REPORT

Maximizing Coverage through Outreach: Second Year Experiences of Enroll America in North Carolina and Ohio

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CONTENTS

TABLES

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EXECUTIVE SUMMARY

Enroll America was established in 2010 as an independent, nonprofit, nonpartisan organization dedicated to maximizing the number of Americans who enroll in and retain health coverage under the Affordable Care Act. Enroll America launched the Get Covered America campaign in 2013 to find and inform uninsured consumers about their new health insurance options and to connect them with enrollment assistance. This report examines implementation of Enroll America's outreach campaign during the second open enrollment in two field states: North Carolina and Ohio.

Findings

Key findings from this case study include:

- Enroll America staff in both states successfully built a broader network of partners during the second open enrollment, continuing to organize the work of many disparate groups around a common goal, and began working with partners to institutionalize some of Enroll America's outreach and messaging strategies. Coalitions continued to play an important role in helping Enroll America build effective working partnerships with a wide variety of stakeholders.

- During the second open enrollment, Enroll America expanded its field outreach in several ways: increasing commit card collection by identifying new places to find the uninsured and recruiting partners to shoulder some of the burden, utilizing phone-a-thons and enrollment events to promote both outreach and enrollment, and integrating the newly launched Get Covered Connector, an online tool permitting uninsured individuals to schedule an appointment for enrollment help with an assister, into many of their existing outreach strategies.

- Although the Connector was viewed as an important improvement for outreach and enrollment work, not all assister agencies adopted the tool and its implementation was not perfect. Users identified areas for improvement, and Enroll America is currently modifying the tool for the third open enrollment period. For example, for the next open enrollment, a Spanish version of the tool will be available, and it plans to make both the English and Spanish versions more user-friendly.

- Enroll America in North Carolina and Ohio built on lessons learned during the first open enrollment to develop best practices in different areas: the North Carolina organization was a standout in leveraging earned media and messaging, and Enroll America staff in Ohio built a robust volunteer certified application counselor training program.

- Enroll America overcame many contextual challenges during the second open enrollment period. For example, renewals were an uncharted territory, media and volunteer interest declined, and neither state directly invested in outreach and enrollment. Enroll America staff adapted their messaging, strengthened relationships with media and volunteers, and creatively leveraged contacts and information to reach new populations so that these challenges did not derail their outreach efforts.

Several challenges to achieving Enroll America's mission persist in the two states, including:

- Enroll America plans to expand its footprint by entering rural areas and targeting immigrant and refugee populations. However, the declining numbers of staff and volunteers may compromise outreach efforts in both states during the third open enrollment.

- Enroll America is working to institutionalize its outreach processes with partners in both states; this began during the second open enrollment and, given more limited funding to support paid staff, will need to become more entrenched during the third. Enroll America staff are also beginning to fundraise locally, which may spark some competition for local funding with those same partners.

- Low health insurance literacy among the target population remains a problem that Enroll America wants to tackle, but pivoting to this issue has been difficult. Little evidence exists about the best ways to educate consumers on concepts such as networks, premiums, and deductibles, and staff and volunteers will be stretched thin by the fact that the remaining uninsured are expected to be harder to reach, even before taking on this new work.

- The Medicaid gap significantly constrains Enroll America's outreach and enrollment efforts in North Carolina; stakeholders are optimistic that the state may adopt Medicaid expansion in the future but not in the near term, meaning the timing of a potential expansion would likely coincide with reduced funding for outreach and enrollment.

Together with their partners, Enroll America staff in North Carolina and Ohio contributed to coverage gains during the first open enrollment, and staff in both states overcame what could have been major challenges to increasing enrollment during the second. The U.S. Supreme Court's recent *King v. Burwell* decision to uphold Marketplace subsidies for consumers in all states is likely to have been a relief for Enroll America staff and partners in North Carolina and Ohio; nevertheless, significant political opposition to the law persists in both states. Findings from this case study show significant challenges ahead: in the face of less predictable funding, it will not be easy for Enroll America to expand the field outreach program as it plans to do in both states, and significant work remains to fully institutionalize Enroll America's work with its partners, which will be critical to establishing the organization's long-term legacy.

I.   INTRODUCTION

The Patient Protection and Affordable Care Act of 2010 (ACA) introduced new health insurance coverage options and expanded existing options to cover new populations. Over 8 million individuals enrolled in coverage through the new health insurance Marketplaces during the first open enrollment period (October 1, 2013–March 31, 2014) (ASPE 2014), and enrollment grew during the second period, with Marketplace enrollment topping 10 million (November 15, 2014–February 15, 2015) (CMS 2015). However, with nearly 42 million uninsured individuals in the United States, the need for health insurance outreach, education, and enrollment assistance continues.

Enroll America was established in 2010 as an independent, nonprofit, nonpartisan organization dedicated to maximizing the number of Americans who enroll in and retain health coverage under the ACA. Enroll America launched the Get Covered America campaign in 2013 to find and inform uninsured consumers about their new health insurance options and to connect them with enrollment assistance. Enroll America is national in reach, but its efforts are primarily focused in 11 "field states"—states using the federally facilitated Marketplace that were targeted by Enroll America for having high uninsured populations and limited funding for outreach. During the first open enrollment period, Enroll America successfully implemented its outreach campaign and had a positive impact on enrollment in the states in which it operated (Hoag et al. 2014; Orzol and Hula 2015). During the recently completed second open enrollment, Enroll America pursued it mission while adapting to new challenges. These included an anticipated reduction in media attention compared with the first open enrollment, a potentially harder-to-reach target population, and an added concern that individuals who enrolled during the first open enrollment would need to renew their Marketplace coverage.

This report examines Enroll America's implementation during the second open enrollment in two field states: North Carolina and Ohio. Findings document the progress and adaptations made during Enroll America's second enrollment period, challenges that it successfully addressed during this period, and future challenges and opportunities it can expect to face as it enters the third enrollment period. The report has been funded as part of a larger evaluation of Enroll America funded by the Robert Wood Johnson Foundation.

A. Data and methods

Mathematica staff interviewed 24 key informants in North Carolina and Ohio during two-day, in-person site visits in March and April 2015—shortly after the end of the second open enrollment period. Informants included Enroll America's leadership team and other staff, partners, and outside stakeholders. Most interviews were conducted in person, but a few informants who were unable to meet with us were interviewed by phone. Interviews explored Enroll America's work during the second open enrollment, how it had evolved since the first open enrollment, outreach and enrollment successes to date, and the challenges remaining. We used semi-structured interview protocols to guide conversations.

All interviews were digitally recorded and transcribed using a professional transcription service. The research team reviewed the transcriptions for accuracy and quality. We then identified the main research themes and overarching concepts and developed a coding scheme

that was applied to all transcript notes in Atlas.ti, a software tool used to managed and analyze qualitative information. Next, we reviewed and analyzed the queries to inform our findings.

To enrich the analysis, we also gathered and reviewed relevant literature, news articles, publicly available documents, and information supplied by Enroll America staff, such as organizational charts, reports, promotional materials, and heat maps. Table 1 lists key information about the context for ACA implementation in each state, including some details about Marketplace enrollment during the second open enrollment period.

Table 1. State context and Marketplace enrollment in North Carolina and Ohio

	North Carolina		Ohio
State context			
Marketplace type	Federally facilitated		Federally facilitated
Medicaid expansion?	No		Yes
Number of uninsured adults (ages 19–64), 2013	1,396,900		1,256,700
Percentage of adult population (ages 19–64) uninsured, 2013	24%		18%
Marketplace enrollment			
Estimated number of potential Marketplace enrollees, 2015	1,097,000		932,000
Marketplace enrollment, 2015	492,014		188,867
Percentage of potential Marketplace population enrolled, 2015	45%		20%
Percentage of Marketplace enrollment with advanced premium tax credits, 2015	93%		85%
Percentage change in monthly Medicaid and CHIP enrollment, pre-ACA to March 2015	16%		26%

Sources: Marketplace type from Kaiser Family Foundation (2015a).

Medicaid expansion from Kaiser Family Foundation (2015b).

Number and percentage of the uninsured from Kaiser Family Foundation (2013) estimates based on the Census Bureau's March 2014 Current Population Survey.

Estimated number of potential 2015 Marketplace enrollees and percent of potential Marketplace population enrolled from Kaiser Family Foundation (2015c).

Marketplace enrollment and percentage of Marketplace enrollment receiving advance premium tax credits from CMS (2015). Marketplace enrollment is based on effectuated enrollment. Individuals effectuate their enrollment by selecting a plan and paying their first month's premium.

Percentage change in Medicaid and CHIP enrollment from Kaiser Family Foundation (2015d).

The remainder of this report discusses the main findings from our interviews with Enroll America staff, partners, and other stakeholders in North Carolina and Ohio during the second Marketplace open enrollment period. In Chapter II, we summarize progress made in the two states during the second open enrollment, including their work to strengthen partnerships and

coalitions and their continued innovation in field outreach strategies and tools, highlighting how each state leveraged its strengths to develop best practices. Chapter III explores challenges Enroll America overcame during the second open enrollment and discusses anticipated challenges moving forward. Chapter IV concludes with a discussion of the key findings from this report and their implications for Enroll America's future outreach work.

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II. PROGRESS DURING THE SECOND OPEN ENROLLMENT PERIOD

Enroll America staff in North Carolina and Ohio built on their successes from the first open enrollment period to enhance and expand outreach coverage during the second. This chapter discusses the major areas of progress from the first to the second open enrollment periods and critical new features of the outreach campaigns in North Carolina and Ohio.

A. Strengthening of partnerships and coalitions

Although the number of Enroll America staff remained relatively steady from the first to the second open enrollment periods (see Table 2), the number of volunteers dropped dramatically. To make up for this reduction in manpower, Enroll America emphasized strengthening partnerships with local stakeholders (often in coalition with them); these groups support Enroll America's work in a wide variety of ways. For example, partners with local credibility serve as trusted messengers, help validate Enroll America's approach, and can help engage large numbers of potential consumers. Likewise, partnerships with assister groups are essential in linking outreach with enrollment, since Enroll America does not do direct enrollment itself. Further, establishing relationships with organizations that have made health enrollment a priority can open up a potential source of volunteers for Enroll America.

Table 2. Enroll America operations in North Carolina and Ohio during the first and second open enrollment periods

Enroll America operations	First open enrollment	Second open enrollment	Change between first and second open enrollment
North Carolina			
Number of active field staff positions filled	13	13	0 (0%)
Number of volunteers	1,739	681	-1,058 (-61%)
Ohio			
Number of active field staff positions filled	15	16	1 (7%)
Number of volunteers	2,852	1,414	-1,438 (-50%)

Source: Enroll America operations data from Beth Harris, deputy fundraising director, Enroll America, personal communications 2014 and 2015.

Note: Enroll America staff positions exclude temporary staff.

Enroll America staff in both states successfully built a broader network of partners during the second open enrollment, helping organize the work of many disparate groups around a common goal, and began working with partners to institutionalize some of Enroll America's outreach and messaging strategies. Many of these partnerships were developed through one-on-one networking by Enroll America staff, whereas others developed through Enroll America's work in local coalitions. Local partner organizations engaged as part of Enroll America's efforts in North Carolina and Ohio include faith-based groups (churches/mosques/synagogues), local government (public health departments/social service agencies), and a variety of other community-based organizations, often with a volunteer focus

(sorority chapters, League of Women voters, and so on), as well as colleges and local broadcasting companies. During the second open enrollment period, Enroll America's partner engagement strategy emphasized working with partners to institutionalize Enroll America's strategies into their overall mission and processes, to try to integrate outreach techniques and outreach components into their organizations' operations. For example, in Ohio, Enroll America staff reported working with food banks across the state to set up systems to distribute Enroll America's materials to people accessing their services who were likely to be uninsured. In North Carolina, Enroll America provided training and resources to groups taking up the mantle of doing direct outreach using Enroll America's outreach methods. Examples of these trainings include direct outreach to consumers (such as commit card collection), scripts for how to engage consumers about the availability of coverage, enrollment event planning, "chase" (follow-up) calling, and generating earned media. Some partner organizations in North Carolina have fully institutionalized this outreach into their own work, such as by integrating information about coverage options and collecting contact information on their own intake forms.

Enroll America leadership in both North Carolina and Ohio continued and reinforced strong partnerships with assister groups, recognizing the critical role these other groups play in the process. Each state has one dominant lead Navigator grantee (Legal Aid of North Carolina and the Ohio Association of Food Banks [OAFB]); Enroll America's ability to collaborate closely with both of them has played a key role in developing strong, effective working relationships with the Navigator and assister communities in the states. Enroll America supports and collaborates with its assistance partners in several ways, including providing trainings in outreach best practices, helping groups strategize using data and analytics to map where the uninsured are located and assistance availability, working together to organize and staff enrollment events, and placing volunteer certified application counselors (CACs) with the groups. Assister partners reported valuing how Enroll America's strategy complements their work and appreciate the role Enroll America staff have taken in organizing the work of many different CACs and Navigators.

> An enrollment assistance partner in North Carolina stated, "To have somebody, an organization in the state that was focused exclusively on outreach, we really thought that was good because we can really focus on the enrollment expertise, which is what we're getting certified for, what we're training up to do…We felt very comfortable deferring to their expertise, and then taking the enrollment expertise

One group that Enroll America staff in both states were encouraged by Enroll America headquarters to partner with were agents and brokers, who provide direct enrollment assistance to consumers; to date, staff in Ohio have had more success with this new partnership. Initially, Enroll America had some concerns that these groups would steer applications toward particular products that were in the agent's but not necessarily the consumer's best interest, but experience in working with these groups during the last few weeks of the first open enrollment period were positive and led to more openness to working with agents and brokers in the second. Further, Enroll America staff asked all of their agent and broker partners to sign a pledge promising to help any consumer seeking assistance, prioritize consumers' interests when helping with plan selection, and abide by all federal and state privacy and security requirements. One particularly beneficial partnership was formed with Penn Global in Ohio. Penn Global staff ended up working many of the TV phone-a-thons and conducting chase calling functions, which helped fill

a gap in capacity. Some agents and brokers in Ohio also used the Get Covered Connector, an online tool permitting uninsured individuals to schedule an appointment for enrollment help with an assister, to post available appointments. OAFB negotiated an arrangement with the Ohio Association of Health Underwriters (the state association for agents and brokers) giving them a set of Connector slots that they could assign to individual agents or brokers who wanted to post appointments on the Connector. There have been fewer direct partnering opportunities between Enroll America North Carolina and brokers and agents, although the latter have a strong presence in the state and participate in the statewide coalition. Enroll America staff did find opportunities to partner with them on some events during the second open enrollment period; a key challenge to expanding the relationship, however, is determining how to alleviate concerns that current assister partners might view agents and brokers as competition.

Coalitions continued to play an important role in helping Enroll America build effective working partnerships with a wide variety of stakeholders. Unlike in some other states, state agencies have played no role in organizing and coordinating groups doing outreach and enrollment in North Carolina and Ohio. Coalitions, both statewide and regional, have helped fill this void, providing a forum for partners to coordinate outreach and enrollment strategies and develop consistent and cohesive messages. Enroll America staff in North Carolina and Ohio have played an active and important role in these coalitions, helping coordinate outreach-related activities across groups and expanding capacity by offering trainings, sharing resources and knowledge, and taking ownership of certain outreach activities.

In North Carolina, NC Get Covered (formerly "The Big Tent Coalition") is a statewide coalition that came about in an effort to organize and recruit groups to serve as part of the state's Navigator Consortium and to assist in developing the Navigator grant application. Their role evolved to serve as a forum where policies, regulations, and issues around implementing the federal Marketplace in North Carolina could be discussed and planned before the first open enrollment; they have continued to meet to sort out issues ever since. The group has been influential in coordinating efforts of stakeholders across the state, sharing consistent coordinated messages developed by Enroll America, and building a common cause around which partners could rally. Enroll America has been heavily involved in NC Get Covered since its inception, and partners reported that it has added significant value. One NC Get Covered member stated, "We really saw Enroll America as doing outreach…and so we…said 'OK, you're going to have the resources to do that outreach, to find the uninsured, to get the commit cards, to then funnel people into enrollment events and enrollment as we go along." Partners agreed that no other entities in the state were prepared to take on this outreach role. Enroll America has also actively participated and helped coordinate a number of local coalitions, helping with enrollment event planning, to ensure the coalitions have a connection outside their primary geographic target areas.

In Ohio, Enroll America's influence on a number of regional coalitions has grown over time, with important strides made in the effectiveness of three regional coalitions (targeting the three major metro areas) during the second open enrollment. Enroll America staff in Ohio played an active role in all three coalitions, working with partners on strategy and event coordination, and stepping into leadership roles in some cases. Their increased involvement has helped create more action-oriented groups in which partners are committing time and resources to work together and take ownership of events, an evolution that was called a "game changer" during the second open

enrollment. For example, Enroll America became the convener for the outreach and enrollment subcommittee of the Navigator and assister learning group in central Ohio during the second open enrollment period. This provided a forum for Enroll America in Ohio to work with coalition partners to plan local events, fill assistance capacity gaps, create a unified message, and build and coordinate a regional strategy to effectively allocate resources (preventing overlap in events) and help ensure a wide reach across the entire community.

Although partnerships were generally very strong, some reported natural tensions among partners and coalition groups as a result of different priorities. In North Carolina, Enroll America staff reported some differences between Enroll America and other "on-the-ground" partners (such as assister organizations) and other community partners whose primary missions may not have been outreach and enrollment. As one Enroll America staff member said, "The strain between the intensity of the on-the-ground thing that we made happen as assisters and Enroll America working together, versus people that were sitting at a little more distance from that—it grows. Part of it [is because] these guys have other goals." In Ohio, increased involvement in the regional coalitions helped improve and strengthen Enroll America's relationship with some assister groups, where some tension had developed during the first open enrollment period, fueled by confusion over roles and frustration with a perceived desire of Enroll America staff to direct rather than partner. Although Enroll America's participation in the regional coalitions in Ohio grew during the second open enrollment, Enroll America staff did not participate as regularly with the statewide coalition. This led to confusion from some coalition members about the value they added to the state.

B. Continued innovation in field outreach

The backbone of Enroll America's active field outreach program continued to be its robust identification and chase program. In both states, Enroll America staff and volunteers were dedicated to identifying the uninsured, gathering their contact information through the use of commit cards, and then following up with these consumers multiple times until they had enrolled in coverage. Enroll America staff adapted this model from the first open enrollment to account for the changing coverage landscape.

Enroll America expanded its commit card collection by identifying new places to find the uninsured and recruiting partners to shoulder some of the burden. Obtaining contact information for people without insurance through use of commit cards is a centerpiece of Enroll America's outreach strategy, as that is the source for the information that feeds its Get Covered Database and attendant chase activities. Having learned during the first open enrollment that consumers who received follow-up either by phone or email were 10 percent more likely to enroll, and that those followed up via both phone and email were 18 percent more likely to enroll (Enroll America 2015), staff in both states emphasized the need to widen the use of commit card collection and emphasize collection of both phone and email contact information.

During the second open enrollment period, 58,000 chase calls were placed in North Carolina and 55,000 calls in Ohio; some consumers were contacted up to five times. Although the bulk of the chase program continued to be conducted by Enroll America staff and volunteers, Enroll America in both states placed greater responsibility for collecting commit cards and conducting chase calls on partner organizations. Staff in both states also worked to identify new partners

willing to do outreach with large constituencies of uninsured and new locations to collect consumer information. In Ohio, successful partnerships were formed to enhance commit card collection with community recreation centers, food pantries, and parole offices and prisons holding re-entry fairs. In North Carolina, Enroll America staff began focusing more on collecting commit cards through dropboxes placed with small businesses, social service agencies, and health departments.

One Ohio Enroll America staff member stated: "One of the reasons we make [phone-a-thons] such a central…part of our program is because of how efficient it is….You get the direct effect of people calling in and you finding them [and then] you get the residual effect of people who are watching just becoming more aware, even if they don't call in, and knowing your contact information and knowing the Connector website."

Enroll America in Ohio and North Carolina began to distinguish themselves in the second open enrollment by emphasizing outreach activities that played to their strengths. Enroll America in Ohio is recognized as a leader among the field states in using phone-a-thons in partnership with local television stations as part of their field outreach strategy. They conducted eight during the second open enrollment period and considered it an effective way to reach a high number of motivated consumers quickly. Generally, the setup of the phone-a-thons included volunteers manning a phone bank at a TV station, a crawl run on the bottom of the screen with the phone number to reach volunteers along with a simple message, and occasional shots of the volunteers or interviews with Enroll America staff or partners brought in to provide support or generate attention. The goal of each incoming call was to hold a quick conversation, answer questions, and get the person's contact information; volunteers manning a second set of phones would then call consumers back to provide the individual with appropriate assistance for their situation. Enroll America's research found these calls led to a higher rate of action than regular chase calls, since these people are ready to engage in a conversation about coverage. Further, phone-a-thons provided volunteers with a positive experience.

Enroll America leadership in North Carolina used enrollment events as a key piece of their outreach strategy and considered them to be integral to their overall success. Prior to the start of the open enrollment period, staff developed a calendar of all events, giving Enroll America staff and partner organizations lead time to make sure all the necessary planning and marketing was in place and identifying appropriate roles for each partner in the event. Enrollment events in North Carolina were viewed as outreach, a way to attract people that Enroll America had never contacted before. They were therefore structured to handle walk-ins as well as scheduled appointments, and staff ensured there was extra capacity to account for consumers who were brought in through media engagement and other promotion of the events. The events were also a way to focus and manage volunteer capacity, and had the added benefit of keeping partners and volunteers engaged coming out of the holiday period (since open enrollment lasted from mid-November 2014 to mid-February 2015). These events proved to be an opportunity for coalition members to collaborate together on all aspects of outreach, further strengthening relationships and engaging partners in a wider range of outreach activities than perhaps they had done previously. Finally, enrollment events served as learning and support opportunities for assisters, a place where they could consult with one another on difficult cases.

C. Adoption of Get Covered Connector

The Get Covered Connector, an online scheduling tool developed by Enroll America, improved the way Enroll America staff and partners worked together to conduct outreach and enrollment in the second open enrollment. The catalyst for the Connector was a similar tool that had been developed during the first open enrollment by Legal Aid of North Carolina and the North Carolina Community Health Center Association. This tool helped Enroll America staff and others conducting outreach schedule individuals into appointments with enrollment assisters, rather than leaving it up to consumers to call and schedule their own appointments. The tool was seen as such a success by Enroll America leadership in the first open enrollment in North Carolina that national Enroll America staff developed the Get Covered Connector and licensed the product to groups within states to begin using it. The new tool also has a consumer-facing portal so that consumers seeking assistance can schedule their own appointments if they choose.

During the second open enrollment, staff in North Carolina and Ohio were able to successfully integrate the Get Covered Connector into many of their existing outreach strategies, closing the gap between contacts with consumers and actual enrollment. The Connector became an important piece of Enroll America's follow-up ("chase") strategy, changed how they managed enrollment events (since knowing in advance how many appointments were scheduled helped them figure out exactly how many assisters, volunteers, and others they would need for an event), and allowed Enroll America to expand their reach beyond their primary turf in new ways. The Connector also improved the Enroll America volunteer experience by giving volunteers a concrete goal of helping an uninsured individual make an appointment with an assister, thus leaving them with a feeling they had moved the consumer closer to a positive enrollment outcome. As one Enroll America staff member in Ohio stated, "Every time we come into contact with a consumer, one of the questions that they [now] get asked is if they would like to schedule an appointment. [An Enroll America staff member or volunteer] can pull it up on their phone, they can pull it up on their tablet. So when people are out clipboarding, they can actually—instead of just collecting a card from somebody… They can schedule an appointment for them right there, which is just amazing."

Having a centralized scheduling platform also helped groups manage resources and strengthened partnerships between Enroll America and the assister community. Using geo-location data on the uninsured helped Enroll America and assister groups identify where best to locate appointments, allowing for more effective allocation of resources. Partners came to appreciate how Enroll America's outreach played an important role in enrollment, such as how chase calls could boost appointment take-up. Similarly, the act of engaging consumers by posting appointments motivated some assisters to re-think how they approached their role reaching consumers. For

> One partner in Ohio commented, "Providing [the Get Covered Connector] strengthened our relationship with Enroll America, and I think it strengthened [their relationships with] a lot of organizations that are enrollment assisters…I'm going to point to that piece of technology and the program that developed out of it as a major triumph."

example, some assisters began making confirmation and reminder phone calls and texts (in addition to the automated email and text reminders sent through the Connector) to make sure

that, once an individual had scheduled an appointment, he or she had transportation to the site, knew where to go, and was prepared to attend.

A key to the success of the Connector in both states was getting early buy-in from key Navigator grantees. Legal Aid of North Carolina and the OAFB, the largest Navigator organizations in the two states, bought the Connector from Enroll America headquarters and made it available to the Navigator and assister groups within their networks. Legal Aid of North Carolina quickly signed on to administer the Connector, because they ran the predecessor tool Enroll America modeled the Connector on. Staff at the OAFB viewed the role as state administrator of the Connector as fitting with their overall mission as the state's lead Navigator entity and saw themselves as the best fit for purchasing the Connector within the state due to their experience administering another statewide online tool. As state administrators of the Connector, both groups devoted staff time to develop and provide trainings to assister groups and offered ongoing technical assistance in collaboration with Enroll America's state staff; both the trainings and the technical assistance helped immensely to generate buy-in and increased use of the tool over the enrollment period.

Although the Connector was viewed as an important improvement for outreach and enrollment work, not all assister agencies adopted the tool and its implementation was not perfect; users identified areas for improvement, and Enroll America is currently modifying the tool for the third open enrollment period. Although the main Navigator grantees in both states provided login credentials to those in their networks to utilize the Connector, not all groups were interested in using it, and take-up was low among certain groups, particularly those outside of the networks of Legal Aid of North Carolina and OAFB. Even those within their networks were sometimes reluctant to adopt the tool. For example, in North Carolina, only 3 of 35 federally qualified health centers (FQHCs) actively used the Connector. FQHCs have historically focused on in-reach to fill their assister appointments with existing patients (as opposed to outreach), and so they may not have seen value in adopting the new system. In addition, some FQHCs had concerns about outsourcing the initial contact with their clients. Several groups in both states also noted that the September rollout of the tool was too late, as they had already made decisions about how they would allocate their budgets for the year and/or had developed and trained staff on alternative scheduling systems.

There were some common complaints about the functionality of the tool across the two states. Enroll America staff and partners universally talked about the need for a Spanish version of the Connector to engage groups who work primarily with Spanish speakers. Some consumers and in-person assisters found the user interface confusing. For example, rather than listing one location and all appointments available at the location that day, all appointments are displayed as separate events, even if located at the same address. Similarly, rather than having a common calendar for each assister, an assister might have multiple calendars if he or she worked at multiple locations, making it difficult to use the Connector for personal scheduling. Further, Navigators using the Connector were interested in improvements to the reporting functionality to allow for customization and the production of reports in formats needed for federal reporting requirements. Enroll America staff also noted that improvements could be made to allow them to more quickly reallocate assister resources. One suggestion was to allow capabilities for "matching up the data that we know, about where the uninsured are, with the data we can tell from the Connector about where the appointments are, and trying to encourage either using our

volunteer [assisters] to provide assistance in what looks like underserved zip codes or encourage our partners [to do so]…And I think we've only really kind of tapped the potential of the system [for that]." Staff at Enroll America headquarters have worked to respond to feedback on the Connector; for example, they report that a Spanish-language version and improved reporting capabilities will be available for the third open enrollment.

In Ohio, the state administrators expressed added concerns over limitations to the Connector tool and how these limitations could reflect poorly on them. Although OAFB bought rights to be the state administrator, they were unable to edit or remove appointments made by other groups outside of their network of partners who had incorrect locations or phone numbers. This led to complaints that could not be quickly resolved and concerns about the overall quality of the data in the system.

A final challenge cited in Ohio was the limited use of the Connector as an outreach and data collection tool, as opposed to merely for scheduling. Improving assisters' use of the Connector for data collection purposes could improve groups' ability to manage resources and adjust strategies. For example, at the end of an assistance appointment, assisters sometimes did not record in the Connector whether the person obtained coverage or still had not enrolled, which is an important piece of data that could support further outreach, since those who were not enrolled could be included in Enroll America's chase universe.

D. Best practices

Enroll America staff in North Carolina and Ohio built on lessons learned during the first open enrollment to refine and grow their outreach campaigns. Many of the successes discussed thus far were shared by Enroll America in both states, but some of their major accomplishments diverged as states emerged as leaders in particular areas.

Enroll America in North Carolina was a standout in leveraging earned media and messaging. A key component of the program in all Enroll America states, earned media is used to build program awareness and shape the message about coverage options under the ACA. North Carolina was fourth in the country in terms of the number of Marketplace enrollments (only Florida, California, and Texas enrolled more people [CMS 2015]), and Enroll America staff, partners, and other stakeholders cited Enroll America's work with earned media as critical to that success. Staff in North Carolina were able to generate the most media hits across all of the Enroll America states (N = 287, with the next closest field state having over 100 fewer media hits), and staff and partners alike in North Carolina resoundingly pointed to their earned media campaign as one of the signature accomplishments in the state. Without Enroll America, nobody else would have been generating press coverage, developing cohesive messaging, or providing media training.

Enroll America staff credited some of their earned media success to the fact that their earned media efforts were fully integrated into the outreach program, not viewed as a separate component. This helped them incorporate communications strategies into every aspect of their campaign and to frame every event as a potential media opportunity. As one member of Enroll America's leadership staff noted: "I get the vision of how the media fits and it is not separate from our entire organizing program. And that is unique to us [in North Carolina] and it has been that way from very early on…. I think other states are getting that more, but this is just

something that I know, from years of experience, and sort of at a gut level…it is not separate." North Carolina Enroll America staff also attributed their earned media success to an experienced communications lead who was able to successfully establish strong relationships with reporters and to think creatively when pitching stories to the press.

North Carolina kicked off the second open enrollment with a media tour that included many public officials and garnered a lot of media attention. Going forward, they continued to keep the press focused on the Marketplace by training partners and consumers with positive enrollment stories to speak to local news outlets, serving as new faces of the coverage story. When asked, partners often cited the earned media and messaging support and training from Enroll America as one of the most valuable contributions of Enroll America in North Carolina. As one partner noted, "We do look to them for leadership [on earned media], I think in part because they have a national office that spends a lot of time and resources and capacity on developing talking points and finding the appropriate messages…. They do a great job of securing media coverage and, when they get requests from media, especially local media, making sure that we can connect to an in-person assister in the region, which is really crucial for our media strategy." Partners are now savvy enough to generate their own earned media (such as writing letters to the editor or pitching stories to local press), all of which have helped magnify the unified "get covered, stay covered" message.

In order to boost the pool of enrollment assisters available to consumers, Enroll America in Ohio built a robust volunteer CAC training program, which will be used as a model for other field states moving forward. Ohio Enroll America staff reported prioritizing the recruitment and training of volunteer CACs because their state realized less federal funding per uninsured person than the vast majority of states (Ohio was seventh from the bottom on this metric out of the 50 states plus the District of Columbia [Baker and Town 2014]), and because evidence has shown the importance of direct, one-on-one enrollment assistance in boosting enrollment rates. Enroll America headquarters gave state leadership the freedom to implement a volunteer CAC training program if and how they desired in advance of the second open enrollment, and staff in Ohio began working early to establish the program's structure, develop the necessary materials, and identify potential host organizations.[1]

Ohio staff hosted a series of kickoff events in the summer before the second open enrollment to help identify a potential pool of volunteer CACs, orient them to what an enrollment assister does, and provide a general orientation about the training and certification process. Sessions were also held to recruit new partner organizations to apply for CAC designation themselves. Individuals interested in becoming assisters then took a series of online trainings through the Marketplace website and a certification exam before being stationed with host CAC organizations. Enroll America helped ensure these volunteers had the opportunity to observe an experienced assister using the Connector and completing Marketplace and Medicaid applications. In Ohio, the volunteer CAC program helped escalate the involvement of some of Enroll America's highly engaged volunteers, giving them more tools and additional ways to get involved. Enroll America leadership in Ohio believed the volunteer CAC program contributed to

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[1] Only organizations designated by the federal government to offer enrollment assistance can officially house CACs; thus, Enroll America needed to partner with assister organizations willing to take responsibility for the volunteers Enroll America identified and helped train.

coverage gains within the state and cited its launch as one of their major accomplishments during the second open enrollment period. The structure and materials that were developed will allow Enroll America in Ohio to grow this program in the future.

III. OUTREACH AND ENROLLMENT CHALLENGES: PAST AND FUTURE

Enroll America faced many contextual challenges during the second open enrollment that could have derailed efforts: renewals were an uncharted territory, media and volunteer interest declined, the remaining uninsured were expected to be harder to reach, and neither state directly invested in outreach and enrollment. Staff in North Carolina and Ohio managed to develop creative workarounds that allowed them to effectively adapt to overcome these obstacles. Many of these challenges will remain salient during the third open enrollment, with several new challenges to come, including expanding the geographic footprint while experiencing reductions in staff and volunteers, a more significant fundraising burden, low health insurance literacy, and the continued Medicaid gap in North Carolina.

A. Challenges overcome during second open enrollment

Renewals were an uncharted territory during the second open enrollment period; although renewing coverage wasn't seamless, Enroll America was able to adapt to the changing environment. Enroll America updated its message to "Get Covered, Stay Covered," to promote the need to maintain coverage, and it provided information about how consumers could go online to check premiums, shop for new plans, and find answers to their questions. North Carolina and Ohio faced different renewal obstacles, both of which affected the broader coverage landscape in their state but ultimately impacted partners' bandwidth more than their own. North Carolina had lower Marketplace plan renewal rates than many other states, with 77 percent of 2014 enrollees re-enrolling in 2015. (Among federally facilitated Marketplace states, they ranked 26th out of 33 reporting data [Pearson 2015].) Enroll America staff and partners were not clear about why renewals may have been lower in North Carolina than in other states; they are working with health plans to analyze whether those not renewing coverage failed to pay their premiums, gained employer-sponsored insurance or public coverage, or did not renew for other reasons. In Ohio, Medicaid renewals caused much confusion among consumers, because redetermination packets were reported to be long and complicated and required extra postage to mail in. Enroll America felt the effects of this mainly through their partners, as consumers struggling to renew Medicaid coverage tended to rely on consumer assisters, county Medicaid offices, and other critical Enroll America partners stakeholders (rather than on Enroll America itself) to assist them in navigating through the Medicaid redetermination process. Despite these difficulties, however, the renewal process was described as relatively orderly, possibly because the federally facilitated Marketplace website worked better than it had during the first open enrollment period, because those renewing already had experience navigating the Marketplace website, and because the federally facilitated Marketplace automatically renewed coverage for consumers who did not choose a new plan during the second open enrollment period.

Because the novelty of the Marketplaces had worn off, Enroll America tried to strengthen relationships with media and volunteers so as not to lose their support. During the first open enrollment, the issues with the federal website kept the media focused on the ACA; even though some of the media attention was negative, the problems kept the story in the press regularly, giving Enroll America a foundation upon which to put forth their more positive ACA-related message. During the second open enrollment, Enroll America in both states needed to pound the pavement to gain media attention. They were ultimately successful in garnering more respective media hits than they had during the first open enrollment, due to more-established

relationships with reporters and pitching stories creatively. Similarly, Enroll America staff cited a significant drop-off in volunteers, with both North Carolina and Ohio reporting less than half as many volunteers as during the first open enrollment (see Table 2). Volunteers may have been less motivated due to the lack of newness, and many may have moved on to volunteer in midterm election campaigns. Enroll America is a largely volunteer-driven organization; having fewer volunteers available to staff phone banks and enrollment events and to gather commit cards could have been highly detrimental. Enroll America was able to lessen the effects of having a smaller volunteer corps by using partners and their staff/volunteers to fill some of the gaps, scouting new volunteers, and having their remaining volunteers become more engaged by covering more volunteer shifts.

Enroll America successfully pursued what was expected to be a harder-to-reach population in the second enrollment period. Initially, Enroll America staff had been concerned that the people most interested in gaining health insurance coverage would have been reached during the first open enrollment. Staff in both states reported finding plenty of uninsured individuals that had yet to receive the message and did not find the lack of "low-hanging fruit" to be an issue (although data from Enroll America headquarters staff suggests that consumers were more difficult to reach across all 11 Enroll America field states during the second open enrollment). Despite not perceiving substantial challenges thus far, North Carolina and Ohio staff reported that the next open enrollment may be more difficult: "Now it's going to be harder. They're non-English speakers, they're new to the country, refugees, whatever. Or they haven't clued in yet after two years. And that's going to be a much harder crowd. Or they absolutely hate it. And that's a much harder crowd." In preparation for the third open enrollment, in recent months staff in North Carolina and Ohio both reported trying to get more of a foothold in immigrant communities, as well as expanding their reach to smaller cities and more rural areas.

With no direct state investment in outreach and enrollment, Enroll America pursued ways to leverage government contacts and information. Despite not having an active outreach or enrollment function, North Carolina's Department of Insurance runs Health Insurance Smart NC, a consumer assistance program (CAP) supported by a Center for Consumer Information & Insurance Oversight (CCIIO) grant, that helps consumers file claims complaints or appeals, identify coverage enrollment opportunities, and request external reviews for denied claims. The group does not conduct enrollments, but refers individuals to the statewide enrollment hotline (run by the statewide Navigator group) and, thus, is one more avenue for people to hear about insurance and enrollment assistance. In Ohio, the Department of Insurance had virtually no contact with Enroll America. However, Enroll America had some success in engaging local health departments to send letters to families with new babies to alert them to the special enrollment period and to provide them with a link to the Connector and other resources.

B. Remaining challenges

As Enroll America staff in North Carolina and Ohio prepare to conduct outreach work in the third open enrollment and beyond, several challenges remain. They include the following:

Although Enroll America plans to expand its geographic footprint, the declining numbers of staff and volunteers may compromise outreach efforts in both states during the third open enrollment. To date, resource constraints have forced Enroll America to concentrate their efforts on a narrowly defined set of urban areas in the 11 campaign field states. For the third

open enrollment, Enroll America staff in both North Carolina and Ohio plan to expand the geographic reach of their campaigns. In North Carolina, they are targeting expansion into rural areas of the state; in Ohio they plan to expand to mid-size cities. Staff in both states are optimistic that they can expand their operations while continuing work in the original urban target areas, and are developing plans to support expansion. For example, Ohio Enroll America is expanding its volunteer CAC program, which it hopes will increase capacity to provide in-person assistance in the new target areas, and North Carolina Enroll America is identifying new partners and developing a coaching program in hopes that these partners will take on some of the outreach work traditionally done by its staff.

Although Enroll America has always maximized its limited resources, these geographic expansions seem daunting in the face of staff and volunteer reductions and an identified need for more assisters as the states prepare for the third open enrollment period. Paid staff were reduced in both states after the second open enrollment period ended, although reductions were not as dramatic in North Carolina and Ohio compared to some other states where Enroll America had field operations (for example, operations are ceasing in Illinois and New Jersey, and in Arizona, Georgia, Michigan, and Tennessee, paid staff have been cut to only three or four individuals). In both states, job duties have been restructured and often expanded to try to support geographic expansion. For example, organizers have been given a new job title—regional deputy director— and new job responsibilities, including partner and volunteer management (in addition to their organizing work). In North Carolina, when the state organizing director left shortly after the end of the second open enrollment, two individuals took over and geographically split the organizing director position, with one of them also serving as a new training director in support of what they hope will be implementation of more trainings throughout the state. Nationally, Enroll America is launching the Get Covered Academy, which includes a menu of intensive, customized trainings available to partners; customized trainings will require a fee, with scholarships and reduced rates available for nonprofit groups. In North Carolina, their training director will lead this effort while continuing to offer more informal training through in-the-field modeling and coaching of partners using materials developed during the first two open enrollments (trainings that will remain free of charge).

As noted previously, the organizations in both states also experienced a dramatic reduction in the number of volunteers from the first to the second open enrollment (see Table 2). Staff tried to compensate in two ways: by asking volunteers to work more shifts (which on average, they did); and by relying more on partners to do the work previously done by volunteers. It remains to be seen whether the drop in volunteers will continue, or if those who volunteered during the second open enrollment have committed to do this work and will continue to be highly engaged as Enroll America prepares for the third. As it stands, the numbers suggest that these geographic expansions could overextend Enroll America staff and volunteers. Staff in both states are hopeful that their moves to institutionalize their work with partners will also support their plans, but recognize that this will require partners to take on new tasks that may be outside their traditional work.

Enroll America finds itself working to institutionalize its processes with partners while simultaneously beginning to compete with those same partners for local funding. Enroll America was always envisioned as a time-limited organization that would teach partners to institutionalize best practices for outreach and enrollment. This has already begun in both states.

For example, partners have adopted Enroll America's messaging in their work, many are using or serving as collection points for commit cards and posting appointments on the Connector, and some are even using Enroll America's database of contact information to make chase calls. However, stakeholders unanimously agree that Enroll America still plays a role that no other organization is yet prepared to fill. In both states, stakeholders reported that Enroll America is the "backbone" organization for outreach and all its attendant components, particularly messaging, organizing, and data analysis. If Enroll America went away, stakeholders said that this work would become fragmented; some groups might be capable of picking up pieces of the work, but no other single group could take on all the roles Enroll America fulfills.

Recognizing that its work is not finished, Enroll America has no plans to leave either state in the short term, but the organizations must begin local fundraising to sustain their work. However, shifting toward local fundraising has produced new challenges. In Ohio, fundraising has raised concerns about competition between Enroll America and its partners for the same pool of funds. Although competition with partners for limited funds also is a concern in North Carolina, some stakeholders there think the more relevant concern may be mission drift: that taking on support from local funders with a different focus (such as on a particular population or issue) may pull Enroll America away from its core work or dilute its effectiveness on outreach issues. North Carolina has an early advantage when compared to other Enroll America field states in that it garnered early investments from local foundations; however, those we spoke with were uncertain that the potential capacity in the state could meet the fundraising needs of Enroll America in the long term.

Enroll America will have to strongly communicate the value-added it brings to each state in order to realize significant local funding, and may need to get creative about the types of funders it approaches and its revenue streams. Even if the organizations can demonstrate their value, it remains to be seen whether there is enough local funding capacity to meet their fundraising goals in either state. In North Carolina, several stakeholders agreed that few local foundations want to touch ACA issues, although some local foundations have made meaningful investments. In Ohio, staff are investigating opportunities to get support from insurers (who stand to benefit from the work Enroll America does). To date, this type of funding partnership is still in the exploratory stages, as the insurers want to co-brand with Enroll America, and the organization is hesitant to do so due to integrity and impartiality concerns. In both states, staff have identified local hospitals as a potential funding source, but that support has not yet come to fruition. Even though local hospitals would benefit if they had more insured patients, there has been little interest from these groups to date.

Low health insurance literacy among the target population remains a problem that Enroll America wants to tackle, but pivoting to this issue has been difficult. Understanding how to use your health insurance—such as knowing what a network is, what it means to use in-network versus out-of-network providers, what premiums, copays, and deductibles are, and how to interpret an explanation of benefits statement, among others—is vital for the newly insured, but no group has responsibility for educating them on these complicated concepts.

Recognizing the link between understanding these concepts and being able to effectively use and retain one's insurance, Enroll America planned to add a health insurance literacy education component to its outreach work during the second open enrollment. However, as they began planning how they would implement this, staff encountered two confounding factors. First, in the

hierarchy of priorities, launching a new education campaign on health insurance literacy was secondary to finding eligible uninsured consumers and helping them enroll. Staff and volunteers in both North Carolina and Ohio reported that, given the large population of uninsured, they really needed to focus on the primary messages that were proven to drive consumers to enroll: that coverage is important, that enrollment and financial assistance are available to help consumers, and that there was a deadline to enroll.

The other problem was that Enroll America was unsure how to go about educating consumers on these issues. Staff in Enroll America's national office, who had planned to provide guidance on the issue to each of the field states, reported they found almost no published literature or research from the consumer perspective about how, when, and from whom consumers want to receive information about health insurance and how it works (Stern 2015). Rather than guess about what messages and approaches might work best, they advised field states to delay this component, and they conducted a consumer survey after the end of open enrollment in 2015 to better understand how they might tackle this issue during the third open enrollment. Although not a nationally representative survey, they found that 48 percent of the uninsured surveyed lacked confidence in choosing a plan for themselves and 68 percent of the uninsured surveyed wanted more information about health insurance terms, primarily from an in-person assister, a health insurance company, or a nonprofit organization (Stern 2015). They also found that of those surveyed who were enrolled in a Marketplace plan, 9 in 10 wanted more information about how to use their coverage, preferably provided by a health insurance company or in-person assister (Stern 2015).

In both states, some partners criticized Enroll America's decision to focus solely on gaining coverage as a missed opportunity during the second open enrollment. However, armed with information from the survey, staff in both states are taking steps to try to address health insurance literacy in the third open enrollment. For example, in Ohio, a staffer is working on developing this component for the state. In North Carolina, the Navigator consortium (a key partner of Enroll America) will be calling people from Enroll America's Get Covered Database this summer to talk to them about important health insurance literacy concepts such as what premiums are and why it is important to pay them on time, how to find a doctor and schedule an appointment, and so on. This "off-season" approach—trying to contact newly insured consumers outside the open enrollment period—would seem to hold great promise, as the pressure to enroll consumers during the third open enrollment is likely to be as intense as it has been in prior periods and, given limited resources, is likely to again trump health insurance literacy as the most important issue to focus on.

Given that consumers in the survey reported that they would welcome education from in-person assisters, another potentially useful approach would be to supplement the trainings for assisters to respond to or pose the right questions so that people can get some health insurance literacy education during their enrollment appointments. Enroll America is well positioned to provide such training, given their extensive work substantively in this area, as well as their experience preparing and conducting trainings.

The Medicaid gap significantly constrains North Carolina's outreach and enrollment efforts. Before passage of the ACA, the median upper income limit in Medicaid for adults with dependent children in the United States was 44 percent of the federal poverty level (FPL); in most states, childless adults were ineligible for Medicaid regardless of income (Kaiser Family

Foundation 2014). The ACA intended to fix this problem by providing a continuum of coverage for the poor and working poor, with Medicaid expanded to cover those with income up to 138 percent of the FPL, and federal tax subsidies available for those with income between 100 and 400 percent of the FPL. However, when the 2012 Supreme Court decision made Medicaid expansion optional, it created a coverage gap in the 22 states that did not expand Medicaid. In North Carolina, those in the gap include adults with dependent children with income between 44 percent and 100 percent of the FPL and adults without dependent children up to 100 percent of the FPL. Current estimates indicate that about 357,000 individuals fall into this gap in the state, representing about a quarter of all uninsured in North Carolina and about 10 percent of all individuals in the coverage gap in the United States (Garfield et al. 2015).

Although Enroll America uses sophisticated data algorithms to try to precisely target those neighborhoods where people are most likely to be uninsured and eligible for subsidized coverage, their model also hinges on casting a wide net to identify the target. By their nature, outreach activities such as door to door canvassing, clipboarding, and tabling at events in target areas bring Enroll America staff and volunteers into regular contact with consumers who fall into the gap. Staff and volunteers reported frustration at having to tell uninsured consumers in the gap that they cannot help them enroll in coverage, and to explain why they cannot help them enroll. At an organizational level, sometimes partner staff (and even Enroll America volunteers) have been tempted to engage in policy advocacy or to discuss the possible political reasons behind the gap to try to explain why they cannot assist individuals in the gap. However, Enroll America's mission is predicated on a nonpartisan commitment to coverage; although they want to maximize enrollment, they do not advocate for particular coverage policies and are committed to impartiality about the political reasons behind the coverage gap.

Some stakeholders in North Carolina are optimistic that the state eventually will adopt Medicaid expansion, although it is not expected imminently (for example, no stakeholders interviewed think it will happen in 2015). Eliminating the gap would simplify the outreach process for Enroll America; however, its timing in 2016 or later will likely coincide with declining resources for outreach to the newly eligible. Regardless of the available level of such resources, experiences in other states also suggest expansion can introduce other complications to the outreach and enrollment process. For example, Ohio Enroll America staff found that doing a Marketplace enrollment is easier on healthcare.gov, whereas a Medicaid enrollment is easier and has a better turnaround time when submitted through the state's Medicaid website, benefits.ohio.gov, or over the phone. However, some assisters (Cognosante, SRA International, and agents and brokers) would not assist applicants on benefits.ohio.gov. Because of these circumstances, staff in Ohio had to implement a triage process at enrollment events so they could direct likely Medicaid enrollees to one type of assister to support a phone-based enrollment while offering likely Marketplace enrollees a different type of assistance. In Ohio, Medicaid expansion was in place from the beginning, and Enroll America staff found that most of its partners, having historically helped the Medicaid-eligible, tended to continue exclusively focusing on this group. If Medicaid were to expand, North Carolina might expect the opposite problem, needing to educate partners about what expansion means for the state and how to help those eligible for Medicaid or the Marketplace.

IV. DISCUSSION

Together with their partners, Enroll America staff in North Carolina and Ohio contributed to coverage gains during the first open enrollment, and staff in both states overcame what could have been major challenges to increasing enrollment during the second open enrollment period. Both states adopted the Get Covered Connector, embedded their work with partners and coalitions more fully, established themselves as leaders in different key areas, and overcame significant challenges in order to achieve record enrollment numbers. Some concerns about new barriers during the second open enrollment—including the first renewals and the remaining uninsured being harder to find—were not realized, although stakeholders in both states agreed these challenges could absorb significant outreach resources during the third open enrollment.

The recent *King v. Burwell* decision affirms the legality of federal subsidies for consumers with incomes between 100 and 400 percent of the poverty level in all states that use the federally facilitated Marketplace, including North Carolina and Ohio. Although the ruling surely is a huge relief to Enroll America staff and partners, this decision is unlikely to change the political opposition to the law present in both states, at least in the short term. Thus, policy changes that might make the process of outreach and enrollment easier in these states, such as Medicaid expansion in North Carolina or more implementation support from Ohio's state government, are unlikely to occur in the near term. At the same time, further legal challenges to the ACA are emerging; for example, several bills in Congress are trying to de-fund key aspects of the law, and a lawsuit filed by the House of Representatives challenging the right of the current administration to reimburse insurers that provide cost-sharing subsidies for the very poor is moving through the court system (New York Times 2015). Thus, the need for groups like Enroll America to continue to reach and engage as many uninsured as possible remains imperative: the more residents that are benefiting from the ACA, the more difficult it will be for politicians to dismantle it.

At the same time, as discussed in this case study, Enroll America faces other challenges to its work. Most pressing among these is likely its ability to find funding to sustain its work as funding from early sources, such as the Robert Wood Johnson Foundation, tapers. Given this less-predictable funding environment, Enroll America is actively working to replace these funds by pursuing both national and local funding. However, the pursuit of local funding may put pressure on its partner relationships as the organization begins competing for the same funding sources. Moreover, Enroll America staff were unsure whether there was enough local capacity to fill funding gaps; given the political nature of the ACA, some local funders had already expressed disinterest in funding outreach and enrollment work.

In addition to taking on local fundraising, Enroll America staff in North Carolina and Ohio are expanding their geographic turf; attempting to reach a more challenging population including rural, immigrant, and refugee populations; and adding in a health insurance literacy curriculum. Although these are worthwhile pursuits, they will likely be impossible without partners more fully institutionalizing Enroll America's outreach practices. Those individuals who remain uninsured after the first two open enrollments have likely been without insurance for a long time (or have never had it) and are thus expected to be harder to reach, less literate about the concept and benefits of insurance, or more likely to be particularly resistant to the ACA and/or to purchasing coverage. Enroll America has invested heavily in trying to entrench this work with its

partners; however, findings from this case study demonstrate that the organization continues to play a vital role in both states that no other group is ready to completely assume. Significant work remains to fully institutionalize Enroll America's work with its partners, which will be critical to establishing the organization's long-term legacy.

Building on this deep-dive case study in North Carolina and Ohio, we will produce a broader process and implementation assessment based on interviews with Enroll America national staff and staff in other states to help understand how first-year strategies were adopted, expanded, or revised to address new challenges. Further, we will produce an impacts report that estimates the impact of Enroll America on the number of individuals covered through the federally facilitated Marketplace during the second open enrollment period. These reports will shed additional light on Enroll America's operations and successes and will provide further evidence of their successes and challenges to date and the trajectory going forward.

REFERENCES

Assistant Secretary for Planning and Evaluation (ASPE). "Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period," 2014. Available at http://aspe.hhs.gov/health/reports/2014/marketplaceenrollment/apr2014/ib_2014apr_enrollment.pdf. Accessed June 8, 2015.

Baker, T., and R. Town. "Health Insurance Exchanges 2.0 Dataset." Leonard Davis Institute of Health Economics, Wharton School, University of Pennsylvania, 2014. Available at http://www.rwjf.org/en/library/research/2014/03/hix-2-0/consumer-assistance-dataset.html.

Centers for Medicare & Medicaid Services (CMS). "March 31, 2015 Effectuated Enrollment Snapshot," 2015. Available at http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-06-02.html. Accessed June 8, 2015.

Enroll America. "Driving the Consumer to Enroll." Available at https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2015/01/Driving-the-Consumer-to-Enroll.pdf. Accessed June 28, 2015.

Garfield, R., A. Damico, J. Stephens, and S. Rouhani. "The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid –An Update." Washington DC: The Henry J. Kaiser Family Foundation, April 2015. Available at http://files.kff.org/attachment/issue-brief-the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid-an-update. Accessed June 6, 2015.

Hoag, Sheila, Sean Orzol, and Cara Orfield. "Evaluation of Enroll America: An Implementation Assessment and Recommendations for Future Outreach Efforts." Ann Arbor, MI: Mathematica Policy Research, July 28, 2014.

Kaiser Family Foundation. "How Will the Uninsured in North Carolina Fare Under the Affordable Care Act?" Washington DC: The Henry J. Kaiser Family Foundation, January 2014. Available at https://kaiserfamilyfoundation.files.wordpress.com/2013/12/8531-nc.pdf. Accessed June 6, 2015.

Kaiser Family Foundation. "Health Insurance Coverage of Adults 19–64," 2013. Available at http://kff.org/other/state-indicator/adults-19-64/. Accessed June 8, 2015.

Kaiser Family Foundation. "Marketplace Enrollment as a Share of the Potential Marketplace Population," 2015c. Available at http://kff.org/health-reform/state-indicator/marketplace-enrollment-as-a-share-of-the-potential-marketplace-population-2015/. Accessed June 8, 2015.

Kaiser Family Foundation. "State Health Insurance Marketplace Types, 2015," 2015a. Available at http://kff.org/health-reform/state-indicator/state-health-insurance-marketplace-types/. Accessed June 8, 2015.

Kaiser Family Foundation. "Status of State Action on the Medicaid Expansion Decision," 2015b. Available at http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/. Accessed June 8, 2015.

Kaiser Family Foundation. "Total Monthly Medicaid and CHIP Enrollment," 2015d. Available at http://kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/. Accessed June 8, 2015.

New York Times. "The Fight for Health Care Isn't Over." June 28, 2015. Available at http://www.nytimes.com/2015/06/28/opinion/sunday/the-fight-for-health-care-isnt-over.html?_r=2. Accessed June 29, 2015.

Orzol, Sean, and Lauren Hula. "The Impact of Enroll America on the Number of Individuals Covered Through the Federally Facilitated Marketplace." Ann Arbor, MI: Mathematica Policy Research, May 30, 2015.

Pearson, Caroline F. "State-Based Exchanges Saw Higher Attrition from 2014 to 2015 than Federally-Facilitated Exchanges." Washington, DC: Avalere Health, April 7, 2015. Available at http://avalere.com/expertise/managed-care/insights/state-based-exchanges-saw-higher-attrition-from-2014-to-2015-than-federally. Accessed June 12, 2015.

Stern, Sophie. "A Framework on Health Insurance Literacy for the Outreach and Enrollment Community." Washington DC: Enroll America, May 2015. Available at https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2015/05/Framework-on-Health-Insurance-Literacy.pdf. Accessed June 6, 2015.

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