MATHEMATICA
Policy Research

REPORT

Evaluation of Enroll America: An Implementation Assessment and Recommendations for Future Outreach Efforts

July 28, 2014

Sheila Hoag
Sean Orzol
Cara Orfield

Submitted to:
Robert Wood Johnson Foundation
Route 1 and College Rd. East
P.O. Box 2316
Princeton, NJ 08543-23

Project Officer: Katherine Hempstead
Contract Number: 71665

Submitted by:
Mathematica Policy Research
220 East Huron Street
Suite 300
Ann Arbor, MI 48104-1912
Telephone: (734) 794-1120
Facsimile: (734) 794-0241

Project Director: Sean Orzol
Reference Number: 40373.220

This page has been left blank for double-sided copying.

CONTENTS

EXECUTIVE SUMMARY VII

I. INTRODUCTION 1

A. Purposes of This Report 2

B. Study Approach 2

II. DESIGN OF ENROLL AMERICA 5

A. Enroll America's Primary Strategies and Implementation Experience 6

1. Data and Analytics 6
2. Field Outreach 7
3. Partnerships 9
4. Earned Media 11
5. Digital Campaign 12
6. Messaging 12
7. Best Practices Institute 13

B. State Operations 14

1. Field States 14
2. Other States 16

III. IMPLEMENTATION ASSESSMENT 19

A. Process and implementation findings 20

B. Descriptive findings on enrollment 25

C. Recommendations 28

REFERENCES 31

TABLES

I.1 Interviews conducted.......... 3

II.1 Summary characteristics of the 11 field states.......... 15

FIGURES

II.1 Data and analytics feedback loop for field work ... 7

III.1 Marketplace enrollment relative to enrollment targets, Enroll America and non-Enroll America states ... 26

III.2 Marketplace enrollment relative to enrollment targets, 11 Enroll America field states ... 27

III.3 Volunteers relative to the size of the uninsured population (per 10,000 uninsured) ... 28

This page has been left blank for double-sided copying.

EXECUTIVE SUMMARY

The Affordable Care Act (ACA) is the largest health insurance expansion in the United States since 1965, when Medicaid and Medicare were introduced (Barnes 2012). By some estimates, nearly 25 million people could gain health insurance coverage from 2014 to 2019; for the first open enrollment period, the target was 7 million (Congressional Budget Office 2013).

The tasks of identifying, reaching, educating, and enrolling newly eligible adults into ACA-related coverage are enormous and complex. Adding to this challenge is the makeup of the newly eligible population, which was expected to be less educated, more racially diverse, and more than twice as likely to speak a primary language other than English as the currently insured population (Pricewaterhouse Coopers Health Research Institute 2012). Lack of awareness of ACA provisions presented further challenges to enrollment efforts. Surveys conducted just before open enrollment began indicated there was little public awareness and understanding of the new coverage opportunities or the availability of subsidies to help low- and moderate-income individuals and families purchase coverage (Kaiser Family Foundation 2013; Commonwealth Fund 2013).

To help address these challenges and support robust first-year enrollment, Families USA, a national nonpartisan organization, spearheaded the formation of Enroll America in 2010. Enroll America is a nonprofit organization with a mission of maximizing the number of Americans who enroll in and retain coverage through the ACA. Now fully operational, Enroll America pursues its mission primarily through its Get Covered America campaign, a project dedicated to identifying uninsured people who are eligible for free or subsidized health insurance and aiding their enrollment into coverage. This campaign uses a multitier strategy that includes communications, digital and social media, partnerships with other stakeholders, and extensive field work conducted primarily by volunteers. Supporting these strategies is a data and analytics team that continually assesses metrics in each area to guide and refine the tactics. Importantly, Enroll America deliberately decided not to do direct enrollment, believing that this task would become all-consuming and eclipse the outreach and education components it considered essential to the campaign.

The Robert Wood Johnson Foundation (RWJF) has been a major funder of Enroll America, and as such, contracted with Mathematica Policy Research to evaluate Enroll America's efforts. This report summarizes the qualitative assessment findings, and is based on site visits, phone interviews, and document reviews conducted from March through July 2014.

Findings

Key findings from the qualitative assessment include:

Enroll America successfully met its stated process and implementation goals. In its application to RWJF for funding, Enroll America envisioned implementing a national consumer campaign to identify and facilitate enrollment of uninsured people. Its five guiding principles were for the campaign to: (1) be data-driven and metrics-based, (2) be grassroots focused, (3) be coalition-based, (4) maximize use of online and social media tactics and tools, and (5) build a

narrative of success. As judged by these goals, Enroll America has met its campaign objectives. For example, it has:

- Built an infrastructure, including staffing operations in 11 states—Arizona, Florida, Georgia, Illinois, Michigan, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee, and Texas—and engaging 2,300 partners through local and national coalitions and grassroots organizing work
- Engaged more than 32,000 volunteers in targeted communities, who helped conduct 22,000 outreach and enrollment events and speak to 635,000 consumers
- Built and refined the data and analytics model to improve outreach efforts
- Launched a digital campaign and used it to contact 2.5 million consumers by email, engage 1.85 million unique visits on the GetCoveredAmerica website, and engage 320,000 social media followers and mobile subscribers

Enroll America pioneered an innovative outreach approach that uses data-driven, campaign-style methods to increase enrollment under the ACA. Enroll America's approach to outreach for insurance coverage differs from those applied in the past by both community-based organizations and government-funded agencies for Medicaid and CHIP. Most notably, Enroll America adopted modern campaign-style tactics that draw heavily on real-time data and analytics to inform the activities of field organizers and volunteers and drive decisions about operational investments. To our knowledge, this is the first time a formal "big data" approach has been used in an insurance coverage outreach campaign. Enroll America is also leveraging resources at the national level in an attempt to apply consistent, tested messages and tactics to all states.

The Enroll America approach prioritized efficiency and evidence in ways more commonly associated with the private sector. Enroll America staff focused on efficiency—investing the program's limited resources where they would bring the greatest return. For example, they placed staff in urban rather than rural areas and focused paid media resources on digital advertising rather than TV ads. Key to this approach was the use of data and analytics, adopted from for-profit consumer marketing and campaign strategies, which enabled them to conduct real-time monitoring of their resource allocations. Their use of predictive analytics combined with rapid-cycle evaluation allowed them to regularly adjust strategy and tactics based on evidence. Enroll America staff also used metrics to identify patterns of what does and doesn't work, with the goal of improving their work and reaching more consumers. This approach has led to improvements, as measured by increases in metrics such as the number of commit cards field staff obtained or click-through rates on the website.

Enroll America filled two important capacity gaps: coordinating disparate outreach-related activities and expanding local nonprofit capacity by sharing resources and knowledge. When we asked partners who would be doing this work if Enroll America were not, they consistently said that no one else in their state was doing this work; Enroll America was filling a need, not usurping an existing group's work. Often, the job was leveraging existing resources—Enroll America helped identify the key partners and, by connecting them, helped support and expand existing capacity. Through its state assistance department and Best Practices

Institute, Enroll America serves as a hub of information for these groups, sharing best practices, as well as training interested groups to implement related tactics and strategies. Many partner organizations did not have the resources to invest in understanding the policy issues, developing messages or materials, or researching effective outreach methods. They value the services available through Enroll America, such as access to regular updates, research material, messaging strategies, and policy training.

While far from causal evidence, a comparison of enrollment between the 11 states targeted by Enroll America and non-Enroll America states does offer descriptive evidence that Enroll America yielded positive outcomes, although some variation remains among states in achievements and unmet challenges. The 11 Enroll America field states on average have enrolled nearly 150 percent of their enrollment target for the first open enrollment period, compared with 120 percent in the non-Enroll America states. These differences were not uniform across the 11 states, underscoring the suggestive (non-causal) nature of the evidence. The state-specific rates show a two-fold difference in progress between the top- and bottom-ranked Enroll America states. The highest-performing state, Florida, exceeded 200 percent of the state-specific target set by the Centers for Medicare & Medicaid Services (CMS), whereas the lowest-performing state, Ohio, failed to meet its target. All other states met their CMS targets, but to varying degrees. We find state-to-state variation likely results from contextual factors such as geography, staffing challenges, and volunteer recruitment and retention.

Recommendations

In large part, Enroll America's focus on using data and analytics to provide rapid-cycle assessment of its efforts resulted in midstream adjustments that "fixed" potential weaknesses in the implementation of its approach. However, there are some areas in which Enroll America might attempt to strengthen its approach as it plans for the second open enrollment period, particularly since the next open enrollment period will be half as long as the first. These areas include:

- **Expand the pool of consumer assistance counselors (CACs).** A universal refrain from staff in all states was the need for more assisters to enroll consumers during the first open enrollment. Assisters are a critical piece in the enrollment puzzle: Enroll America's data show that people who start an application with an in-person assister are more likely to enroll than those who start it at home or call in for assistance. Moreover, the need for assistance is likely to grow, for the following reasons: (1) people who enrolled in the first open enrollment period were likely the easiest to persuade to enroll, and the remaining cases will likely be more complex; (2) those who enrolled in the first open enrollment may require support to renew their coverage; and (3) there is less funding for Navigator groups for the second open enrollment. Enroll America's knowledge about enrollment and experience working with CAC and Navigator groups position it as a natural leader to spearhead growth of the CAC pool, by helping partners to get their staff and volunteers certified or using Enroll America's cadre of volunteers to identify more people to take on this role.
- **Reconsider the allocation of resources for the field campaign, especially in geographically dispersed states.** With a relatively small field operation, outreach efforts need to be focused and targeted to make an impact. By selecting only a handful

of states to conduct field efforts, Enroll America acknowledged that it was not likely to be effective by "dropping a single person in every community." The experiences in Ohio and Texas, which have geographically dispersed uninsured populations, indicated staff were spread too thin across multiple cities to try to blanket these main areas. Although there surely were valid reasons for trying to run a larger program in these states—primarily the number of uninsured people—further prioritization of field staff locations may be warranted to maximize the use of limited field work resources.

- **Consider enhancing the earned media strategy in the second open enrollment period.** Earned media was viewed as an important complement to field work during the first open enrollment period, helping shift the conversation away from problems with the federally facilitated marketplace (FFM) website to coverage opportunities, including increasing awareness of enrollment events. Getting the same level of earned media through traditional means is unlikely during the second open enrollment period for two reasons: (1) the ACA's new coverage options are no longer a novelty, and (2) the 2014 election campaigns will be competing for attention. Enroll America had success using nontraditional means to garner coverage, such as phone-a-thons, engaging local celebrities to record public service announcements, and a bus tour, among others. Using these and other event-like approaches to obtain earned media would help ensure that consumers hear about coverage options and enrollment opportunities during the next open enrollment period. The other option is to invest more in paid media and paid digital advertising, but the high cost may make this option untenable.
- **States should amplify their volunteer focus for the next round of open enrollment.** Volunteers are vital to Enroll America's grassroots model, so Enroll America took many steps—such training and skill building opportunities—to engage and support volunteers. Our finding that the top performing states (as measured by FFM enrollees as a percentage of HHS targets) also had the most volunteers per 10,000 uninsured people seems to validate that the model works, but also that the other states need to step up volunteer engagement to increase enrollment. It won't be easy: just as earned media will be more challenging because of the 2014 elections, engaging committed volunteers may be even more challenging as the 2014 election campaigns recruit volunteers from this same group. In addition, the next open enrollment is half as long as the first, and falls over the winter holiday period, which Enroll America staff noted was a difficult time to line up volunteers. Enroll America was planning to expand volunteer support this summer through an internship program, and it should look to this and other opportunities to engage more volunteers quickly.
- **Continue to place a high priority on seeking partnerships, especially with groups connected to key uninsured constituencies.** Partners valued Enroll America's singular focus on covering the uninsured, appreciated the depth of knowledge Enroll America brought to bear to support the issue in target communities, and admitted that they needed Enroll America's resources to expand their own capacity to do this work. Partners also are the best hope for institutionalizing this work should Enroll America eventually scale back or completely exit this space. However, if Enroll America can increase the partner network (or if it increases the number of field states), it may need additional staff to maintain the level of customer service that partners have come to expect. Alternatively,

Enroll America may need to prioritize partners to avoid spreading staff too thin and jeopardizing its responsiveness to partners.

Ultimately, Enroll America is likely to be judged by the number of individuals who enrolled into coverage, but when assessed against its operational goals, Enroll America's implementation was a success. Early data on marketplace coverage support this success narrative, although we found state-to-state variation that likely results from contextual factors such as geography, staffing challenges, and volunteer recruitment and retention. The next open enrollment period presents a number of new challenges, including competition for earned media and volunteers from the 2014 political campaign, the first ACA renewals, and the likelihood that those who have not yet enrolled will be more difficult to find and persuade to enroll. Enroll America's success in the second open enrollment period is not guaranteed, but its proven ability to adapt to changing circumstances bodes well for it to face these challenges.

This page has been left blank for double-sided copying.

I. INTRODUCTION

The Affordable Care Act (ACA) is the largest health insurance expansion in the United States since 1965, when Medicaid and Medicare were introduced (Barnes 2012). By some estimates, nearly 25 million people could gain health insurance coverage from 2014 to 2019; for the first open enrollment period, the target was 7 million (Congressional Budget Office 2013).

The tasks of identifying, reaching, educating, and enrolling newly eligible adults into ACA-related coverage are enormous and complex. Adding to this challenge is the makeup of the newly eligible population, which was expected to be less educated, more racially diverse, and more than twice as likely to speak a primary language other than English as the currently insured population (Pricewaterhouse Coopers Health Research Institute 2012). Lack of awareness of ACA provisions presented further challenges to enrollment efforts. Surveys conducted just before open enrollment began indicated there was little public awareness and understanding of the new coverage opportunities or the availability of subsidies to help low- and moderate-income individuals and families purchase coverage (Kaiser Family Foundation 2013; Commonwealth Fund 2013).

Compounding these concerns was the possibility that the law might not be well implemented, because of both the rapid implementation timeline and opposition in some states to the ACA expansion. For example, North Carolina passed legislation to reject $20 million in federal funds to expand Medicaid and refused to implement a state exchange; Missouri passed a law (overturned by a federal court in January 2014) requiring all application assisters to apply for a state license; and Florida banned outreach activities by Navigators—counselors hired under the ACA to help low-income, uninsured residents sign up for the state's expanded insurance program—in public health departments (Oberlander and Perreira 2013; Gentry et al. 2013). In addition, the U.S. Department of Health and Human Services (HHS), which was primarily responsible at the federal level for the ACA, had finite implementation resources. Early on, HHS indicated that it would focus its resources on issuing rules, building the federally facilitated Marketplace (FFM), and developing the infrastructure for groups that would provide direct enrollment assistance (Navigators and consumer assistance counselors [CACs]).

To help address these challenges and support robust first-year enrollment, Families USA, a national nonpartisan organization, spearheaded the formation of Enroll America in 2010. Enroll America is a nonprofit organization with a mission of maximizing the number of Americans who enroll in and retain coverage through the ACA. Now fully operational, Enroll America pursues its mission primarily through its Get Covered America campaign, a project dedicated to identifying uninsured people who are eligible for free or subsidized health insurance and aiding their enrollment into coverage. This campaign uses a multitier strategy that includes communications, digital and social media, partnerships with other stakeholders, and extensive field work conducted primarily by volunteers. Supporting these strategies is a data and analytics team that continually assesses metrics in each area to guide and refine the tactics.

Reflecting its core interest in expanding quality health coverage to all Americans, the Robert Wood Johnson Foundation (RWJF) has been a major funder of Enroll America. RWJF began its investment when it funded Families USA to help establish Enroll America (U.S. Government

Accountability Office 2014). In April 2013, RWJF provided an additional $3 million in core funding to Enroll America, followed in May 2013 with a $10 million challenge grant—the largest single donation to Enroll America to date—to support its activities and encourage other funders to do so. In early 2014, RWJF awarded another $3 million grant to support Enroll America activities through the summer. Together, these investments have enabled Enroll America to expand its Get Covered America campaign to 11 states—Arizona, Florida, Georgia, Illinois, Michigan, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee, and Texas—plus its Washington, DC, headquarters, and to make its analytics and best practices work available to states and partner organizations throughout the country. These investments have also enabled Enroll America to build a program infrastructure to attract further direct and in-kind funding; for example, through a successful matching campaign tied to the original RWJF grant, Enroll America raised funds from hospitals, health insurers, private individuals, and state and national philanthropies.

In February 2014, RWJF contracted with Mathematica to conduct a qualitative and quantitative evaluation of Enroll America. The objective of this evaluation is to assess whether and how Enroll America's first-year activities translated into meaningful gains in enrollment in the 11 states in which it operates a grassroots outreach campaign (the field states). The evaluation has two components: (1) a qualitative assessment, to understand how Enroll America's strategies have been implemented and identify any lessons learned to help maximize coverage and support future outreach endeavors; and (2) a quantitative assessment, estimating the impact of Enroll America on the number of individuals covered through the FFM in the 11 field states.

A. Purposes of This Report

This report presents summary findings from the qualitative component of the evaluation. We evaluate the rollout of Enroll America's strategies during the first open enrollment period, and assess the implementation of its activities, including their effectiveness in reaching uninsured individuals and building meaningful, sustainable partnerships. Specifically, the report addresses the following research questions:

- What were Enroll America's strategies for identifying uninsured individuals and aiding their enrollment into coverage?
- How did these strategies work in practice?
- Did Enroll America make progress toward its process, implementation, and outcome goals?
- Based on the evidence from the first open enrollment experience, are there areas in which Enroll America could strengthen its approach for the next open enrollment period?

B. Study Approach

To prepare for the qualitative assessment, the research team developed interview protocols designed to obtain comprehensive insights about Enroll America's operations from start-up through the end of the first open enrollment period. We used a set of standard questions in all

interviews, to permit us to compare and contrast different viewpoints (such as those of staff at the headquarters, state, and local levels and at partner organizations). We also used a set of customized questions for certain groups of respondents, including state directors, national regional directors, and non-Enroll America staff from partner organizations. In addition, we developed area-specific questions for the lead headquarters staff about the areas they oversee (partnerships, field work, digital, and so on).

Team members then conducted site visits to four field states—Florida, Michigan, New Jersey, and Pennsylvania—to interview Enroll America staff and observe their operations (such as an enrollment event or field site) in March 2014. From March to July 2014, researchers also conducted 60- to 90-minute phone interviews with more than 25 additional Enroll America staff, including state and organizing directors in six of the seven additional field states, the three national regional directors for the field states, the national regional field director, and Enroll America's leadership staff. We also interviewed 10 partners, including 5 in states where Enroll America had operations and 5 in states where there were no funded Enroll America operations (see Table I.1 for the types of interviewees).

Table I.1. Interviews conducted

National-Level Staff (n=10)
• Analytics and Data Director • Best Practices Institute Director • Communications Director • Digital Director • Field Director • Managing Director • Operations Director • Partner Engagement and Outreach Director • President • State Assistance and Government Affairs Director
Regional-Level Staff (n=5)
• National Regional Directors (n=3) • National Regional Field Director • Northeast Regional State Assistant Manager
State-Level Staff (n=23)
• State Directors (n=9): AZ, GA, IL, MI, NC, NJ, OH, PA, TX • State Organizing Directors (n=8): AZ, FL, GA, IL, MI, NC, NJ, OH • State Communications Directors (n=2): FL, GA • Other Staff (e.g., Organizers) (n=4): FL, MI
Partner Staff (n=10)
• Partners in field states (n=5): FL, MI (2 interviews), PA, TX • Partners in other states (n=5): CO, ID, NM, NY, WI

Following standard qualitative methods (Miles et al. 2013; Bradley et al. 2007), all interviews were recorded and transcribed; then research staff reviewed the transcriptions for accuracy and quality. The research team identified the main research themes of interest to develop a coding scheme, including code names and definitions; these codes were applied to all transcript notes in Atlas.ti (version 7.1), a software tool used to manage and analyze qualitative information. One individual coded the summaries, and coded data were reviewed to verify codes were consistently applied and to further refine the analysis and findings. To enhance the analysis, the research team also reviewed two sets of materials: (1) publicly available documents and media reports, and (2) documents supplied by Enroll America staff, such as organization charts, reports, promotional materials, and examples of materials used at sites such as commit cards (cards used to collect consumers' contact information and interest in learning about enrollment opportunities or volunteering for Enroll America).

The remainder of this report discusses our findings and recommendations. In Chapter II, we summarize Enroll America's design, including the key strategies and activities used to engage and motivate people to enroll into coverage. Chapter III summarizes our assessment of the implementation of this model in the first open enrollment period, which ran from October 2013 to March 2014, and concludes with recommendations for ways in which Enroll America could improve efforts in the next open enrollment period.

II. DESIGN OF ENROLL AMERICA

Enroll America's approach to outreach and enrollment under the ACA followed three main principles. First, Enroll America believed that a campaign-style approach to outreach, informed by data and analytics, would be critical to maximizing its efforts. This belief drew on the experience of Enroll America's leaders, many of whom had served as campaign staff on one or both of the Obama presidential campaigns. Second, given the political turmoil over the ACA's adoption, Enroll America believed its success hinged on being nonpartisan; it aimed to focus on highlighting how the law could help the uninsured without promoting any political ideology. Third, Enroll America deliberately decided not to do direct enrollment, believing that this task would become all-consuming and eclipse the outreach and education components it considered essential to the campaign.

Following these principles, Enroll America developed seven key activities for its Get Covered America campaign. The approach was based on the theory that these activities, used in combination, would help Enroll America reach a large number of uninsured individuals whom it could educate and motivate to enroll. The key activities were as follows:

1. A *data and analytics strategy*, designed to collect and analyze data on a set of specific metrics to determine what was and was not working, and inform and refine approaches for all of the strategies
2. *Field outreach*, using a grassroots, community-based organizing model
3. A *partnership strategy*, designed to expand Enroll America's reach to other groups that might have contact with the uninsured and extend its strategies beyond the 11 field states
4. An *earned media strategy*, focused on getting local and national media to report on Enroll America's activities and echo its messages
5. A *digital campaign*, designed to offer digital tools to consumers, as well as use paid and social media and an informational website to educate and inform consumers and link them to coverage
6. A companion *messaging strategy* to be used in all aspects of the campaign
7. Dissemination of *best practices* through its Best Practices Institute, which provides technical assistance and information about effective outreach and enrollment practices through calls, webinars, and issue briefs to groups in all states

Enroll America supported these seven activities with other functions housed at its national office. For example, the Enroll America training department provided national, state, and local staff and volunteers with instruction to help them learn new skills and understand the best practices Enroll America promoted. Training was provided through in-person and online instruction, and on-the-job apprenticeship. The partnership strategy was supported at the national level by partner engagement staff who focused on engaging particular constituencies (such as African Americans, Latinos, and young adults) and consumer advocacy groups, while the marketing and media department focused on corporate partnerships. The Best Practices Institute was supported by policy analysts, who helped interpret laws and rules, and identify their implications for enrollment activities. The state assistance and government affairs department

oversaw and supported stakeholder efforts in non-field states and worked with elected and public officials at the local, state, and federal levels to encourage, support, and facilitate their involvement in coverage activities. Staff in California, who were supported by a separate grant from the California Endowment, worked in this department. Finally, the national communications department included a national press secretary as well as a Latino press secretary, and regional directors who focused on press communications in the Enroll America states.

In this chapter, we review the design of each of the seven main strategies and the supporting activities. We also review Enroll America's state operations for deploying the strategies, including selecting field states and reaching out to non-field states.

A. Enroll America's Primary Strategies and Implementation Experience

1. Data and Analytics

Enroll America set out to use a data-driven approach to establish metrics to monitor its performance and to systematically assess its tactics in order to target resources effectively. A key component of this strategy was developing an analytic model to identify people who are most likely to be uninsured, and applying it to Enroll America's national database and online tool, known as "Get Covered" data. To build the model, Enroll America constructed a database of 230 million people, including contact and basic demographic information obtained from commercial and public sources. In spring 2013, Enroll America conducted a survey of 10,000 randomly selected individuals from this population, asking about health insurance status. Using survey findings, Enroll America developed a model that predicts the probability that individuals in the database are uninsured by comparing the characteristics of individuals with insurance to those of individuals without insurance. This online tool was designed to allow users to easily augment the database with information on new consumers or to update existing contact information. Another advantage is that the database can be securely shared with partner organizations interested in supporting Enroll America's efforts or in conducting their own outreach efforts.

> As one national Enroll America staffer described the data and analytics strategy, "Our target population is the uninsured and anyone else that was interested in getting health insurance. And that's really what we use to drive our decision making…We use data to help guide the prioritizing of the community, right, at the zip code level, on the precinct level. We gave state staff a really good sense of just generally, if you're going to stand on a street corner, what street corner's going to get you the best or put you in the most uninsured community. So that's something that is actually pretty valuable for them."

Enroll America's use of data and analytics to inform outreach efforts was an iterative process (Figure II.1). In the beginning, state and field directors used the Get Covered database to facilitate targeted outreach efforts. For example, it helped them (1) identify demographic groups and communities in which to focus their resources, and (2) understand the target groups' needs (such as a need for bilingual organizers). Information collected by the field and digital outreach staff, volunteers, and partners from consumers in the field was used to update and refine the Get Covered database. The national analytics staff then analyzed the database to refine the strategies being implemented and produce new targets for the field staff. For example, using information

collected by organizers and volunteers, Enroll America determined that tabling (staffing information tables at high-traffic events like city festivals) was a more efficient means of engaging consumers than canvassing. This finding led to a dramatic shift in the use of these two strategies in favor of tabling; as one staffer put it, "We actually looked at efficiencies within the rate of Commit Card collection canvassing and compared it to the rate of Commit Card collection on tabling, and we found on average that tabling is about 25 percent higher, which doesn't sound like a lot, but in the large scheme of things can actually add up to quite a bit. So we shared this with the field program…. [because we could see] this is something that looks like it's going to be a potentially good strategy for us."

Figure II.1. Data and analytics feedback loop for field work

2. Field Outreach

One of the more visible parts of the Enroll America strategy is its proactive, grassroots consumer engagement program. Enroll America placed field staff in 11 states to reach consumers directly through one-on-one conversations. Their primary goal was to direct as many consumers as possible toward enrollment, either through enrollment assistance (such as helping schedule an appointment with a Navigator) or through the Marketplace website (for consumers more comfortable enrolling without assistance). This field outreach approach is similar to a campaign tactic that focuses on speaking directly to individuals—by phone, or in person at home, at community events, or at other places they frequent. The purpose of these conversations was to identify the uninsured, raise awareness, provide information, deliver consistent messages, and build a base of volunteers willing to participate in these one-on-one contacts with consumers.

The field campaign had several components. First, outreach was data driven—as noted above, Enroll America used predictive modeling to direct consumer outreach and education efforts to locations where the uninsured were likely to reside. Second, Enroll America staff recognized that signing up for health coverage is a complex process and might not be completed during a single contact with a consumer. Enroll America therefore focused on collecting contact information, via its commit cards, so staff could follow up with consumers through its "chase" program once or twice a month (with increasing frequency as the March 31 sign-up deadline neared) to provide reminders and offers of assistance to individuals.

> As one Enroll America staffer commented on collecting commit cards and the chase program, "Just knowing that there's no master list of the uninsured for us to work off of, the thought was, in the months leading up to open enrollment, we need to raise awareness and do education, but if we simply raise awareness and do education and don't capture data and learn about the people that we're talking to and learn about the uninsured and build up a list that we can follow up with, we won't be successful. We knew that getting someone to take an action that they wouldn't otherwise take, even when that action is very small, takes a lot of follow-up and a lot of different ways…When you turn it into something as massive as getting health insurance for oneself and one's family you really need to have a long running dialogue from a lot of different angles."

Third, partnerships (discussed separately below) were a key component of field outreach, as Enroll America sought out partners with local credibility, an ability to reach out to their own constituents, complementary skills, or just a willingness to support the effort. Fourth, volunteers were also essential to the strategy, as they provided the bulk of the required effort. Because of their extensive history working on political campaigns, Enroll America staff members were aware of the need for a large pool of skilled volunteers to draw on in the first open enrollment period, so they invested substantially in volunteer recruitment, organization, and training. For example, they offered on-site training at headquarters for the state organizing directors four times a year, they hold national training calls on a various topics to encourage professional skills development among their staff, and they implemented a standardized volunteer training and certification process (to ensure that volunteers understand the basics of the ACA policy and Enroll America messages). There is a mentor program for all staff, and new organizers shadow experienced organizers for a few weeks before taking on their own turf.

During the first open enrollment period, Enroll America's outreach strategies shifted in a few notable ways. First, beginning around November 2013 (the dates varied slightly by state) the main strategy for direct consumer engagement changed. Staff shifted from door-to-door canvassing activities, which had begun in August 2013, to high-traffic canvassing (such as tabling at events and clipboarding—standing in high-traffic areas with a clipboard to collect consumer information). This shift was based on internal data indicating that the latter activities generated more consumer contacts and were better uses of scarce resources. Enrollment events also became a bigger focus in the field states beginning late in 2013 as the evidence indicated that they were successful. For enrollment events, Enroll America partnered with application assisters to help enroll individuals and with community partners with space to hold events. Enroll America staff and volunteers would advertise the events to consumers, typically by calling people they had collected contact information for, and encouraging them to

commit to attending an event to sign up for coverage. Lastly, Enroll America shifted the timing of its "chase" program to begin in mid-December 2013. This follow-up program was part of the outreach plan from the beginning, but troubles with the federal website led Enroll America to wait until it was confident the website was working.

3. Partnerships

Enroll America set out to establish relationships with a range of stakeholders at the national, state, and local levels. Through these partnerships, Enroll America sought to: engage its target constituencies (such as young adults, African Americans, and Hispanics); help validate the Enroll America brand by tapping trusted, local voices to deliver Enroll America messages; and, over time, demonstrate the value of Enroll America's approach to encourage partners to follow its lead. Enroll America recognized that different partners provided different opportunities for its activities. However, staff reported that they sometimes struggled with vocal partners who identified with a particular political point of view, as Enroll America wanted to remain apolitical on the ACA and focus on the coverage opportunity.

At the national level, groups partnering with Enroll America would meet regularly, typically by phone. The main thrust of these calls was ways to reach and engage focal constituencies, such as women, faith groups, Latinos, and young adults. Corporate partners helped facilitate local outreach opportunities: for example, CVS would permit Enroll America or its partners to have a table near the pharmacy to engage consumers. Other national partners helped connect state field staff with local chapters. For example, after Delta Theta Sigma, a predominantly black women's sorority, connected to Enroll America at the national level, local chapter members asked for Enroll America training and helped organize and staff local enrollment efforts in Pennsylvania and Georgia.

Also at the national level, Enroll America established a working relationship with HHS. Enroll America staff noted that neither Enroll America nor HHS wanted a formal partnership, preferring to maintain distinct identities, but Enroll America and HHS staff regularly communicated on policy and on problem solving. One Enroll America staff member said, in some ways, Enroll America staff served as HHS's "eyes and ears," alerting it to local or state issues they observed. Enroll America staff also noted that HHS helped bring other partners to Enroll America, and often very publicly supported Enroll America's efforts (for example, Secretary Sebelius tweeted about Enroll America efforts and attended enrollment events around the country). Enroll America communications staff would typically receive advance notice about major HHS announcements, sometimes including potential talking points, but they noted that HHS shared such information with many other groups as well.

In all field states, Enroll America made a concerted effort to collaborate closely with groups directly assisting consumers in enrolling in the Marketplace—the Navigators and CACs—both to understand the in-person assistance framework and to support the assisters' efforts. This was crucial because Enroll America made a deliberate decision not to handle enrollment. This work with enrollers prompted other new partnerships to find appropriate settings for in-person assisters to locate; for example, Enroll America formed partnerships with sites that had computers and internet service available, such as libraries and community college computer labs. Enroll America then used its Get Covered data and digital strategies to drive uninsured people to

locations with assisters, either to one-time enrollment events or to meet with assisters such as Navigators who offered help on a regular schedule.

Finally, organizers were encouraged to establish a broad network of local partners to provide a trusted voice to reinforce and validate Enroll America's field efforts. Examples of such partners included small businesses like a barber shops willing to serve as a collection point for commit cards or willing to talk to their clientele about coverage, supermarkets frequented by many members of the target population, and local health care clinics where people might be comfortable discussing coverage options. As one state director said, "We've got a bakery that has become a centerpiece. The owner gets it. He can't afford to pay the health coverage, but he's very concerned and invested in the staff, and he brought us in to talk with their staff. And guess what, it's growing across small businesses that they're associated with, their suppliers and so on, so we're finding other ways to get out to people through every possible means that we can." In several states, local Enroll America staff had formed successful partnerships with public officials (see text box).

In Houston, Texas, Enroll America staff reported, "The Mayor and county got behind the ACA and said we will use all of our resources to enroll everyone in Houston. They put announcements on utility bills. They have free-standing enrollment events. The city certified 70-80 employees as CACs and Navigators…They put together canvasses and put people up in groups of 5 and the van crawls up the street with literature distributing information door to door….If there was a big enrollment event at the stadium they might canvass the area of the stadium. They helped to translate our materials into Spanish, Vietnamese and Farsi."

At the local level, coalition building was central to Enroll America's approach. Coalition building supported partner identification and development and expansion of local partnerships. Enroll America staff often linked up with existing coalitions, recognizing that in many areas, key stakeholder groups had already organized around the issue. In such cases, Enroll America staff joined as an interested party, not necessarily expecting to play a leadership role, because the other organizations had established their credibility as local leaders on the issue over the years. Across states, there were some common successes engaging similar types of groups at the local level—for example, state Enroll America staff universally noted that African American clergy and community colleges were key partners. As one Enroll America staffer noted, "Coalition building is so important and it's a skill people don't understand. Part of this is meeting people where they are and knowing what their value is, and letting them own that. We were able to do this well and build trust really quickly with people because of the way we respected and valued them and the work they were doing. We also challenged them to serve their community even more."

Although respondents commonly cited the importance of cultivating relationships with community partners as a key means of reaching consumers, in the local context, different partners emerged as priorities. Local demographics played a part; for example, the Detroit area has a large population of Arab Americans, so Enroll America established a working relationship with ACCESS, a human services nonprofit focused on the Arab American community, tabling at ACCESS-sponsored events and scheduling consumers with application assisters hosted by the group. Similarly, in Miami's "Little Haiti" community, partnerships with local health clinics that host application assisters proved to be an effective way of bringing enrollment opportunities to a

hard-to-reach uninsured population. Enroll America supported this partnership by hiring a Haitian Creole-speaking organizer from the community who was able to build trust.

> "In Arizona, our state director wound up talking with the Maricopa County probation program as part of general outreach. Enroll America staff wanted information on what happens to prisoners when they're released, how is that affected by the ACA, and one of her functions was to talk to community organizations about the ACA and how they were affected. At some point, she discovered that one of their key metrics is to make sure that people who are on supervised probation are successful and have a successful transition. The probation program allowed Enroll America to train all of their probation supervision case managers on talking about the ACA and they now have commit cards with each probation officer. The probationees come in once a month and one of the agenda questions is do you have insurance, if they don't they fill out a card and Enroll America follows up with them….We now have engaged the institutional system to do that outreach for us. We've collected over 3,000 commit cards from them, and have identified probably 2,400 uninsured."

Some Enroll America sites developed distinctive partnerships that Enroll America hopes to replicate at other sites. For example, Arizona Enroll America staff developed a close link with the Maricopa County Probation Office (see text box). In Philadelphia, Enroll America forged a partnership with the city's taxi drivers union, helping 750 cab drivers obtain coverage between December 2013 and early March 2014. The city itself also supported this outreach, permitting the Philadelphia Parking Authority's GPS system to send text messages to in-cab monitors to alert drivers when Navigators were available at the union's office. City governments in Columbus, Ohio, Philadelphia, Pennsylvania, Houston, Texas, and Jacksonville, Florida, participated in the "Mayor's Month of Action" in early 2014, which included mayors writing op-eds in local papers, providing commit cards and drop boxes for those cards in city offices, and attending or sponsoring outreach events, among other activities.

In non-Enroll America states, partners were engaged to try to identify a group or groups who would either take up the mantle of doing direct outreach or engage their constituents in using Enroll America's outreach methods. In some cases, these partners have established formal relationships (such as Enroll America's "field lead" program in approximately 20 states, discussed below); in others, Enroll America has lent support on an ad-hoc basic. Enroll America's support for these groups ranges from supplying messaging materials to offering training to providing access to the Get Covered database.

4. Earned Media

Enroll America engaged in a concentrated earned media campaign with two main goals. First, it sought to build program awareness and direct people to resources to facilitate enrollment. Second, it wanted to help shape the message about coverage options under the ACA to the extent possible using facts, and to develop a consumer story bank to highlight positive stories about people affected by the law. Of the 11 field states, 10 had a communications lead charged with obtaining earned media. Their efforts included traditional techniques such as holding press conferences, writing op-ed pieces, issuing press releases about enrollment events, working to make enrollment events visual to draw TV coverage, and pitching one-on-one interviews. In

addition, they pursued strategies more commonly used in political or fundraising campaigns, such as developing a bus tour and holding local TV station-sponsored phone-a-thons.

Efforts focused mostly on local earned media, drawing on campaign experience suggesting that voters get their information primarily from local media. As one staffer commented, "Consumers might read the average newspaper here or there, or they might watch MSNBC when it's on in their office or at their barbershop, but they don't get a lot of news nationally; they get it at the local level, specifically from their local TV stations. So the model is that we are trying for that hyper-local sensitive information."

The earned media strategy required staff without traditional communications training to be comfortable talking to the media about Enroll America and the ACA. Enroll America provided training to its own staff and sometimes partner staff, to help them speak with the press, find the right tone when delivering messages, and reinforce a consistent message.

5. Digital Campaign

In concert with the grassroots outreach campaign, Enroll America conducted a sophisticated digital and social media outreach campaign to educate and motivate consumers to enroll into coverage and, when possible, link them directly to enrollment locations. The digital team created and maintains the GetCoveredAmerica website and its tools, such as an application assister locator and a subsidy calculator. These tools were also shareable, so that partners could host them on their own websites. This team also runs the Enroll America website, which houses many materials from the Best Practices Institute for policymakers and those implementing the ACA, and develops all the online consumer marketing materials, like banners on sites and email content delivered to individuals.

> As one Enroll America staffer noted about the digital campaign, "The urgency and the real need to focus on the consumer on the Get Covered America brand became increasingly obvious as we started doing research; we realized how little consumers really understood about this…We found out first and foremost that this had to be a consumer marketing campaign."

Digital marketing consisted of paid search listing views on Google (for example, if people searched for "insurance coverage" and their zip code, the right side of the results page displayed paid listing ads), online banners, and paid social ads on Facebook. Some paid ads included "lead generation," whereby Enroll America would receive the email addresses of consumers who accessed the ads. Like the field campaign, Enroll America used data and analytics to help guide its digital marketing strategy and decide where to invest its digital budget. Rather than working with outside vendors who could target individuals who were explicitly uninsured–a precise but expensive approach—Enroll America found using zip code and demographic data to identify high pockets of uninsured people, while broader and less precise, was more cost-effective.

6. Messaging

Another key part of Enroll America's outreach strategy was to develop messages that would resonate with diverse groups of individuals and motivate them to seek coverage. After identifying effective messages, Enroll America worked to use them consistently throughout the

campaign—including the Enroll America-sponsored field and digital campaigns—and to share them with partner groups.

The focus of the messaging campaign changed during the first open enrollment period in response to internal and external evaluation efforts. Before open enrollment began, the message focused on the fact that "Coverage is coming." Once open enrollment began in October 2013, Enroll America began to focus on four messages identified by its communications partner as motivational: (1) there are new affordable options for people without insurance; (2) all plans will have to cover doctor visits, hospitalizations, maternity care, emergency rooms, and prescriptions; (3) financial help is available to enable individuals to find a plan that fits their budget; and (4) all insurance plans have to show both the costs and what is covered in simple language with no fine print. Among these messages, "financial help is available" became the one Enroll America focused on most beginning in January 2014, because it resonated with consumers. In the last two months of the open enrollment period, Enroll America added messaging that those who do not sign up for coverage will be fined. An Enroll America staffer explained how message testing worked: "When they test three or four different words as far as tax, penalty, fine, that kind of thing, and find that penalty and tax have more negative connotations and people are less likely to actually act based on that. But then when they hear fine, they're like, 'Oh, yeah, I've gotten fined before. It's something I want to avoid.' Then we know that we can start – we can adapt the script to say not just, 'You should enroll before March 31st,' but, 'You should enroll before March 31st to avoid a fine.'"

Messaging methods shifted over time. Initially, Enroll America focused on storytelling: collecting and promoting people's stories about obtaining affordable insurance and how it made a difference in their lives. However, data gathered from ongoing consumer focus groups and surveys as well as testing by the digital campaign team revealed that this strategy was not effective in motivating people to enroll in coverage. In response, Enroll America shifted its messaging to focus on how coverage could affect individuals personally. For example, the digital team identified a difference in click-through rates from emails that made the message personal compared to a success story: "We would see click rates that were 50 percent higher when we would talk about affordability and tools [compared to click rates for stories featuring personal narratives]."

7. Best Practices Institute

The Enroll America Best Practices Institute serves as the policy arm of the organization. Its mission is to identify and disseminate best practices in outreach and enrollment to individuals and organizations similarly focused on maximizing ACA coverage. An early goal of the Institute was creating credibility for Enroll America with the goal of attracting national partners. To do so, the Best Practices Institute focused on generating content for the Enroll America website and producing

> One partner in a non-field state said, "Initially what Enroll America worked with us on was making sure our health centers really understood the critical importance of doing outreach and enrollment and helping us to figure out different ways to message that within our health centers. And that quickly transitioned into how Enroll America help could help us build partnerships and think about enrollment as totally a not political thing...We borrowed all sorts of written materials straight from Enroll America…and in the next open enrollment we will be expanding our capacity so we can use their GetCovered database and other outreach methods."

issue briefs to demonstrate the organization's policy expertise. As time went on, the Institute shifted its focus toward education and training; its aim was to get partners thinking about enrollment, eligibility policy, and commenting on regulations or influencing state action to make the enrollment process as consumer-friendly as possible. Best Practices Institute staff also provided technical assistance for the Enroll America field staff and other departments, such as making sure all staff understood the enrollment process, explaining how to answer questions about it and solve enrollment problems, and providing policy insight about field-specific issues.

B. State Operations

1. Field States

Given limited resources, Enroll America had to decide where it would support staffed field operations. To maximize its effect on enrollment, the primary consideration was placing staff where the majority of the uninsured population lived. In addition, Enroll America wanted to focus its staffed resources primarily in FFM states, which had fewer consumer assistance resources available than state or partnership marketplace states. These restrictions helped Enroll America narrow its focus to operations in 11 states that account for nearly half of all uninsured people in the United States (Table II.1).[1]

> "Two-thirds of the uninsured live in 13 states and half of the uninsured live in less than 4 percent of all the counties. What that meant…was that it was possible to focus resources in specific geographic locations and move the needle. That's the core thing for field organizing. To put staff on the ground is resource intensive…but it's not useful to drop one person in every community – it's hard to manage and see an impact."

After choosing the 11 targeted states, Enroll America had to select areas of the states in which to focus the campaign. The data and analytics staff developed Census-based state maps that showed where the greatest concentrations of uninsured individuals were; as expected, these analyses indicated that Enroll America staff should take a regional approach, locating primarily in urban areas of the states and including border counties wherever feasible (Table II.1 shows the primary target areas of the states). State directors reported some efforts to extend their approach to additional areas, including rural counties when possible, and did so primarily through one-time events (such as sending organizers and volunteers from a staffed city for a one-day enrollment summit), through partners' and volunteers' use of the Enroll America model in other parts of the state, and through media engagement.

> "We focused on four cities in our state, but I will say we never turned down an opportunity to get people enrolled and bring the right folks together to make an enrollment event successful. So you know, we did some work that was 90 miles or even three hours away from our closest organizers, but we did it."

[1]Although Illinois and Michigan both adopted partnership exchanges, they were included as Enroll America- staffed states. Illinois' partnership exchange relies on the FFM, but the state assumed responsibility for in-person consumer assistance and outreach. Given the number of uninsured people in Illinois, Enroll America committed to staffing operations there because it provided a chance to test its operations in a non-FFM state. In Michigan, the partnership exchange functions like an FFM to consumers (so the need for consumer assistance is the same as in other FFM states); the state's role is primarily plan management.

Table II.1. Summary characteristics of the 11 field states

State	Number of Uninsured (2012)	Uninsured Rate (2012)	Marketplace Type	Medicaid Expansion[a]	Number of Paid Field Staff[b]	Total Volunteers	Core Volunteers	Primary Target Areas
Arizona	1,200,000	18%	FFM	Yes	13	815	155	Maricopa and Pima counties
Florida	4,000,000	26%	FFM	No	38	6,470	1,156	Miami-Dade, Broward, Palm Beach, Hillsborough, Orange, and Duval counties
Georgia	1,900,000	19%	FFM	No	13	1,501	221	DeKalb, Fulton, and Cobb counties
Illinois	1,700,000	14%	Partnership	Yes	15	4,267	304	Cities: Chicago, Springfield, Rockford
Michigan	1,100,000	11%	Partnership	No	15	4,193	538	Wayne and Macomb counties Cities: Flint, Lansing, Grand Rapids, and Kalamazoo
New Jersey	1,200,000	14%	FFM	Yes	17	2,725	199	Essex, Bergen, Hudson, Passaic, and Union counties
North Carolina	1,700,000	17%	FFM	No	13	1,739	438	Cities: Raleigh, Durham, Charlotte, Greensboro, and Winston-Salem
Ohio	1,400,000	12%	FFM	Yes	17	2,852	539	Cities: Cleveland, Columbus, and Cincinnati (including suburbs)
Pennsylvania	1,500,000	12%	FFM	No	16	1,632	312	Cities: Philadelphia and Pittsburgh
Tennessee	900,000	14%	FFM	No	4	121	26	Cities: Memphis and Nashville
Texas	6,300,000	27%	FFM	No	35	6,335	552	Cities: Dallas, Houston, Ft. Worth, Austin, San Antonio, Waco, El Paso; Rio Grande Valley

Source: Number and percentage of the uninsured are from the United States Census Bureau, Annual Economic and Social Supplement March 2013 (available at: http://www.census.gov/hhes/www/cpstables/032013/health/toc.htm); Marketplace type from Kaiser Family Foundation (2014) (available at: http://kff.org/health-reform/state-indicator/health-insurance-exchanges/); Medicaid expansion from Kaiser Family Foundation (2014a) (available at: http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/).

Note: FFM=federally facilitated marketplace; Partnership=state-federal partnership marketplace. Core volunteers are volunteers that completed more than one outreach shift (such as tabling, conducting chase calls, etc.)

[a] States that had implemented Medicaid Expansion as of January 1, 2014. Michigan's Medicaid expansion was approved in December 2013; however, its implementation was delayed until April 2014.

[b] Paid field staff positions from January through April 2014.

The 11 state operations had similar structures. Each state had a state director, state organizing director, and communications lead. The state director served as the "public face" of Enroll America in the state and oversaw all state operations. Most of the state directors already had an established presence in the state and had existing relationships with key partner organizations, although there were exceptions (for example, the Illinois state director was relatively new to the state). The state organizing directors oversaw all field operations and the day-to-day management of the field staff (organizers and volunteers); they were selected by staff at Enroll America headquarters, subject to the state director's approval, and typically were experienced organizers with political campaign backgrounds. In contrast to the state directors, the state organizing directors were the "inward" face of the organization. They managed regional organizing leads (organizers assigned to a specific geographic region), who in turn managed organizers and deputy organizers in their region. The communications lead was responsible for driving the earned media strategy within the state and supporting all communications related to field work, such as the communications piece of an enrollment event organized by the field team. Enroll America hired most state directors and state organizing directors in summer 2013, giving them time to establish operations, such as hiring other staff and finding office space.[2]

To support field staff in the 11 states, Enroll America established a regional management structure. Three national regional directors each oversaw operations in three or four states. They reported to the national field operations staff, and they served as a conduit between Enroll America headquarters staff and the state staff. For example, if one of the states wanted additional support or resources from Enroll America, the regional director would bring that request to headquarters staff. Likewise, if headquarters staff in the Best Practices Institute were looking for an example of earned media to highlight in their weekly blog, the regional directors would be notified and contact their assigned states to help identify a strong illustration. Because the state directors and state organizing directors managed different functions of state operations, both reported to the national regional directors.

2. Other States

Across the 39 non-field states, Enroll America identified groups that shared its mission and were interested in replicating the model. Of these states, approximately 20 had a "field lead," meaning Enroll America prioritized the state because it had many uninsured people or needed assistance in starting an outreach campaign.[3] In these states, Enroll America partnered with a contact who wanted to run a field program and shared its field states strategies. These contacts were usually associated with a partner organization, although some were standalone "super volunteers," advocates or organizers who were willing to spearhead the effort in their state. At Enroll America

> As one Enroll America staffer commented about partners in non-field states, "So I think the goal is to think about how to empower volunteers and organizations that are going to be in these states for the long-term. We have the tools that they need to be successful."

[2] Enroll America did not establish operations in Tennessee until November 2013, when it received additional resources from BlueCross BlueShield of Tennessee and the Tennessee Hospital Foundation to support staffed operations there.

[3] As mentioned earlier, Enroll America also had two staff in California who were sponsored by a grant from the California Endowment to support California's implementation of the ACA. That was not the focus of this report, and we did not interview staff or partners in California.

headquarters, the national regional field director supported these volunteers, holding regular monthly check-in calls to share resources (such as Enroll America messages and written materials) and lessons learned from the different states. Enroll America also offered training on skills such as tabling effectively, running a digital campaign, or organizing an enrollment event. The 20 field leads would share what they learned with their state partners to expand Enroll America's reach.

Beyond the field lead program, Enroll America's state assistance and government affairs department actively supports key stakeholders in all 39 non-field states, working directly with partners, coalitions, and policymakers, to share (or identify) best practices and to monitor ACA implementation in those states. Five regional state assistance managers provide a point of contact for state stakeholders seeking technical assistance, policy expertise, or training. The regional state assistance managers serve as liaisons between these state stakeholders and the experts in the Enroll America departments. The Enroll America staff can visit these states to provide direct support, but given limited resources and in some cases, limited contacts, the amount of visiting and contact varies. There are several reasons for this variation: in addition to wanting to focus on states with the most uninsured, leading up to open enrollment Enroll America's state assistance department identified (1) states or state organizations that needed assistance, (2) states or state organizations that were receptive to assistance, and (3) states or state organizations where Enroll America had the knowledge and expertise to fill gaps. For example, one Enroll America national staffer has visited the northwestern states, permitting him to closely monitor Washington State's implementation and identify and fill needs for outreach training in nearby states like Montana and North and South Dakota. In addition to this capacity-building work, toward the end of the first open enrollment period, Enroll America communications staff began expanding their reach into the 39 non-field states, trying to cultivate relationships with health reporters in media markets where Enroll America does not have staff on the ground.

This page has been left blank for double-sided copying.

III. IMPLEMENTATION ASSESSMENT

Enroll America is a dynamic organization that expanded its operations over the past 12 months to fully implement its program during the first ACA open enrollment period. In terms of its design, Enroll America uses a more sophisticated approach to large-scale outreach than has been traditionally associated with public coverage programs such as Medicaid or CHIP. Its design is both impressive and appealing. However, many promising interventions fail to accomplish meaningful change due to problems with implementing the strategies, internal or external contextual challenges and barriers, or shifts in priorities or motivation. In any program evaluation, understanding the program's approach and activities and assessing how the program was implemented are critical for interpreting program impacts and making recommendations for improvements.

This analysis of Enroll America's first year of implementation focused on understanding its ability to take its model from theory to practice, including the nature and extent of its execution of its key strategies. Through interviews with Enroll America staff and other stakeholders, we investigated the factors that contributed to Enroll America's success and aspects of the program that may have driven variation in implementation and outcomes at the state level. We also conducted a descriptive assessment of FFM enrollment numbers in the 11 field states and analyzed the degree to which each state met its Centers for Medicare & Medicaid Services (CMS) enrollment targets.

We found that Enroll America successfully implemented its program, with some contextual execution issues. Its successes include launching a large, innovative outreach and education campaign in 11 states grounded in data-driven, campaign-style methods designed to increase enrollment under the ACA efficiently. Implementation success hinged on factors such as Enroll America's ability to: (1) fine-tune its strategies in real time; (2) hire and train talented and motivated staff; (3) recruit and train volunteers to support implementation; (4) develop effective national and local partnerships to gain credibility, validation, and access to the target population; (5) use earned media to build the Enroll America brand and help drive consumers to enrollment events; and (6) build capacity among existing nonprofits by sharing resources, strategies, and knowledge about best practices for outreach and enrollment.

Enroll America's reach extends beyond the 11 field states. It quickly established itself as a leader in enrollment and outreach work and has played an important role in providing support and training to national, state, and local stakeholders, many of whom adopted at least some Enroll America strategies or are planning to do so in the next open enrollment period. Given limited resources, its efforts to expand the model beyond the 11 field states through partner support, dissemination of best practices, and technical assistance are impressive, although its influence and effects in non-staffed states are impossible to measure.

Perhaps most surprising, despite operating in what is sometimes a highly charged political atmosphere, Enroll America has established a high level of trust with a variety of groups—politicians, activists, private partners, and individual consumers. Partners have adopted Enroll America's strategy, putting their trust in its data, messaging, and outreach tactics. Consumers have provided their contact information to Enroll America staff and volunteers and have

included them in what can be a very personal decision-making process. This underscores the need for the work Enroll America is doing and speaks well of the training and dedication of its staff and volunteers.

A. Process and implementation findings

Below we discuss specific findings from our first-year implementation analysis.

Enroll America successfully met its stated process and implementation goals. In its application to RWJF for funding, Enroll America envisioned implementing a national consumer campaign to identify and facilitate enrollment of uninsured people. Its five guiding principles were for the campaign to: (1) be data-driven and metrics-based, (2) be grassroots focused, (3) be coalition-based, (4) maximize use of online and social media tactics and tools, and (5) build a narrative of success. As judged by these goals, Enroll America has met its campaign objectives. For example, it has:

- Built an infrastructure, including staffing operations in 11 states and engaging 2,300 partners through local and national coalitions and grassroots organizing work
- Engaged more than 32,000 volunteers in targeted communities, who helped conduct 22,000 outreach and enrollment events and speak to 635,000 consumers
- Built and refined the data and analytics model to improve outreach efforts
- Launched a digital campaign and used it to contact 2.5 million consumers by email, engage 1.85 million unique visits on the GetCoveredAmerica website, and engage 320,000 social media followers and mobile subscribers

Enroll America pioneered an innovative outreach approach that uses data-driven, campaign-style methods to increase enrollment under the ACA. Enroll America's approach to outreach for insurance coverage differs from those applied in the past by both community-based organizations and government-funded agencies for Medicaid and CHIP. Most notably, Enroll America adopted modern campaign-style tactics that draw heavily on real-time data and analytics to inform the activities of field organizers and volunteers and drive decisions about operational investments. To our knowledge, this is the first time a formal "big data" approach has been used in an insurance coverage outreach campaign. Enroll America is also leveraging resources at the national level in an attempt to apply consistent, tested messages and tactics to all states.

The Enroll America approach prioritized efficiency and evidence in ways more commonly associated with the private sector. Enroll America staff focused on efficiency—investing the program's limited resources where they would bring the greatest return. For example, they placed staff in urban rather than rural areas and focused paid media resources on digital advertising rather than TV ads. Key to this approach was the use of data and analytics, adopted from for-profit consumer marketing and campaign strategies, which enabled them to conduct real-time monitoring of their resource allocations. Their use of predictive analytics combined with rapid-cycle evaluation allowed them to regularly adjust strategy and tactics based on evidence. Enroll America staff also used metrics to identify patterns of what does and doesn't work, with the goal of improving their work and reaching more consumers. This approach has

led to improvements, as measured by increases in metrics such as the number of commit cards field staff obtained or click-through rates on the website.

This model included real-time tactical support conducted at a level of scope, rigor, and sophistication never seen, to our knowledge, in a public coverage program outreach effort. Enroll America produced ongoing performance indicators to motivate staff and offer critical, objective feedback on their performance engaging, educating, and mobilizing consumers and ways to improve it. For example, the state directors and organizing directors knew each week how their state compared to the other states in terms of: the number of earned media opportunities, number of high-traffic canvassing conversations that resulted in identifying uninsured people, number of door knocks (door-to-door canvassing) that resulted in identifying uninsured people, and how many people at an enrollment event created an email account, reported enrolling at the event, or left to consider the information they had received. This created a friendly competition among states. The data and analytics team also produced individual-level metrics to show individual organizers how their performance compared to their peers. Many Enroll America staff found this competitive approach motivational. However, several staff noted that performance metrics don’t motivate everyone and, therefore, the program also used other methods of feedback to communicate with and encourage staff performance.

Enroll America hired highly motivated and talented staff and invested in training them. Successful staff recruitment and training contributed to Enroll America’s success in meeting its process goals. The staff members’ ability to implement the strategies, the volunteer base, the relationships developed, and to some degree the state directors’ freedom to decide where to invest their resources, all affected the states’ achievements. Enroll America had a high degree of control over the staff selected to run national and state operations, and those staff members, in turn, hired highly motivated and talented staff to implement the program. Based on our limited observations, it appears that most Enroll America staff members are capable, motivated, flexible, and dedicated, qualities that served the program well, particularly during the marathon sprint in March 2014 toward the enrollment deadline.

Beyond hiring capable staff, Enroll America recognized the need for training in order for staff to respond and adapt effectively to data-driven refinements in their tactics or strategy. Calling itself a “training-centric” organization, Enroll America created a training office within the field department. This office had two dedicated staff members who focused entirely on training and professional development for paid staff and volunteers. According to staff, this approach took pressure off the regional and state directors to supply all the states’ training needs.

Enroll America filled two important capacity gaps: coordinating disparate outreach-related activities and expanding local nonprofit capacity by sharing resources and knowledge. When we asked partners who would be doing this work if Enroll America were not, they consistently said that no one else in their state was doing this work; Enroll America was filling a need, not usurping an existing group’s work. Often, the job was leveraging existing resources—Enroll America helped identify the key partners and, by connecting them, helped support and expand existing capacity. In addition, many local groups that wanted to conduct outreach or help enroll consumers lacked training on how to find the uninsured. Through its state assistance department and Best Practices Institute, Enroll America serves as a hub of information for these groups, sharing best practices, as well as training interested groups to implement related

tactics and strategies. Many partner organizations did not have the resources to invest in understanding the policy issues, developing messages or materials, or researching effective outreach methods. They value the services available through Enroll America, such as access to regular updates, research material, messaging strategies, and policy training.

By collaborating with partners and sharing its resources, Enroll America expanded local capacity to do this work, building local expertise on the outreach and education strategies it identified as best practices. For example, in Ohio, staff worked to engage hospitals. Although the hospitals were interested in helping their uninsured population obtain coverage, they lacked the capacity to organize enrollment events. Enroll America staff filled that role, handling logistics and marketing for the events, and asked the hospitals to do what they could, namely send letters to their uninsured patients about the events. This led to approximately 25 enrollment events in March 2014 alone. Similarly, the Cleveland food bank wanted to participate as a partner but was not sure how it could help. Enroll America staff used the food bank as a collection point for commit cards, which placed little burden on the food bank staff but gained the food bank's validation for Enroll America activities.

These partnerships can help institutionalize Enroll America methods and make organizations with long-standing commitments to particular constituencies and communities more effective at outreach and organizing. After having positive experiences with Enroll America during the first open enrollment period, some partners planned to use the program's resources—such as the Get Covered database and chase strategy—more intensively in the second open enrollment period. As one partner told us, "I'm hopeful that I can put together something, that they (coalition members) might be able to partner with someone in Enroll America to do a couple of webinars, one potentially on earned media, another on a digital presence for social media and that kind of thing."

Enroll America quickly established its credibility at the state and national levels through visible, effective collaborations. At the national level, Enroll America collaborated with partners widely respected in their own fields or among their constituents, and these partners lent credibility to Enroll America. For example, the National Association for the Advancement of Colored People, the National Medical Association (a group that promotes equality in medicine for black doctors and patients), the Hispanic Federation, and the National Council of La Raza, among others, served as gateways to African American and Latino constituents, while disease-related groups such as the American Cancer Society and the American Diabetes Association reached out to their local chapters and physician partners. In addition, as federal agency staff became overwhelmed by challenges with the FFM website, Enroll America stepped in to fill the resulting information gap. In doing so, Enroll America quickly established its credentials with local media and became a critical support to local organizations with limited capacity to interpret policy or develop messages on their own. For example, the North Carolina communications lead trained local partners on communications methods, and when any new information was released would hold a partner call to help them understand the information and the key takeaway messages.

Enroll America staff largely succeeded in remaining neutral on the ACA's specifics; they maintained a "stick to the facts" policy about coverage and did not use politicized terms like ObamaCare. This was important to building their credibility with certain organizations (and also

aligned with the educational aspect of their mission). A good illustration of this is their partnerships with elected officials: for example, in some states, officials would not return calls from Enroll America about establishing a partnership at the start of open enrollment. By January and February 2014, these same politicians were contacting Enroll America staff, or were willing to attend an enrollment event or reach out to their constituents to publicize coverage availability. Many Enroll America staff reported that they were able to salvage these types of relationships because they established a reputation for being apolitical on the ACA. At the same time, they found ways to have productive relationships with non-neutral parties, such as the Service Employees International Union, Planned Parenthood, and Organizing for America, although some staff said these relationships could be tricky to navigate.

Nevertheless, Enroll America was not always seen as nonpartisan and was not welcomed by all types of players and partners in all markets. For example, in Arizona, Enroll America staff reported that partners did not initially understand what Enroll America was offering because it didn't do enrollment, which partners may have expected. Some Navigators in Arizona were concerned that partnering with Enroll America might violate their obligation to protect personally identifiable information; these hurdles were overcome through education. In several states, staff also noted that while many partners were welcoming, others were skeptical that consumers would really talk to Enroll America outreach staff (and surprised when the approach worked). Finally, Enroll America staff in several states noted that nonprofit organizations often compete for limited pools of funds, which sometimes affected Enroll America's ability to form relationships if it was viewed as a competitor.

Enroll America's politically neutral reputation was challenged during the first open enrollment. In Texas and Florida, Enroll America staff mentioned specific examples of media reports drawing attention to the fact that many Enroll America staff in those states were former Obama campaign workers, were part of Organizing for Action (a nonprofit trying to advance the President's agenda), and called into question their ability to be impartial. The Texas communications director left under a partisan accusation cloud; unbeknownst to him, he was filmed suggesting that he might be able to provide a list of enrollees to an undercover conservative watchdog group member posing as a member of a fake Democratic political action group (Johnson 2013). The same undercover groups also used hidden cameras to videotape some Enroll America organizers and the footage was used in a series of negative videos posted online, although the state director said there was nothing improper about what the staff said. These incidents were serious: a conservative Texas group filed a complaint with the IRS, and Texas staffers noted that the accusations demoralized staff and volunteers for an extended period.

Local partnerships were crucial to building credibility within states and communities. At the local level, trusted community groups appear to have been vital in solidifying Enroll America's credibility. Examples of these groups include community colleges, churches, community centers, and small businesses, among others, who served as validators for Enroll America. These relationships formed in a variety of ways. For example, state directors often capitalized on personal relationships with potential partners from their previous work in the state, which helped establish local relationships early on, particularly with organizations within the health sector. Other local partnerships resulted from Enroll America staff identifying trusted groups in the community that might be willing to become allies. For example, Enroll America staff in North Carolina recognized how important churches and other religious groups were to

certain communities, and they established a partnership with the North Carolina Council of Churches to help connect them to local churches that could host enrollment events and distribute Enroll America materials. In Florida, an organizer in Miami worked with a Haitian community health center that agreed to host CACs who spoke Haitian Creole one day a week to provide enrollment assistance. Once the groups established trust, the center permitted the CACs to be present two days a week.

Some variation remains among states in achievements and unmet challenges. Using a consistent outreach and messaging strategy helped ensure that best practices were used across states, but not every strategy was easily implemented in every location. For example, gaining earned media coverage was extremely challenging in New Jersey, which lacks a real media market—New York City media cover the northern part of the state, and Philadelphia media cover the central and southern parts. Staff in New Jersey pursued the earned media strategy, identifying reporters at newspapers in Trenton and connecting to local public television's "New Jersey Capitol Report" show to publicize Enroll America, but they felt they couldn't use it as effectively as Enroll America staff in other markets might. Similarly, staff in Detroit also had trouble with the earned media strategy, partly because in the early months of open enrollment the newspapers focused on stories about the FFM website not working, but also because news of the Detroit bankruptcy crowded out other issues. Michigan Enroll America staff decided that, rather than focusing on traditional earned media strategies, they would try to use alternative forms of media. For example, Michigan staff partnered with a local sports celebrity (Mateen Cleaves), who conducted four public radio show interviews and recorded two public service announcements for Enroll America that aired in March 2014 during the National Collegiate Athletic Association's annual college basketball tournament.

Sometimes other contextual factors hindered efforts to execute Enroll America strategies. For example, in New Jersey the target population was largely Spanish-speaking, but many organizers were not bilingual in Spanish and English; this language deficit made Enroll America staff more dependent on partner follow-through. In Arizona, the application assistance groups did not want to do large-scale enrollment events; assisters reported that those events "took away" from the population who were already coming to them for services, which forced Arizona staff to re-think how they stage such events. In Texas, Enroll America staff developed a close partnership with enrollment assisters and told them that they could work with HHS at the national level to help identify and resolve problems. When the assisters were having challenges in October—such as taking three hours to set up a new client account on the FFM site—Enroll America brought those issues to HHS to try to resolve them. Assisters were disappointed when these issues were not immediately resolved, which challenged Enroll America's credibility with these partners and forced the Texas staff to invest substantial time in re-establishing their integrity with these groups.

Interviews with state staff and other stakeholders in some states identified challenges that they believed were particular to their states. For example, in Ohio and Texas, some observers thought staff were spread too thin, given the size and geographic spread of the uninsured population. Staff turnover placed strain on already scarce resources in these states: Ohio lost its state communications lead for two months during the first open enrollment period and two organizers left in November, and Texas lost its communications director (discussed above). Arizona staff also reported staffing was their biggest challenge, due to having a late start on

hiring, a small pool of candidates, and significant turnover in late 2013 due to poor fits. Texas reported challenges in finding the right staff due to (1) the lack of organizing infrastructure in the state, and (2) as a solidly conservative state, it had a limited number of progressive-minded organizers and staff had to compete for people with this skill set (specifically with the Wendy Davis gubernatorial campaign). To overcome these challenges, Enroll America focused on hiring members of the community who were familiar with the neighborhood cultural institutions and taught them principles of organizing, rather than hiring people with strong organizing backgrounds.

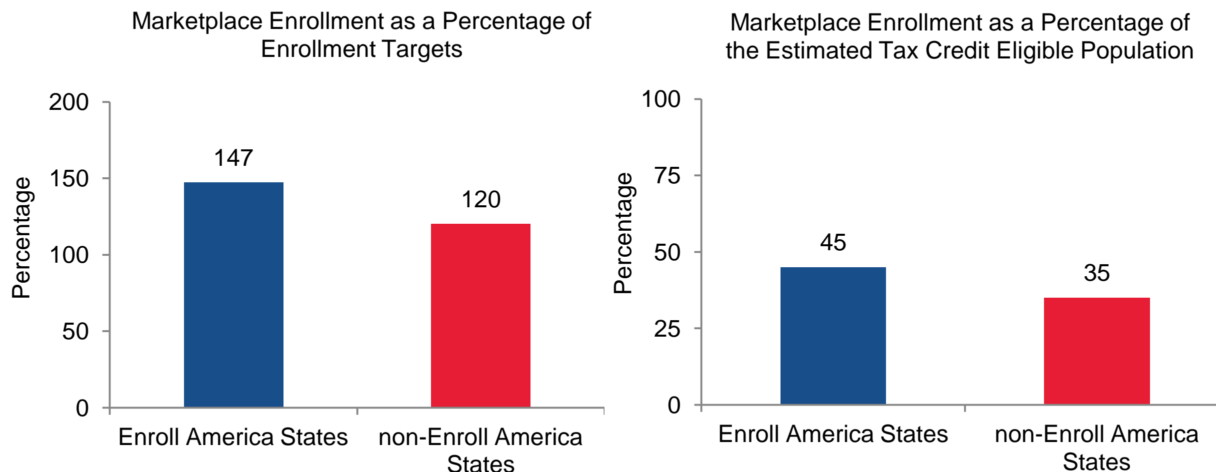
Collaboration with application assisters was not universally smooth across states. In Arizona, some Navigator groups initially struggled about whether working with Enroll America would compromise enrollees' privacy, potentially violating rules they agreed to abide by (and for which they would be fined). Texas interviewees sensed that the organization lost some credibility with assistance groups due to problems consumers' early problems with the FFM website and a perceived inability on Enroll America's part to provide timely answers to these groups. There was also a perception in Texas that Enroll America was directing people who needed help to assisters at federally qualified health centers who couldn't handle the volume (for example, sending 30 people to a single assister at the same time).

Field states also varied in terms of volunteers. Enroll America engaged 32,861 volunteers nationwide—99 percent of whom volunteered in the 11 field states. As noted in Table II.1, the size of the volunteer base varied by state, in both the number of overall volunteers and the intensity of volunteer activity. For example, looking at numbers of volunteers who completed more than one outreach shift—suggesting a higher level of engagement—Florida outperformed all other states, accounting for more than one-quarter of all volunteers in this category.

B. Descriptive findings on enrollment

While far from causal evidence, a comparison of enrollment between the 11 states targeted by Enroll America and the other ("non-Enroll America") states does offer descriptive evidence that Enroll America yielded positive outcomes. As shown in Figure III.1, the 11 Enroll America field states on average have enrolled nearly 150 percent of their enrollment target for the first open enrollment period, compared with 120 percent in the non-Enroll America states. Using state-specific estimates of the tax-eligible target population as the benchmark produced differences of a similar relative magnitude. Whereas 45 percent of those eligible for tax credits enrolled in an FFM plan in Enroll America states, the corresponding rate in non-Enroll America states was 35 percent.

Figure III.1. Marketplace enrollment relative to enrollment targets, Enroll America and non-Enroll America states



Source: Mathematica analysis of health insurance marketplace enrollment data through March 31, 2014 (including additional special enrollment period activity through April 19, 2014) from the Department of Health and Human Services (available at: http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014apr_enrollment.pdf). State-specific enrollment targets were outlined in a September 2013 memo by the Centers for Medicare & Medicaid Services to Kathleen Sebelius, HHS Secretary (available at: http://waysandmeans.house.gov/uploadedfiles/enrolltargets_09052013_.pdf). State-specific estimates of the number of individuals eligible for premium tax credits and the potential market for coverage in the Marketplaces are from a Kaiser Family Foundation analysis of the 2012 and 2013 Current Population Survey Annual Social and Economic Supplement (available at: http://kff.org/report-section/state-by-state-estimates-of-the-number-of-people-eligible-for-premium-tax-credits-under-the-affordable-care-act-table-1/) (Kaiser Family Foundation 2013a).

Note: Reported findings are the average state-specific rates for each group.

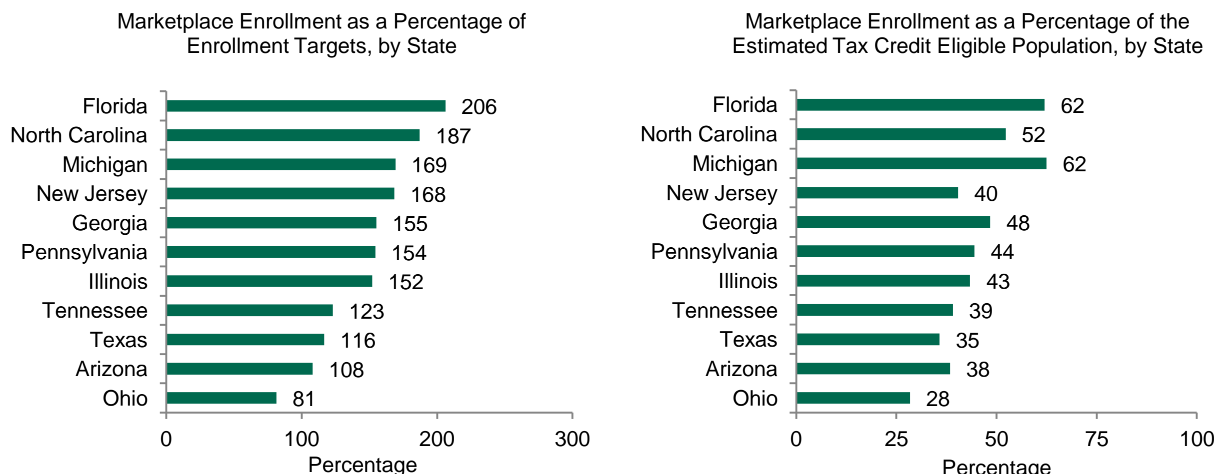
Enroll America states: Arizona, Florida, Georgia, Illinois, Michigan, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee, and Texas.

Non-Enroll America states (states that operate an FFM or partnership marketplace): Alabama, Alaska, Arkansas, Delaware, Indiana, Iowa, Kansas, Louisiana, Maine, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Oklahoma, South Carolina, South Dakota, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

EA=Enroll America; FFM=federally facilitated marketplace.

As seen in Figure III.2, these differences were not uniform across the 11 states, underscoring the suggestive (non-causal) nature of the evidence. The state-specific rates show a two-fold difference in progress between the top- and bottom-ranked Enroll America states. The highest-performing state, Florida, exceeded 200 percent of the state-specific target set by CMS, whereas the lowest-performing state, Ohio, failed to meet its target. All other states met their CMS targets, but to varying degrees. Looking at enrollment as a percentage of the estimated tax credit-eligible population by state shows similar performance patterns and, again, significant variation among states.

Figure III.2. Marketplace enrollment relative to enrollment targets, 11 Enroll America field states



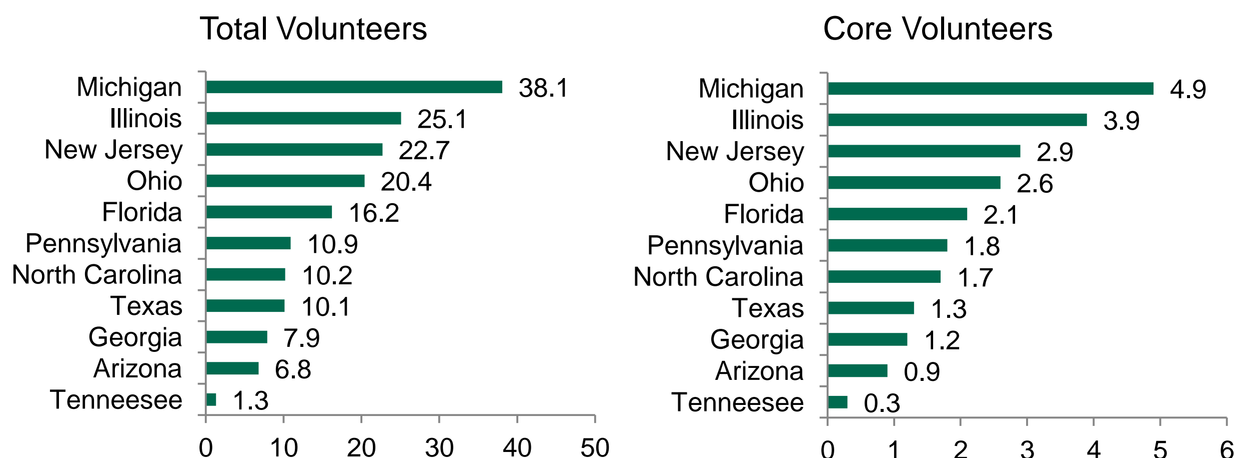
Source: Mathematica analysis of health insurance marketplace enrollment data through March 31, 2014 (including additional special enrollment period activity through April 19, 2014) from the Department of Health and Human Services (available at: http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014apr_enrollment.pdf). State-specific enrollment targets were outlined in a September 2013 memo by the Centers for Medicare & Medicaid Services to Kathleen Sebelius, HHS Secretary (available at: http://waysandmeans.house.gov/uploadedfiles/enrolltargets_09052013_.pdf). State-specific estimates of the number of individuals eligible for premium tax credits and the potential market for coverage in the Marketplaces are taken from a Kaiser Family Foundation analysis of the 2012 and 2013 Current Population Survey Annual Social and Economic Supplement (available at: http://kff.org/report-section/state-by-state-estimates-of-the-number-of-people-eligible-for-premium-tax-credits-under-the-affordable-care-act-table-1/) (Kaiser Family Foundation 2013a).

The rankings in terms of enrollment metrics align with the state variation in implementation from our qualitative data presented in Section A. For example, Florida, Michigan, and North Carolina were all able to garner strong staff, volunteers, partnerships, and earned media. North Carolina's Navigator scheduler allowed volunteers doing chase calls to schedule consumers with assisters on the spot, which national Enroll America staff have identified as a best practice for chase calls and intend to apply to other states in the second open enrollment period. As discussed above, state staff and other stakeholders in Ohio, Arizona, and Texas—the lowest performers—identified a number of challenges particular to those states, including the relative lack of human resources at their disposal, high degrees of staff turnover, staff spread too thin for some geographic coverage areas, and difficulties with partners. The challenges discussed during the interviews that are specific to these states may help explain their relatively lower performance ranking, although we caution that these results are only suggestive. Other states experienced some of these challenges with different results (for example, New Jersey experienced staff turnover in six of its eight organizer positions); additionally, external factors such as state decisions about whether to expand Medicaid may have also influenced performance.[4]

[4] Arizona, Illinois, New Jersey, and Ohio had implemented a Medicaid expansion during the first open enrollment period. Michigan also adopted a Medicaid expansion but delayed implementation until April 2014. (Medicaid enrollment numbers by state are not yet available for consideration.)

Variations among states in numbers of volunteers also may be related to outcomes. Looking at volunteer numbers in terms of the size of the target population, the ranking of Enroll America states by volunteers per 10,000 uninsured is similar to the descriptive enrollment findings presented above (Figure III.3). Michigan, Florida, and North Carolina are at the top of the field states in terms of both active volunteers and enrollment progress, and Texas and Arizona fall near the bottom in both rankings. As we found when we compared other metric patterns to enrollment performance, there are outliers: for example, Ohio had nearly 4 volunteers per 10,000 uninsured, but is last among the Enroll America states in terms of FFM enrollment compared to HHS targets (Figure III.2).

Figure III.3. Volunteers relative to the size of the uninsured population (per 10,000 uninsured)



Source: Number of volunteers from Mathematica's review of Enroll America-provided material; number and percentage of the uninsured are from the U.S. Census Bureau, Annual Economic and Social Supplement March 2013 (available at: http://www.census.gov/hhes/www/cpstables/032013/health/toc.htm).

Note: Core volunteers are volunteers who completed more than one outreach shift.

C. Recommendations

In large part, Enroll America's focus on using data and analytics to provide rapid-cycle assessment of its efforts resulted in midstream adjustments that "fixed" potential weaknesses in the implementation of its approach. However, there are some areas in which Enroll America might attempt to strengthen its approach as it plans for the second open enrollment period, particularly since that will be half as long as the first open enrollment period. These areas include:

- **Expand the pool of CACs.** A universal refrain from staff in all states was the need for more assisters to enroll consumers during the first open enrollment. Assisters are a critical piece in the enrollment puzzle: Enroll America's data show that people who start an application with an in-person assister are more likely to enroll than those who start it at home or call in for assistance. Moreover, the need for assistance is likely to grow, for the following reasons: (1) people who enrolled in the first open enrollment period were likely the easiest to persuade to enroll, and the remaining cases will likely be more

complex; (2) those who enrolled in the first open enrollment may require support to renew their coverage; and (3) there is less funding for Navigator groups for the second open enrollment (about $60 million for Navigators for the second year, down from $67 million in the first year) (Centers for Medicare & Medicaid Services 2014). This suggests the need to expand the CAC pool, which is more feasible because Navigators operate under HHS grants. Enroll America's knowledge about enrollment and experience working with CAC and Navigator groups position it as a natural leader to spearhead growth of the CAC pool, by helping partners' to get their staff and volunteers certified or using Enroll America's cadre of volunteers to identify more people to take on this role.

- **Reconsider the allocation of resources for the field campaign, especially in geographically dispersed states.** With a relatively small field operation, outreach efforts need to be focused and targeted to make an impact. By selecting only a handful of states to conduct field efforts, Enroll America acknowledged that it was not likely to be effective by "dropping a single person in every community." In general, state staff did not seem to feel they were under-resourced; although they agreed that they could do more with more resources, including covering more suburban and rural areas, most state staff interviewed didn't indicate they were "falling behind" due to a lack of staff. However, in Ohio and Texas, which have geographically dispersed uninsured populations, staff were spread across multiple cities to try to blanket these main areas. Although there surely were valid reasons for trying to run a larger program in these states—primarily the number of uninsured people—further prioritization of field staff locations may be warranted to maximize the use of limited field work resources.
- **Consider enhancing the earned media strategy in the second open enrollment period.** Earned media was viewed as an important complement to field work during the first open enrollment period, helping shift the conversation away from problems with the FFM website to coverage opportunities, including increasing awareness of enrollment events. Getting the same level of earned media through traditional means is unlikely during the second open enrollment period for two reasons: (1) the ACA's new coverage options are no longer a novelty, and (2) the 2014 election campaigns will be competing for attention. Enroll America had success using nontraditional means to garner coverage, such as phone-a-thons, engaging local celebrities to record public service announcements, and the bus tour, among others. Using these and other event-like approaches to obtain earned media would help ensure that consumers hear about coverage options and enrollment opportunities during the next open enrollment period. The other option is to invest more in paid media and paid digital advertising, but the high cost may make this option untenable.
- **States should amplify their volunteer focus for the next round of open enrollment.** Volunteers are vital to Enroll America's grassroots model, so Enroll America took many steps—such training and skill building opportunities—to engage and support volunteers. Our findings that the top performing states (as measured by FFM enrollees as a percentage of HHS targets) also had the most volunteers per 10,000 uninsured people seems to validate that the model works, but also that the other states need to step up volunteer engagement to increase enrollment. It won't be easy: just as earned media will be more challenging because of the 2014 elections, engaging committed volunteers may

be even more challenging as the 2014 election campaigns recruit volunteers from this same group. In addition, the next open enrollment is half as long as the first, and falls over the winter holiday period, which Enroll America staff noted was a difficult time to line up volunteers. Enroll America was planning to expand volunteer support this summer through an internship program, and it should look to this and other opportunities to engage more volunteers quickly.

- **Continue to place a high priority on seeking partnerships, especially with groups connected to key uninsured constituencies.** Partners valued Enroll America's singular focus on covering the uninsured, appreciated the depth of knowledge Enroll America brought to bear to support the issue in target communities, and admitted that they needed Enroll America's resources to expand their own capacity to do this work. Partners also are the best hope for institutionalizing this work should Enroll America eventually scale back or completely exit this space. We heard repeatedly from national, state, and local partners that Enroll America's ability to support the partnership—such as by providing technical assistance for their staff or volunteers, being available any time by phone and email, and conducting site visits to provide training sessions—was invaluable. However, if Enroll America can increase the partner network (or if it increases the number of field states), it may need additional staff to maintain the level of customer service that partners have come to expect. Alternatively, Enroll America may need to prioritize partners to avoid spreading staff too thin and jeopardizing its responsiveness to partners.

Ultimately, Enroll America is likely to be judged by the number of individuals who enrolled into coverage, but when assessed against its operational goals, Enroll America's implementation was a success. Early data on marketplace coverage support this success narrative, although we found state-to-state variation that likely results from contextual factors such as geography, staffing challenges, and volunteer recruitment and retention. The next open enrollment period presents a number of new challenges, including competition for earned media and volunteers from the 2014 political campaign, the first ACA renewals, and the likelihood that those who have not yet enrolled will be more difficult to find and persuade to enroll. Enroll America's success in the second open enrollment period is not guaranteed, but its proven ability to adapt to changing circumstances bodes well for it to face these challenges.

REFERENCES

Barnes, Kelly. "Examining the Newly Covered Under the Affordable Care Act." Health Affairs Blog, October 30, 2012. Available at [http://healthaffairs.org/blog/2012/10/30/examining-the-newly-covered-under-the-affordable-care-act/]. Accessed July 2014.

Bradley, Elizabeth H., Leslie A. Curry, and Kelly J. Devers. "Qualitative Data Analysis for Health Services Research: Developing Taxonomy, Themes, and Theory." *Health Services* Research, vol. 42, no. 4, August 2007, pp. 1758-1772.

Centers for Medicare & Medicaid Services. "In-Person Assistance in the Health Insurance Marketplaces." Available at [http://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/assistance.html]. Accessed July 2014.

Centers for Medicare & Medicaid Services. "Projected Monthly Enrollment Targets for Health Insurance Marketplaces in 2014." September 5, 2013. Available at [http://waysandmeans.house.gov/uploadedfiles/enrolltargets_09052013_.pdf]. Accessed July 2014.

Commonwealth Fund. "Affordable Care Act Tracking Survey, July –September 2013." Available at [http://www.commonwealthfund.org/acaTrackingSurvey/index.html]. Accessed July 2014.

Congressional Budget Office. "CBO's May 2013 Estimate of the Effects of the Affordable Care Act on Health Insurance Coverage." Available at [http://www.cbo.gov/sites/default/files/cbofiles/attachments/43900-2013-05-ACA.pdf]. Accessed July 2014.

Gentry, Carol, Patrician Borns, and Kathleen McGrory. "State tells 'navigators' to stay away from county health departments." *Miami Herald,* September 12, 2013. Available at [http://www.miamiherald.com/2013/09/11/3621013/state-tells-navigators-to-stay.html]. Accessed July 2014.

Johnson, Eliana. "ObamaCare: Enrolling Democrats?" November 20, 2013, National Review Online. Available at [http://www.nationalreview.com/article/364469/obamacare-enrolling-democrats-eliana-johnson]. Accessed July 2014.

Kaiser Family Foundation. "Kaiser Health Tracking Poll: April 2013." Available at [http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-april-2013/]. Accessed July 10, 2014.

Kaiser Family Foundation. "State-by-State Estimates of the Number of People Eligible for Premium Tax Credits Under the Affordable Care Act." November 5, 2013a. Available at [http://kff.org/report-section/state-by-state-estimates-of-the-number-of-people-eligible-for-premium-tax-credits-under-the-affordable-care-act-table-1/]. Accessed July 2014.

Kaiser Family Foundation. "State Decisions for Creating Health Insurance Marketplaces, 2014." Available at [http://kff.org/health-reform/state-indicator/health-insurance-exchanges/]. Accessed July 2014.

Kaiser Family Foundation. "Status of State Action on the Medicaid Expansion Decision, 2014a." Available at [http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/]. Accessed July 2014.

Miles, Matthew B., A. Michael Huberman, and Johnny Saldaña. Qualitative Data Analysis: An Methods Source Book, Third Edition. Thousand Oaks, CA: SAGE Publications, Inc., 2014.

Oberlander, Jonathan and Krista Perreira. "Implementing Obamacare in a Red State—Dispatch from North Carolina." *The New England Journal of Medicine*, vol. 369, no. 26, December 26, 2013, pp. 2469-2471. Available at [http://www.nejm.org/doi/pdf/10.1056/NEJMp1314861].

Pricewaterhouse Coopers Health Research Institute. "Health Insurance Exchanges: Long on Options, Short on Time." October 2012. Available at [http://www.pwc.com/us/en/health-industries/topics/health-reform.jhtml]. Accessed July 2014.

U.S. Census Bureau. "Annual Economic and Social Supplement, March 2013." Available at [http://www.census.gov/hhes/www/cpstables/032013/health/toc.htm]. Accessed July 2014.

U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. "Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period." Available at [http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014apr_enrollment.pdf]. Accessed July 2014.

U.S. Government Accountability Office. "Department of Health and Human Services: Solicitations of Support for Enroll America." March 21, 2014. Available at [http://www.gao.gov/assets/670/661829.pdf]. Accessed July 2014.

This page has been left blank for double-sided copying.

www.mathematica-mpr.com

Improving public well-being by conducting high quality, objective research and data collection

PRINCETON, NJ ■ ANN ARBOR, MI ■ CAMBRIDGE, MA ■ CHICAGO, IL ■ OAKLAND, CA ■ WASHINGTON, DC

MATHEMATICA
Policy Research

Mathematica® is a registered trademark of Mathematica Policy Research, Inc.