



Enroll America's Grassroots Campaign and Early Lessons Learned, November 2013–February 2014

By Molly Warren

Enroll America's singular mission is to maximize the number of Americans who enroll in and retain health coverage, particularly the coverage options that the Affordable Care Act has made available. The multi-pronged approach to achieving this mission includes identifying and sharing outreach and enrollment best practices, providing technical assistance and support to coalitions across the country, working with stakeholders to coordinate enrollment efforts at the national level, and running a robust grassroots campaign ("Get Covered America") in 11 states.

Enroll America's grassroots campaign borrows tactics from national political campaigns—such as using data to identify key consumers—to educate and engage Americans in taking advantage of the new health coverage options. Political campaigns focus on the dual need to raise public awareness and mobilize individuals to take action—the same recipe needed to generate enrollment in health coverage, particularly given the unprecedented scope of the enrollment opportunity in these early years of implementing health reform.

This report describes the innovative campaign tactics Enroll America uses to connect consumers to the new health coverage options. It also shares some of the data collected between November 2013 and February 2014 on consumers' experiences enrolling in coverage. These data provide insight into who is attempting to enroll, who has enrolled, what kind of challenges consumers have encountered, and what methods of enrollment they prefer.

Capitalizing on the Enrollment Opportunity: Getting Consumers Covered

The Affordable Care Act created new health insurance options for 41 million uninsured Americans, as well as millions more who will find the new options a better fit than their current insurance.¹

Connecting these individuals with coverage, however, is not simple. Surveys and focus groups show that Americans' past experiences purchasing health insurance have been difficult.² The plans often were not affordable or comprehensive, and many of those with pre-existing conditions were unable to purchase coverage at all.

To further complicate the situation, a survey conducted in December 2013—roughly halfway through the first open enrollment period—found that the majority of Americans did not know the new coverage options existed, that financial assistance was available, or the deadline for enrolling in marketplace coverage.³

Data Driven Strategies to Connect with Consumers

Enroll America's efforts are carefully directed by internal data and research in order to maximize the influence of the messages, tactics, and outreach efforts. Our recent research includes investigating what consumers actually know about their new health coverage options, what messages and messengers resonate best with different kinds of consumers, and what methods of enrollment they prefer. This research has allowed Enroll America to hone its messages and tactics and identify the need for tools like the Get Covered America Cost Calculator, which gives consumer-friendly personalized estimates for both costs and savings for consumers looking for coverage through the marketplace.⁴ See sample calculator output in Figure 1.

To maximize the field efforts in particular, Enroll America created and now maintains a national database for consumer outreach and partner engagement. The database contains information from an original consumer list that draws on a variety of public and commercial sources, and includes contact and basic demographic information on 230 million Americans.

Enroll America developed a model that predicts the likelihood that an individual in the database is uninsured, assigning everyone a score between 0 and 100 indicating the probability that the person is uninsured.⁵ This list is continually verified and augmented as the field team contacts consumers. This combined list, score, and new information allows for more efficient identification and prioritizing outreach efforts to consumers who are more likely to be uninsured. This is critical because the uninsured are relatively uncommon, with 41 million eligible uninsured spread across 317 million Americans (about one in eight Americans).

Figure 1. Get Covered America's Cost Calculator

The screenshot shows the 'Get Covered America' logo at the top left, with 'GET COVERED AMERICA' in blue and red. To the right, it says 'Calculator' and 'Get Covered 101'. Below the logo is a section titled 'Calculator: See What You Qualify For'. It includes social media links for Facebook (185 likes) and Twitter (72 tweets). The main text says: 'Enter some basic info below and see how much help you could qualify for to cover your monthly insurance cost. While not every plan and tax credit can be estimated here, this will help you make a plan to get covered. Let's get started!'. The 'Household Information' section has input fields for ZIP code (75211), Estimated 2014 household income (46000), Number of people in household (3), and Number of people that need insurance (3). Below these are three rows for individual ages: Person 1 (16), Person 2 (40), and Person 3 (46). A note says: 'If the person being covered is under 1 year old, enter 0.' A red 'Calculate' button is at the bottom of this section. The 'Your Estimated Costs' section shows: 'PERSON 1 (Age 16)', 'PERSON 2 (Age 40)', and 'PERSON 3 (Age 46)'. It states: 'Persons 1, 2 and 3 might qualify for options through HealthCare.gov.' The estimated monthly insurance cost is '\$59 – \$289'. A breakdown shows: 'Here's how we got this: Estimated monthly cost: \$497–\$727, Estimated monthly tax credit: -\$438, Estimated total monthly cost: \$59–\$289'. A disclaimer states: 'This is an estimate based on the info you provided. You might qualify for other plans and tax credits through HealthCare.gov that can't be determined here. You will have a variety of plans and prices to compare side-by-side, so you can choose a plan that fits your needs and your budget.' A red 'Get started today!' button is followed by a red 'Get Enrolled' button. A note at the bottom says: 'Note: Women who are pregnant and individuals with disabilities could qualify for other free or low-cost health insurance options that can be determined by your state Marketplace.' A link for 'Methodology' is also present.

Calculator: See What You Qualify For

Enter some basic info below and see how much help you could qualify for to cover your monthly insurance cost. While not every plan and tax credit can be estimated here, this will help you make a plan to get covered.

Let's get started!

Household Information

ZIP code: 75211

Estimated 2014 household income: 46000

Number of people in household: 3
This includes you, a spouse, and any kids that you consider dependents on your taxes

Number of people that need insurance: 3

Person 1: 16
Person 2: 40
Person 3: 46

If the person being covered is under 1 year old, enter 0.

Calculate

Your Estimated Costs

PERSON 1 (Age 16)
PERSON 2 (Age 40)
PERSON 3 (Age 46)

Persons 1, 2 and 3 might qualify for options through HealthCare.gov.

Your estimated monthly insurance cost: \$59 – \$289

Here's how we got this:

Estimated monthly cost: \$497–\$727
Estimated monthly tax credit: -\$438
Estimated total monthly cost: \$59–\$289

This is an estimate based on the info you provided. You might qualify for other plans and tax credits through HealthCare.gov that can't be determined here. You will have a variety of plans and prices to compare side-by-side, so you can choose a plan that fits your needs and your budget.

Get started today!

Get Enrolled

Note: Women who are pregnant and individuals with disabilities could qualify for other free or low-cost health insurance options that can be determined by your state Marketplace.

[Methodology](#)

Source: www.getcoveredamerica.org/calculator

Get Covered America: Enroll America's Campaign

Enroll America launched its national campaign, Get Covered America, in June 2013. The campaign engages consumers through data-driven grassroots organizing, digital mobilization, strategic advertising, and coalition-based partnerships. The integrated data and research efforts allow for continual adjustments based on consumers' experiences and preferences.

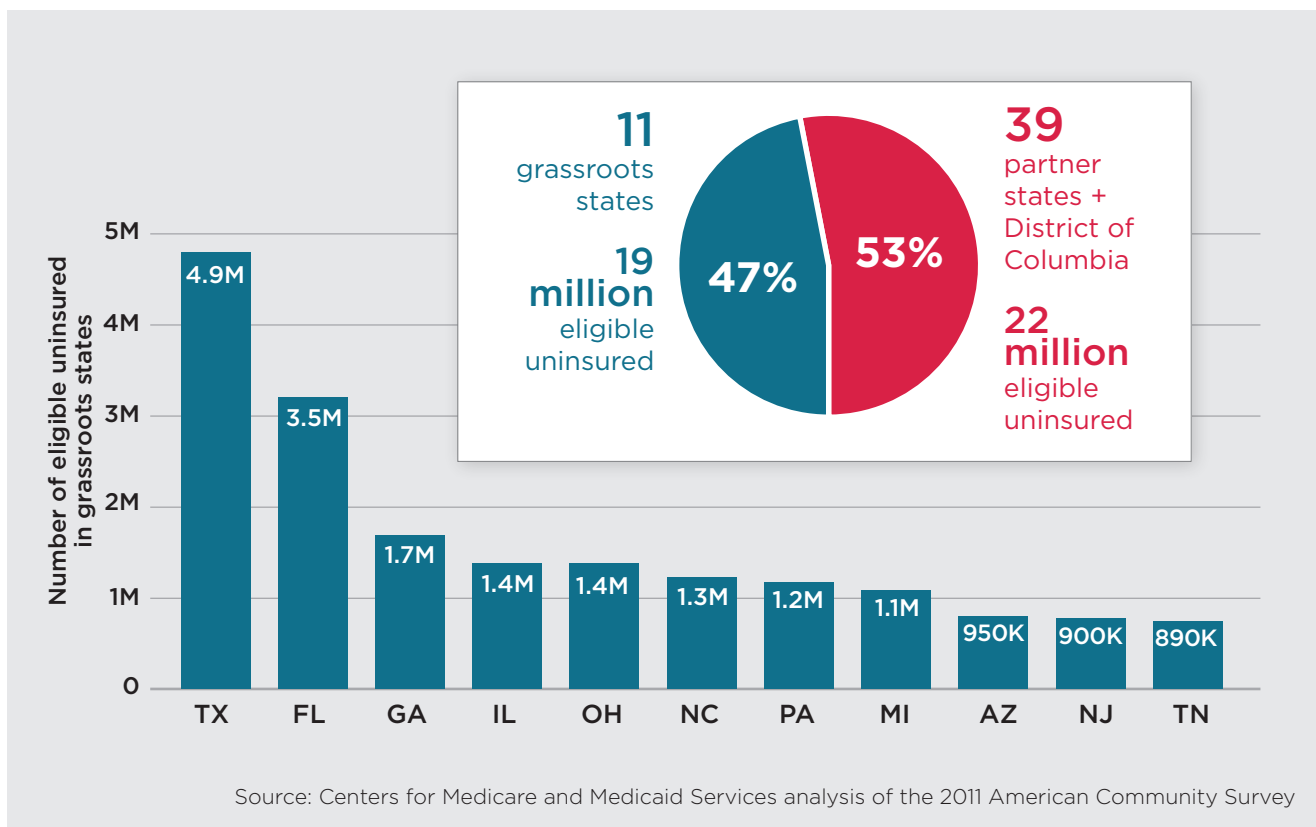
Enroll America's grassroots efforts focus on 11 states (Arizona, Florida, Georgia, Illinois, Michigan, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee, and Texas) that have some of the highest numbers of uninsured individuals in the country and are not running a state-based

marketplace.⁶ Tennessee was added as the 11th grassroots state in November 2013, and is not included in the analysis in the second half of this issue brief. See Figure 2 for a geographic breakdown of the eligible uninsured across the United States and Figure 3 to understand Enroll America's reach in the grassroots states.

Two key components of Enroll America's work in the 11 states are grassroots organizing and building local capacity and partnerships.

- **Grassroots organizing:** The goal of this effort is to raise awareness about the new coverage options available, to identify uninsured consumers, and to connect those consumers to opportunities to enroll. Organizers do not provide application assistance.

Figure 2. Eligible Uninsured in the United States



Instead, they educate uninsured consumers and refer them to local sources of enrollment assistance through public outreach events, door-to-door canvassing, and phone banking. Organizers also recruit and train volunteers to engage in these same outreach activities.

■ **Building local capacity and partnerships:**

This aspect of the grassroots effort focuses on strengthening traditional partnerships, working with enrollment assisters (navigators, community health centers, and other entities), and engaging non-traditional partners who reach uninsured Americans, like colleges, small businesses, and faith communities. The state directors who lead

these efforts were selected, in part, for their existing presence in and knowledge of the health coverage community in their state.

One of the major goals of these two campaign components is to collect (directly and through partners) contact information so that Enroll America staff can follow up with interested consumers to continue the conversation about health coverage. Enroll America also identifies interested consumers through a parallel digital effort, including through the Get Covered America website and online ads that direct consumers to sign up for more information. Enroll America then follows up with these consumers via email and phone (if available).

Figure 3. Enroll America's Grassroots Efforts



State Spotlight: Pennsylvania



Much of Enroll America's efforts in Pennsylvania revolve around trusted partners who work with Pennsylvanians without health insurance across the state. These community partners act as a bridge to connect Enroll America staff and volunteers with uninsured individuals.

In Philadelphia, one key partnership is with the city itself. Mayor Michael Nutter's support has given Enroll America credibility and access to city agencies and partners. In particular Enroll America has worked with the recreation department, employment office, and the Mayor's Office of Faith-Based Initiatives. This partnership has allowed staff to hold outreach events in these offices to educate consumers about the new health coverage options, coordinate enrollment events with official application assisters at churches across the city, and train city staff to ask Philadelphians interested in the new coverage options to fill out a Get Covered America "commit card." Enroll America staff and volunteers then follow up with these consumers, encourage them to sign up for health coverage, and connect them to resources that will help them enroll, like the nearest in-person assister or the Get Covered America Cost Calculator.

Another major partner in Philadelphia is the Campaign for Working Families (CWF), a community group that provides free income tax assistance to 10,000 low-income individuals and families each year. Enroll America works with CWF in two primary ways: The first is matching official application assisters with some of CWF's sites to sign up consumers who are waiting for a tax appointment. This works especially well since CWF clients already have all the documents to file their taxes with them when they come to the appointment. The information in these documents, like annual income and household members' social security numbers, are helpful to have on hand when applying for health coverage. The second way CWF and Enroll America work together is



Enroll America Outreach Event in Philadelphia, October 2013

identifying uninsured clients. As part of its intake process, CWF now asks all clients if they have health insurance. CWF then gives interested consumers' contact information to Enroll America for follow-up.

On the other side of the state, in Pittsburgh, Enroll America has found partners in the region's colleges. Enroll America staff and volunteers are working with all four campuses of the Community College of Allegheny County, the University of Pittsburgh, and Carnegie Mellon University to conduct outreach and education campaigns, and hold enrollment events targeted at students, school employees, and community members.

Another key partner in Pittsburgh is the Eastside Neighborhood Employment Center (ENEC). While helping community members find jobs, ENEC has also asked about health insurance and has found hundreds of consumers who are interested in the new health coverage options and have filled out Get Covered America commit cards for follow-up. The ENEC also allows Enroll America volunteers to use its space to conduct follow-up calls for ENEC members and others across Pennsylvania who have indicated that they are interested in the new health coverage options.

Enroll America's Follow-up Efforts Provide Insight into Consumers' Enrollment Experiences

The grassroots campaign has spoken with hundreds of thousands of Americans since its launch in June 2013. The first efforts were geared toward educating consumers about the new health coverage options and asking them to commit to enrolling.

Beginning in November 2013, Enroll America's grassroots staff and volunteers also began telephone follow up with consumers previously identified as uninsured, or who were concerned about maintaining their coverage, and indicated interest in the new health coverage options.⁷ The purpose of the follow-ups was to determine whether consumers had enrolled, encourage those who hadn't to take action and connect them to resources, and learn more about the consumers and their experiences with enrollment. Volunteers made the majority of the follow-up calls to consumers within their own communities. These efforts allowed the campaign to re-connect with nearly 20,000 consumers in the 10 original grassroots states between November 18, 2013 and February 14, 2014.⁸ See Table 1 for geographic and demographic breakdown of these consumers.

The number of consumers reached for follow-up in each state varies, but most states re-connected with between 1,000 and 3,000 consumers during the November 2013 through February 2014 period. The interactions followed a uniform script that included questions about whether the consumer had enrolled or tried to enroll in marketplace coverage, what barriers he or she encountered (if the consumer had attempted to enroll), and how he or she preferred to enroll (e.g. website or in-person assister). Staff and volunteers added these answers, along with date and location, to existing demographic information when available,

creating a rich source of information on consumers' experiences and needs, and how these vary by population. The questions from the follow-up script are in Appendix I and the responses—including demographic and geographic breakdowns—are in Appendix II.

Consumers' Enrollment Experiences

While the primary purpose of following up with consumers was to encourage them to sign up for health coverage, staff and volunteers also collected information about consumers' experiences during open enrollment. These follow-up conversations with interested consumers—including those who are uninsured and those concerned about maintaining their health coverage—offer insight into consumers' attempts, successes, challenges, and enrollment preferences from November 2013 to February 2014.⁹

Attempts and Successes

The first two-part question consumers were asked during the follow-up conversation was whether they had tried to enroll in health coverage and if they were successful. We were able to measure how consumers' experiences changed during the open enrollment period and examined which demographic groups may benefit from more targeted outreach and application assistance. For the full set of data, see Appendix II, Table 1 (page 14).

Key findings:

- One in three consumers contacted had attempted to enroll in a new health coverage option (including marketplace plans and Medicaid) since October 1, 2013. Of those who attempted, 45 percent successfully enrolled. See Figure 4.
- Enrollment success rates improved over time, with consumers reporting more success enrolling in January and February compared with November and December.

Table 1. Geographic and demographic distribution of consumers contacted by Enroll America staff and volunteers for follow-up conversations, November 2013–February 2014

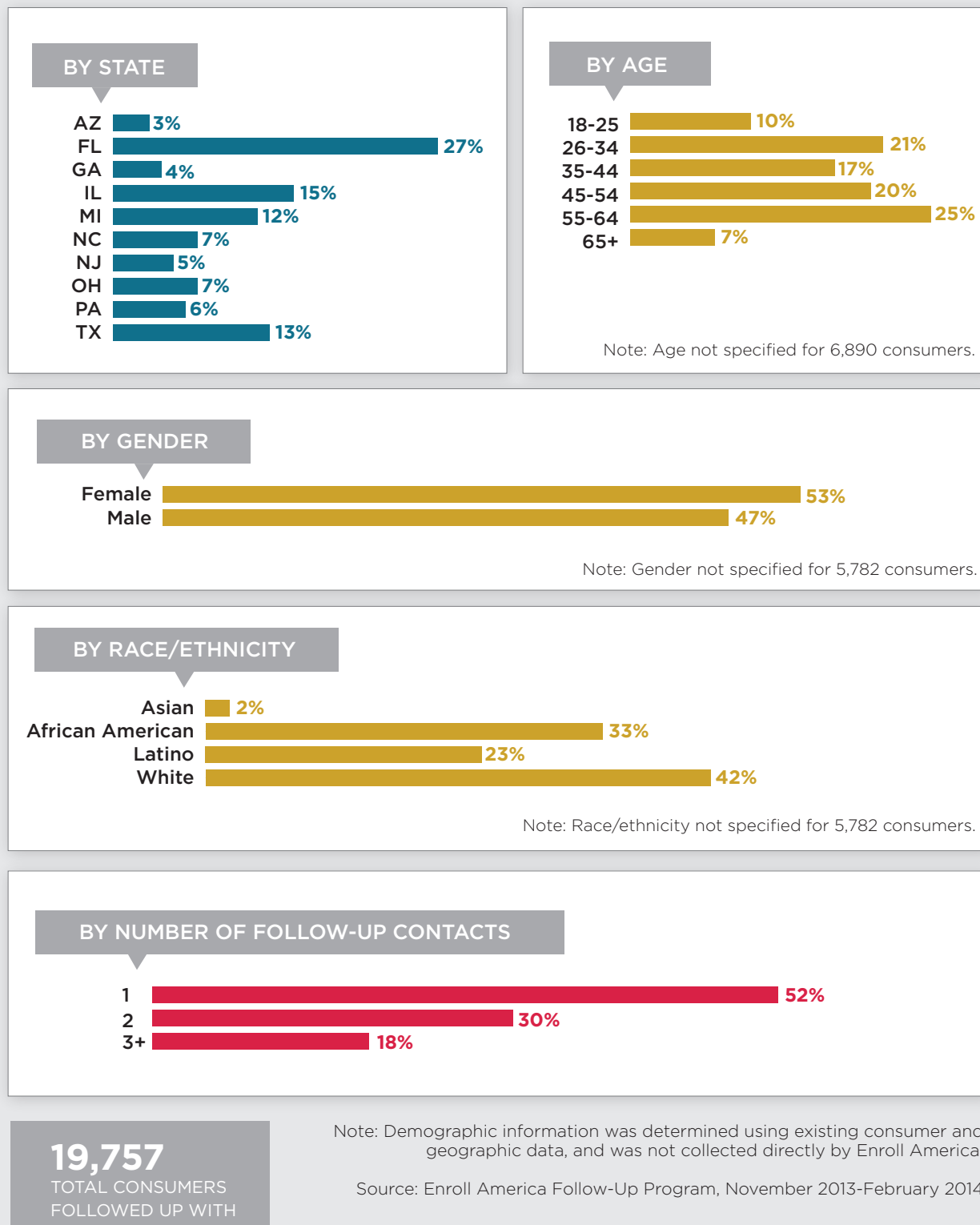
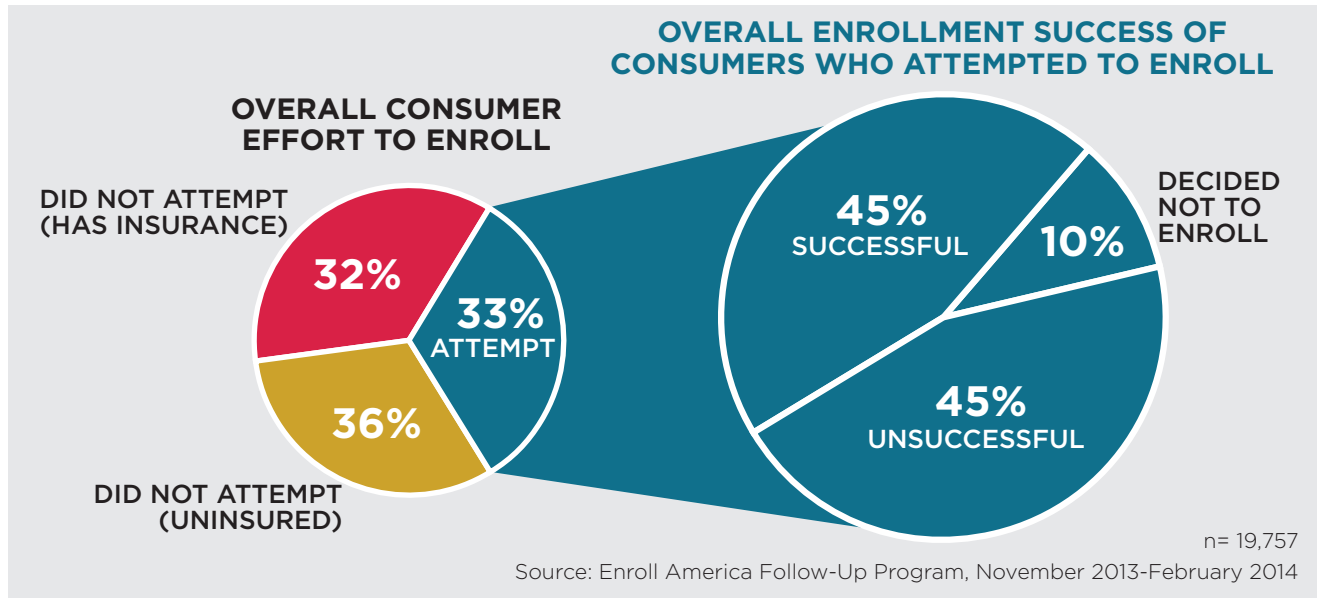


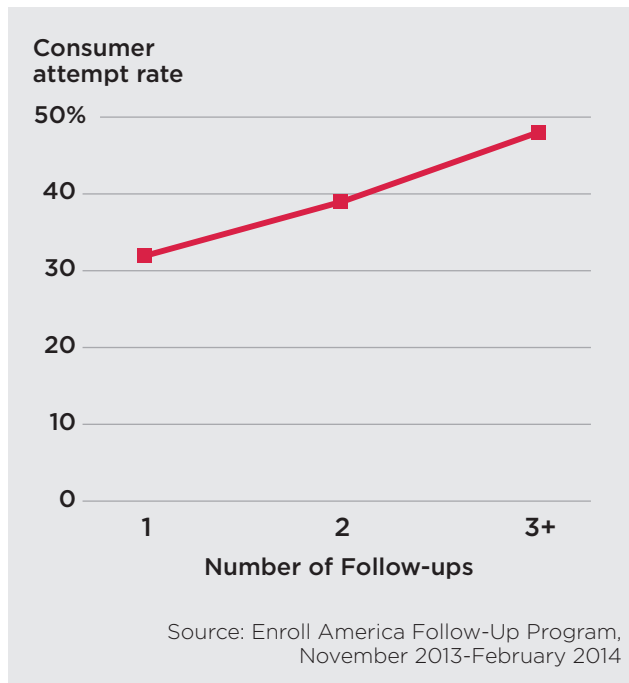
Figure 4. Consumer attempts and success at enrolling, November 2013–February 2014



- Consumers were more likely to attempt enrolling after additional interactions with Enroll America. When compared to consumers who were only contacted once, those who were contacted a second time were 24 percent more likely to have attempted to enroll. Consumers who were contacted three or more times were 50 percent more likely to have attempted to enroll. See Figure 5.¹⁰
- Latinos reported a lower attempt rate (24 percent versus 34 percent) and lower success rate (39 percent versus 46 percent) than non-Latino consumers.
- Young adults (18 to 34-year-olds) reported fewer attempts (27 percent) and fewer successful enrollments (41 percent) than their older counterparts. Among the 45 to 64-year-olds, 40 percent attempted to enroll and 49 percent succeeded.

Although enrollment rates are improving over time, there is still a significant need for additional direct consumer engagement and improvements to the application process. These findings also underscore the need for continued focus on Latinos and younger Americans, who lag in attempts to enroll as well as success in enrolling. Additional targeted outreach and education is needed to raise awareness and encourage more enrollment attempts among these groups. Improvements in the application process (such as fixing technical glitches, augmentation of Spanish resources, and additional in-person assisters) may increase success rates among those who attempt to enroll.

Figure 5. Consumer attempt rate by number of follow-up conversations from Enroll America



Challenges

Consumers who reported that they had attempted but did not successfully enroll were asked why they did not enroll. The question was asked in an open manner (rather than multiple-choice), and staff and volunteers then selected the corresponding answer or answers among nine options:

1. The consumer experienced technical issues with the website,
2. The consumer experienced issues with the call center,
3. The consumer was unable to get in-person help,
4. The consumer did not understand the process or instructions,

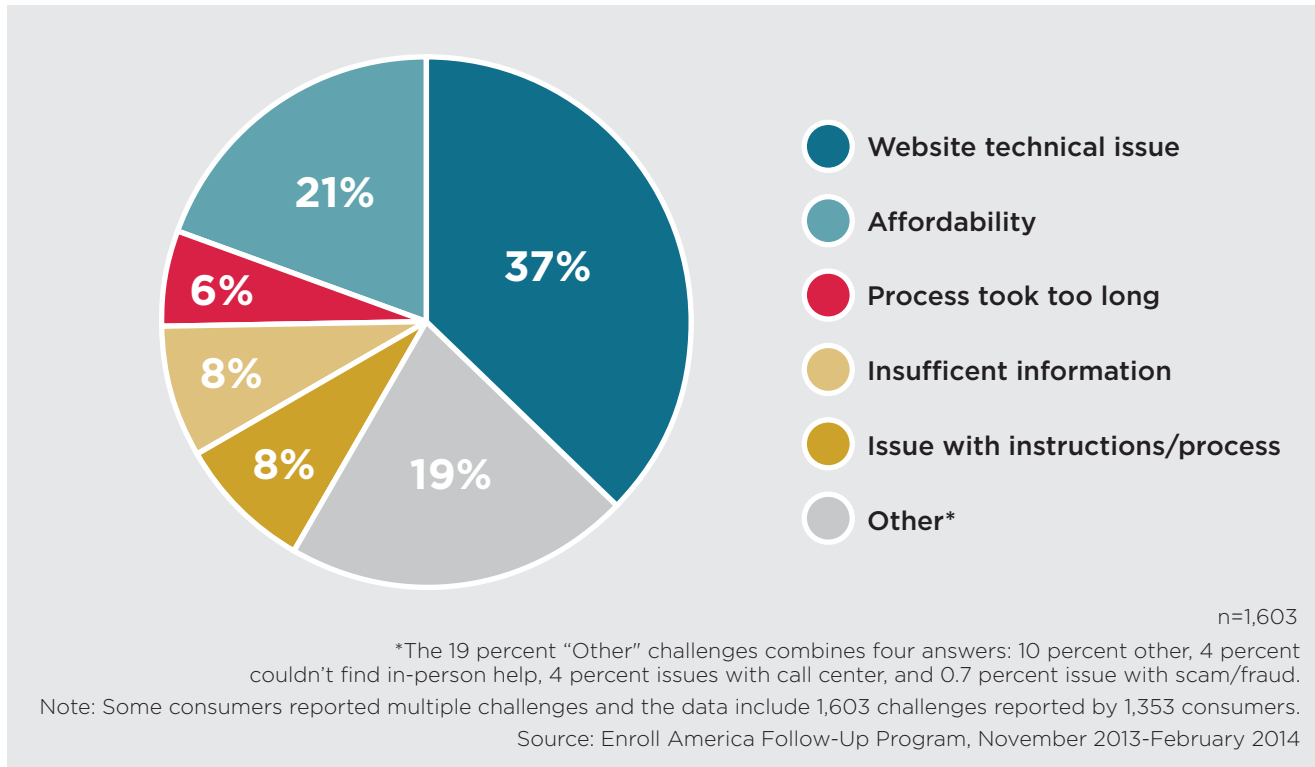
5. The consumer felt the process took too long,
6. The consumer did not have enough information to make a decision,
7. The consumer could not afford any of the options available,
8. The consumer encountered a scam or fraud, or
9. The consumer experienced another issue.

The challenges reported lend insight into what may be dissuading some consumers from enrolling. These challenges point to additional improvements that federally facilitated marketplaces need to make to provide consumers a smoother path to obtain health coverage. For the full set of data, see Appendix II, Table 2 (page 15).

Key Findings:

- The most common challenge reported was having technical problems with the website (37 percent of the total challenges reported), followed by an inability to find an affordable coverage option (21 percent of the challenges reported). See Figure 6.
- The proportion of consumers who reported having technical problems with the website fell each month moving forward, from 56 percent in November 2013 to 27 percent in February 2014, although the website was still one of the most common challenges reported in February. Conversely, reports that the available options were unaffordable increased each month, presumably as an increasing proportion of consumers were advancing to this stage of the enrollment process.¹¹

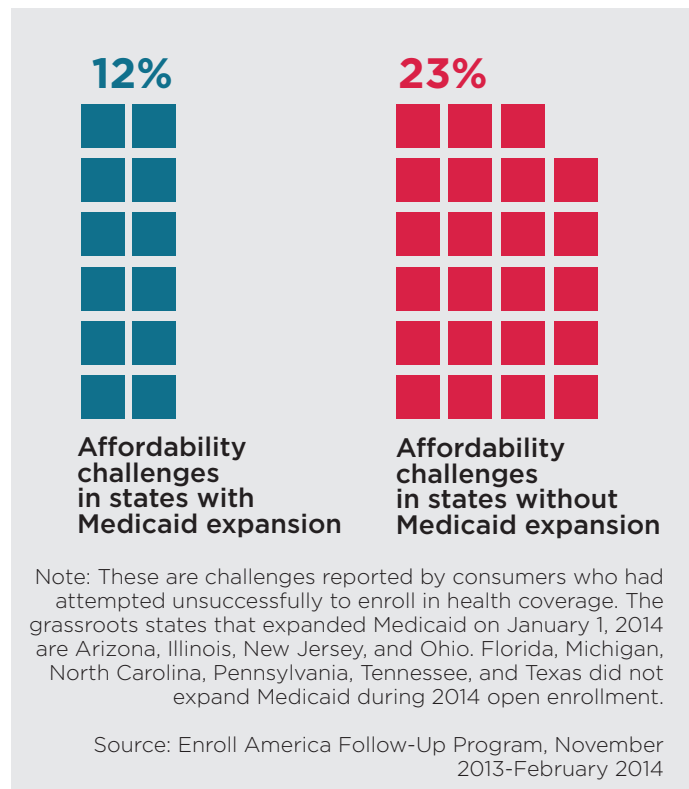
Figure 6. Challenges identified by consumers who attempted but did not successfully enroll



For those who did experience a problem, the website was the most frequent cause.¹² The Centers for Medicare and Medicaid Services needs to make further improvements to the federally facilitated marketplace, such as resolving remaining technical glitches, refining the identity verification process, and ensuring that health plan details are available and accurate in order to deliver on the seamless experience that was originally envisioned in the Affordable Care Act.

Reports vary by state regarding the inability to afford any of the options available. This is likely influenced by whether or not that particular state expanded Medicaid. Consumers in states that expanded Medicaid were about half as likely to report affordability as a problem as consumers in states that have not expanded Medicaid, where many of the lowest-income consumers qualify for neither Medicaid nor premium tax credits. See Figure 7.

Figure 7. Proportion of challenges reported related to affordability



The remaining problems reported were spread out across a number of categories:

- Challenges understanding the application process or instructions,
- Insufficient information,
- Process took too long,
- Inability to get in-person help, and
- Problems with the call center.

This variety of challenges suggests that continued investment in call center capacity, in-person assistance, and online consumer resources will be crucial to ensure that consumers can overcome these challenges and enroll (or stay enrolled) successfully.

Enrollment Method Preferences

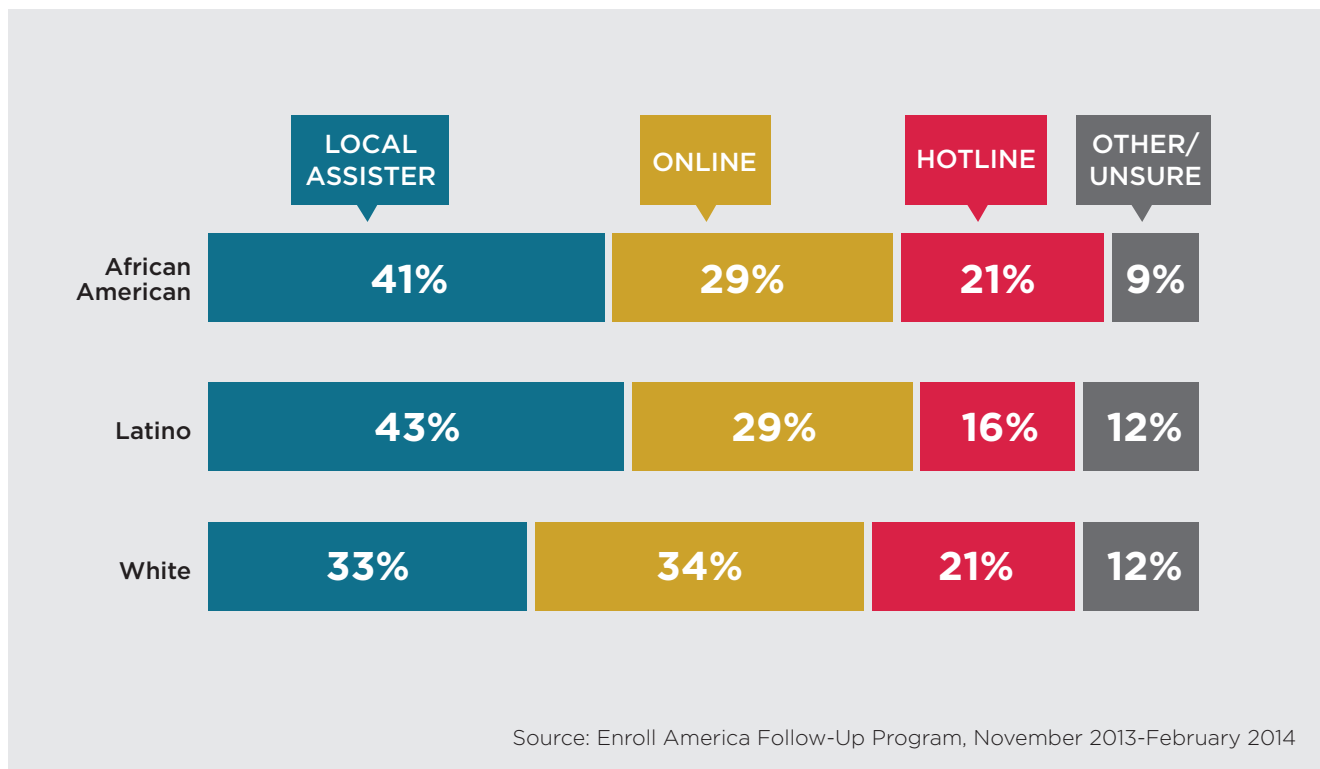
Consumers who reported that they had not attempted to enroll but expressed interest

in signing up were asked what enrollment method they preferred (e.g. online, in-person assister, call center). These preferences are vital in planning outreach and enrollment efforts for the coming year, to ensure the resources provided match the needs of interested consumers. For the full set of data, see Appendix II, Table 3 (page 16).

Key findings:

- Enrollment with an in-person assister was the preferred method of enrollment for 41 percent of consumers, followed by applying online (29 percent) and through the call center (21 percent).
- Proportionally more African American and Latino consumers preferred in-person assistance (41-46 percent) than their white counterparts (33 percent). Whites slightly preferred online enrollment (34 percent) to other methods. See Figure 8.

Figure 8. Consumers' enrollment preferences



These findings show that in-person assistance is particularly important to communities of color. As federal and state policymakers assign funding for navigator and other assister programs for the coming year, it will be important to allocate additional resources to ensure there is sufficient assister capacity to serve racial and ethnic minority populations. It will also be crucial to provide assisters with materials and training necessary to serve these populations in a manner that is both culturally and linguistically appropriate. Additionally, outreach events and materials targeting communities of color should highlight the availability of in-person assistance and how to get it.

Data Limitations

The consumers reporting their experiences in the follow-up program are not representative of the national population of uninsured Americans. These consumers are from 10 federally facilitated marketplace states, and within these states, the Get Covered America campaign operates solely in urban areas where the higher population density allows fewer staff and volunteers to reach more consumers. Compared with the national population of eligible uninsured Americans, the Get Covered America consumer population includes more African Americans, and fewer white and Asian Americans. For the breakdown of the geographic and demographic counts and distributions of consumers contacted, see Table 1 (page 7).

Demographic information is unavailable for a segment of consumers in the follow-up program. To the extent we have this information, it comes from existing data that formed our original consumer list. Enroll America does not collect demographic information from the individuals we contact. Individuals without demographic information remain in the analysis and are identified as “unspecified” when other demographics groups are identified.

Additionally, since the follow-up program’s primary purpose and design was to encourage consumers to enroll, there are methodological issues that create selection bias. For example, if a consumer reports that he or she successfully enrolled, he or she will not be contacted again. But if a consumer does not attempt to enroll or is not successful in his or her attempt, he or she may be re-contacted as part of the follow-up program until he or she reports success. Only enrollment information from the most recent contact was used in this analysis, except when examining enrollment attempt and success rates over time and by interactions. In these two instances, every conversation (instead of just the final one) is included in order to better reflect these temporal relationships.

Conclusion

Enroll America’s campaign has directly engaged hundreds of thousands of consumers and collected information about their enrollment experiences during the first open enrollment period. These data provide important feedback to maximize Enroll America’s grassroots efforts, as well as lend insight to broader enrollment stakeholders on consumers’ actual enrollment experiences in federally facilitated marketplace states.

Enroll America plans to share additional insights from this follow-up program and other aspects of the field work in the coming months to enhance stakeholders’ ability to make smart, data-driven improvements that will maximize the number of Americans who have health coverage.

Appendix I

Script for follow-up questions

1. Since October 1, have you or anyone in your family tried to sign up for a new health insurance plan?

- Yes, tried and successful
- Yes, tried but unsuccessful
- Yes, but decided not to enroll
- No

2. What was the main reason that you didn't end up getting insurance? [Note: This was an opened ended question and staff and volunteers categorized responses from the following options:]

- Technical issue with the website
- Issues with call center
- Did not understand the process or instructions
- Process took too long
- Did not have enough information to make a decision
- Could not get in-person help
- Could not afford any of the options available
- Encountered a scam or fraud
- Other

3. How are you going to try and sign up?

- Go to local assister or navigator
- Call the hotline
- Go online
- Other
- Unsure

Appendix II

Table 1. Attempt and success rates among consumers contacted in the follow-up program

	Attempts	Success if attempted
Overall	33%	45%
State		
Arizona	37%	56%
Florida	40%	39%
Georgia	48%	36%
Illinois	25%	51%
Michigan	26%	56%
North Carolina	34%	53%
New Jersey	33%	39%
Ohio	37%	52%
Pennsylvania	43%	43%
Texas	20%	44%
Race/ethnicity		
Asian	32%	49%
African American	32%	43%
Latino	24%	39%
White	36%	49%
Unspecified	34%	45%
Gender		
Female	37%	45%
Male	26%	46%
Unspecified	34%	45%
Age		
18-25	29%	40%
26-34	26%	42%
35-44	30%	37%
45-54	37%	46%
55-64	42%	51%
65+	18%	52%
Unspecified	33%	45%
Month Reported		
November 2013	39%	23%
December 2013	30%	32%
January 2014	34%	48%
February 2014	41%	45%

Note: Tennessee is not included because comparable data are not available.

Source: Enroll America Follow-Up Program, November 2013-February 2014

Table 2. Challenges identified by consumers who attempted but did not successfully enroll

	Website	Affordability	Instructions/ Process	Insufficient information	Process too long	Other*
Overall	37%	21%	8%	8%	6%	19%
State						
Arizona	50%	11%	8%	3%	19%	8%
Florida	45%	29%	7%	5%	5%	10%
Georgia	33%	22%	9%	4%	6%	26%
Illinois	30%	16%	10%	4%	6%	34%
Michigan	34%	16%	7%	8%	7%	27%
North Carolina	31%	36%	6%	11%	5%	11%
New Jersey	40%	8%	9%	5%	10%	29%
Ohio	32%	13%	7%	11%	9%	27%
Pennsylvania	42%	15%	8%	15%	6%	15%
Texas	25%	17%	13%	17%	6%	22%
Race/ethnicity						
Asian	60%	27%	13%	<1%	<1%	<1%
African American	39%	20%	8%	8%	7%	18%
Latino	37%	19%	11%	7%	8%	19%
White	42%	24%	5%	6%	5%	18%
Unspecified	29%	18%	12%	13%	8%	21%
Gender						
Female	41%	22%	7%	6%	6%	19%
Male	39%	22%	8%	7%	7%	16%
Unspecified	29%	18%	12%	13%	8%	21%
Age						
18-25	34%	23%	13%	12%	6%	12%
26-34	45%	17%	6%	8%	4%	20%
35-44	41%	24%	9%	6%	6%	14%
45-54	42%	20%	7%	8%	8%	15%
55-64	37%	24%	6%	5%	6%	22%
65+	40%	20%	7%	<1%	7%	27%
Unspecified	30%	19%	11%	11%	7%	21%
Month Reported						
November 2013	56%	8%	3%	6%	17%	10%
December 2013	47%	16%	8%	6%	6%	17%
January 2014	33%	22%	8%	9%	6%	22%
February 2014	27%	29%	10%	9%	6%	19%

*The 19 percent "Other" challenges combines four answers: 10 percent other, 4 percent couldn't find in-person help, 4 percent issues with call center, and 0.7 percent issue with scam/fraud.

Notes: Some consumers reported multiple challenges and this includes 1603 challenges reported by 1353 consumers. Tennessee is not included because comparable data are not available.

Source: Enroll America Follow-Up Program, November 2013-February 2014

Table 3. Consumers' preferences for method of enrollment

	Local Assister	Online	Hotline	Other	Unsure
Overall	41%	28%	20%	3%	7%
State					
Arizona	42%	32%	12%	3%	12%
Florida	42%	35%	16%	3%	5%
Georgia	31%	36%	21%	7%	5%
Illinois	49%	28%	11%	1%	12%
Michigan	27%	29%	34%	3%	8%
North Carolina	55%	19%	17%	3%	6%
New Jersey	42%	35%	14%	3%	5%
Ohio	24%	27%	37%	3%	9%
Pennsylvania	46%	24%	15%	4%	11%
Texas	55%	15%	22%	2%	6%
Race/ethnicity					
Asian	46%	25%	19%	1%	9%
African American	41%	29%	21%	2%	7%
Latino	43%	29%	16%	3%	9%
White	33%	34%	21%	4%	8%
Unspecified	47%	24%	21%	3%	6%
Gender					
Female	39%	31%	20%	3%	7%
Male	37%	31%	20%	3%	9%
Unspecified	47%	24%	21%	3%	6%
Age					
18-25	32%	38%	15%	5%	10%
26-34	36%	36%	17%	2%	10%
35-44	37%	32%	21%	2%	9%
45-54	38%	30%	21%	3%	7%
55-64	40%	26%	23%	4%	6%
65+	30%	28%	21%	9%	12%
Unspecified	47%	24%	21%	3%	6%

Note: Tennessee is not included because comparable data are not available.

Source: Enroll America Follow-Up Program, November 2013-February 2014

Acknowledgments

This piece was written by Molly Warren, Policy Analyst, Best Practices Institute.

Assistance was provided by Jennifer Sullivan, Director, Best Practices Institute.

The author wishes to thank Meghan Blickman, Bill England, John Gilbert, Ricky Gonzales, Saumya Narechania, Matt Saniie, Adam Stalker, and Sophie Stern from Enroll America for their input and guidance.

Enroll America thanks Talia Schmidt and Evan Potler of Families USA for their editorial and design support in the production of this brief.

Endnotes

¹Centers for Medicare and Medicaid Services' analysis of the 2011 American Community Survey: <https://data.cms.gov/dataset/The-Number-of-Estimated-Eligible-Uninsured-People-/pc88-ec56>

²Informing Enroll America's Campaign: Findings from a National Survey, Enroll America and Lake Research Partners, February 2013: http://www.enrollamerica.org/wp-content/uploads/old-files/best-practices-institute/public-education-resources/Enroll_America_Survey_Final_Report.pdf

³The Uninsured Midway through Open Enrollment, Perry Undum and Enroll America, January 2014: https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2014/01/Perry_Undem_Uninsured_Survey.pdf

⁴Get Covered America's Cost Calculator: <http://www.getcoveredamerica.org/calculator/>

⁵The predictive model compares many pieces of information on a specific consumer, from age to voting activity, and uses the characteristics of individuals whose insurance status is known to determine the likelihood that other consumers do not have insurance. The model has performed accurately when tested in the field.

⁶These 10 states were chosen in June 2013 before it was clear which states would expand Medicaid eligibility. As of October 1, 2013, four states, Arizona, Illinois, New Jersey, and Ohio, had committed to expanding Medicaid in January 2014, and a fifth state, Michigan, expanded in April 2014.

⁷Consumers' insurance status was determined through canvassing and collecting information from consumers through social media and digital advertising campaigns.

⁸Since February 14, 2014, Get Covered America has increased its follow up efforts with consumers and re-connected with more than 50,000 consumers between February 15 and March 31.

⁹In this report, we are looking at a subset of the open enrollment period, specifically November 18, 2013 to February 14, 2014, because there were changes to the script before and after this period. Before November 18, the script did not ask if a consumer had tried to enroll and after February 14, the script included new questions and a different structure.

¹⁰For most of the analysis, only the most recent answers from consumers contacted multiple times were used. For attempt and success rates by time and by number of conversations with Get Covered America, however, all interactions were included.

¹¹Consumers reporting problems in one month actually could have experienced the problem in a prior month. For example, some portion of the 27 percent that reported website issues in February may have actually experienced these issues earlier in open enrollment.

¹²The challenges reported in this issue brief are from a subset of consumers, specifically those who attempted to enroll but did not succeed. Enroll America research conducted in December 2013 looking at the uninsured overall found that the a majority consumers were not aware of the new coverage options, financial help, or the deadline, and two out of three had not even visited their state's marketplace website and hence had not experienced a website glitch (see endnote 3).

