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STATE OF ENROLLMENT

Health Insurance Outreach and Enrollment during COVID-19

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Introduction

Signed into law in 2010, the Affordable Care Act (ACA) has succeeded in two of its main objectives: greatly increasing insurance coverage for millions of Americans, and enacting key consumer protections and insurance reforms. From 2010 to 2016, 20 million Americans gained health coverage, decreasing the uninsured rate from nearly 18% in 2010 to 10% by 2016.¹ Young adults (18-34) saw especially strong gains. Before the ACA, 30 percent or 1 in 3 young adults lacked health insurance, but by 2018 that rate was cut in half, to just 15 percent. Additionally, key insurance reforms greatly strengthened consumer protections and the quality of insurance: ending discrimination against people with pre-existing conditions, eliminating annual and lifetime caps, requiring plans to cover a minimum set of benefits, and limiting the amount of premiums that could go toward administrative costs and profits, rather than toward health care costs. Lawmakers, aware that extensive outreach and education would be needed to help consumers adapt to the new landscape and take advantage of these new health coverage options, incorporated health coverage enrollment assistance into the ACA, known as the Navigator program.

Given the complexities of the new law, higher uninsured rates among young people, and lower rates of health literacy among young adults, opportunity was ripe for a national public education campaign targeting young people, led by young people, in coordination with Navigator programs across the nation. Young Invincibles, founded by young adults motivated by the recognition that young people's voices were not being heard in the debate over health care reform, set out to provide targeted peer-to-peer education to young adults across the nation. Through a campaign of storytelling, direct outreach, and train-the-trainers to partner networks on outreach best practices, YI helped to educate and enroll hundreds of thousands of young people. In the years since, YI has grown from a small start-up to a national organization with a strong focus on consumer education across health care, higher education, and other key issues of economic opportunity.

With the roll out of the health insurance marketplace in 2013, Navigators and certified application counselors (CACs), collectively known as “assisters,” got to work helping consumers navigate the complexities of enrolling in health coverage. Rooted in the communities they serve, assisters offer free, expert help with marketplace applications, plan selection, health insurance literacy education, marketplace appeals, and myriad other issues consumers face when shopping for health coverage.

As assisters ramped up their work, many groups faced the same set of extraordinarily difficult and novel problems unique to Open Enrollment and the ACA. However, few opportunities existed for assisters to share their experiences and best practices with each other. During the first Open Enrollment, when assisters were trying to navigate a glitchy HealthCare.gov, broad lack of consumer awareness, and more, having a central place to listen to and share with other assister groups was essential.

YI wasn't the only organization founded to help consumers make sense of the ACA. Enroll America launched its “Get Covered America” campaign in 2013 to inform Americans about their new health insurance options. With

YI's laser focus on young adults and Enroll America's broader consumer awareness campaign, the Get Covered Coalition was founded in 2014. The coalition offered a unique opportunity to not only help enrollment assisters share these best practices, key messaging, and essential resources, but also to provide a space for national partners and key stakeholders to share regulatory, legal, and other major national updates to the ACA that assisters needed to know about to be most effective in their work.

Assisters faced other challenges as well during the early days of the ACA. With no coordinated scheduling system and no directory of where consumers could go to find help, consumers had to overcome substantial confusion and often faced wildly uneven wait times. Assisters at one location might have a hundred people waiting to get help while assisters at another may not see a consumer for hours.

Developed by Enroll America in 2014 and managed by Young Invincibles since 2017, the Get Covered Connector ("Connector") sought to solve this problem. The Connector is a nationwide online scheduling tool that allows consumers to search for free local enrollment assistance. The Connector allows partners to create appointment schedules, track outcomes, and create program reports. Community coalitions such as nonprofits, hospitals, Navigator groups, and federally-qualified health centers are using the Connector for aggregated reporting, outreach, and organizational purposes. More than 600,000 appointments have been scheduled via the Connector. While other scheduling tools exist, the Connector is the only online scheduling tool that was developed and tailored specifically for ACA marketplace enrollment.

The State of Enrollment Report has been published three times before by Enroll America, in 2014, 2015, and finally in 2017. Since the last report, the enrollment world has been turned upside down. From a yearlong effort to repeal the ACA through Congress in 2017, to defunding and deregulating by the Trump Administration, and finally a global pandemic, assisters have had to overcome new forms of adversity and develop a brand new set of best practices along the way.

As the new Biden administration decides the future of health care reform, the ACA, and the Navigator program, Young Invincibles seeks to elevate the voices closest to the realities of ACA implementation, the successes of assister programs nationwide, as well as the challenges and barriers assisters face in making sure the most vulnerable Americans have access to quality, affordable coverage.

Over the first several months of 2021, YI conducted interviews with dozens of people within the enrollment community, representing 13 different programs across 15 different states. Interview participants conduct enrollment assistance directly, provide outreach and education within their communities, and/or provide policy support to assisters. Among these groups were Navigators, health centers, advocacy groups, state agencies, think tanks and other community-based organizations. While nearly all in this community focus on marginalized populations who traditionally face systemic barriers to coverage, we prioritized groups that primarily or solely focus on the hardest to reach populations. We heard from immigrant groups in Michigan, health centers in South Texas, out-of-work performing artists in New York and California, legal aid societies in North Carolina among others, and summarized what we learned from them in the following report.

Background

Over the years, assisters have become trusted voices in their communities, offering unbiased, accurate information about not only health insurance, but other community resources, as well as the ACA as a whole. According to a Kaiser Family Foundation report, 94% of consumers who worked with an assister said the experience was helpful, and nearly half reported they would not have gotten covered if not for this assistance.²

The first Open Enrollment period for assisters began in October 2013 with the roll out of the new health insurance marketplace, leading up to full implementation of the ACA on January 1, 2014. The initial rollout was severely hindered by website glitches, crashes, and other issues that kept millions of consumers from successfully enrolling during their appointments. Months passed as government contractors worked to fix HealthCare.gov. Meanwhile, assisters scrambled to find solutions in the face of frustrated consumers. Once the website was finally back up and running, pent up demand meant assisters were inundated with consumers looking to sign up for insurance. Overall, assisters spent the first Open Enrollment Period learning to fly the plane while building it. However, in the months and years that followed, the outreach and enrollment community found its footing. With adequate funding for their programs, assisters got to work doing outreach in their communities to educate people about this new option for health insurance, as well as to get the word out that they, the assisters, were a brand new local resource for health insurance information.

Working in tandem with Centers for Medicare and Medicaid Services (CMS), which ran its own campaign to promote HealthCare.gov, assisters received not only financial support from the federal government, but also marketing materials, trainings, and technical support to aid them in effectively helping consumers. President Obama himself promoted the marketplace, and even attended pre-Open Enrollment organizing calls to give assisters a pep talk before the busiest time of year. But even then, with millions more in funding, many programs were barely getting by. With a focus on staffing, especially during Open Enrollment, money for advertising their services was minimal. Assisters made their own flyers, and sought out free resources and earned media to let the community know they were there to help.

After four years of support, in 2017, assisters found themselves scrambling for resources. In 2016, the last grant year of the Obama administration, 104 Navigator programs were funded at \$63 million, collectively.³ In 2017, the Trump administration slashed the budget, doling out only \$36 million to 89 programs. By 2020, only 30 programs remained, with a mere \$10 million to share among them. Currently, there simply isn't enough funding to go around. Many seasoned programs have been forced to close, recognizing they couldn't provide the services needed with inadequate funding. In addition to reduced funding for Navigator programs, CMS marketplace advertising was also cut by 90 percent, from \$100 million to just \$10 million.⁴ Assisters are not only finding themselves with less capacity to provide services, but also less consumer awareness of the marketplace in general.

But funding hasn't been the only change to the Navigator program. Beginning in 2019, the Trump administration eliminated the requirement that each state host at least two Navigator entities. Further, the remaining Navigators were no longer required to maintain a physical presence in their community, nor were they required to provide

assistance in-person, a cornerstone of the Navigator program. Assistors traditionally provided help to the communities that they served, but that requirement was cut as well - Navigator programs no longer needed to be community or consumer-focused organizations.⁵ In 2020, the administration went further, removing key Navigator training requirements. Navigators no longer needed to learn essential skills like basic health insurance literacy, the benefits of enrolling in the marketplace, and how to provide culturally and linguistically appropriate service. They also were no longer required to assist with certain important functions like consumer appeals, a complex process with which consumers often struggle.⁶

Assistors, who are often the only health insurance experts available in their targeted communities, were also newly tasked with addressing mis- and disinformation about the status of the ACA. Throughout 2017, Republicans in Congress pursued repeal and replace of the ACA, leading to confusion about the status of the law. These efforts created worry for consumers that their pre-existing conditions would no longer be covered, or that their plan would be canceled. Later that year, after failing to repeal the ACA, Congress successfully passed the Tax Cuts and Jobs Act,⁷ which removed the requirement that people who fail to maintain coverage each year to pay a tax penalty. Administration messaging equated this move to a repeal of the ACA, further adding to consumer confusion.

Eliminating the individual mandate penalty and cutting advertising and marketing caused mass confusion and awareness to plummet, but one policy change instilled fear particularly within the immigrant community, leading to a “chilling effect” and decreases in health coverage enrollment. Changes to the definition of “public charge” expanded the list of public benefits that could be used to assess eligibility for immigration status.

First leaked in 2017, finalized in 2019,⁸ and implemented in February 2020,⁹ immigration officials were permitted to reject applications from individuals seeking to enter or remain in the United States who were deemed likely to receive public benefits, like SNAP or public housing. While this policy was cruelly designed and unnecessarily harsh to those seeking green cards, the actual scope of those affected was very narrow. Current green card holders were not included in the public charge rule, and those seeking green cards would not be eligible for most public benefits anyway. However, many Medicaid and ACA-eligible families became too fearful of the implications of enrolling in any coverage, including marketplace plans, due to the fear it could negatively impact their immigration status or result in the deportation of undocumented family members. Even those with statuses unaffected by public charge often decided it was a risk they weren’t willing to take. Following the leak in 2017, Medicaid and CHIP enrollment within the immigrant community began to drop, well before the rule was even finalized. Assistors, being untrained in immigration law, deferred to experts when working with immigrant consumers, who, in turn, frequently advised against signing up for coverage. Since then, the former definition of public charge has been restored,¹⁰ and immigrants may again enroll in coverage without fear of repercussion.

Part I: Enrollment Landscape

The job of the enrollment assister does not end when an application is submitted. Assisters are also educators. They are counselors. They are problem solvers. They must be knowledgeable not just about the ins and outs of health insurance, but also customer service, cultural competency, and local community resources. They must be prepared for any situation. Over the years, many assisters have settled into these roles. However, as administrations change, policy evolves, and insurance costs change, the profession has also evolved. Today, assisters have moved past a glitchy website and deadline day crashes to identify and adapt to new challenges.

A new pandemic consumer

With the extensive job losses that have resulted from the pandemic, millions of Americans have found themselves shopping for insurance, many for the first time. It is common for employers to only offer insurance from one carrier, with only a few plan choices when employees enroll in coverage. This limits the number of decisions a person must make. On the marketplace, however, consumers can find themselves faced with multiple carriers, each with their own versions of plans in the same category, resulting in twenty, fifty, or one hundred plans from which to choose. For those new to the marketplace this year, navigating all the options turned out to be stressful, sometimes to the point of being overwhelming. As Deepak Madala, ENROLL Virginia! Program Manager noted, having multiple bronze plans from each company makes an already complicated situation more complicated. Working with an effective assister can make all the difference in navigating these complex and overwhelming choices. Janet Pearl, a CAC at the Actors Fund, an organization that helps artists and performers in New York City and Los Angeles meet their health and financial needs, stated, “They come to me scared, confused, overwhelmed, they don’t understand anything, and then at the end it’s like ‘Oh! That was OK!’”

Health insurance literacy - the extent to which consumers are knowledgeable about health insurance and are able to use that knowledge to access care - continues to be low, especially among new marketplace consumers, many of whom have not had to deeply consider cost-sharing in the past. It is easy for a consumer to look at the monthly premium and use only that information to make a decision. Assisters provide valuable insight and education about other aspects of plan selection that consumers may not otherwise consider. For those unfamiliar with how deductibles work, learning that one must pay a certain amount out-of-pocket before they receive any benefit can be shocking. For others, it can be an unpleasant surprise to learn there are still more out-of-pocket costs after the deductible has been met. Assisters often devote significant time during their appointments to ensuring consumers clearly understand how cost-sharing works in order to avoid surprises when consumers receive care. As Sonia Donnelly, Associate Director of Programs at Palmetto Project in South Carolina said, “I like to help people understand what they’re getting, and I like people to feel like they have some control over how to use their insurance.”

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- Jodi Ray, Florida Covering Kids and Families

It is important to note that these new consumers are coming to assisters for help at perhaps one of the most difficult times in their lives. They may have lost work, seen their hours cut, or are having trouble making ends meet, and don’t know when their next paycheck will come. “They’re in distress. They’re not sure how they’re going to support family, they’re not sure how they’re going to get by, some of them have health issues and they’re very worried,” said Jodi Ray, Director at Florida Covering Kids and Families.

As consumers faced uncertainty about finding new work or receiving unemployment insurance, assisters found it nearly impossible to help people think through their circumstances with the information they have. At The Actors Fund, CACs encounter consumers who apologize for not being able to better assess their financial situations. “I want to talk about all the extra work our Navigators and CACs do. You’re dealing with anxiety, income issues, and self-esteem that’s tied up into this,” shared Renata Marinaro, National Director of Health Services. Jim Bracchitta, CAC, added, “If [an actor] is only making \$10,000 this year but [has] been on Broadway for 10 years, [they feel] like [they’ve] failed because [their] whole talent and identity is wrapped up in it.”

This pressure and self-doubt serve to make the job of Navigators and CACs even more difficult. Consumers are experiencing massive anxiety as they go through several life changes, and assisters must do more than just simply navigate through the application. They must juggle navigating eligibility, plan selection, and the emotional and financial health of the consumer, all in a short timespan.

New and continuing enrollment issues

Application issues and complex cases are the norm for enrollment assisters. Over the years, application glitches have become less frequent, and assisters generally reported that HealthCare.gov works well. Still, consumers face barriers when using the website to enroll in coverage.

“It’s not ‘no wrong door,’” explained Jodi Ray, and this was a sentiment expressed over and over from assisters in many parts of the country. In many states, inconsistencies in marketplace to Medicaid communication continue to present problems, and frequently leave consumers stuck between the two programs. Often due to the differences in income qualifications between the marketplace and Medicaid (the marketplace determines eligibility based on annual income, Medicaid is based on monthly income), consumers might be found ineligible for either program, and it is up to the assister to advocate for a resolution. While this discrepancy has been addressed at the federal level, many states fail to implement the law correctly. While seasoned assisters often have the tools to help

consumers in these situations, the process can be lengthy, and consumers are often without coverage during this time, causing unnecessary stress and fear.

“We are expected to solve problems,” said Brian Gorman, Director of Outreach and Consumer Education at Get Covered Illinois. CACs at the Actors Fund in California explained the financial and emotional consequences for consumers can be severe if they are enrolled in the wrong program, so assisters must be persistent. Frequent, repeated phone calls are often necessary to speak to a knowledgeable representative. Knowing the right person also helps, again highlighting the importance of assister connections within the community, state health departments, and regional CMS offices. Strong advocacy is sometimes the only action that will successfully get a consumer into the right program - a testament to the service assisters provide to their communities.

While each year assisters find themselves explaining why premiums have increased when consumers' incomes have not, one development over the last few years has further negatively impacted consumers' plan costs. In several states, new insurers have moved into the market and undercut existing insurers. These new, often smaller insurers enter the service area with lower prices, resulting in a new second lowest cost silver plan - the benchmark plan used to determine premium subsidies. This decreases the amount of subsidies available to consumers, thus, increasing the consumer's portion of the premium. Because the consumer's premium has now drastically increased, they are sometimes forced to change to the new insurer with the lower prices. In some cases, these new insurers do not yet have robust networks, and the consumer may lose access to their providers, disrupting continuity of care. Due to the complexity of this situation, assisters can find themselves struggling to communicate to consumers why this is happening. Shelli Quenga, Director of Programs at Palmetto Project, prefers to be up front with consumers. “I do say that this is a business practice of the carrier,” she tells them, and explains, “My hope is that things will even out next year and I will be able to move [them] back to the plan that is better.” Shelli's colleague, Sonia Donnelly described the situation as being one of extremes in regards to prices. “I had a lot of people make some really difficult decisions this year.”

A shortened Open Enrollment Period

Longer appointment times make serving all the consumers in need of help even more difficult given the shortened Open Enrollment Period. In 2017, the Trump administration cut the annual Open Enrollment Period from three months to just 45 days.¹¹ As many assisters pointed out, that 45 days is really just half that time when weekends, holidays, and, often, elections are factored in. Even assisters in states with their own marketplaces had trouble with the amended deadline. CACs in California and New York explained that with 36 states and national organizations promoting a December 15th deadline, consumers in their states are often unsure of when to sign up. In the end, with less funding, fewer staff, and almost no government marketing, the shortened enrollment period leaves assisters with too little time and too few resources to effectively serve their communities. As José Ibarra, CAC Manager at CentroMed, a Federally-Qualified Health Center based in San Antonio, Texas said, “There's no time to waste.”

Helping vulnerable populations

While consumers of all stripes are in need of enrollment assistance, immigrants stood out to assisters as a community in need of extra help. The marketplace has given immigrants a valuable new opportunity to get enrolled in health coverage, however, barriers still exist. Due to complex rules regarding documentation, it's difficult for immigrants to know if they qualify, and sometimes the marketplace doesn't make accurate determinations. Deepak Madala observed that this is a community that frequently gets shuttled back and forth between the marketplace and Medicaid due to conflicting documentation requirements and income guidelines. Many immigrants also live with income situations that cannot be accurately captured by HealthCare.gov's income reporting page. They are forced to find workarounds to report their income, which can lead to errors in eligibility determination.

“I came as an immigrant, there was no one from my country, I have an accent - you need someone who understands your culture and where you're coming from.”

- Rawha Abouarabi, ACCESS Community Health

Beyond the application, immigrant consumers often need help with other aspects of health insurance. Rawha Abouarabi, Public Health Coordinator at ACCESS Community Health in Michigan shared her personal story to demonstrate why assisters are so important to this community. “I came as an immigrant, there was no one from my country, I have an accent - you need someone who understands your culture and where you're coming from.” She said it's easy for people to fail, especially when health insurance may have looked very different in their home country. For people looking for a better life, the extra help to understand the system and move in the right direction that comes from an assister means the world. She pointed out that the immigrants with whom she works often need more education about how to use their new health insurance. This community has become accustomed to receiving care at local emergency rooms, which, even with insurance, can result in enormous medical bills. She spends a lot of time teaching her consumers about the benefits of accessing care through a primary care physician or urgent care.

Language access continues to be a barrier for many consumers in need of health coverage. CuidadoDeSalud.gov has been an excellent tool for Spanish-speaking consumers and assisters, but more needs to be done. Assisters are helping people whose first language is Korean, Haitian Creole, Arabic, Garifuna, Swedish, Amharic - hundreds of languages for which there is often no official information available. This creates an enormous strain on the few Navigators who speak less common languages, and on the Navigator programs with restricted funding that are not able to hire adequate staff with diverse language skills, further exacerbating disparities in language access.

Assisters also acknowledged patients with chronic conditions as a group that often requires extra time during enrollment appointments. For consumers with HIV/AIDS, epilepsy, and other conditions that require regular care,

it is essential that they choose a plan that covers their current providers, treatments, and medications. It is not uncommon for provider networks and formularies displayed on HealthCare.gov to be incorrect or change from year to year, and assisters have come to understand it is not safe to rely on these when a consumer is enrolling in coverage. Assisters therefore, often go above and beyond, acting as an advocate for the consumer, making calls to confirm the plan selected will meet their client's needs. While some consumers will take initiative to ensure their existing providers are in-network, they often lack the knowledge of navigating health insurance, and therefore assisters, well-versed in navigating their local health plan directories, will make calls to insurers to confirm coverage of hospital systems and medications. Shirley Dominguez, Navigator at Epilepsy Florida, described the runaround she regularly hears from insurers who pass her from department to department in search of drug coverage for her consumers. Shirley dedicates the time needed to find answers no matter how frustrating, because for these consumers, having the right coverage can be a matter of life or death. As she put it, "We're needed in the community."

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Of the millions of people who lost their jobs during the pandemic, those in the entertainment industry were amongst the hardest hit. With concert halls, Broadway theaters, and TV/movie sets closing, many workers in the arts faced dramatic upheaval as their livelihoods and union-sponsored insurance plans were no longer available. Thanks to a special partnership between Navigators at the University of South Florida Covering Kids and Families and The Actors Fund, many of these workers were able to get the coverage they need.

"Everyone had our information," said Jodi Ray. "Broadway choreographers, actors, producers of major network TV shows, you name it. Many came to Florida during the pandemic because of our low cost of living and we were able to get them the insurance they needed."

For some of those who stayed in states like New York and California, The Actors Fund was able to provide enrollment to laid off union workers who, for the first time in years, needed to secure their own health insurance. This work was critical to helping overcome a variety of barriers beyond the basics of getting enrolled and demonstrated why having trusted assisters in communities of all types - cultural, professional and geographic - is so vital. With the entertainment industry in crisis and many live performances delayed for the foreseeable future, adjusting to a "new normal" was hard for many performers who in turn relied on Navigators and CACs to help get them covered.

Impact of reduced funding

Since 2017, Navigator funding has been slashed from \$63 million to just \$10 million. More than one assister described their day-to-day program capacity as working in “survival mode.” As Rawha Abouarabi said, “We can do our best, but we are not magic.”

For assister programs, less funding means fewer staff. José Ibarra saw his program shift from 300 assisters on the payroll to just five full-time staff and 40 seasonal workers. Like José’s program, many have been required to shift to hiring seasonal staff even though assister work is needed year round. Outside of Open Enrollment, consumers still experience life changes and need help understanding and using their coverage. Consequently, fewer assisters means fewer consumers can get the help needed to access coverage. Navigators, who must meet grant deliverables in order to maintain funding, are stuck in a vicious cycle; with the limited funding they receive, they simply cannot hire and train enough staff to meet demand, and, thus, end up reporting lower enrollment numbers, risking losing even more funding. As Rawha Abouarabi put it, “Numbers talk.” After years of losing staff due to funding cuts, ENROLL Virginia! was recently able to increase its staff due to new, consistent funding as the state transitions to its own state-based marketplace. “It’s all the difference,” Deepak Madala said.

Marketing

With available funding focused on staffing, promotion becomes the last line item in many program budgets. With fewer assisters on staff to do community outreach, marketing becomes essential to raising awareness about services and getting consumers in the door. But with little money in the budget for marketing, and little support from CMS, assisters (and the marketplace) become less visible. Less visibility has a direct impact on enrollment. According to Get America Covered co-founder Joshua Peck, funding cuts likely resulted in about 1.1 million fewer enrollments in 2018.¹² Keshia Bradford, Director of Strategic Initiatives at the Health Center Association of Nebraska, emphasized that name recognition is a key factor for building trust in the community, and without adequate funds, it’s hard to get your name out there.

In North Carolina, Navigator subgrantees have branded themselves collectively as the North Carolina Navigator Consortium, rather than using their individual organization names. This facilitates name recognition throughout the state as a trusted resource for health coverage information and assistance. Programs are also relying on earned media to promote services in their communities. This has long been a low-cost marketing strategy used by assister groups, however as the years have gone by, media interest in health insurance and the ACA annual enrollment period has dwindled.

Seeking outside funding

To make up for lost government funding, assister programs have looked to outside sources to make ends meet. Even a small amount can go a long way. Thankfully, private foundations across the country stepped up

to support Navigator and CAC programs that were struggling under funding cuts. Rawha Abouarabi's Michigan program received a small grant with which she was able to purchase giveaway items in order to promote her services. Offering freebies with her organization's branding such as totes, hand sanitizer, and masks at COVID testing sites allowed her staff to begin conversations with potential consumers in need of coverage. In addition to supplies, she was also able to expand service hours into the evenings to accommodate more consumers during Open Enrollment. In Texas, José Ibarra secured two grants to help fund his program for Open Enrollment and the 2021 Special Enrollment Period. With this money, José was not only able to more effectively market his program's services, but was also able to bring on more staff to help with an increased flow of consumers. The state of Wisconsin even dedicated some of its CARES Act dollars to promoting Open Enrollment. With this funding, Covering Wisconsin brought on board community experts and mobilizers to assist with outreach. Local organizations that raise awareness about mental health issues in the Black community, or help immigrants gain financial skills incorporated health insurance education into their programming with these additional funds.

However, as Allison Espeseth, Director of Covering Wisconsin noted, seeking outside sources of funding is far from ideal. Finding additional grants to support their work takes time - building relationships with funders, writing proposals, and managing deliverables can stretch for weeks, and consumers still need help during that time. Piecing together different grants with different reporting requirements is complex and time consuming for programs that are already strapped for time. Smaller programs without enough staff to support grant writing - those who might be the best placed to take on this work in their community - may not have the capacity to take advantage of these opportunities.

Shortened grant cycles

If there is one thing assisters have needed, but lacked, over the last four years it has been consistency. Cuts to funding are exacerbated by shortened grant cycles. Simply put: A one year promise of grant funding is not enough. Across programs, planning and staff retention were significantly impacted by having no guarantee of funding from year to year.

Assisters' work extends far beyond simply filling out applications for health insurance. In many communities, assisters are the only experts on all-things health insurance, and must be prepared to navigate complex cases while also providing excellent customer service. Training new assisters is a time-intensive process that extends beyond the basic CMS course modules. In many programs, assisters must also complete state and organizational trainings, Medicaid and CHIP training, HIPAA compliance training, cultural competency education, job shadowing, and now, with the COVID pandemic, tech training. Learning about individual program grant awards just weeks before Open Enrollment leaves little time to effectively train assisters to provide quality service during the busiest time of year. According to Jodi Ray, "It is time-intensive to get an individual to be a quality assister."

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- Allison Espeseth, Covering Wisconsin

Job security is also an issue. Given the extensive training needed to create quality assisters, program directors are looking for people who want to make enrollment assistance a career. Finding applicants who are willing to work with no guarantee of employment beyond one year creates a challenge, as is retaining staff who need more stability. Hiring staff from the communities the program serves means more effective and efficient outreach to potential consumers. Given that, many assisters come from and live in the communities they serve - immigrants, single parents, people of color. “A lot of my enrollment assisters come from a history and background that’s economically challenging, and that’s why they’re here - they represent and want to do this work, but they don’t have anything to fall back on if this [funding] doesn’t come through,” explained Allison Espeseth. She continued, “We want to make sure that we have representation and that we are best serving at-risk communities, we need to make sure we are also, through this work, serving them with some consistency.” Deepak Madala, described losing all the progress that was made connecting with one community when he lost one of his long-term Navigators to funding cuts. She had spent years building trust with community members in a rural, conservative region of Virginia known as the “Southside,” where she was eventually able to help skeptical consumers enroll in coverage and access much-needed care. Building that trust within the community takes time, and staff turnover means starting over year after year.

Subpar alternatives for coverage and assistance

HealthCare.gov was created as a one-stop shop for people looking for comprehensive health coverage. Consumers enrolling on the marketplace can be sure that they are purchasing a plan that covers essential health benefits like doctor’s visits, prescription drugs, and mental health care. While ACA coverage must meet these standards, the proliferation of non-ACA compliant plans such as short-term limited duration (STLD) plans, association health plans, and health care sharing ministries have complicated the landscape of purchasing individual coverage. For example, short-term plans do not have to cover pre-existing conditions, can exclude benefits based on a person’s medical history or that of their families, and almost never cover benefits like maternity care and mental health services. Because of these skimpier benefits, short-term plans tend to have much lower premiums compared to comprehensive coverage, but also tend to hide these exclusions deep in the fine print.

These alternative coverage options are not available on the official ACA marketplace, but are sold directly by insurers, and can be accessed through a simple internet search. Through guidance, the Obama administration required short-term plans to be truly short-term, and limited to only three-month terms. However, in 2018, the Trump administration reversed course and issued new guidance that expanded and heavily promoted short-term plans,¹³ suggesting these plans gave consumers more “choice.” Short-term plans were permitted to provide coverage for 12 months at a time, and to be renewed up to three times in most states (some states took action to reinstate the three-month term limit, or ban short-term plans altogether).

The assister community watched these plans proliferate in dismay. Oftentimes, consumers aren’t aware they have signed up for a short-term plan until it’s too late - after they’ve been denied care or received an expensive bill. Unless one carefully reads the fine print, it is easy to assume these plans offer comprehensive benefits, especially when many are advertised as “ACA” or “Obamacare” plans. And the low prices make them even more enticing. Young adults, who may be new to shopping for insurance, often fall into this trap. Many have grown up in a time when pre-existing conditions protections are the law of the land, and may not recognize the consequences of buying coverage without these protections. Deceptive marketing techniques have caused many young people and older consumers to enroll in coverage they think is comprehensive, only to find out too late that it’s not. For these consumers there is no recourse. Learning they have inadequate coverage does not qualify them for a Special Enrollment Period. By the time assisters meet these consumers, their hands are tied until Open Enrollment.

In addition to the promotion of short-term plans as an alternative to ACA coverage, the previous administration also shifted consumer assistance promotion away from Navigators and CACs to instead favor insurance agents and brokers, who are allowed to sell short-term plans, unlike assisters. HealthCare.gov’s Find Local Help tool previously pointed consumers in need of assistance to local Navigators and CACs. Now, both the website and marketing emails have shifted attention to “Help on Demand” which directs consumers to agents and brokers, asking shoppers to enter their information to be contacted for enrollment help. Consumers then find themselves bombarded with phone calls from brokers trying to sell them insurance. “What’s the point of HealthCare.gov then, if it’s going to be run by agents and brokers?” asked Deepak Madala, who went on to say that even he has received robocalls attempting to sell him “Bidendcare.” Agents and brokers are often not trained or willing to assist consumers with issues outside of the standard marketplace application. Consumers with complex cases, consumers needing to appeal their eligibility determinations, and consumers who qualify for Medicaid may find themselves at a dead end when working with an agent or broker.

While brokers and agents are an important part of the enrollment ecosystem and many provide honest, quality enrollment assistance, their incentivized pay structure allows for some bad actors to take advantage of more vulnerable communities that assisters are better equipped to serve. “Brokers and agents are a really big issue,” said Jodi Ray. “We have predatory behavior from brokers and agents.” She described a situation happening in multiple Florida counties in which agents were paying people in homeless shelters for their information so they could open unauthorized marketplace applications on their behalf. “It creates this really big opportunity for

bad actors to really take advantage of consumers in a negative way,” added Deepak Madala. In several states, assisters reported finding broker names in applications for consumers who stated they had never worked with anyone but the assister. Reporting such incidents rarely results in action from authorities. Consumers are left in a bind, and assisters must clean up the mess.

In short, actions by the Trump administration severely undercut the work of assisters to connect their consumers to quality, affordable health coverage. With the extensive funding cuts, programs were forced to spend precious resources attempting to stay afloat rather than providing communities crucial outreach and attention. Fortunately, assisters are incredibly adaptable, and have continued to serve their communities admirably despite the challenges.

Part II: COVID-19 and Enrollment

Shifting to virtual assistance

In March of 2020, as the COVID-19 pandemic spread rapidly across the United States, assisters faced an extraordinary challenge. In-person, face-to-face work has been at the heart of outreach and enrollment since the beginning. Back-to-school drives, summer festivals, health centers, as well as presentations to community groups at libraries, community centers and more have been some of the most common outreach tactics used by assisters since the first Open Enrollment Period. Compounding this, assisters have emphasized “in-person” as a key feature in their marketing to consumers.

With many in-person enrollment locations closed because of the pandemic and others requiring social distancing, enrollment assisters had to reinvent how appointments were completed. The traditional method of sitting down at a desk or table with a consumer and sharing a computer screen was, for one reason or another, virtually impossible.

Just as assisters worked tirelessly in the early days of Open Enrollment to develop a plan for enrollment locations, assisters had to reinvent the wheel in adapting for a new world of virtual enrollment. “Just like in OE1, we had to build the plane while we were flying it,” said José Ibarra. “We had no idea what to expect at the start.” From new communications tools to Zoom accounts to digitizing paper resources, assisters really had to reset how they were working.

Most assisters responded to this new challenge by setting up Zoom accounts so that consumers could still “see” what was happening with their application and understand what their assister was explaining through screen-sharing. Others worked to fully convert former paper resources - pre-screening tools, health insurance literacy handouts, promotional fliers - to digital files to be used by all assisters. Of all interviewees for this report, Young Invincibles found over 90 percent of respondents said that they used Zoom or a similar application during the 2020 Open Enrollment Period.

According to Mark Van Arnem, Director of the North Carolina Navigator Consortium, “The key to success was having one universal system for the entire state. It wasn’t practical for assisters in Raleigh and Fayetteville to use different Zoom accounts, have different materials, and manage their own digital files,” he said when asked about their prep work for Open Enrollment. “It took us a lot of work to organize everything digitally and ensure that every assister knew where they could find every single resource they needed to succeed.”

The need for assisters to do even more with less this year was a common theme. Rawha Abouarabi was the first to note this, sharing, “We do a lot of outside hours because the community needs it.” But it wasn’t just increased demand that caused this new pressure on assisters. Despite preparation, assisters have found themselves dedicating more time to each appointment.

Pre-pandemic, most enrollment appointments averaged one to one and a half hours depending on the complexity of the case. During the pandemic, however, assisters have been forced to make a difficult tradeoff between spending more time on each appointment or reaching more consumers. A number of factors are responsible for that tradeoff. First, technological challenges are inevitable; many Americans still do not have reliable internet connections with speeds capable of streaming video. Others may face data limits from their cellular provider or lack a computer or smart device altogether. Some consumers may be entirely unfamiliar with newer technologies like Zoom. Others still faced issues ranging from vision impairments to English language barriers and more that made complex cases even more difficult to complete.

While phone enrollment was an option used by many, the level of trust and understanding suffered when consumers couldn't see what the assister was doing. When the assister and consumer are not looking at the same computer screen simultaneously, communication and decision making become difficult. According to Jodi Ray, "The biggest challenge was the degree of difficulty in completing remote applications. Applications are always easier when the assister and consumer can sit down and look at the same [documents] together."

In addition to tech barriers, consumers attending appointments from home often deal with distractions. In an in-person setting, assisters often have the consumer's full attention. A consumer at home may find themselves juggling their enrollment, child care, noisy pets, and other disruptions, resulting in things like plan selection and health insurance literacy requiring more time due to pauses and repetitions.

Now, assisters find themselves devoting more than two hours to complete enrollments. This backlog forced assisters to make difficult choices during Open Enrollment to ensure as many people were helped as possible. José Ibarra explained that at CentroMed, they implemented a strict 1.5 hour appointment cut off this year. Consumers were alerted ahead of time of this, and would be scheduled for a return appointment if needed. This helped José and his staff manage their caseloads and leave time for reporting. For Rawha Abouarabi, the best course of action was to limit assistance to only those with marketplace applications. During Open Enrollment, Rawha and her team directed consumers to other departments within her health center for Medicaid applications, so that staff could focus their time and attention on marketplace consumers during the shortened enrollment window.

Assisters across the country came up with several other unique solutions to enroll those who needed in-person assistance while staying safe and respecting social distancing guidelines. "When we reached consumers who didn't have access to a PC, we set up socially distanced appointments. We would have a computer for the consumer in one room, and the assister in another," said Mark Van Arnam.

“Assisters are savvy, adaptable, and mission driven. They will do what it takes to help consumers.

- Melissa McChesney, Every Texan

Meeting consumers where they are was a challenge during the most recent Open Enrollment, but many assisters still found creative ways to ensure consumers got the help they needed. “Assisters are savvy, adaptable, and mission driven. They will do what it takes to help consumers,” shared Melissa McChesney, a Senior Policy Analyst for Texas-based think tank Every Texan.

This devotion was critical for many communities. In the Rio Grande Valley, assisters resorted to setting up picnic tables outside to bring enrollment outdoors. With everyone wearing masks and trying to socially distance, limited in-person assistance was able to continue for those who needed it. Elsewhere in Texas, assisters helping consumers enroll in Medicaid would drop off paper applications to a consumer’s doorstep and then return to pick up the completed form later. In North Carolina, Navigators went as far as to advertise that you could “get enrolled in your pajamas” as a clever way to get people interested in remote enrollment.

While the pandemic was certainly a disruption for many, several assisters shared their experiences of how they were able to seize the opportunities provided by COVID-19 to reach new consumers. In Michigan, assisters partnered with Wayne State School of Medicine to help consumers getting COVID tests get enrolled in coverage. “[The pandemic] has been the best chance to do outreach in several years,” said Rawha Abouarabi.

While their partnership with Wayne State University was not new, COVID-19 offered a chance to expand the partnership and have ACCESS staff work in conjunction with the university’s health staff on a regular basis.

Others put in work early to make sure their existing consumers were ready to come back. “We went through last year’s Connector appointments and through phone banking and personalized postcards, made sure everyone knew that there was an Open Enrollment Period happening,” said José Ibarra.

“Consumers in rural parts of North Carolina are stretched thin with gas money already. Being virtual opened up our services to a whole group of consumers who hadn’t been able to access us before.”

- Mark Van Arnem, NC Navigator Consortium

The flexibility of remote enrollment was also a boon to some assisters, as consumers no longer needed to worry about transportation to get to their appointments. “We found our ‘No Show’ rate plummeted during OE8,” said Deepak Madala. And while internet access was still a chief concern for many, rural consumers found it easier to access remote assistance instead of driving long distances to their appointments. “Consumers in rural parts of North Carolina are stretched thin with gas money already,” suggested Mark Van Arnem. “Being virtual opened up our services to a whole group of consumers who hadn’t been able to access us before.”

Advertising and marketing

With a presidential election and global pandemic drowning out other media stories, and in-person outreach suspended, assisters had to pivot their focus, doubling down on advertising and marketing to get the word out about Open Enrollment.

Some focused on traditional media, with an emphasis on TV and radio. Many groups still found ways to innovate even within these traditional methods. “The key [for Covering Virginia] was multi-channel networks. When we did radio ads, it wasn’t just about the radio, but the radio station’s Facebook, Twitter, and Instagram pages that are really popular,” said Deepak Madala. Even Virginia’s earned media helped boost their digital advertising. “We would advertise on social media our radio appearances ahead of time, and then advertise the video recordings after.”

Get Covered Illinois took a similar approach with their television ads. Thanks to a substantial funding boost from the state of Illinois, unavailable in other HealthCare.gov states, GCI was able to advertise on streaming platforms like Hulu to reach a younger and more diverse audience. “Streamers are significantly younger than the [traditional] audiences,” according to a 2021 report.¹⁴ “Nearly half [of streamers are under 35]” and streaming platforms are more likely to reach non-white households, especially in the Midwest and Southeast United States. Streaming platforms also offer the opportunity to deliver Spanish language ads with more ease than network or cable television. In other words, these platforms are better suited to reach the hardest to reach uninsured consumers who need the help from assisters the most.

Any analysis of COVID-19 adaptations and new outreach strategies would be incomplete without talking about social media. Many groups found ways to recreate their usual programming, and Young Invincibles’ digital toolkit was a vital part of helping groups move their programming online. Because these groups had limited ability to advertise for themselves, Young Invincibles used its digital ad budget to find consumers who may need help and make them aware of the availability of free, one-on-one help for enrollment. These ads were particularly geared towards young consumers who may be new to the marketplace and may not know there is help available. In all, these ads reached more than one million consumers in key states, with more than 25,000 clicking through to make an appointment.

As if a pandemic wasn’t enough of a disruption to Open Enrollment messaging, the 2020 election made it hard to reach consumers about anything else. “People didn’t realize there was an Open Enrollment until the second or third week,” said Shirley Dominguez. But assisters were able to find new, creative ways to reach consumers via social media.

The key to success was to “focus on messaging as a friend, not as a clinician or salesperson,” offered Shana Davis, a Senior Program Director at the Black Women’s Health Imperative, a national organization dedicated solely to improving the health and wellness of Black women and girls. “We were able to lift up statistics on health care and show viewers in real time how different insurance offerings can make things easier for them.”

Many assisters took this lesson to heart, planning successful Facebook Live or InstagramTV streams to get the word out about Open Enrollment, even when traditional outlets were closed off. By focusing on real time engagement, as opposed to one-way messaging, groups were able to answer real questions from real consumers, cutting through the noise and helping everyone get enrolled.

YI also offers unbranded digital ads for outreach groups and assisters alike to use. These ads let groups use professional quality digital products with their branding to promote enrollment, advertise their services and educate consumers about health insurance and Open Enrollment.



YI's graphics focused on the highest performing messages: promoting affordability and emphasizing the December 15 deadline.

Assisters find these materials essential to their work. “We love YI’s toolkits,” said Shelli Quenga. “We use the templates to remind consumers of key themes and messages, and can schedule our social media posts ahead of time with them!”

Part III: Get Covered Connector

Connecting consumers to enrollment appointments was a critical part of Young Invincibles' strategy. And thanks to the Get Covered Connector, YI was able to work with assisters in 10 states¹⁵ and provide the technology needed to manage schedules, build reports and reach consumers. As enrollment shifted from health centers and schools to living rooms and bedrooms, the Connector was there to make their lives easier.

While the Connector was originally designed to connect consumers to in-person enrollment, when COVID-19 hit, YI set to work adapting it to better support virtual appointments. "Open Enrollment was a huge success for us thanks to the improved support," said Katie Rodgers Turner, Director of Operations for the Family Healthcare Foundation in Tampa, Florida.

A core piece of the Connector's success has always been that consumers can schedule their own appointments at the date/time/location that works best for them. Many Connector users took advantage of this key feature and shared Connector links with their networks, to be distributed in email newsletters from clinics, libraries, elected officials and more. In fact, many assisters were able to actually surpass their enrollment numbers from last year.

Another key feature of the Connector is that it supports tracking referral sources. An analysis of Open Enrollment 8 data found that word of mouth was the top way that new consumers found assisters, followed by referrals from other social services organizations and digital outreach. Both digital and traditional media were less effective compared to last year. While it is hard to make strong inferences about these trends when both mediums were saturated with election coverage in the lead up to and early weeks of Open Enrollment, it seems clear that assisters across the country are pivoting away from traditional media. Additionally, thanks to the pandemic, it is likely that a large portion of the referrals from other social services organizations came via digital channels as traditional referral methods (palm cards, flyers, etc) were cut due to the pandemic.

In past years, Medicaid enrollment has been as much as 20 percent of the volume of Connector appointments during Open Enrollment. With extra awareness, marketing and outreach during Open Enrollment, it's not uncommon for there to be a substantial number of Medicaid-eligible consumers. This year, however, Medicaid was only 9 percent. Assistors offered a number of theories on why this was the case. To start, with most states going fully virtual, reaching the lowest income communities was more challenging. And while the number of Medicaid-eligible consumers went up due to record unemployment, many newly Medicaid-eligible consumers are not typical clients of social service organizations and were more likely to go straight to their state Medicaid agency to enroll.

Young adults (24-34) remain the top age group to visit the Connector, and assistors completed appointments in 28 different languages during Open Enrollment 8. Both of these statistics highlight the huge role that the Connector plays in helping assistors and boosting enrollment. Thanks to a strong digital presence, the ease of

booking an appointment via the Connector and the most accurate listing of assister locations available, young adults are drawn to the Connector. These consumers can quickly get connected with free, unbiased assistance and can seamlessly get the information they need to get enrolled.

To further our commitment to diversity, we added more support for non-English language consumers. Assisters in heavily Latinx communities felt it was important to offer the Connector's embeddable widget in Spanish for their consumers to use to book appointments. In major Spanish speaking states, as much as 20 percent of consumers who scheduled their own appointments used this new Spanish language widget. With the pandemic raging on and a continued dedicated focus on hard to reach populations, these changes were critical to achieving our mission and ensuring that the Connector remained a tool for combating racial and ethnic disparities in health.

National enrollment trends

Thanks to the Get Covered Connector, YI has unique insights into enrollment trends that can help outreach groups and assisters better deploy their resources. While we currently do not track demographic information on a consumer's age, race, or ethnicity, aggregate data can offer unique insights into the work of assisters, when consumers are most likely to get enrolled, and the most effective outreach strategies, as measured by referrals.

This is the "special sauce" of the Connector - while there are several scheduling systems available, only the Connector is custom-tailored to what assisters are looking for. And with users all across the country, YI is uniquely positioned to analyze and share trends about enrollment that aren't available anywhere else.

We took time to analyze a couple of major trends from Open Enrollment 8 and to compare them to past years. Specifically, we looked at consumers' preferred languages, the busiest times and days of the week for appointments on the Connector, as well as the top referral sources.

Language barriers remain one of the most difficult obstacles to enrollment. According to Rawha Abouarabi, it's not just about educating consumers about deductibles and copays for each plan, but explaining what those concepts are. Many immigrant communities especially have little to no exposure to American health insurance, and so being able to explain how insurance works in a language more familiar to a consumer plays a big role in successful enrollment.

Thanks to the Connector's built-in language feature, assisters and consumers are able to indicate what their preferred language is when scheduling an appointment, ensuring the best match possible when they book an appointment. In Open Enrollment 8, Connector appointments were scheduled in a record 37 languages, a full list of which can be found in Appendix A. The top languages in Open Enrollment 8 were English, Spanish, and Arabic, followed by Creole and Russian. After reintroducing a native Spanish language widget for consumers in 2019, we've seen a small but steady increase in the rate of Spanish appointments.

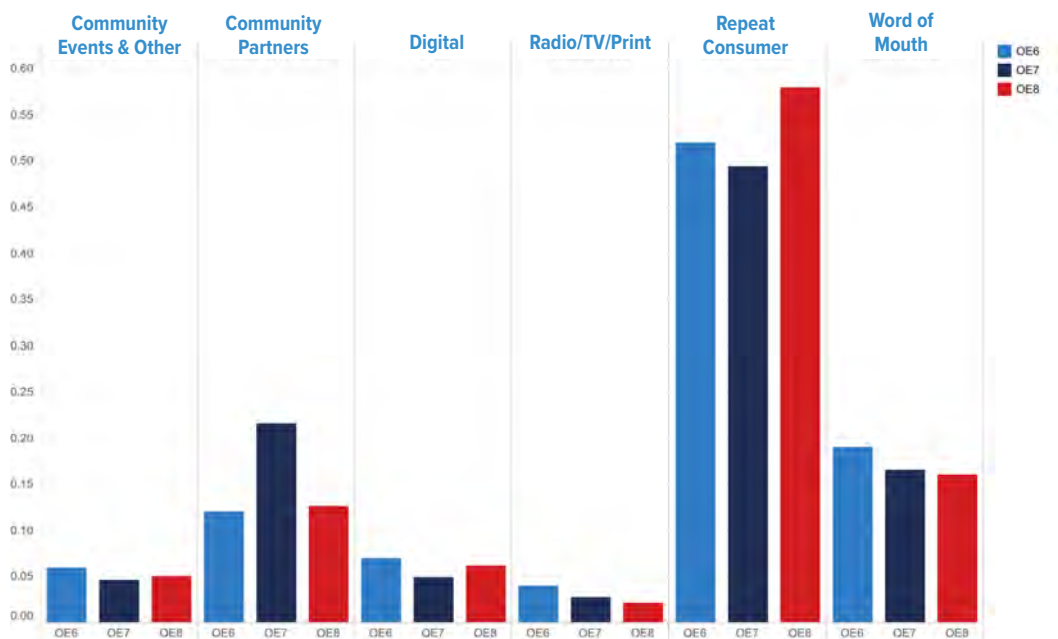
| Language | OE8 | OE7 | Difference |
|-------------------------|-------|-------|------------|
| English | 89.5% | 91.6% | -2.0% |
| Spanish (Español) | 9.4% | 7.3% | 2.1% |
| Arabic (العربية) | 0.3% | 0.3% | 0.0% |
| Creole (Krèyol ayisyen) | 0.2% | 0.1% | 0.1% |
| Russian (Русский) | 0.1% | 0.1% | 0.0% |

This record setting year of non-English enrollment was a huge part of the success of 2020. While there is not a clear statistical reason for this uptick in Spanish language appointments, it does stand out that many of the Navigators who best weathered the COVID storm were based in heavily Spanish speaking states. Many assisters also noted that in non-Medicaid expansion states, federal stimulus checks and expanded unemployment benefits pushed some consumers just over the income cutoff for marketplace subsidies, and that many of the consumers they worked with who fell into this situation were non-white.

Where do consumers find assisters?

Finally, looking at referral sources shows how stark the pivot was from traditional, in-person outreach and enrollment to digital and socially distanced methods. In addition, the need for constant presence in the community is clear, with a record 57 percent of Open Enrollment 8 consumers being repeat consumers from previous years.

How are consumers finding assisters?



Assisters shared that with so many plans changing each year, and many consumers' income changing dramatically from year to year that it wasn't realistic for consumers to renew their application each year without help from a Navigator or CAC.

“ This is not a seasonal gig. This is something that needs to be done year round. With Special Enrollment Periods, a need to educate consumers on the basics of health insurance literacy and make sure their tax credits are adjusted as their income fluctuates so people can continue to afford their plan, we can't afford to take months off.

- Mark Van Arnem, NC Navigator Consortium

“Consumers need the attention and touches regularly from an assister throughout the year to make this work,” Mark Van Arnem offered. “This is not a seasonal gig. This is something that needs to be done year round. With Special Enrollment Periods, a need to educate consumers on the basics of health insurance literacy and make sure their tax credits are adjusted as their income fluctuates so people can continue to afford their plan, we can't afford to take months off.”

Traditional outreach suffered, as assisters were unable to have the same contact with consumers and staff at clinics, hospitals, libraries, schools and other common places of in-person outreach. Word-of-mouth in particular suffered, indicating that while direct referrals from community organizations may have remained consistent, the value from presenting at parents nights, tabling on school campuses, or talking to consumers in line at food banks suffered.

In spite of some successes doing COVID-related outreach, these numbers show that a lack of face-to-face interaction hurt as consumers were less educated on what services were available and how they could get the help they needed.

Part IV: Looking forward

COVID education

As existing, trusted, community messengers, assisters are well-placed to provide consumer education on local COVID testing and vaccination. Connecting health coverage to health care services is a conversation assisters are having daily with their consumers, so expanding into this arena is a natural extension of assister work. In fact, programs connected to health centers have already begun. At CentroMed, José Ibarra's CACs are reaching out to both clinic patients and their consumers to schedule vaccine appointments. They are also following up regularly with consumers to ensure they know the services available to them, and address any problems they may be having with their coverage. Though not based within a health center, Shirley Dominguez has grown partnerships with local health systems and is now scheduling patient vaccination appointments. This offers her the opportunity to start conversations with potential consumers, and has gained her referrals through word of mouth.

In Virginia, while assisters are not conducting direct COVID outreach, they are playing an integral role in providing correct information to their consumers. Virginia assisters are actively sharing official state vaccine resources, including the state COVID hotline number, and vaccination and testing site information. Covering Wisconsin has been approached by the state to leverage its Navigators to provide COVID education, and other assister programs across the country have expressed interest in branching out to help with this initiative. In the end, however, it again comes down to funding. With programs already stretched thin, those that are interested in lending a hand make it clear they will not be able to do so without larger budgets. However, the enthusiasm with which programs are greeting COVID outreach presents an opportunity for policymakers to leverage this vital community resource.

A successful Open Enrollment 9

With the recent announcement of the largest Navigator grant allocation in the history of the program,¹⁶ assisters have a lot to look forward to in Open Enrollment 9, and beyond. Not only will the extra funds mean more programs, more staff, and more ability to effectively market, current Navigators are grateful for the advanced notice. Given the short timeline between individual program funding awards and the start of Open Enrollment, knowing ahead of time that they will have more dollars to work with allows existing programs to plan for the future. Jodi Ray described assisters as knights in shining armour who will no longer need their armour. Allison Espeseth called it simply, "Super terrific!" And, Navigators and consumers aren't the only ones to benefit from increased Navigator funding. When Navigators are better able to market Open Enrollment, CACs also see numbers tick up due to increased consumer awareness. Assistors across the country are excited to see enrollments increase as they gain the resources needed to help more consumers get covered.

Since the implementation of the ACA, the coverage gap between white people and people of color has narrowed significantly, but there is still a long way to go. There is a dire need for new organizations with deep roots in their communities to apply for this funding in order to reach historically underserved populations, and connect them to coverage. The increased Navigator funding offers the opportunity for more community-based organizations to get involved in this work, and presents the opportunity for populations that traditionally face higher barriers to coverage to finally access quality health coverage.

“With the new administration coming in we see all types of possibilities going from a world where we were trying to survive to a world where we can strive.

- José Ibarra, CentroMed

Overall, assisters are hopeful. “With the new administration coming in we see all types of possibilities going from a world where we were trying to survive to a world where we can strive,” said José Ibarra. With the opening of the 2021 Special Enrollment Period, and the increased subsidies offered under the American Rescue Plan, assisters are looking forward to new opportunities to grow their programs, build new partnerships, and help even more consumers get covered.

Part V: Policy Recommendations

This paper demonstrates the critical value of consumer assistance in ensuring the success of the ACA or any future expansion of coverage. Without dedicated resources to help those who are systematically left out of coverage gain access, disparities among race, ethnicity, socioeconomic status and others will only worsen. Reversing the policies of the previous administration will be critical to restoring the Navigator program, but we must go beyond those restorations to reimagine how the Navigator program can be designed to be most effective, and serve the needs of their community. Specifically, we recommend:

- **Significantly increasing Navigator funding.** CMS recently announced \$80 million would be made available for Navigators in HealthCare.Gov states for the next Open Enrollment cycle. While any increase above 2016 levels is a tremendous improvement, the Navigator program will need a significant boost to rehire, train, and develop long-term strategic plans. The program should be recognized for the tremendous amount of case management work that is done outside of one-on-one appointments, and funded accordingly, and allow Navigator grants to return to three-year grant cycles to allow for long-term planning. Private foundations stepped up to fill gaps over the last four years, but they cannot be expected to do the government's job indefinitely.
- **Restoring core elements of the Navigator program.** Require Navigator programs to demonstrate strong community ties to the populations they intend to serve, including cultural competency requirements, language and accessibility requirements, and require staff and organizational leadership to be representative of the communities they are working in. Additionally, restore the Navigator training modules within the certification requirements that address accessibility and cultural competency. Require all grantees to be physically present in the communities they are working in.
- **Prioritizing equity.** Navigator grants should prioritize areas of the highest need, and funding should be increased and scaled to programs who focus exclusively on harder to reach populations and populations with additional barriers to coverage. Navigators should have flexibility in sub-granting to fund the efforts of smaller, more targeted groups that are under-resourced and may not apply for their own grant.
- **Recognizing all the work that consumer assistance entails.** Revamp the evaluation process so that marketplace enrollment completion is not the only measure of success, and that post-enrollment activities and education efforts are equally valued in the evaluation process. Not only should activities outside direct enrollment assistance be funded and included in program metrics, CMS should consider a broad array of activities as “post-enrollment work” such as health insurance literacy, COVID education, vaccine education, assistance with appeals, and connection to legal representatives when needed, and assistance or referrals to other public benefits such as food assistance, public housing, and others.

Restoring funding for the Navigator program is a vital first step to creating a full network of consumer assistance nationwide. However, funding alone will not guarantee sustainability and preservation of institutional knowledge of seasoned Navigators and assisters who have built successful outreach and enrollment programs with limited resources since the beginning. A dedicated, robust, and diverse coalition is still critical to connecting assisters nationwide, collecting and sharing information, and providing resources, tested-messaging, and plug-and-play toolkits and content so that assisters can focus on their job of enrollment assistance. Young Invincibles intends to continue to play that leadership role ahead of the National Get Covered Coalition, to expand the coalition to bring in new partners who may not have previously had the resources to support enrollment, and to act as the bridge between consumer assistance programs, national partners, and the federal government. As José Ibarra said, we've merely been surviving these last four years, but now with renewed commitment to the ACA and enrollment, collectively, we can begin to thrive.

Part VI: Conclusion

Consumer assistance work is truly selfless. While many assisters are paid by their programs, like teaching and social work, it is often gruelling, time-consuming work and very rarely with a high pay check. Assisters are not paid on commission, and do not spend hours to ensure a consumer completes enrollment for any incentive other than the peace of mind health coverage provides them. Assisters are in it to give their community members the tools they need to make the best decisions for themselves and their families. But that doesn't mean the community doesn't try to thank them! From emotional emails, to baked goods, to roses - it's easy to see they are making an impact, however small it may be. "These peoples' lives are genuinely affected by the work that we do," said Jodi Ray. "Knowing what it means to the people that you're helping, and the impact that it has on real world individuals' ability to just survive." Brian Gorman at Get Covered Illinois echoed this sentiment: "The impact that having coverage can mean for someone's entire wellbeing, and their family's, is something that motivates us."

For many assisters, this isn't just a job. From caregivers to cancer survivors, some in this line of work have been directly touched by the health care system, and recognize how difficult it can be to navigate. They are in it to make that experience less painful for others. Leighann Wood, Program Manager at the American Library Association explained, "Not everyone has a health advocate, and not everyone is fortunate enough to be their own health advocate." Shirley Dominguez goes above and beyond for her consumers. In her work with patients with HIV, she met three different immigrants who had come to the United States from the same country. Shirley was able to connect them, extending the sense of community she feels to those she serves.

Others are drawn to the fast-paced work for the diversity of experiences. "It's never a dull moment," said Allison Espeseth. As the ACA has become a political football over the years, not all consumers are excited about signing up for coverage. Assisters might find themselves halfway through an application before the consumer asks, "Wait a minute, is this Obamacare?" The response from Sonia Donnelly: "I don't care what you call it as long as you get to go to the doctor."

All have stories that have stuck with them over the years. Stories of consumers whose lives were changed by the assistance they received. Shelli Quenga described a musician who had been without health coverage for years. As a smoker, he found premiums to be exceedingly high, but Shelli explained to him how much more affordable his coverage would be if he quit, and that the insurer would even give him the tools he needed to quit. Over the next year, the man successfully quit smoking, and did see his premiums go down significantly. But beyond just the lower prices, he had built a relationship with his primary care provider, and felt as though he had become a more integral member of society. Having coverage gave him a sense of dignity, something he may not have gotten had he not met Shelli.

Shirley Dominguez reflected on the hundreds of people she's had the privilege of meeting over her seven years as a Navigator. Four years ago, during her outreach, she met a man in need of coverage. It was outside the annual Open Enrollment Period, so she needed to determine whether he qualified for a Special Enrollment Period. The man appeared to be uncomfortable with the questions Shirley was asking, resulting in multiple appointments as she tried to explain she wasn't being nosy - she was just trying to understand his situation. Finally, the man felt comfortable enough with Shirley and began responding to her questions. It turned out he was eligible to enroll, and he signed up for a plan. One month after beginning his coverage, the man was diagnosed with stage four colon cancer. That man is still alive today, perhaps thanks to Shirley's persistence. Being a Navigator means that you have a calling to help people get affordable health care.

Overall, assisters do this work as a service to their communities. Brian Gorman put it bluntly: "There's nothing intuitive about health insurance. There's nothing fun about enrolling in health insurance or shopping for health insurance." While they've faced adversity over the years, from funding cuts to political blowback, many have stuck with it because they continue to see the need in their communities. For José Ibarra, who has been a community organizer for years and has kept going despite the challenges, he knows, "There's plenty left to do."

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Thank you to The Actors Fund for the photo on the report cover. Pictured is Kai Carter, a Certified Application Counselor in California.

Finally, we'd like to thank the entire ACA outreach and enrollment community for their tremendous work. Enrollment assistance is the lifeblood of the ACA and without their work, countless consumers would still be uninsured and unable to access potentially life-saving care. Thank you all for your sacrifices that make this a success.

Appendix A: OE8 Language Breakdown

| Language | Percent of Appointments |
|-----------------------------------|-------------------------|
| English | 89.54% |
| Spanish (Español) | 9.42% |
| Arabic (العربية) | 0.31% |
| Creole (Krèyol ayisyen) | 0.24% |
| Russian (Русский) | 0.08% |
| Hindi (हिन्दी) | 0.06% |
| Portuguese (Português) | 0.06% |
| Mandarin (官話/官话) | 0.05% |
| Vietnamese (Việtnam) | 0.03% |
| German (Deutsch) | 0.03% |
| Phone translation (all languages) | 0.03% |
| Farsi (فارسی) | 0.02% |
| Italian (Italiano) | 0.02% |
| Amharic (አማርኛ) | 0.01% |
| Japanese (日本語) | 0.01% |
| Cambodian | 0.01% |
| Cantonese (粵語 / 粤语) | 0.01% |
| American Sign Language | 0.01% |
| French (Français) | 0.01% |
| Gujarati (ગુજરાતી) | 0.01% |
| Burmese (Karen) | 0.01% |
| Korean (한국어) | 0.01% |
| Burmese (Myanmasa) | 0.01% |
| Polish (Polski) | 0.01% |
| Burmese-Shan | 0.01% |
| Tagalog | 0.01% |
| Urdu | 0.01% |

Appendix B: Assister Marketing Materials

During these interviews, some assisters shared their marketing materials with YI. Here are some highlights of the different types of messages assisters commonly used:

NC NAVIGATOR CONSORTIUM
1-855-733-3711 NCNavigator.net

CONGRATS ON GETTING VACCINATED!

FOR YOUR OTHER HEALTH NEEDS, MAKE SURE YOU'RE COVERED

Healthcare.gov Marketplace open enrollment is going on now and ends AUGUST 15

Here's what you need to know:

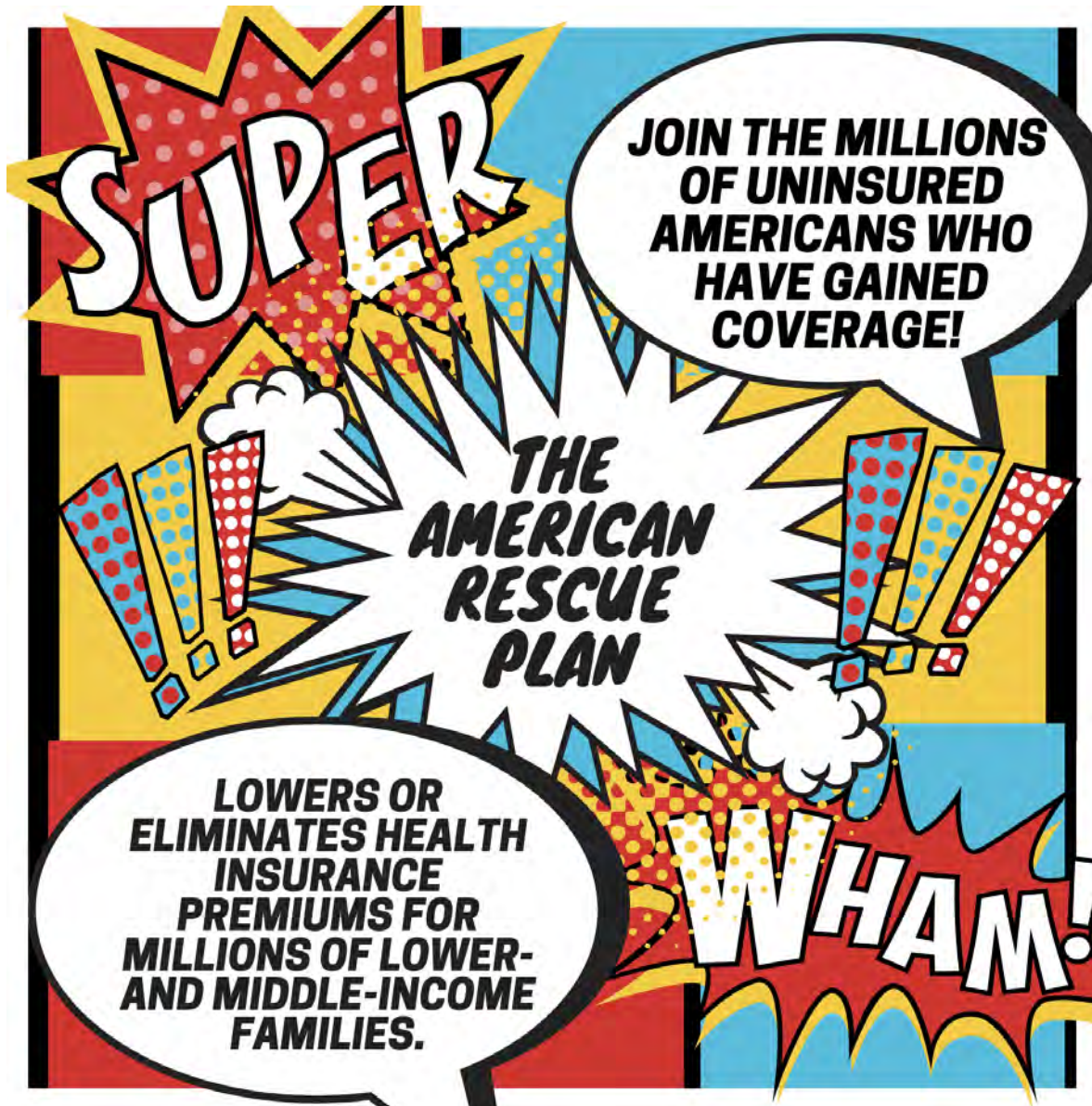
- The American Rescue Plan (COVID Relief Bill) increases Affordable Care Act subsidies. 4/5 Americans will pay less than \$10/month for a plan
- The new law means if you didn't qualify for a Marketplace plan before, you may now
- Received an offer of Unemployment Insurance? You're eligible for reduced premiums
- Already have a Marketplace plan? Be sure to go back to healthcare.gov or schedule a free, virtual appointment to receive the new benefits

FREE HELP
TO FIGURE OUT YOUR OPTIONS
Call 855-733-3711 or visit NCNavigator.net

LEGAL AID of NORTH CAROLINA | Access East | Charlotte Center for Target Advocacy | COUNCIL ON AGING | CUMBERLAND HEALTHNET | HealthNet

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In North Carolina, assisters are promoting marketplace enrollment to consumers getting the COVID-19 vaccine.



Assisters in North Carolina got creative, relying on comic book style graphics to get the word out about lower premiums thanks to the American Rescue Plan.

Access East

HEALTH INSURANCE MARKETPLACE
Enrollment Assistance for Eastern N.C.

My _____ Health Insurance Information

My Navigator's Name Is: _____

Phone: (252) _____

| <u>POST-ENROLLMENT CHECKLIST</u> | <u>DUE DATE</u> |
|--|-----------------|
| <input type="checkbox"/> DOCUMENT(S) TO UPLOAD/SEND IN | |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> PAY FIRST MONTH'S PREMIUM | _____ |
| <input type="checkbox"/> LOOK FOR INSURANCE CARD IN THE MAIL | _____ |
| <input type="checkbox"/> MAKE APPOINTMENT WITH PRIMARY-CARE PROVIDER | |
| <input type="checkbox"/> ASK FOR FREE PREVENTATIVE SERVICES | |
| <input type="checkbox"/> PAY MONTHLY PREMIUMS ON TIME | _____ |
| <input type="checkbox"/> REPORT ANY LIFE CHANGES TO THE HEALTH INSURANCE MARKETPLACE (SUCH AS INCOME, FAMILY SIZE, ADDRESS, ETC.) WITHIN 30 DAYS | |
| <input type="checkbox"/> LOOK FOR FORM 1095-A IN THE MAIL (YOU MIGHT HAVE MORE THAN ONE FOR THE YEAR) | _____ |
| <input type="checkbox"/> FILE FEDERAL TAXES | _____ |
| <input type="checkbox"/> RENEW COVERAGE FOR NEXT YEAR | |

**RENEWAL DATES ARE
NOVEMBER 1 – DECEMBER 15**

Assisters in North Carolina give every consumer a folder with a checklist of key information and documents for their plan to bring back to next year's appointment.



**Make your virtual appointment
today!**



ENROLLSA.COM

Assisters in San Antonio Texas were able to promote the Connector to schedule appointments when their phone lines were down.



2021 PERIODO ESPECIAL DE INSCRIPCION PARA COVID

¡NO TE LO PIERDAS!

EL PERIODO ESPECIAL DE INSCRIPCION PARA COVID ES DEL

15 DE FEBRERO - 15 DE MAYO, 2021

Debido a la pandemia del Covid-19, se abrió un periodo especial de inscripción para obtener cobertura médica del Mercado de Seguros Médicos.

MHP SALUD LE PUEDE AYUDAR A:

- Proporcionar información sobre el Mercado de Seguros Médicos y la Ley de Cuidado de Salud a Bajo Precio
- Responder preguntas sobre el Período Especial de Inscripción para COVID
- Asistencia de solicitud a través del Mercado de Seguros Médicos/cuidadodesalud.gov.
- Cambiar su plan de seguro médico.
- Comprender y utilizar su seguro médico.

¡Servicios gratuitos disponible en persona o virtual!

LLAMENOS (956) 246-4125

mhpsalud.org

In the Rio Grande Valley, Spanish language materials are always critical to successful outreach.

“

*My wife is facing stem cell therapy and we needed new insurance to provide for her very expensive care. Thanks to our Enroll Virginia Navigator, my wife now **has the coverage she needs.**”*

Enroll Virginia navigators **are in your community** and ready to help you **get covered.**



888-392-5132



enrollva.org/get-help

ENROLL
VIRGINIA!

Assisters in Virginia focused on sharing personal stories of people who need insurance to drive people to enroll.

3 out of 5

Virginians qualify for a HealthCare.gov plan that costs **less than \$10 per month!**

888-392-5132  enrollva.org/get-help 

This advertisement features a light blue background with a faint map of Virginia. The text is centered and uses a mix of bold and regular fonts. The 'ENROLL VIRGINIA!' logo is in the bottom right corner.

Some assisters used affordability as a selling point with consumers.

Protect Your Health!

HealthCare.gov has re-opened for a **new Open Enrollment** period from now until May 15.

90% of Virginians qualify for premium tax credits to lower costs!

888-392-5132  enrollva.org/get-help 

This advertisement features a close-up photo of a woman wearing a white face mask. The text is overlaid on the left side of the image. The 'ENROLL VIRGINIA!' logo is in the bottom right corner.

Assisters in Virginia focused on sharing personal stories of people who need insurance to drive people to enroll.



Another common theme was emphasizing free expert help.



Messaging around COVID was really important to many consumers.

End Notes

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