



# Getting Ready for Enrollment in 2013

Alameda County Board of Supervisors  
Health Committee Hearing  
March 26, 2012

*Presented by*  
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# About Enroll America

**Mission:** ensure that all Americans get enrolled – and stay enrolled – in health coverage.

**Diverse Partners:**

- Consumer groups
- Insurance companies and health plans
- Hospitals and community health centers
- Providers
- The Rx industry
- Civic organizations
- Organizations representing communities of color
- Many more

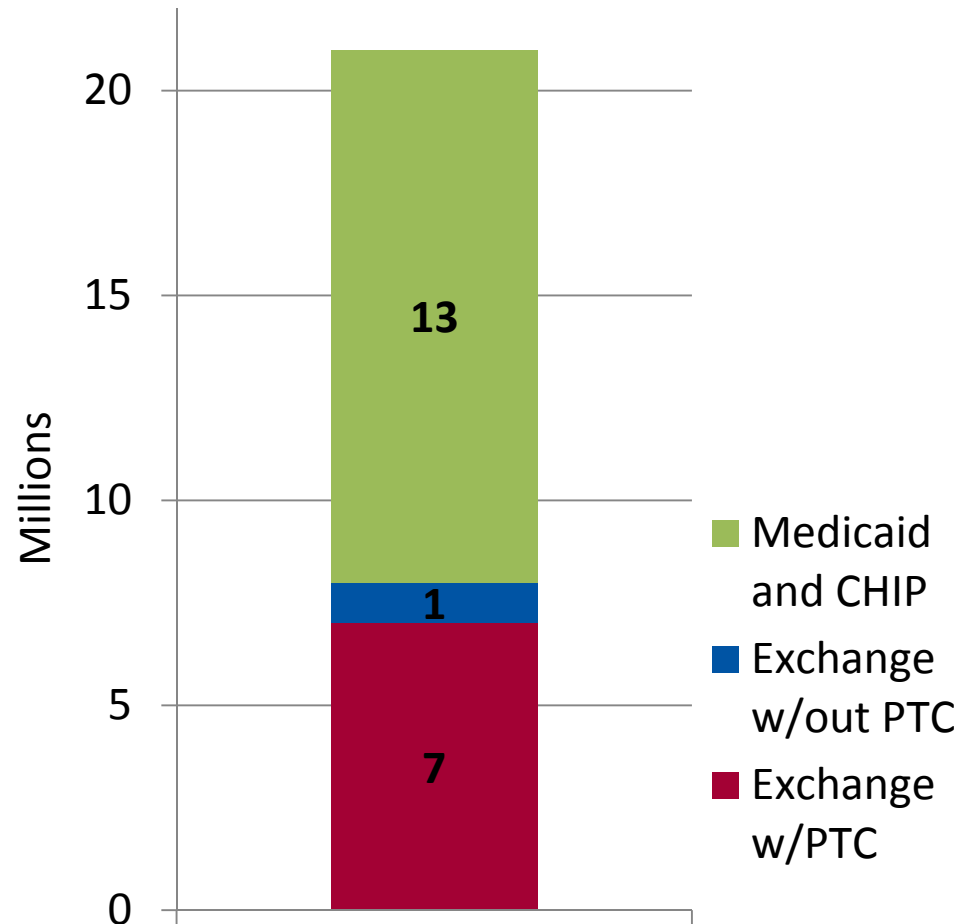


**Two-fold strategy:**

- Promoting Best Practices
- Raising Public Awareness

# The Enrollment Challenge

- Enroll at least 21 million people in coverage in 2014
- 8 million in exchange coverage
- 13 million in Medicaid or CHIP



Source: March 2012 CBO estimates

### How will people APPLY for coverage?

- Online? By phone? On paper?
- Available in the right languages?
- Written in plain language?
- Accessible for people with disabilities?

### What ASSISTANCE will they need?

- Understanding the application and eligibility process
- Counseling on tax credit decisions
- Help choosing a plan and learning how to use it

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## Best Practices Institute

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### What SYSTEMS will need to be developed to make it possible?

- Consumer-friendly “front end”
- “Back end” systems that are coordinated between Medicaid, the Exchange, CHIP, other programs
- Connections with data that can help prove eligibility

### How can people KEEP coverage once they’ve got it?

- Data-driven renewal
- No need to return forms
- Opportunities to update information and change coverage as circumstances change

# Raising Public Awareness

How do I sign up?

Am I eligible?

Enroll America will collaborate with state, federal, and private sector partners to create a coordinated effort to:

- Conduct consumer and market research to identify effective messages and messaging strategies
- Develop a broad public education campaign that will begin in 2013 which will include substantial advertising in print, electronic, and new media outlets

Why should I enroll?

But open enrollment doesn't  
start until October 1, 2013...



What can be done  
right now to promote  
enrollment?

## 7 Concrete Steps for 2012

1. Take advantage of federal funding.
2. Develop an outreach plan.
3. Automate enrollment for early gains.
4. Minimize documentation requirements.
5. Promote data-driven eligibility systems.
6. Redouble efforts on consumer assistance.
7. Make materials easy to read and understand.

# 1. Take advantage of federal funding.

## Medicaid 90/10

- Eligibility and claims systems upgrades
- Must meet 7 criteria, including seamless coordination with an exchange
- Available through 12/15
- 75% match for operations and maintenance

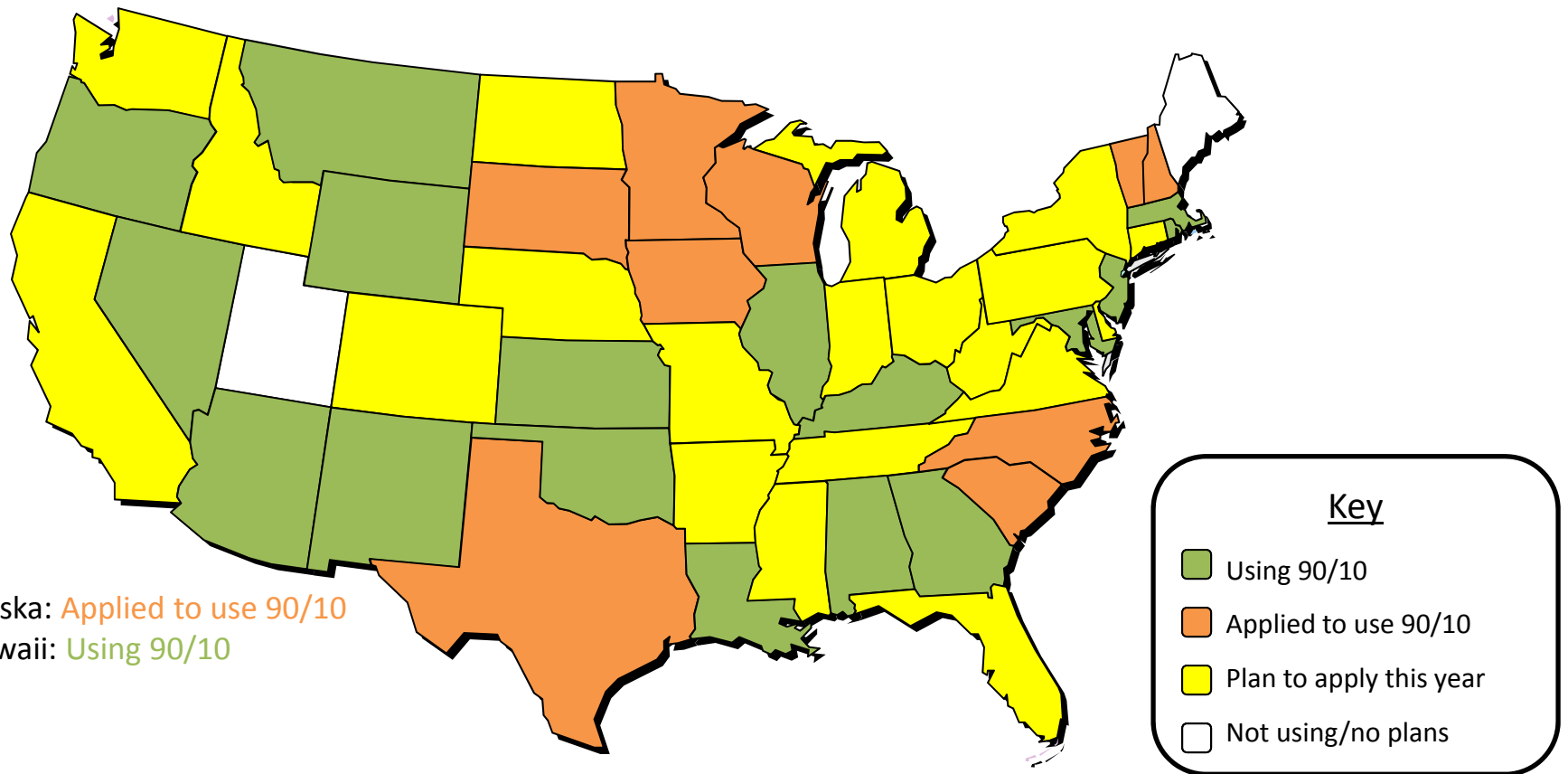
## Exchange Establishment Grants

- Activities related to creating an exchange (11 core areas, including stakeholder consultation, program integration, Exchange IT systems, providing assistance to individuals and small businesses)
- Available through 1/1/15
- Level I and Level II



# Federal Funding

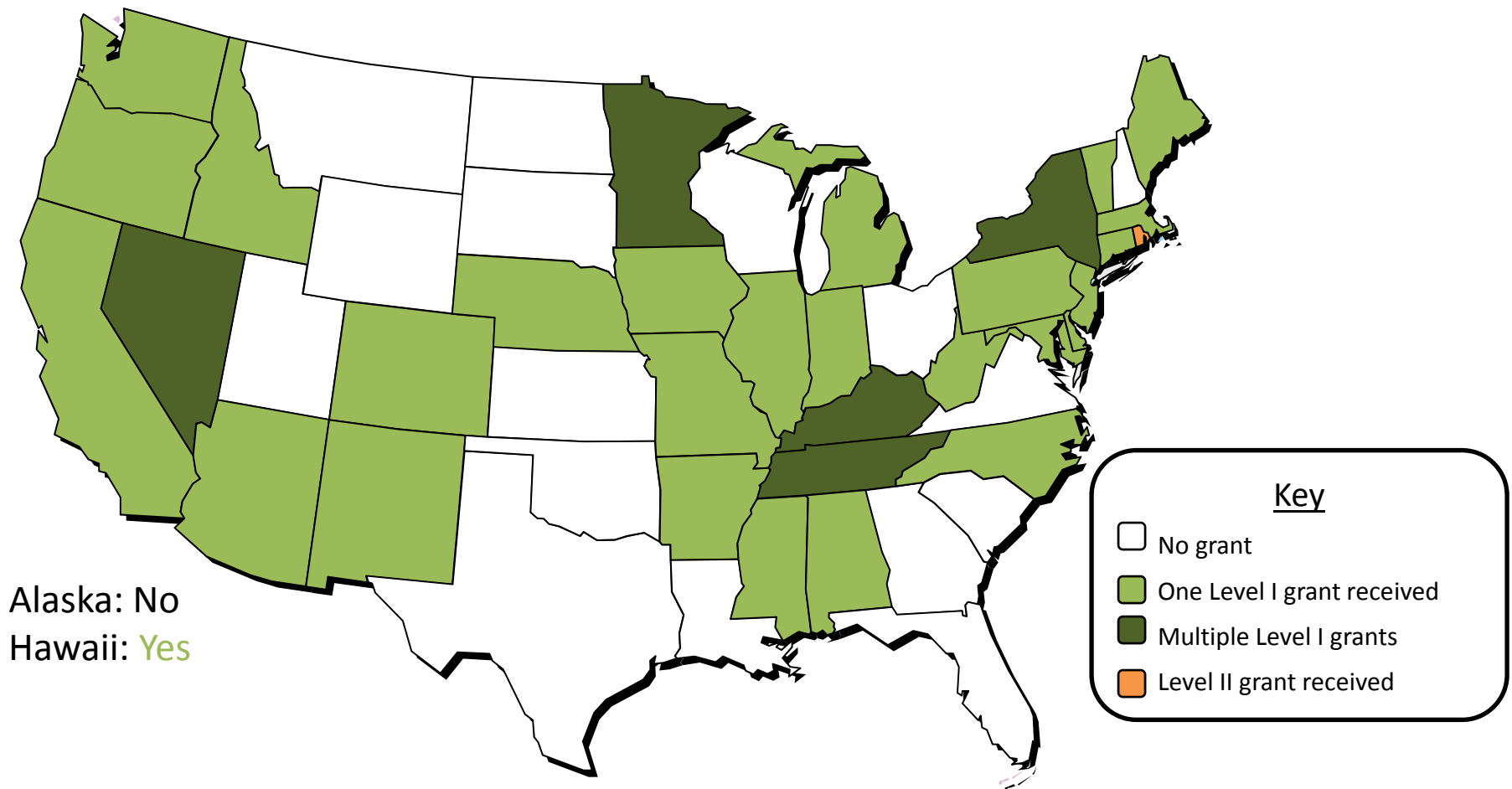
## Medicaid 90/10 match



Source: *Performing Under Pressure: Annual Findings of A 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP, 2011-2012*, Kaiser Family Foundation, January 2012.

# Federal Funding

Exchange Establishment Grants, as of March 2012



## 2. Develop an outreach plan.

### A. Who are the uninsured in your state?

- Urban/rural?
- Preferred language?
- Age?

### B. How will you reach them?

- What media and messages work best?
- Who are the boots-on-the-ground?

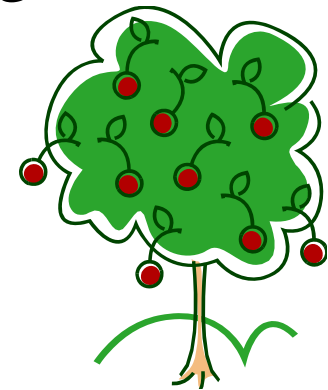
# Case study: Washington State

- Hired messaging and communications experts to conduct stakeholder interviews, focus groups, and a survey
- Drafting public education and outreach plans to include in Level II Establishment Grant



## 3. Pick the low-hanging fruit.

- Uninsured people known to the system
  - Parents of kids already in Medicaid/CHIP
  - SNAP enrollees
- Insured people whose coverage will change in 2014
  - Separate CHIP enrollees with income <133% into Medicaid
  - PCIP enrollees into exchange plans



## Case study: Louisiana



- Uses SNAP records to conduct children's Medicaid enrollment and renewal
- 1<sup>st</sup> year: enrolled more than 20,000 children and renewed coverage for more than 156,000
- Significant administrative savings

## 4. Minimize documentation requirements.

- States allowed to accept self-attestations for most eligibility information (excluding citizenship/immigration status), but not required
- Only request the minimum information needed to make a eligibility determination
- When documentation is needed, go electronic!



## 5. Promote data-driven systems.

- Encourage cooperation and collaboration across local, state and federal agencies
- Mirror data matching arrangements across agencies/programs
- New federal rules for timeliness and performance standards related to eligibility determinations
  - Promptly and without undue delay
  - Expectation is for real-time





## 6. Redouble consumer assistance.

- Navigators: necessary but not sufficient
- Online applications do not mean less assistance will be needed
- Trusted community partners are especially key to reaching ethnic minority groups and non-English speakers
- Consumer assistance should be available in many forms, at the time and place the consumer needs it

## 7. Make materials easy to read.

- Well-written materials = easier for everyone
- Readability isn't just about grade level
- Plain language
- Appropriately adapted translations
- Clear, appealing design
- Focus groups and usability testing



# Collaboration: A Key to Success

Whether it's policy implementation or outreach planning, both are most successfully driven by collaboration across government, nonprofit, and corporate sectors.

- Sharing Resources
- Sharing Information
- Planning Together



# Thank you!

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