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## RWJF Grantees Help Shore Up Enrollment in the Health Care Marketplace

The coverage provisions of the Affordable Care Act (ACA)—along with numerous efforts to raise awareness about coverage opportunities and help people enroll in coverage—have fueled a rise in the number of Americans with health insurance. Nearly 20 million Americans signed up for health insurance between 2010 and 2017, cutting the U.S. uninsured rate to 9 percent (Zammitti et al. 2017).

Although many stakeholders expected this trend to continue throughout the decade, the federal government made several recent policy decisions that were expected to curb marketplace enrollment in 2018. First, the government announced in spring 2017 that the fifth open-enrollment period (OE5) would be cut in half, from 90 to 45 days. And then in August, the government disclosed plans to cut grants for Navigators—people trained and certified to help consumers enroll in and renew coverage—by about \$24 million, a 40 percent decrease. At the same time, the federal advertising budget for OE5 would drop by \$90 million—a 90 percent cut (Pollitz et al. 2017; Jost 2017). Such cuts would disproportionately affect consumers in the 39 states that use the federally facilitated marketplace (FFM) because states with their own marketplaces have their own advertising budgets and enrollment assisters—as well as the discretion to extend their state-specific period for open enrollment.

Compounding these challenges, an executive order signed in October 2017 stopped scheduled federal payments to insurers that cover cost-sharing reduction (CSR) subsidies for low-income people. In the short term, this change would likely raise premiums and thus make coverage less affordable for many enrollees. In the long term, it would likely force many insurers to reconsider marketplace participation. Finally, congressional efforts to repeal and replace the ACA throughout 2017, and the constant media focus on this issue, left many consumers unclear about available coverage—and possibly more reluctant to enroll than in prior years.

Given concerns about consumer confusion and a possible decline in coverage levels, in fall 2017 the Robert Wood Johnson Foundation (RWJF) invested in several organizations to shore up outreach and enrollment support during OE5. To better understand the effects of these investments, RWJF engaged Mathematica Policy



Research to conduct a process assessment with the following questions in mind:

- How did the new policy landscape affect the enrollment infrastructure?
- How did the new policy landscape affect consumers?
- What difference did RWJF funding make to grantees and subgrantees?
- What were the OE5 marketplace enrollment outcomes?

This issue brief presents background information on RWJF’s investments in OE5 and then describes the findings from the process assessment. The findings are based on interviews conducted in February and March 2018 with 42 people representing RWJF grantees and subgrantees, Navigator and assister organizations, and other funders, and an analysis of grantee-reported data and federal enrollment data (see the end of this brief for more on methods).

## BACKGROUND: RWJF’S OE5 INVESTMENTS

RWJF funded three activities during OE5: (1) direct consumer outreach and education, (2) education and training for Navigators and assisters, and (3) maintenance of the outreach and enrollment infrastructure. As shown in Figure 1, RWJF invested over \$3 million in efforts to support robust enrollment during OE5. The funded groups included four established organizations that promote enrollment in

**Figure 1. Organizations and activities supported by RWJF during OE5**

### Community Catalyst (\$2,000,000)

- Supported public education and outreach by creating nonbranded resources for consumers in multiple languages
- Offered communications support to partners
- Gave subgrants to nine organizations that had strong links to specific populations

### Center on Budget and Policy Priorities (\$600,000)

- Conducted in-depth trainings for Navigators and assisters, in person and online
- Hosted the [Beyond the Basics website](#), which featured assister trainings and resources
- Established the Consumer Assistance Coordinating Hub of high-performing assisters to provide feedback on materials and processes
- Worked with the Center for Consumer Information and Insurance Oversight on technical policies and processes

### Young Invincibles (\$400,000)

- Ran a direct consumer engagement program that targeted consumers through enrollment events and digital ads
- Ran the [Get Covered Connector](#), an online scheduling tool
- Facilitated the national Get Covered Coalition, which includes over 500 members
- Coordinated national groups to promote “theme weeks” and to discuss policy needs

### Georgetown University’s Health Policy Institute (\$50,000)

- Updated the [Navigator Resource Guide](#)

Sources: Mathematica’s interviews in February and March 2018; data reported to RWJF by grantees in January 2018.

Note: Most activities in this table were entirely funded by RWJF, but some organizations may have received additional funding for some activities.

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the 39 states that use the healthcare.gov platform, although some organizations had a presence in state-based marketplaces (SBMs).

The largest grantee, Community Catalyst, regranted the majority of its funds to nine organizations that had strong networks targeting underserved populations.<sup>1</sup> The core work of these groups was to distribute consumer-oriented materials to their networks, although some subgrantees did other activities. For example, UnidosUS used traditional media (in English and Spanish) and social media to raise awareness among Latinos about affordable health coverage. And the American Association on Health and Disability supported the work of several Community Outreach Collaboratives, providing a bridge between the disability community and the Navigators.

## FINDINGS

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**How did the new policy landscape affect the enrollment infrastructure? Budget cuts required Navigator organizations to make difficult decisions under immense time pressure. These decisions varied based on the severity of the cuts and on local circumstances.** The budget cuts created problems for Navigator organizations, including the following:

As one subgrantee said about the Navigator budget cuts, “There were obvious last-minute changes to the funding, and that meant...there had to be some hard decisions. Whether they were going to scale back the areas that they worked in, whether they were going to have to lay off staff, lay off subcontractors or subgrantees, or [in some places] stop working in the space altogether and leave that work to other organizations.”

- **Insufficient planning time.** The Centers for Medicare & Medicaid Services (CMS) announced Navigator budget cuts in late August. Thus, instead of focusing on pre-open-enrollment work originally planned for September, Navigator organizations were forced to reconsider their staffing and resource plans during this time.
- **Staff and resource cuts.** Of the nine Navigator organizations we interviewed that faced budget cuts, eight decided to front-load their resources—that is, to keep Navigators staffed through the end of OE5 in mid-December—to maintain as much capacity as possible during OE5. Some of these organizations cut staff right after open enrollment ended, while others kept staff on until their budgets ran out. Three groups also cut positions during open enrollment, or eliminated certain subgrantees. Two organizations reported reducing their marketing budgets as well.
- **Reduced institutional knowledge.** The loss of Navigators due to budget cuts meant a loss of institutional knowledge, as these were often experienced staff. Some organizations said that they put their Navigators on provisional layoffs while waiting for final information from CMS. But even when this was only for a few days, some Navigators moved on to other positions, given the uncertainty of sustained funding for these positions.
- **Uneven geographic coverage.** Given the compressed enrollment period and reduced Navigator resources, some Navigators reported prioritizing densely populated or low-income areas, for efficiency’s sake. The number of potential consumers to be reached would be higher in these areas, with less travel time between sites, enabling Navigators to complete more enrollment appointments. But Navigators acknowledged that this further reduced the already limited resources for rural communities. Some groups continued to offer statewide services but reported dedicating fewer Navigator days to support enrollment in rural areas.

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As one Navigator said about the lack of Navigator support after OE5, “Navigators are doing work that brokers and agents are not doing all year round, which is dealing with all of the other stuff—the exemptions, the appeals, the complex cases, the data-matching issues, the SEPs—this is all what Navigators have to pick up on their own. And so the really sad part [of the Navigator cuts is that] we have less bodies on the ground across the state to do this.”

- **Difficulty engaging hard-to-reach populations.** Cuts to Navigator funding and other contextual factors during this open enrollment likely made contacting hard-to-reach populations even harder. Besides people in rural areas, these populations included immigrants, limited-English speakers, minorities, millennials, the LGBTQ community, and people with disabilities. Anecdotally, respondents said that immigrants and limited-English speakers may have had more trouble finding bilingual application help this year, and anti-immigration rhetoric may have kept some people in those communities from applying.
- **Lack of ongoing support for consumers.** With the trend toward front-loading Navigator staff, many respondents voiced concerns about the lack of help available to consumers outside of open enrollment—during special enrollment periods (SEPs), at tax time, or to address other post-enrollment needs such as health insurance literacy. Without this support, consumers may not know how to use their insurance or stay enrolled.

**To help offset the shortened open-enrollment period, 20 respondents said that one of their best strategies was having Navigators and assisters contact consumers who had received help in previous open-enrollment periods to make an appointment to renew their coverage.** Navigators and assisters made these calls in September and October, before OE5 launched. Such direct outreach helped raise consumer awareness of the deadline and kept assisters’ and Navigators’ schedules full. It also helped groups adjust staffing levels so that they could meet the demand for assistance. Some respondents said that they developed new scripts this year for talking to clients, encouraging consumers to think about coverage options before they arrived and letting them know what documents they needed to bring with them.

Other strategies that Navigators and assisters used included the following:

- Having volunteers make phone calls, conduct pre-appointment screenings, and staff health fair booths—which freed up assisters to focus on enrollment appointments
- Forming or strengthening partnerships with local organizations to co-host community events, make referrals, and distribute materials
- Using earned media for publicity to counteract the marketing budget cuts
- Offering Navigators and assisters overtime pay to increase the number of available appointments
- Consolidating advertising and marketing functions by sharing resources across statewide or national coalitions
- Using providers’ telehealth capabilities to conduct face-to-face enrollment appointments in areas without a local Navigator
- Triaging consumers who need help with non-marketplace enrollment (such as Medicaid or Medicare enrollment) to local health centers during open enrollment

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**Navigators and assisters generally believed they had access to the right resources to answer consumers' questions, but some reported unmet training needs.** The 15 Navigators and assisters asked about trainings said that real-time trainings—including those offered by the Center on Budget and Policy Priorities (CBPP), statewide coalitions, or state governments—were helpful and relevant to current issues, such as the effect of CSR payments and new SEPs for victims of natural disasters. Many assisters also reported benefiting from posting difficult questions to In the Loop, an online community where assisters can ask questions and share lessons learned.<sup>2</sup> But some Navigators and assisters said they needed more training, including on marketing and messaging (three respondents), dealing with the shortened open enrollment (two respondents), offering more scenarios to work through (two respondents), and navigating complicated situations such as new SEPs (one respondent).

**The enrollment infrastructure, built over many years by foundations, states, and the federal government, was critical during an open-enrollment period with so much upheaval.** The networks, coalitions, and online tools previously developed to support enrollment were considered essential to streamlining the work, such as sharing marketing and outreach materials, during OE5. For example, states with existing statewide coalitions, including Arizona, Illinois, and Missouri, relied heavily on these coalitions to share lessons learned, offer training and support, and coordinate resources.

Respondents also mentioned Consumer Voices for Coverage (CVC) and Enroll America—both prior RWJF-supported efforts—as two projects that created lasting support for coverage advocates.<sup>3</sup> For example, respondents said that CVC advocates often applied for and won Navigator contracts. And the enrollment community cited continued benefits from Enroll America's previous work, such as the availability of the Get Covered Connector, a 500,000+ email listserv that Young Invincibles used for digital marketing, and Enroll America's training materials.

Although many of Enroll America's resources live on, a few respondents felt the loss of this group's leadership at local and national levels. Several Navigators reported missing the accessibility and knowledge of their state's Enroll America coordinator. Other respondents thought that national coordination was not as strong without Enroll America's organizing presence, largely because of fewer resources available to support national coordination.

**Like RWJF, some funders saw gaps in the new policy landscape and stepped in to support outreach and enrollment in their states or communities.** We interviewed representatives from four state or local funders that supported the most recent open enrollment. Three had been investing in this area since the first open enrollment, whereas the fourth invested for the first time because of their concerns “that the ACA was being undermined this year.” These funders supported a variety of activities, including convening statewide coalitions, leading marketing and education campaigns, funding direct technical assistance or training for Navigators and assisters, and helping to pay assister salaries. One funder noted that, like RWJF, his foundation had been scaling back support for open enrollment over the past few years, but it tripled this year's budget to support marketing for OE5, given the federal disinvestment in advertising.

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As one grantee said about media coverage, “The advertising cutbacks should not be underestimated in terms of how important it was and is to enrollment. It hurt. We would have gotten a lot more enrollment if the advertising had been more robust based on all previous data. But in a funny way, the attention to the potential demise of the ACA may have compensated a little bit.”

### **How did the new policy landscape affect consumers?**

**Respondents reported widespread consumer confusion during OE5.** Nearly all respondents (36 out of 42) agreed that consumers were often confused this year: one-third of respondents said consumers were most confused about changing costs for coverage and whether financial help was available, and one-third said consumers were most confused about whether the ACA had been or would be repealed—and thus whether it was worth signing up. As one assister said, “We also heard concerns from consumers who just were not sure if it was worth it—like if the 2018 marketplace was going to fall apart, what’s the point [of] enrolling?”

### **Many respondents believe that federal advertising cuts led to less consumer awareness about the shortened open-enrollment period.**

Nearly three-quarters of respondents (30 of 42) thought that the federal advertising cuts had a direct and negative effect on consumers’ knowledge that OE5 was only 45 days long. As one respondent said, “You used to see billboards [in prior years]. This year—no billboards, no TV ads, there was nothing out there. It was completely silent.”

One Navigator thought the lack of advertising disproportionately affected non-English speakers because what limited advertising was available was entirely in English. Another respondent expressed similar concerns: “[The lack of advertising] had a dampening effect.... There was just a report that said 3.2 million Americans lost their coverage last year and that black and Latino populations were hard hit. I think the disinvestment really did disproportionately affect [these] communities.”<sup>4</sup> But a bilingual assister who serves a Spanish-speaking community noted that this community had never had Spanish-language ads, and thus the advertising cuts had no effect.

Although they agreed that the advertising cuts hurt, 12 respondents noted some counterbalancing efforts. First, new groups stepped in to create and support ads to fill the gap. These groups included states, insurers, and local funders as well as RWJF grantees. For example, Young Invincibles used grant money to lead a digital marketing campaign, and some Community Catalyst subgrantees targeted ads to special populations; these subgrantees included the Black Women’s Health Imperative and Out2Enroll. According to one subgrantee, the health plans in one state pooled their resources to create unbiased ads for open enrollment. Another counterbalancing factor was the media coverage of the ACA’s possible demise, which also created media interest in tracking how open enrollment was doing. This news generated more media coverage about the opportunity to enroll, which propelled some consumers to seek out information about coverage from local Navigator and assister groups.

**Respondents said that using—and repeating—consistent messages was the best way to offset consumer uncertainty.** Several RWJF grantees—including Community Catalyst, many of its nine subgrantees, and Young Invincibles—developed materials and spread messages that other groups could easily use to encourage enrollment. Seventeen respondents talked about the importance of using three main messages this year: (1) the ACA is still the law, (2) financial support is available to help you pay for coverage, and (3) the open-enrollment period is shorter this year. Four respondents said they deployed messages developed by Community Catalyst that focused on

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the holidays. These included “Be thankful for your coverage” over Thanksgiving and, beginning in December, “Give your family the gift of health insurance this year.”

A few respondents reported using other messages, including that free help is available to support enrollment, or using personal stories to emphasize why coverage is vital. Groups used these messages on social media; in radio, TV, or newspaper ads (sometimes available through in-kind donations by media outlets); and in earned media coverage. They also shared them widely with partners, which could help repeat the messages.

**Most Navigator and assister groups reported that insurance market changes restricted consumers’ choices and increased their costs.** In many markets, only one plan was available—sometimes a different plan than had previously offered coverage—leaving consumers with fewer choices and sometimes requiring them to change physicians. One assister described such a scenario: the single insurer offering coverage in a community changed, and the new insurer excluded one of two main health systems in the county, compelling many people to switch doctors.

Some respondents said that the insurers who left markets typically had been the lowest-cost insurers, leaving only more expensive options; as one said, “Consumers often had sticker shock.” Another assister noted that an increase in silver plans offering \$0 premiums presented a new challenge: “There were a lot of plans offered this year for zero dollars a month for the premium. But we had to make sure we were focusing on the health care needs of the individual or the household and doing our due diligence on providing [full] information. Because with those zero-dollar plans, we often times saw a high deductible and high max out of pocket. And again, that’s certainly the consumer’s choice, but just making sure they’re aware of the whole package they’re buying, not just the monthly premium.”

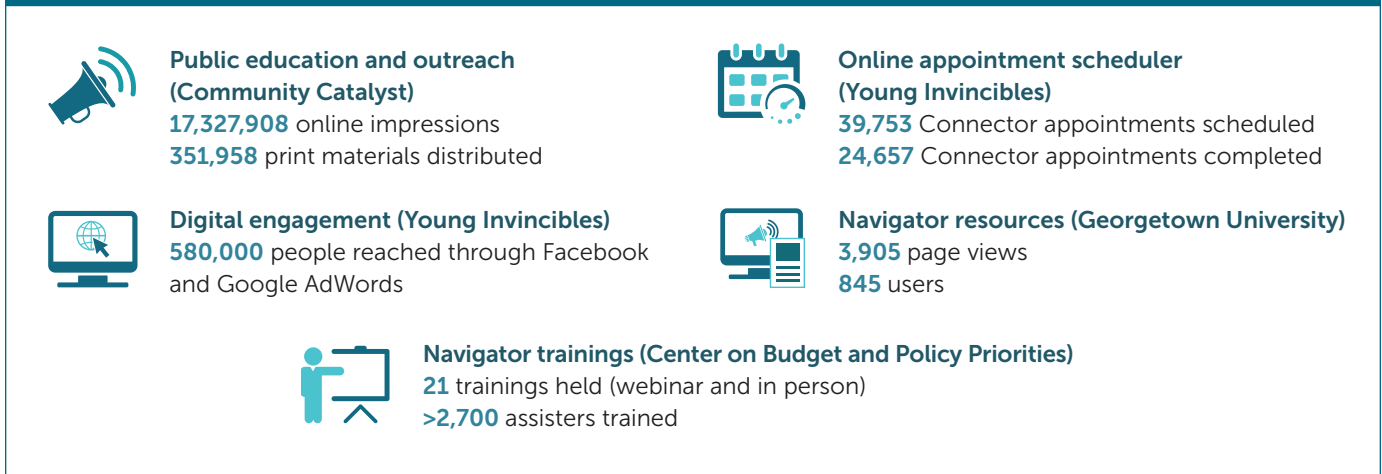
**What difference did RWJF funding make to grantees and subgrantees? RWJF funding made a major difference to grantees and subgrantees; without it, some would have had no budget for outreach and enrollment work, whereas others would have been unable to engage at the same level.** Grantees and subgrantees said that completing the work made possible by the RWJF grants was their biggest accomplishment during OE5 (Figure 2). Navigators and assisters overwhelmingly cited the higher-than-expected enrollment numbers as their greatest accomplishment.

Respondents cited four major areas in which RWJF funds made a particular difference:

**1. Relevant trainings.** Navigators and assisters reported benefiting from the trainings funded through RWJF grants, including CBPP’s Beyond the Basics and Consumer Assistance Coordinating Hub webinars and Young Invincibles’ Connector trainings. Respondents appreciated the use of specific examples in these trainings, especially compared with the required CMS trainings, which they saw as lacking concrete examples. As one Navigator organization lead said, “When I have a new Navigator, we recommend that they make sure they...participate in any of the Center on Budget and Policy Priorities’ Beyond the Basics [webinars]. Those webinars are

As one subgrantee said about RWJF funding, “This was really our only funding to support [outreach and enrollment].” Another subgrantee said, “With [this funding], we were able to go deeper. Not only in those digital and print [materials] but also to support a subset of our local partners to engage in on-the-ground outreach and education.”

**Figure 2. Milestones achieved by RWJF grantees during OE5, December 2017**



Source: Data reported to RWJF by grantees in January 2018.

Note: The number of online impressions is the number of times Community Catalyst's content was displayed online (regardless of whether it was clicked on). For example, a tweet featuring Community Catalyst's materials in someone's Twitter feed counts as one impression.

fantastic.... I've been doing this for five years, but I'll still go and watch ones before the beginning of open enrollment because the examples that they give are very concrete.”

**2. Translated materials.** Community Catalyst used RWJF funds to translate OE5 outreach materials into several languages, including Spanish, Chinese, Vietnamese, Korean, Marshallese, and Tongan. Respondents said that having access to those materials helped to educate consumers in those communities and motivate them to enroll.

**3. Get Covered Connector.** Young Invincibles took over operation of the Get Covered Connector from Enroll America in 2017 and reported that RWJF's support allowed Young Invincibles to run it more efficiently. For example, the funding enabled the organization to fix technical issues and to provide trainings and updates to users before open enrollment. Furthermore, Navigators and assisters benefited from the tool's scheduling and data collection capabilities. For example, one Navigator group made direct phone calls to every consumer within its Connector database before OE5, resulting in 500 appointments scheduled before open enrollment began.

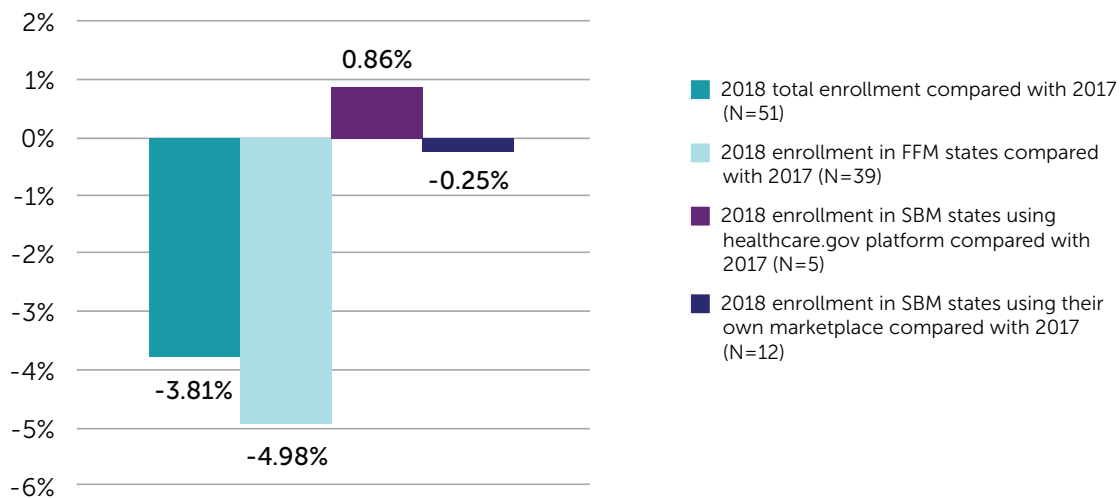
**4. Outreach.** The additional support for outreach was critical during OE5, according to respondents, especially as Navigator and assister groups focused more on enrollment appointments. For example, Young Invincibles supported the national coverage coalition and conducted major outreach in priority states, which it would not have been able to do without the RWJF funds. Likewise, Out2Enroll, which focuses on outreach to LGBTQ communities, would not have had the resources for their outreach work without Community Catalyst's subgrant.



### What were the OE5 marketplace enrollment outcomes?

Total enrollment<sup>5</sup> for 2018 in FFM states declined by about 5 percent from 2017. Given the lack of resources and shortened open-enrollment period, most respondents interpreted this as a win. States that had their own marketplaces but were using the healthcare.gov platform increased enrollment about 1 percent compared with 2017, whereas SBM states stayed nearly even with 2017 enrollment, dropping by 0.25 percent (Figure 3). Ten SBM states (including the District of Columbia) extended OE5 to try to increase sign-ups, with enrollment in those states matching 2017 levels (data not shown) (Health Markets 2017).<sup>6</sup> All but one of the 17 Navigators and 5 assisters interviewed for this study agreed that, overall, enrollment numbers were higher than expected, signaling a win for the OE5 outreach and enrollment efforts.

**Figure 3. Percent change in enrollment by marketplace type, 2017–2018**



Sources: CMS (2018, 2017).

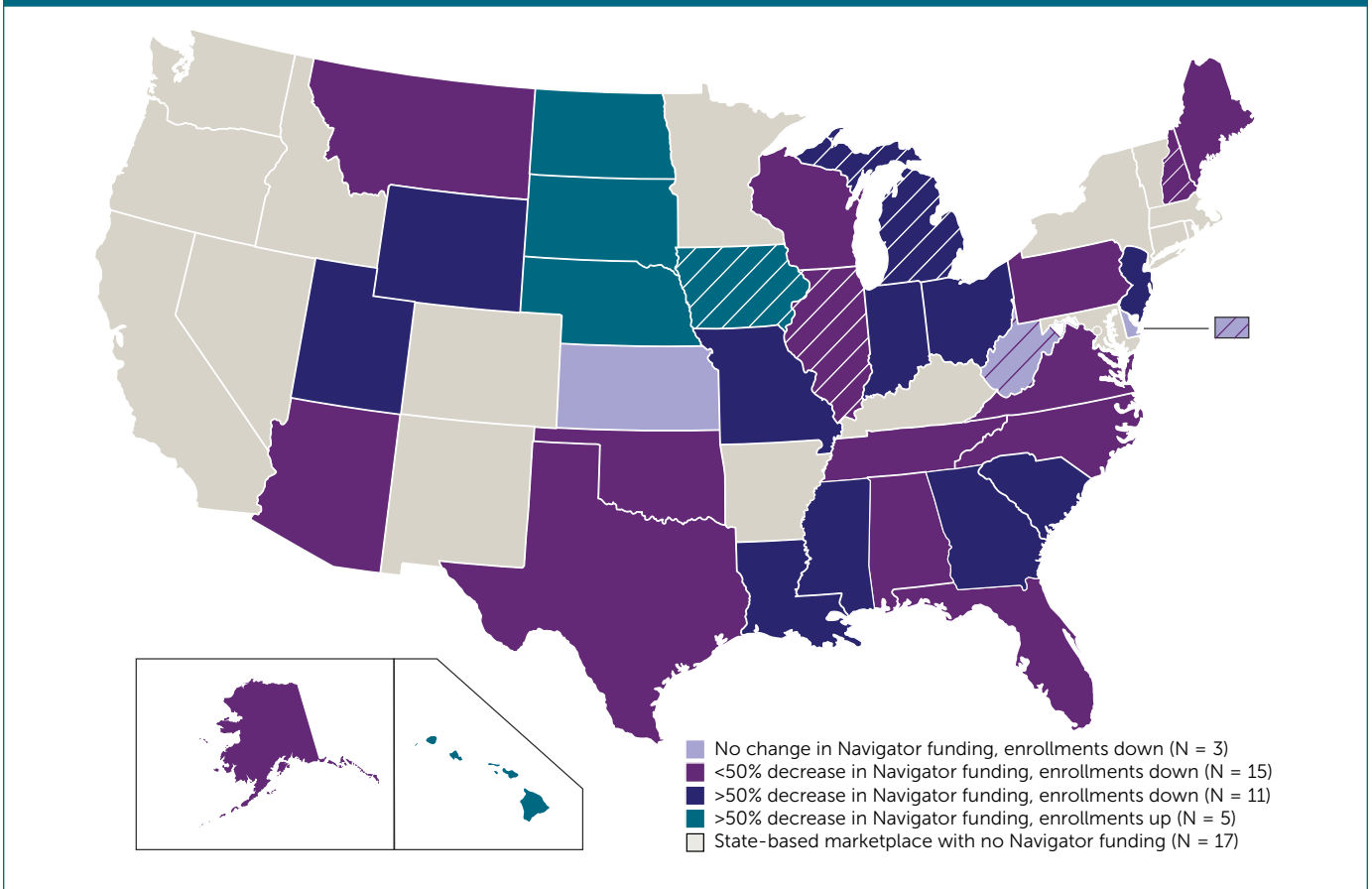
Note: The figure excludes catastrophic plans, representing about 1 percent of all enrollment. For more information on state-level enrollment and marketplace type, see the [CMS website](#).

**Renewals bolstered the better-than-expected total enrollment in 2018, as new sign-ups dropped 18 percent in FFM states and 32 percent in states that have their own marketplaces and use healthcare.gov.** In FFM states, auto-renewals were up 5 percent, and active renewals stayed about the same compared with 2017 (data not shown). In states that had their own marketplaces and used healthcare.gov, total renewals were up by 27 percent compared with 2017, as were active and auto-renewals. New consumer sign-ups in SBM states dropped by 6 percent, but total renewals were up by 2 percent compared with 2017.<sup>7</sup>

**Enrollment outcomes don't suggest a direct correlation between Navigator cuts and declines in enrollment.** Less Navigator funding was expected to hurt sign-ups because it

meant fewer resources to support enrollment in states that used the healthcare.gov platform. However, as shown in Figure 4, among the 16 states where Navigator funding was cut by more than 50 percent between 2017 and 2018, 5 states had higher 2018 enrollment (teal), and 11 states had lower 2018 enrollment (dark purple).<sup>8</sup> This high level of enrollment variation across states suggests other factors were at play: disparities in advertising and Navigator budgets, the shortened enrollment period, and local factors may have all contributed to suppress enrollment.

**Figure 4. 2017–2018 changes in Navigator funding and marketplace enrollments in FFM states**



Sources: Kaiser Family Foundation (2018); CMS (2018, 2017); Center for Consumer Information and Insurance Oversight (2016, 2017).

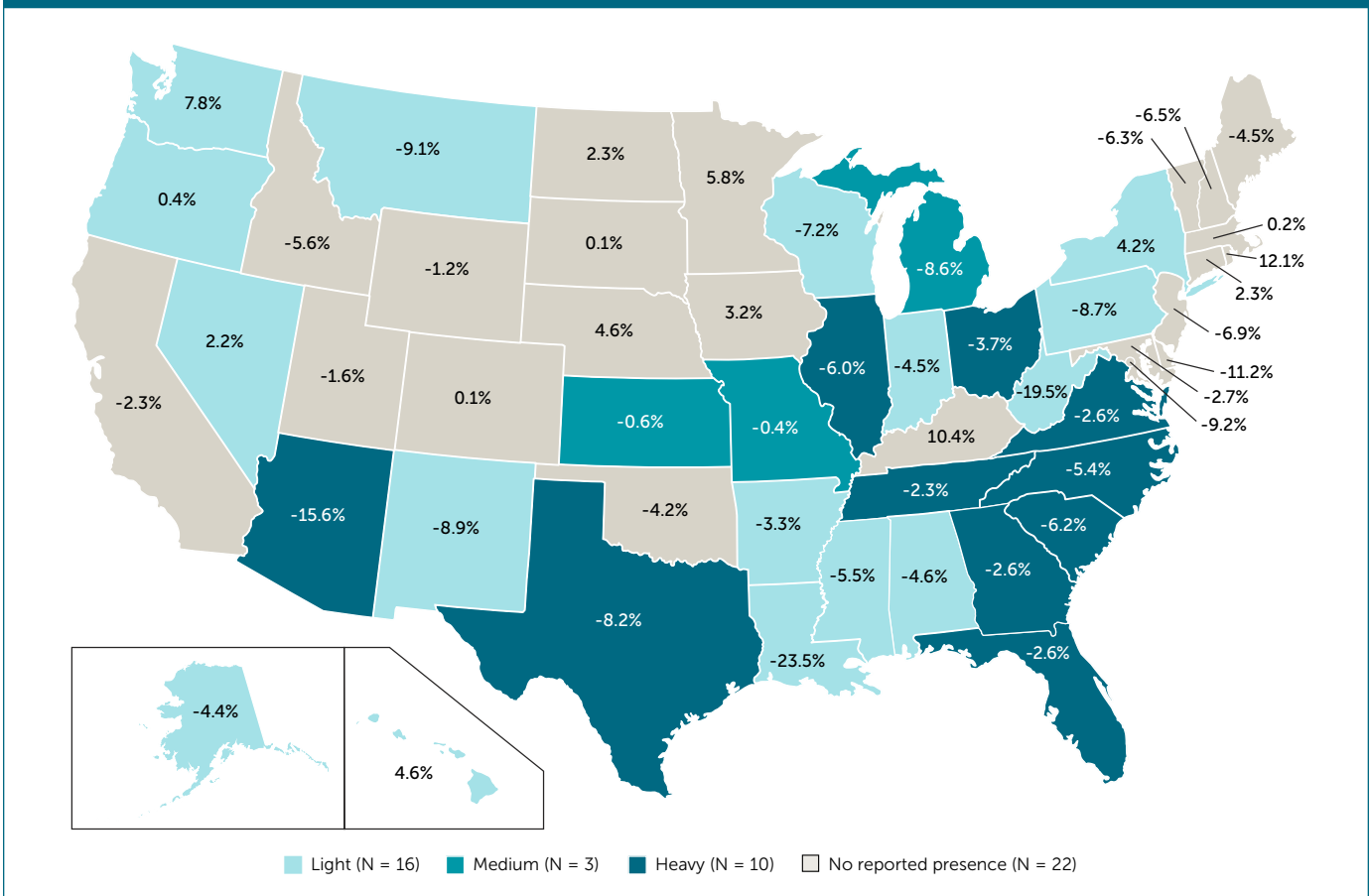
Note: The cross-hatches indicate a state-partnership marketplace (states with this type of marketplace manage plans and may perform other marketplace functions, although the state uses the FFM platform).

FFM = federally facilitated marketplace; SBM = state –based marketplace.

**Grantees used their discretion to invest in 29 states where they thought they could have the biggest impact.** As shown in Figure 5, we categorized states by comparing their enrollment experience to the number of RWJF-funded supports reported by grantees and subgrantees: the lightest-touch states had just a single RWJF-funded support in place, whereas the heaviest-touch states used the Connector and were targeted as “focus states” by Young Invincibles, often in combination with other RWJF-supported activities.

States where enrollment increased were not the states where RWJF grantees and subgrantees most heavily focused, although respondents believed that without RWJF supports, enrollment would have been even lower in these states. Among the 10 states with the heaviest RWJF-supported investments, enrollment in Tennessee was down 2 percent from 2017; enrollment in Florida, Georgia, and Virginia was down about 3 percent from 2017; and enrollment in Ohio and North Carolina was down about 4 and 5 percent from 2017, respectively. All of these states except Virginia were former Enroll

**Figure 5. Intensity of grantee and subgrantee efforts compared to changes in marketplace enrollment**



Sources: CMS (2018, 2017); data reported to RWJF by grantees in January 2018.

Notes: **Light-touch states** had one RWJF-funded support in place: either a state-specific CBPP training, a Community Catalyst subgrantee in the state, or a Young Invincibles national partner that sponsored some Connector usage. **Medium-touch states** had the Connector in place plus one other RWJF-funded support or activity (such as a Community Catalyst subgrantee or a state-specific CBPP training). **Heavy-touch states** had the Connector and were targeted by Young Invincibles as a focus state, often in combination with other RWJF-supported activities. States shown in grey did not have any RWJF-supported activities during OE5 according to grant reports submitted by grantees, although the grantees’ and subgrantees’ partners may have had some minimal touch in additional states. Percentages show changes in marketplace enrollment from OE4 to OE5.

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America states, which had particularly abundant resources for outreach and enrollment as well as notable enrollment successes in prior years (for example, from 2014 to 2016, Florida and North Carolina were consistently among the top five states in terms of enrolling the largest share of the potential marketplace populations).

Some of the other states where RWJF grantees invested heavily did not perform as well, with enrollments down by 6 percent in Illinois and South Carolina, 8 percent in Texas, and 16 percent in Arizona. In two of the medium-investment states, Kansas and Missouri, enrollment was down less than 1 percent from 2017; in the third, Michigan, enrollment was down by nearly 9 percent. Finally, among the lightest-touch states, enrollment was up 1 to 8 percent in Hawaii, Nevada, New York, Oregon, and Washington, but it was down in the others by 5 percent or less (Alabama, Alaska, Arkansas, and Mississippi) to about 24 percent (Louisiana).

## **Looking ahead**

### **Where does the outreach and enrollment community stand now?**

Despite many challenges, enrollment was stronger than expected during OE5. The RWJF grantees and subgrantees we interviewed cited numerous reasons for this success, including strong efforts by enrollment groups (four respondents), media attention on the ACA (three respondents), enrollment as an act of political resistance (three respondents), the high value people place on their health insurance (two respondents), and low prices for coverage in some areas (two respondents). Navigators and assisters tended to attribute enrollment successes to local factors, such as the strong reputation of their organizations in the community, the same insurance options being available in OE5 as in prior periods in some areas, and statewide coordination among like-minded groups doing outreach and enrollment work. Some respondents also attributed their successes to more widespread use of appointment scheduling in September and October, pre-appointment screening calls, and triaging consumers who were looking for help with non-marketplace enrollment to local health centers.

Some respondents acknowledged that they faced a “crisis in the outreach and enrollment system” this year and that the enrollment community benefited from volunteers and partners contributing more than they had in the past because of the threat of an ACA repeal. Although many respondents were grateful for this help, they doubted that this enthusiasm will last through 2018 and beyond: “Many people who were wanting to be part of the resistance were looking around...and open enrollment was a place for them to do that. I think many organizations and many communities benefited from volunteers that had an enormous amount of energy and passion. It’s not clear whether that energy and passion is sustainable year in and year out.”

Concerns about how long the enrollment infrastructure can be sustained are nearly universal. As of this writing, CMS has not published a funding opportunity announcement for the next round of Navigator grants, raising questions about whether the funding will continue (past announcements were issued in April). Some respondents perceived a greater emphasis on private-sector solutions this year—for example, healthcare.gov’s new “Help on Demand” tool refers users to agents and brokers, not to

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Navigators or other assisters—increasing concerns that agents and brokers are replacing Navigators. Finally, no organizations picked up the real-time data analytics work that Enroll America used to do to help find and target uninsured individuals.

With this in mind, Navigator and assister groups are working to embed outreach and enrollment activities within their organizations, where resources permit, such as by training staff to include insurance outreach in their presentations or by re-working some job descriptions to shift the emphasis to enrolling people during open enrollment. Two Navigator grantees reported considering seeking alternate funding: one plans to look for synergies with other federal investments (such as writing their efforts into grant applications for other federal priorities, such as opioid-related work), and another is considering establishing itself as a nonprofit agent or broker. In addition, one funder noted that his foundation is considering ways to help re-train Navigators and assisters as community health workers so that they might be employed by health systems.

### **How can funders best protect coverage gains?**

Respondents generally agreed that funders could continue to support the outreach and enrollment infrastructure, but they acknowledged that philanthropy will not be able to fill the gap left by the federal government. The four local funders we spoke to were unsure of their next steps, given the uncertainty of government funding. Two of the funders said they plan to continue investing at current levels. One was planning to scale back, and the fourth was waiting to determine whether there was enough of a return on the investment to continue.

Our respondents suggested several areas that funders could support:

- **Outreach and enrollment infrastructure support.** The federal government appears to have little appetite for supporting the outreach and enrollment infrastructure, making it ripe for philanthropic support. As one Navigator said, “There needs to be some recognition of why this is so valuable. It’s just not as simple as we’re enrolling people into health insurance, but part of this is making people understand what they’re getting, how to use it, the role in terms of preventive care and proper health care utilization, and valuing health care and coverage.” And as shown by the ongoing benefits of prior investments in CVC and Enroll America, investments made in the enrollment infrastructure can pay off for years to come.
- **Direct outreach and enrollment help.** Support for direct consumer outreach and enrollment help will be critical to maintaining the coverage gains achieved to date. Navigator contracts are uncertain; any further loss of these contracts would be devastating to consumers who rely on Navigators’ and assisters’ unbiased help and institutional knowledge.

Although philanthropy cannot fill all the gaps, funders could consider ways to support ongoing efforts, such as facilitating organizations’ experimental solutions, working to institutionalize outreach and enrollment efforts within local organizations, supporting training or re-training efforts, or offering matching funds for groups willing to support outreach efforts.

As one funder said, “If all of a sudden Navigator grant money completely went away, I would imagine that our board would be comfortable increasing Navigator funding a little bit, but there’s zero chance that our single foundation could cover the canyon that would be created there. We’ve been able to fill in cracks and crevices in there, but that’s it.”

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- **Support for enrollment resources.** Regardless of whether Navigator contracts continue, there will still be a need to develop and share centralized outreach and enrollment resources. Respondents placed a high value on these resources, such as the outreach materials and translations, the Connector, trainings offered by CBPP, and supports such as In the Loop. If those supports stopped, their loss would be widely felt. These services could also include insurance literacy education, which is currently under-resourced because of the way Navigators front-loaded their staff.
  - **Marketing.** If federal spending on advertising continues to decrease—or even if it remains steady, given the 90 percent drop in federal funding—and if the ACA is no longer in the news, more marketing support will be needed to keep consumers informed about enrollment opportunities. National and local foundations can help by providing funds for message testing and dissemination, off-the-shelf marketing materials, translations, and other support.
  - **Leveling of uneven playing fields.** If federal spending on outreach and enrollment continues to drop, states may have to rely more on local solutions, possibly exacerbating the differences between states. This scenario already played out during OE5, with better overall enrollment in SBM and partnership marketplace states. Also, states with strong health-focused foundations may be able to make bigger strides, while other states face ever-increasing challenges to maintain coverage gains.

National foundations may be able to provide critical support to struggling states or guidance to local foundations about where to invest in outreach and enrollment. One funder said that her foundation looks to national funders like RWJF to understand where to make smart investments. National foundations can also keep supporting outreach to hard-to-reach populations, as RWJF did this year. If federal funding and public attention decline, disparities between these groups and the general population may widen.

Philanthropic groups should not be expected to support the outreach and enrollment infrastructure indefinitely. However, the outreach and enrollment community would benefit from continued investment and a longer-term commitment of resources at the national and local levels. As one local funder said, “You can’t just throw a little money at this. It’s going to require, to do it right, a level of staff time and commitment of resources over a period of time.... You’re not going to get very many results if you’re just like, ‘Oh, here’s \$50,000, go do something with it’ to a few grantees. That’s going to be just a list of grantees. It’s not going to be a cohesive movement or initiative.”

### Methods

We interviewed 42 respondents in 30 separate interviews in February and March 2018. The respondents consisted of 7 grantees, 8 subgrantees, 17 Navigators, 5 assisters, and 5 funders. We also reviewed documents provided by RWJF staff, including grant reports and webinar call notes, and analyzed federal enrollment data. All interviews were recorded and professionally transcribed and analyzed using Atlas.ti software.

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## ENDNOTES

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- <sup>1</sup> These organizations were the American Association on Health and Disability, the Asian and Pacific Islander American Health Forum, Black Women’s Health Imperative, Feeding America, the National Association of Community Health Centers, the National Urban League, Out2Enroll, Raising Women’s Voices, and UnidosUS.
- <sup>2</sup> In the Loop is a collaborative project of Community Catalyst and the National Health Law Program; it is not supported by the RWJF grant.
- <sup>3</sup> Running from 2007 to 2016, CVC was a joint initiative of RWJF and Community Catalyst designed to build strong consumer health advocacy networks to support health reform. Enroll America, funded largely by RWJF, was a nonprofit organization with a mission of maximizing the number of Americans who enroll in and retain coverage through the ACA. It operated from 2013 to 2017. Young Invincibles took over the Get Covered Connector that Enroll America developed, while Families USA maintains some of its training documents on its website.
- <sup>4</sup> The respondent was referring to a poll conducted by Gallup (Auter 2018).
- <sup>5</sup> For simplicity, we are using the term “enrollments” to refer to the number of unique individuals who have been determined eligible to enroll in a marketplace plan and have either selected or been automatically re-enrolled into such a plan; the insurer may or may not have received any premium payments yet.
- <sup>6</sup> Because of recent hurricanes, people living in Florida and in some parts of Texas (both FFM states) also qualified for extended deadlines.
- <sup>7</sup> Active and auto-renewal numbers for SBM states have not been reported for 2018 as of this writing.
- <sup>8</sup> Of the 15 states where Navigator funding was cut but by less than 50 percent, all had lower 2018 enrollment (medium purple). Delaware, Kansas, and West Virginia maintained the same level of Navigator funding as in 2017 but still saw a drop in total enrollment (light purple).

