LESSONS IN HEALTH COVERAGE CONSUMER ASSISTANCE: BEST PRACTICES AND FUTURE CHALLENGES

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Prepared by Community Catalyst
Eligibility and enrollment for health insurance can be a complex and confusing undertaking, even in the best of circumstances. Consumer assistance programs help consumers navigate this challenging process and are fundamental to a system that successfully addresses consumers’ enrollment and health literacy needs. The need for consumer assistance programs is greater than ever due to a rapidly changing policy environment that is undermining previous investment in enrollment work. Policy changes at the federal and state level are threatening to undermine the established insurance market. This includes the introduction of new types of health insurance plans such as short-term plans and association health plans, changes to Medicaid eligibility requirements and conditions for participating and the repeal of the Affordable Care Act’s (ACA) individual mandate. These changes combine for a confusing enrollment environment for consumers.

These forces also create a chaotic world for stakeholders who need stability. Hospitals and providers will see more uninsured patients; health insurance premiums will rise for comprehensive care; and all parts of a state’s health care system will be impacted. In every state, the health insurance choices available to consumers will be different, creating disparities for consumers based on where they live. This is particularly true in states that operate their own marketplace, or State-Based Marketplace (SBMs). SBMs have flexibility to make positive changes in their state to counterbalance the negative changes at the federal level like extending their open enrollment period or continuing to invest in outreach and enrollment. Some states may choose to shore up their insurance markets while others will undermine an already challenging market.

Consumer enrollment and assistance programs—despite their value and demonstrated success—are facing a crisis. Last year, during the fifth open enrollment period, hereafter referred to as OE5, there were dramatic cutbacks in the federal investment for consumer enrollment supports, including the withdrawal of federal funding for Navigators and advertising. The stakeholder community, including key funders, consumer advocates, hospitals, health centers and more, stepped up and invested in strategies to ensure that OE5 was successful—and it was. But continued cuts in federal funding make the future of the existing outreach and enrollment infrastructure dire absent coordinated proactive efforts by these stakeholders.

The purpose of this paper is to call attention to the current landscape in enrollment and assistance, highlight best practice approaches to consumer assistance, and identify remaining opportunities and challenges. We provide recommendations for investment in supporting consumer assistance and enrollment efforts across the nation in what we know will be a more chaotic and resource-constrained environment.
Effective enrollment is a complex undertaking that requires more than simply filling out paperwork. Consumer assistance and enrollment programs help people who have questions about health insurance, are trying to enroll in an insurance plan, or have trouble accessing and using their health coverage.

Consumer assistance programs (CAPs) pre-date the ACA and the Medicaid expansion. The experience of CAPs was foundational to the enrollment assistance programs of today. Many of the early learnings were used in the formation of the Navigator program and Certified Application Counselors (CACs) who were tasked with enrolling consumers in marketplace coverage when it was first offered in 2012.

Both national and state programs laid the groundwork for future successful enrollment and assistance programs. At the national level, the Robert Wood Johnson Foundation (RWJF) Covering Kids initiative, established in 2000 to enroll kids in the Children's Health Insurance Program and Medicaid, was a formative program in establishing best practices for current enrollment assistance programs. “Making Health Reform Work: State Consumer Assistance Programs.” Today, based on this long history, a sophisticated consumer assistance infrastructure has been established that includes direct on-the-ground assistance, policy support, an enrollment assister online peer-to-peer discussion group and learning community, material creation for education and awareness of enrollment options and services as well as story-banking used to inform policymakers, advocates and researchers.

During the fifth open enrollment period, faced with dramatic funding cuts, the enrollment community built on existing best practices to serve consumers. There are several key elements of successful enrollment assistance strategies that the enrollment community can—and must—leverage to overcome health insurance enrollment obstacles in the future. They include:

**Outreach:**
Consumers need culturally and linguistically appropriate communications delivered by community members and trusted partners that reach into their communities.

**Direct, face-to-face assistance with plan selection:**
Consumers need support choosing a plan that’s right for their health care needs. Assisters are required to provide unbiased help, unlike agents and brokers, and they are required to provide all available plans and options to consumers.

Massachusetts was a leader in implementing health reform statewide in 2006. Health Care for All, a non-profit advocacy organization that runs a consumer assistance Help Line in the state, found that the need for assistance has not dropped off over the years since implementing health reform. Rules and plans change, new populations enter the market—assistance needs do not go away over time.
Health insurance literacy:
Consumers need help and support to understand the available options and how the marketplace and Medicaid work. Materials, both written and visual, must be created to explain key health insurance terms for all literacy levels.

Complex case experience:
Consumers often need assistance with complex case assistance due to eligibility requirements and complicated circumstances. Consumers may need help filing an appeal, elevating their case to a case manager or working through a challenging billing inquiry.

Developing partnerships:
Enrollment assisters and advocates rely on volunteer community-based partners to enhance enrollment. For example, libraries remain a strong partner—for computers, space for enrollment appointments, and being trusted and safe spaces in the community.

Technical assistance for assisters:
Enrollment assisters need technical assistance and opportunities for peer-to-peer learning. In 2013, Community Catalyst and the National Health Law Program launched In the Loop, an online learning community for enrollment assisters. Assistors share application work-arounds, best practices for training, and outreach and learnings from their work. As a result, their experience allows In the Loop to identify trends and work to improve practices.

Feedback from the ground up:
National stakeholders and policymakers benefit from hearing directly from the enrollment community so that they can help solve policy issues in real time, spot trends or other common problems, and can document where there are problems.
OE5 gave the enrollment assistance community and national stakeholders a taste of the future. With funding cuts to advertising and navigator programs, continued efforts to repeal the ACA, a shortened open enrollment period and widespread consumer confusion, enrollment assisters were faced with significant need—but a fierce will to succeed.

National, state and local stakeholders quickly mobilized to support open enrollment. This coordinated response included foundations, national organizations invested in the success of enrollment, social service agencies and others. National organizations agreed to maximize scarce resources by dividing and conquering. This required trust, partnership and coordination to ensure that no two organizations were creating the same materials or duplicating efforts. Hospitals and providers (particularly health centers) increased their efforts to decrease the number of uninsured patients in their communities and provide stopgaps for consumers who have no options for health insurance coverage, such as those ineligible for Medicaid coverage. And at the state level, policymakers at all levels engaged with the state insurance marketplaces, Medicaid and the enrollment community to support outreach and enrollment.

Foundations such as the Robert Wood Johnson Foundation stepped in and committed resources to support key functions: providing enrollment assisters with coordinated policy resources from national policy groups, convening and coordinating national groups and enrollment coalitions, and creating and distributing consumer facing resources to spread the word about OE5. Groups such as the Center on Budget and Policy Priorities received funding to provide critical policy support to enrollment assisters. Community Catalyst received funding to coordinate the network to conduct outreach and education under reduced federal support and new federal policies. Community Catalyst worked to create and disseminate targeted materials and enrollment information for high-need populations. These consumer-facing materials were translated into Spanish, Chinese, Vietnamese, Korean, Marshallese and Tongan to ensure effective outreach to these communities.

Additionally, the Missouri Foundation for Health recognized the need to shore up support for outreach and enrollment and provided funding to support the continued work of the national In the Loop as a tool for enrollment assisters. Through In the Loop, assisters had access to the timely materials and supports they needed, as well as the peer-to-peer problem-solving they rely on. And national and state stakeholders were able to glean information about the on-the-ground enrollment environment and efficiently disseminate materials.
National Outreach and Enrollment Partners

In the Loop
A collaborative project by Community Catalyst and the National Health Law Program that aims to provide a secure online community and resource hub for enrollment assisters.

Health Reform: Beyond the Basics
A project of the Center on Budget and Policy Priorities designed to provide consumer assistance groups training and resources. They are leading the Consumer Assistance Coordination Hub, a national partnership to develop and disseminate materials on Marketplace and Medicaid policies and applications.

Get America Covered
Get America Covered is a nationwide campaign to drive enrollment co-founded by Lori Lodes and Josh Peck, who oversaw outreach and paid media for HealthCare.gov during the Obama administration.

Get Covered Connector
Young Invincibles (YI) took over the Connector tool originally developed by Enroll America. The tool is used by more than 2,000 assisters and offered more than 875,000 appointments to consumers during the last enrollment period.

National Get Covered Coalition
YI also took over Enroll America’s role as the convening body of a coalition of national, state and local outreach and enrollment partners.

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The hard work and coordination of the enrollment community—despite the myriad challenges—paid off with nearly 12 million Americans enrolled in an ACA marketplace plan this year, down only 3 percent from last year in half the time. This is a remarkable and unprecedented achievement—but these numbers mask certain challenges. For example, the number of new enrollments (as opposed to renewals and reenrollments) was down, and the number of young adult enrollments dropped for the first time. This highlights the need for continued work to reach the goal of reducing the number of uninsured.

In particular, there is a great need for continued health insurance literacy support. The remaining uninsured—or those at risk to be uninsured—need to be identified and engaged, particularly in rural and minority communities that require more capacity to reach. Navigator cuts hit rural communities particularly hard, limiting groups’ capacity to travel to targeted areas.

Changes to state Medicaid programs will deeply affect low-income individuals—and result in a significant amount of churn on and off Medicaid. Many states are pursuing policies that increase the administrative burden on consumers and require constant eligibility determinations. For example, states are implementing work requirements as a condition of Medicaid eligibility. States are also increasing premiums and cost sharing with lockout periods for non-payment. These changes will not only be confusing but will make it very difficult for consumers to maintain their Medicaid coverage.

Continued confusion around the ACA will magnify this challenge. As noted above, the federal policy landscape is evolving and will be more and more confusing for consumers. Enrollment assisters will be asked to help consumers understand changes to the marketplaces and Medicaid, as well as the new products that are coming into the marketplace.

At the same time, it is critically important that policymakers (especially at the state level), the public, the media and advocates understand what is happening on the ground and the real-life impact of these policy changes. This “sentinel” function must be part of enrollment work going forward, and a feedback loop between national, state and local organizations must exist to support this work.
Recommendations for the Near Future

Enrollment assistance works—and the infrastructure remains in place. Now is the time for a coordinated effort to sustain as much as possible of the knowledge, skills, deep community relationships and trust this network possesses. As detailed above, this will require support from foundations, hospitals, health plans, other stakeholders, as well as partners at the national, state and local level since there will be very limited resources and supports from the federal government to support enrollment. Working together, the enrollment community with diverse stakeholder support and new strategies that maximize available resources can be well poised to solve the imminent enrollment and assistance needs consumers will face. To that end, listed below are recommendations to ensure that consumer assistance programs are strong and available for the consumers who need them—and to lift up and document the consumer experience to influence policy.

Maximize support for formal Consumer Assistance Programs and on-the-ground enrollment assister support

Formal Consumer Assistance Programs (CAPs) provide one-on-one assistance to educate individuals about health care programs, both private and public. They serve a critical function by helping consumers with issues that arise with their insurance, post-enrollment issues, health literacy education and appeals. Consumers need more support than ever and CAPs are a proven and effective model. This should build on the existing local enrollment infrastructure, and ensure that all communities have equitable access to enrollment assisters. Additionally, enrollment assistance programs will need sustained sources of funding, including through philanthropy, hospitals and health plans, as well as from local, state and federal sources. Sustained funding can also ensure assisters are able to develop new opportunities for professionalism and workforce development. In addition, advocates can play a role in helping to recruit, hire and train the next generation of assisters, including volunteers.

Develop and disseminate non-branded consumer-facing materials for adaption by assisters, advocates and health system stakeholders

Consumers need plain language materials that provide information about their enrollment options. Additionally, there is a need for further materials on health insurance literacy that help consumers understand the value of health insurance and key features of their plan. These materials must reflect the challenges of the new insurance marketplace and state Medicaid programs, and be responsive to what consumers are facing.

Assisters need consumer-facing materials and technical assistance they can use in their day-to-day work with consumers. Development of these materials should be coordinated across national groups and provided in a non-branded way to allow for the materials to be adapted for various consumer audiences. In particular, these materials should include best practices for working with volunteers and social service agencies so efficiencies can be shared across the network. Effectively working with volunteers and social service agencies creates much needed additional capacity for enrollment assisters. This dissemination will help address resource constraints and ensure best practices are shared widely.
Recommendations for the Near Future

*In the Loop* can continue to play a critical role in disseminating this information by providing assisters updates, newsletters and materials, as well as serving as a warehouse of all information needed. *In the Loop* remains the one-stop-shop that puts information in the hands of the assisters when they need it, including the materials they will use to help consumers understand their health insurance choices.

To get these materials to consumers, national constituency organizations should receive support to reach these hard-to-serve populations. This will take pressure off the now resource-constrained local assister network and serve as a method for efficiently reaching these populations.

1. **Provide coordinated technical assistance for assisters**
   
   Coordinated support for assisters will ensure they have the tools they need to help consumers. Assisters will need concrete enrollment materials, such as flow charts, tips and cheat sheets to help consumers navigate the ever-changing and complex policy arena. National policy organizations should sustain a coordinated approach to the development of policy and technical materials and training. These materials should incorporate state-specific information where possible. Technical policy materials must be translated into shorter “lay” language tools for ease of use by assisters, social service agencies and other stakeholders. This must include talking points and easy-to-understand ways to talk about health insurance. Additional materials could focus on best practices and innovations among enrollment assisters.

   Assistors require a space for real-time sharing of information among their peers, access to experts and a one-stop shop for materials and tools. Investments in safe spaces for peer-to-peer learning provide effective ways for assisters to support each other when questions or complicated cases arise. Assisters will be able to discuss candidly the types of enrollment issues they are facing. Building on existing networks, like *In the Loop*, will save national organizations resources they can use elsewhere.

2. **Utilize a feedback loop from the ground to key stakeholders**

   In order to document the consumer experience, enrollment assistance programs must be able to harness trends, problem-spot, and share those experiences with a broader audience (including the media, state policymakers and more). Leveraging state and local media to share impact stories can help highlight needed change and influence state policy.

   Using *In the Loop*, national stakeholders can actively participate in dialogue as an early warning system about emerging policy and systems issues. The feedback loop should have formal and informal ways to get two-way real-time information to national policy and constituency groups, health system stakeholders, policymakers and applied researchers.
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