

# STATE OF ENROLLMENT

Helping America Get Covered  
and Stay Covered, 2014 – 2015



***“Even though I’m healthy, my coverage  
has meant that — no matter what  
happens to me — someone’s there to  
help out when I need it.”***

**— Perry in MI**



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***“When I lost my job, I needed to find health coverage on my own. With local help, I found a plan that meant I could get a preventive wellness screening for the first time in years. Better yet, it was at no cost.”***

**— Sondra in NC**





# PRESIDENT'S LETTER

This year, as we headed towards the end of the second open enrollment period under the Affordable Care Act (ACA), I once again hit the road for Enroll America's "Countdown to Get Covered" bus tour. I firmly believe that our greatest strength as an organization is the work happening on the ground — and often far from the spotlight — in communities across the country, and this tour was my whirlwind opportunity to see that work up close and personal. I got to see Enroll America staff and volunteers and local enrollment coalitions in action, and to hear the stories of those whose lives have been changed by the opportunity to find quality, affordable health coverage.



The tour took us to a dozen communities across Alabama, North Carolina, Georgia, and Florida — states with among the highest uninsured rates in the nation, even after the first open enrollment period. We gathered with leaders from the Latino community

in Winston-Salem, and visited with sisters from the Delta Sigma Theta sorority who were making phone calls to the uninsured in Atlanta. One week from the enrollment deadline, we finished the tour alongside faith leaders and elected officials as church



**Anne Filipic meets Robin, a newly insured North Carolinian, and Monica, the assister who connected Robin to coverage, on the “Countdown to Get Covered” bus tour.**

services began on Sunday morning in Miami, with in-person assisters standing by, ready to enroll congregants.

At every one of these stops, I was struck by how the local community had rallied together to support its members through the enrollment process, with each region finding success in its own way. Our effort is most powerful when it is national in scope, but local in nature.

In Greensboro, North Carolina, we stopped by a phonebank where a woman named

Robin spoke about how she enrolled in coverage last year, and re-enrolled during this enrollment period. Robin returned to school to earn her associates degree at the age of 45; she worked hard to get to graduation day, then lost a front tooth just as she was interviewing for jobs. As Robin said, “You can go all the way to graduation, but when you get to an interview with a missing tooth, they will look at you funny.” But now, thanks to her coverage, Robin said, “I can keep my smile.” Robin spoke passionately and eloquently about why this work is so important to so many people, and her story brought many in

*“My assister, Monica, is in the room. She is my friend for life. She made it easy. She made me comfortable. Now I feel safe. I don’t have to worry anymore about not knowing what is wrong with my health.”*

**— Robin in NC**

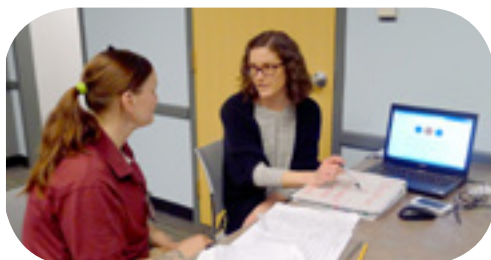
the room to tears. Before she closed, Robin paused to point out one of the volunteer assisters in the room.

**“My assister, Monica, is in the room. She is my friend for life. She made it easy. She made me comfortable. Now I feel safe. I don’t have to worry anymore about not knowing what is wrong with my health.”**

We learned a lot in the first two open enrollment periods about how to make the ACA work for people like Robin, but that doesn’t mean the road will be smooth in the years to come. In fact, the enrollment success we’ve seen may make it more challenging to reach the remaining uninsured. As a higher number of Americans gain health insurance, there will be a smaller pool of uninsured consumers to reach, and enrolling them will require a smarter, more focused effort. As health coverage enrollment becomes less novel and more routine, it may be harder to garner the kind of media attention that would motivate the remaining uninsured to take action. And as the law continues to succeed, its opponents will continue to throw

obstacles in its path, such as the politically motivated lawsuit before the Supreme Court that could affect the financial well-being and health of millions of newly enrolled Americans. These are far from the first challenges we’ve encountered, and they won’t be the last.

But Enroll America has always been driven by people, not politics — and that’s what makes this effort so unique. The truth is that, despite the challenges of the last few years, the enrollment coalition today is the strongest it has ever been. Just as Robin and Monica now share a bond that will last a lifetime, the partnerships we have developed over the last two years are becoming a part of the permanent fabric of communities. Hospitals work with local assisters to help their patients enroll; churches and mosques partner with enrollment organizations to educate their communities; local television stations sponsor phone-a-thons to answer their viewers’ questions about enrollment. This isn’t a temporary, top-down national effort — these are powerful, tried-and-true local enrollment efforts that have the potential to last for years to come.



*As long as we continue to give local leaders and volunteers the tools they need, we will continue to make great progress in ensuring Americans enroll in and retain quality, affordable health coverage.*

I saw this in community after community as we traveled across the South on the “Countdown to Get Covered” bus tour. It is the story of people like Monica who came together in communities across the country to help their neighbors. It is the story of people like Robin who felt unsure and wary, and now feel safe and secure. And in this work, I’ve learned that there are few things more powerful than that feeling. We have a lot of work left to do in the months and

years to come. **But as long as we continue to give local leaders and volunteers the tools they need, we will continue to make great progress in ensuring Americans enroll in and retain quality, affordable health coverage.**

Sincerely,

A handwritten signature in black ink that reads "Anne Filipic".

**Anne Filipic, President, Enroll America**



# INTRODUCTION

## CONTACTING MORE THAN 6 MILLION AMERICANS, 2014 – 2015

When the health insurance marketplaces established under the Affordable Care Act (ACA) opened for business on October 1, 2013, consumers and enrollment stakeholders alike began to experience one of the biggest health coverage reforms in American history. Since then, two open enrollment periods have come and gone, and Medicaid enrollment is continuing to grow as more states decide to expand their programs (28 states and the District of Columbia to-date).

During the first and second open enrollment periods (OE1 and OE2, respectively), the enrollment community successfully connected millions of individuals to affordable, comprehensive coverage. For many of those Americans, it was the first time they ever had the peace of mind and financial security that came from having health insurance that met their needs and fit their budget. And reaching, educating, and enrolling millions of Americans was a massive undertaking for a vast constellation of organizations across the country, from hospitals and health centers to faith groups and food banks. By the end of OE2 (February 15, 2015), 11.4 million Americans had enrolled in marketplace coverage

for 2015. Enrollment in Medicaid and the Children's Health Insurance Program (CHIP) also continued to grow, with an additional 10.1 million enrolled since October 2013.<sup>1</sup>

In preparation for OE1 (October 1, 2013 - March 31, 2014), stakeholders looked to lessons learned on enrollment from other health coverage programs such as CHIP and Medicare Part D, and pulled from successful political, issue, and corporate marketing campaign tactics to develop innovative and effective ways to reach consumers.<sup>2</sup>

To get ready for OE2 (November 15, 2014 - February 15, 2015), the enrollment community shared lessons learned from OE1,

built upon proven strategies to hone the “science of enrollment,” and planned for new opportunities such as renewals and the “tax filing moment” when some consumers may be more inclined to enroll. For example, stakeholders examined policy and messaging considerations for OE2 during the spring and summer of 2014, including how to simultaneously engage both the remaining uninsured and current marketplace enrollees who stood to benefit from actively renewing coverage for 2015.

Enroll America’s consumer-facing Get Covered America (GCA) campaign and partners entered OE2 with a baseline level of information about the remaining uninsured, and because there were fewer consumers without health insurance and there was less time to reach them, we knew our campaign would require greater precision and more strategic partnerships.<sup>3</sup> Enroll America’s uninsured model and other public polling data indicated that the uninsured rate

dropped by 31 percent during OE1, with about 10 million people gaining health insurance, and that the uninsured were less likely to be concentrated in specific geographic areas.<sup>4</sup> (See Figure 1 to compare uninsured rates from 2013 to 2014.) Moreover, while young adults, Latinos, and African Americans were among the groups that got covered at the highest rates during OE1, these populations remained the most likely to be uninsured during OE2.<sup>5</sup> **This meant that data-driven techniques and partnerships with trusted messengers at the national and local levels were more important than ever.** And, with half the amount of time to conduct outreach and enrollment — three months as opposed to the six-month inaugural open enrollment period — deploying efficient, evidence-based tactics was going to be critical.

In addition to having information about which consumers we would need to reach, we entered OE2 knowing the messages those

***Data-driven techniques and partnerships with trusted messengers at the national and local levels were more important than ever.***

## A COMPARISON OF UNINSURED RATES BY COUNTY

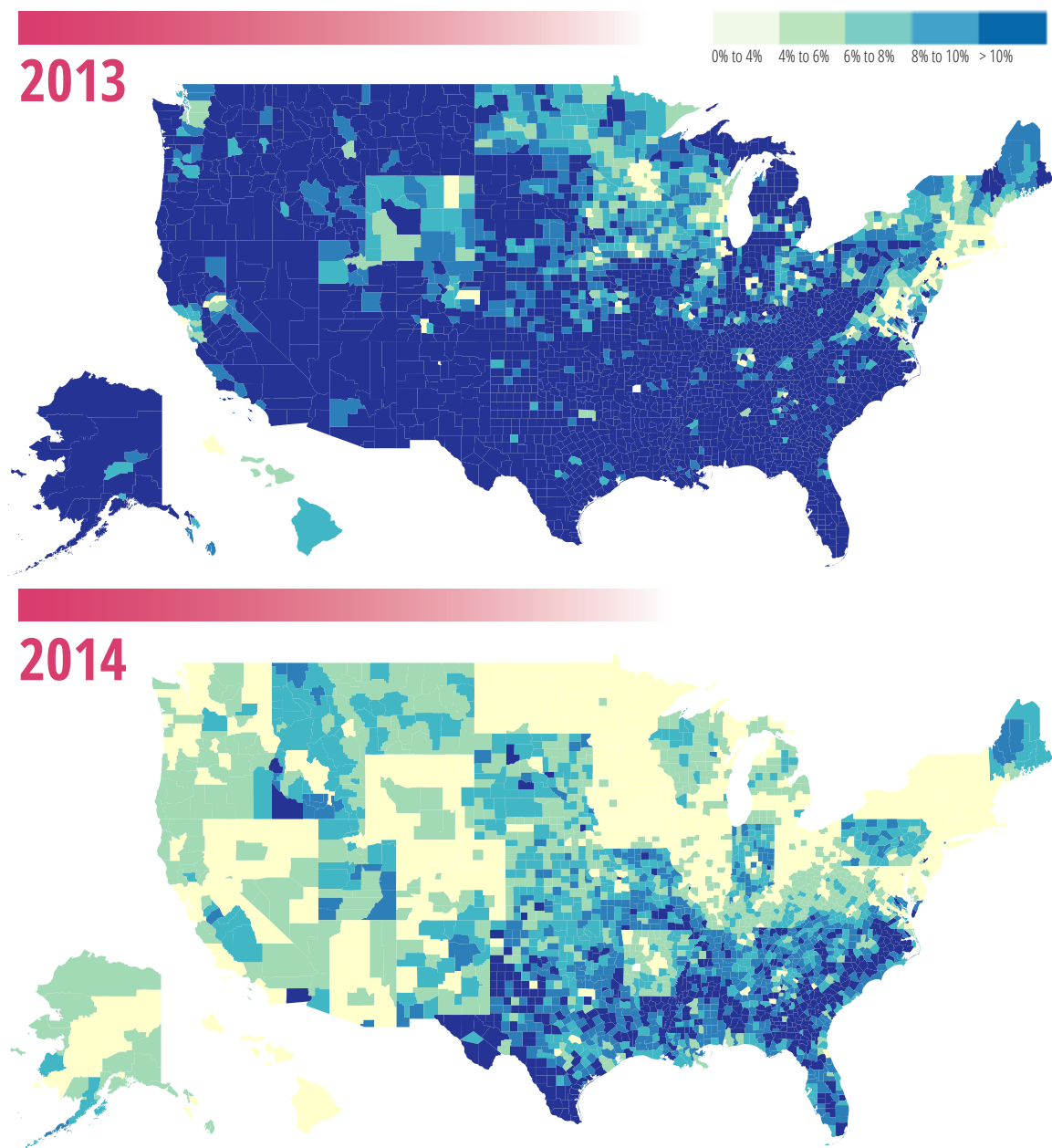


Figure 1. **Estimated uninsured rates among non-elderly U.S. adults before and after OE1.**  
Source: **Civis Analytics'** and **Enroll America's** data targeting model.

individuals would need to hear. Between OE1 and OE2, Enroll America and PerryUndem Research/Communication released results of a consumer survey that revealed that, compared to their newly covered counterparts, the remaining uninsured were more skeptical of health insurance and less likely to know about key benefits of the ACA, such as financial help to purchase coverage and free, in-person assistance with enrollment and renewal.<sup>6</sup> The remaining uninsured would require very specific, individualized information in order to motivate them to take action.<sup>7</sup> At the same time, current enrollees were unaware of the renewal process and the benefits of taking action to renew their coverage, and would need to hear clear,

coordinated messages about the steps necessary to stay covered in a plan that met their health care needs and was affordable.<sup>8</sup>

Enroll America and partners succeeded in delivering key messages about health coverage to millions of consumers through data-driven strategies. **Since the end of OE1, Enroll America staff and volunteers contacted more than 6 million consumers including one-on-one conversations, unique visitors to Enroll America's consumer-facing website, and partnerships with organizations like churches and community colleges (but not including the more than 2,730 earned media stories).** (See Figure 2.)



*Since the end of OE1, Enroll America staff and volunteers contacted more than 6 million consumers.*





Figure 2. Consumer engagement leading up to and during OE2.

Furthermore, Enroll America worked to build a sustainable outreach and enrollment community by bolstering the capacity of

partner organizations and recruiting a broad network of volunteers. (See Figure 3.)

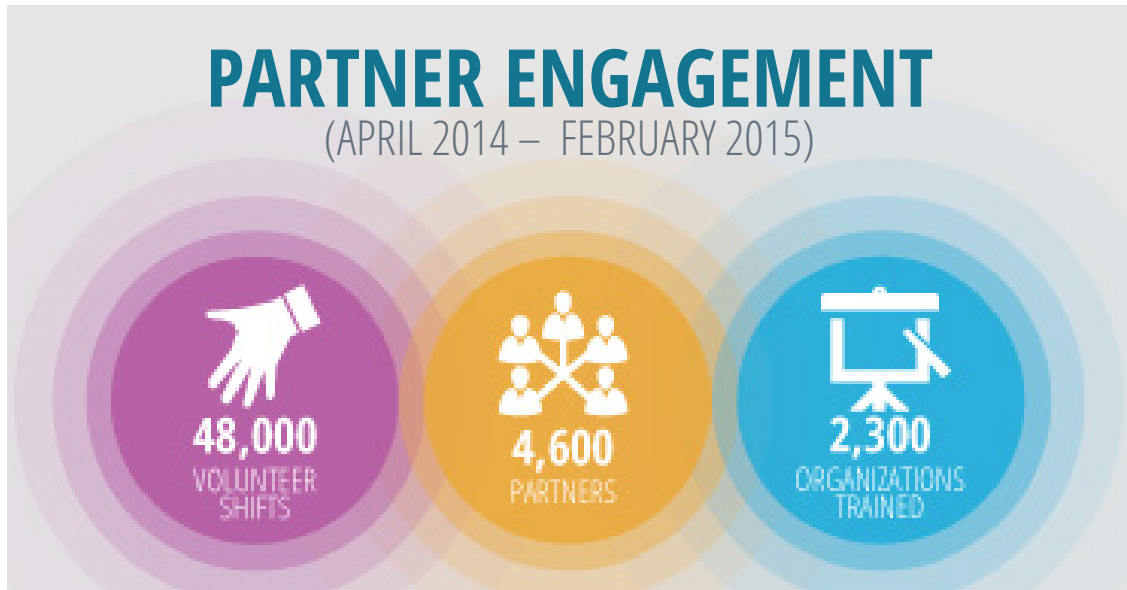


Figure 3. **Partner engagement leading up to and during OE2.**

These numbers demonstrate that Enroll America and partners rose to the occasion and were able to meet consumers in their communities with the specific information they needed about financial help, in-person assistance, and the importance of actively renewing coverage. But this work was not without its challenges. Individuals had low levels of health insurance literacy, making plan selection difficult at times, and the consumer enrollment experience, while substantially improved from OE1, was not perfect. Further, Special Enrollment Period (SEP) outreach proved more challenging than originally anticipated.

This report captures key findings from Enroll America's robust data and analytics operation implemented during OE1 and OE2. Forthcoming reports from Enroll America will take a deeper dive into lessons learned over the last year on a variety of issues important to the overall enrollment effort, including in-person assistance, renewals, health insurance literacy, partner engagement, and the power of the tax filing moment when working to connect Americans to coverage. Enroll America will also issue a series of state-specific reports. This collection of issue- and state-specific reports will aid organizations continuing to connect marketplace-, Medicaid-, and CHIP-eligible populations to coverage in the coming months and years.

# WHAT WE LEARNED

In 2013, entering OE1, about 1 in 6 adult Americans was uninsured; in 2014, this figure was closer to 1 in 9.<sup>9</sup> This significant reduction in the uninsured rate meant that outreach efforts for OE2 had to be more targeted and efficient, particularly given the shorter window of time to enroll in coverage for 2015.



To reach the remaining uninsured, Enroll America doubled down on the outreach tactics that contributed to maximizing enrollment during OE1 and identified ways to improve and expand upon these approaches for OE2. These tactics included:

1. Ensuring that consumers knew that affordable coverage was available to them;
2. Using deadlines and information about the fine to motivate consumers to enroll;
3. Making it easier to connect to in-person help;
4. Following up with consumers multiple times by both phone and email;
5. Seeking opportunities year-round to reach consumers who could still get covered;
6. Engaging partners to reach a wider audience with greater precision; and
7. Seizing upon the importance of the tax season as a unique outreach opportunity.



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## Financial Help, Deadlines, and the Fine

**Giving consumers specific information about the availability of financial help was still the most important way to motivate them to enroll, especially alongside detailed information about the deadline and the fine.**

After OE1, only one in four (26 percent) of the remaining uninsured knew that financial help was available, compared to just over half (56 percent) of newly enrolled consumers.<sup>10</sup>

Therefore, during OE2, Enroll America heavily promoted its online Get Covered Calculator tool, which helps consumers understand the amount of financial help they could be eligible for based on a few basic inputs.

The Get Covered Calculator proved an important motivator for enrollment and a testament to the importance of financial help.

- One in four consumers who used the Get Covered Calculator immediately went on to start the enrollment process.<sup>11</sup>
- Half of all consumers who used the Get Covered Calculator discovered that they could find a plan costing less than \$100 a month. These consumers were much more likely to start the enrollment process — those who qualified for plans costing less than \$100 were twice as likely to start the enrollment process as those who faced more expensive options.<sup>12</sup>



- GCA emails about the Get Covered Calculator were clicked on 15 percent more and were unsubscribed from 22 percent less than non-Get Covered Calculator emails sent during OE2.<sup>13</sup>
- GetCoveredAmerica.org homepage testing also indicated that the Get Covered Calculator was the most popular feature of the website, driving more clicks than the Get Covered Connector (a ZIP-code-based tool to find in-person help) or features to connect consumers directly to their state's online marketplace.<sup>14</sup>

Deadlines also continued to motivate consumers to enroll. During OE1, nearly half of all marketplace plan selections — 3.8 million out of the slightly more than 8 million total — occurred after March 1 in the final weeks of open enrollment.<sup>15</sup>

- To capitalize on the momentum created by deadlines during OE2, GCA concentrated its follow-up in the days leading up to two key enrollment deadlines, December 15 and February 15, calling or reaching in person more than 30,000 consumers in the three days before both of these deadlines.

- The number of appointments for in-person help scheduled through the Get Covered Connector nearly tripled in the days leading up to the December and February enrollment deadlines (see page 19 for more information on the Get Covered Connector).

Finally, a third of consumers who enrolled during OE1 cited avoiding the fine as one of the reasons they signed up for a plan.<sup>16</sup> However, heading into OE2, most of the remaining uninsured underestimated the size of the fine for foregoing coverage in 2015 unless they were explicitly told what it was.<sup>17</sup> As a result, Enroll America made a concerted effort to share detailed information about the size of the fine with consumers as an additional motivator to enroll.

- **In email message testing, all instances of mentioning the fine along with the deadline performed better than just mentioning the deadline.** And being more specific about the fine — “Sign up by the February 15 deadline or you might face a fine of \$325 or 2 percent of your income (whichever is higher)!” — was the top performer.<sup>18</sup>

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## In-Person Assistance

**In-person assistance remained critical, and new tools maximized enrollment by more efficiently connecting people to local help.**

Consumers who received in-person help during the first half of OE1 were nearly twice as likely to sign up for a plan as those who tried to sign up online on their own, and they were more likely to say that signing up was very easy.<sup>19</sup> African Americans and Latinos were more likely to seek help signing up, reinforcing the importance of making it easy to find local assistance in every community.<sup>20</sup>

To help connect more consumers to in-person help, Enroll America invested in increasing the capacity of the assister community for OE2.

- Enroll America created the Get Covered Connector, an online tool which let consumers search by ZIP code to find local, free application help and, in many cases, schedule an appointment directly through the tool with one of more than 2,000 assisters. The tool helped facilitate more than 57,000 appointments during OE2, and half of all consumers who received in-person help through the Get Covered Connector enrolled during their appointment.
- Enroll America also partnered with enrollment coalitions in 11 target states through the Get Covered America campaign to recruit and/or train more than 2,400 volunteers — from groups such as churches, clinics, food banks, nursing schools, and law schools — to serve as Certified Application Counselors (CACs) in their communities.
- Enroll America provided training on outreach and enrollment best practices for CACs as well as other volunteers and community partners, equipping a total of 2,300 organizations to implement best practices during OE2.



***In-person assistance remained critical, and new tools maximized enrollment by more efficiently connecting people to local help.***

## Linking People to In-Person Help: The Get Covered Connector

Connecting consumers to in-person application assistance was going to be crucial to maximizing the number of Americans that got covered during OE2.



Recognizing this, Enroll America invested in the creation of a nationwide online scheduling tool, the Get Covered Connector, to make it easier for consumers to set up appointments for in-person help in their community. The Get Covered Connector married two successful approaches used during OE1: Enroll America's "Locator" tool, which allowed consumers to search for in-person assisters' contact information by ZIP code, and a statewide scheduling tool in North Carolina, which was used to great success by the state's enrollment coalition and served as the prototype for the scheduling aspect of the Get Covered Connector.

During OE2, the Get Covered Connector made it possible for consumers (or outreach groups who identified consumers looking for help) to directly schedule appointments with nearby in-person assisters. Participating assisters uploaded their schedules to the tool and could use the "back end" features of the tool to manage schedules, send consumers reminders about upcoming appointments, and collect data for reporting purposes.

Enroll America attracted partners from assister organizations and enrollment coalitions from around the country to use the Get Covered Connector. During OE2, partners in 25 states made appointments available through the Get Covered Connector, and more than 57,000 consumers scheduled appointments. In addition to the direct effect the Get Covered Connector had on getting consumers enrolled, creating the tool also gave Enroll America staff an important "hook" to re-engage partners between OE1 and OE2 and encourage better regional and state coordination among organizations involved in outreach and enrollment.

## Sustained Follow-Up

**Consumers followed up with multiple times were more likely to enroll.** During OE1, consumers were increasingly likely to report enrolling after each follow-up conversation that they had with a volunteer. The increase in enrollment rates was especially striking among populations that had higher uninsured rates in the first place: African American and Latino consumers were about twice as likely to enroll after the third follow-up, and young people were more than twice as likely to enroll after the third follow-up.<sup>21</sup>

Recognizing the importance of multiple touches, the GCA campaign started earlier to reach the remaining uninsured so that volunteers could follow up with them throughout OE2.

- Leading up to OE2, between April 15 and November 15, the GCA campaign staff identified more than five times as many consumers who were interested in learning more about their coverage options as they did in the months leading up to OE1 (134,000 compared to 26,000).
- The Get Covered America campaign significantly increased its rate of consumer email collection between the end of OE1 and the end of OE2. The email collection rate increased from 32 percent during OE1 to 43 percent (a 35 percent increase) during the period between the end of OE1 and the end of OE2, allowing the campaign to reach more consumers more frequently and more effectively.
- During OE2, consumers ran 445,000 searches for assisters in their area, and in many cases could directly schedule appointments online.

Furthermore, the biggest enrollment gains in OE1 were among consumers who could be reached by both phone and email. In a study conducted during the last two weeks of OE1, consumers who received phone and email follow-up enrolled at a 10 percent higher rate than a control group that was not contacted during this time.<sup>22</sup> As a result, in the months prior to and during OE2, the GCA campaign emphasized collecting email addresses, in addition to phone numbers, from the consumers they reached.



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*Year-round outreach for Medicaid/CHIP and SEPs was not without its challenges, but ongoing engagement provided an opportunity to identify consumers eligible to enroll during OE2.*

## Year-Round Outreach

**Year-round outreach for Medicaid/CHIP and SEPs was not without its challenges, but ongoing engagement provided an opportunity to identify consumers eligible to enroll during OE2.**

Outside of open enrollment, millions of Americans could still get covered through Medicaid/CHIP and SEPs for the marketplaces. Between OE1 and OE2, Enroll America staff and volunteers continued working in communities across the country to reach eligible consumers and get a head start on identifying individuals who could enroll at the start of OE2.

At the same time, staff and volunteers built and bolstered partnerships on the ground, including through “Back to School” events that provided a hook to identify Medicaid- and CHIP-eligible students and families.

- Over 11,000 commit cards were collected at school events, with locations ranging from K-12 school districts to community colleges, from July 25 through September 18.

The months between the end of OE1 and the beginning of OE2 were also the first opportunity for eligible consumers to enroll

in marketplace coverage through SEPs. Effectively reaching these individuals proved difficult, with a smaller pool of eligible consumers, more complex eligibility rules and enrollment processes, and less time for the kind of sustained follow-up that would have made those individuals likelier to enroll.<sup>23</sup>

Enroll America staff and volunteers have observed that it takes four to five conversations to identify one uninsured consumer. Identifying an uninsured consumer who may also qualify for an SEP requires even more outreach.

- During the months between the end of OE1 and start of OE2, the campaign’s outreach team spoke to tens of thousands of uninsured consumers — but only 1 in 12 of those (8 percent) indicated that they had experienced a qualifying event that might allow them to get coverage through an SEP.

Nonetheless, by identifying more than 95,000 consumers looking for coverage who did not qualify for SEPs but could get covered during OE2, we grew our list of consumer contacts and began a longer-term conversation with those individuals. Over the course of multiple contacts, we were able to get those consumers to the doorstep of enrollment once OE2 began.

## Recruiting, Training, and Building Capacity Among Partners

**Partnerships continue to play a vital role for the organizations Enroll America works with, and outreach and enrollment work remains a priority for the majority of partners.**

Partner collaboration has a multiplier effect. Teaming up with established, trusted institutions made it possible for Enroll America, and other organizations focused on enrollment, to meet a greater number of consumers with a higher level of credibility.

- Among the organizations that Enroll America surveyed this year, more than two-thirds identified collaboration as one of the most effective outreach strategies in their toolbox during OE2.<sup>24</sup>
- The most commonly cited benefit from partnering with other health coverage groups was to expand consumer reach (83 percent), while respondents also frequently pointed to increasing visibility for their own organization's work (55 percent), and bringing new groups to the table (52 percent) as other important benefits to collaboration.<sup>25</sup>



*Partnerships continue to play a vital role for the organizations Enroll America works with, and outreach and enrollment work remains a priority for the majority of partners.*

*Enroll America grew its number of active partners — organizations that took concrete, coordinated action to help reach and enroll the uninsured — from 2,300 to 4,600 between the end of OE1 and the end of OE2.*

- Seventy-four percent of respondents said that partnerships were “critically important” to their organization’s health coverage and enrollment work, and the vast majority expect that their organization will be as engaged (62 percent) or more engaged (31 percent) during the next open enrollment period compared to OE2.<sup>26</sup>

Partner engagement has always been core to Enroll America’s strategy, but heading into OE2, we knew that engaging the remaining uninsured was going to require even more organizations to come to the table to think of creative ways to do this work effectively. During OE2, Enroll America expanded partnerships at all levels and across the country. **Enroll America grew its number of active partners — organizations that took concrete, coordinated action to help reach and enroll the uninsured — from 2,300 to 4,600 between the end of OE1 and the end of OE2.**

Partnerships play a critical role in helping communities across the country overcome persistent barriers to enrollment. Connecting consumers to coverage required the engagement of trusted local community leaders, elected officials, friends and family, and local media to spread the word. Enrollment events at churches, elementary schools, community centers, and small businesses ensured that communities were being afforded timely and consistent information as well as enrollment opportunities where they lived, worked, and played. Organizations working on outreach and enrollment have successfully collaborated with a range of partners on the ground, but for many outreach organizations, health care clinics and social service agencies have offered the most productive locations for reaching the uninsured, followed by faith-based institutions and libraries.<sup>27</sup>

- In partnership with Enroll America, community and faith partners reached 181,000 consumers during OE2, which represents a 65 percent increase from the 110,000 consumers reached during OE1.



*During OE2 itself, the average number of earned media stories per month increased by 19 percent compared to OE1, driven by an increase in local coverage.*

## LOCAL MEDIA

During OE1, local news media was the third largest source of information for the newly enrolled and previously uninsured after friends and family.<sup>28</sup> Therefore, Enroll America put a special emphasis on local media heading into OE2. **Between April 2014 and February 2015, Enroll America attracted earned media attention resulting in more than 2,730 stories with enrollment information – during OE2 itself, the average number of stories per**

**month increased by 19 percent compared to OE1, driven by an increase in local coverage.**

Local television news — as well as outlets that serve Latinos, African Americans, and young people — are particularly important sources of information for consumers who are likely to be uninsured. That's why during OE2, Enroll America hosted 21 telethons with local television stations in both English and Spanish, as well as participating in national and regional Spanish-language town halls with the Univision Network and affiliates.



## BILINGUAL ENROLLMENT ASSISTANCE

With significantly more partners in OE2 than in OE1, Enroll America was able to host many more enrollment events, including nearly doubling events with bilingual enrollment assistance in densely populated Latino markets. During OE1, Enroll America and partners had hosted 546 Latino enrollment events, but in just half the time in OE2, the coalition was able to host 975 such events.

## TRUSTED MESSENGERS THAT SERVED YOUNG ADULTS

To reach even more young Americans in OE2, we identified new trusted messengers that served young adults, including historically black colleges and universities, Hispanic-Serving Institutions, and African American and Latino Greek and fraternal organizations.

These partners recruited volunteers, pointed Enroll America to consumers who could get covered, and hosted outreach and enrollment events. Enroll America doubled the number of events hosted during the National Youth Enrollment Day week of action, from over 100 in OE1 to over 200 in OE2, with over 20 states participating. The week included online and in-person activities in diverse venues such as LGBTQ community organizations, barbershops, and shopping malls — all serving young adults.

## FAITH INSTITUTIONS AND LEADERS

Through Enroll America's Health Care in the Pulpit program, faith institutions and leaders across multiple denominations were empowered to deliver concrete enrollment messages to more than 75,000 of their members around the country.



## Training State and Local Partners

**Trainings on outreach and messaging best practices strengthened state and local enrollment coalitions.**

For example, as Enroll America prepared for OE2, our Communicators Program trained trusted, local voices on key messages proven to motivate consumers. To-date, the Communicators Program has shared earned media best practices and messaging guidance with participants representing enrollment coalitions in 32 states.

Enroll America also trained and provided intensive technical assistance to nine organizations in four states on how to develop and implement an outreach work plan. Stemming from an outreach planning session facilitated by Enroll America, Enroll Nebraska and 17 local partner organizations developed a statewide media campaign. Nearly 900 consumers enrolled as a result of this campaign (#500ByThe15th), which exceeded Enroll Nebraska's goal by almost 100 percent.



## CITIES AND LOCAL GOVERNMENT

Historically, government institutions have been fertile ground for sustainable outreach and enrollment programs. Surveys of Enroll America's partners have consistently identified government entities as one of the top three most successful types of partners for outreach and enrollment work.<sup>29</sup> During OE2, Enroll America supported local government partners to build municipal-level, cross-agency outreach and enrollment programs in cities such as Jacksonville and Chattanooga. The programs created institutionalized efforts to engage consumers. For example, partnering with the Jacksonville City Schools allowed us to run an interactive voice response (IVR) calling program telling families about an enrollment event at the nearby Jacksonville Regency Square Mall. Nearly 40 percent of the 250 attendees said they learned about the opportunity from the IVR program.

## HEALTH CARE PROVIDERS

Research conducted before OE1 suggested that the uninsured ranked health care providers as the most trusted messengers for discussing health care options, and nurses and doctors were some of the people that the uninsured would most likely turn to for help with navigating the enrollment process.<sup>30</sup> With this in mind, many hospitals and health care providers worked diligently to connect their patients to new coverage options, and Enroll

America partnered with a variety of hospitals to make sure uninsured patients were receiving the information they need. For example, 27 national and local hospital partners worked with Enroll America during a Hospital Week of Action (February 2 - February 6, 2015) to amplify over 80 enrollment and outreach events held around the country. The partners shared best practices from their outreach through a successful earned media and blogging campaign.

## NATIONAL COALITION

Enroll America maximized existing partnerships by refining engagement strategies and maintaining momentum through a national convening role:

- Enroll America held the first State of Enrollment conference in June 2014, bringing together over 900 stakeholders from nearly all 50 states to learn, share, and prepare for sustained enrollment efforts. The conference was followed by several in-state symposiums to take best practices shared nationally and implement them on the ground. Enroll America will host the conference again in June 2015.
- Enroll America launched the Get Covered Coalition with over 60 national organizations. Partners coordinated federal regulatory comments, created the #GotCovered social media campaign, and led efforts to share best practices.



## Hospitals: On the Front Lines of Outreach and Enrollment

Hospital systems are natural partners to help identify, engage, and enroll the uninsured. A foundation of Enroll America's work has always been to equip hospitals to connect those consumers to their new coverage options.



Hospitals offer several opportunities to engage consumers, including through community outreach, when scheduling appointments, in waiting and exam rooms, and during follow-up with patients. In preparation for OE2, Enroll America built upon lessons learned during OE1 and continued to work with hospitals to effectively and efficiently reach uninsured consumers.

Hospitals helped identify consumers looking for health coverage, and Enroll America would give those consumers information on how to enroll. For example, health systems set up “dropboxes” in waiting rooms and other public places. Dropboxes displayed information about the financial help available under the ACA, and they offered a place where uninsured consumers could find, fill out, and drop off forms with their contact information.<sup>28</sup> Enroll America would then collect the filled-out forms and follow up with those individuals. This strategy allowed Enroll America and other outreach organizations to provide the consistent, targeted outreach needed to connect someone to coverage.

Another successful strategy involved hospital systems contacting likely-uninsured patients to let them opt in to receiving information about their coverage options from Enroll America. Staff could also direct those patients to local enrollment events or to the Get Covered Connector tool to schedule an appointment for in-person help. This strategy was used in



multiple states during OE2, allowing Enroll America's staff and volunteers to interact with these individuals and make thousands of follow-up contacts by phone and email.

In addition to directing consumers to enrollment events, hospitals often offered their own in-person application assistance programs or teamed up with Enroll America and assister partners. Some hospitals became assister organizations themselves, encouraging staff or volunteers to become CACs. And several hospital systems — including CHRISTUS Health and Tenet Healthcare — were able to boost turnout at enrollment events by using the Get Covered Connector to schedule appointments for consumers with assisters.



## The Tax Filing Moment

**Planning and partnerships laid the groundwork for leveraging the tax preparation process as an opportunity to educate consumers and encourage enrollment.**

The tax filing moment created a particularly powerful opportunity to highlight financial help and capitalize on the real impact of the fine to motivate consumers to take action. Heading into OE2, we recognized consumers would need support in understanding how their health coverage status (whether they got covered and received financial help, or remained uninsured) would affect them when filing their taxes in 2015. It is too early to share concrete learnings from this time period; the 2015 tax filing season had only just begun at the time this report was written. However, Enroll America has encouraged partnerships between assisters and tax preparation experts and will be assessing the results of these partnerships in the coming months.

- Enroll America partnered with 72 tax-focused sites on the ground. This provided new avenues to identify uninsured

consumers, such as through intake questions at tax preparation appointments and dropboxes at tax preparation sites.

- We also teamed up with Intuit TurboTax on a consumer education campaign to better prepare consumers to successfully navigate the ACA-related complexities of the tax filing process. TurboTax experts helped us engage and inform more than 735,000 consumers through blog posts and social media outreach.
- As part of this partnership, Intuit embedded the Get Covered Connector on the TurboTax website, so that consumers with coverage questions could schedule appointments with in-person assisters to learn more about their insurance options. This resulted in 3,000 referrals to in-person assister organizations as of the end of OE2.

Given the power of the fine in motivating enrollment, Enroll America and other consumer-focused organizations also recommended that federal policymakers create a new SEP to allow those facing a fine when filing their taxes after OE2 to have another chance to enroll in coverage for 2015.

*Planning and partnerships laid the groundwork for leveraging the tax preparation process as an opportunity to educate consumers and encourage enrollment.*



# FUTURE OUTLOOK

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In the coming year, Enroll America will continue to advance our mission by incorporating the lessons learned to-date, with a conscious eye toward cultivating a sustained, community-based infrastructure to support enrollment efforts. Ultimately, we believe enrollment should be an institutional reality in communities across the country, and it must be led by local leaders and organizations.

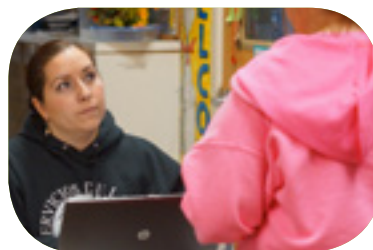
Our work will be oriented around concrete ways to energize, train, and empower local coalitions to carry out outreach and enrollment best practices. We will be identifying new ways to bring specialized resources and training to partners, doubling down on coordination with local government entities, and continuing to invest in research to support constant learning and refinement of the “science of enrollment.”

Our footprint will look different in some communities. Our teams may be smaller or may adjust their tactics and scope to better complement community and organizational

needs, but we will continue direct consumer engagement to ensure individuals enroll in, understand, use, and retain health coverage. We will identify ways to fill the gaps in knowledge and create consumer-tested resources to make measurable improvement in consumers’ health insurance literacy. We will expand our programming to include in-person enrollment assistance in some communities. And we will continue to improve the digital tools that have proven so effective at educating and empowering consumers and the in-person assistance community.

We know that the next chapter of health coverage enrollment will require an unprecedented degree of innovation and ingenuity, but we are eager to pursue this work. Just as we have always done, we will approach the year ahead with the consumer at the center. Millions more Americans could

gain affordable coverage and the peace of mind and financial security that comes with it. **We intend to continue doing everything we can to make enrollment and retention a way of life in communities around the country, from Cleveland to Chattanooga and Philadelphia to Phoenix.**



*We intend to continue doing everything we can to make enrollment and retention a way of life in communities around the country.*



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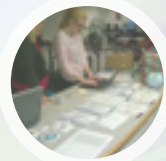
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## Endnotes

- <sup>1</sup> Department of Health and Human Services, Weekly Enrollment Snapshot, February 15, 2015, available online at <http://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/medicaid-and-chip-november-2014-application-eligibility-and-enrollment-report.pdf>; Centers for Medicare and Medicaid Services, Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data, available online at <http://medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-enrollment-data/medicaid-and-chip-application-eligibility-determination-and-enrollment-data.html>.
- <sup>2</sup> Enroll America, The State of Enrollment: Lessons Learned from Connecting America to Coverage, June 2014, available online at [http://www.enrollamerica.org/soe\\_report/](http://www.enrollamerica.org/soe_report/).
- <sup>3</sup> Enroll America's consumer-facing Get Covered America campaign operates in 11 states: Arizona, Florida, Georgia, Illinois, Michigan, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee, and Texas. The campaign includes online organizing, earned media, paid advertising, and grassroots outreach operations.
- <sup>4</sup> Enroll America, Updating Our Model to Find the Uninsured, October 29, 2014, available online at <http://www.enrollamerica.org/blog/2014/10/updating-our-data-model-to-find-the-uninsured/>; New York Times, A Formula to Find the Uninsured Around the Country, October 2014, available online at <http://www.nytimes.com/2014/10/30/upshot/a-formula-to-find-the-uninsured-around-the-country.html>.
- <sup>5</sup> New York Times, Obama's Health Law: Who Was Helped Most, October 2014, available online at <http://www.nytimes.com/interactive/2014/10/29/upshot/obamacare-who-was-helped-most.html>.
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- <sup>7</sup> Enroll America, The State of Enrollment: Lessons Learned from Connecting America to Coverage, op. cit.
- <sup>8</sup> Ibid.
- <sup>9</sup> Enroll America, Updating Our Model to Find the Uninsured, op. cit.
- <sup>10</sup> Enroll America and PerryUndem Research & Communication, Voices from the Newly Enrolled and Still Uninsured, op. cit.
- <sup>11</sup> Enroll America analysis of traffic to the Get Covered America Calculator, January 23, 2015 – February 15, 2015. Results exclude users who were estimated to be eligible for Medicaid, or who were below 100 percent of the Federal Poverty Level regardless of Medicaid eligibility.
- <sup>12</sup> Ibid.
- <sup>13</sup> Enroll America Digital Program, November 2014 – February 2015.
- <sup>14</sup> Ibid.
- <sup>15</sup> Department of Health and Human Services, Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period, May 2014, available online at [http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib\\_2014Apr\\_enrollment.pdf](http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf).
- <sup>16</sup> Enroll America and PerryUndem Research & Communication, Voices from the Newly Enrolled and Still Uninsured, op. cit.
- <sup>17</sup> The fine for foregoing coverage in 2014 was \$95 or 1% of income. In 2015, these amounts increased to \$325 or 2% of income. Enroll America, #Ready4OE2: Providing Consumers With Information That's Effective, October 22, 2014, available online at <http://www.enrollamerica.org/blog/2014/10/ready4oe2-providing-consumers-with-information-thats-effective/>.
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- <sup>20</sup> Ibid.
- <sup>21</sup> Enroll America, What We Learned: Preliminary Observations from Enroll America's Extensive Data on Affordable Care Act Enrollment Efforts, April, 2014, available online at <http://www.enrollamerica.org/press-releases/2014/04/what-we-learned-preliminary-observations-from-enroll-americas-extensive-data-on-affordable-care-act-enrollment-efforts/>.
- <sup>22</sup> Enroll America, The State of Enrollment: Lessons Learned from Connecting America to Coverage, op. cit.<sup>23</sup> Consumers qualify for SEPs only after certain life events, such as getting married, having a new baby, becoming a citizen, and moving to a new service area, and only for a limited window of time (typically 60 days following the triggering event).
- <sup>24</sup> Enroll America's Survey of Partners, February 2015. Results are available upon request.
- <sup>25</sup> Ibid.
- <sup>26</sup> Ibid.
- <sup>27</sup> Ibid.
- <sup>28</sup> Enroll America and PerryUndem Research & Communication, Voices from the Newly Enrolled and Still Uninsured, op. cit.
- <sup>29</sup> Enroll America's Survey of Partners, April 2014; Enroll America's Survey of Partners, February 2015. Results available upon request.
- <sup>30</sup> Enroll America and PerryUndem Research & Communication, Voices from the Newly Enrolled and Still Uninsured, op. cit.







Enroll America is an independent, nonpartisan, nonprofit 501(c)(3) organization that provides coalition-building and technical assistance support for national, state, and local organizations in all 50 states and the District of Columbia. Enroll America operates a consumer-facing campaign, called Get Covered America, which conducts direct engagement to empower Americans with information about their options for quality, affordable health coverage.

