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A Closer Look: Perspectives on the 2019 Marketplace Open Enrollment Period

Thanks to provisions of the Affordable Care Act (ACA) introduced in 2014, over 17 million individuals gained health insurance coverage between 2013 and 2017 (U.S. Census Bureau 2018).¹ These provisions included an expansion of Medicaid coverage in two-thirds of the states, new health insurance Marketplaces, and federal subsidies to help those earning up to 400 percent of the federal poverty level (FPL) purchase Marketplace coverage.

However, beginning in 2017, several federal decisions threatened to roll back progress and to diminish further coverage gains. These decisions included (1) a \$90 million decrease in the federal budget for open enrollment advertising, beginning in 2017; (2) a \$50 million decrease in the federal budget for Navigators (staff trained to help people enroll in Marketplace coverage), between 2016 and 2018; and (3) shortening the open enrollment period from 90 to 45 days, beginning in 2017 (Orfield and Hoag 2018). These cuts disproportionately hurt consumers in the 39 states that use the federally facilitated Marketplace (FFM), since states with their own Marketplaces have their own advertising budgets and enrollment assisters, as well as discretion to extend their state-specific open enrollment period. Other changes affecting consumers in all states included repeal of the ACA's individual mandate penalty, passed in 2017 (although not implemented until 2019) and, beginning in fall 2017, the elimination of scheduled federal payments to insurers that cover cost-sharing

reductions for low-income people.² Congressional efforts to repeal and replace the ACA throughout 2017, and persistent media focus on these efforts, left many consumers uncertain about available coverage as they headed into the sign-up period for 2018 coverage (Keith 2018). Finally, throughout 2018, the federal government began promoting short-term health plans—a cheaper form of coverage with limited benefits that consumers may mistakenly think are an equal alternative to Marketplace plans—and discussing changes to rules related to public charge for immigrants (Lueck 2019; Parmet 2018).³ Collectively, such changes were expected to make consumers more reluctant to enroll than ever before, dampening enrollment sign-ups for 2019.

To better understand how these dynamics unfolded during open enrollment for ACA-related coverage in 2019, the Robert Wood Johnson Foundation (RWJF) engaged Mathematica to assess outreach and enrollment strategies and outcomes. RWJF has invested in numerous efforts to support ACA enrollment since 2010, including recent support for outreach and enrollment infrastructure.⁴ [Last year](#), we found that RWJF's infrastructure investments were critical, because Navigators decreased staff and resources in response to significant federal budget cuts, resulting in reduced institutional knowledge, uneven geographic coverage, and difficulty engaging underserved populations (Orfield and Hoag 2018).

Building on these findings, we worked with RWJF staff to develop the following research questions, to better understand what happened during the 2019 open enrollment period:

- ❓ What were the 2019 Marketplace enrollment outcomes?
- ❓ How did new issues in the November–December 2018 open enrollment period—including further Navigator funding cuts, public charge discussions, and the change in the individual mandate policy, among others—affect consumers and the enrollment landscape?
- ❓ Given fewer resources for outreach and enrollment, what activities did enrollment assisters and Navigators implement to reach and enroll consumers, especially underserved populations?
- ❓ Where do respondents think resources are needed most to support outreach and enrollment work?
- ❓ Do in-depth case studies of new investments in three states suggest potential strategies for increasing enrollment in the future?

To answer these questions, we undertook a two-tiered study design that included: (1) research and interviews to understand factors contributing to enrollment outcomes this year, and (2) case studies in three states—Maryland, New Jersey, and South Carolina—to understand new efforts to promote coverage during open enrollment. Primary data collection activities included interviews with key informants and analysis of Marketplace outcomes (see box at the end of this brief for more information on methods).

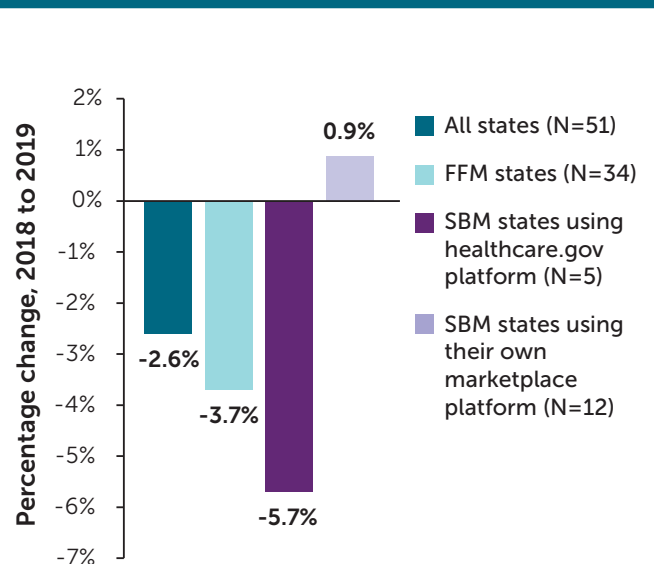
WHAT WERE THE 2019 MARKETPLACE OPEN ENROLLMENT OUTCOMES?

Total enrollment fell 2.6 percent for 2019 compared to 2018.⁵ Approximately 11.4 million people enrolled in Marketplace coverage for 2019, about 300,000 fewer consumers compared to 2018 (CMS 2019). Enrollment changes from 2018 to 2019 varied by type of Marketplace. In state-based Marketplace (SBM) states that used their own Marketplace website, total

enrollment increased by nearly 1 percent (light purple bar, Figure 1). In contrast, total enrollment fell in states using the healthcare.gov platform (light teal and dark purple bars in Figure 1). Seven SBM states extended the open enrollment period, but there was no correlation between extending the sign-up date and increased enrollment as there was in 2018 (not shown).

The overall enrollment decline was driven by a 16 percent drop in enrollment of new consumers, continuing trends from prior years. Across all states, new enrollments declined by about 16 percent (with similar rates of decline across all types of FFM and SBM states; data not shown). Renewals increased by 1 percent in states using the FFM platform and 6 percent in SBM states (data not shown). This pattern of a decrease in total enrollment—with decreases in new enrollments and increases in renewals—continues trends seen across the Marketplaces since 2016 (Figure 2).

Figure 1. Percentage change in total enrollment by Marketplace type, 2018–2019

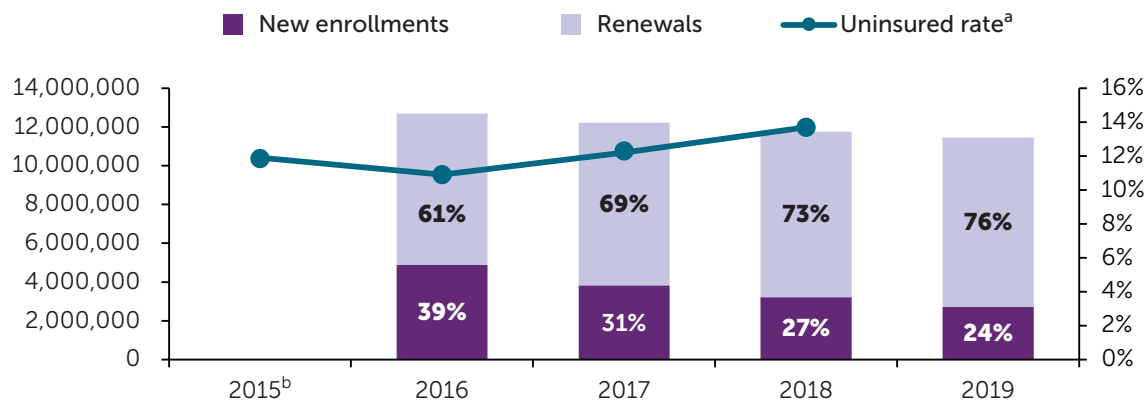


Source: CMS (2018, 2019).

Note: Figure includes all 50 states and the District of Columbia. FFM states (light teal bar) includes 6 states that operate state-federal partnership Marketplaces, as well as 28 FFM states. As a share of total enrollment, FFM states account for 69.8 percent of total enrollment, SBM states using healthcare.gov account for 3.7 percent of total enrollment, and SBM states using their own platform account for 26.5 percent of total enrollment. For information on state-level enrollment and marketplace types, see the [CMS website](#).

FFM = federally facilitated Marketplace; SBM = state-based Marketplace.

Figure 2. Marketplace new enrollments versus renewals, 2016 – 2019, and uninsured rates, 2015 – 2018



Sources: ASPE (2016); CMS (2017, 2018, and 2019); Auter (2017); and Witters (2019).

^a Yearly uninsured rates are shown as of Quarter 4 (October–December). Uninsured rates for 2019 are unavailable.

^b Enrollment and renewal data for 2015 are not shown because several states could not separate new and renewing consumers, due to vendor changes and other information technology issues. Data for 2014 are not shown; all enrollments that year were new enrollees.

HOW DID NEW ISSUES IN THE NOVEMBER–DECEMBER 2018 OPEN ENROLLMENT PERIOD AFFECT CONSUMERS AND THE ENROLLMENT LANDSCAPE?

To understand perceived effects of new policy issues on consumer enrollment, we asked 36 respondents interviewed for the study for their insights (due to time constraints, not all respondents were asked all questions). Below, we summarize their feedback:

- Navigator funding cuts were detrimental.** Federal funding for Navigators dropped by over 70 percent this year—to \$10 million, from \$36 million in 2017 and \$63 million in 2016—leaving fewer resources dedicated to helping consumers enroll (Cloud 2018). Iowa, Montana, and New Hampshire had no funded Navigator coverage, while nine other states lacked statewide Navigator presence (Pollitz et al. 2018). Twenty-three of 26 respondents asked said these cuts were detrimental to enrollment.⁶ Organizations interviewed that received Navigator funding this year faced steep cuts, forcing them to make difficult decisions about how to allocate resources. For example, one Navigator organization cut its marketing budget almost entirely and reduced staff from an all-time high of 11 Navigators to 3. Some respondents expect these cuts may have long-lasting effects. As

one Navigator stated, “I don’t think there’s going to be a next year for [our organization], frankly...unless another organization comes around and funds this work, the talent will have been lost. It’s already gone.” As in prior years, several organizations said they attempted to overcome the effects of Navigator cuts by relying more on volunteers, partners, and referrals to certified application counselors, but acknowledged those supports did not adequately replace Navigators.

- Reduced federal advertising was noticeable.** The federal government spent \$10 million to publicize open enrollment in 2019, roughly the same amount as in 2018, but significantly less than the \$100 million it spent in prior years (Corlette and Schwab 2018). Twenty-one of 26 respondents asked thought cuts to federal advertising affected awareness of open enrollment this year. According to one respondent, “People just didn’t know that open enrollment was going on. They didn’t know that ACA still existed. They didn’t know there were really affordable plans on the Marketplace.” One respondent noted that healthcare.gov sends out emails regardless of the advertising budget, so consumers who had been enrolled in coverage at some point probably received emails about open enrollment. Thus, people who never had Marketplace coverage—such as those who recently lost employer-sponsored coverage or who had been

uninsured for years—likely were most affected by the advertising cuts. In addition to the Navigator funding cuts, some respondents speculated that less advertising also may have contributed to the drop in new consumers enrolling in the Marketplace for 2019.

- **Public charge discussions caused confusion and fear in some communities, but the effect on enrollment is unclear.** The current administration has proposed a rule—not yet in effect, but covered widely in the media—that would subject immigrant families to deportation if they enroll in Medicaid or the Children’s Health Insurance Program (CHIP). Of 34 respondents asked, 22 thought public charge discussions had a meaningful impact on enrollment in immigrant communities; 7 said they were not sure of its effect, and 5 said they thought the effect on enrollment was negligible. Of those who were unsure of the effect of the proposed rule, some commented that consumers were asking about it, but it did not seem to deter people from enrolling. On the other hand, some respondents said it may have deterred some consumers from making an appointment for enrollment help. Many organizations noted there were resources available to help offset potential negative effects and confusion related to the public charge rule. For example, Navigator resources developed by Georgetown’s [Center on Health Insurance Reforms](#) (CHIR) and funded by RWJF described immigrant coverage rules, with links to talking points from the National Immigrant Law Center and an issue brief by the National Health Law Program. Likewise, Community Catalyst received RWJF funding to create and disseminate new infographics to help dispel fears about public charge, making them available in Spanish, Vietnamese, Korean, Tagalog, Chinese, Marshallese, Tongan, and Chuukese. Informants interviewed at the local level discussed similar efforts. For example, an advocacy and policy organization in Texas created and shared materials about public charge with over 200 assisters, and facilitated a panel discussion about public charge at an assister training conference.
- **Repeal of the individual mandate confused consumers, but respondents thought it probably had a minimal effect on enrollment.** Congress effectively repealed the ACA’s individual mandate in

CASE STUDY HIGHLIGHTS



South Carolina—Transitioning from Marketplace Navigators to Nonprofit Insurance Agency in Fall 2018

Background

The Palmetto Project is a nonprofit community agency founded in 1984 to help find and implement solutions to social and economic challenges in South Carolina. Since the first ACA open enrollment in late 2013, Palmetto Project staff had served as Navigators, helping consumers enroll in FFM, Medicaid, and/or CHIP. Annually from 2014 to 2016, Palmetto Project received over \$1 million in federal Navigator funds, which supported over 60 Navigators statewide. In 2017, Palmetto Project lost nearly \$600,000 in Navigator funding, limiting them to about 30 Navigator staff serving in 17 of 46 counties.

Given these cuts, and other concerns about the Navigator program, Palmetto Project decided to implement a nonprofit insurance agency model, in which the commission fee an insurance company pays for each consumer enrolled goes to the agency, not individual agents.

Palmetto Project planned to use these fees from insurers to finance consumer assistance, creating a self-sustaining model. A local insurance broker, Lourie Life and Health, agreed to help them, offering mentoring, training, marketing support, as well as helping them develop contracts with insurers to offer a variety of insurance products.

Key findings

- ✓ 9 assisters hired, trained, and licensed as insurance agents
- ✓ Assisted nearly 800 consumers, including nearly 350 new Marketplace enrollees
- ✓ 95 percent effectuation rate (rate of both enrollment and payment of first premium)
- ✓ Based on fall 2018 experience, expect to be self-sustaining in two years

Staff found it “freeing” that they could help any consumer who came to Palmetto Project for help. One staffer said,

“ I can help any resident of...South Carolina regardless of income, citizenship status, employment status, marital status... Whereas as a Navigator, I would have to say, ‘Oh, I’m sorry, you’re Medicare, I can’t do that.’ Or, ‘Oh, you make too much [to qualify] for the Marketplace, I can’t help you with that.’ ”

See the Appendix at the end of this brief for the full case study.

December 2017 by reducing the penalty for being uninsured to \$0, effective in 2019, so this was the first open enrollment period in which consumers would face no fines for being uninsured (Kamal et al. 2018). Despite fears that consumers might drop coverage as a result, that doesn't appear to have occurred, as renewals increased by 2 percent overall this year. Of the 33 informants asked this question, only 5 thought the change affected enrollment, 21 thought the repeal had no effect on enrollment, and 7 said they did not know the effect of the repeal. Respondents offered various reasons why they thought the repeal had little effect. Some noted (1) many consumers were unaware that the individual mandate penalty had been repealed; (2) consumers valued coverage, so they wanted to keep or obtain it; (3) available plans were relatively inexpensive; and (4) many Navigators and assisters were persuasive about the need for coverage. However, two respondents expressed concerns that people aware of the individual mandate repeal may have just dropped coverage without seeking assistance. Another two respondents speculated that the repeal may have affected consumers differently depending on their incomes: consumers above 400 percent of the FPL who were ineligible for subsidies may have been more susceptible to dropping coverage, since they faced higher costs. Although data are not available to assess this speculation directly, 2019 data do indicate a small drop from 2018 in total enrollment by consumers who did not request financial assistance (from 7.5 percent of consumers in 2018 to 6.7 percent in 2019; CMS 2019).

- **Consumers perceived that plans in many markets were affordable this year.** Across all states, Marketplace premiums remained steady or even fell in many areas of the country this year, although premium changes varied by location and metal level (Fehr et al. 2018).⁷ In states that use the healthcare.gov Marketplace, coverage was a little more affordable this year: the average premium after advanced premium tax credits dropped by \$10 (CMS 2019). In addition, this year some states offered reinsurance programs; these programs help Marketplace insurers mitigate the impact of high-cost claims, which are financed partly through the use of federal funding that would have been spent on tax credits, cost-sharing reductions, and small employer tax credits to states (Keith 2019). A new analysis estimates that, in such

states, premiums dropped by 20 percent on average (Sloan et al. 2019). In areas where premiums fell, respondents found that the message of affordability resonated with consumers.

- **Short-term plans were not as problematic as expected.** Many respondents were initially concerned that increased availability of short-term plans would have a negative effect on consumers, but no respondents thought short-term plans were ultimately as problematic as they had feared.⁸ Public policy may have played a role: 12 states, including Maryland and New Jersey, ban short-term plans or restrict them to less than three months of coverage (Lueck 2019). Frontline assisters and Navigators interviewed said few consumers expressed interest in short-term plans, and many of those who did were persuaded against purchasing them once they learned more about them. One respondent noted that the lack of prescription drug coverage was a major deterrent for consumers to select a short-term plan.

Further, short-term plans are not available on healthcare.gov—therefore, consumers have to know these plans exist and look for them on individual plan websites. This likely makes such plans harder for consumers to compare and to purchase without assistance. Although the effect of short-term plans reportedly has been minimal thus far, one respondent raised concerns that consumers may become more interested in them after open enrollment, because they can no longer purchase Marketplace plans unless they have a qualifying event.

GIVEN FEWER RESOURCES FOR OUTREACH AND ENROLLMENT, WHAT ACTIVITIES DID ENROLLMENT ASSISTERS AND NAVIGATORS IMPLEMENT TO REACH AND ENROLL CONSUMERS, ESPECIALLY AMONG UNDERSERVED POPULATIONS?

For the study interviews, we selected assisters who focused on underserved populations, including Latinos, immigrants, African Americans, rural residents, non-English speakers, or young adults. However, our interviews revealed that the primary outreach strategies the assisters used were the same as those that any groups trying to reach and enroll uninsured individuals would use, and that they built on strategies from previous open enrollment periods. These strategies included:



Relying more on partnerships. In an era of decreased funding, assisters reported that community partnerships are more critical than ever, and that they tapped into groups they already trusted in various communities. As one respondent stated, “Before the message was to be heard [by the Hispanic/Latino community], [our community] had to trust the source.” Partners also supported the work by sharing information and hosting outreach and enrollment events. Building and maintaining partnerships takes investment, and some respondents worried that staff turnover and lack of support were beginning to erode their partnering strategies. As a Navigator in a rural area said, “Relationships take maintenance, and if you don’t have people to help maintain those relationships, eventually we won’t have those champions ...because they will have moved on to something else and we will not have the ability to build that partnership back up.”



Continuing to offer one-on-one assistance. Despite the fact that this is the sixth open enrollment period, the need for one-on-one

assistance persists: consumers who have never enrolled before need help, and even those who already enrolled but are eligible to renew coverage might need assistance reviewing and comparing their 2019 plan choices and corresponding costs. As one respondent serving a Hispanic/Latino community said, “The biggest thing we could do is have our bilingual Navigator who serves that population fully funded during Open Enrollment, so she could be a resource for this community.” Several organizations mentioned the importance of calling consumers they had helped in the past to set up renewal appointments. For example, an organization that made these calls to the largely Chinese immigrant community they serve discovered that many consumers were unaware that open enrollment was occurring.



Capitalizing on free or inexpensive media strategies. Purchasing advertising was common during previous open

enrollment periods, but few organizations had funds for paid advertising this year. Instead, Navigators and assisters promoted their services through various free or inexpensive mediums—such as in-kind TV, radio, or free social media—and emphasized the importance of using the right channel to connect with the target audience.

CASE STUDY HIGHLIGHTS



Maryland – Expanded Marketing to Spur Enrollment After Implementing Reinsurance Program

Background

Maryland administers its own health insurance Marketplace and has struggled to help insurers provide affordable coverage. From 2014 to 2018, rates on Maryland’s individual market rose 166 percent, and the projected increase for 2019 was over 200 percent (MHBE 2018). Three insurers left the state Marketplace since 2016, leaving only two (MHBE 2018). To reduce and stabilize premiums—and attract new insurers—Maryland applied to CMS for a multiyear Section 1332 waiver to implement a reinsurance program. Reinsurance programs help Marketplace insurers mitigate the impact of high-cost claims (Keith 2019). The state hoped that the reinsurance program might help boost Marketplace enrollment, which had declined by 2.6 percent in the prior year, after consistent gains from 2014 to 2017.

To motivate enrollment, MHBE increased its marketing investment by \$1 million, to \$1.8 million total for the November-December 2018 open enrollment period. The marketing campaign encouraged consumers to “think again” about coverage options. Messages emphasized that (1) premium prices had dropped, (2) 9 in 10 Maryland consumers received help paying for their premiums in 2018, and (3) in-person help was available in every county. The campaign specifically focused on trying to engage underinsured populations, including African American and Hispanic residents, as well as young adults; campaign ads featured actors of different races, ethnicities, and genders.

Key outcomes

- ✓ Reinsurance led to an average premium decrease of 13 percent.
- ✓ Total enrollment increased by 2.2 percent from 2018 to 2019. Enrollment increased by 8 percent among African Americans, 2 percent among Hispanics, and 4 percent among young adults ages 18–34. Overall, enrollment was 20 percent higher than actuaries predicted it would have been without reinsurance (Norris 2019).
- ✓ Indicators suggest marketing messages resonated with consumers this year. For example, more consumers previously enrolled in silver plans switched to gold plans this year. This aligned with messages that consumers should “think again” and shop for options. The share of enrollees who qualified for a subsidy (i.e., lower income enrollees) also rose, suggesting that financial assistance messages registered with consumers.

See the Appendix at the end of this brief for the full case study.

For example, one Navigator coalition capitalized on the generosity of a local TV station and hosted phone banks that consumers could call for information about coverage during the local evening news. One Navigator noted that in the rural counties he serves, “AM radio is crazy effective...everyone listens to it...I can saturate these counties completely.” Navigators and assisters also reported that they used different types of social media. For example, one organization that serves Chinese communities posted messages on WeChat, a Chinese messaging and social media app. Another organization used Facebook Live to answer consumers’ questions in real time, and made the videos available for viewing after the fact.

WHERE DO RESPONDENTS THINK RESOURCES ARE NEEDED MOST TO SUPPORT OUTREACH AND ENROLLMENT WORK?

Given the key informants’ frontline experiences with outreach and enrollment work, we asked them an open-ended question about where they see gaps that funders interested in supporting coverage might invest resources. Recommendations included:

- **Infrastructure support.** More than half of respondents identified gaps in the outreach and enrollment infrastructure. For example:
 - Many respondents pinpointed a need to support convening activities before, during, and after open enrollment, such as: (1) opportunities for frontline workers (within or across states) to share information and tips for addressing challenges, through regular calls or online; and (2) within-state coordination and collaboration sessions, such as regular coalition convenings, to allow frontline assisters and key partners such as state officials, advocates, and others to meet to prepare and plan activities and solve problems. A few respondents suggested a bigger investment, such as support for national meetings of assisters to share insights and learn what other states are doing.
 - Several respondents said that there is a substantial need to fund more in-person assister positions. As one respondent said, “There’s really no substitute for the in-person assistance...technology is great, but it’s much easier to assess a consumer’s needs and to teach them when you’re sitting down one-on-one with

them...where you can individualize the conversation and discussion around them, and it makes them less likely to need [help] in the future.” Some respondents noted that in-person assistance is especially critical for immigrants, and may become a more pressing need if the final rules on public charge change by the next open enrollment period. The continued promotion of short-term plans is another reason to fund in-person assistance, with a recent RWJF-funded [study](#) finding that consumers do not understand short-term plans and how they work (Kleinmann Communication Group, 2019). Two respondents specifically mentioned a need for in-person assistance that could be sustained all year long, so that assistance work is not viewed as “seasonal.” Suggestions included funding and training community health workers to do this work, or finding other ways to embed this work in community agencies.

- **Marketing support, including translated materials and research to help tailor messaging.** Many of the Navigators interviewed noted that their first response to decreased resources was to cut their marketing budgets. “We have the capacity to distribute pamphlets and social media messages, but we don’t have the capacity to create any of those materials,” said one assister. Some groups appreciated the availability of easily downloadable materials created by Community Catalyst and others, but not all groups were aware these materials were available. Several other respondents noted any support for research that would inform marketing efforts would be welcome. Ideas included funder-sponsored focus groups with various underserved uninsured populations, to better understand why people have not enrolled or what would motivate them to enroll, or sponsoring data analysis to help improve marketing targeted to uninsured communities. Finally, some respondents mentioned they were looking for more translated materials to help the consumers they serve, including tailored messaging that moves beyond direct translation to capture the language, including the dialect, accent, and cadence of the community. As one respondent shared, “[We needed] translated and trans-created materials, messaging, [and] content. And the difference between translating and trans-creating is making sure it’s not a Google or machine translation, because our community sees right through that.”

- **Timely investments.** Respondents from two different organizations noted that well-intentioned local funders that tried to help them during open enrollment stepped up “too late” to make a real difference, with funds arriving during the last two weeks of open enrollment in December 2018. In some ways, new funding in December was a distraction to organizations focused on maximizing staff hours for one-on-one assistance before the December 15 deadline. Respondents emphasized that earlier funding allows both the funder and the organization to be very deliberate about where those funds can have the greatest impact, rather than taking a more reactive approach late in the open enrollment window.

DISCUSSION

A comparison of our findings and earlier studies of outreach and enrollment efforts in the first years the ACA was fully implemented (Orfield et al. 2015; Hoag et al. 2014) suggests that the core activities to help eligible consumers enroll or renew coverage have not changed. Activities that remain vital to this work include (1) messaging to raise awareness; (2) providing on-the-ground, in-person assistance; and (3) using a diverse set of trusted partners to help reach consumers. However, financial and policy-related barriers persist, hampering key aspects of the infrastructure that supports ACA-related outreach and enrollment. These barriers are unlikely to abate in the short term.

In the face of declining resources for outreach and enrollment, we observed that states and organizations are looking for new investments and policy solutions, with some success. For example, federal budget cuts for Navigators have intensified in the past two years—dropping from \$63 million in 2016, to \$36 million in 2017, to \$10 million in 2018. These cuts put pressure on Navigator organizations to lay off talented staff to remain financially viable, and some Navigator organizations expect to close their doors after this year. Faced with these cuts, Palmetto Project in South Carolina recognized that the federal Navigator program was not viable to support the level of assistance consumers in the state required, and instead pursued a consumer-friendly, nonprofit insurance agency model.

CASE STUDY HIGHLIGHTS



New Jersey—Increased Coordination and State Involvement in Open Enrollment

Background

Governor Phil Murphy took office in January 2018, promising a pro-ACA health care agenda in New Jersey (Jennings 2017). The Murphy administration’s changes for the 2019 open enrollment period included: (1) establishing a reinsurance program and passing individual mandate legislation; (2) assuming management functions for ACA Marketplace plans, and requiring all state entities that interact with the public to provide information on ACA enrollment (Insurance NewsNet 2018); (3) launching a Get Covered New Jersey public awareness campaign, including a new website for consumers, GetCovered.NJ.gov, and outreach materials for state partners and community organizations to use (State of New Jersey 2018a); and (4) providing \$375,000 to support five community organizations that serve as ACA Navigators or assisters and investing \$450,000 in advertising (State of New Jersey 2018a, 2018c).

In addition, through RWJF’s State Health and Value Strategies program, New Jersey received in-kind communications support from GMMB, to help develop a toolkit for the state and stakeholders with research-based guidance on messaging, sample social media posts and graphics, FAQs, and outreach materials. GMMB helped the state leverage partner networks to share information statewide. A key partner included New Jersey Citizen Action (NJCA), a grassroots organization funded by RWJF.

Key outcomes

- ✓ NJCA’s online banner ads on Facebook, Instagram, and Twitter generated 2,797,324 impressions, and led to 14,284 visits to healthcare.gov.
- ✓ 418,000 videos about open enrollment played as people walked by in-store kiosks placed in grocery and drug stores in counties with high concentrations of uninsured residents; 7,000 people watched a video while their blood pressure was taken; and 2,600 stayed long enough to see the final ad when they received their blood pressure results.
- ✓ Respondents reported that consumers greatly appreciated the direct toll-free line for consumers provided by the Center for Family Services, NJ’s only Navigator grantee, which was particularly helpful for certain populations, such as consumers with transportation barriers.
- ✓ Despite these efforts, Marketplace enrollment in New Jersey fell 7.1 percent this year; whether the rate of uninsured increased won’t be known until Census Bureau data are released in 2020. Some respondents noted that other factors may have played a role, such as more people accessing employer-based insurance or signing up for cheaper off-market silver plans, anti-ACA rhetoric, or concerns about potential changes to rules around public charge for immigrant families.

See the Appendix at the end of this brief for the full case study.

For Navigators, former Navigators, and other organizations that have provided voluntary assisters, Palmetto Project's efforts are one potentially replicable, scalable model to consider to help make consumer assistance a self-sustaining, year-round activity. Although such efforts require start-up money, funders might consider impact investment grants or, as in South Carolina, low-interest loans to seed them.

Policy change is another potential driver for coverage supports. The state reinsurance programs developed by Maryland and New Jersey (as well as five other states) show promise for positively affecting the costs of coverage for consumers. As demonstrated by the Maryland and New Jersey case studies, reinsurance is not a cure-all, as enrollment increased in Maryland by 2 percent but declined in New Jersey by 7 percent. Maryland had an advantage—as an SBM state, it had more in-house resources to support its Marketplace. (New Jersey has since announced a plan to switch to an SBM for plan year 2021.) Maryland leveraged this power to make significant additional investment in open enrollment advertising to turn the policy into an engaging, plain-language campaign that seems to have resonated with consumers in the state. This suggests that data-driven, multifaceted, and well-funded campaigns can affect enrollment outcomes, and may be another area funders interested in coverage could consider supporting, especially given the drastic cuts to the federal advertising budget.

Other supports could come in the form of technical assistance. RWJF is already providing such supports through its State Health and Value Strategies program, which has produced and made publicly available numerous resources to help states develop Section 1332 reinsurance waivers (and provided direct support to Maryland and New Jersey on this issue). Other funders might consider other types of technical assistance to help states perform data analysis (to target marketing resources), or support for marketing campaigns and materials (such as guidance for assisters on public charge, when the final rule is issued).

Funders cannot make up for the federal government's disinvestment in outreach and enrollment, but continued strategic investment may help keep the goals of the Affordable Care Act afloat. In the short term, funders could consider investments in proven strategies such as support for boots on the ground, or investigate some of the innovative approaches identified in the case studies highlighted in this brief.

Methods

We first conducted informational background interviews with eight key informants from organizations funded by RWJF to support activities to promote open enrollment nationwide (such as creating materials, conducting training, and so on), and from two other groups focused on promoting ACA-related coverage. We used those interviews to generate leads on potential case study candidates, and to help identify Navigators or assisters who focused on enrolling Hispanic/Latino families, African Americans, immigrants, young adults, and people living in rural areas. Using those leads, we then conducted 28 interviews with 36 respondents to generate findings for this study. Of the 36 respondents, 26 were frontline assisters or Navigators, or worked for an organization offering Navigator or certified application counselor assistance (such as a Navigator supervisor). The remaining 8 respondents were state officials, state contractors, or funders whose work directly related to the case studies. All interviews were conducted between December 2018 and March 2019. Interviews were recorded and professionally transcribed, and coded using Atlas.ti software. We also reviewed documents provided by RWJF staff and respondents, including grant reports, and analyzed federal enrollment data.

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APPENDIX

Case Study: South Carolina—Transitioning From Marketplace Navigators To Nonprofit Insurance Agency In Fall 2018

Background. The Palmetto Project is a nonprofit community agency founded in 1984 to help find and implement solutions to social and economic challenges in South Carolina. Since the first ACA open enrollment in late 2013, Palmetto Project staff had served as Navigators, helping consumers enroll in FFM, Medicaid, and/or CHIP. Annually from 2014 to 2016, Palmetto Project received over \$1 million in federal Navigator funds, which supported over 60 Navigators statewide. In 2017, Palmetto Project lost nearly \$600,000 in Navigator funding, limiting them to about 30 Navigator staff serving in 17 of 46 counties. Given these cuts, Palmetto Project staff thought CMS might eventually eliminate the Navigator program and shift to an all agents/brokers model for the FFM. Also, they were concerned about changes to the Navigator program, especially the new 2018 requirement that Navigators had to inform consumers of the “full array of options” for coverage, including short-term plans (CCIIO 2018a). Palmetto Project leaders worried that these plans might be attractively priced, but ultimately not right for many consumers, and were uncomfortable about promoting them.

Developing a self-sustaining model. Palmetto Project staff knew a nonprofit insurance agency model—in which the commission fee an insurance company pays for each consumer enrolled goes to the agency, not individual agents—might be feasible, since another group had implemented this model in 2015 (Napa Valley Register 2015). After the South Carolina Department of Insurance affirmed that there was no prohibition on forming a nonprofit insurance agency, Palmetto Project staff worked with staff from Lourie Life and Health, a local insurance broker, in spring and summer 2018; Lourie Life and Health agreed to help Palmetto Project assess the viability of the model.⁹ If Palmetto Project became an insurance agency affiliated with the Lourie Life

and Health brokerage, they would (1) mentor and train staff to become licensed agents, (2) provide marketing support, and (3) help Palmetto Project develop contracts with insurers to offer various insurance products.¹⁰ Offering a variety of products was important to Palmetto Project staff: “We felt strongly we did not want to become a captive agent, for example beholden to just one insurer offering Medicare.” Offering varied insurance products and plans was also important for sustainability since Palmetto Project planned to use commission fees earned to finance consumer assistance, making it self-sustaining.

Securing seed money. Palmetto Project would not begin to receive fees until enrollment began in January 2019. To launch the model, Palmetto Project applied for funding from the Coastal Community Foundation of South Carolina’s impact investment portfolio, which offered low-interest loans to regional projects through a competitive process in which applicants could propose their own loan terms.¹¹ Coastal Community Foundation staff noted two critical factors in Palmetto Project’s award: (1) the potential social impact—helping local families obtain health insurance coverage that could improve their economic security; and (2) the fact that the model had been successfully implemented elsewhere. Palmetto received a \$250,000 loan, to be paid back over two years.

Challenges. Securing funding was critical, but there were other challenges to overcome:

- **Staff unease.** Existing Navigator staff were uneasy about becoming agents (known as “resource specialists”) who would be “selling” insurance. Palmetto Project assured them that (1) the new model would enable them to assist more consumers than they had as Navigators, and (2) they would still focus on finding the best plan for each consumer.
- **Staffing.** To hire new staff, Palmetto Project sought people with sales or insurance experience.¹² During open enrollment, they found these staff focused on

closing the sale, and they had trouble integrating them into the nonprofit agency model: “[We learned that] philosophically we just disagreed. Closing a deal is not of primary concern to us.” In the future, Palmetto Project plans to hire staff with social worker backgrounds, similar to their Navigator recruiting efforts of the past.

- **Learning curve.** Palmetto Project staff were trying to learn about the Medicare program—and the 18 Medicare products offered in South Carolina—two months before Medicare open enrollment began in October 2018. Helping Medicare consumers select a plan was challenging, and often took more time and research than an FFM enrollment.

Advantages. Informants noted some advantages of becoming licensed agents:

- **Ease.** Agents use a different—and reportedly more user-friendly—portal to enter the FFM than Navigators use. On the portal, they can see if consumers pay their first premium to effectuate their coverage—which they could not see as Navigators. This helped Palmetto Project conduct targeted phone calls to remind consumers to pay and troubleshoot if needed. As Navigators, “...most of the time when people didn’t pay their premium payments we wouldn’t know until they’d been kicked off.” They also could help consumers by phone or email; as Navigators, they were required to schedule in-person appointments.
- **Expanded audience.** Staff found it “freeing” that they could help any consumer who came to Palmetto Project for help. One staffer said, “I can help any resident of...South Carolina regardless of income, citizenship status, employment status, marital status.... Whereas as a Navigator, I would have to say, ‘Oh, I’m sorry, you’re Medicare, I can’t do that.’ Or, ‘Oh, you make too much [to qualify] for the Marketplace, I can’t help you with that.’”
- **Indistinguishable to consumers.** Most respondents believed consumers did not notice a difference

when Palmetto Project changed from a Navigator to an insurance agency; consumers came because of Palmetto Project’s reputation, and were pleased with the help.

Accomplishments:

- 9 assisters hired, trained, and licensed as insurance agents
- Assisted nearly 800 consumers, including nearly 350 new Marketplace enrollees
- 95 percent effectuation rate (rate of both enrollment and payment of first premium)
- Based on fall 2018 experience, expect to be self-sustaining in two years

Advice. Beyond the challenges noted above, informants offered other insights for groups considering this model:

- **Experience helps.** Informants thought groups that had previous certified application counselor or Navigator experience would have the easiest time implementing this model.
- **Consider an incremental approach.** Palmetto Project had two months to complete all training and licensing requirements. They would advise others to allow more time, if possible. One respondent suggested delaying Medicare enrollments until the second year, for example, because they are more complicated than FFM enrollments.
- **Keep first-year productivity estimates conservative.** Palmetto Project overestimated how many consumers it could help during open enrollment; inexperience with non-Marketplace enrollments and renewals made helping these consumers more difficult and time consuming.

CASE STUDY: MARYLAND—EXPANDED MARKETING TO SPUR ENROLLMENT AFTER IMPLEMENTING REINSURANCE PROGRAM

Background. Maryland administers its own health insurance Marketplace and has struggled to help insurers provide affordable coverage. From 2014 to 2018, rates on Maryland’s individual market rose 166 percent, and the projected increase for 2019 was over 200 percent (MHBE 2018). Three insurers left the state Marketplace since 2016, leaving only two (MHBE 2018). To reduce and stabilize premiums—and attract new insurers—Maryland applied to CMS for a multiyear Section 1332 waiver to implement a reinsurance program.¹³ Reinsurance programs help Marketplace insurers mitigate the impact of high-cost claims (Keith 2019). Maryland’s approved Section 1332 waiver finances the reinsurance program using federal pass-through funding and a fee charged to insurance carriers (Keith 2019; Cousart and Riley 2019).

Enrollment in the Maryland Health Benefits Exchange (MHBE) declined in 2018.¹⁴ To boost enrollment, MHBE increased its marketing investment by \$1 million, to \$1.8 million total for the November–December 2018 open enrollment period. Savings achieved through efficiencies in Marketplace call center contracts enabled MHBE to fund this increase. The biggest factor supporting the increase was a belief by MHBE staff and board members that consumers would not be aware of the cost savings resulting from the reinsurance program without a major marketing campaign. Two other factors also supported the increase: (1) research by Covered California suggested states and the federal government were underspending on marketing to reach eligible consumers (Lee et al. 2017); and (2) Maryland had benefited from federal advertising in Pennsylvania, Virginia, and West Virginia that reached Maryland media markets until 2017, when a \$90 million cut to advertising in FFM states meant Maryland consumers saw fewer open enrollment ads.

Design. To identify messages that motivate enrollment, in 2018, MHBE’s advertising and communications agency, GMMB, interviewed 40 uninsured consumers from diverse areas of the

state. They learned that these consumers wanted health insurance, but had found Marketplace options unaffordable. This finding suggested that messages highlighting the new, lower premiums would be critical. MBHE also analyzed insurance, income, and geographic data, to help the campaign target its resources.¹⁵

The campaign encouraged consumers to “think again” about coverage options. Messages emphasized that (1) premium prices had dropped, (2) 9 in 10 Maryland consumers received help paying for their premiums in 2018, and (3) in-person help was available in every county. GMMB deployed the campaign via print, radio, television, billboards, in-store advertising, social media, and email, among other methods. To help disseminate messages, MBHE also worked closely with the state’s eight contracted consumer assistance organizations—which provide one-on-one enrollment support and have their own advertising funding—and its more than 1,000 partners. For example, through an interagency partnership, the state’s Department of Licensing and Labor sent 70,000 postcards to independent contractors advertising open enrollment. Other partners, from community groups to colleges to health care providers, shared messaging through social media or community forums, and hosted events.

Since about one-third of uninsured Maryland residents are African American, and another one-third identify as Hispanic, the campaign worked to engage these groups.¹⁶ For example, campaign ads included actors of different races, ethnicities, and genders. GMMB also contracted with local social media influencers working on platforms such as Facebook, Instagram, and Twitter to appeal to different audiences. “We gave them our core messages and the visuals we were using, but we emphasized that we really wanted them to create the content so that it was authentic, in their own voice, so that it would resonate with their followers.... What is really powerful about the content they shared is the conversation that followed.” To reach the Hispanic community, GMMB contracted with

Cool & Associates, a consulting firm focused on “connecting the mainstream community to the Hispanic community” (Cool & Associates 2019).

Their expertise and connections in the state helped “Latinize” and localize campaign messages, using native Spanish speakers for translation, rather than machine translation. Cool & Associates also developed partnerships with local trusted influencers, such as pastors and media personalities, who could support social media and efforts like family-focused events. As one respondent observed, “They were able to make connections in areas we had been unable to tap into previously.”

Advantages. Maryland had several advantages compared to states that use the FFM:

- The governor, legislature, and state offices support MHBE’s mission of increasing coverage. MHBE has significant resources and decision power, and could hire a creative ad agency.
- The state’s marketing approach is layered—centralized through MHBE, but individualized by eight consumer assistance agencies. Local agencies can invest in initiatives likely to engage local consumers.
- The state’s digital marketing campaign was continuously adjusted. GMMB could shift resources to a particular ad, message, or visual, based on consumer response data. Metrics—such as how many consumers watched an entire video ad, clicked on the ad, created an account, etc.—enabled marketers to “dial up” investments that caused consumers to act.
- A few informants cited the reinsurance program and lower premiums as a huge advantage; advertising helped engage consumers, but affordable coverage was equally important.

Outcomes:

- Reinsurance led to an average premium decrease of 13 percent.

- Total enrollment increased by 2.2 percent from 2018 to 2019. Enrollment increased by 8 percent among African Americans, 2 percent among Hispanics,¹⁷ and 4 percent among young adults ages 18–34.¹⁸ Overall, enrollment was 20 percent higher than actuaries predicted it would have been without reinsurance (Norris 2019).
- Indicators suggest marketing messages resonated with consumers this year. For example, more consumers previously enrolled in silver plans switched to gold plans this year. This aligned with messages that consumers should “think again” and shop for options. The share of enrollees who qualified for a subsidy (i.e., lower income enrollees) also rose, suggesting that financial assistance messages registered with consumers. Finally, GMMB reported “click through rates” from their online advertising of 20 percent, higher than the industry standard of 3 percent.

Messages that worked best in Maryland

- Ads saying rates had dropped for most insurance plans drove the most traffic to the MHBE Connector enrollment website.
- Ads saying 9 in 10 Marylanders who enrolled last year got financial help drove the most conversions (in which consumers click on an ad, go to the Marketplace website, and either create an account or sign in).²⁰

Advice. Informants recommended these steps. First, identify the campaign’s priority, to guide the strategy: Is it increasing enrollment overall? Getting more young adults to enroll? Something else? Second, use all available data to inform the strategy and allocate resources effectively, no matter the level of investment. Third, marketing can’t be the only approach; to succeed, pair advertising with strong in-person assistance and a wide range of supportive partners.

CASE STUDY: NEW JERSEY—INCREASED COORDINATION AND STATE INVOLVEMENT IN OPEN ENROLLMENT

Background. Governor Phil Murphy took office in January 2018, promising a pro-ACA health care agenda in New Jersey (Jennings 2017). The Murphy administration's changes for the 2019 open enrollment period included:

- Establishing a reinsurance program and passing individual mandate legislation, which together resulted in an average 9.3 percent reduction in premium rates for 2019 (State of New Jersey 2018a).^{21,22}
- Assuming management functions for ACA Marketplace plans, and requiring all state entities that interact with the public to provide information on ACA enrollment (Insurance NewsNet 2018).
- Launching a Get Covered New Jersey public awareness campaign on October 30, 2018. The campaign included a new website for consumers, GetCovered.NJ.gov, and outreach materials for state partners and community organizations to use (State of New Jersey 2018a). In addition, the Department of Health and the Banking and Insurance Commissioners sent letters to health care providers, community organizations, and public and nonprofit agencies about distributing the promotional materials to consumers (State of New Jersey 2018b).
- Providing \$375,000 to support five community organizations that serve as ACA Navigators or assisters and investing \$450,000 in advertising (State of New Jersey 2018a, 2018c).

Through RWJF's State Health and Value Strategies program, New Jersey also received in-kind support from GMMB, a communications company, to help develop a toolkit for the state and stakeholders with research-based guidance on messaging, sample social media posts and graphics, FAQs, and outreach materials. GMMB helped the state provide cross-agency training materials and leverage partner networks to share information about open enrollment statewide. This included partnering with New Jersey Citizen Action (NJCA), a grassroots organization funded by RWJF.

The state participated in NJCA's outreach and enrollment events, such as a convening with stakeholders before open enrollment and a kickoff event for consumers.

Advantages. The outreach and enrollment community benefited in several ways this year:

- **New stakeholders' involvement.** Respondents appreciated the state's increased investments, acknowledging its high quality outreach materials, its openness to collaboration, and the benefit of having the "bully pulpit" on their side. The state's investments in advertising and support for Navigators and assisters helped to partially offset federal funding cuts. Likewise, new RWJF funding supported many efforts in the state this year, from GMMB's work advising the state on its communications/advertising strategy and its independent kiosk project, to funding NJCA to help collaborate with the state and other partners and to coordinate messaging. RWJF funding also supported NJCA's digital advertising efforts, as well as frontline work such as the library outreach program that targeted immigrant communities.
- **Cooperative partnerships.** Although state officials were new partners on this work, respondents praised them for listening to experienced partners' suggestions, such as NJCA's experience managing a state-based website. Frontline organizations harnessed existing relationships with community partners to disseminate materials and interact with consumers. Other new partners played key roles as well: for example, retail stores were reportedly thrilled to run the kiosk ads promoting open enrollment and appreciated that they were not trying to sell "a product or gimmick" but rather a public service message that resonated with them and their customers.

Challenges. There were also challenges this year:

- **Compressed timeline.** The state had a compressed, six-week timeline for rolling out the marketing campaign, likely due to competing priorities and the fact that this was the first year for these activities.

There were some miscommunications and delays: for example, some partners did not have outreach materials ready on the first day of open enrollment because they needed time to incorporate the state's new website address.

- **Funding.** Despite investments by the state and RWJF, funding shortfalls hindered work. For example, the federal Navigator budget for New Jersey was cut by 35 percent this year (CCIO 2018b, 2019). Accordingly, the Center for Family Services reported struggling to provide statewide coverage as the state's sole Navigator, despite the statewide hotline, added sites across the state, and supplementary state funding to community organizations to support certified application counselors.²³ Although the state invested \$450,000 in advertising, this was perceived to be quite low given the size of the state and high advertising costs in the nearby New York City and Philadelphia metropolitan markets.
- **Data limitations.** As an FFM state, New Jersey cannot easily access enrollment data to target outreach to uninsured people. Instead, the state relies on proxy measures and broader, but less effective, outreach tactics. For example, NJCA had to use older census data paired with an insurer's analysis for its digital advertising strategy. Other partners used broad distribution lists, but wished they had access to targeted lists to reach out to eligible or interested consumers.

Outcomes

- NJCA's online banner ads on Facebook, Instagram, and Twitter generated 2,797,324 impressions, and led to 14,284 visits to healthcare.gov.
 - 418,000 videos played as people walked by the in-store pharmacy kiosks; 7,000 people watched a video on open enrollment while their blood pressure was taken; and 2,600 stayed long enough to see the final ad when they received their blood pressure results. (The number of people who enrolled after viewing the advertisements is unknown.)
- Respondents reported that consumers greatly appreciated the direct toll-free line for consumers provided by the state's sole Navigator, the Center for Family Services, which was particularly helpful for certain populations, such as those with transportation barriers. Respondents also said consumers often called the state line after being frustrated with service on the healthcare.gov line.
 - Despite these efforts, Marketplace enrollment in New Jersey fell 7.1 percent this year; whether the rate of uninsured increased won't be known until Census Bureau data are released in 2020. Some respondents noted that other factors may have played a role, such as more people accessing employer-based insurance or signing up for off-market silver plans that were cheaper than Marketplace plans (data are not available to validate these speculations). Moreover, the advertising investment was modest and came relatively late during the open enrollment period. Some respondents also speculated that anti-ACA rhetoric and confusion about potential changes to public charge rules may have suppressed enrollment.

Advice. Beyond the challenges noted above, informants offered the following advice:

- **Kiosk strategies add value to integrated marketing campaign.** GMMB noted that in-store kiosk advertising reinforces messaging that consumers may receive elsewhere; in cases with very limited budgets, they would recommend investing in digital advertising and other strategies to help consumers directly sign up for health insurance.
- **Diverse outreach sites are still needed.** Make the Road New Jersey had hoped that library outreach to immigrant communities would be effective, given that libraries are trusted, safe, and free spaces—but foot traffic was lower than expected, and they reached more consumers at special outreach events. Make the Road considers library outreach valuable, but recommends using it to complement other community outreach at diverse, high-traffic events and/or spaces.

ENDNOTES

- ¹ According to the Kaiser Family Foundation (2019), as of 2017 34 states had implemented the Medicaid expansion option. Since 2017, an additional 3 states have adopted the Medicaid expansion.
- ² Cost-sharing subsidies reduce out-of-pocket spending on Silver tier Marketplace coverage. Although federal funding has been cut, the benefits remain available to eligible enrollees who select Silver plans; health insurers add these costs into their Silver plan premium costs, increasing the cost of coverage on paper (Norris 2018). Because premium subsidies are based on the cost of more expensive Silver plans, the end result is that the federal government pays more in premium subsidies for consumers who select Silver plans and who are eligible for premium subsidies (Cunningham 2017).
- ³ Under current law, immigrants who use public benefits, but not health benefits other than long-term care, can be deported as “public charges” (Parmet 2018). The current administration is advancing a policy that would expand the definition of public charge to include use of any health benefits by immigrants, including Medicaid and the Children’s Health Insurance Program (Shear and Nixon 2018).
- ⁴ For example, from 2010 to 2016, RWJF was a major funder of Enroll America, a nonprofit group focused on maximizing ACA enrollment and retention primarily through data-driven, campaign-style methods to raise awareness among target populations. For the past two years, RWJF has supported several advocacy and nonpartisan research groups to promote enrollment and retention through direct consumer outreach and education, as well as supporting education and training for Navigators and assisters.
- ⁵ For simplicity, we use the term “enrollments” to refer to the number of unique individuals who have been determined eligible to enroll in a Marketplace plan and either have selected or have been automatically re-enrolled into such a plan; the insurer may or may not have received any premium payments yet.
- ⁶ The other three respondents said they did not know.
- ⁷ Plans sold on the Marketplaces are presented in four “metal” categories: bronze, silver, gold, and platinum. Metal categories are based on how consumers and the health insurer split the costs of health care.
- ⁸ In August 2018, the U.S. Department of Health and Human Services finalized regulation changes that loosened restrictions on short-term health plans, plans that are not required to comply with ACA regulations such as covering certain essential health benefits or removing annual or lifetime caps on benefits (Appleby 2018).
- ⁹ Palmetto Project’s Navigators observed that staff from Lourie Life and Health, an established South Carolina insurance brokerage firm, treated consumers and other Navigators respectfully. Its owner was familiar with the way Palmetto Project’s community and civic initiatives and safety net programs had benefitted numerous South Carolinians.
- ¹⁰ In addition to the fee insurers pay insurance agents for each enrollment, insurers also pay a fee to the sponsoring insurance brokerage firm for each enrollment; this helps the brokerage pay for the training, marketing, and other supports it provides to its agents. Insurance agencies need to have contracts with each insurance company to be able to sell their products. For Medicare enrollments, the agency and broker continue to receive a monthly fee as long as the consumer remains enrolled in the plan.
- ¹¹ Coastal Community Foundation was offering either loans, loan guarantees, or equity investments between \$50,000 and \$600,000; applicants could propose their own loan terms, including the amount of the loan and repayment terms. The Foundation required a social and financial return, although the financial return could be below-market rates, and had to be within the catchment counties served by the Foundation (see <https://coastalcommunityfoundation.org/placebasedimpact/>).
- ¹² New staff were needed based on Palmetto Project’s projections of how many people it needed to enroll each year to repay its loan and become self-sustaining.
- ¹³ RWJF’s State Health and Value Strategies program provided Maryland with direct technical assistance support when developing its reinsurance program.
- ¹⁴ Marketplace enrollment had declined by 2.6 percent in the prior year, after consistent gains from 2014 to 2017, according to Mathematica analysis of CMS final enrollment numbers published annually, 2014–2018.
- ¹⁵ MBHE staff use ArcGIS, mapping software that can be analyzed in combination with other data, such as IRS data on Maryland residents who paid the federal tax penalty for not having coverage, by income strata.
- ¹⁶ Based on an analysis of 2017 health insurance coverage by state, race and Hispanic origin status; see <https://www.census.gov/cps/data/cpstablecreator.html>.
- ¹⁷ This 2.2 percent drop is based on a comparison of 2018 data to the 18,344 individual enrollees in 2019 who both selected a Marketplace plan and voluntarily selected “Hispanic” on their enrollment form in Maryland. These individuals could also choose to provide separate information about their ethnic group. The CMS website (CMS 2019) reports a different statistic: they pull data from the “ethnic” voluntary data category, which includes only consumers who indicated they are Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, or “other” ethnicity.
- ¹⁸ One of the consumer assistance groups that serves three rural counties said enrollment was up by 20 percent this year, although statewide data on rural enrollment were not available at the time of this writing.
- ¹⁹ Other research showed the state population is stable, and there were no significant changes in offers of employer-sponsored coverage in the state that might have increased (or decreased) Marketplace enrollment.
- ²⁰ Because of security requirements, they cannot track if an ad led to an actual enrollment, only whether consumers created or signed in to an account.
- ²¹ RWJF’s State Health and Value Strategies program provided New Jersey with direct technical assistance support when developing its reinsurance program.
- ²² In addition to reinsurance, the individual mandate legislation helps lower premiums because requiring everyone to obtain health insurance coverage decreases the overall risk that insurers face (risk is less adverse when healthy individuals join the risk pool).
- ²³ The state provided \$375,000 to support five community organizations. CFS and the other four organizations each received \$75,000.