

ACA Implementation—Monitoring and Tracking

**The Launch of the Affordable Care Act
in Selected States:
Outreach, Education, and Enrollment Assistance¹**

March 2014

Ian Hill, Margaret Wilkinson, and Brigitte Courtot
The Urban Institute



Robert Wood Johnson Foundation



With support from the Robert Wood Johnson Foundation (RWJF), the Urban Institute is undertaking a comprehensive monitoring and tracking project to examine the implementation and effects of the Patient Protection and Affordable Care Act (ACA) of 2010. The project began in May 2011 and will take place over several years. The Urban Institute will document changes to the implementation of national health reform in Alabama, Colorado, Illinois, Maryland, Michigan, Minnesota, New Mexico, New York, Oregon, Rhode Island, and Virginia to help states, researchers, and policy-makers learn from the process as it unfolds. This report is one of a series of papers focusing on particular implementation issues in these case study states. Cross-cutting reports and state-specific reports on case study states can be found at www.rwjf.org and www.healthpolicycenter.org. The quantitative component of the project is producing analyses of the effects of the ACA on coverage, health expenditures, affordability, access, and premiums in the states and nationally. For more information about the Robert Wood Johnson Foundation's work on coverage, visit www.rwjf.org/coverage.

INTRODUCTION

This brief is one in a series examining what selected states are likely to accomplish in terms of expanding health insurance coverage, increasing transparency and competition in private insurance markets, providing consumer protections in the purchase of coverage, and addressing issues related to provider supply constraints. We compare eight states: five that have chosen to aggressively participate in all aspects of the Affordable Care Act (ACA)—Colorado, Maryland, Minnesota, New York, and Oregon—and three that have taken only a limited or no participation approach—Alabama, Michigan, and Virginia. This brief focuses on the early experiences of these states with planning and implementing outreach and enrollment assistance efforts. It draws contrasts between those states that have actively implemented health care reform and invested in efforts to raise public awareness and facilitate enrollment, and those that have not made such investments.

In this series of analyses, the study states were chosen from among those participating in a multiyear project funded by the Robert Wood Johnson Foundation (RWJF). The project provides in-kind technical support to states to assist them with implementing the reform components each state has chosen to pursue; the project also provides funds for qualitative and quantitative research to monitor and track ACA implementation at the state and national levels. RWJF selected the states based on their governments' interest in exploring the options

related to state involvement in ACA implementation. Some states pursued implementation aggressively, but in others varying degrees of political opposition to the law prevented full involvement. The result is that the variation in state commitment to health reform among the RWJF states reflects the variation across the country.

Once again, five of the study states have been actively pro-reform. Not only were these states quick to adopt the ACA, they also actively engaged stakeholders and invested in consumer outreach and education. They contracted with information technology vendors to develop eligibility and enrollment systems, though not all of them experienced a smooth rollout of their websites. Finally, these states created State-Based Marketplaces (SBMs or Marketplaces) and have adopted the Medicaid expansion.

In the other three states, at least in some quarters, there has been strong opposition to ACA implementation. Because of their current circumstances (e.g., lower rates of employer-sponsored coverage and higher uninsurance rates), they have more to gain from health reform than do the other five states. All three rely on the federal government to develop and run their Marketplaces, although Michigan and Virginia have taken on the Marketplace responsibilities associated with plan management. Two of the three—Alabama and Virginia—have not adopted the Medicaid expansion.

THE CHALLENGE FACING THE STATES

States and the federal government face considerable challenges in reaching and enrolling newly eligible individuals in 2014 through the ACA. Overcoming the public's confusion and lack of awareness of the law is one central challenge; others include the sheer complexity of the ACA, as well as the aggressive efforts made by opponents over the past three years to overturn the law and cast it in a negative light. Three key ingredients needed to overcome these challenges and meet ambitious enrollment goals are:

- Outreach and marketing campaigns that effectively raise eligible populations' awareness of new coverage options and that inform them of how to access that coverage;
- Enrollment assistance programs that provide diverse populations with a variety of ways to get help with the application process; and
- Targeted enrollment into Medicaid, which uses data from public records to qualify eligible consumers without the need to file redundant application forms.²

Study states with SBMs have heavily invested in planning and designing these features, often drawing on lessons learned from previous Medicaid and Children's Health Insurance Coverage (CHIP) expansions. Colorado, Maryland, Minnesota, New York, and Oregon each have

created innovative marketing campaigns designed to reach diverse audiences, supported by new structures for extending enrollment assistance to those who need help navigating the application process. In addition, one of these states (Oregon) also targeted certain uninsured consumers newly eligible for Medicaid, including Supplemental Nutrition Assistance Program (SNAP) recipients and uninsured parents whose children have qualified for Medicaid or CHIP.

In contrast, political opposition in the other three study states—Alabama, Michigan, and Virginia—has prevented state officials from moving forward in implementing many components of the ACA. Each, for example, elected not to create SBMs, deferring to the federal government the responsibility for running its Health Insurance Marketplace (HIM). Because of the ACA's statutory language, such deferment results in a substantially reduced level of federal funding for marketing and application assistance in these states.³ As noted, two of the three—Alabama and Virginia—have chosen not to expand Medicaid, as permitted by the ACA. Reflecting this environment, these states have also typically not devoted state resources to marketing or outreach to raise public awareness, nor to setting up application assistance networks, and they have instead been deferring to federally sponsored marketing campaigns and navigator grants, as well as private, nonprofit outreach efforts.

OUTREACH AND MARKETING

Since the passage of the ACA in 2010, the five states that moved to implement health reform—Colorado, Maryland, Minnesota, New York, and Oregon—each engaged in similar planning efforts to prepare for the launch of their coverage expansions. All five began by creating special workgroups—typically composed of state officials, insurance carriers, health plans, insurance brokers and agents, representatives of local chambers of commerce, health care providers, and consumer advocates—to strategize on outreach, public education, and awareness. This collaboration not only gained front-end cooperation and buy-in among diverse groups, but also created “built-in” partners for future outreach. For example, *Connect for Health Colorado* developed partnerships with professional sports teams, like Major League Baseball's Colorado Rockies, to promote the state's HIM at games during summer 2013.⁴

In the latter half of 2012 and into early 2013, the five states began planning efforts. During this time, each state worked with private-sector marketing and advertising firms to conduct market research—often through focus groups with consumers—to identify and segment various target audiences, test brands and messages, and select the marketing traits that appeared most promising. In all five states, the market research revealed the need for a broad, overarching message for the population as a whole, with more targeted messages for niche audiences like young healthy adults and ethnic minorities.

In the spring and summer months of 2013, these states introduced their Marketplaces and began “softening” the market by launching brand names and logos that reflected the market research. State officials then introduced user-friendly websites that often resembled established, trusted e-commerce sites, like Expedia, which also

included such features as subsidy calculators, countdown-to-coverage clocks, educational videos, and testimonials from consumers who have benefited from having health insurance.

In late summer or early fall of 2013, the states began a mass media blitz to drive interest in enrollment. State officials used paid and earned media (including television, radio, and print); Internet and social media; and in-person outreach to “go where the people are.” By the time open enrollment began on October 1, all five states had released their first television commercials, showcasing their unique state character. For example:

- In *Connect for Health Colorado*’s first television ad, after actors choose a health plan, the walls of their homes slide away to reveal various celebratory scenes, such as being sprayed with champagne in a locker room, and we hear the tag line, “When health insurance companies compete, there’s only one winner: you!”⁵
- *Maryland Health Connection*’s first advertisement cuts between scenes of Marylanders working in various settings to iconic shots of the diverse state landscape. A catchy song repeats the tagline, “Gotta have it, gonna get it, convenience I love.”⁶
- Minnesota chose to play off its state motto—Land of 10,000 Lakes—for its Marketplace’s slogan, “*MNSure*: Land of 10,000 Reasons to Get Health Insurance.” The

state’s campaign enlists state folklore icons Paul Bunyan and Babe the Blue Ox, who are shown suffering a series of humorous accidents—while water skiing, playing soccer, and ice fishing—that highlight the reasons why Minnesotans need health insurance.⁷

- *New York State of Health* plays on Billy Joel’s iconic song “New York State of Mind” in its first ad, which shows scenes of New York City and other rural and urban settings along with a voiceover that speaks of the “can do” attitude of New Yorkers and encourages residents to explore and choose a plan that fits their needs.⁸
- *Cover Oregon*’s commercials employ a number of amusing folksy and hipster scenes that feel decidedly homegrown. In one, a plaid flannel-shirted young man strums a guitar and sings a Woody Guthrie-esque song called “Long Live Oregonians.”⁹

The level of funding for these public education and media campaigns is significant, ranging from a low of \$2.5 million in Maryland to a high of \$40 million in New York. Altogether, Colorado, Maryland, Minnesota, New York, and Oregon are spending \$71.5 million—or nearly \$21 per uninsured person newly eligible for coverage—on ACA-related public education campaigns (see Table 1).

These state-specific advertisement contrasts significantly with states where the federal government is administering

Table 1. Funding for ACA-Related Public Education Compared to the Number of Uninsured Who Will Qualify for Medicaid and Marketplace Subsidies under the ACA

State	Marketing Funding	Number of Eligible Uninsured	Marketing Funding per Eligible Uninsured Individual
Colorado	\$10,000,000	567,141	\$17.63
Maryland	\$2,500,000	428,587	\$5.83
Minnesota	\$9,000,000	350,427	\$25.68
New York	\$40,000,000	1,566,875	\$25.53
Oregon	\$10,000,000	497,380	\$20.11
Total of above states	\$71,500,000	3,410,410	\$20.97
FFM and FFM-P states	\$86,000,000	14,565,297	\$5.90

Sources: State estimates of public education spending; Urban Institute estimates of eligible uninsured. FFM = Federally Facilitated Marketplace; FFM-P = Federally Facilitated Marketplace-Partnership.

HIMs, including the study states Alabama, Michigan, and Virginia. These states are deferring to national-level campaigns—either federally funded or supported by private, nonprofit organizations—to inform the newly eligible about the availability of new coverage options.

The federal government's planned marketing campaign for the 34 Federally Facilitated Marketplace (FFM) and Federally Facilitated Marketplace-Partnership (FFM-P) states has been delayed, given the technology problems surrounding the launch of the healthcare.gov website; therefore, little is known about the campaign's details or contents. Since the passage of the ACA, the Department of Health and Human Services (DHHS) has awarded \$86 million to develop the outreach and enrollment campaign. Specifically, the public relations firm Porter Novelli has received a total of \$30 million to help implement the law,^{10,11} while Weber-Shandwick—the same firm that helped Massachusetts launch its *Health Connector* and health coverage expansion in 2006—was awarded a total of \$44 million to design and conduct a national public education and outreach campaign.¹² This campaign will include targeted ads that use a range of communication tactics—with an emphasis on paid media and digital outreach—to make the uninsured aware of available Marketplace and Medicaid options in FFM and FFM-Ps; whether the campaign will tailor its messages, content, and delivery to resonate with individual states remains to be seen. Finally, in addition to these efforts, the Center for Medicare and Medicaid Services has set aside an additional \$12 million to fund new advertisements in 12 states—including Michigan—to further encourage enrollment.¹³

Combined, this \$86 million public education investment is targeting an estimated 14.6 million uninsured who will qualify for Medicaid or subsidized Marketplace coverage in FFM and FFM-P states.¹⁴ This translates into roughly

\$5.90 per eligible uninsured person, an amount that, once again, contrasts starkly with the almost \$21 per target consumer being spent in the five states that are administering their own Marketplaces (see Table 1).

Outside of the federal government, one nonprofit organization—Enroll America—launched its “Get Covered America” campaign during the summer of 2013 by deploying thousands of staff and volunteers to conduct grassroots, door-to-door outreach in the 10 states with the largest numbers of uninsured residents (including Michigan). Outreach workers educated consumers about the ACA and how they can enroll in coverage. In addition, there are several private-sector efforts to raise public awareness of the new coverage options, including outreach campaigns at the drugstore chains CVS and Walgreens designed to educate and assist customers applying for coverage.¹⁵ Private insurers are also launching their own marketing efforts to persuade the millions of new eligibles to shop for coverage on state and federal health insurance exchanges. One estimate is that more than \$500 million will be spent by insurers on local television advertising during 2014.¹⁶

These campaigns, as well as the healthcare.gov web portal, are supported by a 24-hour call center with a toll-free number to help consumers enroll in coverage. The call-center contractor—Vangent—is expected to receive 42 million calls about the FFM states this year, a daily average of up to 200,000 calls. (So far, through the month of January 2014, volume appears to be a little less than one-half of this target rate—10,662,531 total calls, or an average of more than 86,000 calls per day, according to DHHS.¹⁷) The firm will also handle responses to an estimated 2,400 letters and 740 e-mails a day, while hosting 500 web chats daily, if all goes according to plan. It is expected that Vangent's prior role—running the 1-800-Medicare hotline—will provide valuable experience as it adds health reform-related calls to its scope of work.¹⁸

APPLICATION ASSISTANCE

To complement broader marketing campaigns, states and the federal government have also planned and invested in a variety of application assistance efforts designed to help individuals (who need it) navigate and complete the application process. The ACA and subsequent regulations established three categories of application assistors—Navigators, In-Person Assistors (IPAs), and Certified Application Counselors (CACs)—with differing funding structures and (in some cases) training requirements and responsibilities. Despite these distinctions in application assistors, state officials in the five states that created their

own Marketplaces were more focused on creating integrated and comprehensive enrollment assistance infrastructures—often combining the three categories of assistors—with common functions that could educate consumers, help them complete applications, and assist them with health plan selection. When establishing their application assistor programs, many of these states built on their extensive prior experiences administering application assistance models under CHIP and Medicaid, such as Minnesota's *Community Application Assistance* and New York's *Facilitated Enrollment*. Although many of these programs traditionally focused on

maternal and child populations, the years of experience managing them provided state officials with a “leg up” on establishing new application assistance programs under the ACA.

By October 1, 2013 the five states that established their own Marketplaces had used their federal ACA planning and establishing grants to invest more than \$88 million in establishing programs to provide enrollment assistance and making awards to groups that would help them provide application assistance to consumers (see Table 2). Specifically,

- In June 2013, Colorado officials made awards totaling \$17 million to more than 50 Assistance Sites that will comprise the *Connect for Health Assistance Network*, including community/nonprofit and faith-based organizations, hospitals and clinics, public health or human services organizations, and trade associations.¹⁹ Six entities were identified as Regional Assistance Hubs, which are responsible for supporting collaboration, outreach, and training among the Assistance Sites in their respective regions.
- In Maryland, officials divided the state into six regions to enlist help from entities that reflected a “local flavor” and had strong connections to local health and human services organizations. Awards totaling \$24 million were made in June 2013 to six entities, including local health departments, family support agencies, community-based organizations, and a health care system.
- Minnesota’s Marketplace announced 30 outreach and infrastructure grant recipients for its IPA program in August 2013; *MNsure* plans to award up to \$4.75 million across two phases of grants and will also pay assistors \$70 per enrollment.²⁰ Meanwhile, *MNsure*’s Navigator Program will be run by the state’s existing *Minnesota Community Application Agent (MNCAA)* initiative, funded by an existing appropriation to the Minnesota Department of Human Services.
- In July 2013, New York granted awards totaling almost \$27 million to 50 organizations overseeing 96 subcontractors who work in all 62 counties. The organizations will offer services in 48 languages.²¹ Managed-care organizations will also serve as uncompensated application assistors, as they have under the pre-ACA *Facilitated Enrollment* program.
- *Cover Oregon* and the Oregon Health Authority awarded its first round of application assistance awards—totaling \$3.16 million—to 30 community-based organizations in September 2013. In October, the state awarded more

than \$600,000 in business organization grants to business associations across the state to help small business owners and employees find and enroll in coverage.²²

In contrast, funding to support application assistance in states that depend on FFM and FFM-Ps is much lower. Specifically, a total of \$67 million was earmarked by the federal government to support Navigators across the 34 FFM/FFM-P states during the first year of operations.²³ In April 2013, the federal government released its Request for Proposals (RFP) for Navigator entities. In August, DHHS announced the 105 recipients of Navigator grants across the FFM/FFM-P states. The organizations selected in Alabama, Michigan, and Virginia include many nonprofit community-based organizations and providers that traditionally serve vulnerable populations, as well as a significant number of for-profit hospital “recovery” companies (these firms, for example Virginia’s Advanced Patient Advocacy, LLC, are generally hired by hospitals to collect past due payments from uninsured and under-insured patients). For example:

- In Alabama, \$1.4 million was awarded to three organizations: AIDS Alabama, Inc., and two health care systems (Tombigbee Healthcare Authority and Ascension Health).²⁴
- Awards totaling \$2.5 million were made to four organizations in Michigan, including Michigan Consumers for Healthcare—a coalition of groups from labor unions to YMCA chapters, the Community Bridges Management health system, the Arab Community Center for Economic & Social Services, and the American Indian Health and Family Services of Southeastern Michigan.²⁵
- In Virginia, the Virginia Poverty Law Center and Advanced Patient Advocacy, LLC, received nearly \$1.8 million to serve as the Navigator entities.²⁶ These entities will coordinate and partner with networks of other organizations to provide application assistance across the state.

In the five study states with their own Marketplaces, officials developed different programs to train application assistors on the federal rules surrounding enrollment, how to assist individuals with completing applications, and how to provide effective customer service. These training programs vary greatly by state. For instance, Maryland utilizes in-person training, Minnesota relies on online training, and Colorado, New York, and Oregon are using a combination of the two methods. The training requirements also differ among the states; for example, Colorado requires 43 hours of training, while Maryland requires 120 hours.²⁷

Table 2. Funding for Application Assistance Compared to the Number of Uninsured Who Will Qualify for Medicaid and Marketplace Subsidies under the ACA—SBM Study States

State	Application Assistance Resources			Total Number of Eligible but Uninsured	Funding per Eligible but Uninsured Individual
	Navigator/IPA Funding	Community Health Centers	Total		
Colorado	\$17,000,000	\$3,077,201	\$20,077,201	567,141	\$35.40
Maryland	\$24,000,000	\$1,620,449	\$25,620,449	428,587	\$59.78
Minnesota	\$16,294,000	\$1,684,340	\$17,978,340	350,427	\$51.30
New York	\$27,000,000	\$7,243,004	\$34,243,004	1,566,875	\$21.85
Oregon	\$3,760,000	\$2,884,396	\$6,644,396	497,380	\$13.36
Total of above states	\$88,054,000	\$16,509,390	\$104,563,390	3,410,410	\$30.66
Total FFM States	\$57,999,747	\$73,136,606	\$131,136,353	11,408,136	\$11.49

Sources: Study states: State estimates of application assistance spending; FFM states: Centers for Medicare and Medicaid Services (CMS) estimates of application assistance spending; FFM-P IPA funding: CMS and state estimates of application assistance spending; Urban Institute estimates of eligible uninsured.³⁰

For FFM and FFM-P states like Alabama, Michigan, and Virginia, training requirements are much less involved. Specifically, federal rules require Navigators to complete an online consumer assistance training module that totals 20 hours and covers a basic framework for interacting with consumers and assessing their needs. It also stresses education and the importance of privacy and security of consumers’ personal information, and details the eligibility and enrollment process.²⁸

For all states, regardless of Marketplace type, important application assistance resources are also found in Federally Qualified Health Centers (FQHCs). In July 2013, DHHS awarded \$150 million to nearly 1,200 centers across the nation for the purpose of helping both patients and other community members enroll in coverage. DHHS anticipates that centers will use these resources to hire approximately 3,000 outreach workers, who will help an estimated 3.7 million consumers.²⁹

Table 2 illustrates that, as with public education, application assistance funding levels per uninsured

resident eligible for Medicaid and Marketplace subsidies are much higher in the five study states that established their own Marketplaces, compared with those states with FFMs/FFM-Ps. Specifically, Colorado, Maryland, Minnesota, New York and Oregon are spending a total of more than \$104.5 million on application assistance—or an average of \$30.66 per eligible uninsured resident.

In contrast—between Navigator and community health center outreach funding—Alabama, Michigan, and Virginia will have a total of just under \$14.5 million to support application assistance—or \$8.79 for each uninsured resident who qualifies for Medicaid or Marketplace subsidies (Table 3). This is less than one-third of the \$30.66 per capita amount supporting application assistance in the five states we examined that administer their own Marketplaces, and of the \$28.07 amount in FFM-P states. It is also less than the average in FFM states as a whole, which are spending \$11.49 per eligible uninsured resident.

TARGETED ENROLLMENT INTO MEDICAID

States can also implement targeted enrollment strategies that provide Medicaid to people based on data matches, which eliminate the need to complete the full application

process. The Centers for Medicare and Medicaid Services (CMS) has authorized waivers under Social Security Act §1902(e)(14)(A) to allow states to bypass the normal

Table 3. Funding for Application Assistance Compared to the Number of Uninsured Who Will Qualify for Medicaid and Marketplace Subsidies under the ACA—FFM Study States

State	Application Assistance Resources			Total Number of Eligible but Uninsured	Funding per Eligible but Uninsured Individual
	Navigator Funding	Community Health Centers	Total		
Alabama	\$1,443,985	\$2,424,896	\$3,868,881	266,791	\$14.50
Michigan	\$2,541,887	\$3,782,688	\$6,324,575	1,011,958	\$6.25
Virginia	\$1,762,025	\$2,501,028	\$4,263,053	365,841	\$11.65
Total of above states	\$5,747,897	\$8,708,612	\$14,456,509	1,644,590	\$8.79
Total FFM States	\$57,999,747	\$73,136,606	\$131,136,353	11,408,136	\$11.49

Sources: FFM States: CMS estimates of application assistance spending;³¹ FFM-P IPA funding: state estimates of application assistance spending;³² Urban Institute estimates of eligible uninsured.³³

eligibility requirements³⁴ and enroll SNAP recipients into Medicaid, if they meet Medicaid’s nonfinancial requirements, and grant parents Medicaid based on their children’s Medicaid and CHIP records. Oregon is among three states nationally, thus far, that has received waivers in both of these categories. During its first month

of implementation, the state sent mailings to 260,000 people, of whom 75,000 (or 22 percent) responded by “mak[ing] a phone call or send[ing] a form consenting to be enrolled into Medicaid.”³⁵ State officials reported that this single step reduced the number of Oregon uninsured by approximately 10 percent.

CONCLUSION

Colorado, Maryland, Minnesota, New York, and Oregon have engaged in extensive planning processes to design and implement state-specific marketing campaigns that reflect the input of consumers and that showcase unique themes and state-specific concerns. Moreover, these states have created enrollment assistance networks to bolster marketing by providing consumers with critical hands-on, in-person assistance with the application process. Combined federal and state resource investments amount to roughly \$71.5 million for marketing and \$104.6 million for application assistance in these five states alone, figures that dwarf the

\$14.5 million being made available for application assistance in Alabama, Michigan, and Virginia, and the undetermined portion of \$86 million in federal spending earmarked for marketing across the 34 FFM/FFM-P states. Thus, the five study states that have worked hard to implement all facets of the ACA are poised to reach and enroll many uninsured residents into health coverage for which they qualify under the ACA. Meanwhile, in the three states that have deferred to the federal government for marketing and Navigator assistance, much smaller investments by the federal government are likely to translate into lower enrollment levels.

ENDNOTES

1. For more information, see: Hill, Ian, Brigitte Courtot, and Margaret Wilkinson. *Reaching and Enrolling the Uninsured: Early Efforts to Implement the Affordable Care Act*. Princeton, NJ: The Robert Wood Johnson Foundation. 2013. <http://www.urban.org/publications/412917.html>.
2. Dorn, Stan. *Implementing National Health Reform: A Five-Part Strategy for Reaching the Eligible Uninsured*. Urban Institute. 2011. <http://www.urban.org/publications/412335.html>.
3. Through the end of calendar year 2014, the ACA provided federal funding to cover all necessary administrative costs for SBMs, including funding for application assisters and exchange call centers. However, the applicable statutory language did not cover Federally Facilitated Marketplaces. As a result, the latter have depended on congressional appropriations since the enactment of the ACA.
4. For more information, see Hill et al., 2013.
5. Newman, A. August 2, 2013. Videos available at <http://www.youtube.com/user/ConnectForHealthCO?feature=watch>.
6. Videos available at: <http://www.youtube.com/watch?v=7vHhkZJ4RFM&rel=0>.
7. Lopez, Ricardo. "Paul Bunyan, Ox Sidekick Hired as Insurance Salesmen in Minnesota." *Los Angeles Times*. August 19, 2013. Video available at: <http://video.mpr.org/services/player/bcpid55300488001?bckey=AQ--AAAADLwGZk-c7TfWO3MmuAc9-QnpeuM470sl5gb1R6v&bcid=0&bctid=2615261630001>.
8. Galowitz, Phil. "With a Nod to Billy Joel, NY Brands Obamacare Marketplace." *Capsules, Kaiser Health News Blog*. August 20, 2013. Video available at: <http://www.youtube.com/watch?v=3C1XPRjQPnY>.
9. Newman, 2013.
10. Begley, Sharon. "It Takes an Army: Tens of Thousands of Workers Roll out Obamacare." June 21, 2013. <http://www.reuters.com/article/2013/06/21/usa-healthcare-hiring-idUSL1N0EJOYU20130621>.
11. Baker, Sam. "HHS Adds \$33 Million to ObamaCare PR Contract." July 17, 2013. <http://thehill.com/blogs/healthwatch/health-reform-implementation/311817-hhs-adds-33-million-to-obamacare-pr-contract>.
12. Ibid.
13. Burns, Alexander, and Kyle Cheney. "Obama Administration Plans \$12M Ad Buy to Promote Health Law." September 5, 2013. <http://www.politico.com/story/2013/09/obamacare-ad-buy-96339.html>.
14. Buettgens, Matthew, Genevieve M. Kenney, Hannah Recht, and Victoria Lynch. *Eligibility for Assistance and Projected Changes in Coverage Under the ACA: Variation Across States*. Washington, DC: The Urban Institute. 2013. <http://www.urban.org/publications/412918.html>. This estimate is based on state decisions about operating Marketplaces as of May 28, 2013, as shown in Kaiser Family Foundation. "State Decisions for Creating Health Insurance Marketplaces." <http://kff.org/health-reform/state-indicator/health-insurance-exchanges/>.
15. Corbett Dooren, Jennifer. "CVS Plans to Help Customers Sign Up for Obamacare." July 25, 2013. <http://blogs.wsj.com/washwire/2013/07/25/cvs-plans-to-help-customers-navigate-obamacare/?KEYWORDS=medicare>.
16. Klein, Ezra, and Evan Soltas. "Insurers Will Spend More Than \$500 Million to Get People to Sign up for Obamacare." December 16, 2013. http://www.washingtonpost.com/blogs/wonkblog/wp/2013/12/16/wonkbook-insurers-will-spend-more-than-500-million-to-get-people-to-sign-up-for-obamacare/?wprss=rss_business&clsrld.
17. ASPE/DHHS. *Issue Brief*. February 12, 2014.
18. Jaffe, Susan. "Contractor That Handles Public's Medicare Queries Will Do Same for Affordable Care Act." *Washington Post*. June 20, 2013.
19. Connect for Health Colorado. "Connect for Health Assistance Network: Update on Assistance Network Grantees." http://www.connectforhealthco.com/?wpfb_dl=735.
20. MNsure. "MNsure Funding Announcement: Outreach and Infrastructure Consumer Assistance Partner Grant Program." <http://mnsure.org/hix/images/2013-05-28-MNsureFundingAnnouncement.pdf>.
21. New York State Department of Health. "Press Release for In-Person Assisters/ Navigators Conditional Grant Awards." July 12, 2013. <http://healthbenefitexchange.ny.gov/news/press-release-person-assistersnavigators-conditional-grant-awards>.
22. Cover Oregon. "Oregon Announces First Round of Recipients for Outreach and Enrollment Grants." <http://www.coveroregon.com/discover/news/12>.
23. Although IPAs and CACs are optional, all states—regardless of their Marketplace structure—are required to employ Navigators.
24. Brown, Melissa. "Feds Send \$1.4 Million to Hire 'Navigators' across Alabama to Explain Obamacare." September 27, 2013. http://blog.al.com/wire/2013/09/federally-funded-navigators_se.html.
25. Carmody, Steve. "Navigators Picked to Guide Michiganders through Health Plans Tied to Affordable Care Act." August 15, 2013. <http://michiganradio.org/post/navigators-picked-guide-michiganders-through-health-plans-tied-affordable-care-act>.
26. Hammack, Laurence. "Navigators Help Public Apply Affordable Care Act." September 29, 2013. <http://www.roanoke.com/news/obamacare/2239236-12/navigators-help-public-apply-affordable-care-act.html>.
27. State Reform. "State Approaches to Consumer Assistance Training." <https://www.statereform.org/consumer-assistance-training>.
28. Nationally, as of November 1, 2013, DHHS reports that 18,000 assistors had been trained in all states that are part of the Federally Facilitated Marketplace, and these assistors report having conducted 2,800 education and outreach events that have reached more than 450,000 consumers.
29. DHHS Secretary Kathleen Sebelius. *Community Health Centers Outreach and Enrollment*. July 10, 2013. <http://www.hhs.gov/secretary/about/speeches/sp20130710.html>. See also DHHS Press Office. *Health Centers to Help Uninsured Americans Gain Affordable Health Coverage*. July 10, 2013. <http://www.hhs.gov/news/press/2013pres/07/20130710a.html>.
30. Buettgens et al., 2013.
31. <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/navigator-list-10-18-2013.pdf>; <http://www.hrsa.gov/about/news/2013tables/outreachandenrollment/>.
32. Arkansas: <http://hbe.arkansas.gov/FFE/RFQ130190-IPA-Budget-Handout.pdf>; Delaware: http://www.huffingtonpost.com/2013/11/06/obamacare-delaware-enrollments_n_4228386.html; Illinois: <http://www2.illinois.gov/gov/healthcarereform/Documents/Health%20Benefits%20Exchange/Fact%20Sheets/IPC%20Fact%20Sheet%20Final.pdf>; New Hampshire: <http://nhpr.org/post/federal-grant-market-health-law-again-delayed>; West Virginia: <http://beww.winsurance.gov/Portals/2/pdf/Carriers%20Meeting%20Summary%206-11-13.pdf>.
33. Buettgens et al., 2013.
34. Center for Medicare and Medicaid Services, Department of Health and Human Services. "Facilitating Medicaid and CHIP Enrollment and Renewal in 2014." May 17, 2013. <http://www.medicare.gov/Federal-Policy-Guidance/downloads/SHO-13-003.pdf>.
35. Budnick, Nick. "Oregon Cuts Tally of People Lacking Health Insurance by 10 Percent in Two Weeks." *Oregonian*. October 17, 2013. http://www.oregonlive.com/health/index.ssf/2013/10/oregon_has_cut_tally_of_those.html.

Copyright© March 2014. The Urban Institute. Permission is granted for reproduction of this file, with attribution to the Urban Institute.

About the Authors and Acknowledgements

Ian Hill is a senior fellow, Brigette Courtot is a senior research associate, and Margaret Wilkinson is a research assistant in the Health Policy Center at The Urban Institute. We would like to thank the many state officials who generously provided information and insights during our interviews. We also appreciate John Holahan and Stan Dorn's thoughtful editorial review and comments. This study was funded by the Robert Wood Johnson Foundation.

About the Robert Wood Johnson Foundation

For more than 40 years the Robert Wood Johnson Foundation has worked to improve the health and health care of all Americans. We are striving to build a national culture of health that will enable all Americans to live longer, healthier lives now and for generations to come. For more information, visit www.rwjf.org. Follow the Foundation on Twitter [www.rwjf.org/twitter](https://twitter.com/rwjf) or Facebook [www.rwjf.org/facebook](https://www.facebook.com/rwjf).

About the Urban Institute

The Urban Institute is a nonprofit, nonpartisan policy research and educational organization that examines the social, economic and governance problems facing the nation. For more information, visit www.urban.org. Follow the Urban Institute on Twitter [www.urban.org/twitter](https://twitter.com/urbanorg) or Facebook [www.urban.org/facebook](https://www.facebook.com/urbanorg). More information specific to the Urban Institute's Health Policy Center, its staff, and its recent research can be found at www.healthpolicycenter.org.