COVER MISSOURI

Expanding
Coverage
Initiative

**Expanding Coverage through
Consumer Assistance Program**

2013-2014 Evaluation Report

NOVEMBER 2014

Acknowledgements

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Summary

In 2013, Missouri Foundation for Health (MFH) created the Expanding Coverage Initiative. The goal of this Initiative is to reduce the percentage of uninsured Missourians under age 65 to less than five percent in five years. The Initiative focuses on three key strategies to accomplish this goal: creating awareness about the Missouri Health Insurance Marketplace (also known as the Missouri Marketplace); enrolling individuals, families, and small businesses in health insurance through the Missouri Marketplace; and building the health insurance literacy of assisters, consumers, and health care providers. MFH implements these strategies on both a regional and statewide level. The regional approach focuses around the Expanding Coverage through Consumer Assistance Program. The statewide approach included the Cover Missouri Coalition, the awareness campaign, and the health insurance literacy activities.

The Center for Public Health Systems Science and the Brown School of Social Work at Washington University in St. Louis serve as the external evaluator for the overall Expanding Coverage Initiative. This report describes evaluation findings for the time period of September 1, 2013 to August 31, 2014. During this time period, the evaluation focused on the efforts of the Expanding Coverage through Consumer Assistance Program (ECTCA); therefore, the report describes the key findings from the ECTCA program, while highlighting results of the other Initiative components.

Expanding Coverage Approach

Expanding Coverage Through Consumer Assistance Program (ECTCA program)

The purpose of the ECTCA program is to provide consumers with pre-application, enrollment, and post-enrollment assistance and to conduct Marketplace education and outreach activities. The program is focused on serving consumers who have difficulty enrolling in health insurance without the help of one-on-one assistance, including (but not limited to) consumers with low literacy, limited English proficiency, lower-income individuals, people with disabilities, and other hard-to-reach populations. In September 2013, 16 organizations were awarded one year grants through the ECTCA program, of which six received additional funding to serve as a regional hub coordinator. In addition to the other ECTCA activities, hubs coordinated referrals and services for their region, coordinated outreach and enrollment events, supported training and staff development, convened regional meetings for consumer assistance sites and other community partners, and participated in Cover Missouri Coalition meetings.

Outreach and education activities

Grantees conducted over 5,000 events and mass media activities. Of these, 3,055 were education, awareness, and enrollment events, and 2,058 were mass media activities.

Enrollment activities

Grantees conducted 11,065 counseling sessions during the grant cycle (September 1, 2013 - August 31, 2014), of which 90.5% occurred during open enrollment (October 1, 2013 - March 31, 2014 with enrollment continuing to April 14, 2014 for individuals with special circumstances).

The top three outcomes[*] of the counseling sessions were:

1. Determined eligibility of the consumer for the Missouri Health Insurance Marketplace (55.1%)

2. Assisted the consumer with filing for advance payment tax credits (37.3%)

3. Assisted the consumer in electing a qualified health care plan (35.0%)

Categories were not mutually exclusive, meaning more than one category could be selected for each event, activity, population, or setting.

Enrollments

During the grant cycle (September 1, 2013 - August 31, 2014), 5,147 people enrolled in a health care plan through the Missouri Marketplace using MFH-funded sites.

ECTCA grantees identified several barriers that were both within and outside their control that needed to be addressed. Examples of difficulties that were outside of the grantees' control were technical difficulties with the Health Insurance Marketplace website and the lack of Medicaid expansion in Missouri. Grantees identified several barriers they could address such as difficulties reaching certain populations and assisting consumers with difficult to understand topics. The grantees, MFH, and coalition support contractors are working to assist ECTCA grantees with addressing several of the barriers they self-identified.

Grantees also identified key elements that aided them in successfully enrolling consumers into health care plans through the Missouri Marketplace. These were offering one-on-one counseling sessions, offering flexible office hours, conducting multiple follow-ups with consumers, and using graphic-based materials to aid in explaining difficult-to-understand topics.

Collaborative learning and training opportunities

Over 900 technical assistance (TA) activities were conducted with ECTCA grantees, of which 11 were collaborative learning and training opportunities. The TA services covered three areas: fostering a learning community, providing policy support, and offering individualized TA and support.

Cover Missouri Coalition

MFH convened a steering committee to identify and respond to needs of the uninsured, resulting in the creation of the Cover Missouri Coalition in April 2013. The statewide Cover Missouri Coalition has two goals: build a shared learning community and promote education and awareness about the Affordable Care Act and the Missouri Marketplace.

Awareness Campaign

The Expanding Coverage Initiative launched a statewide public education and enrollment campaign in August 2013. The campaign provided information to fill the knowledge gap with clear, accurate, nonpartisan information about the Missouri Marketplace.

Health Insurance Literacy Approach

In May 2014, the Expanding Coverage Initiative began work to increase Missouri assisters', consumers', and health care providers' health insurance literacy. This work focuses on developing resources and provide training and technical assistance to increase health insurance literacy.

Conclusion

Across Missouri, 152,335 individuals enrolled in a health care plan through the Missouri Marketplace during the first open enrollment period (October 1, 2013 - March 31, 2014 with enrollment continuing to April 19, 2014 for individuals with special circumstances). The Expanding Coverage Initiative contributed to this success. The percentage of the uninsured population who enrolled in a health care plan during open enrollment was higher in the MFH service region compared to the non-MFH service region by 2.1% (19.8% compared to 17.7%, respectively). Additionally, ECTCA grantees staffed 99 enrollment sites throughout MFH's service region during the 2013-2014 grant cycle. During open enrollment , ECTCA grantees conducted 10,016 enrollment counseling sessions, which resulted in 4,834 people enrolling in a health care plan. This accounts for 3.2% of all enrollments during open enrollment in the state of Missouri. Unfortunately, it is unknown if this is a high or low enrollment number for those using health insurance

enrollment assisters, as data are not available on how many consumers enrolled with assistance. It is important to note that MFH tasked the ECTCA grantees with serving high need, lower income, and vulnerable populations (e.g., those with low literacy, disabilities, limited English proficiency, and the Lesbian, Gay, Bisexual, and Transgender community).

MFH's contribution to Missouri's enrollment achievements goes beyond funding assisters to enroll the high need, lower income, and vulnerable populations into health care plans through the Missouri Marketplace. The ECTCA grantees also hosted outreach and education activities in their regions, which were open to everyone. Moreover, the Cover Missouri Coalition, awareness campaign, and the health insurance literacy approach allowed for greater statewide reach and impact.

Looking Forward

The first year of the Missouri Marketplace included numerous challenges and subsequent lessons for future planning. Expanding Coverage Initiative program staff, support partners, grantees, and other stakeholders began their efforts in a short-time frame with little knowledge about the ever-evolving Missouri Marketplace. Below are suggestions for building upon those lessons learned as the Expanding Coverage Initiative moves forward into the second grant cycle. Many of these recommendations are also relevant to other health insurance enrollment assisters beyond the ECTCA grant program.

Prioritize events that build awareness about the Marketplace and their assister services, rather than events that focus on enrollments

Provide consumers with education about what to expect during a counseling session

Continue to promote the post-enrollment survey among consumers who participate in a counseling session conducted by an ECTCA assister

Increase efforts to target the Northeast region of the MFH service area

Further examine data to identify other enrollment gaps

Continue to educate legislators by sharing stories of constituents in the Medicaid Gap

Introduction

Background

In 2013, Missouri Foundation for Health (MFH) created the Expanding Coverage Initiative (ECI). The goal of this Initiative is to reduce the percentage of uninsured Missourians under age 65 to less than five percent in five years. The Initiative focuses on three key strategies to accomplish this goal: creating awareness about the Missouri Health Insurance Marketplace (also known as the Missouri Marketplace); enrolling individuals, families, and small businesses in health insurance through the Missouri Marketplace; and building health insurance literacy among consumers.

> Awareness: engaging the uninsured to build a broad level of awareness about the Missouri Health Insurance Marketplace and the availability of subsidies.

> Enrollment: facilitating enrollments of eligible individuals and small businesses into health insurance plans available through the Missouri Health Insurance Marketplace.

> Health Insurance Literacy: helping Missourians have the knowledge, ability, and confidence to find and evaluate information about health plans; select the best plan for their own financial and health circumstances; and use the plan once enrolled.

The three strategies of the Expanding Coverage Initiative are being implemented through the Cover Missouri Coalition and the coalition support system. The purpose of the Cover Missouri Coalition is to share learning and best practices, maximize resources, identify challenges and opportunities, and build an inclusive plan to insure Missourians. The Cover Missouri Coalition consists of regional hubs, MFH grantees (Expanding Coverage through Consumer Assistance grantees), and partners (other stakeholders engaged in Marketplace education, outreach, and enrollment activities).

The purpose of the coalition support system is to provide a network of organizations that develop and provide content specific resources and share information to the Cover Missouri Coalition. The coalition support system consists of five teams: facilitation, awareness + communication, health insurance literacy, technical assistance, and evaluation. See Appendix A for additional information about the coalition support system.

Figure 1: Expanding Cover Initiative structure

Evaluation

The Center for Public Health Systems Science and the Brown School of Social Work at Washington University in St. Louis serve as the external evaluator for the overall Expanding Coverage Initiative. The foundation of the evaluation plan is an Initiative-level logic model and a set of evaluation questions that were developed in conjunction with MFH staff and other ECI

partners. See Appendix B for a copy of the logic model and Appendix C for the evaluation questions. The evaluation team utilized a mixed methods approach, collecting quantitative and qualitative data. The data collection strategies rely on data collected by MFH, the Expanding Coverage Initiative support system, ECTCA grantees, and consumers. See Appendix D for details regarding the evaluation methods utilized.

Report Purpose

This report describes evaluation findings for the time period of September 1, 2013 to August 31, 2014. During this time period, the evaluation focused on the efforts of the Expanding Coverage through Consumer Assistance Program (ECTCA). This report describes the key findings from the ECTCA program, and highlighting information of the other Initiative components.

Report Outline

The report begins with an overview of the health insurance environment in Missouri to provide context. The key findings of the ECTCA evaluation are then organized in the following sections:
- Overview
- Grant Resources
- Outreach and Education Activities
- Enrollment Activities and Outcomes
- Regional Hubs

In addition, highlights about the other Initiative components are presented:
- ECTCA Technical Assistance
- Cover Missouri Coalition
- Cover Missouri Awareness Campaign
- Health Insurance Literacy

The final section of the report provides a conclusion and recommendations for building upon lessons learned as the Expanding Coverage Initiative moves forward into the second grant cycle.

Several appendices at the end of the report provide further details and data about the ECTCA program during the first grant cycle.

Environmental Context

The implementation of the Affordable Care Act (ACA) and the Missouri Marketplace were expected to have a significant impact on reducing the number of uninsured in Missouri. This reduction in the uninsured population would be a vital component to achieving the goal of the Expanding Coverage Initiative—an uninsured rate of less than 5% in Missouri for residents under age 65. In 2013, the uninsured rate was 15% for Missouri residents under the age of 65, accounting for approximately 768,000 Missourians.[1] We expect that many of the Missourians that enrolled in the Missouri Marketplace during the 2013-2014 open enrollment period (October 1, 2013 - March 31, 2014 with enrollment continuing to April 14, 2014 for individuals with special circumstances) were uninsured; however, the potential Marketplace population includes legally-residing individuals who are uninsured or purchase non-group coverage, have incomes above Medicaid/CHIP eligibility levels (Children's Health Insurance Program), and who do not have access to employer-sponsored coverage. As a result, the potential population for enrollment into the Missouri Marketplace is larger than the uninsured population and is not directly comparable with uninsured estimates. Therefore, we are not at this time able to enumerate the impact that Missouri Marketplace enrollment has had on the number of uninsured or the uninsured rate in Missouri. The effects of enrollment in the Missouri Marketplace on the number of uninsured in Missouri will not be known until official survey data is released from the United States Census Bureau in 2015. In this section, we will examine total enrollment into the Missouri Marketplace, as well as the uninsured population in Missouri prior to open enrollment.

The Affordable Care Act and the Missouri Marketplace

The Affordable Care Act has had a significant impact on the health care environment and availability of health insurance in Missouri. During the 2013-2014 open enrollment period, 152,335 Missourians enrolled in health insurance through the Missouri Marketplace.[2] Many Missourians had the opportunity to purchase health insurance through the Missouri Marketplace from October 2013 through March 2014, with enrollment continuing to April 19, 2014 for individuals with special circumstances. The State of Missouri chose not to operate a state-based marketplace for the 2013-2014 open enrollment period, therefore deferring operation of the marketplace to the federal government through a federally-facilitated marketplace. Missouri was one of 27 states that had a federally-facilitated marketplace during the 2013-2014 enrollment period and one of only five states that ceded all enforcement of the ACA to the federal government.[3]

Missouri Health Insurance Marketplace Eligibility

Most Missouri residents are eligible to purchase insurance through the Marketplace; however, eligibility for financial assistance, in the form of subsidies or tax credits, varies as a function of income.

- <u>100%-400% FPL:</u> Missourians with incomes of 100%-400% of the Federal Poverty Level (FPL) are eligible to receive financial assistance in order to assist them with the purchase of health insurance. The amount of the assistance is graduated with income level, and decreases as the level of income increases.

- <u>Above 400% FPL:</u> Missourians with incomes above 400% FPL can purchase health insurance through the Missouri Marketplace, but they will not receive financial assistance to help with the cost of the premium.

- <u>Below 100% FPL:</u> Missourians with the lowest incomes of less than 100% FPL can purchase Marketplace plans, but they not eligible for financial assistance to enroll through the Missouri Marketplace. Under the ACA, the federal government offered funding to help states pay for and expand Medicaid coverage to more people. Missouri, however, did not expand its Medicaid program, leaving many individuals and families with limited options to acquire health insurance.

Uninsured in Missouri

In 2013, the uninsured accounted for 15% of all Missouri residents under the age of 65.[1] This means that, prior to the implementation of the Missouri Marketplace, approximately 768,000 Missourians lacked health insurance.[1] Missouri's uninsured population includes individuals of all ages, all levels of income, and that live in all areas of the state. In order to estimate the impact that the 2013-2014 Missouri Marketplace open enrollment period had on the percentage of the uninsured in Missouri, we examine the potential target population for enrollment into the Missouri Marketplace prior to the open enrollment period.

Figure 2: Distribution of uninsured population in Missouri, under age 65, by income

- Income over 400% FPL (Above $94,200 for a family of four) — 70,431 (9%)
- Income of 138% to 400% FPL ($32,499 - $94,200 for a family of four) — 354,403 (47%)
- Income under 138% FPL (Below $32,499 FPL for family of four) — 336,875 (44%)

Potential Medicaid Expansion population according to income/uninsured status only[*] (6.8% of the Missouri population under age 65)
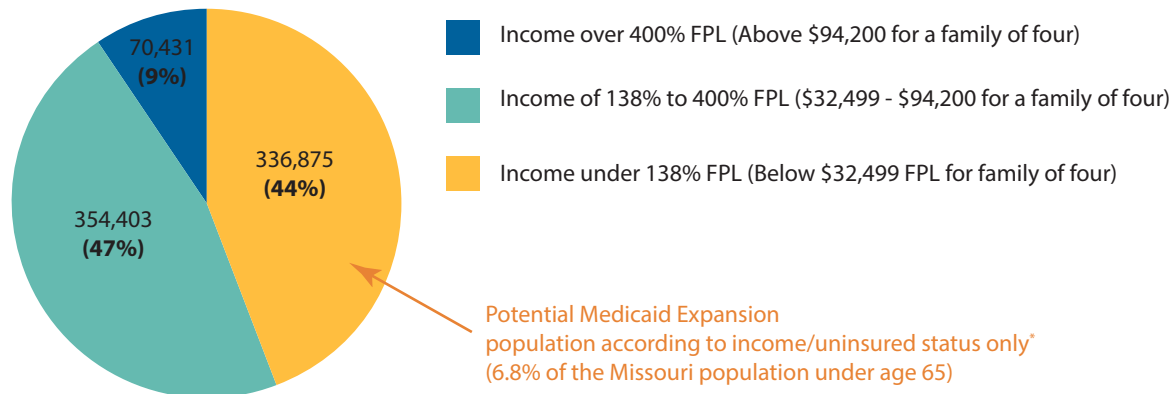
US Census Bureau, 2013 American Community Survey, 1-year estimates, Table c27016.[1]

The bulk of the target uninsured population for enrollment in the Missouri Marketplace consists of approximately 424,834 Missourians or 56% of the uninsured in Missouri, those with incomes over 138% FPL. Of this subgroup, over 354,000[4] have incomes that would make them eligible for financial assistance (138-400% FPL) when enrolling into the health insurance plans offered through the Missouri Marketplace (See Figure 2). In order to reduce the rate of uninsured Missourians to under 5% in 5 years, a majority of the uninsured eligible to purchase insurance through the Marketplace would need to enroll, along with some expansion of the Missouri Medicaid program.

Over 336,000 Missourians—44% of the uninsured population in Missouri in 2013—had incomes under 138% FPL. Individuals in this category with incomes of 100% to 138% FPL are eligible to purchase health insurance through the Missouri Marketplace with financial assistance. Individuals with incomes under 100% FPL are not eligible for financial assistance to purchase insurance through the Missouri Marketplace. All of the legally-residing uninsured Missourians in this income category would be eligible for Medicaid if the state of Missouri chose to expand the Medicaid program.[*]

Figure 3: Marketplace enrollments in Missouri

- Cumulative Enrollment
- Reporting Period Enrollment

	Oct. 1- Nov. 2,	Nov. 3- Nov. 30,	Dec. 1- Dec. 28,	Dec. 29, 2013-	Feb. 2- Mar. 1,	Mar. 2- Apr. 19,
Cumulative Enrollment	751	4,124	33,138	54,157	74,469	152,335
Reporting Period Enrollment	751	3,373	29,014	21,019	20,312	77,866
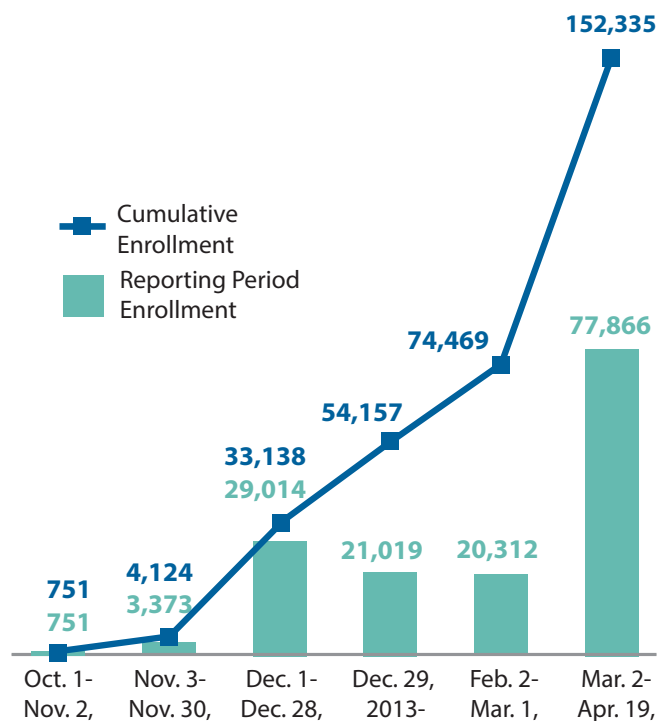
Kaiser Family Foundation, State Health Facts, October 2014[5]

[*]*Some people in this income category currently meet the eligibility criteria for Medicaid, but they are not enrolled. In addition, this number includes noncitizens and those with employer sponsored health insurance available to them that would not be covered by Medicaid. This number over estimates the potential Medicaid population due to these limitations.*

Missouri Health Insurance Marketplace Enrollment

Missourians enrolled in Missouri Marketplace plans at a pace in line with other states and exceeded the enrollment projection established for the state by the federal government by 34,335 enrollees.[5] This was despite Missouri being labeled as one of the "five states most resistant to Obamacare implementation" by the Washington Post prior to open enrollment.[6] The bulk of the enrollment happened during the last months of eligibility with over 50% of enrollments occurring from March 2nd through April 19th (See Figure 3 on previous page).

During the 2013-2014 open enrollment period, 152,335 Missourians enrolled in the Missouri Marketplace, and 130,167 of those who enrolled were eligible for financial assistance. Roughly 34% of the Missourians who were eligible for subsidies enrolled in a health insurance plan through the Missouri Marketplace during open enrollment.[4]

268,764

Determined Eligible for Marketplace

152,335

Enrolled

130,167

Enrolled with Financial Assistance

Assistant Secretary for Planning and Evaluation (ASPE), Health Insurance Marketplace Summary Enrollment Report, May 1, 2014.[7]

On average, Missouri enrolled a slightly smaller percentage of the potential population[*] than other states with federally-facilitated marketplaces, and enrolled significantly less of the potential population than states operating state-based marketplaces.

Figure 4: Marketplace enrollments by percent of potential population[*] enrolled and percent eligible for financial assistance[**]

	Percent of Potential Population Enrolled	Percent Eligible for Financial Assistance Enrolled
Missouri	23.2%	34.0%
FFM States	26.2%	36.3%
State-Based Marketplace States	32.5%	49.5%
National Totals	28.0%	39.0%
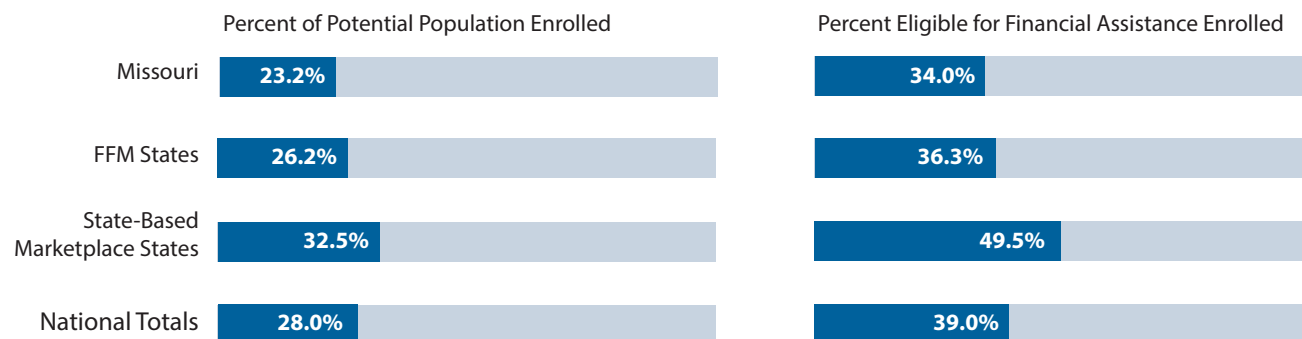
[**]Kaiser Family Foundation. (October 2014). State Health Facts.[4]

Four health insurers offered health insurance plans for purchase in Missouri through the Missouri Marketplace: Coventry Health and Life, Coventry Healthcare, Blue Cross Blue Shield of Kansas City, and Anthem Blue Cross Blue Shield. Even though four insurers offered coverage in Missouri, some only covered portions of the state, resulting in only two firms offering plans in any given rating area. These insurers offered a range of plans available in bronze, silver, gold, and catastrophic plan levels. There were no platinum plans offered for Missouri residents in 2014. Each of the insurers offered plans at the county level, and the number of plans offered by the insurer per county ranged from five to fifteen plans. Silver level plans were the most popular option in both Missouri and nationwide. Individuals enrolling in the Marketplace in Missouri were slightly more likely to choose bronze and gold plans than those in other

[*] *Potential population figures from Kaiser Family Foundation include legally-residing individuals who are uninsured or purchase non-group coverage, have incomes above Medicaid/CHIP eligibility levels, and who do not have access to employer-sponsored coverage.[4]*

Figure 5: Marketplace enrollments by type of plan
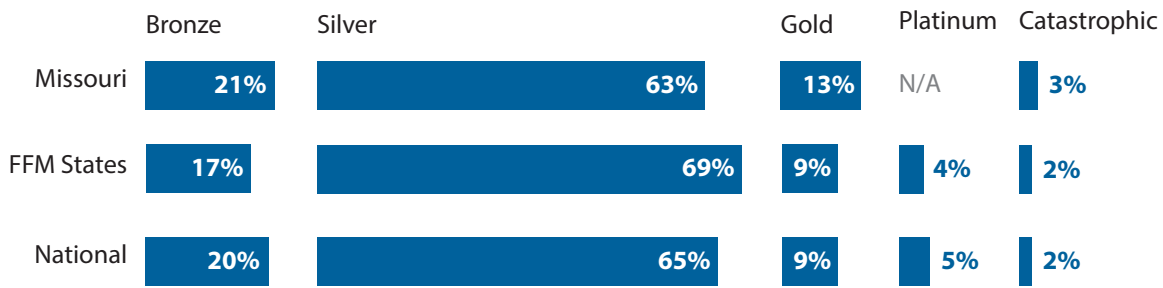
	Bronze	Silver	Gold	Platinum	Catastrophic
Missouri	21%	63%	13%	N/A	3%
FFM States	17%	69%	9%	4%	2%
National	20%	65%	9%	5%	2%

Assistant Secretary for Planning and Evaluation (ASPE), Profiles of Affordable Care Act Coverage Expansion Enrollment for Medicaid/CHIP and the Health Insurance Marketplace, 10-1-2013 to 3-31-2014[2]

Marketplaces. This is likely due to the fact that Missourians had fewer plan options than residents of some other states. Missouri had four insurers offering health insurance coverage, while some states had as many as fourteen.[8]

Demographics of Missouri Marketplace Enrollment

Enrollees in the Missouri Marketplace were slightly younger than the national average, with 36% of enrollees in the 0-34 year old age group, compared with 34% nationally, and 64% in the 35-64 year old age group. Missouri had a higher percentage of females (55%) enroll in the Missouri Marketplace than males (45%), which followed national trends of higher female enrollment (54%). Finally, nearly 79% of individuals that enrolled in the Missouri Marketplace were white.[2]

Figure 6: Missouri Marketplace enrollments by race

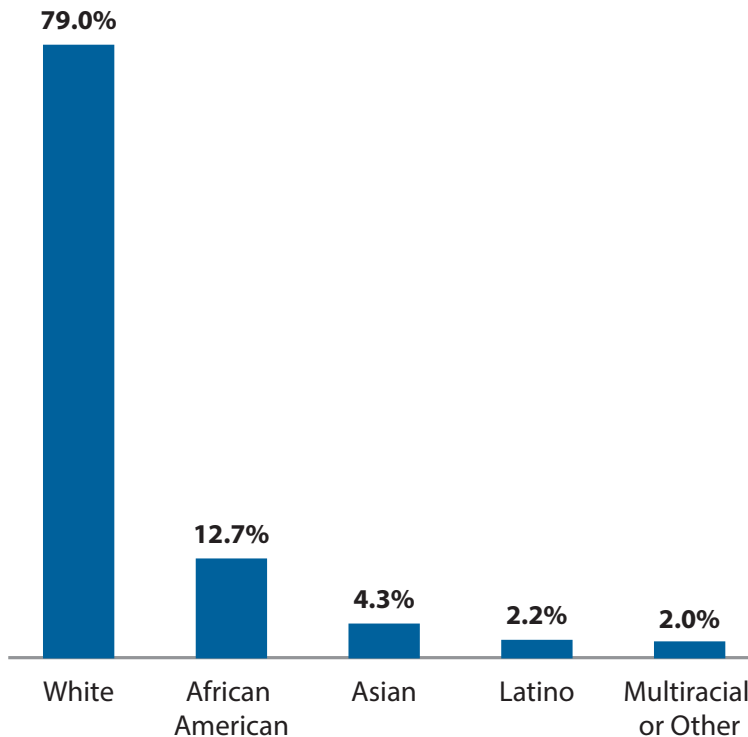| Race	Percentage
White	79.0%
African American	12.7%
Asian	4.3%
Latino	2.2%
Multiracial or Other	2.0%

Assistant Secretary for Planning and Evaluation (ASPE), Profiles of Affordable Care Act Coverage Expansion Enrollment for Medicaid/CHIP and the Health Insurance Marketplace, 10-1-2013 to 3-31-2014[2]

Marketplace Enrollment by Missouri Foundation for Health Service Regions

Missouri Marketplace enrollment varied significantly across the MFH service regions. The St. Louis region had the highest Missouri Marketplace enrollment totals in the state with over 42,000 enrollees. The St. Louis region's enrollment total was also the highest percentage of the total uninsured population, when compared with the total number of uninsured in the region. The St. Louis Metro West and Southwest regions had enrollment totals of nearly 18,000 and 25,000, respectively. The enrollment in these regions accounted for approximately 20% of the uninsured populations. The Northeast, Southeast, and Central regions had enrollment totals from 12% to 15% of the uninsured populations in these regions.

Figure 7: Missouri Marketplace enrollments by MFH region during open enrollment (October 1, 2013 - August 31, 2014)*

Non-MFH Region
38,577 Enrollees
(32.0% of Uninsured Population)

Northeast Region
3,675 Enrollees
(25.0% of Uninsured Population)

St. Louis Metro West Region
17,993 Enrollees
(33.0% of Uninsured Population)

Central Region
13,742 Enrollees
(28.5% of Uninsured Population)

St. Louis Region
42,048 Enrollees
(50.5% of Uninsured Population)

Southwest Region
25,005 Enrollees
(35.9% of Uninsured Population)

Southeast Region
11,273 Enrollees
(26.5% of Uninsured Population)

Washington University analysis of Assistant Secretary for Planning and Evaluation (ASPE), Marketplace Enrollment Data[2] at the zip code level. Censored enrollment data was allocated to censored zip codes using uninsured estimates from the 2012, US Census, Small Area Health Insurance Estimates. Uninsured population county–level data obtained from the 2012, United States Census, Small Area Health Insurance Estimates.

Expanding Coverage through Consumer Assistance Program (ECTCA) Overview

The purpose of the ECTCA program is to provide consumers with pre-application, enrollment, and post-enrollment assistance and to conduct Missouri Marketplace education and outreach activities. This assistance is provided by Certified Application Counselors (CACs), also known as enrollment assisters. The program is focused on serving consumers who have difficulty enrolling in health insurance without the help of one-on-one assistance, including (but not limited to) consumers with low literacy, limited English proficiency, lower-income individuals, people with disabilities, and other hard-to-reach populations. In September 2013, 17 one year grants were awarded to 16 different organizations (one organization received two grants for two different regions).

6 out of the 17 grantees were Health Systems/Centers

- Mercy

- Freeman Health System

- CoxHealth

- Phelps County Regional Medical Center

- Ozarks Medical Center

- Planned Parenthood of the St. Louis Region and Southwest Missouri (Planned Parenthood)

5 out of the 17 grantees were Community Action Agencies

- Central Missouri Community Action (CMCA)

- Community Action Agency of St. Louis Inc (CAASTLC)

- Delta Area Economic Opportunity Corporation (DAEOC)

- North East Community Action Corporation (NECAC) – received two grants

6 out of the 17 grantees were Other Community Based Organizations

- International Institute of Metropolitan St. Louis (International Institute)

- Lemay Child and Family Center (Lemay)

- Primaris/Knowledge Management Associates (KMA)

- Randolph County Caring Community Partnership (RCCCP)

- St. Louis Effort for AIDS

- Small Business Majority Foundation, Inc

Each of the grantees worked in specific regions of the MFH service area. There were six ECTCA regions in MFH's service area: Northeast, St. Louis Metro West, St. Louis, Southeast, Southwest, and Central. MFH funded one grantee to serve as a hub for each region. In addition to serving as a consumer assistance site for enrollment and outreach, hubs coordinated referrals and services for their region, coordinated outreach and enrollment events, supported training and staff development, convened regional hub meetings for consumer assistance sites and other community partners, and participated in Cover Missouri Coalition meetings. See Figure 8 for a map identifying the service regions, ECTCA grantees, and ECTCA hub grantees.

Figure 8: MFH ECTCA grantees by MFH service region

All Regions
Small Business Majority

Northeast Region
RCCCP (Hub)
NECAC

St. Louis Metro West Region
NECAC (Hub)
Planned Parenthood
Mercy
St. Louis Effort for AIDS

Central Region
Primaris/KMA (Hub)
CMCA
Phelps Co. Regional Medical Center
St. Louis Effort for AIDS

St. Louis Region
CAASTLC (Hub)
Planned Parenthood
International Institute
Lemay
Mercy
St. Louis Effort for AIDS

Southwest Region
Mercy (Hub)
Freeman Health System
CoxHealth
St. Louis Effort for AIDS

Southeast Region
DAEOC (Hub)
Phelps Co. Regional Medical Center
Ozark Medical Center
St. Louis Effort for AIDS

ECTCA: Grant Resources

ECTCA grantees utilized several resources to implement their grant activities, including funding (e.g., MFH, Federal), organizational support and staff, partners, and in-kind resources (e.g., space, staff, supplies).

MFH Funding

MFH awarded a total of $4,796,019 dollars of funding through the ECTCA program the first year. Awards ranged from $87,961 to $799,293. Awards began on September 1, 2013 and ended August 31, 2014.

Active Certified Application Counselors

Over the course of the grant cycle, ECTCA grantees employed between 0 and 20 active CACs each month.[*] The average number of CACs on staff under each ECTCA grant was higher during open enrollment[**] than during the rest of the grant cycle. To be considered active, the CAC must have provided services during the reporting period. The only time grantees had zero active CACs on staff was during the startup phase of their program.

Overall Grant Cycle (9/1/2013 – 8/31/2014)	Open Enrollment (10/1/2013 – 4/19/2014)
5.8	**6.5**
Average number of active CACs on staff	Average number of active CACs on staff
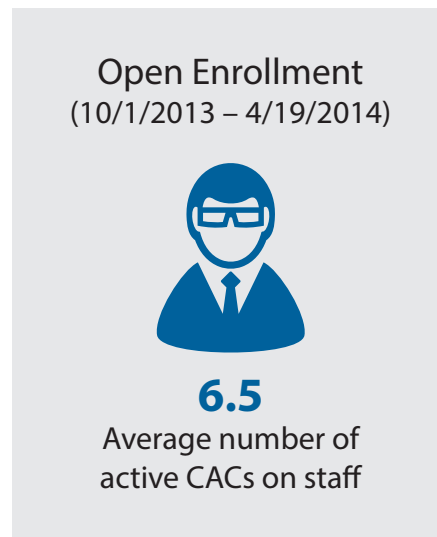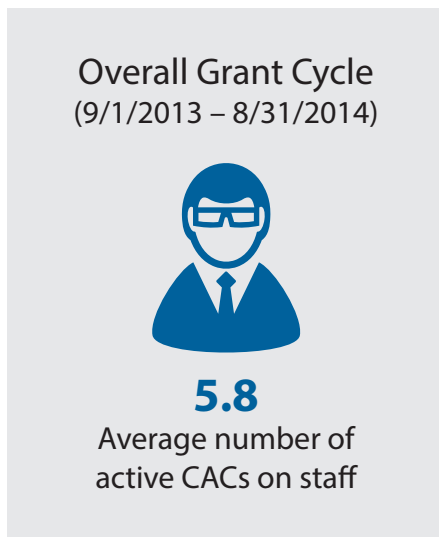
Additional Funding

Six ECTCA grantees successfully secured additional funds. These funds were above and beyond the funding awarded to them by MFH. Grantees secured the funding from a variety of sources. Two were federal government (e.g., federal Navigator grant, HRSA grant) awards, and five were other awards (e.g., navigator subawards, advertising). These six grantees secured $1.35 million in additional funds with a median award amount of $76,499.50.

Additional funding ranged from $300 to $1,046,625

*The number of active CACs is not equal to full time equivalents (FTEs).
**Open enrollment ran from 10/1/2013 - 4/19/2013 which includes the additional time granted to consumers with special circumstances.

Partnerships

ECTCA grantees utilized partners to implement their grant activities. ECTCA grantees defined partners as contracted partners and partners. Contracted partners were both under contract with them and receiving payment from their MFH grant. Partners were not receiving payment from the grantee and may or may not have had a memorandum of understanding (MOU). On average per month, grantees utilized 6 partners. They used more partners than contracted partners (5 versus 1 on average per month). Grantees that were categorized as community action agencies used the most partners (8 on average per month) and were closely followed by grantees categorized as other community based organizations (7 on average per month). Grantees that were categorized as health systems/centers used the least number of partners (2 on average per month). There was no difference in the number of partners used among ECTCA grantees and those who received the additional hub funding.

The partners were involved in over 1,600 grantee activities. The most common activity they conducted was outreach (53.3%). Partners conducted the majority of the activities, and they made up the majority of partner types used by grantees (Figure 9).

Figure 9: Activities conducted by ECTCA partners by type of partner*

	Overall	Partners	Contracted partners
Conducted outreach	53.3%	43.9%	9.4%
Conducted enrollment	26.6%	21.4%	6.6%
Offered collaborative learning and training opportunities	17.1%	12.8%	4.3%
Other	3.0%	1.9%	1.1%
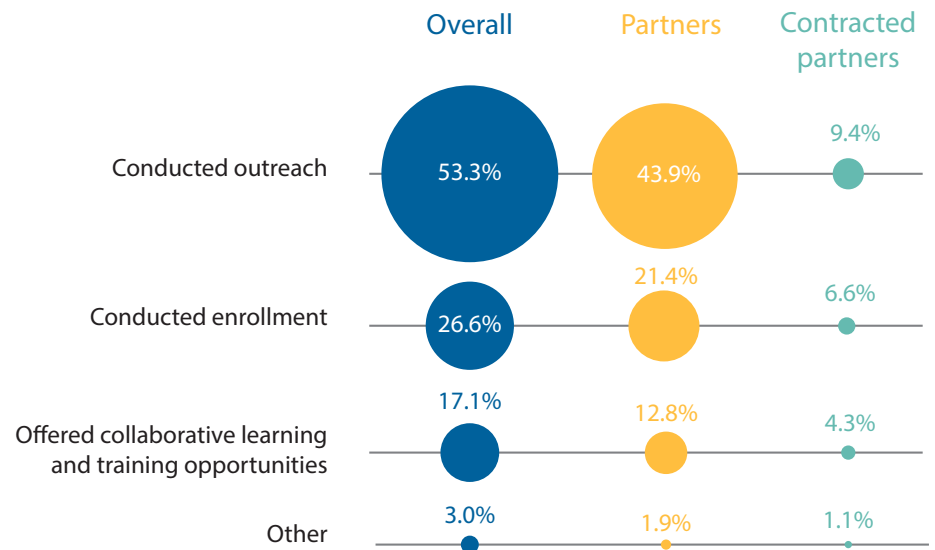
In-Kind Resources

Grantees received in-kind resources during each month of the grant cycle.* The most commonly received in-kind resource was space for outreach and enrollment events.

Figure 10: In-kind resources utilized by ECTCA grantees
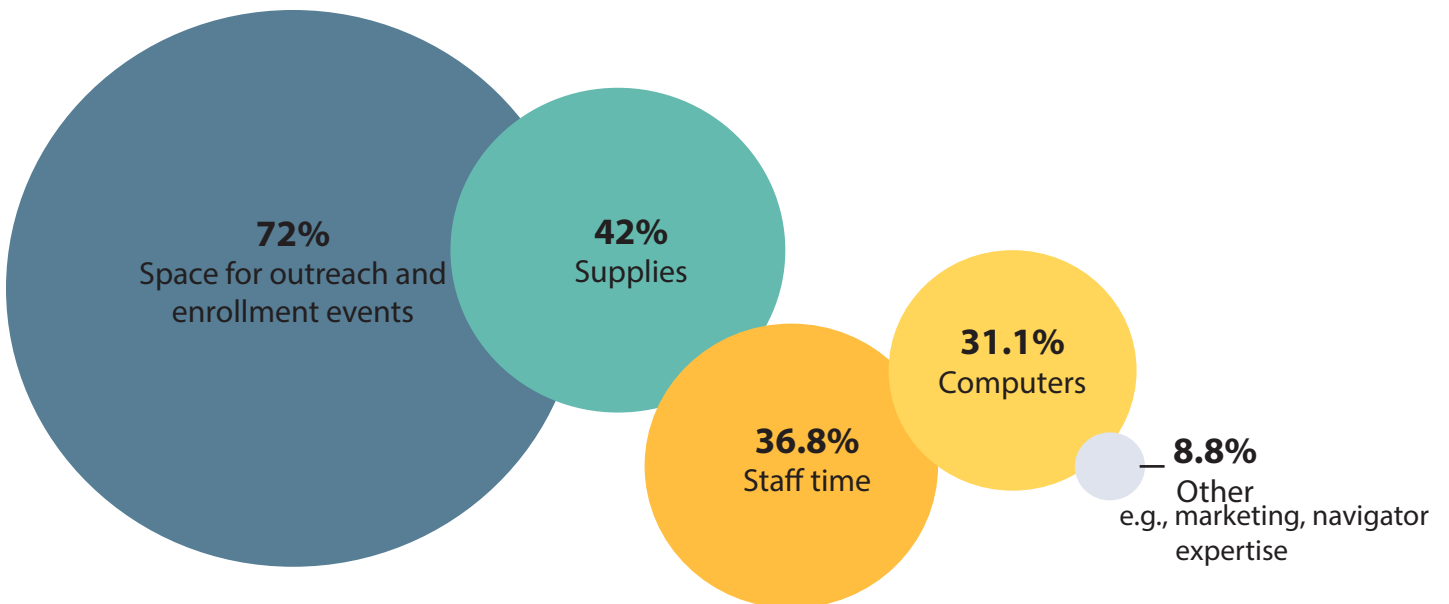
72%
Space for outreach and enrollment events

42%
Supplies

36.8%
Staff time

31.1%
Computers

8.8%
Other
e.g., marketing, navigator expertise

Categories were not mutually exclusive, meaning more than one category could be selected for in-kind resources received.

ECTCA: Outreach and Education Activities

One of the two main purposes of the ECTCA program was to conduct outreach and education activities. The outreach and education activities focused on individuals, families, and small businesses. Grantees' outreach and education activities were grouped as events or mass media activities. Overall they conducted over 5,000 events and mass media activities.

Events

Grantees conducted three types of events: education, awareness, and enrollment. The education, awareness, and enrollment events conducted under the ECTCA program served to create awareness, educate the public, and enroll people in the Missouri Marketplace. ECTCA grantees conducted 3,055 events during the 2013-2014 grant cycle.

3,055
events conducted

Type of events

Awareness events were the number one event type conducted by grantees.[*]

- 59.8% of all events conducted were categorized as awareness events (e.g., booth at a health fair)
- 42.0% of all events conducted were categorized as education events (e.g., formal presentation)
- 29.1% of all events conducted were categorized as enrollment events

Who conducted events

Grantees conducted the majority of the events (67.4%). Organizations who informally partnered with the grantees conducted 6.8% of the events, despite not receiving any funding from the grantees.

People reached

110,665 people were reached[**] through the events.

Partner involvement

Across all events, 22% were implemented with a partner. Of those events conducted with a partner, 33.6% were with fellow grantees.

Audience targeted

The events overwhelmingly targeted individuals and families (87%).[*] The largest number of events targeted the general population. The top four populations[*] targeted by events after the general population were:

1. Young adults (18-34)
2. Low income individuals
3. Adults (18-34)
4. Rural residents

*Categories were not mutually exclusive, meaning more than one category could be selected for each event, activity, population, or setting.
**People reached does not represent unique individuals, but rather reflects the total number of times an individual participated in or was reached by an event or activity.

Event Setting

The top three settings[*] for holding events were:

1. Neighborhoods/Communities

2. Hospitals/Clinics/Health Care Organizations

3. Businesses

Grantees were more likely to use certain settings when trying to target particular populations.[*]

- Neighborhood/Community settings were more likely to be used for events targeting the general population; adults; rural residents; lesbian, gay, bisexual, and transgender individuals; and high risk populations.

- Hospital/Clinics/Health Care Organization settings were more likely to be used when targeting disabled individuals, young adults, low income individuals, and those with limited English proficiency.

- Business settings were most likely to be used to target small businesses.

Strategies used

The top two strategies[*] used by grantees during their events were:

- Distributing awareness/education materials

- Presenting in the community

Mass Media Activities

Mass media activities included publishing or airing media messages about the Missouri Health Insurance Marketplace and related awareness, educational, and enrollment activities supported by MFH ECTCA grants. ECTCA grantees conducted 2,058 mass media activities during the 2013-2014 grant cycle.

2,058
activities conducted

Type of mass media activities

The top three mass media activities were paid radio, social media, and paid newspaper. (See Figure 11 on the next page).

People reached

61,533,857 people were reached[**] through the mass media activities.

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[*]Categories were not mutually exclusive, meaning more than one category could be selected for each event, activity, population, or setting.
[**]People reached does not represent unique individuals, but rather reflects the total number of times an individual participated in or was reached by an event or activity.

Figure 11: Number of mass media activities conducted by type

Type	Count
Paid Radio	702
Social Media	528
Paid Newspaper	284
Earned Newspaper	219
Web	100
Other*	68
Earned Radio	63
Earned TV	63
Earned Other Print	18
Paid Other Print	11
Billboard	1
Paid TV	0
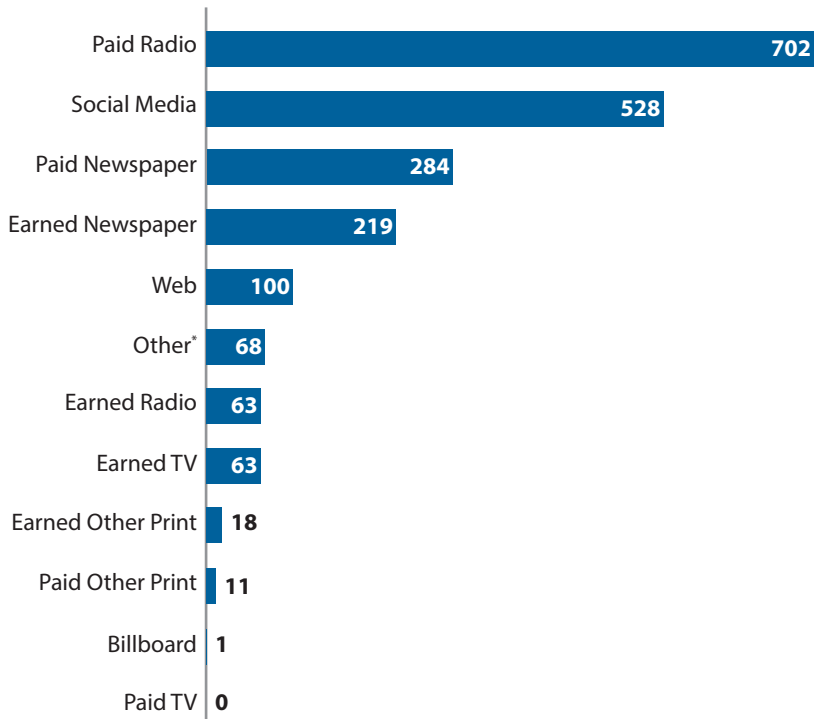
*Other (e.g., Google ad words, radio/tv call-in event)

Audience targeted

As with the education, awareness, and enrollment events, mass media activities overwhelmingly targeted individual and family audiences.*
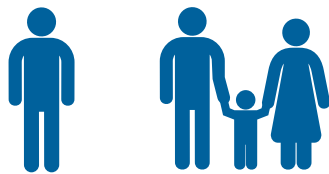
1,961
mass media activities
Individuals/Families
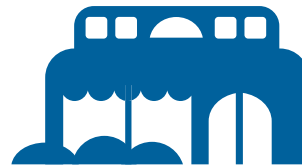
570
mass media activities
SHOP (Small Business Health Options Program)

Mass media activities were most likely to target the general population followed by young adults (18-34), adults (18-64), and low income consumers. Limited English proficiency consumers were the least likely to be targeted by mass media activities.*

Categories were not mutually exclusive, meaning more than one category could be selected for each event, activity, population, or setting.

Role of Outreach and Education Activities

Grantees conducted a significant amount of outreach and education activities to build awareness about the ACA and the Missouri Marketplace. The focus on conducting these activities was essential due to the challenging environment for enrolling in a health care insurance plan through the Missouri Marketplace. Building awareness and understanding of the ACA and the Missouri Marketplace are key components to increasing consumers' willingness to engage in the enrollment process.

Grantees documented the impact the lack of awareness and education had on their ability to get people to enroll.

> "The primary barrier is that many attempted enrollees just do not have a realistic understanding of what to expect." *– Grantee Report*

Outreach and education activities have been a valuable tool for countering negative attitudes.

> "One aspect that has been much better than expected is the effect of the materials (handouts, video, presentations) on a negative mindset to create an open- or even positive-minded outlook toward the Affordable Care Act. Many times, simply going over some basic information helps the person see that they did not have a clear or accurate understanding of how the ACA applies in Missouri and they express genuine appreciation for having the new outlook. They often immediately ask, "Why isn't anyone out here telling people about this?" to which of course, the answer is that counselors are doing just that through the education events, booths, and individual appointments." *– Grantee Report*

While the grantees conducted more than 5,000 events and mass media activities, they stated there was a need for continued outreach activities.

> "There can never be enough outreach! Despite our efforts, many patients and consumers remain confused or unaware of the impact of the ACA, how it impacts them and how to enroll. We have found that using a simple message repetitively has helped get our message out to our patients and other consumers." *– Grantee Report*

ECTCA: Enrollment Activities and Outcomes

In addition to conducting outreach and education activities, grantees focused their time on providing consumers with pre-application, enrollment, and post-enrollment assistance. These services were provided during counseling sessions at enrollment sites and enrollment events.

Enrollment Sites

ECTCA grantees staffed 99 permanent enrollment sites covering 65.9% of MFH's service region with at least one site during the 2013-2014 grant cycle. In addition to permanent sites, ECTCA grantees provided enrollment assistance at mobile sites and enrollment events. Permanent enrollment sites were locations that offered regular appointment times. Mobile sites were one-time locations where an enrollment assister met a consumer at a place of their preference (e.g., local restaurant, coffee shop, consumer's home). Enrollment events were one-time enrollment sites that were promoted in the community to let consumers know that assisters would be available to help them enroll in the Missouri Marketplace.

Figure 12: MFH ECTCA permanent enrollment sites

ECTCA grantees covered 65.9% of MFH's service region with a permanent enrollment site.
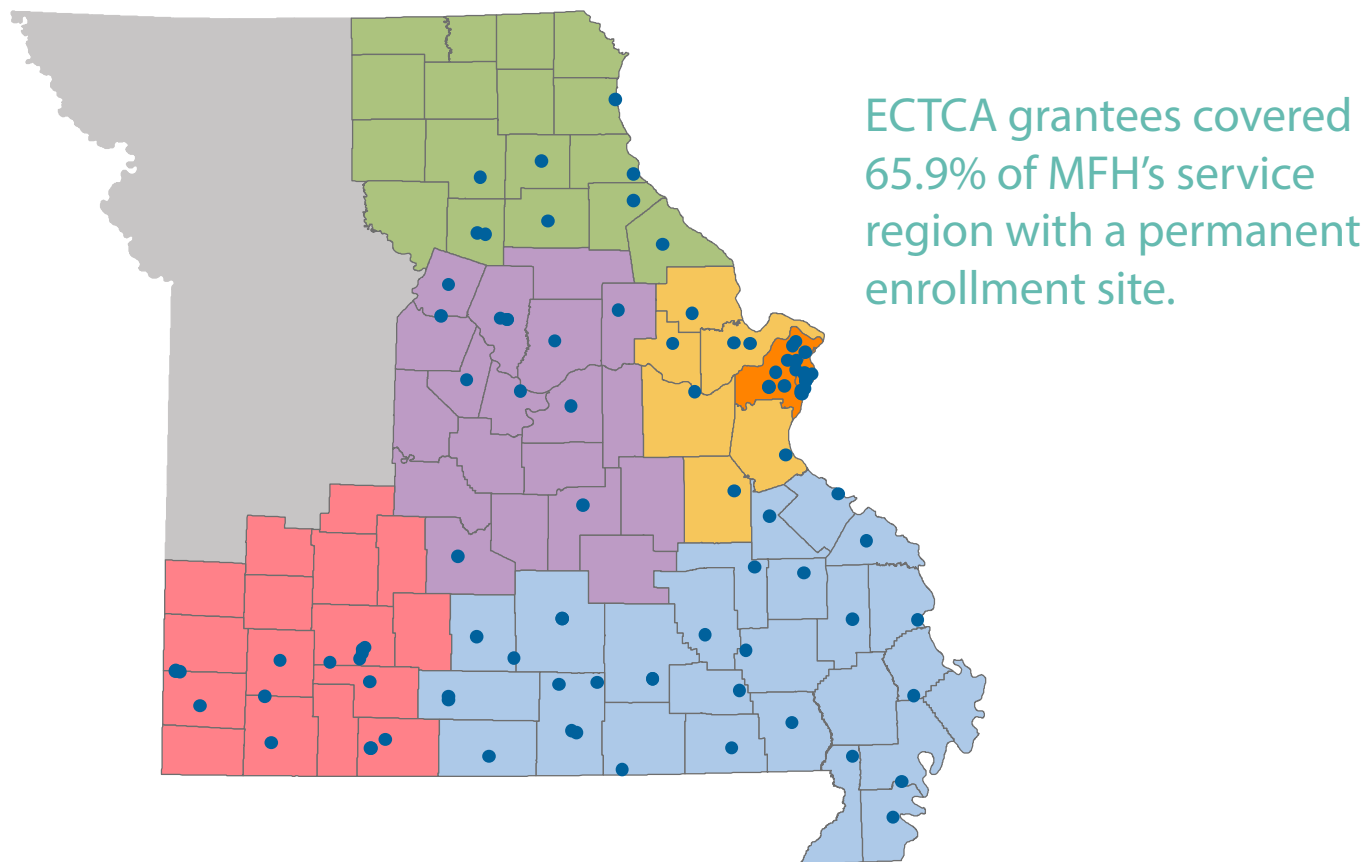
Counseling Sessions

Grantees provided enrollment assistance through counseling sessions. Counseling sessions were defined as a direct interaction of an enrollment assister (by phone or in-person) with an individual, family, or small business who was trying to enroll in the Missouri Marketplace, or who needed assistance after they had enrolled. ECTCA grantees conducted 11,065 counseling sessions, of which the majority took place during open enrollment (90.5%). Open enrollment occurred from October 1, 2013 to April 19, 2014. In addition, more than half (54.0%) of all counseling sessions occurred in either the Southwest region or the St. Louis region (Figure 15). The counseling sessions took one hour to complete on average. In addition, grantees stated that they often saw the same consumer for multiple counseling sessions to help them through the entire enrollment process.

Counseling session outcomes

The top three outcomes[*] of the counseling sessions were:

1. Determined eligibility of the consumer for the Marketplace (55.1%)

2. Assisted the consumer with filing for advance payment tax credits (37.3%)

3. Assisted the consumer in electing a qualified health care plan (35.0%)

Figure 13: ECTCA grantee counseling session outcomes[*]
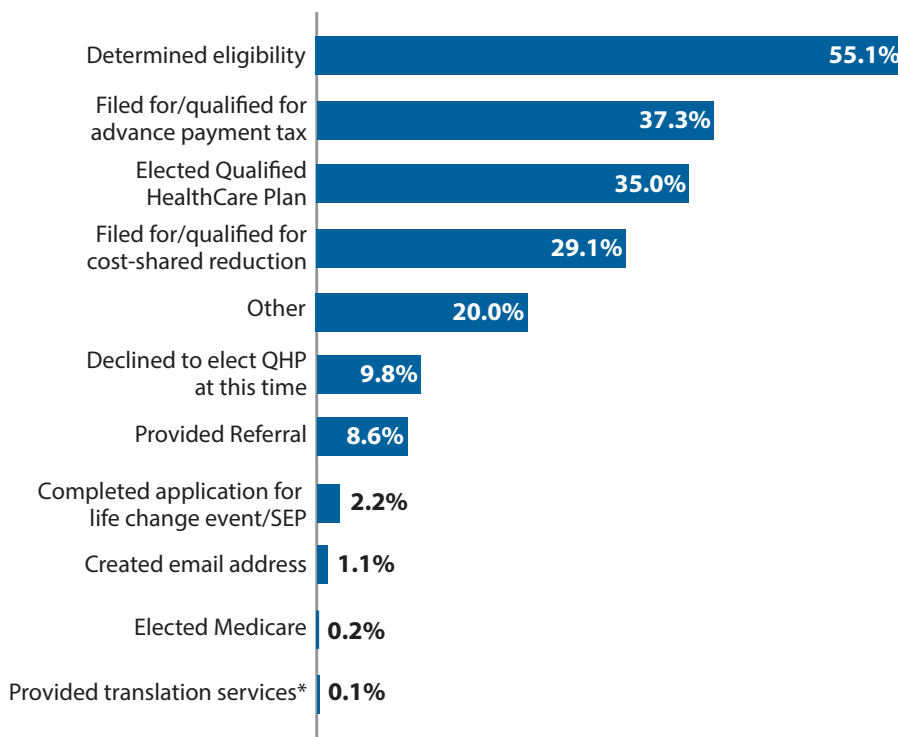
The top three outcomes of a counseling session varied throughout the grant cycle and reflected the current environment. In the beginning, they were: 1) Used an electronic application, 2) Unable to start/complete an application due to technical difficulties with the enrollment website, and 3) Application started but not completed.

Overall all for the grant cycle, determined eligibility was the number one outcome for a counseling session regardless of agency type, level of funding, number of CACs, and region. However, during the special enrollment period the number one outcome was other (e.g., updated Missouri Marketplace account, did not qualify for an SEP), closely followed by determined eligibility. There was 1.1% separating the two outcomes.

Categories were not mutually exclusive, meaning more than one category could be selected.

Reasons for starting but not completing an application

20.9% of counseling sessions resulted in an application being started but not completed. The top three reasons[*] for starting but not completing an application were:

1. Technical difficulties with the enrollment website

2. Not eligible for subsidies/tax credits

3. Fell within the Medicaid gap

However, the reasons for starting but not completing an application varied through February 2014. For the first five months of the ECTCA program, did not have required documents to complete the application and wanted to discuss with family/friend/spouse were consistently in the top three.

Referrals

8.6% of counseling sessions ended with the consumer being referred. Unfortunately, the majority of the referrals were referred for reasons that were within the response option of other (69.8%), which allowed the grantees to write in other options. The bulk of the other responses did not specify the reason for the referral. Some reasons that were provided included the consumer was eligible for Medicaid/MO Healthnet/CHIP, technical issues, consumer was ineligible for a special enrollment period, and needed further information/assistance – website. The most common reasons among the remaining 30% of referrals included closer/more convenient enrollment location, consumer needed additional information to enroll, and consumer needed post enrollment assistance or had an insurance complaint. Grantees provided data not only on the reason for referrals but to where they were referred. For those consumers who were referred, most were referred[*] to either Gateway to Better Health (23.4%) or other (21.4%). The most frequently identified other response to where the consumer was referred was insurance company.

Figure 14: Number of people enrolled by ECTCA grantees during the grant cycle (September 1, 2013 - August 31, 2014)

Enrollments

35.0% of counseling sessions conducted by ECTCA grantees resulted in the consumer electing a qualified health care plan through the Missouri Marketplace. These 3,877 counseling sessions resulted in 5,147 people enrolling in a health care plan.

Enrollments varied greatly across the reporting period. March had the highest enrollment numbers. This is mostly likely due to March being the deadline for enrolling through the Marketplace.
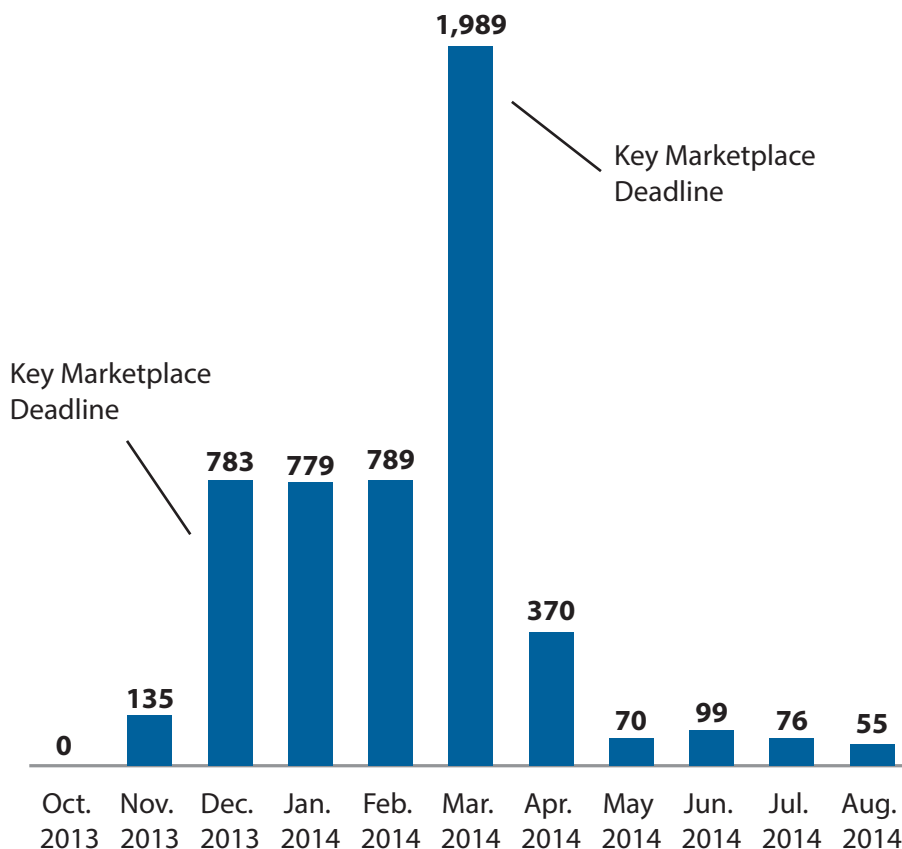
*Categories were not mutually exclusive, meaning more than one category could be selected.

As with the counseling sessions, the highest percent of all enrollments (65.1%) occurred in the Southwest region and the St. Louis Region.

Figure 15: The number of counseling sessions, applications which determined eligibility, and number of people enrolled by ECTCA grantees during the grant cycle (October 2013 - August 31, 2014) for each MFH region

Northeast Region
Counseling Sessions: 651
Determined Eligibility: 299
People Enrolled: 215

St. Louis Metro West Region
Counseling Sessions: 1033
Determined Eligibility: 600
People Enrolled: 439

Central Region
Counseling Sessions: 2031
Determined Eligibility: 938
People Enrolled: 636

St. Louis Region
Counseling Sessions: 3583
Determined Eligibility: 1908
People Enrolled: 1638

Southwest Region
Counseling Sessions: 2394
Determined Eligibility: 1588
People Enrolled: 1715

Southeast Region
Counseling Sessions: 1363
Determined Eligibility: 755
People Enrolled: 501

Barriers to Successful Enrollments

Grantees identified through MFH reporting documents and one-on-one technical assistance (TA) calls with Community Catalyst (i.e., the TA contractor) a variety of barriers to enrolling consumers into health care plans through the Missouri Marketplace. The barriers were:

- Technical difficulties with the Health Insurance Marketplace website

- Lack of Medicaid expansion in the state of Missouri

- Family glitch issue

- Delay of the online SHOP marketplace

- Weather

- Large geographic area represented by MFH service regions

- General lack of awareness in the state regarding the Marketplace

- Low attendance rates at education, awareness, and enrollment events

- Difficulties reaching certain populations

- Providing consumers with the information needed to pay or understand premium payments

- Staff turnover

While several of these barriers were out of the control of the ECTCA grantees and MFH, the grantees and MFH have worked to address several of them. For instance, through the health insurance literacy approach, plain language handouts are being created to assist assisters with explaining difficult to understand topics to consumers. Also, Community Catalyst has and will continue to provide additional trainings on several of these topics. In addition, grantees realized the value of partnering after the March 8th coordinated event. The March 8th coordinated event involved several grantees hosting an event on the same day utilizing the same messaging and advertising. As a result, grantees are working in partnership with other MFH grantees and nontraditional partners to host events that will increase awareness about the Marketplace and their organizations' assister services.

Aids to Successful Enrollments

In addition to identifying several challenges in their reports to MFH and one-on-one calls with Community Catalyst, grantees identified several factors that aided them in successfully enrolling consumers into the Marketplace. These were:

- Offering one-on-one meetings with consumers

- Providing flexible office hours outside of traditional business hours

- Developing a follow-up protocol that incorporates multiple touches with the consumer

- Utilizing graphic based materials produced by the Initiative to explain difficult to understand topics

Role of Enrollment Activities

ECTCA grantees were successful in assisting consumers with the process of electing a health care plan in the Missouri Marketplace. ECTCA assisters were able to assist consumers with electing a health care plan in 35.0% of all counseling sessions conducted. While it is unknown if this is a high or low percent of counseling sessions resulting in an enrollment, there are several factors that may have contributed to it. For instance, grantees identified consumers had a lack of understanding about what to expect during a counseling session, and what documents they would need in order to move through the entire enrollment process. Grantees learned this critical lesson early on in the grant cycle. As a result, grantees have implemented processes to educate consumers prior to counseling sessions.

> **"We learned it was important when scheduling enrollment activities to tell the customer what materials they should bring with them to streamline the documentation process. Another lesson learned was to tell customer prior to the appointment what they could expect to happen during the appointment and to inform them of how long they could expect the appointment to last. "** *– Grantee Report*

In addition, as the grant cycle progressed and consumers enrolled in health care plans, the need for post-enrollment assistance was heightened (e.g., appeals to the insurance company, understanding the explanation of benefits). Therefore, assisters expanded the services offered in their counseling sessions to include post-enrollment assistance. These post-enrollment focused counseling sessions are included in the data which reports outcomes of all counseling sessions (Figure 13 on page 22).

ECTCA: Regional Hubs

MFH funded six ECTCA grantees to serve as regional hubs. The regional hubs focused on growing the Cover Missouri Coalition learning community and coordinating Missouri Marketplace outreach and enrollments events at a regional level. The hubs represented each of the ECTCA grantee organization types (health systems/centers, community action agencies, and other community based organizations).

Figure 16: MFH ECTCA regional hub grantees

Northeast Region
Randolph County Caring Community Partnership

St. Louis Metro West Region
Northeast Community Action Corporation

Central Region
Primaris/Knowledge Associates

St. Louis Region
Community Action Agency of St. Louis, inc.

Southwest Region
Mercy

Southeast Region
Delta Area Economic Opportunity Corporation
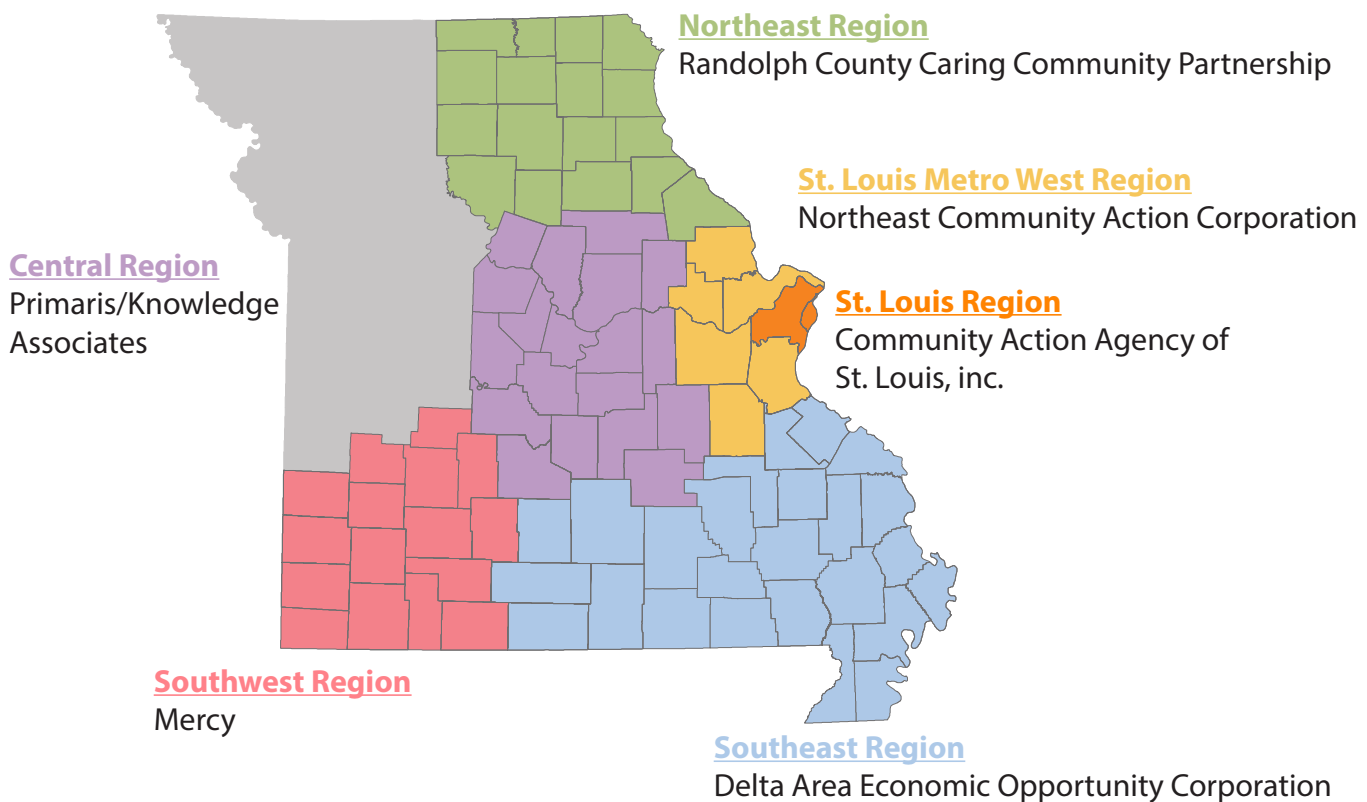
The hubs focused on bringing together ECTCA grantees with other community partners conducting Missouri Marketplace activities in the region. The hub leaders worked to: coordinate outreach and enrollment events across the hub members to maximize resources and avoid duplication, support training and staff development for the members, ensure coordination of referrals and services, share important Cover Missouri Coalition and Missouri Marketplace information and resources with members, and host hub meetings for the members to share information, network, and collaborate. The six regional hubs offered 38 trainings, reaching 748 people. Examples of trainings offered included "Confidentiality, Fraud, Filing a Complaint" and "Website Workarounds (How to Help Consumers when Healthcare.gov isn't Functional)." The hubs also offered 548 shared learning and networking opportunities engaging 3,960 people.

> "Working closely within the regional hub partnership structure gave all staff the opportunity to learn from others, work together to serve customers, and plan and participate in joint activities." *– Grantee Report*

ECTCA: Technical Assistance[*]

MFH contracted with Community Catalyst to provide technical assistance (TA) opportunities to ECTCA grantees and their assisters. The goal of the TA was to increase the capacity of assister organizations and assisters to conduct outreach and provide enrollment assistance, including pre and post enrollment. In order to accomplish this, Community Catalyst offered a variety of TA services across three areas: 1) developing a learning community among grantees to share ideas, strategies, and best practices, 2) providing policy support, and 3) offering individualized TA. Over the course of the year, some activities (e.g., webinars) were expanded to include all Cover Missouri Coalition members. In subsequent years of the Initiative, Community Catalyst will extend TA activities to the entire Cover Missouri Coalition.

Learning community among ECTCA grantees

- Developed a listserv (Google Group)

- Hosted monthly grantee TA calls and assister calls, quarterly hub coordinator conference calls, and two ECTCA grantee convenings

- Offered five webinars, which were made available to all CMC members (e.g., The Power of Social Media: Management Tips and Strategies for Engaging Younger Populations, After Coverage, Now What?)

- Attended hub meetings and provided facilitation support and fielded questions related to the Missouri Marketplace

Policy support

- Created fact sheets (e.g., Catastrophic Health Plans, Life Events, Special Enrollment Periods) and provided content for talking points

- Shared resources, tips, and webinar opportunities from other state and national sources with grantees

Individualized TA and support

- Answered TA questions from ECTCA grantees via email and phone

These technical assistance opportunities resulted in over 900 technical assistance activities being conducted for ECTCA grantees, of which 11 were collaborative learning and training opportunities.

In order to evaluate the effectiveness and value of the learning community, Community Catalyst conducted a survey in mid-2014. Respondents (n=55) included both ECTCA and Cover Missouri Coalition members. Almost 80% of respondents reported that Community Catalyst was very helpful or helpful in increasing their expertise in Missouri Marketplace policy issues. Additionally, 70% of respondents reported that they applied concepts or strategies from a webinar hosted by Community Catalyst.

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*Information in the Technical Assistance section was adapted from the Community Catalyst TA Activities Report, September 2013-2014[9]

Cover Missouri Coalition*

In April 2013, MFH created the Cover Missouri Coalition. The Cover Missouri Coalition is a statewide coalition and has two goals: 1) build a shared learning community and 2) promote education and awareness about the Affordable Care Act and the Missouri Marketplace. To achieve these two goals, the Cover Missouri Coalition, facilitated by StratCommRx, hosted monthly meetings, distributed an electronic newsletter, and offered one-time training opportunities (i.e., 2013 Summit, webinars). Since forming, the Cover Missouri Coalition has grown to more than 500 members. During the first grant cycle, the Cover Missouri Coalition members worked to build awareness, facilitate enrollment, increase health insurance literacy, and support Medicaid transformation in the state.

Monthly Coalition Meetings

The Cover Missouri Coalition met monthly, alternating between in-person and virtual (i.e., webinar) meetings. During the monthly meetings, the Coalition provided trainings, information and updates, networking opportunities, and time for assisters to ask questions and receive answers. As membership grew, so did attendance at the meetings. In-person meetings were more likely to be attended than virtual meetings. The average attendance rate for in-person meetings was 100 people versus 81 people for webinar meetings.

Figure 17: Cover Missouri Coalition meeting attendance, by meeting type
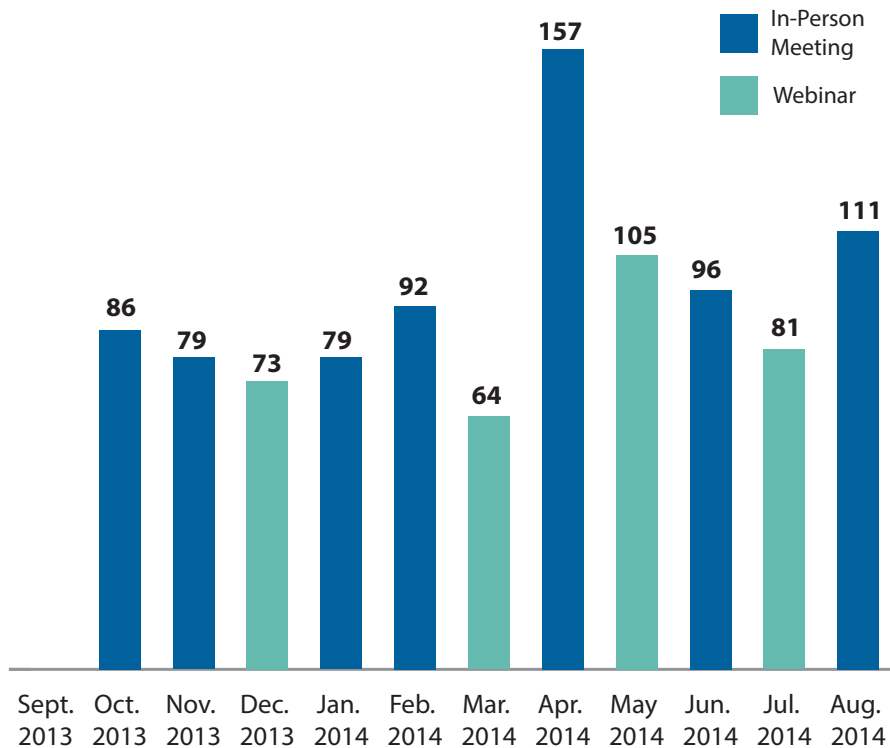
Average Cover Missouri Coalition attendance rate was **93** people

Electronic Newsletter

A monthly electronic newsletter was initiated in February 2014 to provide information on the Cover Missouri Coalition, updates on the Affordable Care Act and Missouri Marketplace, and to highlight the work of local assisters. The newsletter was distributed to Cover Missouri Coalition members and other interested stakeholders who signed up on the MFH website. On average, the electronic newsletter had an open rate of 39%, which is higher than similar newsletters distributed by Constant Contact.[11]

39% average newsletter open rate

42% highest open rate

34% lowest open rate

One Time Trainings

Throughout the year, the Cover Missouri Coalition offered several one time and in-person training opportunities. These included the kickoff Cover Missouri Summit Ready, Set, Enroll! in August 2013. The kickoff Summit, attended by 350 people, provided information and training on awareness, outreach, enrollment, and communications in advance of the first open enrollment period. The Summit was also used to launch the Cover Missouri awareness campaign. Attendees reported that the Summit was helpful in preparing for outreach and/or enrollment activities.

Coalition Impact

In April 2014, StratCommRx developed and distributed a survey to Cover Missouri Coalition members to assess impact of the Coalition. Metrics included: membership engagement, enrollment/awareness challenges and opportunities, Coalition materials and the kickoff summit effectiveness, health insurance literacy understanding and activities, member needs, and recommendations on future Coalition opportunities.

Over two-thirds of the survey respondents (n=70) reported that the Cover Missouri Coalition impacted their organization's outreach/education/enrollment efforts through increasing knowledge, providing outreach tools, and triggering networking/partnering opportunities.[10,12]

Figure 18: Cover Missouri Coalition's impact on outreach/enrollment efforts among its members

Category	Percentage
Increased knowledge	86%
Provided outreach tools	77%
Triggered networking/outreach opportunities	63%
Created learning community	46%
Expanded training	41%
Other	7%
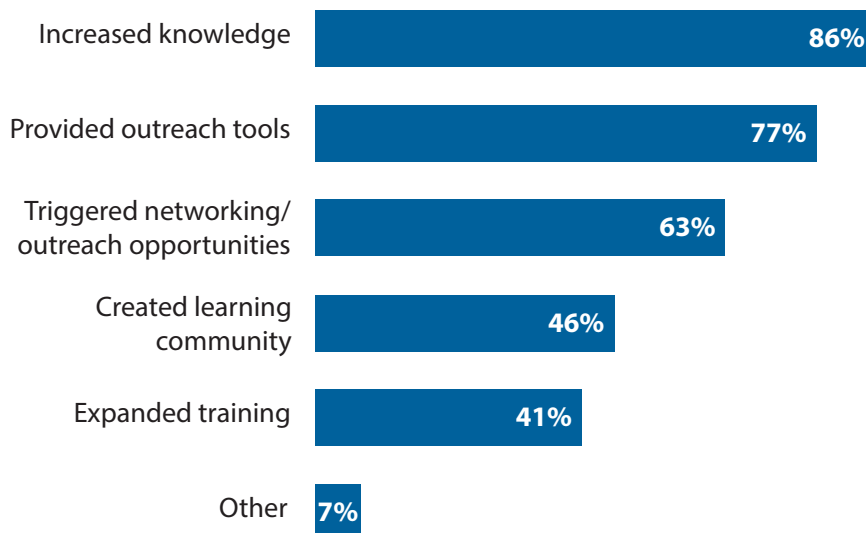
The Coalition's greatest impact on its members was increasing their knowledge

Awareness Campaign[*]

On August 29, 2013, MFH, with support from FleishmanHillard, launched the statewide public education and enrollment campaign known as Cover Missouri. The campaign provided information to fill the knowledge gap with clear, accurate, nonpartisan information about the Missouri Marketplace. The campaign approach included a toolkit of educational materials, a campaign website, interviews, social media, enrollment "success story" video testimonials, and paid advertising. In addition, FleishmanHillard provided communication trainings, technical assistance, and media support to Cover Missouri Coalition members. The campaign resulted in extensive reach across the state.

More than 85,300 website visits with 60,000 unique visitors to the website

32,064 website clicks were generated by the paid search component, of which 1/3 resulted in website action

1,152 earned media placements were completed with more than 91 million audience impressions

Facebook advertisements received 29,000 views

Likes to the Cover Missouri Facebook page increased 1,000%

The success story video testimonials received 700 views on the Cover Missouri YouTube channel

1.35 million pieces of campaign materials were distributed to partners

*Information in the Awareness Campaign section was adapted from the FleishmanHillard Campaign Results Report, September 2014[13]

Health Insurance Literacy[*]

During the first Missouri Marketplace open enrollment period, it became increasingly clear that enrolling people into health insurance plans was simply not enough. Consumers' have varied levels of ability to understand, shop for, and use their health insurance. For many consumers their ability is extremely limited.[14] Adverse outcomes associated with poor understanding of health insurance can result in delay or failure to enroll in a health plan and reduce ability to access needed care. Health insurance literacy (HIL) can be vital to consumers gaining and keeping health insurance and using it effectively as they navigate the health care system. Health insurance literacy allows consumers to have the knowledge, ability, and confidence to find and evaluate information about health plans; select the best plan for their own financial and health circumstances; and use the plan once enrolled. In May 2014, MFH contracted with Health Literacy Missouri (HLM) to develop resources and provide training and technical assistance to increase health insurance literacy. The health insurance literacy approach focuses on three key areas: 1) developing HIL resources for consumers; 2) developing HIL resources for ECTCA grantees, the Cover Missouri Coalition, and health care professionals; and 3) providing HIL-related technical assistance and trainings to the Cover Missouri Coalition and the ECTCA grantees. Specific activities completed during the first grant cycle within each area are outlined below.

> Health Insurance Literacy is defined as the ability to chose, use, and keep your health insurance

Develop HIL resources for consumers

- Identified topics and drafted scripts for 10 consumer videos: six in English and four in Spanish

- Reviewed and revised existing materials for plain language and drafted new materials on various education and enrollment topics (select materials will be translated into multiple languages)

- Reviewed and provided feedback on the Cover Missouri Website

- Reviewed and provided feedback on the University of Missouri Extension (MU) curriculums and developed a health insurance literacy module for MU's Extension curriculum

Develop HIL resources for ECTCA grantees, Cover Missouri Coalition, and health care professionals

- Identified eight eLearning topics and draft two eLearnings

- Provided "highlight" sessions and a detailed session at the Cover Missouri Coalition meetings and provided content for the Cover Missouri e-newsletter

- Developed social media messages

Provide HIL-related technical assistance to the Cover Missouri Coalition and ECTCA grantees

- Addressed questions at Cover Missouri Coalition meetings and during HLM's weekly office hours

- Developed HIL-specific training content for the Regional Summits

- Provided 46 hours of assistance and reviewed 25 documents

Conclusion

Across Missouri, 152,335 individuals enrolled in a health care plan through the Missouri Marketplace during the first open enrollment period (October 1, 2013 - March 31, 2014 with enrollment continuing to April 14, 2014 for individuals with special circumstances). This exceeded the Centers for Medicare & Medicaid's projected enrollments for Missouri by 29.1%.[5] The Expanding Coverage Initiative contributed to this success. The percentage of the uninsured population who enrolled in a health care plan during open enrollment was higher in the MFH service region compared to the non-MFH service region by 2.1% (19.8% compared to 17.7%, respectively).

Additionally, ECTCA grantees staffed 99 enrollment sites throughout MFH's service region during the 2013-2014 grant cycle. During open enrollment , ECTCA grantees conducted 10,016 enrollment counseling sessions, which resulted in 4,834 people enrolling in a health care plan. This accounts for 3.2% of all enrollments during open enrollment in the state of Missouri. Unfortunately, it is unknown if this is a high or low enrollment number for those using health insurance enrollment assisters, as data are not available on how many consumers enrolled with assistance. It is important to note that MFH tasked the ECTCA grantees with serving high need, lower income, and vulnerable populations (e.g., those with low literacy, disabilities, limited English proficiency, and the Lesbian, Gay, Bisexual, and Transgender community).

MFH's contribution to Missouri's enrollment achievements goes beyond funding assisters to enroll the high need, lower income, and vulnerable populations into health care plans through the Missouri Marketplace. The ECTCA grantees also hosted outreach and education activities in their regions, which were open to everyone. Moreover, the Cover Missouri Coalition, awareness campaign, and the health insurance literacy approach allowed for greater statewide reach and impact.

Figure 19: Missouri Enrollment during the open enrollment period (October 1, 2013 - April 19, 2014) by MFH region

Non-MFH Region
38,577 Enrollees
(32.0% of Uninsured
Population)

Northeast Region
3,675 Enrollees
(25.0% of Uninsured Population)

St. Louis Metro West Region
17,993 Enrollees
(33.0% of Uninsured Population)

Central Region
13,742 Enrollees
(28.5% of Uninsured
Population)

St. Louis Region
42,048 Enrollees
(50.5% of Uninsured Population)

Southwest Region
25,005 Enrollees
(35.9% of
Uninsured Population)

Southeast Region
11,273 Enrollees
(26.5% of
Uninsured Population)

Looking Forward

The first year of the Missouri Marketplace included numerous challenges and subsequent lessons for future planning. Expanding Coverage Initiative program staff, support partners, grantees, and other stakeholders began their efforts in a short-time frame with little knowledge about the ever-evolving Missouri Marketplace. Below are suggestions for building upon those lessons learned as the Expanding Coverage Initiative moves forward into the second grant cycle. Many of these recommendations are also relevant to other health insurance enrollment assisters beyond the ECTCA grant program.

Prioritize events that build awareness about the Marketplace and their assister services, rather than events that focus on enrollments

Enrollment events resulted in only 418 people being enrolled into a health care plan through the Missouri Marketplace. This represents 8.1% of the total enrollments by ECTCA grantees. To increase the effectiveness of awareness events, it is recommended that grantees:

- Participate in events that are not directly related to health care or health reform

- Promote their standing appointment times by distributing commit cards at events and advertising their standing appointment times at local libraries and within their offices

- Partner with agencies or host activities with organizations that are already serving the uninsured and/or underinsured (i.e., mammography vans or mobile health clinics)

- Develop an internal referral network to refer clients already being served by the organization's other departments

- Contact consumers with whom they already have an existing relationship using phone banks to promote their activities and events

Provide consumers with education about what to expect during a counseling session

On average, ECTCA grantees' counseling sessions took one hour to complete. However, the longest counseling session took eight hours to complete. Grantees repeatedly stated that many consumers had no idea of what to expect during a counseling session. In addition, 2.8% of all counseling sessions ended with an application started but not completed because the consumer did not have the right documentation.

> **"The primary barrier is that many attempted enrollees just do not have a realistic understanding of what to expect."** *– Grantee Report*

Continue to promote the post enrollment survey among consumers who participate in a counseling session conducted by an ECTCA assister

During the first grant cycle only 2.3% of all counseling sessions resulted in a post enrollment survey being completed. The post enrollment survey provides valuable information about the consumers assisters are serving. Without a representative sample, the evaluation is limited in its ability to draw conclusions regarding those consumers served by ECTCA assisters. To increase the offering of the survey, it is recommended that assisters offer the services of a different assister to answer questions and/or provide technical assistance to consumers and set up a computer in a separate space to allow consumers to complete the survey in private.

Increase efforts to target the Northeast region of the MFH service area

The Northeast region of the MFH service area had the lowest number of people enrolled among both ECTCA grantees and the state overall. While the NE region does have a smaller population, they still only enrolled 25% of the eligible uninsured for the state overall during open enrollment. MFH and grantees serving this area need to identify opportunities to build awareness and enroll consumers.

Further examine data to identify other enrollment gaps

In order to ensure ECI adequately reaches its target populations, it is important to better understand which Missouri populations are and are not currently being served. This information will provide critical knowledge for organizations that implement awareness, outreach, and enrollment assistance activities related to the Missouri Marketplace.

Continue to educate legislators by sharing stories of constituents in the Medicaid Gap

Approximately 21% of counseling sessions resulted in an application being started but not completed. Two of the top three reasons for an application not being completed were "Not eligible for subsidies/tax credits" and "Fell within the Medicaid gap." Additionally, ECTCA grantees identified the lack of Medicaid expansion in Missouri as a barrier to successful health insurance enrollment through the Missouri Marketplace.

In addition, over 336,000 uninsured Missourians (6.8% of the Missouri population) have incomes under 138% of the Federal Poverty Level. Many of these uninsured individuals would have health insurance coverage through Medicaid if the Missouri Medicaid program was expanded. Medicaid expansion could cause the uninsured rate in Missouri to fall to 8.4%, assuming all were eligible and enrolled in the Medicaid program. Achieving the Expanding Coverage Initiative's goal of reducing the uninsured rate to less than 5% in 5 years is highly unlikely without some expansion of the Missouri Medicaid program.

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Appendix A: Expanding Coverage Initiative Structure

Guide to Contacts

FACILITATION

StratCommRx

Contact: Kelly Ferrara, *kelly@stratcommrx.com*

- Leads the Cover Missouri Coalition (CMC) meetings and webinars
- Coordinates all meeting details, content, and logistics
- Manages CMC roster and assists new members in completing on-boarding process
- Composes and sends relevant updates to Coalition (news, event info, webinars, materials)
- Manages CMC file sharing system (Sharefile)

AWARENESS + COMMUNICATION

FleishmanHillard
Awareness and Outreach Materials

Contact: Brandy Barker, *brandy.barker@fleishman.com*

- Develops and coordinates Cover Missouri FAQs, fact sheets, and materials
- Provides regional hub support for awareness and communication activities
- Handles requests from media outlets on Cover Missouri and the Expanding Coverage initiative
- If you get a media request email: *mfh@fleishman.com*

Missouri Health Care for All
Storybanking Consumer Stories

missourihealthcareforall.org/health-share

- Collects stories of Missourians using the Marketplace and/or who fall into the Medicaid gap
- To submit a form to share a story: *http://bit.ly/MOhealthstories*

HEALTH INSURANCE LITERACY

Health Literacy Missouri

Contact: Diane Whitson
dwhitson@healthliteracymissouri.org

- Offers trainings and office hours to assist Coalition members in effective communication
- Develops videos and print materials to help consumers understand and use health insurance
- Reviews and revises materials for health literacy standards

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FACILITATION
StratCommRx

AWARENESS + COMMUNICATION
FleishmanHillard + Missouri Health Care for All

HEALTH INSURANCE LITERACY
Health Literacy Missouri

TECHNICAL ASSISTANCE
Community Catalyst

EVALUATION
Washington University in St. Louis

COALITION SUPPORT

COVER MISSOURI COALITION

REGIONAL HUBS

MFH GRANTEES

PARTNERS

A PROJECT OF
MISSOURI FOUNDATION FOR HEALTH

TECHNICAL ASSISTANCE

Community Catalyst

Contact: Dara Taylor, *dtaylor@communitycatalyst.org*

- Addresses questions related to:
  - Training and certification of CACs and Navigators
  - Capacity building for outreach to specific audiences and mobilization
  - Policies related to the Marketplace
- Provides learn-on opportunities to CMC members including webinars and conference calls
- Provides planning support for meetings and facilitation for Hub organizations (as needed)

EVALUATION

Washington University in St. Louis

Contact: Caren Bacon
cbacon@brownschool.wustl.edu

- Develops evaluation approach and data collection tools
- Answers evaluation questions
- Conducts training on data collection tools for evaluation
- Develops materials to disseminate evaluation findings

REGIONAL HUBS

Each region has one organization designated as the Regional Hub. This entity has several responsibilities in addition to serving as a consumer assistance site for enrollment and outreach.

- Maintains a clear understanding of CAC and Navigator services in their region to ensure coordination of referrals and services
- Coordinates outreach and enrollment events to maximize resources and avoid duplication
- Supports training and staff development at hub meetings, on-line and sharing external opportunities
- Convenes regional hub meetings for consumer assistance sites and other community partners in their region to share information, network, mentor and collaborate
- Attends Cover Missouri Coalition (CMC) meetings, providing updates to partners

Northeast
St. Louis Metro
Greater Kansas City
Central
Southwest
Southeast
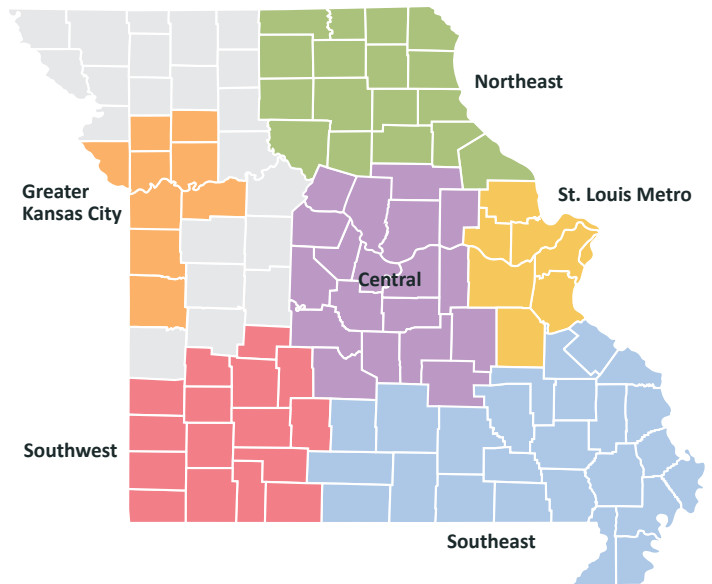
Northeast
Randolph County Caring Communities Partnership

Contact: Patty Hendren, *pattyhendren@rcccpmo.org*

St. Louis Metro
Planned Parenthood of the St. Louis Region and Southwest Missouri
Contact: Laura Burbank, *laura.burbank@ppslr.org*

Central
Primaris/Knowledge Management Associates
Contact: Robin Corderman, *rcorderman@primaris.org*

Southeast
DAEOC (Delta Area Economic Opportunity Corporation)
Contact: Mona Walls, *mwalls@daeoc.com*

Southwest
CoxHealth
Contact: Diane Rozier, *diane.rozier@coxhealth.com*

Greater Kansas City
MARC (Mid-America Regional Council)
Contact: Scott Lakin, *slakin@marc.org*

Organizations and individuals located in counties not covered by a regional hub are welcome to join the hub nearest to them.

A PROJECT OF:

Missouri Foundation for Health

Vice President Health Policy, Ryan Barker

Program Director, Expanding Coverage Initiative
Contact: Nancy Kelley, *nkelley@mffh.org*

Program Officers (Please CC your program officer on all email communications related to your grant project)
Contact: Jessi LaRose, *jlarose@mffh.org*
or Colleen Beckwith, *cbeckwith@mffh.org*

- Answers programmatic questions related to project activities/partnerships
- Reviews interim and final report project narratives
- Participates in and assists in implementing MFH's Expanding Coverage initiative

Grants Management
Contact: Donna Shoff, *dshoff@mffh.org*

- Answers financial/budget questions
- Reviews interim and final financial reports
- Handles budget reallocations and disbursements

Appendix B: ECI Logic Model

Inputs

FINANCIAL RESOURCES
- MFH funding
- In-kind contributions
- Federal Marketplace Funding for Navigators
- Other State & Federal funding (e.g., Federal Navigator Grants)

HUMAN RESOURCES
- MFH staff, Board of Directors, & Community Advisory Council members
- MFH ECTCA Grantees
- EC Initiative Support Contractors (e.g. Community Catalyst, Fleishman Hillard, Health Literacy Missouri, StratCommRx, WashU)
- EC Initiative Provider Contractors (e.g. Mission Center, Young Invincibles)
- Cover Missouri Coalition members
- Navigators, non-ECTCA CACs, other in-person assistors
- Other partners

KNOWLEDGE RESOURCES
- Federal and Missouri-specific trainings, certifications, & licensures
- Trainings and webinars, provided by the federal government & other organizations
- MoCAP
- Research & policy analysis by MFH & other organizations (e.g., WashU, MPCA)
- Knowledge sharing resources (e.g., In the Loop,
- CMS – Region VII, Community Catalyst)
- Initiative evaluation findings & lessons learned

Activities

AWARENESS
- Redesign & maintain Cover Missouri website
- Develop & implement paid/earned HL media campaign (MFH/Grantees/Coalition)
- Identify, develop and distribute HL awareness materials, tools, and methods (paper/electronic based)
- Conduct community awareness & education events
- Conduct stakeholder education regarding the ACA/Marketplace
- Provide awareness building TA & trainings
- Provide communication TA & trainings

ENROLLMENT MARKETPLACE & MEDICAID
- Provide enrollment TA & trainings
- Coordinate efforts of CACs, Navigators, Brokers, and Hubs around enrollment
- Engage the insurance companies regarding the Marketplace
- Implement enrollment and post-enrollment activities (ECTCA grantees, Coalition members, and provider contractors) for the individual /family Marketplace and SHOP

HEALTH INSURANCE LITERACY
- Develop & disseminate new HIL materials (e.g., videos, printed materials, social media, web content, elearnings) to CACs, providers & consumers
- Refine & distribute existing printed materials
- Refine & provide HIL workshops to CACs & providers
- Provide HIL technical assistance & trainings
- Implement HIL activities with consumers (CACs and providers

MEDICAID TRANSFORMATION
- Convene monthly working group meetings
- Engage a broad range of sectors into the working group
- Share updates on research, activities/plans, messaging, and strategies
- Facilitate dialogue among sectors

COALITION INFRASTRUCTURE
- Build and maintain CMC website, Event Calendar, Zip Code/County Locator
- Build, maintain, and adjust CMC and monthly meetings
- Build and adjust working group structures
- Build, maintain, and adjust regional hubs
- Plan and implement trainings, webinars, etc. for Coalition members
- Create a central point for CMC information sharing (ShareFile)

Outputs

AWARENESS
- Educational Events
  ○ # of, type of, audience reached by, & location
- # and reach of stories
- # of social media hits/followers
- # of paid/earned media hits
- # and type of awareness materials and tools developed and distributed
- # of legislative/stakeholder inquires
- # of awareness TA activities & trainings
- # of communication TA activities & trainings

ENROLLMENT – MARKETPLACE/MEDICAID
- # of enrollment technical assistance opportunities provided/promoted
- Expanded marketplace referral network
  ○ # of CACs, Navigators, insurers, brokers Healthcare providers, etc.
- # and type of interactions with insurance companies
- # and demographics of consumers and small businesses who determined eligibility in the Marketplace and SHOP
- # and demographics of enrollments and post-enrollment sessions

HEALTH INSURANCE LITERACY
- New materials/resources/products
- Refined materials and workshops
  ○ # of, type of, reach of, & audience reached
- # of HIL TA activities & trainings
- # and type of individual and group HIL activities with consumers

MEDICAID TRANSFORMATION
- # of meetings, attendance and sectors represented
- # and type of research and materials shared
- # and type of activities/plans shared
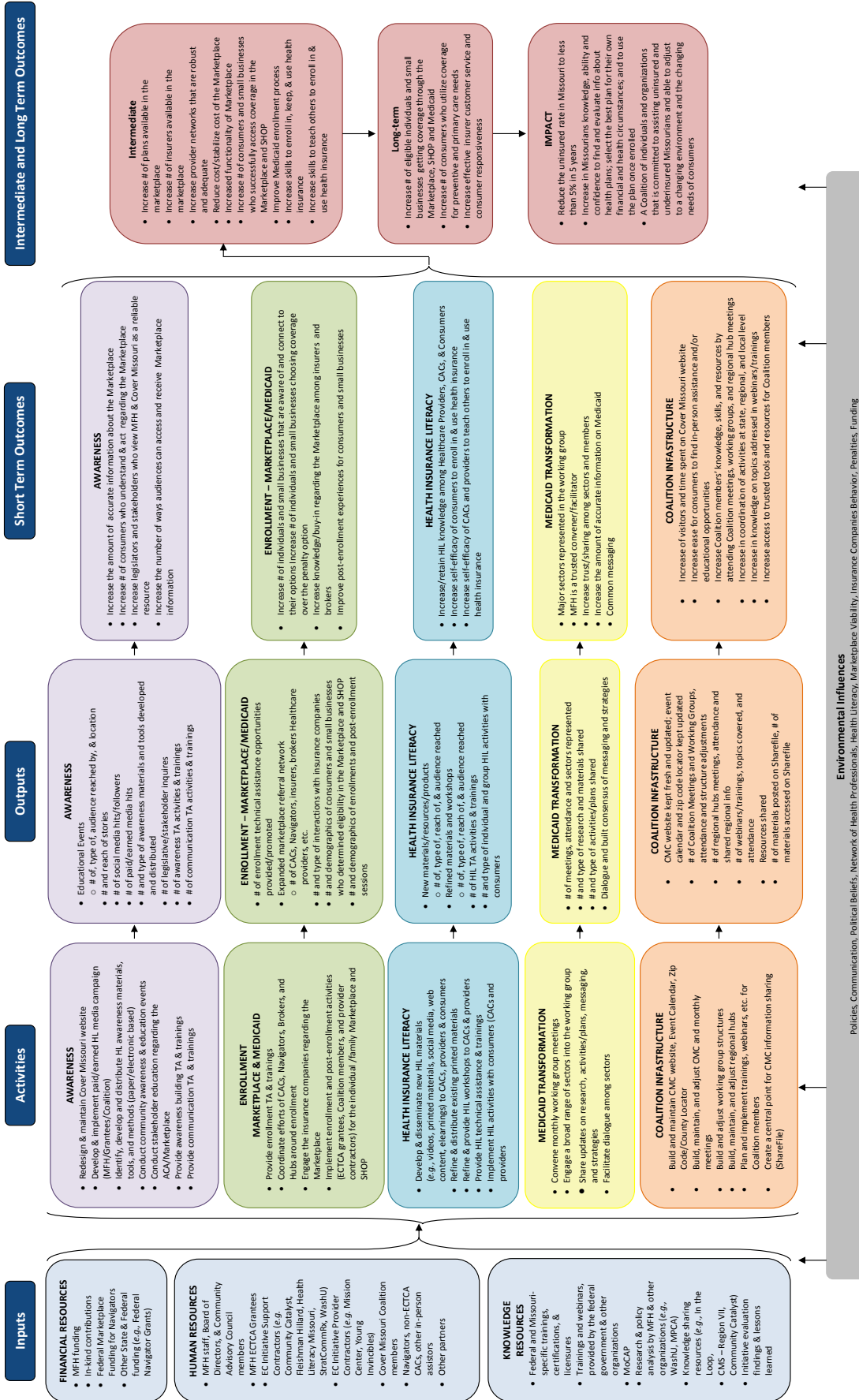- Dialogue and built consensus of messaging and strategies

COALITION INFRASTRUCTURE
- CMC website kept fresh and updated; event calendar and zip code locator kept updated
- # of Coalition Meetings and Working Groups, attendance and structure adjustments
- # of regional hubs meetings, attendance and shared regional info
- # of webinars/trainings, topics covered, and attendance
- Resources shared
- # of materials posted on Sharefile, # of materials accessed on Sharefile

Short Term Outcomes

AWARENESS
- Increase the amount of accurate information about the Marketplace
- Increase # of consumers who understand & act regarding the Marketplace
- Increase legislators and stakeholders who view MFH & Cover Missouri as a reliable resource
- Increase the number of ways audiences can access and receive Marketplace information

ENROLLMENT – MARKETPLACE/MEDICAID
- Increase # of individuals and small businesses that are aware of and connect to their options Increase # of individuals and small businesses choosing coverage over the penalty option
- Increase knowledge/buy-in regarding the Marketplace among insurers and brokers
- Improve post-enrollment experiences for consumers and small businesses

HEALTH INSURANCE LITERACY
- Increase/retain HIL knowledge among Healthcare Providers, CACs, & Consumers
- Increase self-efficacy of consumers to enroll in & use health insurance
- Increase self-efficacy of CACs and providers to teach others to enroll in & use health insurance

MEDICAID TRANSFORMATION
- Major sectors represented in the working group
- MFH is a trusted convener/facilitator
- Increase trust/sharing among sectors and members
- Increase the amount of accurate information on Medicaid
- Common messaging

COALITION INFRASTRUCTURE
- Increase of visitors and time spent on Cover Missouri website
- Increase ease for consumers to find in-person assistance and/or educational opportunities
- Increase Coalition members' knowledge, skills, and resources by attending Coalition meetings, working groups, and regional hub meetings
- Increase in coordination of activities at state, regional, and local level
- Increase in knowledge on topics addressed in webinars/trainings
- Increase access to trusted tools and resources for Coalition members

Intermediate and Long Term Outcomes

Intermediate
- Increase # of plans available in the marketplace
- Increase # of insurers available in the marketplace
- Increase provider networks that are robust and adequate
- Reduce cost/stabilize cost of the Marketplace
- Increased functionality of Marketplace
- Increase # of consumers and small businesses who successfully access coverage in the Marketplace and SHOP
- Improve Medicaid enrollment process
- Increase skills to enroll in, keep, & use health insurance
- Increase skills to teach others to enroll in & use health insurance

Long-term
- Increase # of eligible individuals and small businesses getting coverage through the Marketplace, SHOP and Medicaid
- Increase # of consumers who utilize coverage for preventive and primary care needs
- Increase effective insurer customer service and consumer responsiveness

IMPACT
- Reduce the uninsured rate in Missouri to less than 5% in 5 years
- Increase in Missourians knowledge, ability and confidence to find and evaluate info about health plans; select the best plan for their own financial and health circumstances; and to use the plan once enrolled
- A Coalition of individuals and organizations that is committed to assisting uninsured and underinsured Missourians and able to adjust to a changing environment and the changing needs of consumers

Environmental Influences
Policies, Communication, Political Beliefs, Network of Health Professionals, Health Literacy, Marketplace Viability, Insurance Companies Behavior, Penalties, Funding

Appendix C: ECTCA Program Evaluation Questions

Expanding Coverage through Consumer Assistance Program Evaluation Questions

Questions
1.   What was the level of customer satisfaction with enrollment activities?
2.   What outreach and education activities occurred?
3.   What enrollment activities occurred?
4.   What collaborative learning and training opportunities occurred?
5.   How many Missourians enrolled in the health insurance through the Missouri Marketplace using MFH consumer assistance site?
6.   What aided in the successful enrollment of Missourians who sought assistance from MFH-funded sites?
7.   What were the barriers to successful enrollments of Missourians who sought assistance from MFH-funded sites?

Appendix D: Evaluation Methods

The evaluation design is based on process, implementation, and outcome evaluation best practices. CPHSS utilized a mixed methods approach, collecting quantitative and qualitative data. To assess the changes that took place during year one of the ECTCA program, the evaluation utilized several data collection methods and implemented several data quality protocols to ensure the integrity of the data.

Data Collection Strategies

The data collection approach utilized three tools. They were the core data set, the consumer post enrollment survey, and grantee documents.

> Core Data Set: The core data set serves as the main data collection and management system for the ECTCA program. ECTCA grantees collect the information needed for each indicator in the core data set and enter it into the online data collection system.
>
> Data are collected at three time points: 1) monthly, 2) weekly, and 3) after each certified application counselor's counseling session. Monthly reporting collects information related to the MFH grant. Weekly reporting tracks information related to education, awareness, and enrollment activities. Counseling session reporting focuses on gathering information about what happened as a result of a counseling session conducted by a Certified Application Counselor (CAC).
>
> The online data collection system utilizes Qualtrics, an online survey program. A survey has been created for each type of reporting. The grantees complete a report for each month, week, or counseling session.
>
> Consumer Post Enrollment Survey: The consumer post enrollment survey is a web-based anonymous survey which assesses outcomes of the counseling session, demographics of consumers who participated in the counseling session, and customer satisfaction with the enrollment assistance services. Upon completing a counseling session, the CAC offers the consumer an opportunity to take the post enrollment survey. The consumer then chooses whether or not to participate in the survey.
>
> Grantee Documents: Grantees are required to submit an application, quarterly interim reports, and a final report. Grantee documents were assessed to identify lessons learned. The evaluation team worked with MFH to ensure the reporting templates included questions to gather this information.

Data Quality

The evaluation approach relies heavily on grantees collecting and reporting data. In an effort to ensure the highest quality data, the evaluation team developed and implemented an extensive data quality protocol. The protocol consisted of building strong relationships, providing trainings and technical assistance, performing weekly data quality checks, and sending evaluation update emails.

Strong Relationships: Since high quality data begins with staff developing buy-in on the data collection procedures and trusting the evaluation team, the evaluation team spent significant time building strong relationships with the grantees. In order to develop these relationships, the evaluation team participated in grantee gatherings such as grantee orientation and convenings. In addition, the evaluation team fostered an environment of transparent and open communication. As evaluation components were introduced to grantees, the evaluation team would explain how the data was incorporated into the external evaluation and how it would be used. As evaluation metrics were developed and revised, grantees feedback was solicited to make sure the evaluation tools accurately reflected their experiences in the field.

Training and Technical Assistance: In order to ensure universal understanding of evaluation components, the evaluation team developed a comprehensive training and technical assistance plan. The trainings were primarily offered via webinar and in person.

Weekly Data Quality Checks: Data quality checks were performed weekly to ensure timely submission of data and cleanliness of the data. In the instance of late data, grantees were sent a reminder and given additional time to enter the data. If data were still missing, the evaluation team worked with their program officer to ensure submission of the data. When discrepancies were identified in the data, evaluation staff followed up with the grantee to correct any issues. When similar data quality issues were identified across grantees, this information was passed along and an appropriate training opportunity was developed.

Evaluation Update Emails: The evaluation team would send evaluation update emails, monthly during open enrollment and as needed during the special enrollment period. The emails served as reinforcement for evaluation protocols and data definitions that had previously been presented.

Limitations

It is worth noting that the Expanding Coverage Initiative's evaluation approach has limitations. The main limitation of the evaluation was the inability of CACs to retain personally identifiable information on their consumers. As a result, this led to two limitations. First, many consumers received enrollment assistance from MFH-funded CACs but then completed the final enrollment steps on their own. The evaluation team was not able to follow-up with all of these consumers after they left the CAC. Second, the evaluation team had to rely on the consumer post-enrollment survey to collect demographic information about the consumers being served by MFH-funded grantees. This leads to another limitation, which is CACs were hesitant to ask consumers to complete the survey after their counseling sessions as sessions tended to be long and full of new information the consumers had to learn. Therefore, the response rate for the post-enrollment survey was far too low to utilize in this evaluation report. Finally, the lack of timely and detailed data from CMS limited the conclusion the evaluation team was able to draw about the impact of ECI on overall enrollment in Missouri.