MATHEMATICA Policy Research

REPORT

Evolution of Outreach: Evaluation of Enroll America's Efforts to Support ACA Enrollment

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EXECUTIVE SUMMARY

Mathematica Policy Research examined the implementation of Enroll America's field outreach campaign during the second open enrollment period, to understand whether and how it adapted the campaign compared to its first year activities, to assess second-year performance, and to document Enroll America's expectations for their work in 2015 and beyond. The findings in this report are based on two rounds of interviews with Enroll America staff and outside stake holders conducted in October and November 2014 and again between May and July 2015.

Background

Founded in 2010, Enroll America is a nonprofit, nonpartisan organization whose sole mission is to maximize the number of consumers who enroll in and retain health insurance coverage made available by the Affordable Care Act (ACA). It pursues this mission primarily through its national campaign, Get Covered America. Launched in 2013, the campaign relies on paid field staff, volunteers, and partners in 11 states—Arizona, Florida, Georgia, Illinois, Michigan, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee, and Texas—to reach as many eligible consumers as possible and encourage them to enroll in coverage made available by the ACA. Enroll America's outreach mirrored the tactics of a modern political campaign insofar as it focused on speaking directly to individuals to identify the uninsured, raise awareness, provide information, and deliver a consistent message. These efforts were complemented by an earned media strategy, in which Enroll America staff sought local and national television and print media coverage, and a sophisticated digital outreach strategy, designed to identify consumers, educate them, and motivate them to enroll in coverage.

Findings

Enroll America built on its successes from the first open enrollment period to enhance and expand outreach during the second period. Effective tactics included:

- Developing an online scheduling tool, the Get Covered Connector, which permitted consumers to schedule enrollment assistance appointments online; the tool was widely viewed as a success, despite some execution issues
- Renewing its emphasis on partnerships, including asking existing partners to integrate Enroll America strategies into their own operations, and identifying new partners, such as insurance agents and brokers, many of whom became integral allies in this work
- Initiating a number of projects to support replication of the outreach model in non-field states, including a small project to help volunteers in five states develop comprehensive outreach plans, and a project that relied on webinars and email blasts to distribute information to larger audiences
- Refining strategies based on evidence suggesting modifications could boost results, such as shifting from large-scale enrollment events to stationary enrollment sites
- Updating messaging to acknowledge both new enrollments and first-time renewals, leading to the widely disseminated "Get Covered, Stay Covered" slogan

Some of Enroll America's new efforts to improve the consumer experience in the second open enrollment period were ineffectual. For example, efforts to expand the number of volunteer assisters were unproductive in most field states, and a formal effort to educate consumers about health insurance literacy had to be delayed because of knowledge and resource constraints.

Discussion

Enroll America's consistent record of achieving its goals is largely due to its emphasis on using a rapid-cycle data and analytics approach to make mid-course corrections across all of the other aspects of its campaign. Using real-time data provides Enroll America the agility to adjust field activities based on changing circumstances and new evidence about what does and does not work. For example, its research showed that consumers receiving both phone calls and emails during the last two weeks of the first open enrollment were 10 percent more likely to have insurance than those that received no additional follow-up, with a stronger effect for those receiving both email and phone calls (as opposed to just phone calls). Given this finding, Enroll America emphasized collecting email addresses on commit cards, not merely telephone numbers. Other factors also support Enroll America's achievements, such as its ability to recruit, train, and retain talented and motivated staff, and the development of effective partnerships that support local buy-in and provide access to the target population.

What has been notably impressive in Enroll America's second year is its ability to reach more consumers using fewer resources. This progress is due in part to greater efficiency. For example, linking Connector data to the Get Covered America database easily expanded the chase universe and improved chase efficiency by tracking who had already enrolled. Another contributing factor is Enroll America's continued focus on strategically deploying resources, investing where it believes the biggest enrollment payoffs will occur. We saw this is in the first year, primarily in its selection of field states and primary turfs; in the second year, we see this primarily through its investment in the Connector. It also seems likely that a resource we are unable to measure—partner institutionalization of outreach work—might also be contributing to coverage gains.

Although never planned as a permanent organization, even Enroll America's short-term sustainability is not assured, as support for outreach activities has waned since the first open enrollment period. Its future plans to increase revenue sources—including diversifying funding sources, shifting some fund-raising responsibilities to field states, and developing sources of earned revenue such as customized training—hold promise for helping the organization sustain its work. However, Enroll America's diminished capacity comes at an inopportune time, as ongoing efforts to undermine the ACA might be strengthened should coverage growth begin to taper off. Although the recent *King v. Burwell* decision affirms the legality of federal subsidies for eligible consumers in states that use the FFM, this decision is unlikely to change the political opposition to the law. Moreover, further legal battles loom, with several bills in Congress attempting to defund key aspects of the ACA. Such challenges point to the benefit of groups such as Enroll America, which can continue to identify and engage as many uninsured people as possible and potentially blunt efforts to dismantle coverage expansion through the ACA.

I. INTRODUCTION

The Affordable Care Act (ACA), signed into law in 2010, is the largest health insurance expansion in the United States since 1965, when Medicaid and Medicare were introduced (Barnes 2012). Since the first ACA open enrollment period began, most metrics indicate the law has been successful in increasing coverage. For example, from October 2013 to July 2015, the rate of uninsured Americans dropped by 36 percent; as of mid-2015, the rate of uninsured adults in the United States was 11.4 percent (Kafka 2015). During the first and second open enrollment periods, 18 million people have gained coverage through the new health insurance exchanges, 5 million more than the Congressional Budget Office estimated would enroll in exchanges through 2015 (Assistant Secretary for Planning and Evaluation 2014; Centers for Medicare & Medicaid Services 2015; Congressional Budget Office 2013). As of this writing, 31 states have expanded Medicaid as the ACA permits, and an estimated 12 million people have enrolled in Medicaid who would not have done so without the ACA (Kaiser Family Foundation 2015; Congressional Budget Office 2015).

Enroll America, a group formed to maximize the number of Americans who enroll in and retain ACA coverage, has contributed to these accomplishments. During the first open enrollment period, Enroll America successfully implemented its outreach campaign and had a positive impact on marketplace enrollment in the states in which it operated (Hoag et al. 2014; Orzol and Hula 2015). This campaign, called Get Covered America, is a multifaceted effort to find uninsured consumers, inform them of their new health insurance options, and connect them to enrollment assistance. It operates primarily in 11 field states (states using the federally facilitated marketplace [FFM] that were targeted because they had high uninsured populations and limited outreach funding), although Enroll America has tried to extend its reach to every state where volunteers or organizations are willing to attempt to replicate the model or aspects of it.

As discussed in the first-year implementation assessment (Hoag et al. 2014), many new challenges to Enroll America's outreach and education campaign were anticipated in the second open enrollment period that might affect its outreach efforts. These challenges were:

- The second open enrollment period, which ran from mid-November 2014 to mid-February 2015, was half as long as the first open enrollment period.
- Two key elements of Enroll America's model—earned media (that is, unpaid media coverage) and volunteers committed to outreach work—were expected to be harder to come by because the newness of the ACA had faded before the 2014 elections.
- Enroll America's model relied heavily on enrollment assisters funded by government and other outside organizations, and this group was unlikely to grow (and could contract) during the second enrollment period.
- Resources would be needed for the first time to help with the renewal process, reducing those available to help with enrollment.
- Navigator groups would see their funding cut overall—about $60 million was allocated for the second year, down from $67 million in the first year (Centers for Medicare & Medicaid Services 2014).

- It was expected that it would be harder to find the remaining uninsured, because many of those who had been relatively easy to locate and assist had already obtained coverage during the first open enrollment.

This report examines the implementation of Enroll America's outreach campaign during the second open enrollment period, to (1) understand whether and how it adapted the campaign to address these challenges, and (2) assess second-year performance.

A. Purpose of this report

This report presents summary findings from the qualitative component of the evaluation. We evaluate the rollout of Enroll America's campaign during the second open enrollment period, focusing on new elements of the campaign added during this period and our assessment of them. We also examine the change in many key metrics in the 11 field states between the first and second open enrollment to assess Enroll America's outreach performance. The report addresses the following research questions:

- What are Enroll America's key outreach strategies and operational structure?
- How did Enroll America adapt its campaign during the second open enrollment period, and what does the evidence suggest about how successful it was at adapting the campaign?
- How did Enroll America perform on key outreach and enrollment outcomes during the second open enrollment period, and how did this compare to its experience during the first open enrollment period?

B. Study approach

Similar to the first implementation and process assessment, the research team prepared for the interviews by developing interview protocols designed to obtain comprehensive insights about Enroll America's operations. We developed a core set of interview questions that we asked all respondents, so we could compare and contrast different viewpoints (for example, those of Enroll America headquarters staff, state- and local-level staff, and partner organizations). We also developed customized questions for certain types of respondents, including state directors, regional directors, and non-Enroll America staff from partner organizations, as well as area-specific questions for the lead headquarters staff about the areas they oversee (for example, partnerships, field work, communications).

We conducted two rounds of interviews for this qualitative assessment. First, to understand Enroll America's work since the close of the first open enrollment period and how it was preparing for the second open enrollment, we conducted interviews before the start of the second open enrollment period with seven Enroll America headquarters staff in October and November 2014 (see Table I.1). Second, to understand implementation accomplishments and challenges during the second open enrollment and to discuss Enroll America's next steps for the third open enrollment period and beyond, we fielded a broader array of interviews after the second open enrollment period had closed. Those interviewed between March and July 2015 included staff from Enroll America's headquarters, leadership in the 11 field states, and outside stakeholders, including partner staff in 2 field states (North Carolina and Ohio). We also interviewed partner staff in seven non-field states where Enroll America national staff provided technical assistance,

training, and tools to partners trying to incorporate Enroll America's strategies into their own outreach efforts.[1]

Table I.1. Respondents interviewed, fall 2014 and spring/summer 2015

National-level staff	
Fall 2014 (N = 7)	**Spring/summer 2015 (N = 13)**
• Analytics and data director • Communications director • Digital director • Field director • Partner engagement and outreach director • Managing director • Training director	• Analytics and data director • Best practice institute director • Deputy fundraising director • Digital director • Field director • Partner engagement and outreach director • President • State assistance director • Training director • Regional director and field academy lead • Regional field directors (N = 3)
State-level staff, spring/summer 2015 (N = 25)	
• State directors (N = 11): Arizona, Florida, Georgia, Illinois, Michigan, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee, Texas • State organizing directors (N = 6): Florida, Georgia, Michigan, North Carolina, Ohio, Texas • Deputy state directors (N = 2): New Jersey, Pennsylvania • Other staff (for example, communications lead, regional director, organizer) (N = 6): North Carolina, Ohio	
Partner staff, spring/summer 2015 (N = 15)	
• Partners in field states (N = 8): North Carolina, Ohio • Partners in non-field states (N = 7): Colorado, Delaware, Indiana, Nebraska, New York, South Carolina, Wisconsin	
Outside stakeholders, spring/summer 2015 (N = 6)	
• Outside stakeholders (for example, journalist, professor, regional HHS representative) (N = 6): NC, OH	

Notes: Titles listed are for the positions the respondents held during the second open enrollment period, not for any new position they may have had at the time of the interview.

HHS = Health and Human Services.

Following standard qualitative methods (Miles et al. 2013; Bradley et al. 2007), all interviews were recorded and professionally transcribed, then reviewed by research staff 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, a software tool used to manage and analyze qualitative information.

[1] In North Carolina and Ohio, we interviewed state staff and partners as part of two-day, in-person site visits we conducted in March and April 2015 to understand second-year operations and processes in these states in greater detail (see Orfield et al. 2015).

After coding, we reviewed the data files to verify codes were consistently applied and to further refine the analysis and findings. Next, we reviewed and analyzed the queries to inform our findings.

To enhance the analysis, the research team also reviewed (1) publicly available documents and media reports; and (2) documents supplied by Enroll America staff, such as organization charts, reports, promotional materials, media stories, 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). Finally, to assess Enroll America's performance in the second open enrollment period and to compare it to performance during the first open enrollment period, we examined many key metrics, some provided by Enroll America (such as the number of volunteers, media hits, and commit cards collected) and some obtained from outside sources (such as data on enrollments and renewals in the FFM).

The rest of this report presents our main findings. Chapter II provides context regarding Enroll America's approach to outreach, describes the 11 states in which it operated field campaigns for the first and second open enrollment periods, and discusses the key new aspects of the campaign during the second open enrollment. Chapter III assesses Enroll America's performance during the second open enrollment, focusing on performance metrics, and Chapter IV discusses the findings.

II. THE SECOND OPEN ENROLLMENT: EVOLUTION OF OUTREACH STRATEGIES AND OPERATIONS

A. Enroll America outreach strategies and organizational structure

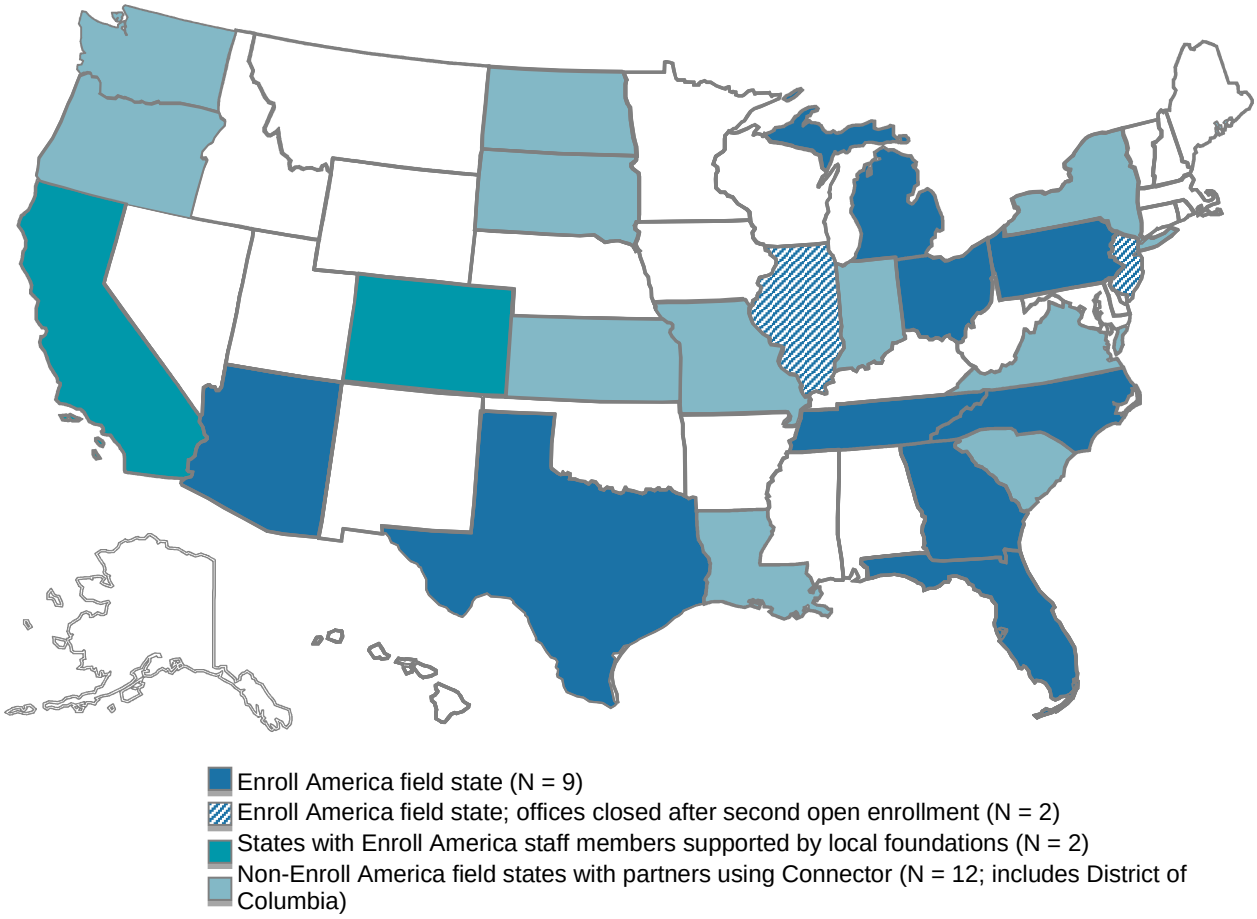
Enroll America's approach to the second open enrollment largely mirrored its approach to the first, following three main principles. First, Enroll America continued the Get Covered America campaign, a political campaign style approach to outreach that aims to inform eligible consumers about the health insurance options available to them, motivate them to seek coverage, and connect them to agencies that provide in-person assistance. The campaign uses research-based, data-driven strategies to maximize its impact. Second, Enroll America remained nonpartisan; it focused on highlighting how the ACA could help the uninsured and underinsured and did so in a manner that avoided the ACA's political contentiousness. Third, Enroll America did not serve as an official enrollment assister, recognizing that many other groups would focus on enrollment and that its relative advantage would be in connecting individuals to the people and systems responsible for helping them get coverage.

Following these principles, Enroll America developed seven key activities, based on the theory that these activities, done together, would maximize the number of uninsured people it could identify, educate, and motivate to enroll. These seven activities are:

1. **Field outreach,** the centerpiece of the Get Covered America campaign, uses a grassroots, community-based organizing model that engages consumers through one-on-one conversations and asks them to fill out a "commit card" with key contact data (name, address, telephone number, and email address). Staff and volunteers, using telephone banks, then follow up with consumers many times through a "chase" program to remind them of deadlines, answer their questions, and help connect them to enrollment assistance using scripts developed by Enroll America.
2. A **data and analytics** strategy, designed to collect and continuously analyze data collected by field organizers to inform and refine approaches for all the strategies, based on what works.
3. A **partnership strategy,** designed to expand Enroll America's reach to other groups that have contact with the uninsured and extend its reach beyond the 11 field states.
4. An **earned (unpaid) media strategy,** focusing on getting local and national media to report on Enroll America's activities and echo its messages.
5. A **digital campaign,** designed to use paid and social media, such as paid search listing views on Google, online banners, Facebook Q&As, and Twitter conversations. The digital team also supports the consumer website, GetCoveredAmerica.org, with links and online tools designed to educate and inform consumers and connect 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 on effective outreach and enrollment practices through calls, webinars, and issue briefs to groups in all states.

Field states. Enroll America on-the-ground staff were responsible for deploying these strategies in the same 11 field states that were the focus of the first open enrollment (Figure II.1). The 11 field states were chosen because they had a disproportionate number of uninsured people (Table II.1). In addition, most of these states used the FFM; states using the FFM received less federal consumer assistance support than state or partnership marketplace states. State directors, assisted by an organizing director or deputy state director, led operations in these 11 field states. The size of state staff varied by state and over time; in the second year, staff size ranged from a low of 4 in Tennessee to a high of 33 in Texas.

Figure II.1. Enroll America operations, spring 2015



Note: All Enroll America field states (including those with offices that closed after the second open enrollment) and California had access to the Connector during the second open enrollment.

Because Enroll America had limited resources, it could not place staff statewide in any of the field states. State directors, consulting with the national data and analytics staff, were responsible for determining in which areas of the state Enroll America's campaigns should be most active. These areas, called the "primary turf," typically were the largest metropolitan areas of a state. In Pennsylvania, for example, Enroll America had staff assigned to Philadelphia and Pittsburgh; these staff also supported work in other parts of the state on an ad hoc basis (such as for an enrollment event). Similarly, in Ohio, work focused on Cincinnati, Cleveland, and

Columbus. The primary turf remained mostly the same from the first to the second open enrollment periods; approximately one in four primary turf zip code targets changed between the two periods (with some states adding turf, others reducing areas, and others unchanged). Since the end of the second open enrollment, Enroll America has closed offices in Illinois and New Jersey.

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

State	Number of uninsured (2013)	Uninsured rate (percentage) (2013)	Medicaid expansion?	Marketplace type
Arizona	1,026,600	26	Yes	FFM
Florida	3,048,400	26	No	FFM
Georgia	1,344,300	23	No	FFM
Illinois	1,278,500	16	Yes	Partnership
Michigan	938,600	15	Yes	Partnership
New Jersey	907,800	17	Yes	FFM
North Carolina	1,396,900	24	No	FFM
Ohio	1,256,700	18	Yes	FFM
Pennsylvania	1,020,200	13	Yes	FFM
Tennessee	746,500	19	No	FFM
Texas	4,491,300	28	No	FFM

Sources: Number of uninsured and uninsured rate from Kaiser Family Foundation (2013) estimates based on the Census Bureau's March 2014 Current Population Survey.
Medicaid expansion from Kaiser Family Foundation (2015a).
Marketplace type from Kaiser Family Foundation (2015b).

Note: Partnership marketplaces use the FFM for enrollment, but the state takes on certain activities, such as in-person consumer assistance functions.

FFM = federally facilitated marketplace.

Other staff supporting field and non-field states. Enroll America's headquarters are in Washington, DC. Staff there (referred to as national or headquarters staff) are separated into function-oriented departments designed to support the field work, such as field, data and analytics, communications, training, and fundraising. National staff also coordinate Enroll America's broader coverage activities, such as identifying and sharing best practices, developing recommendations for policymakers, and leading up the national enrollment coalition efforts. Regional staff provide technical assistance, policy expertise, connections, and/or training. They include four regional directors (staff members who oversee and offer direction to staff in the 11 field states) and four state assistance regional managers (the primary contacts for partners and volunteers in the 39 non-field states). This latter group participate in many statewide coalition calls in the non-field states and offer "lighter-touch" support, such as training, materials, and connections to other organizations. The extent of this support varies, depending on the level of engagement and capacity of partner organizations or volunteers across the non-field states. For example, Enroll America received foundation funding in California and Colorado that allowed it to place two staff members in each state to support existing outreach and enrollment efforts, including working with standing coalitions to train on best practices and help them use and manage the Get Covered America database. In other states, volunteers could participate in Enroll America's Field Lead program, which offered trainings, monthly calls, and access to a group listserv to share best practices and lessons learned.

B. Evolution of outreach campaign strategies in the second open enrollment

The first-year implementation assessment found that Enroll America successfully implemented its innovative outreach and education campaign during the first open enrollment period (Hoag et al. 2014). It quickly established itself as a trusted leader in outreach and enrollment work by politicians, activists, enrollment assisters, and (perhaps most important) consumers. Factors contributing to its success included Enroll America's abilities 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 lead consumers to enrollment opportunities; and (6) build capacity among existing nonprofits by sharing resources, strategies, and knowledge about best practices for outreach and enrollment.

After the close of the first open enrollment period, Enroll America staff assessed its performance to understand whether new strategies should be added or existing strategies should be fine-tuned. Knowing it had the resources to continue operations in the same 11 field states, Enroll America modified its approaches to support its outreach work this year. Here, we discuss the key new aspects of its campaign.

1. Adoption of Get Covered Connector

This online scheduling tool originated from a scheduling system developed by Legal Aid of North Carolina (Legal Aid), a Navigator grantee, during the first open enrollment.[2] Staff at Enroll America headquarters saw how helpful the ability to schedule appointments was in North Carolina and prioritized development of a similar tool for nationwide deployment. Consulting extensively with Legal Aid, they developed the Get Covered Connector ("the Connector") and merged it with its existing zip-code locator tool (a website tool that permitted consumers in any state to see where local assistance was available). Merging the two would enable a consumer to identify the closest local in-person assisters by zip code, see when appointments were available, and schedule the appointment online (or call for an appointment). To make it more likely consumers would show up for their appointments, the design included an initial confirmation by email or text and a reminder email or text 24 hours before the appointment.

> One state director said, "The feedback that I've heard is that [the Connector] has revolutionized the work of a lot of our partners."

Many Enroll America staff interviewed cited the Connector as the group's greatest accomplishment of the second open enrollment period, with more than one respondent calling it a "game changer." As anticipated, the Connector helped consumers connect to appointments, with nearly 59,000 people scheduling appointments through it during the second open enrollment period in the field states. The tool maintained 99.8 percent uptime, meaning it was available essentially the entire open enrollment period and handled times of peak demand.

[2] Community Care of North Carolina, the Navigator grant's fiscal agent during the first open enrollment, was technically the awardee, although Legal Aid staff managed the project.

Most Enroll America staff interviewed said the Connector amplified their outreach efforts, as well as those of their partners, in the following ways:

- **Simplified chase.** The Connector became a key part of Enroll America's chase or follow-up call strategy; volunteers making chase calls could offer consumers an appointment during the chase call, which they could not do in the first open enrollment period. As one Enroll America staffer said, "[Before the Connector,] it was always a challenge of prioritizing the chase, the follow-up with the uninsured….With the Connector, it is way more fun than it used to be, and it is always awesome to schedule someone into an appointment. Just knowing that I have literally helped this person and scheduled them with an appointment is a really good feeling." In addition, the chase program also became more efficient: when assisters recorded the outcome of an appointment (enrolled or not) in the Connector, those data linked to Enroll America's database, so volunteers knew whether a particular consumer had enrolled (and no longer needed to be chased) or whether a consumer did not complete enrollment, requiring more encouragement to enroll.
- **Expanded chase universe.** The Connector became a new source of data on the uninsured during the second open enrollment. Enroll America linked Connector data to its chase database (with the consumer's consent), so those who scheduled an appointment through the Connector helped expand the chase universe efficiently.[3] Compared to other methods of identifying new uninsured consumers (such as clipboarding at a supermarket), consumers are volunteering their information, saving staff and volunteer resources.
- **Improved allocation of assister resources.** The Connector helped assisters fill their appointments and better allocate resources based on demand for appointments at certain times of day or on certain days of the week, or to support enrollment events. In some states, Enroll America staff combined geolocation data on the uninsured with assistance locations, which helped persuade some assister partners to expand their service areas to better serve the target population.
- **Expanded capacity for outreach.** Some assisters, motivated to fill their own appointments, began to re-think their role in reaching out to consumers. For example, some assisters began making their own confirmation and reminder calls and texts, and they made sure consumers had transportation to the site and were prepared for their appointments.
- **New partners brought in and stronger buy-in from existing partners.** Enroll America was looking for a way to expand assister resources, and this tool served as a "bridge" that helped them identify and work with new partners, including brokers and agents in many states. In some field states, key informants said the Connector strengthened their coalitions, because participants now had a tangible data tool to measure progress and success.

Enroll America hopes to expand Connector usage in the third open enrollment period in field and non-field states. It also hopes to include more assistance locations, whether or not those assisters are using the Connector (for those that are not, it would operate more like the predecessor zip code locator tool). During the second open enrollment, the Connector had

[3] Consent is obtained online by reading the disclaimer and agreeing to its terms when signing up for a Connector appointment; for consumers who call in and schedule an appointment, consent to add their information to the Get Covered America database is either obtained over the phone, or by the assister at the appointment.

extensive zip code coverage: throughout the United States, 77 percent of all uninsured people lived within 10 miles of an assister listed on the Connector site. For the third open enrollment, the goal is to increase that to 90 percent.

Although considered a success, Connector implementation was not perfect. Because the tool was not ready until late September 2014, the expected users—primarily Navigator groups—had already allocated their budgets or created their own scheduling tools.[4] The combination of late deployment and cost meant that, in several places, recruiting groups to purchase and administer the tool was challenging or even impossible. For example, among field states, no partner purchased the tool in Illinois, Michigan, or New Jersey (although an enrollment partner with national reach purchased it nationally and permitted its enrollers in New Jersey to use it). Enroll America itself operated the Connector in those states (as it did in Georgia, where a partner funded it but declined to administer it), with a more limited effect than in places where partners bought and managed the tool. For example, in Michigan and New Jersey, fewer than 900 appointments were scheduled through the Connector during the second open enrollment, compared to more than 14,000 appointments scheduled in Florida and North Carolina, states where many partners invested in the tool.

The short time between the Connector becoming available and the start of the second open enrollment period truncated the time available for training on how to use it, with several informants describing the training period as "rushed." This was significant because (1) assisters would have preferred more time to get accustomed to the tool, and (2) it was through the training process that many of the development "bugs" were identified. This time constraint challenged Enroll America and partner staff resources to get the tool up and running before open enrollment began. Furthermore, the Connector was only available in English. Staff recognized the need for a Spanish tool from the outset, but creating both English and Spanish versions of the Connector would have prohibited the tool from being available at all during the second open enrollment period. Instead, they promised to develop a Spanish version for the third open enrollment (it is available as of this writing). In some states, there were complaints about the cost of the tool—leading in some instances to no take up by partners, as discussed earlier. However, wherever possible, Enroll America staff worked with partners to try to provide access to groups for whom the tool was cost-prohibitive. In Florida and Texas, for example, Enroll America staff identified partners not using all 250 of their logins and persuaded them to give unused logins to other assisters for free.

Some assisters complained about the functionality of the tool. The most common complaint was that the Connector could not produce the weekly standard reports that must be submitted to the Centers for Medicare & Medicaid Services (CMS) as a condition of the Navigator grants. Enroll America was aware of this need during the design phase, and it worked with key partners—although not with CMS—to design the Connector to produce those reports. However, because the reports were not as accurate as CMS required, Navigators had to use a separate data system to record the appointment outcomes required to generate these reports. Given the demands of two reporting systems, assisters sometimes failed to close out their Connector appointments. Reportedly, close-out was best in North Carolina, with about 80 percent of all

[4] Enroll America priced the tool at $10,000 for nonprofit purchasers, and the price for for-profit purchasers was $20,000. The price covered 250 user logins and technical support from Enroll America.

Connector appointments closed out (perhaps not surprising, because it operated the predecessor tool). Because appointment close-out is such an important data point for Enroll America—knowing whether a person enrolled had consequences for whom they include in the chase universe—before the next open enrollment, Enroll America plans to modify the Connector to sync with CMS reporting requirements, as well as retrain partners on the importance of complete data entry.

2. Expand the number of CACs

Enroll America staff expected the need for in-person assistance to grow in the second year, with those newly enrolling and those renewing coverage for the first time both needing help. They also knew that, among consumers who attempted to enroll during the first three months of the first open enrollment period, those with in-person assistance were roughly twice as likely to enroll in a health plan than those who attempted to do so online without any help (Baron 2014). Therefore, expanding in-person assistance capacity was an explicit Enroll America goal for the second open enrollment period. The growth needed to come from the volunteer assister community—known as the Certified Application Counselor (CAC) program, because CMS had announced in spring 2014 that funding for Navigators (the paid enrollers) would decline in the second year.[5] Because of Enroll America's expertise in outreach and enrollment work and its deep connections with assister groups and committed volunteers, it was a natural leader to spearhead the growth of this pool in the field states. Success required two key elements: (1) volunteers willing to undergo CAC training and commit to the work; and (2) CAC organizations willing to house those volunteers (a federal requirement that Enroll America could not fulfill, because it is not a CAC organization).

Enroll America was most successful in Ohio and Pennsylvania in finding volunteers and partners interested in gaining volunteer assisters. For example, Enroll America in Ohio partnered with an existing CAC group that helped certify and house the volunteers Enroll America recruited in central Ohio. In both of these states, informants noted that Enroll America state staff prioritized this work, dedicating a staffer to building these efforts. Staff also noted that the volunteer CAC program in Ohio used methods that supported volunteer engagement, including a slow phase-in of the program, creation of a buddy system, and offering extensive role-playing during training.

> A representative from a CAC partner organization in Ohio said, "[Enroll America's] volunteer base is so great, and [some of their volunteers] want to help out at a deeper level than just phone banks, and so they'll inform us about that and see if they're interested in being a CAC….[This partnership works because] we have like-minded goals and processes."

Staff in most other field states had trouble getting the volunteer assister programs started. Most partners were unwilling to take on volunteer CACs, largely because they lacked volunteer management experience or because of concerns about their own bottom lines: "[Having volunteers] do this work is antithetical to our business model; it would be like digging our own graves." Other partner concerns included volunteer commitment and turnover, inability to provide institutional support to volunteers, and concerns about the quality of volunteers' work.

[5] Unlike Navigators, CACs are not funded by the marketplaces, but they can obtain financial support from other sources (Enroll America 2013).

Many Enroll America staffers said trying to place CACs at organizations was frustrating. One noted, "Sometimes a volunteer we passed along to a CAC group would call us back saying, 'They weren't using me.'" Challenges to identifying CAC organizations willing to participate were so significant that Enroll America contemplated becoming a CAC organization itself. Ultimately, it decided not to because of concerns about (1) the restrictions on the work CAC and Navigator groups may do; (2) spreading its already limited resources too thinly; (3) mission creep (distracting from outreach work); and (4) potentially damaging its partnerships with assister groups, who might view Enroll America as competition if it was a CAC organization.

Identifying volunteers was somewhat easier than identifying CAC organizations, although training requirements to become a CAC—more onerous in some states than others—often derailed volunteer efforts. This meant that, although many volunteers expressed interest, fewer made it through the process to become a volunteer CAC. For example, in addition to the five-hour CMS training required of all CACs (as well as training Enroll America would provide on outreach and enrollment), Georgia requires all assisters in the state to become certified Navigators, which means about 40 hours of additional training and $360 in additional fees. It also takes a long time from start to completion of this process, so some who began the process in Georgia did not finish by the end of the second open enrollment period. Even when the state-imposed burden was not as onerous, Enroll America staff in other states said it was challenging for the program to take hold because of the time demands on volunteer CACs, which ideally include a weekly commitment of several hours during open enrollment. A few states did find success when partners supplied the volunteers—for example, in Florida, the University of Miami had a group of medical school students become volunteer CACs.

Given these experiences, it appears likely that the field states will take different paths to trying to expand assister capacity for the third open enrollment. Ohio and Pennsylvania plan to expand their programs, but most other field states are not actively pursuing volunteer CAC programs. Instead, they hope to expand capacity in other ways. For example, some states are exploring developing more extensive (or in some cases, new) partnerships with agents and brokers, and others plan to capitalize on available opportunities, especially if partners identify groups of volunteers who want to go through the process.

3. Growing partners and strengthening coalitions

Anticipating fewer staff and volunteers in the coming years, Enroll America's partner engagement strategy took on a new emphasis this year: asking partners to integrate Enroll America strategies into their own operations. At the state level, all of Enroll America's field operations had some level of success with this new approach. For example, partners in many field states easily took on commit card collection, and the Connector also helped in-person assisters institutionalize outreach activities in their enrollment processes. Some staff reported engaging partners in other ways, such as having them plan and run enrollment events or do earned media interviews. For example, in Philadelphia, the city government became more engaged in the second year, taking the lead on more activities, such as hosting enrollment events in the city's public libraries.

At the national level, Enroll America reorganized how it convened its national partners to try to move toward a more action oriented coalition. Renamed the "Get Covered Coalition," the coalition of approximately 50 to 60 members formed three strategic subcommittees: (1)

Improving the Consumer Experience Committee, (2) Digital and Communications Committee, and (3) Outreach and Education Committee. Partner organizations met monthly in these committees to work on topics and actionable projects for the full coalition to consider. For example, the Improving the Consumer Experience committee developed a line of communication with CMS and the Center for Consumer Information & Insurance Oversight (CCIIO) on issues consumers were having during enrollment, trouble spots, and ideas for how the U.S. Department of Health and Human Services (HHS) might fix these issues.

At the national and state levels, Enroll America identified new partners to help it expand its reach to consumers. One success was in developing a stronger working relationship with agents and brokers. Enroll America had largely resisted working with these groups in the first year, due to concerns about whether agents and brokers would operate in the consumer's best interest and how working with these groups would be viewed by other in-person assister groups. Enroll America staff developed formalized standards that brokers and agents had to sign to be a partner organization. Key tenets of the pledge included agreeing to help any consumer seeking assistance, to prioritize consumers' interests when helping with plan selection, and to abide by all federal and state privacy and security requirements. As one national staffer described Enroll America's thinking on this new partnership: "Agents and brokers aren't going anywhere….Agents and brokers are going to be forever….They're permanent, and there are so many of them. And, we've found the spectrum of agent and brokers to be really wide….At the high end of agents and brokers, you have some of the most gifted, well thought-out ways of explaining the ACA and a knowledge of plan selection that goes far beyond that of the average assister. So it's like, 'How do we take advantage of this high end?'"

In Illinois, staff reported partnerships with agents and brokers were small in scale but important: "We could see value in working with these folks; ….[In Illinois,] assisters are trained and trained well on getting folks through enrollment, but they're not necessarily trained on the differences between plans. And so to the extent that we could find unbiased actors on educating assisters on what is in a plan, I think that was successful."

Field staff pursued these partnerships most aggressively where in-person assister capacity and Connector take-up by other partners were low. In Georgia and Texas, for example, agents and brokers were the main groups using the Connector, and Enroll America cites its success building partnerships with them as key to expanding the number of in-person assisters for marketplace plans. Enroll America staff in Florida and Ohio also reported that working with agents and brokers helped build much-needed capacity for in-person assistance in areas of the state where Navigator resources were not plentiful.

Despite inroads, some barriers and difficulties working with these group remain. For example, some Enroll America staff reported that they continued to shy away from working with agents and brokers to avoid alienating their primary assister partners, who might view agents and brokers as competitors (Orfield et al. 2015). In addition, the agent-broker model did not mesh well with some functions of the Connector. For example, the Connector requires assisters to post their appointment locations; however, many agents and brokers work out of their homes and preferred to meet consumers in a mutually agreeable public place, which created some location confusion.

Enroll America also diligently worked to expand its partnerships with hospitals and hospital associations during the second open enrollment period. At the national level, efforts of the Get Covered Coalition led to the National Hospital Week of Action, a joint effort between Enroll America and many key hospital partners. The two groups, along with other partners, collaborated on outreach and engagement activities during a one-week period. They issued press releases, communicated with patients about coverage options to motivate them to come in and enroll in coverage in the hospitals, and hosted more than 80 events. Field staff in Arizona, Florida, Georgia, Illinois, Michigan, and Ohio also reported greater success working with hospital partners (as well as other direct service providers) in activities to identify and enroll the uninsured this year. For example, staff in Florida and Texas established an in-reach program with many hospital systems, in which the hospitals would identify their uninsured patient population, and Enroll America would use the Connector to schedule appointments for these consumers with in-person assisters. Some hospitals bought the Connector themselves so they could directly schedule these appointments. In some states, similar efforts to partner with hospitals to gain access to their uninsured population were not as fruitful; for example, partnerships with hospitals in Illinois and Ohio were unable to move forward due to privacy-related concerns about sharing patient information.

Finally, Enroll America forged some new partnerships to support those eligible for special enrollment periods.[6] For example, staff in Ohio worked with several city health departments to include a mailer about the special enrollment period for newborns when sending out birth certificates; they hope to do more of this. They also tested the effectiveness of sending information to recently married people identified through public records and cold-calling people from the Get Covered America database who had recently turned age 26 and who therefore might be aging off their parents' insurance. In Florida, staff worked with moving companies and voter registration groups to try to identify those who had recently moved into the state. Enroll America also created a new commit card with a check box for people to indicate if they thought they had undergone a qualifying event in the past 60 days. During the 2015 tax special enrollment period, Enroll America staff reported that tax preparers were willing partners, and Enroll America staff created special materials and trained tax preparers on how to talk about gaining coverage.[7] In some states, such as Florida, Enroll America helped coordinate enrollment assisters' presence at tax preparation sites and helped ensure assisters were continuing to post Connector appointments. In others states, such as Michigan, Enroll America attended local tax-focused events and made outreach calls to people from the chase universe identified as potentially eligible for the tax special enrollment.

[6] Those eligible for a special enrollment period include those who could enroll due to certain life changes, such as getting married, having a baby, losing other coverage, or moving, or because they qualified for Medicaid or CHIP. Special enrollment occurs all year, not just during open enrollment periods.

[7] The tax special enrollment period ran from March 15 through April 30, 2015. It allowed consumers facing a fine on their tax returns to sign up for coverage outside of open enrollment so they would not face another fine the following year.

4. Testing model replication in non-field states

During the second open enrollment, Enroll America introduced three new programs for non-field states:[8]

1. **Outreach Planning Project.** Enroll America staff identified and invited potential partners to receive training and consulting services free. Training focused on teaching partners how to develop a comprehensive outreach plan tailored to their strengths and role in the community, and there was a strong emphasis on tracking and analyzing data to make quality improvements. For example, Enroll America conducted an on-site training with a federally qualified health center (FQHC) in Delaware, helping it develop a comprehensive outreach and measurement plan, and then checked in monthly to consult with staff to help ensure its success. In Nebraska, a statewide coalition group engaged in a similar technical assistance project to help it plan and execute a campaign similar to Enroll America's "week of action" strategy. In all, partners in five states—Delaware, Indiana, Nebraska, South Carolina, and Washington—participated in the project.
2. **Field Academy.** The Field Academy provided online outreach training to any organizations interested in learning more about the Enroll America model. Enroll America hosted two free four-week sessions in summer and fall 2014, with approximately 200 people, representing 43 states, participating in each session.[9] Enroll America staff and partners identified some potential participants; other potential participants learned about the opportunity on Enroll America's website. Major topics included outreach techniques, communicating with the uninsured, data collection and recording, and building partnerships. Participants were asked to attend a one-hour webinar each week and had to complete homework between sessions. For example, after a webinar on data collection, participants were asked to develop a plan for collecting commit cards, including printing the cards, and determining where they would collect them and when they would begin to do so. At the conclusion of the Field Academy, participants received a certificate of completion and were invited to participate in an alumni Field Academy program, which granted them access to monthly check-in calls and an email listserv that sent them materials.
3. **Communicators program.** The Communicators program mimicked the Field Lead program, but it focused on those engaging with the media. As of the end of the second open enrollment, more than 400 people had signed up for the program, including field and non-field state partners, elected officials, church leaders, enrollment assisters, and community outreach groups.[10] Participants receive a weekly email with Enroll America's latest messaging tips and updates, as well as tactical information on best practices (such as what makes a compelling op-ed or how to engage with Latino media). Before the start of open enrollment, participants were invited to webinar "boot camp" sessions to help them prepare.

[8] These new resources were in addition to the Field Lead program developed in the first year, which offered interested people in all states access to monthly calls and weekly emails discussing best practices and lessons learned (Hoag et al. 2014).

[9] The program's primary focus was on people in non-field states, although several groups from field states participated.

[10] The number of participants has since grown; as of August 2015, it includes more 700 participants.

> One participant in the Outreach Planning Project noted, "The pilot project was probably the most effective [outreach and enrollment] strategy that we used, and it really brought people together to work on a common issue. It brought the coalition together, it brought all of the assisters in the state working together for a common goal."

Enroll America staff and partners highlighted all three programs for their role in disseminating best practices, engaging with on-the-ground partners, and maximizing their reach. Implementation of the Outreach Planning Project was the most resource-intensive for Enroll America staff, because it gave participants the most individualized feedback and required the most on-the-ground time. Enroll America staff and partners spoke highly of the project and how it had helped their outreach programs become more sophisticated.

Although the Outreach Planning Project was perceived as successful, partners noted some challenges to trying to replicate Enroll America's field state model with only light-touch, mostly long-distance, assistance. The primary challenge was that partners in non-field states were unable to see Enroll America staff model how to do the work, making it difficult to adopt its practices quickly and simultaneously. Although Enroll America staff were acknowledged for bringing in "excellent ideas," one partner noted being challenged by "not having enough time to do all of the best practices that Enroll America does….We really need to take it slower and take it step-by-step….I think we jumped into things a little too fast at times." Another felt that some strategies Enroll America advocated were not feasible for them to adopt for cultural or political reasons. As a partner mentioned, their attempts to launch a commit card collection strategy failed, in part because the concept of a commit card can be daunting to some people: "In our state, to tell somebody to commit to something, especially if it's politically charged, is a little bit more than what they would feel comfortable with….If we were to even change the name of the card from the 'commit card' to 'tell me more' or something like that, it would be more likely [to be completed]."

The Field Academy and the Communicators program were less resource intensive than the Outreach Planning Project, because the materials were standardized and people were not necessarily directly engaged. It was also more challenging for Enroll America staff to measure the impacts of these programs. Interest in the Field Academy program was high, and most participants took part in all four of the program's sessions; however, no data are available to understand what elements of the program were adapted and eventually used. Similarly, Enroll America could capture statistics on the number of Communicators program emails opened or webinars attended, but those numbers do not tell the full story about the program's effects. Anecdotally, one non-field state partner noted that the Communicators messaging materials were helpful and that the Enroll America staff person moderating the group was very responsive to questions, making it easy to get quick, one-on-one feedback.

Enroll America staff anticipate continuing all three programs, although the details may be modified to adapt to the changing enrollment and organizational environments. The Field Academy and Communicators programs allow Enroll America to engage many partners at one time. Especially now that the curriculum and materials are built, modifying them for a new open enrollment period or scaling up the number of participants would be a relatively low-cost investment. The Outreach Planning Project requires significantly more resources from Enroll America, but it was also seen as potential future path for spreading its outreach model. As one national staff member stated: "[The Outreach Planning Project model] has I think real potential

to be a great asset. And as we think about the future of enrollment, the future of Enroll America, I think it could be a really significant tool in our arsenal of how we continue to engage folks long term."

5. Refining processes through data analysis

Enroll America used data to refine processes in several ways:

- The statistical model used to predict the uninsured population within its Get Covered America database was updated in spring 2014 based on data from a national telephone survey of more than 8,000 consumers. After it had been revised, field state staff, partners, and others used the new information to modify their outreach efforts based on the model's estimates of where the uninsured were located. Some field states also used the model's estimates to identify new potential partners based on the profile of the likely uninsured. For example, the Arizona team learned that one of the largest uninsured Latino populations in the United States is from Honduras and used that information to develop a partnership with the local Honduran consulate.
- Enroll America conducted a randomized controlled trial to study the effectiveness of follow-up telephone calls and emails. Their staff found that those receiving both telephone calls and emails during the last two weeks of the first open enrollment period were 10 percent more likely to have insurance than those who received no additional follow-up, with a stronger effect for those receiving both email and telephone calls (compared to telephone calls only). This finding led the field program to place more emphasis on collecting both telephone numbers and email addresses on commit cards during the summer. Email addresses in particular were tricky to capture, because internet use among the uninsured population may be low and people may be hesitant to share an email address. Enroll America highlighted the importance of gathering email addresses with staff, volunteers, and partners; doing so boosted the percentage of commit cards with email addresses from under 25 percent during the first open enrollment to more 40 percent nationally during the second period.
- The data and analytics team also tested different messages to determine which were most effective. It created a web-based survey that showed people similar messages displayed in different ways (for example, formatting, length, and style of message could vary). After respondents had a chance to review their randomly selected message, they were asked outcome questions (such as information recall, interest in enrolling, and interest in sharing the information they had learned with others). Between 6,000 and 7,000 consumers were interviewed; about half of them were in the uninsured/underinsured category or had signed up for health insurance in the first open enrollment. Through this message testing, the team found that consumers (1) valued longer messaging more than shorter pieces, and (2) were able to digest and recall complicated information better than expected. Enroll America also learned that people greatly underestimated the fine, and that the fine amount resonated strongly with consumers. These findings allowed Enroll America to adapt its messages for the second open enrollment accordingly by providing accurate and detailed information and including information on the fine.

- New data available during the second open enrollment caused some states to modify field operations. Because the Connector allowed for direct appointment scheduling, some states shifted their primary outreach strategy from large-scale enrollment events to stationary enrollment sites, where someone was available each week at the same time. They view this shift as beneficial to the consumer. Enrollments events were not discarded altogether (North Carolina and Texas in particular relied on them), because they were good opportunities to engage communities in conversations about health insurance and the ACA, were excellent media draws, and helped engage new partners.

> As one staffer said about stationary enrollment sites, "If consumers are to really take advantage of all the benefits of the law, there needs to be a physical place where people can go and they know it's going to be there….If the J. Crew moved every week, it would be hard for you to buy a pair of khakis, right? That's how we think about enrollment."

6. Updating messaging

In summer 2014, Enroll America staff discussed whether they needed two separate strategies for the distinct populations they would be targeting during the second open enrollment—the uninsured and those renewing marketplace coverage—or whether they could develop a unified approach. HHS planned to streamline renewal by automatically renewing coverage in the same health plan for people who did not take action. Enroll America staff saw this as an effective safety net tool for maximizing coverage, but they wanted to encourage consumers to actively assess their options, especially because new plan choices were available and premium prices might have changed. Because the action required for both groups was similar—to research options or seek help from an assister in person—they developed the following simple messaging framework that could resonate with both target populations: "Get Covered. Stay Covered." To support the message, Enroll America developed complementary talking points, chase call scripts, and infographics to be shared with staff, volunteers, and partners that outlined best practices for engaging both types of populations and encouraging all consumers to actively shop for plans on the marketplace, whether they were first- or second-time enrollees.

Enroll America staff and partners reported a relatively straightforward renewal process with no major challenges, and more than three-quarters of consumers who enrolled in coverage in FFM states during 2014 renewed their coverage for 2015. The "Get Covered, Stay Covered" message and materials were widely adopted in field and non-field states alike, with partners in non-field states noting the usefulness of Enroll America's evidence-based messaging products. For example, partners in Delaware used the message and shared it with state government for it to adopt. The evidence suggests consumers heard the message about actively renewing coverage: among the 37 states using the FFM, more than half of the people who renewed actively selected a plan, with more than half of them choosing a new plan for their 2015 coverage (U.S. Department of Health and Human Services 2015). Beyond simplified messaging, Enroll America staff also attributed the smoothness of the renewal process to the fact that those renewing coverage likely already had experience navigating the marketplace website and that the website worked better than it had during the first open enrollment period.

7. Promoting health insurance literacy

Health insurance literacy surfaced as a concern for Enroll America during debriefings with staff and partners following the first open enrollment period.[11] At its State of Enrollment conference in June 2014, Enroll America held a workshop on health insurance literacy and heard from partners about their struggle to help consumers choose a health plan or understand the value of coverage—and how this affected consumers' decisions about whether to enroll in coverage. During follow-up calls with partners in summer 2014 about ideas and decisions on next steps, Enroll America national staff came to view health insurance literacy as integral to its core mission. Enroll America staff also felt that they were uniquely positioned to "crack the health insurance literacy nut," given their emphasis on research and analytics, and that their broad reach could facilitate the type of data gathering, testing, and learning necessary to identify scalable and replicable best practices.

In response, Enroll America took several steps during the run-up to the second open enrollment period. First, Enroll America developed a health insurance literacy listserv to share information with partners across and between states, and created a health insurance literacy hub on its website in September 2014. The hub is a clearinghouse of materials published by other organizations, with some basic quality filters applied before anything is posted. Updated in spring 2015, the hub now allows users to rate available resources, helping identify the most useful documents. Second, Enroll America launched a series of educational fairs targeted to Latinos during Hispanic Heritage Month, in an effort to inform consumers about health insurance options. Using a similar model as enrollment events, these fairs brought together a number of targeted partner groups to collaborate on building the event and to participate in a dialogue with consumers about the new health insurance options, the basics of choosing a plan, and accessing care once insured. Lastly, Enroll America also incorporated health insurance literacy into trainings held for its staff before the start of the second open enrollment period, with the goal of providing staff with information to help consumers who have questions about using their coverage.

> As one state director said about the decision not to promote health insurance literacy this year, "So when we were knee-deep in [the second] open enrollment, we didn't spend as much time talking about health insurance literacy because it was all about a shorter window to enroll, making sure that people understood the penalty, and making sure that people really understood that financial assistance isn't too good to be true."

Despite enthusiasm for incorporating health insurance literacy into its messaging and grassroots outreach, little of it made its way into the field during the second open enrollment period. Across the seven states where we specifically inquired about messaging for health insurance literacy (Florida, Georgia, Illinois, Michigan, North Carolina, Ohio, and Tennessee), staff in all of them said this was not a focus area once the open enrollment period started because of their limited time and resources. Some partners interviewed criticized Enroll America's decision to focus solely on gaining coverage and not on health insurance literacy as a missed opportunity during the second open enrollment period.

[11]Following Quincy (2012), health insurance literacy is "the degree to which individuals have the knowledge, ability, and confidence to find and evaluate information about health plans, select the best plan for their own (or their family's) financial and health circumstances, and use the plan once enrolled.''

National Enroll America staff said this lack of focus by state staff was by design, because they wanted to wait until they had a better understanding of the best ways to educate consumers about health insurance literacy. Despite efforts to incorporate tools and methods to address low health insurance literacy into their outreach strategy, national staff determined that not enough was known about how to do so in a way that has a meaningful impact on consumer outcomes. Instead, they decided to focus on testing different messages and strategies on a smaller scale. As one national staff member described the shift, "As we were starting it, I think we realized pretty early on that … the work in the second enrollment period should be more like a trial, like let's do some tests, let's try different things. I'd say that the thinking has evolved…, as we saw that some of those things didn't necessarily make a huge impact in terms of consumer outcomes. That has posed some bigger questions to us that we are looking at digging into in terms of, 'How do you measure this, and what is really meaningful for consumers when you talk about this issue?'"

C. Addressing longer-term sustainability

From its formation, Enroll America was intended to be a limited-life organization. Staff expected that, after a certain point, outreach might be institutionalized by partners doing this work or that there might no longer be a need for intense outreach as health care coverage and enrollment became a societal norm. When Enroll America began scaling up staff and operations in early 2013, it explicitly prepared for the first two years of open enrollment, recognizing it would need to revisit and plan its future operational horizon during the second open enrollment. This was not a secret: staff at varying levels spoke openly about the expectation that, during the second open enrollment period, Enroll America leadership would need to reassess operations and likely downscale. Resources were one key consideration, with fundraising falling (as expected) from about $27 million in 2013 to $20 million in 2014. Staff interviewed agreed that, whatever reductions might occur, it needed to be a gradual and transparent process largely based on local context. For example, in some locations, Enroll America staff might be much further along with partner institutionalization and thus be able to walk away with more confidence that the work would be sustained. As one staffer said, "If you look at some states where [Enroll America staff and partners] have had great success in terms of enrollment, it may be that staff in those states basically work themselves out of a job…but, what's needed in say the Rio Grande Valley in Texas [is different], where I think probably a year from now [during the third open enrollment], what will be needed is still a big organizer-driven effort [given the number of uninsured there]."

This planning began in earnest in fall 2014, with internal staff teams formed to assess what Enroll America's role should be after the second open enrollment period ended. In mid-January 2015, the vision for a leaner field and national staff for the third open enrollment period was announced. This plan envisioned a multipronged approach to sustain operations for the third open enrollment and beyond. Field state operations are changing in the following ways:

- In Illinois and New Jersey, staffed operations ceased. In Illinois, key staff had already indicated plans for departure, and Enroll America was hampered by challenges partnering with enrollers there. In New Jersey, the earned media market was a constant challenge (there is no New Jersey market per se, because the state is sandwiched between the New York and Philadelphia news media outlets).
- Arizona, Georgia, and Michigan have reduced the size of the paid staff to about four per state.

- Field state directors will be responsible for fundraising for a portion of their operating budgets. National staff believe that the state director is probably the most effective messenger for local funders. Most state directors have reportedly embraced the shift to local fundraising for operations, although some have concerns. For example, they worry about finding the time to take on this new task, the need to compete with local partners for funding dollars, or that this new work will compete with their primary outreach and education mission.

Discussing sustainability, one Enroll America staffer reflected, "We are still the glue that holds some of these partnerships together…Especially in the 11 states where we are operating a campaign, I get nervous sometimes that if and when we are no longer there, the partnerships will dissolve. We can't disappear for this reason immediately. We still need to figure out a way to empower and catalyze work that can be sustainable without us, and I think there are some transition period efforts that need to happen for this to occur."

Enroll America also began to modify aspects of its partner training program, with the goal over the next several years of institutionalizing outreach work with partners. For example, it taught partners to add questions about insurance status to intake forms, trained them extensively on messaging, and taught them how to use the Connector. Throughout the second open enrollment, the field states had success, but staff agreed that full institutionalization has not yet occurred. Several staff noted that partners still look to Enroll America to be the coalition convener, a role they need to begin shifting to other groups. They plan to continue to emphasize coaching and modeling best practices as a way to support institutionalization; several staff interviewed suggested this would be an important way not just to institutionalize outreach with existing partners, but also to spread outreach tactics to rural areas of the field states and to non-field states.

To help assess its progress with this coaching model, Enroll America began using a partner engagement tracking tool that captures information on each partner relationship. The tracker captures the number and type of partner organizations, contact information, the number of meetings or conversations held, what the partner is doing on behalf of Enroll America, and when the most recent point of contact occurred; it also has fields where Enroll America staff can assess partner resources and strengths. The concept and data points to be collected continue to be refined, but the data and analytics team hopes this tool can help Enroll America allocate work efficiently in the third enrollment period between its remaining staff and partners.

Enroll America also plans to develop new types of training that could become sources of revenue. For example, since the first open enrollment, the digital team has provided many free webinars and trainings on using social media and marketing tools to help find the uninsured. Enroll America plans to continue this free support; however, it also plans to market a more customized "digital academy," where Enroll America could charge partners to attend a more in-depth training on using digital tools. Each department is working on its own academy, with different payment models being explored. For example, besides charging a fee, it might look for a local funder willing to underwrite a group training.

Finally, given the success of the Connector, Enroll America is hoping to expand its use and to develop new, tools for the third open enrollment and beyond. As discussed earlier, the Connector was widely viewed as a success, and Enroll America hopes to expand its use in the third open enrollment. It also hopes to develop new tools to support enrollment and to bring in

revenue. One tool it expects to launch before the next open enrollment is a plan selector tool, called the "Get Covered Plan Explorer," a resource that would help people easily compare plans available to them.

III. ASSESSING IMPLEMENTATION PERFORMANCE: A REVIEW OF THE DESCRIPTIVE EVIDENCE

As described in Chapter II, Enroll America built on their successes from the first open enrollment period to enhance and expand outreach during the second period. This chapter reviews the descriptive evidence on performance of several key implementation measures, comparing first- to second-year performance. Activities examined include measures capturing available resources for conducting outreach, such as the number of Enroll America staff and volunteers, and counts of specific Enroll America outreach activities: commit cards collected, follow-up outreach calls to consumers, Connector appointments, emails sent, and earned media. We also review the descriptive evidence on a key outcome measure: marketplace enrollment in the field states.

Our approach to analyzing these data is descriptive, drawing inferences from an examination of counts and proportions of key implementation measures, changes in these measures (when available) across the two enrollment periods, and comparisons among states. Although far from causal findings, when combined with the implementation findings, they provide insight into the relative successes achieved by Enroll America's field operations during the second open enrollment period.

Overall, our findings suggest Enroll America met or exceeded its first-year outreach efforts during the second open enrollment period, despite fewer available resources (such as paid field staff and volunteers), a shorter open enrollment period, and a population that became harder to find this year. The findings also suggest that there remains untapped potential for continued gains in marketplace enrollment during future open enrollment periods, both in the Enroll America field states and elsewhere.

A. Field outreach performance metrics

1. Staff and volunteers

Paid staff. When accounting for temporary positions that provided support during the most intense months of the first open enrollment period, Enroll America had fewer boots on the ground during the second open enrollment period than they did during the first (Table III.1). Enroll America was able to add 18 temporary staff in 10 of the 11 field states (the exception being North Carolina) to serve as deputy organizers during the second half of the first open enrollment period, from January to April 2014. In the second open enrollment period, Enroll America did not hire any temporary field staff to expand capacity.

Table III.1. Paid staff, Enroll America field states

State	Paid field staff, OE1 (temporary staff)	Paid field staff, OE2	Change (OE1 to OE2)	Expected paid field staff, OE3
Total	**187 (18)**	**172**	**-15**	**79**
Arizona	13 (1)	9	-4	4
Florida	38 (5)	31	-7	19
Georgia	13 (1)	12	-1	3
Illinois	13 (1)	15	+2	0 (field operations closed)
Michigan	15 (1)	13	-2	4
New Jersey	15 (1)	13	-2	0 (field operations closed)
North Carolina	13 (0)	13	0	11
Ohio	17 (2)	16	-1	10
Pennsylvania	15 (2)	13	-2	10
Tennessee	2 (1)	4	+2	4
Texas	33 (3)	33	0	14

Source: Mathematica review of data provided by Enroll America.

Note: Temporary staff during OE1 were hired from January through April, 2014. Expected paid field staff numbers for OE3 were reported by staff during interviews conducted between March and July 2015; these may increase if states are successful in local fundraising.

OE1 = first open enrollment period (data in this column include paid staff from May 2013 - April 2014);
OE2 = second open enrollment period (data in this column include paid staff from May 2014 - February 2015);
OE3 = third open enrollment period.

Enroll America plans to reduce paid field staff resources significantly in the next open enrollment period (see last column), although these might increase if local fundraising efforts are successful. One-third of this drop is accounted for by the office closures in Illinois and New Jersey (although both state directors were given other positions in the organization). The rest is the response to the decline in resources anticipated in the third enrollment year.

Volunteers. Despite efforts to grow its volunteer base, volunteer engagement fell dramatically during the second open enrollment period (Table III.2). Although staff noted that some of their volunteers from the first open enrollment did become volunteer CACs, that shift alone does not account for the drop in volunteers. Despite losses, staff reported some creativity in identifying and engaging new groups of volunteers this year. For example, in Illinois, the field team created a special project to engage high school student volunteers nominated by their principals to do outreach and education in their communities; in North Carolina, field staff engaged existing volunteer organizations, such as the League of Women Voters and the Delta Sigma Theta sorority; and in Ohio, staff engaged with a local probation office looking to find community service opportunities for nonviolent offenders required to do service as part of their parole terms.

Table III.2. Volunteer metrics in Enroll America field states, first and second open enrollment periods

State	Total volunteers			Core volunteers			Average shifts per volunteer		
	OE1	OE2	Percentage change	OE1	OE2	Percentage change	OE1	OE2	Percentage change
Total	**25,410**	**5,045**	**-80**	**5,275**	**1,828**	**-65**	**2.3**	**3.3**	**42**
Arizona	685	193	-72	190	83	-56	2.8	3.0	7
Florida	5,005	1,093	-78	1,440	417	-71	2.8	4.0	42
Georgia	1,163	486	-58	252	160	-37	2.1	3.8	79
Illinois	4,214	270	-94	497	113	-77	1.5	4.7	202
Michigan	2,930	688	-77	603	260	-57	3.1	4.8	55
New Jersey	2,093	403	-81	348	94	-73	1.8	2.2	20
North Carolina	1,493	296	-80	533	131	-75	2.6	3.2	23
Ohio	1,708	448	-74	475	195	-59	2.4	3.0	26
Pennsylvania	1,233	215	-83	347	83	-76	2.4	2.1	-13
Tennessee	111	78	-30	28	36	29	2.5	2.5	3
Texas	4,775	875	-82	562	256	-54	1.7	3.4	102

Source: Mathematica review of data provided by Enroll America.

Note: A core volunteer is one who worked more than one outreach shift.

OE1 = first open enrollment period (data cover volunteers from October 2013 - April 2014); OE2 = second open enrollment period (data cover volunteers from November 2014 - April 2015).

Core volunteers (those who worked more than one outreach shift) declined overall, but not as dramatically as total volunteers. Tennessee was the only state that managed to increase the number of core volunteers, and staff there reported an explicit effort to focus on sustained engagement with their volunteer community by providing consistent, regular activities for volunteers to engage in, rather than focusing only on a handful of large enrollment events. Although the number of core volunteers dropped, the average number of shifts per volunteer increased in all but one state, suggesting that Enroll America staff found ways to keep their best volunteers engaged. For example, Texas staff were especially successful in boosting the average shifts per volunteer, reporting that they retained their most invested volunteers during the second open enrollment and, even though the number of volunteers decreased, the volume of work they were doing remained constant.

Volunteer CAC program. As discussed in Chapter II, Enroll America tried to enhance in-person assister capacity in the field states. Table III.3 shows staff in 9 of these 11 states recruited and trained new CACs. Partners also identified existing CACs needing training on outreach, an important expansion of outreach capacity, and Enroll America provided this training as well (last column). As expected, there was variation in performance across the states: staff uniformly agreed in interviews that Ohio and Pennsylvania had the most robust programs to recruit and train volunteers, and the numbers bear that out. Likewise, Arizona and Georgia both reported state barriers so extreme that neither was able to recruit and train any volunteer CACs, although, in both states, partners identified CACs who wanted outreach training from Enroll America.

Table III.3. Certified application counselor metrics in Enroll America field states, second open enrollment period

State	Number of new CAC volunteers recruited and trained	Number of CACs trained but not recruited directly by Enroll America staff
Total	**558**	**1,591**
Arizona	0	400
Florida	48	104
Georgia	0	88
Illinois	24	12
Michigan	59	50
New Jersey	6	20
North Carolina	69	170
Ohio	177	50
Pennsylvania	131	0
Tennessee	12	47
Texas	12	650

Source: Mathematica review of data provided by Enroll America.

CAC = Certified application counselor.

However, Enroll America was unable to track the outcome of greatest interest: of the more than 2,000 volunteer CACs recruited and trained in field states, how many went on to become an active CAC during the second open enrollment period? Anecdotal reports suggest a disconnect between how many volunteer CACs were recruited and trained and how many became active, although we cannot quantify the difference. Outside of staff in Ohio and Pennsylvania who were very positive and excited about their progress, more than one respondent echoed the sentiments of one staffer who said, "I think you'd find general consensus that our plan to work with volunteer CACs failed. We had very ambitious goals and this program seemed implementable, but in practice, it was more challenging [than expected]."

2. Outreach metrics

Commit cards and chase calls. Overall, commit cards collected increased substantially in the field states when comparing the first to the second open enrollment periods (Table III.4). The increased number of commit cards collected during the second open enrollment is largely due to an intense effort to collect commit cards during summer 2014 (between open enrollments), when volunteers and partners were not simultaneously engaged on other aspects of the outreach strategy, such as follow-up calls and organizing enrollment events. Of the total commit cards collected during the first open enrollment, 5 percent were collected before open enrollment began (October 2013); for the second open enrollment, 70 percent were collected before open enrollment began (November 2014).

Table III.4. Commit card and follow-up conversation metrics in field states, first and second open enrollment

	Commit cards collected				Successful chase calls			
State	OE1	OE2	Change	Percentage change	OE1	OE2	Change	Percentage change
Total	**118,992**	**146,285**	**27,293**	**23**	**157,895**	**161,527**	**3,632**	**2**
Arizona	5,644	10,945	5,301	94	6,210	7,461	1,251	20
Florida	28,569	44,982	16,413	58	44,805	42,455	(2,350)	-5
Georgia	7,583	10,464	2,881	38	9,433	11,646	2,213	24
Illinois	7,694	8,934	1,240	16	14,388	16,124	1,736	12
Michigan	13,930	11,677	(2,253)	-16	19,767	17,272	(2,495)	-13
New Jersey	7,535	6,857	(678)	-9	6,875	8,747	1,872	27
North Carolina	8,761	10,848	2,087	24	12,608	11,346	(1,262)	-10
Ohio	10,448	9,487	(961)	-9	13,928	14,171	243	2
Pennsylvania	6,144	8,390	2,246	37	8,702	11,406	2,704	31
Tennessee	419	3,124	2,705	646	637	1,805	1,168	183
Texas	22,265	20,577	(1,688)	-8	20,542	19,094	(1,448)	-7

Source: Mathematica review of data provided by Enroll America.

Note: A successful chase call is a follow-up call that reaches a consumer (as opposed to an unanswered call). OE1 = first open enrollment period (data cover March 2013 – April 2014); OE2 = second open enrollment period (data cover May 2014 – April 2015).

Florida collected more than half of the total increase in commit cards amassed in field states, increasing collection by more than 16,000 cards from the first to second enrollment period. Florida's sizable increase in the number of commit cards collected is impressive, given its performance (in absolute terms) during the first open enrollment period, having the most commit cards collected of the 11 field states. Florida was particularly effective in collecting commit cards during the summer months: it collected 82 percent of all commit cards before the start of the open enrollment period, the highest percentage of the field states, an effort that likely contributed to these gains.

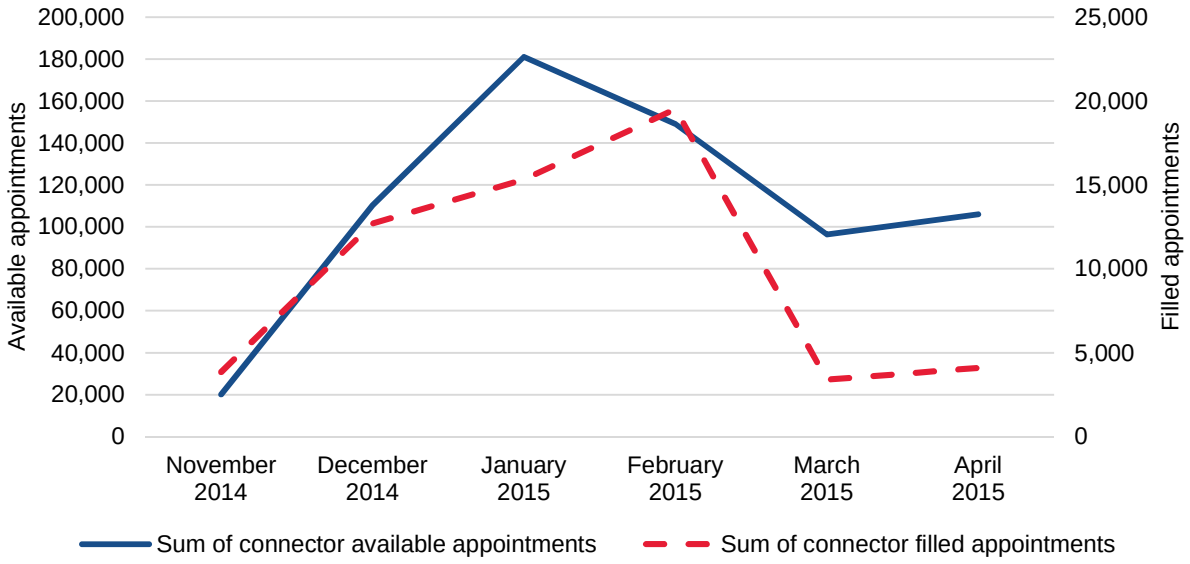
Arizona nearly doubled the number of commit cards it collected in the first open enrollment period, and Tennessee more than doubled cards collected (although it still had the fewest cards collected in the second period, likely as a result of few staff and volunteers, as discussed earlier). Arizona staff reported working more closely with partners that had access to sizable populations of uninsured during the second open enrollment period, shifting away from relying on canvassing and tabling (staffing information tables at high-traffic events like health fairs or festivals) as a way to engage consumers. For Tennessee, the large percentage increase in commit cards is likely due to a more mature program this year. Enroll America did not establish operations in Tennessee (the last of the 11 field states) until November 2013, with increased staff and volunteer resources in the second year.

Across the 11 field states, follow-up conversations with consumers as part of Enroll America's chase program were, in general, consistent with volume seen in the first open enrollment period: 161,527, compared to 157,895—a 2.3 percent increase, despite the fact that the second open enrollment period was considerably shorter. As with commit cards, variation

existed across states in the change during the period, with Tennessee again showing the largest increase (183 percent increase) and Michigan the largest decrease (13 percent decrease).

Connector. Two key measures of the Connector's success are (1) the number of appointments available, and (2) the number of those appointments actually filled by a consumer. When we look at time series data on these measures, we see what we would expect: a slow start during the first month of open enrollment, when partners may have still been learning how to use the Connector and consumers were not facing a cutoff deadline, then a buildup of usage that peaked at the close of open enrollment in mid-February 2015 (Figure III.1). Interestingly, although the number of appointments filled dipped from nearly 20,000 filled to just under 4,000 filled from February to March 2015, appointments were still being filled after the open enrollment period ended, and there was even a slight uptick into April. This uptick is likely related to the special enrollment period related to tax filers (especially because we see the uptick in all states, not just those that expanded Medicaid, where we might expect to see more year round usage).

Figure III.1. Connector appointments in 11 field states, November 2014 – April 2015



Source: Mathematica review of data provided by Enroll America.

Note: "Connector available appointments" refer to the number of in-person enrollment assistance appointments that were available to consumers on the Connector from November 2014 through April 2015. "Connector filled appointments" refer to the number of those appointments consumers signed up for.

Table III.5 summarizes key metrics about Connector appointments during the second open enrollment, overall and by state. On average across the 11 field states, nearly 90 percent of available appointments appear to have gone unfilled. Staff believe some of these available appointments were filled by telephone appointments or walk-ins that were not recorded in the Connector, but those numbers are likely small. With an estimated 13.7 million uninsured

remaining in the 11 field states once the second open enrollment period was over, the Connector clearly can reach a larger population.[12]

Table III.5. Connector metrics, November 2014 – April 2015

State	Total Connector appointments available	Total filled Connector appointments	Percentage of appointments filled
Total, field states	**662,741**	**58,943**	**9**
Arizona	46,816	10,832	23
Florida	172,804	14,163	8
Georgia	29,419	861	3
Illinois	10,682	1,862	17
Michigan	8,644	638	7
New Jersey	15,685	779	5
North Carolina	59,482	14,593	25
Ohio	42,370	4,152	10
Pennsylvania	11,922	3,117	26
Tennessee	7,428	1,386	19
Texas	257,489	6,560	3

Source: Mathematica review of data provided by Enroll America.

Note: "Connector appointments available" refer to the number of in-person enrollment assistance appointments that were available to consumers on the Connector from November 2014 through April 2015. "Total filled Connector appointments" refer to the number of those appointments actually filled by a consumer.

Looking at performance at the state level, Texas had the greatest number of Connector appointments available (257,489), followed by Florida (172,804) and North Carolina (59,482). All three of these states had large Enroll America field staff (as shown previously) and were among the highest in the number of partners adopting the Connector (66, 38, and 46, respectively [data not shown]). Tennessee and Michigan had the smallest number of appointments available, 7,428 and 8,644, respectively. Neither of these states' low numbers is surprising: Tennessee had the lowest number of Enroll America staff, and Michigan had no partner organization adopting the Connector (although since the close of open enrollment, one partner has purchased it).

As expected, North Carolina—the only state to have the forerunner tool to the Connector—had the most filled Connector appointments among the field states, at 14,593. Florida, which had the second largest field operation this past year, was close behind, with 14,163 filled appointments. Together, these two states account for nearly half of all the filled Connector appointments in the field states. Arizona was third, with 10,832 appointments; this is a relatively impressive figure, because that state had among the smallest field operations. When looking at the percentage of appointments filled, Arizona, North Carolina, and Pennsylvania lead among the field states, with approximately one-quarter of all Connector appointments available being filled. Georgia, New Jersey, and Texas score the lowest, with 5 percent or fewer of their appointments being filled.

[12] Estimate of the remaining uninsured in the 11 field states developed by Mathematica analysis of U.S. Census Bureau (2015) estimates of resident population as of July 2014 and Gallup-Healthways Well-Being Index (2015) estimates of the uninsured rate at the end of the second open enrollment period.

Earned media and emails sent. As Table III.6 shows, generating earned media was a bigger challenge during the second open enrollment for most of the field states. Only North Carolina and Tennessee increased earned media hits, with hits declining 27 percent, on average, across the 11 states. However, the second open enrollment period was two months shorter in length than the first. When measured on a per-month basis, earned media hits were largely similar over the two periods. Given the context, the numbers achieved by Enroll America are impressive, with more than 1,300 earned media hits during the second open enrollment period.

Table III.6. Earned media hits and emails sent in Enroll America field states, first and second open enrollment periods

	Earned media hits			Emails sent		
State	OE1	OE2	Percentage change	OE1	OE2	Percentage change
Total	**1,863**	**1,275**	**-33**	**39,714,943**	**99,154,800**	**150**
Arizona	113	70	-38	1,940,938	4,642,133	139
Florida	162	134	-17	7,996,747	18,912,520	137
Georgia	154	84	-45	3,978,409	9,910,550	149
Illinois	187	164	-12	503,882	1,496,251	197
Michigan	203	94	-54	3,140,651	7,913,382	152
New Jersey	117	54	-54	2,632,809	9,537,764	262
North Carolina	279	261	-6	3,645,364	8,505,100	133
Ohio	163	112	-31	3,855,360	8,640,118	124
Pennsylvania	151	92	-39	4,194,408	9,255,770	121
Tennessee	24	52	117	223,324	1,590,408	612
Texas	310	139	-33	7,602,051	18,750,804	147

Source: Mathematica review of data provided by Enroll America.

Note: Time periods for earned media hits: OE1 = first open enrollment period (data in this column are from October 2013 - March 2014); OE2 = second open enrollment period (data in this column are from November 2014 - February 2015).

Time periods for emails sent: OE1 = first open enrollment period (data in this column are from March 2013–April 2014), OE2 = second open enrollment period (data in this column are from May 2014 to April 2015).

Enroll America's digital campaign is another key way to keep the story in front of consumers. The digital campaign collects email addresses in several ways, including on its website (where consumers can join its mailing list) and through paid media (such as Facebook ads and other paid media sites that provide the email addresses of consumers who click through on the ads). Because the digital budget was lower for the second open enrollment, and the digital team was focusing on developing and supporting the Connector, the digital team itself did not focus as much on email collection. Although the field staff collecting commit cards did focus on email collection, overall fewer email addresses were collected this year (about 440,000 were collected this year, compared to about 976,000 collected during the first open enrollment period). The digital team focused the resources it did have on figuring out how to engage those on its extensive email list (because email addresses from the first open enrollment remained on the list, its email address universe was more than 1.4 million). The team decided to increase email frequency for the second open enrollment period dramatically; as Table III.6 shows, it did just that, sending nearly 100 million emails this year. The focus of these emails was making recommendations to consumers about enrollment opportunities near them (such as events), based on their zip code location.

B. Descriptive findings on marketplace enrollment

In this section, we present descriptive statistics suggesting that the presence of an Enroll America field office may have boosted the number of marketplace enrollments over the first two open enrollment periods when compared to states without field offices, although substantial variation exists across the 11 field states. First, we compare actual enrollment numbers over the first two open enrollment periods[13] to two descriptive enrollment benchmarks developed by the Kaiser Family Foundation using the March Current Population Survey (Kaiser Family Foundation 2015c): (1) state-specific estimates of the number of individuals eligible for premium tax credits, and (2) state-specific estimates of the "potential market" for marketplace coverage. The latter estimate includes uninsured people above 400 percent of the FPL, as well as people with non-group coverage.[14] Second, we compare the number of people newly enrolled in marketplace coverage during the second open enrollment period to counts of new enrollees during the first open enrollment. The statistics we present here reflect descriptive, not causal, evidence; in a follow-up report, we will present a more rigorous assessment of Enroll America's impact on coverage using marketplace enrollment data through the first two open enrollment periods.

Total marketplace enrollment. After accounting for variation in the size of the state marketplace populations, we find that states where Enroll America operated its field outreach campaign had more people covered by marketplace plans over the first two open enrollment periods than states without an active field operation (Table III.7). On average, in Enroll America field states, 44 percent of the estimated potential market for coverage in the marketplaces were enrolled in a marketplace plan at the close of the second open enrollment, compared to 37 percent in non-field states. Enroll America field states also appear to be outperforming non-field states when using state-specific estimates of the estimated tax credit eligible population as a benchmark. On average, 70 percent of the estimated tax credit eligible population were enrolled in a marketplace plan at the close of the second open enrollment in Enroll America field states, compared to 60 percent in non-field states. Because of the many factors that affect states' marketplace enrollment, several alternative estimates that exclude potential outlier states were calculated to examine the sensitivity of the results. These findings, presented in the alternative specifications panel of Table III.7, closely mirror those from the full comparison.

[13] These numbers include new marketplace enrollees during the second open enrollment and people who enrolled in marketplace coverage during the first open enrollment and renewed coverage during the second.

[14] The ASPE data on marketplace coverage used in these calculations contain counts of qualified health plan selections and not actual enrollment numbers; enrollment requires payment of a premium. Payment confirmation data were not available at the time of this writing. It is important to note this distinction; however, for simplicity, we refer to this as marketplace enrollment in the report.

Table III.7. Health insurance marketplace enrollment progress over the first two open enrollment periods, Enroll America field versus non-field states

	Enrollment as a percentage of potential market for exchange coverage	Enrollment as a percentage of tax credit eligible population
All FFM states		
All states		
EA field states	44%	70%
Non-field states	37%	60%
Alternative specifications		
Exclude states with partnership marketplaces[a]		
EA field states	44%	70%
Non-field states	37%	58%
Excluding large states (Florida and Texas)		
EA field states	42%	69%
Non-field states	37%	60%
Excluding small states[b]		
EA field states	44%	70%
Non-field states	40%	64%
Exclude Medicaid Expansion states[c]		
EA field states	49%	75%
Non-field states	38%	60%
Excluding new Medicaid Expansion states (Indiana, Michigan, New Hampshire, Pennsylvania)[d]		
EA field states	42%	67%
Non-field states	36%	57%

Source: Mathematica analysis of Health Insurance Marketplace Enrollment Data from HHS, November 15, 2014–February 15, 2015 (including additional special enrollment period activity through February 22, 2015) (available at: http://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report). State-specific estimates of the number of people eligible for premium tax credits and the potential market for coverage in the marketplaces during the second open enrollment period are taken from a Kaiser Family Foundation analysis of the 2014 Current Population Survey Annual Social and Economic Supplement (available at: http://kff.org/health-reform/state-indicator/estimated-number-of-individuals-eligible-for-premium-tax-credits-through-the-marketplaces/).

Note: Reported findings are the average state specific rates for each group. The first row presents results for states operating through the federally facilitated marketplace (FFM) or a partnership marketplace. Alternative specifications present results excluding states based on type of marketplace, size of the tax credit eligible population, whether the state had implemented Medicaid expansion under the ACA, and whether the state expanded Medicaid after the first open enrollment period but before the end of the second open enrollment period (Indiana, Michigan, New Hampshire, and Pennsylvania).

EA states: Enroll America is operating the Get Covered America Campaign in 11 states: Arizona, Florida, Georgia, Illinois, Michigan, New Jersey, North Carolina, Ohio, Pennsylvania, Texas, and Tennessee.

Non-field states: Non-field states are limited to states operating a FFM or partnership exchange—–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, Wyoming, and Wisconsin.

[a] Excluding states that are operating a partnership marketplace with a consumer assistance function: Arkansas, Delaware, Illinois, New Hampshire, and West Virginia.

[b] Excluding states with a tax credit eligible population under 200,000 during the first open enrollment period: Alaska, Arkansas, Delaware, Iowa, Kansas, Maine, Montana, Nebraska, New Hampshire, North Dakota, South Dakota, West Virginia, and Wyoming.

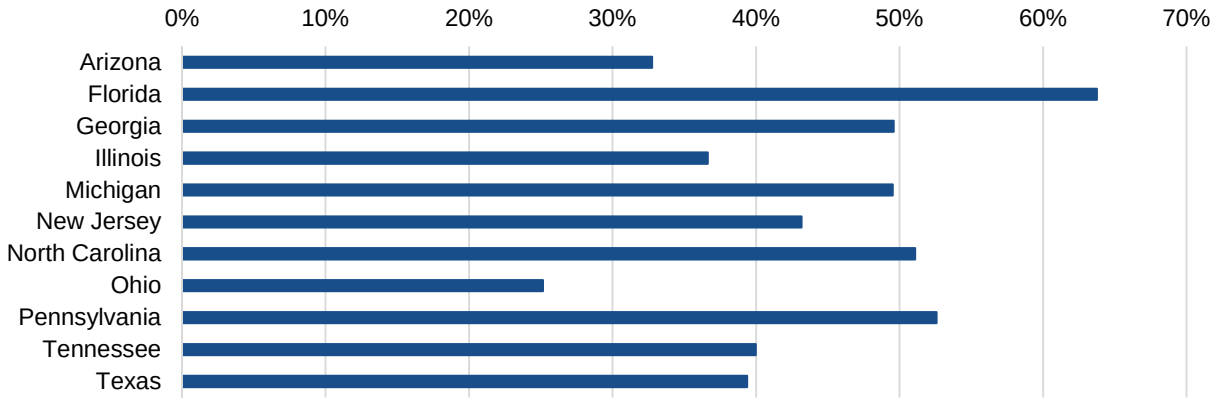
[c] Excluding states that have Medicaid expansion as of January 1, 2014—Arizona, Arkansas, Delaware, Illinois, Iowa, New Jersey, North Dakota, Ohio, West Virginia—and the four states that expanded Medicaid before the end of the second open enrollment period—Michigan (4/1/2014), New Hampshire (8/15/2014), Pennsylvania (1/1/2015), and Indiana (2/1/2015).

[d] We were concerned about the accuracy of the number of people eligible for premium tax credits and the potential market for coverage in the marketplaces, because the late Medicaid expansion in these states may have affected these calculations.

The average difference between field and non-field states in marketplace enrollment relative to estimates of the target population remains large after two open enrollment periods: about 15 percent. However, these differences have narrowed, declining from an approximate 20 percent difference observed after the first open enrollment period (data not shown). This finding is consistent with changes in Enroll America's activities between the two years. Specifically, we would expect non-field states to do better in the second open enrollment: Enroll America increased its available support for partners in non-Enroll America states by offering the Connector (operating in 12 non-Enroll America states, including Washington, DC) and adopted new tools, such as the Outreach Planning Project, to support activities in non-field states. In addition, statistics provided by Enroll America's data and analytics group show that the uninsured did become harder to find in field states this year: whereas one in three consumers with whom Enroll America interacted during the first open enrollment period were uninsured, that ratio decreased to one in five consumers during the second period. Given the sizable gap in enrollment between the two groups after the first open enrollment and this evidence that the remaining uninsured are more difficult to find, we might expect that non-field states would begin to gain ground in cumulative enrollment.

Similar to what we observed after the first open enrollment period, progress in enrolling people in marketplace coverage continues to vary substantially across the Enroll America field states: in Florida, 64 percentage of the estimated potential market for coverage in the marketplace enrolled in marketplace coverage; in Ohio, 25 percent enrolled; and the rest of the states fall in between (Figure III.2). Looking at enrollment as a percentage of the estimated tax credit eligible population by state shows generally similar performance patterns and, again, significant variation among field states (data not shown).

Figure III.2. Marketplace enrollment through the second open enrollment relative to the estimated potential market for coverage in the marketplace, Enroll America field states



Source: Mathematica analysis of Health Insurance Marketplace Enrollment Data from HHS for the second enrollment period, November 15, 2014–February 15, 2015 (including additional special enrollment period activity through February 22, 2015) (available at: http://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report). State-specific estimates of the number of people eligible for premium tax credits and the potential market for coverage in the marketplaces during the second open enrollment period are taken from a Kaiser Family Foundation analysis of the 2014 Current Population Survey Annual Social and Economic Supplement (available at: http://kff.org/health-reform/state-indicator/estimated-number-of-individuals-eligible-for-premium-tax-credits-through-the-marketplaces/).

This pattern across states largely mirrors that seen in the first open enrollment period (Hoag et al. 2014). Florida and North Carolina, two of the top-performing states in enrollment relative to targets in the first year, remain the high performers among Enroll America states through two open enrollment periods. These states both had high levels of Connector usage, strong relationships with partners and volunteers, and large Enroll America staff with little turnover from the first to the second open enrollment. Low performers on these metrics, including Arizona, Ohio, Tennessee, and Texas, are similar to the low performers after the first open enrollment and, according to our interviews, faced challenges similar to those they had during the first year. Tennessee had the fewest Enroll America staff and resources out of the 11 field states; Texas faced wide geographic disbursement; and the presence of Medicaid expansion in Arizona and Ohio over the two open enrollment periods meant a substantial portion of their outreach efforts was spent on the Medicaid-eligible population rather than solely on the marketplace (although this latter contextual issue was shared by field operations in Illinois and New Jersey).

New marketplace enrollment. Comparing new marketplace enrollments between the two enrollment periods, the number of new enrollees declined by approximately 670,000 (18 percent) across the 11 Enroll America states (Table III.8). This decline is similar to the rate observed among the 23 non-field states also using the FFM (16 percent; data not shown) and largely expected, because the second open enrollment was shorter, featured much less media attention, and targeted an uninsured population that Enroll America's own data suggest have been more difficult to reach and enroll.

Table III.8. New marketplace enrollment in the 11 Enroll America field states during first and second open enrollments, and percentage change

	New marketplace coverage			
	OE1	OE2	Change	Percentage change
Arizona	120,071	98,720	(21,351)	-18
Florida	983,775	877,963	(105,812)	-11
Georgia	316,543	297,594	(18,949)	-6
Illinois	217,492	174,744	(42,749)	-20
Michigan	272,539	143,297	(129,242)	-47
New Jersey	161,775	122,072	(39,703)	-25
North Carolina	357,584	285,782	(71,802)	-20
Ohio	154,668	110,140	(44,528)	-29
Pennsylvania	318,077	193,806	(124,271)	-39
Tennessee	151,352	122,663	(28,689)	-19
Texas	733,757	686,949	(46,808)	-6
Total	**3,787,633**	**3,113,729**	**(673,904)**	**-18**

Source: Mathematica analysis of Health Insurance Marketplace Enrollment Data from HHS for the first open enrollment period, October 1, 2013–March 31, 2014 (including additional special enrollment period activity through April 19, 2014) (available at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014apr_enrollment.pdf) and for the second enrollment period, November 15, 2014–February 15, 2015 (including additional special enrollment period activity through February 22, 2015) (available at: http://aspe.hhs.gov/pdf-report/health-insurance-marketplace-2015-open-enrollment-period-march-enrollment-report).

In all 11 states, we note a decline in new enrollments, although considerable variation exists across the 11 states. Because this variation is likely related to a variety of factors—including how successful a states' enrollment efforts were during the first period—it is difficult to draw conclusions based only on these changes. However, three patterns are worth noting. First, Florida continued to post strong new enrollment numbers during the second open enrollment period. This strongly suggests that the other states have not yet approached an enrollment ceiling after two open enrollments; opportunities to find people and enroll them in marketplace coverage will likely continue to exist for most states, at least in the short term. Second, Georgia and Texas both experienced a relatively small drop-off in new enrollments between the two periods, with only a 6 percent decline, suggesting enrollment efforts in these two states might have been more successful during the second open enrollment period than during the first one. As mentioned above, both Georgia and Texas staff were more successful than many of the other Enroll America states in developing partnerships with agents and brokers during the second open enrollment, which may help explain the relative success of these two states. Finally, Michigan and Pennsylvania, two states that enacted Medicaid expansion after the first open enrollment period, saw new marketplace enrollment decline by 40 to 50 percent. This is consistent with fewer low-income adults eligible for coverage in the marketplace with an expansion of Medicaid and more resources being dedicated to Medicaid expansion outreach than before.

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IV. DISCUSSION

Enroll America implemented and sustained through the second open enrollment period a successful, innovative outreach campaign focused on maximizing the take-up of health insurance coverage. Over the past two years, our evaluation has noted several important contributions of Enroll America:

- Demonstrating that a campaign-style strategy can work effectively in the field of health insurance outreach, contributing to coverage gains. Our first year evaluation found a large, statistically significant effect of Enroll America on marketplace enrollment, suggesting that Enroll America played an important role in the success of individual states' efforts to boost ACA-related coverage (Orzol and Hula 2015).
- Pinpointing the value-added of in-person assistance to successful enrollment, and expanding assister capacity in two important ways: first, by training assisters on outreach methods and the role of outreach in enrollment; and second, through development of the Connector, which made it easier for consumers and assisters to find each other.
- Developing tools to aid enrollment. In the first year, Enroll America's zip code locator helped consumers find assistance locations; in the second year, the Connector tool streamlined the process of finding enrollment assistance, enabling consumers to schedule appointments online. Moving forward, a plan selector tool will be launched before the third open enrollment.
- Filling a critical communications gap by developing messaging that motivates consumers to enroll. Enroll America identified the availability of financial assistance as the most motivating message for consumers, and widely disseminated this information to the outreach and enrollment assistance communities.
- Getting diverse organizations at the same table and serving as a coalition leader. Enroll America has embraced the role of convener, which has freed regional HHS staff to focus on outreach and enrollment work with organizations located outside of main urban areas with fewer in-person assister resources, thus enabling HHS to spread its reach to more underserved areas.
- Serving as a bridge between local organizations and the government, with reciprocal benefits. Enroll America offers feedback about on-the-ground consumer experiences to government agencies, such as CMS, HHS, and CCIIO, which can then make appropriate changes to improve systems for consumers. For example, several partners mentioned the presence of government staff at Enroll America's annual State of Enrollment conference, where they heard about challenges from a consumer perspective; without Enroll America's link, those connections would likely not have been forged.

Enroll America's consistent record of achieving its goals is largely due to its emphasis on using a rapid-cycle data and analytics approach to make mid-course corrections across all of the other aspects of its campaign. Using real-time data provides Enroll America the agility to adjust field activities based on changing circumstances and new evidence about what does and does not work. For example, its research showed that consumers receiving both phone calls and emails during the last two weeks of the first open enrollment were 10 percent more likely to have

insurance than those that received no additional follow-up, with a stronger effect for those receiving both email and phone calls (as opposed to just phone calls). Given this finding, Enroll America emphasized collecting email addresses on commit cards, not merely telephone numbers. Other factors also support Enroll America's achievements, such as its ability to recruit, train, and retain talented and motivated staff, and the development of effective partnerships that support local buy-in and provide access to the target population.

What has been notably impressive in Enroll America's second year is its ability to reach more consumers using fewer resources. This progress is due in part to greater efficiency. For example, linking Connector data to the Get Covered America database easily expanded the chase universe and improved chase efficiency by tracking who had already enrolled. Another contributing factor is Enroll America's continued focus on strategically deploying resources, investing where it believes the biggest enrollment payoffs will occur. We saw this is in the first year, primarily in its selection of field states and primary turfs; in the second year, we see this primarily through its investment in the Connector. It also seems likely that a resource we are unable to measure—partner institutionalization of outreach work—might also be contributing to coverage gains.

An important legacy of Enroll America is the enhanced knowledge it has contributed to the field about best practices related to health insurance outreach. Despite future resource constraints, it is well positioned to make new and important contributions. For example, Enroll America plans to expand its focus on health insurance literacy in the next year to help consumers better understand their coverage and how to use it. Enroll America's ability to measure other outcomes would also enhance future outreach efforts. Ideas here include being able to measure partners' institutionalization of outreach methods, and what inputs improve institutionalization; understanding whether unfilled Connector appointments represent untapped capacity or oversupply, and how to balance the two; further exploration of the long-term role agents and brokers can contribute to outreach and enrollment; and discerning specific factors that make the difference in high-performing states such as Florida and North Carolina, among others. Such analyses also would further support replication of this model in non-field states.

Although never planned as a permanent organization, even Enroll America's short-term sustainability is not assured, as support for outreach activities has waned since the first open enrollment period. Its future plans to increase revenue sources—including diversifying funding sources, shifting some fund-raising responsibilities to field states, and developing sources of earned revenue such as customized training—hold promise for helping the organization sustain its work. However, such tactics are unlikely to permit Enroll America to scale operations at levels similar to the first two open enrollments in the nine remaining field states. This is unfortunate, because evidence suggests that most field states have not yet begun to approach an enrollment ceiling. Resource limitations might also hinder Enroll America's ability to provide important capacity-building roles at local levels—such as training and other support to partners with limited funds for this work, and serving as convener of regional coalitions.

Enroll America's diminished capacity comes at an inopportune time, as ongoing efforts to undermine the ACA might be strengthened should coverage growth begin to taper off. Although the recent *King v. Burwell* decision affirms the legality of federal subsidies for eligible consumers in states that use the FFM, this decision is unlikely to change the political opposition

to the law. Moreover, further legal battles loom, with several bills in Congress attempting to defund key aspects of the ACA. For example, a U.S. district judge agreed on September 9, 2015, that a House of Representatives lawsuit can move forward. This latest suit pursues claims that the secretaries of the Treasury and HHS violated the Constitution by spending funds not appropriated by Congress (Reuters 2015). Such challenges point to the benefit of groups such as Enroll America, which can continue to identify and engage as many uninsured people as possible and potentially blunt efforts to dismantle coverage expansion through the ACA.

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