Preparing for the Unexpected in the Next Open Enrollment Period

Wednesday, September 24, 2014
1:00PM EST
The Chat feature is available to ask questions or make comments anytime throughout today’s webinar.

- At the drop down - Submit send to “HOST”

- Click the send button
Webinar Information

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  – Refer to your reminder email for the call-in number, event ID, and password.

• For technology issues:
  Refresh link or submit a problem via the chat box to “Host” and our WebEx administrator will trouble-shoot

• Webinar Materials:
  The Audio recording and downloadable slide presentation will be available on the www.nachc.com within the next week. We will send information once available to all registered participants.
Preparing for the Unexpected in the Next Open Enrollment Period

NACHC Webinar Series: “Sign me Up!” Navigating the Outreach & Enrollment Landscape
Learning Objectives

1. Review the major policy and regulatory changes since the first open enrollment period

2. Provide a historical perspective on adapting to a changing environment

3. Explore specific strategies and approaches for responding to changes and crises during OE2
Today’s Presenters

- Sophie Stern, Deputy Director, Best Practices Institute, Enroll America
- Pat Edraos, Health Resources/Policy Director, Massachusetts League of Community Health Centers
- Liz Sanchez, Outreach & Enrollment Coordinator, Massachusetts League of Community Health Centers

**Moderator:** Ted Henson, Director, RWJF Project on Outreach and Enrollment, NACHC
Round II: Preparing for a Successful Open Enrollment Period

September 24, 2014
I. The Basics

II. Enrollment and Beyond!
   i. New Enrollees
   ii. Renewals
      i. Marketplace
      ii. Medicaid
   iii. Tax Time
      i. Reconciliation
      ii. The Fine

I. Considerations for Assisters

III. Resources

IV. Q&A
Before We Get Started…

Rules will vary state to state, especially in state-based marketplaces (SBMs)!
The Basics
What’s Changing? What’s Not?

What’s Staying The Same

・ Financial Help!
・ Populations that are likely to be uninsured
・ The importance of in-person assistance
・ Technology bumps
・ The core message about the value of coverage
・ Enroll America will continue to serve as a resource

What’s Changing

・ New open enrollment timeframe
・ Renewals!!
・ Tax Time
・ Fine increasing
・ Some states expanding Medicaid for the first time
・ In-person assisters in your community
・ Training for assisters
・ Funding
<table>
<thead>
<tr>
<th>OE2</th>
<th>3 months: November 15, 2014 to February 15, 2015</th>
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</thead>
<tbody>
<tr>
<td>Medicaid &amp; CHIP</td>
<td>Year-Round Enrollment</td>
</tr>
<tr>
<td>Special Enrollment Periods</td>
<td>After qualifying life event (year-round)</td>
</tr>
<tr>
<td>Tax Filing</td>
<td>January 31, 2015- April 15, 2015</td>
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<tr>
<td>Enroll by...</td>
<td>For coverage beginning...</td>
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<td>--------------</td>
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<tr>
<td>December 15, 2014</td>
<td>January 1, 2015</td>
</tr>
<tr>
<td>January 15, 2015</td>
<td>February 1, 2015</td>
</tr>
<tr>
<td>February 15, 2015</td>
<td>March 1, 2015</td>
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</table>
The Biggest ACA Challenges: Year 2

• We’ll need to walk and chew gum at the same time.
  o New enrollees
  o Renewals

• Shorter open enrollment period than last time

• The fine becomes a reality for consumers and taxes enter the picture.
2014 Enrollment

16 Million
2014 + 2015 Enrollment

16 Million in year 1

8 Million in year 2
Enrollment and Beyond!
Renewals and New Enrollees

• Just like OE1, the renewal process is new and will require some learning on the fly.
• Millions of uninsured consumers are still eligible to receive financial help through the marketplace.
• In-person assistance, in-person assistance, in-person assistance!

Renewal experience may vary state to state and consumer to consumer!
Get Covered. Stay Covered.
Get Covered. Stay Covered.

New Enrollees
1. Check to see if you qualify for financial help.
2. Shop for a plan that fits your needs and budget.
3. Pick the plan that’s right for you.

Renewals
Individuals will receive at least **three** notices between now and November 15:

- Two from their health insurance company; one from the marketplace
- All notices will contain different info—consumers will need your help!

This process will vary in SBM states
Marketplace Renewals

Consumer changes + Plan changes = Need for consumer to take action

This process will vary in SBM states
**Marketplace Renewals Process**

1. **Consumer updates information**
2. **Consumer shops for and picks a plan**
3. **Consumer stays covered**

*This process will vary in SBM states*
Auto-Renewal

A safety net for marketplace consumers
Now….Medicaid Renewals

If Medicaid agency **has enough information**, consumer renewed automatically

If Medicaid agency **does NOT have enough information**

Consumer is notified and must take action

Medicaid is renewed or consumer is referred to marketplace

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Reconciliation Process for Premium Tax Credits

Financial help received in 2014

Financial help *eligible to receive* in 2014

Amount consumer owes IRS or amount IRS owes consumer
Reconciliation Process for Premium Tax Credits

Financial help received in 2014 $$

Financial help eligible to receive in 2014 $$

Amount consumer owes IRS or amount IRS owes consumer

$500
Reconciliation Process for Premium Tax Credits

Financial help received in 2014 $$  

Financial help eligible to receive in 2014 $$  

Amount consumer owes IRS or amount IRS owes consumer

$500 = $300
Reconciliation Process for Premium Tax Credits

Financial help received in 2014

Financial help eligible to receive in 2014

Amount consumer owes IRS or amount IRS owes consumer

$500

$300

$200
Reconciliation Process for Premium Tax Credits

Financial help received in 2014 $\$$

Financial help eligible to receive in 2014 $\$$

Amount consumer owes IRS or amount IRS owes consumer

$2,000
Reconciliation Process for Premium Tax Credits

Financial help received in 2014

Financial help eligible to receive in 2014

Amount consumer owes IRS or amount IRS owes consumer

$2,000

$2,300
Reconciliation Process for Premium Tax Credits

Financial help received in 2014 $2,000 - Financial help eligible to receive in 2014 $2,300 = Amount consumer owes IRS or amount IRS owes consumer $-300
<table>
<thead>
<tr>
<th>Year</th>
<th>Fine for consumers without coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$95 or 1% of annual income, whichever is greater</td>
</tr>
<tr>
<td>2015</td>
<td>$325 or 2% of income, whichever is greater</td>
</tr>
</tbody>
</table>

Remember, some consumers are exempt from the fine.
Considerations for Assisters
What’s Changing? What’s Not?

What’s Staying The Same

• Providers, including health centers, can serve as assisters
• Assisters must meet state licensing, certification, and registration policies
• Assisters are required to undergo training and receive certification (& recertification)
• Assisters are prohibited from charging for providing assistance
• Assisters may conduct outreach and education activities by going door-to-door and through other unsolicited means, including calling a consumer

What’s Changing

• Organizations cannot pay assisters on per-enrollee, per-application basis (applies to FFM states only)
• Automatic calling systems (e.g. robocalls) are prohibited unless there is a pre-existing relationship with the consumer
• Written consent is required before accessing personally identifiable information (PII) or reaching out to consumers about enrollment or retention of coverage

Expect new guidance on PII soon!

Note: Federal guidance only; state or additional SBM rules may apply
Assister Training and Recertification in FFM States

- Updated federal training curriculum for assisters in FFM states now available
- More details on topics like immigration, counting certain kinds of income, and helping specific populations such as survivors of domestic abuse and college students, according to an August bulletin from CMS.

Training for navigators, agents, brokers, and other assisters

- Resources for Agents and Brokers in the Health Insurance Marketplaces
- Marketplace Online Application Updates
- Content of Navigator training courses
- Content of CAC training courses
- A Quick-Start Guide to the Health Insurance Marketplace


Resources
Get Covered Connector

Will allow *assistors and community outreach partners* to:

- Manage all assister schedules in one system
- Help consumers find and schedule appointments with local assisters
- Send appointment reminders

Will allow *consumers* to:

- Search for help by ZIP code, review options, and schedule appointments
- Receive appointment reminders via email or text message

More info: connector@enrollamerica.org
Health Insurance Literacy Resource Hub

Welcome! Below are digital tools, fact sheets and other handouts, and videos to help fill gaps in health insurance literacy among consumers and assisters. These materials have been sent to Enroll America by a variety of enrollment stakeholders.

This Resource Hub is a mechanism to foster collaboration among enrollment stakeholders and to create a one-stop-shop so organizations do not have to reinvent the wheel. Posting of materials does not indicate an endorsement by Enroll America. Resources that have been consumer-tested will be prioritized for posting. To have materials added to this webpage, please email sstern@enrollamerica.org.

IMPORTANT: We are in the process of making this webpage easier to navigate so you can quickly find the tools and resources you need. In the meantime, please take a look and stay tuned!

Link: http://www.enrollamerica.org/hil/

Health Insurance Literacy Listserv
A resource for enrollment stakeholders to share information and ask (and answer!) questions.

The list is growing daily; 194 members currently subscribed.
#Ready4OE2 Webinar and Blog Series Starting October 1!

Subscribe to Enroll America’s newsletter for updates:  http://www.enrollamerica.org/
Preparing for the Unexpected in the Next Open Enrollment Period: A Massachusetts Perspective

Pat Edraos  
Health Resources/Policy Director

Liz Sanchez  
Outreach & Enrollment Coordinator
Massachusetts Community Health Centers

- 49 non-profit community-based health centers serve 1 out of 8 (875,000) state residents through more than 285 sites
- Provide a broad range of primary & preventive care, including dental, eye and mental health care and other community-based services
- All 49 health centers have either purchased, implemented or are in the process of implementing a certified EHR; all preparing for Meaningful Use
- Support more than 18,000 jobs and generate a total economic impact exceeding $2 billion
Chapter 58: Health Care Reform

• Massachusetts passed landmark health care reform legislation on April 12, 2006
  ✓ Supported by an unprecedented coalition: Republican Governor, Democratic legislative leaders, Business, labor and faith-based organizations, Health care advocacy groups and industry stakeholders

• Implementation:
  ✓ Outreach Grants
    • The state provided $3.5 million for two types of community-based outreach & enrollment awards aimed at lower income and multilingual residents most affected by the law
  ✓ MA health centers were already major providers of enrollment in state programs through the “Virtual Gateway”
    • Historically, have served as entry points for all public coverage
    • Established financial counselors, health benefits, outreach and education staff
Chapter 58: League Support

- League played two major roles to assist with the complexity of new policies and in establishing an information, marketing and outreach consensus

  1. Provided technical assistance and training to health center staff and boards and other community-based organizations

  2. Created a critical “feedback loop” for frontline staff and state regulators and policymakers

    Included key information from focus groups made up of consumers outreach & enrollment workers:

    - Newly insured had little experience with using health care, much less health insurance; and
    - Recognizing value of health insurance.
### MA Health Centers: Growth in Patients & Visits

<table>
<thead>
<tr>
<th>MA Health Centers</th>
<th>2006</th>
<th>2012</th>
<th>Total Increase</th>
<th>Total Percentage Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>594,000</td>
<td>850,000</td>
<td>256,000</td>
<td>43%</td>
</tr>
<tr>
<td>Visits</td>
<td>2.9 million</td>
<td>4.3 million</td>
<td>1.4 million</td>
<td>48%</td>
</tr>
</tbody>
</table>

Total US health center patients grew 31% over the same time period.

### MA Health Centers: Change in Uninsured Patients

<table>
<thead>
<tr>
<th>MA Health Centers</th>
<th>2006</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured Patients*</td>
<td>32.7%</td>
<td>19.8%</td>
</tr>
</tbody>
</table>

*As percentage of total patients.
Evaluation, 2006 - 2012

• Solidified our standing as premier outreach and enrollment experts in state

• But also, reinforced continuous need for outreach, education and enrollment assistance

• Bumps in the road:
  • Capacity
  • Network challenges
  • Learning curve for new coverage types and utilization of new coverage
  • Balancing assistance for patients and general community
  • Addressing misinformation and negative media
ACA: Implementation

Little Went As Planned…

- Significant technology changes and unresolved policy parameters led to:
  - System issues
  - Training delays
  - Paper application backlog
  - Applicant volume management
  - Temporary coverage
Prepare for the Unexpected

• **Promote a positive policy environment for CHCs:**
  - Working with the state to try to design programs that function well; AND
  - Putting some backstops in place should unforeseen (and foreseen) problems occur.

• **Assist members to understand what’s going on:**
  - Helping them respond to the environment as easily as possible (i.e., “best practices”); and
  - Recognizing that they have a better idea of how things are working, or not working on the front lines than we do.
Outreach and Enrollment Calls

Facilitates information sharing, tracking & response

- Assisters
  - ✓ Identify barriers and troubleshoot
  - ✓ Tips and tricks
  - ✓ Best practices and successes
- PCA
  - ✓ Track trends
- Feedback Loop
  - ✓ Share directly with the stakeholders, advocates and escalate when necessary
Work Collaboratively (This isn’t always easy)

Stakeholder and Advocate Collaboration: Talk with EVERYBODY, Deal with EVERYBODY:

• As a PCA:
  ✓ Engage in stakeholder and advocate collaboration
  ✓ Ongoing collaboration with MassHealth (Medicaid) and the Health Connector

• As Health Center Assisters:
  ✓ Cannot do this alone!
    ➔ Importance of community connections
Looking Forward

Leverage your reputation!

• The League and the health centers are also recognized as a major source of quality care to low-income people seeking health care. The Massachusetts health centers have a long history of working directly with their patients to sign them up for insurance.

• LEAD from strength – Identify the characteristics of your most likely new enrollees and re-enrollees and explain the advantages to the state of your doing the enrollment work: languages, culture, geographic access, established relationships, trust.

• Talk and work with everyone.

• Don’t beat yourself up: problems are inevitable and compromise is not failure.

• This takes time. Outreach and enrollment are continuous and ongoing. There is always the opportunity for improvement.
All O&E workers (460+) were honored with the League’s 2014 Community Service Award at our annual gala.

Despite major technology glitches with the state’s new eligibility and enrollment system, health center outreach staff:

- Assisted nearly 300,000 patients in need of enrollment help
- Facilitated the completion of more than 114,000 insurance applications
- Successfully enrolled some 73,000 state residents into new coverage
Questions?

Speaker contact information:
• Pat Edraos: pedraos@massleague.org
• Liz Sanchez: lsanchez@massleague.org
• Sophie Stern: sstern@enrollamerica.org