marketplaces. SPM/FFM states rely on federal requirements for training/registration. SBM states may train and certify agents and brokers to work in the Marketplace. 	Funded through issuers, who pay commissions to agents and brokers (via premiums paid by consumers).		

Overview of Consumer Assistance in 2014

The ACA and related federal guidelines require that each Marketplace provide consumer assistance support, including in-person assistance



States deployed a variety of consumer assistance support during the 2014 open enrollment period (OEP), including:

- Navigators
- In-Person Assisters (IPAs)
- Certified Application Counselors (CACs)
- Agents and Brokers



An estimated 10.6 million consumers received assistance on their applications for coverage from more than 4,400 assister programs, comprised of more than 28,000 assisters.¹ Of the 4,400 assister programs:

- 45% were CAC programs
- 26% were IPA programs
- 26% were sponsored by Federally Qualified Health Centers
- 2% were Navigators (Note: actual number may be greater, since many programs subcontracted to other organizations)
- 1% was the Federal Enrollment Assistance Program

Approximately 8 million consumers were determined eligible and selected a plan in a Marketplace.²



During 2014 OEP, Marketplaces enrolled 115% of projected enrollment; 26 states exceeded projected enrollment³



More assistance was available and provided in SPM/SBM states than in FFM states¹

- *Approximately twice as many assisters per 10,000 uninsured* were available in State Partnership Marketplace (SPM) and State-Based Marketplace (SBM) states compared to Federally Facilitated Marketplace (FFM) states.
- Assisters in SPM/SBM states assisted *approximately 1.5 to 2 times as many consumers* than in FFM states, relative to the uninsured population

Enrollment in the 2015 Open Enrollment Period

HHS estimates a range of 9.0 to 9.9 million for effectuated Marketplace enrollment in 2015.¹

The Congressional Budget Office estimates that **13 million people** will enroll in or renew coverage through Marketplaces during the 2015 open enrollment period (OEP).²

This is a significant increase in anticipated enrollment compared to the **8 million enrollees** that selected plans during the 2014 (OEP).³



With the 2015 OEP underway, states seek to understand how consumer assistance efforts might be sustained and optimized to meet the ongoing demand for enrollment assistance.



Examining the consumer outreach strategies of FFM, SPM and SBM states during the 2014 OEP provides insight on early lessons learned and best practices with respect to program sustainability.

Source(s):

¹ ASPE Issue Brief, “How Many Individuals Might Have Marketplace Coverage After the 2015 Open Enrollment Period?”, November 10, 2014

² Congressional Budget Office, Updated Estimates of the Effects of the Insurance Coverage Provisions of the Affordable Care Act, April 2014

³ ASPE Marketplace Summary Enrollment Report, May 1, 2014

Sustainability Considerations for Future Consumer Assistance Programs

Sustainability of Consumer Assistance Efforts

As of January 1, 2015, no new federal 1311 grants will be provided to states to support Marketplace operations, including consumer assistance activities.



States may be able to use remaining 1311 funds through no-cost extensions in order to continue certain CCIIO-approved activities, including consumer assistance.



States will need to support future consumer assistance efforts through Marketplace operational revenues and/or additional non-federal funding sources.

Sustainability Considerations Overview

All states may wish to consider strategies to deploy the most cost-effective consumer assistance initiatives for subsequent open enrollment periods



Strategy #1:

Evaluate Consumer Assistance Efforts To-Date



Strategy #2:

Target the Right Mix of Assister Types



Strategy #3:

Leverage Medicaid Administrative Funding



Strategy #4:

Leverage Alternative Funding Sources

Strategy #1:

Evaluate Consumer Assistance Efforts To-Date



Marketplaces can evaluate consumer assistance efforts from the previous OEP to identify opportunities to improve existing efforts, areas of outstanding need, and priorities for future investment.



Analytics and Evaluation on 2014 Efforts: States may wish to analyze 2014 outreach efforts to identify effective strategies and dedicate future limited resources to select areas.

- **Enrollment Data:** Analyze 2014 enrollment data to identify and target populations for consumer assistance efforts.
- **Assister Performance Data:** Analyze assister performance data, such as the “cost per acquisition” for each assister type, to inform decisions regarding resource allocation and program design.

Some states conducted sophisticated analytics and evaluations on their 2014 efforts, providing them with a better understanding of which consumer assistance investments yield the highest value.

- California released a report highlighting lessons learned from consumer assistance efforts, which informed the State’s approach for the upcoming OEP. ¹
- Illinois published an annual report which highlighted the effectiveness of various consumer assistance strategies in reaching specific communities and demographic groups. ²
- Kentucky shared aggregate data on applicant demographics with assisters to target services and populations more effectively. ³



Real-Time Evaluation: States may leverage data collection tools that enable them to make real-time adjustments to consumer assistance strategies.

- **Real-time Consumer Feedback:** Brand research, focus groups, and consumer surveys can enable states to assess the effectiveness of various outreach and marketing strategies in real-time.
 - Connecticut analyzed foot traffic and appointment volumes in its in-person stores to optimize the number of store locations and their operating hours in real-time during the 2014 OEP. ⁴



Peer Learning: States may also connect with their peers in other states to obtain more detailed information on their successful strategies.

Source(s):

¹ Covered California, “Covered California Open Enrollment 2013-2014: Lessons Learned,” October 2014.

² Get Covered Illinois, “2014 Annual Report,” August 2014.

³ Manatt Health Solution’s “Marketplace Improvement Learning Initiative: Consumer Assistance,” Produced for CMS in May 2014.

⁴ Kingsdale, J., et al., “Boosting Enrollment: Lessons Learned from 2013-2014,” Robert Wood Johnson Foundation, August 2014.

Strategy #2:

Target the Right Mix of Assister Types



Since funding sources vary by type of assister, states may consider targeting a mix of assister types that leverages alternative funding sources and optimizes state funds.



Promote collaboration among all types of assisters to maximize available resources and help prepare for the future when resources are tighter.

- Promoting Collaboration: Promoting collaboration and building trust among Navigators and brokers may enhance outreach by leveraging their abilities to reach different populations (e.g., demographic/income groups).
 - For example, Connecticut staffed its in-person stores with both Navigators and brokers to provide enrollment assistance to consumers.¹
- Facilitating across federal and state assister programs: SPMs may enhance their consumer assistance by coordinating across federal Navigators and their own IPAs to share best practices, coordinate targeting of specific populations, and align messaging.



Consider increasing the availability of CACs, agents/brokers, and volunteers since they do not rely on Marketplace funding for operations.

- CACs: States may partner with interested stakeholders, such as hospitals and other health care providers, to serve as CACs without the need for Marketplace funding.
- Agents and Brokers: States may leverage agents and brokers to drive enrollment, while shifting the enrollment costs to the health plans that compensate them.
 - California, Kentucky, Maryland, Nevada, and New York successfully used agents and brokers to build enrollment.²
 - Colorado is developing a report on successful broker strategies for enrolling consumers through the Marketplace.²
- Volunteers: States may leverage volunteers to increase consumer assistance capacity without increasing costs to the Marketplace.
 - Navigator grantee organizations in Kansas, Missouri, and Virginia leveraged volunteers to support certified Navigators at enrollment events and regional enrollment locations.³

Strategy #2:

Target the Right Mix of Assister Types

(Continued)



States may consider expanding enrollment channels by leveraging web-brokers and direct enrollment in order to ease the demand for Marketplace-funded assisters.



Emergence of Web-brokers: The FFM is developing capabilities to support enrollment through web-brokers, but web-brokers will not have access to the 2015 simplified application.

- SBMs may consider permitting Marketplace traffic to enroll through web-brokers to enable cost savings.



Direct Enrollment through Carriers: The FFM is permitting direct enrollment through carriers, but carriers will not have access to the 2015 simplified application.

- SBMs may consider permitting individuals to enroll directly through carriers, which may be particularly beneficial for renewals, both in retaining current customers for the SBM and in allowing the SBM to focus more on growing new enrollment.

Strategy #3: Leverage Medicaid Administrative Funding



States may consider how best to leverage Medicaid funding through allocation of assister resources (including call centers and IPAs) to the Medicaid/CHIP programs.



Leveraging Medicaid/CHIP Funding: If a state permits or requires Navigators to address Medicaid/CHIP eligibility and enrollment administrative functions, the agency may claim federal match for a share of those costs at the administrative Federal financial participation rate.

- Activities must be performed under an agreement that specifies a method for identifying costs or expenditures attributable to Medicaid/CHIP activities

Strategy #4:

Leverage Alternative Funding Sources



States may consider leveraging alternative public and private funding sources to generate additional revenue to support consumer assistance efforts.



State Taxpayer Funding: States may consider allocating state general fund monies to support consumer assistance efforts.

- Taxpayer funding avoids creating incentives for enrollments to be directed in any particular way, but funding may be vulnerable to the state budget process.
- California, Maryland, and other states already use taxpayer funding for SBMs.

States may also consider more narrowly levied excise taxes, such as tobacco taxes, which have traditionally been used to fund health programs.



Philanthropy: States may consider pursuing support from foundations and other charitable organizations interested in supporting consumer assistance efforts.

- Effective fundraising may require dedicated grant writers and fundraising staff with a coherent strategic plan and appropriate messaging.



Redirected Funds: As states' health programs and offerings change, it may be possible to redirect funding streams to support consumer assistance efforts.

- For example, as high risk pools are down-sized and eliminated, this funding stream could be leveraged for consumer assistance.

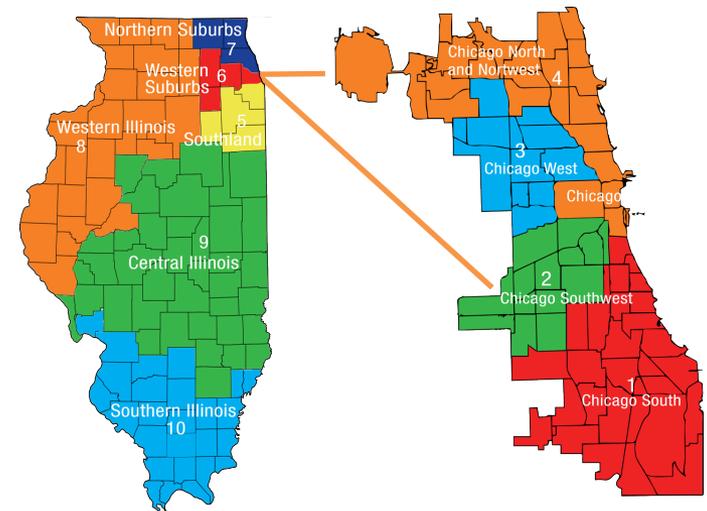
Profiles of State Approaches to Sustainability for Consumer Assistance Programs

Get Covered Illinois

Expanding Consumer Assistance Capacity
for Program Sustainability

Outreach and Enrollment Foundation

- \$25.8M granted to 37 organizations plus subgrantees
 - 10 regions informed by where uninsured reside
 - More than 500 certified, trained grantees across Illinois
- Require partnerships and consortiums of all grantees
- Dedicated focus on outreach strategies and tactics in state training
- Get Covered Data used to identify high target zip codes and PUMAs
- Online search tool and telephonic appointment scheduling tool
- Also saw a need to expand outreach and enrollment capacity beyond granted partners...



Expanding Capacity - Producers

Better engagement of agents and brokers by building on partnerships with formal GCI Producer Program

GCI Producer Program includes:

- Additional state training modules
- Being listed in GCI agent and broker search tool
- Policy and best practice updates through emails and webinars
- Invitations to GCI enrollment events
- Official GCI collateral
- Financial support for public education campaigns at the *Producer Ambassador* level

Find Agents & Brokers

Get Covered Illinois has many ways to help you find the best coverage for you and the right amount of financial help. There are free, in-person professionals to work with you every step of the way, and this includes federally certified insurance agents and brokers. In addition to providing help, they can recommend specific insurance plans for you, your family or your business. To find an agent or broker near you, enter your zip code or address below and indicate if you are looking for individual/family or small business coverage.

[Learn more about agents & brokers](#)

[Learn more about GCI certified brokers here.](#)



Get Free In-Person Help

Enter your address or ZIP Code

Distance within: 5 miles

Select a language: English

Certified to provide: Individual Marketplace Assistance

Search >

Expanding Capacity - CACs

Surveys showed many Certified Application Counselors (CACs) wanted more connections to GCI
– asked for the same resources as granted partners

GCI AmeriCorps fellow is recruiting and organizing CACs:

- Connecting CACs to Regional Outreach Coordinators
- Invitations to GCI webinars and emails on policy and outreach updates and best practices
- Inclusion in GCI telephonic appointment scheduling tool and online assister look-up tool
- Access to GCI collateral
- Invitations to GCI enrollment events
- Partnership with Illinois Hospital Association to promote CAC program
- Online CAC toolkit coming soon





Covering New Hampshire

Your Gateway to the Health Insurance Marketplace

Program Update

Program Sustainability Overview
1/7/2015

www.CoveringNewHampshire.org



Project Snapshot



CoveringNH has accomplished many establishment activities and begun to build lasting infrastructure

Focus Area	Activities
Targeting	<ul style="list-style-type: none"> ▪ Deployment based on statewide survey of uninsured ▪ Focused outreach underperforming geographic / demographic groups
Infrastructure	<ul style="list-style-type: none"> ▪ Developed program management / output metrics tracking system ▪ CoveringNH.org ▪ Coordinated with the states Navigators and CACs for successful implementation of our Consumer Assistance program ▪ Engaged with the states Non-Profits to build lasting infrastructure
Insight	<ul style="list-style-type: none"> ▪ Conducted a deployment survey to map the greatest “demand” for coverage ▪ Completed consumer survey to engage NH Marketplace user experiences during first open enrollment period ▪ Conducted a Small Business survey to better understand the current healthcare landscape for the small business community



Operational Sustainability



Focusing on leveraging the resources that outlast the program and how to close capacity gaps across the state is foundational to our remaining operations.

1 Identify Long Term Capacity

- **Agents / brokers:** new tool to help cement partnership
- **Navigators & CACs:** Included in all trainings, part of redeployment planning
- **Others:** Conducted survey of remaining consumer assistance 'capacity'

3 Solidify and Leverage Existing Human Capital

- **Non-Profit Engagement:** We contacted over 400 NPOs across the state – perform trainings, materials distribution and create 'event kits'
- **Navigators, Brokers & CACs:** Formalize referral process to trim in-person assistance load
- **State Agency:** Move beyond current state agencies and continue trainings

2 Repurpose and Scale Knowledge

- **Retrain MPAs:** post open enrollment training designed to shift MPAs from in-person assistance to both train the trainer and volunteer recruitment and management

4 Regionalize and Volunteer Coordination

- **Establish Regional Councils:** Identify regional leaders to act as volunteer coordinators for events / materials / outreach
- **Volunteer Management Infrastructure:** Develop a scaled source for volunteer tracking and materials distribution on regional and statewide basis (shift to 'trimmed down overhead')



Financial Sustainability

The program is exploring a number of options for continued financial sustainability each with unique program implications.

1 Convert program into separate 501(c)3

2 Engage Philanthropy

- *Seek funding to maintain minimal program overhead (volunteer management system, website, part time staff)*
- *Seek program staff for operational support*
- *Transition program into ongoing operations of existing philanthropy*

Engage Carriers

- *Seek funds from the states insurance carriers to continue the program and establish board with carrier representation*

Develop Revenue Model

- *Identify possible revenue sources including:*
 - *Sponsorship opportunities*
 - *Fundraising drive*
 - *Fees for broker engagement / referrals*
 - *Basic website advertisement / sponsorship*
- *Seek premium tax credit funds*

3 Identify sources of funds and execute transition to new operating model

Update on FFM Consumer Assistance Plan for the 2015 Open Enrollment Period

Update on FFM Consumer Assistance Plan for the 2015 Open Enrollment Period



Consumer Assistance Snapshot

- Navigators
- Enrollment Assistance Personnel
- Certified application counselors



2015 Open Enrollment Snapshot

- Over 8 million consumers have submitted applications during this Open Enrollment Period
- Nearly 6.5 million consumers have selected plans
- Over 15 million HealthCare.gov users, and over 500,000 CuidadoDeSalud.gov users
- Call Center has received almost 7 million calls this Open Enrollment Period
- Call Center wait times average under 9 minutes



Hot Topics

- Re-enrollment and new enrollees
- Changing plans during Open Enrollment
- Taxes and exemptions
- Small Business Health Options Program (SHOP)



Discussion