



Expanding Coverage Initiative



Expanding Coverage Initiative 2016-2017 Evaluation Report

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Acknowledgements

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Summary

In 2013, Missouri Foundation for Health (MFH) created the Expanding Coverage Initiative. The goal of the Initiative is to reduce the percentage of uninsured Missourians under the age of 65 to less than five percent. The Initiative focuses on three key strategies to accomplish this goal: creating awareness about 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 through the Cover Missouri Coalition (CMC) and the coalition support partners.

The Brown School at Washington University in St. Louis serves as the external evaluator for the Expanding Coverage Initiative. The evaluation is limited to a subset of the efforts being implemented by CMC, the Health Insurance Literacy (HIL) support partner, and MFH funded grantees. This report describes the external evaluation findings for the time period of August 1, 2016 to July 31, 2017.

Expanding Coverage Initiative Evaluation Findings

Cover Missouri Coalition (CMC)

CMC is a statewide coalition dedicated to building a shared learning community and promoting education and awareness about the Affordable Care Act and the Missouri Marketplace. The CMC evaluation focused on a subset of their activities through the administration of a survey every six months which collected demographic information about its membership, assessed CMC members' ability to partner with other CMC members and network with outside organizations, and assessed changes in members' knowledge and capacity to enroll consumers in the Missouri Marketplace and Medicaid.

Survey respondents self-reported that their membership in the Coalition had provided them with benefits including opportunities to form quality partnerships with other CMC members, capacity to enroll consumers, knowledge of health insurance literacy, reducing the number of uninsured, and Marketplace policy. Most respondents indicated that they conducted some type of activity to reduce the number of uninsured in Missouri. The most common activities reported were awareness activities and education activities. In addition, respondents reported they were interested in planning awareness, education, and enrollment events, sharing strategies, expertise, and best practices, and developing strategies for reaching underserved populations.

Health Insurance Literacy (HIL)

The Expanding Coverage Initiative's HIL approach develops HIL resources for consumers, CMC members, MFH funded grantees, and health care professionals; and provides HIL-related technical assistance to CMC members and MFH funded grantees. The HIL evaluation assesses changes in knowledge, skills, and self-efficacy related to HIL through two methods: administration of a survey to the Expanding Coverage through Consumer Assistance (ECTCA) Certified Application Counselors (CACs) and a pre/post survey of eLearning¹ training participants.

¹ eLearnings were available to in-person assisters, CMC members, and health care providers in order to teach HIL communication skills. There were eight trainings developed. Each eLearning consisted of a pre-survey, training, and post-survey.

ECTCA CACs demonstrated a high level of knowledge for all five survey waves. Using health insurance questions had the most correct responses (94 percent) for the intake survey, Comparing plans questions had the most correct responses (97 percent) for the six month follow-up survey, SHOP questions had the most correct responses (94 percent) for the twelve month follow-up survey, using health insurance questions had the most correct responses (82 percent) for the eighteen month follow-up survey, and definition questions had the most correct responses (95 percent) for the twenty-four month follow-up survey.

Not as many CACs at each survey wave answered calculating health insurance and health care costs questions correctly as other HIL categories. Additionally, most CACs reported high levels of confidence in their ability to explain key health insurance terms to consumers, teach consumers health insurance skills, and use HIL skills when working with consumers within each of the five survey waves.

The eLearning trainings were available to assisters and health care professionals. The eLearnings resulted in improvements in assisters' health insurance knowledge and skills in seven out of eight topic areas (e.g., how to speak so consumers can understand, how to use handouts with consumers).

Expanding Coverage through Consumer Assistance Program (ECTCA)

The ECTCA grant program provides consumers with pre-application, enrollment, and post-enrollment assistance along with conducting 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. During the current reporting period, MFH funded 22 grantees.

ECTCA grantees conducted outreach, education, enrollment, and health insurance literacy activities throughout the reporting period. They conducted 1,920 events and 271,729 media activities. Most of the events were held during the special enrollment period (76 percent) while majority of media activities were conducted during open enrollment (69 percent). In addition, ECTCA grantees conducted 9,337 counseling sessions which resulted in 4,172 individuals enrolling in a qualified health care plan through the Missouri Marketplace. Most counseling sessions occurred during open enrollment (63 percent). The top three outcomes of a counseling session were: 1) Assisted consumer with enrollment questions, concerns, 2) Determined eligibility, and 3) Provided education about health insurance.

Key Takeaways

Several key takeaways were identified through the Expanding Coverage Initiative evaluation, which only included a subset of the ECI activities. These key takeaways provide important information which can be used in future Initiative planning to build upon existing successes and address current challenges. Below are the key takeaways identified by the evaluation team for the reporting period (August 1, 2016 – July 31, 2017):

Health Care Environment

- **Assister services continue to be needed as the health care environment changes.**

- During the 2016-2017 open enrollment period, the number of firms offering plans in Missouri decreased and premiums increased significantly in many parts of the state likely causing the number of individuals selecting Marketplace plans to decline.
- Enrollment into the Missouri Marketplace varied across the state with more urban areas having higher enrollment and more insurance firm participation in the Marketplace.
- Medicaid expansion is crucial to reaching the Expanding Coverage Initiative's goal of reducing the uninsured rate to less than 5 percent.
- The Missouri Marketplace is providing access to health insurance for individuals that are able to obtain financial assistance with their health insurance costs.

Cover Missouri Coalition

- CMC increases its members' self-reported capacity to enroll consumers in the Missouri Marketplace and/or Medicaid.
- CMC increases its members' self-reported knowledge of health insurance literacy, reducing the uninsured, and Marketplace policy.

Assisters Health Insurance Literacy Skills, Knowledge, and Capacity

- Assisters need additional resources and trainings to assist with calculating health insurance and health care cost.
- eLearnings are an effective health insurance literacy knowledge training strategy for assisters.

Expanding Coverage through Consumer Assistance Program

- Partners play an important role in ECTCA grantees outreach and education efforts.
- ECTCA assister services continue to be needed year round not just during open enrollment.

Introduction

In 2013, Missouri Foundation for Health (MFH) created the Expanding Coverage Initiative (ECI) with the goal of reducing the uninsured rate among Missourians under the age of 65 to less than five percent in five years. The Foundation utilizes three strategies to address the goal of the Initiative: awareness, enrollment, and health insurance literacy.

Awareness: engaging uninsured consumers by creating broad awareness of the Marketplace and available financial help

Enrollment: helping eligible consumers enroll in health insurance through the Marketplace and MO HealthNet (Missouri’s Medicaid program)

Health Insurance Literacy: helping consumers have the knowledge, ability, and confidence to find and use information about health plans; choose the best plan for their own finances and health; and use the plan once enrolled

These strategies are implemented through the Cover Missouri Coalition (CMC) and the coalition support partners. The Coalition’s role is to share learning and best practices, maximize resources, identify challenges and opportunities, and build an inclusive plan to insure Missourians. CMC consists of regional hubs, MFH funded grantees, and partners (other stakeholders engaged in Marketplace education, outreach, and enrollment activities). The role of the coalition support partners is to provide content-specific resources, share information, and provide technical support to the Cover Missouri Coalition. The coalition support partners consist of five teams: facilitation, awareness and communication, health insurance literacy (HIL), technical assistance, and evaluation.

Figure 1: Expanding Coverage Initiative structure



Evaluation

The Brown School at Washington University in St. Louis serves as the external evaluator for the Expanding Coverage Initiative. The external evaluation does not evaluate all efforts implemented under ECI; it is limited to a subset of the efforts being implemented by CMC, HIL support partner, and MFH funded grantees.

The evaluation process is grounded with an Initiative level logic model and evaluation questions which were developed in conjunction with MFH staff and fellow coalition support partners. (See Appendix A for the Initiative level logic model and Appendix B for the corresponding evaluation questions). The evaluation team utilizes a mixed methods approach, collecting both quantitative and qualitative data.

About this Report

This report describes the external evaluation findings for the time period of August 1, 2016 to July 31, 2017. The report begins with an overview of Missouri's health insurance environment, followed by a subsequent section for each of the external evaluation focus areas, and concludes with a summary of the findings and key takeaways.

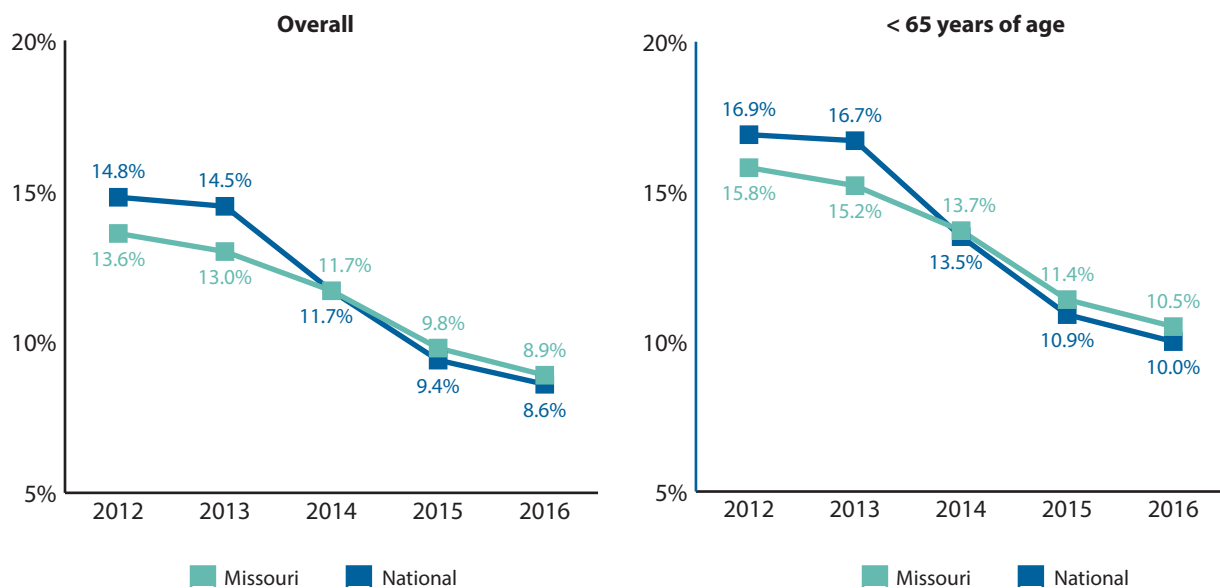
Environmental Context

The health care environment and availability of health insurance in Missouri has changed dramatically since 2013 with the implementation of the Affordable Care Act (ACA). Many Missourians had the opportunity to purchase health insurance through the Missouri Marketplace during the fourth open enrollment period from November 1, 2016 through January 31, 2017 with enrollment continuing year round for individuals with special circumstances.

During the 2016-2017 open enrollment period, 244,382ⁱ individuals selected plans through the Marketplace, a 19 percent decrease from the 290,201ⁱⁱ Missourians that selected health insurance plans through the Missouri Marketplace during the 2015-2016 open enrollment period. This was the first year since the Marketplace began in 2014 that the number of enrollments declined from the previous year. Enrollment has most likely been affected by decreasing insurer participation and increasing premiums in the Health Insurance Marketplaces. These changes have been caused in part by the uncertainty surrounding future federal policy governing the Marketplace structure. There has been and continues to be significant discussion in Congress around repealing and replacing the ACA with new legislation or at the least restructuring the Marketplaces. Thus far repeal efforts have been unsuccessful, but ongoing uncertainty about future federal laws governing the Marketplaces has created instability in the Health Insurance Marketplaces in Missouri, as well as nationally. Furthermore, a majority of people enrolling in the Missouri Marketplace are receiving some financial assistance for their health insurance coverage, and discussions regarding the future funding for these subsidies has created additional uncertainty. Therefore, the current environment surrounding the ACA and the Marketplaces has likely had an impact on plan availability, premiums, and enrollment as firms and consumers react to the uncertainty.

Despite the current environment and the decrease in enrollment in the Missouri Marketplaces in 2017, the percent of Missourians who are uninsured did continue to decrease in 2016 (Figure 2). The overall uninsured rate declined to 8.9 percent (over 532,000 Missourians) in 2016, from 9.8 percent in the previous year.ⁱⁱⁱ In addition, the uninsured rate for those under age 65 declined to 10.5 percent in 2016 compared to 11.5 percent in 2015.ⁱⁱⁱ This was likely the result of an increase of approximately 30,000 individuals enrolled in Missouri Medicaid or MO HealthNet between December 2015 and December 2016 and a growth in Missouri Marketplace enrollment of nearly 36,000 enrollees from 2015-2016.^{iv} The impact of the 2017 Missouri Marketplace enrollment on the number of uninsured will not be able to be quantified until these data are available next year. Reducing the uninsured population is a vital component to achieving the goal of the Expanding Coverage Initiative, which aims to reduce the uninsured rate to less than 5 percent in Missouri for residents under age 65. In 2013, prior to the implementation of the ACA, the uninsured rate was 13.0 percent for Missouri residents, accounting for approximately 773,000 Missourians.^v However, given that enrollment in the Missouri Marketplaces decreased substantially during 2016-2017 open enrollment, it is possible that an increase in the Missouri uninsured numbers could be seen in 2017 once these numbers become available.

Figure 2. Uninsured rate for individuals in Missouri and Nationally by year, 2012-2016



US Census Bureau, ACS 2012-2016

The Affordable Care Act and the Missouri Marketplace

The 2016-2017 open enrollment period resulted in 244,382^{vi} individuals in Missouri selecting plans through the Marketplace. Of these individuals that selected a Marketplace plan during the 2016-2017 open enrollment period, 213,186^{vii} individuals, or approximately 87 percent, effectuated their enrollment in the Marketplace by paying their plan premiums by March 15, 2017. Missouri's enrollment effectuation² rate ranked 25th among states and was slightly higher than the national average of 85 percent.

Eligibility for Financial Assistance through the Missouri Marketplace

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

- **Below 100 percent of the federal poverty level (FPL) (less than \$24,600 for a family of four):** Not eligible for financial assistance, but may purchase health insurance through the Missouri Marketplace at full cost. Missouri chose not to expand their Medicaid program after the U.S. Supreme Court ruling that states would not be required to expand their Medicaid programs. As a result many Missourians did not have an affordable health insurance option in 2016. These individuals would have been eligible for Medicaid if Missouri would have expanded their Medicaid program.
- **100 percent-400 percent FPL (\$24,600-\$98,400 for a family of four):** Eligible to receive financial assistance. The amount of the assistance is graduated with income level and decreases as the level of income increases.
- **Above 400 percent FPL (over \$98,400 for a family of four):** Not eligible for financial assistance, but may purchase insurance through the Missouri Marketplace at full cost.

²A consumer has effectuated their enrollment when they pay the first premium associated with their health insurance coverage.

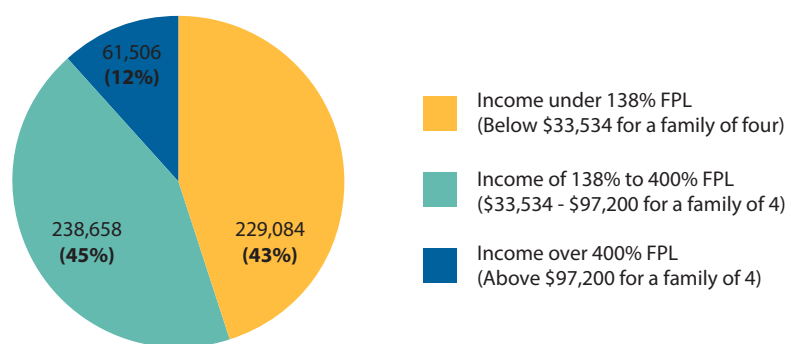
Uninsured in Missouri

The 2013-2014 through 2015-2016 Missouri Marketplace open enrollment periods had a significant impact on the percentage of the uninsured in Missouri, as the preliminary estimates of the uninsured rate for Missouri declined from 13 percent in 2013 to 8.9 percent in 2016.^{ix} Additional Marketplace enrollments during special enrollment periods and open enrollment in 2016 as well as any changes in Medicaid enrollment happening throughout the year are not yet reflected in the estimates released for 2016. Despite the fact that the number of uninsured has decreased each year since the implementation of the ACA, it cannot be expected that the trend will continue in the 2017 uninsured estimates given the decrease in Marketplace plan enrollments in 2017. However, the actual effects of enrollment during the 2016-2017 open enrollment period on the number of uninsured in Missouri will not be known until official survey data is released from the United States Census Bureau in 2018.

Many of the individuals that have enrolled in the Missouri Marketplace since 2014 were uninsured prior to enrollment. National survey estimates suggest that the uninsured comprised approximately 45 percent of those enrolling in the Marketplace in 2016,^x compared with 57 percent in 2014.^{xi} As a result, the potential population for enrollment into the Missouri Marketplace is larger than the uninsured population and limits the direct comparison of the Marketplace enrollment numbers and the change in the uninsured. Uninsured estimates are used in this section to provide valuable context when analyzing Marketplace enrollment and estimating the impact of enrollment on the change in the uninsured.

The bulk of the target uninsured population for the 2015-2016 open enrollment in the Missouri Marketplace consisted of approximately 300,164 Missourians or 57 percent of the uninsured in Missouri, those with incomes over 138 percent FPL. Of this subgroup, 238,658 Missourians, or 45 percent, had incomes that would make them eligible for financial assistance (138-400 percent FPL) when enrolling into the health insurance plans offered through the Missouri Marketplace. If the majority of these individuals obtain health insurance through the Missouri Marketplace the uninsured rate in Missouri will be significantly reduced; however, the goal of the Initiative (an uninsured rate of <5 percent in Missouri) is not likely to happen without an expansion of the Missouri Medicaid program to provide insurance to the lowest income individuals. The remaining 43 percent of people in Missouri had incomes under 138 percent of FPL. The majority of these individuals are not eligible for financial assistance 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. Some of the people in this category currently meet the eligibility criteria for Medicaid, but they have not enrolled.

Figure 3. **Distribution of uninsured population in Missouri under age 65, by income, 2015**



US Census Bureau, 2016 American Community Survey, 1-year estimates.^{xii}

Missouri Health Insurance Marketplace Enrollment

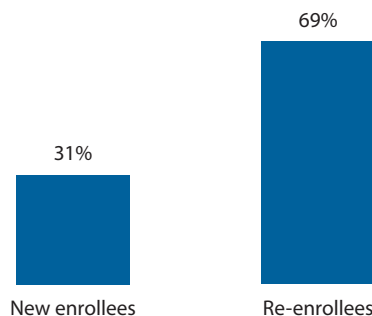
Missourians enrolled into the Missouri Marketplace plans at a pace in line with other states and enrolled 36 percent of the potential Marketplace population during the 2016-2017 open enrollment period. This is in line with the national average and slightly more than the 35 percent average for federally-facilitated marketplaces. The 2016-2017 average was substantially less than the enrollment percent for both Missouri and nationally at 43 percent and 41 percent respectively in 2015-2016.^{xiii} During the 2016-2017 open enrollment period 244,382 Missourians selected a health plan through the Marketplace.

The potential Marketplace population in Missouri includes 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.³

New Enrollments Versus Re-enrollments

Thirty-one percent of individuals selecting a marketplace plan were new consumers to the Marketplace and 69 percent were re-enrollees that had health insurance through the Marketplace in prior years. The enrollment breakdown was nearly the same nationally.^{xiv} In 2015-2016, 40 percent of individuals who selected plans in Missouri were new customers compared to 60 percent who were re-enrollees. Hence, a higher percentage of those selecting plans in the Missouri marketplace in 2016-2017 were re-enrollees and a lower percentage were new customers, as would be expected as many eligible had likely enrolled in the previous three open enrollment periods. Approximately 58 percent of enrollees that enrolled in the Marketplace in Missouri during the open enrollment period for 2016 were re-enrolled for 2017 (leaving over 121,000 Missourians that did not re-enroll). This percentage of re-enrollment is somewhat lower than the national re-enrollment rate in 2017 of 66 percent. The re-enrollment rate in Missouri was down by over 10 percent from the rate of 69 percent in 2016, where only approximately 79,000 Missourians did not re-enroll.

Figure 4. **Percent of enrollments conducted by type of enrollee in Missouri, 2016-2017**



Enrollment and Financial Assistance Eligibility Determinations

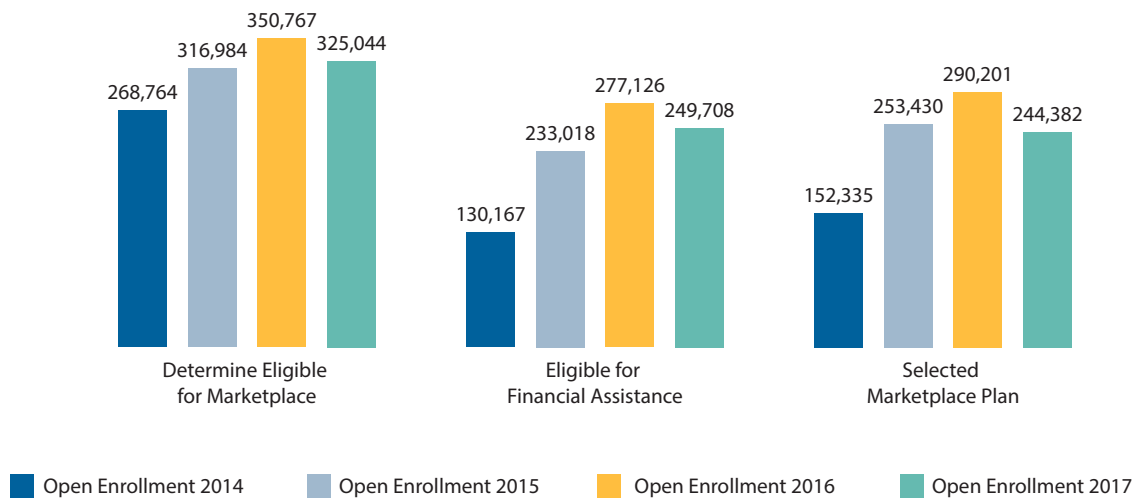
Nearly 212,000 Missourians that selected a health plan through the Marketplace during open enrollment in 2016 (87 percent of Marketplace plan selections) received financial assistance to

³This estimate excludes uninsured individuals with incomes below the poverty line who live in states that elected not to expand their Medicaid program.

enroll, slightly above the national average of 85 percent.^{xv} Eighty-six percent of these individuals received financial assistance in the form of advance payment tax credits, while over 56 percent of all Marketplace enrollees also received cost shared reductions to assist with the cost of their out-of-pocket expenditures.

Over 325,000 Missourians used the Healthcare.gov platform to determine their eligibility to enroll in a Marketplace plan with or without financial assistance during the 2017 open enrollment; however, these individuals may or may not have enrolled in coverage by the end of the enrollment period.^{xvi}

Figure 5. Missouri Marketplace eligibility determinations and plan selections, 2014-2016



Centers for Medicare and Medicaid Services (CMS), 2017 OEP State-Level Public Use File.

Effectuated Enrollments

Selecting a Marketplace plan is the first step in the process of enrolling into the health insurance plan. An individual is considered to have effectuated their enrollment when they pay the first premium associated with the health insurance coverage.

On average, Missouri had a slightly lower percentage of effectuated enrollments by March 2017, with regard to the potential population than other states with federally-facilitated marketplaces with 36 percent and 38 percent respectively.^{xvii} Of the 28 states who have federally-facilitated marketplaces, Missouri ranked sixteenth in the percentage of the potential population that had effectuated their enrollment in 2017. Federally-facilitated marketplaces saw a greater increase in effectuated enrollment as a percent of the population than those of the state-based marketplaces.

A consumer has effectuated their enrollment when they pay the first premium associated with their health insurance coverage.

Figure 6. **Effectuated marketplace enrollments as a percent of the total population**

	Number of Effectuated Enrollments March 2017 ^{xviii}	Potential Marketplace Population 2016 ^{xix}	Percent of Potential Population Enrolled 2017	Percent of Potential Population Enrolled 2016 ^{xx}
Missouri	213,186	587,000	36%	43%
Federally-Facilitated Marketplace States	7,465,375	19,471,000	38%	41%
State-Based Marketplace States	2,865,384	7,971,000	36%	38%
National Totals	10,330,759	27,438,000	38%	40%

**Potential population figures from Kaiser Family Foundation, State Health Facts, 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.*

Health Plan Offerings and Enrollment

Four health insurance firms offered health insurance plans for purchase in Missouri through the Missouri Marketplace:

- Blue Cross and Blue Shield of Kansas City
- Cigna Health and Life Insurance Company
- Healthy Alliance Life Co (Anthem Blue Cross and Blue Shield)
- Humana Insurance Company

Although four firms offered coverage in Missouri, these firms tended to offer coverage only in portions of the state (Figure 8), resulting in a maximum of only three firms offering coverage in any one Missouri county, with less than three firms offering coverage in many Missouri counties. These firms offered a range of plans available in bronze, silver, gold, platinum (individual/families only), and catastrophic plan levels.^{xxi}

Marketplace Plan Types

CATASTROPHIC plans pay less than 60 percent of the total average cost of care on average. These plans are available only to people who are under 30 years old or have a hardship exemption.

BRONZE plans pay about 60 percent of the health care costs and the individual pays 40 percent.

SILVER plans pay about 70 percent of the health care costs and the individual pays 30 percent.

GOLD plans pay about 80 percent of the health care costs and the individual pays 20 percent.

PLATINUM plans pay about 90 percent of the health care costs and the individual pays 10 percent.

Each of the firms offered plans at the county level, and the number of plans offered by a firm, per county, ranged from four to eighteen. Individuals enrolling in the Marketplace in Missouri were more likely to choose bronze plans than those in other Marketplaces, and less likely to choose the other

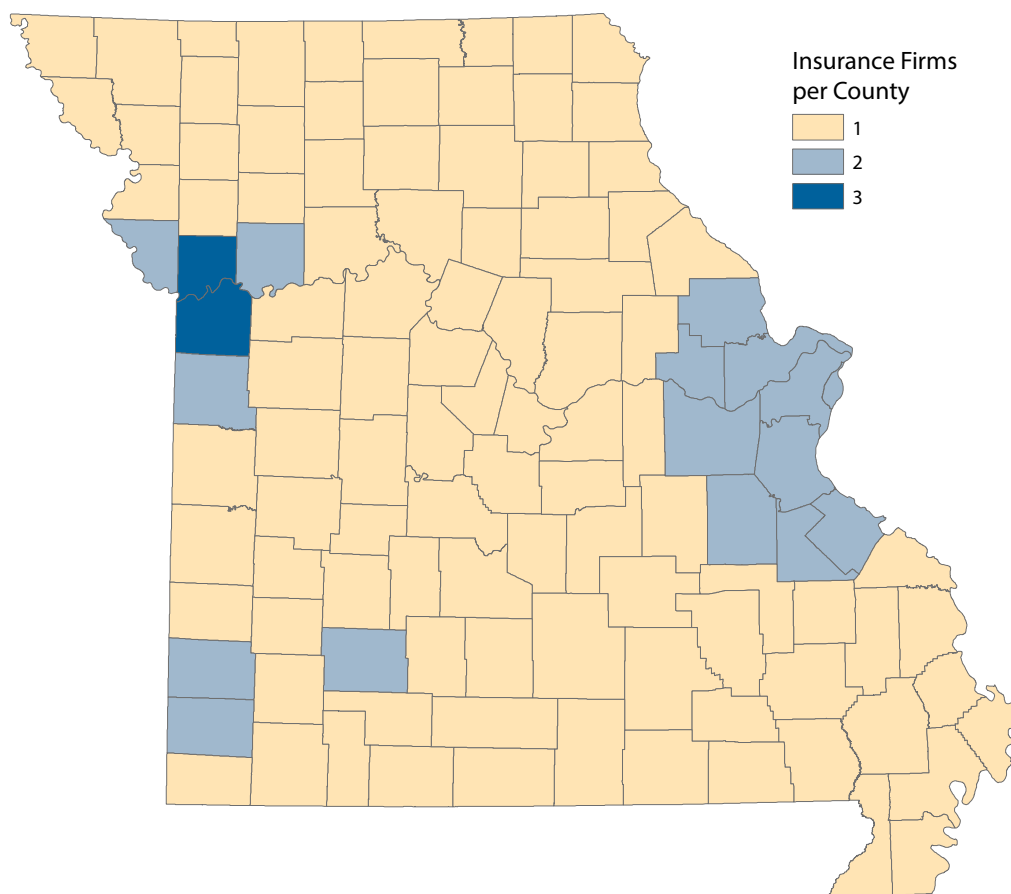
plan options (Figure 7). Similar to 2015-2016 open enrollment, bronze and silver plans were most frequently chosen overall in Missouri. Bronze and silver plans have higher out of pocket cost sharing for enrollees than the other types of plans; however, low-income enrollees may be eligible for cost-sharing subsidies that could offset these costs.

Figure 7. Marketplace enrollment by type of plan

	Bronze	Silver	Gold	Platinum	Catastrophic
Missouri	26%	68%	5%	0%	0%
National	22%	70%	6%	2%	1%

Center for Medicare and Medicaid Services (CMS), 2017 OEP State-Level Public Use File.

Figure 8. Number of insurance firms offering plans by county, 2016-2017

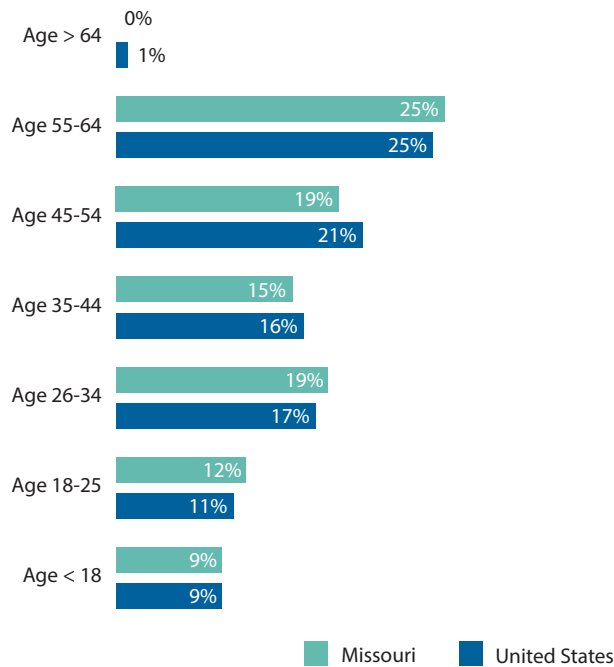


ASPE, U.S. Census ACS, and Kaiser Family Foundation

Demographics of Missouri Marketplace Enrollees

Missourians enrolling in the Missouri Marketplace are younger, on average, than those enrolling into the Marketplaces nationwide (Figure 9). This likely has a positive effect on the premiums and plans available to Missourians as younger people are often healthier than their older counterparts and have less health-related costs. ^{xxii}

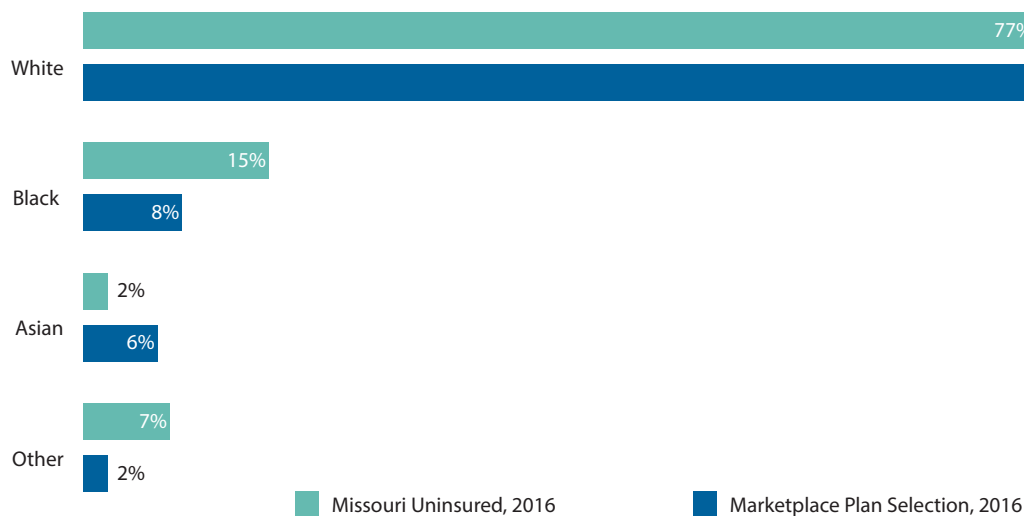
Figure 9. Age distribution of individuals making marketplace plan selections, 2017 Open Enrollment



Centers for Medicare and Medicaid Services (CMS), 2017 OEP State-Level Public Use File.

Race information was not available for 33 percent of enrollments; however, of the remaining enrollments where race data was available, 84 percent of individuals that enrolled in the marketplace in Missouri were White, while 8 percent of the enrollees were African-American, and 6 percent were Asian (Figure 10).^{xxiii}

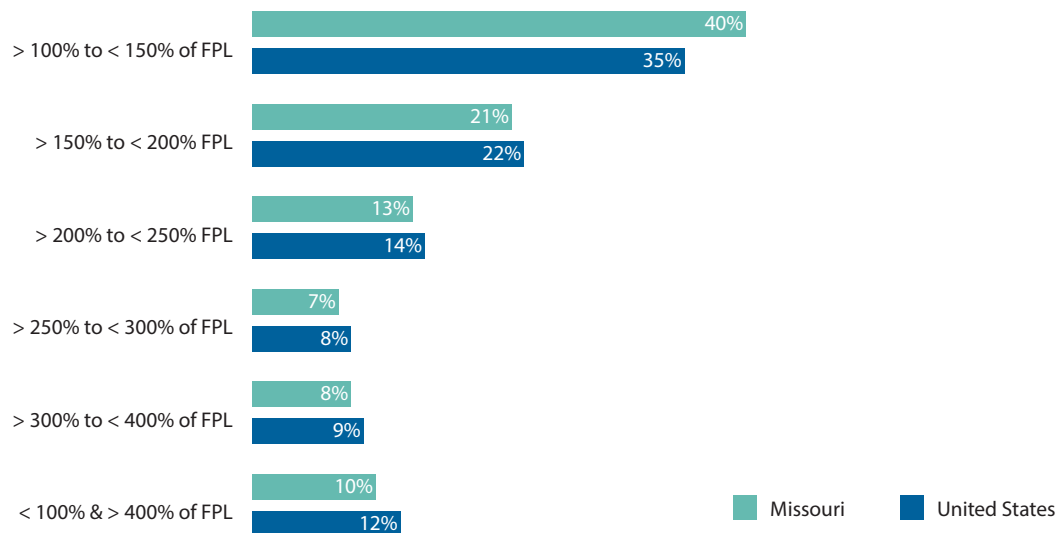
Figure 10. 2017 Marketplace plan selections and the uninsured population of Missouri, by race



Centers for Medicare and Medicaid Services (CMS), 2017 OEP State-Level Public Use File.

Individuals with incomes of 100 percent to 200 percent of the Federal Poverty Level (FPL) were the most likely to enroll in the Missouri Marketplace comprising 61 percent of total enrollments.^{xxiv} These individuals receive the largest amount of financial assistance to purchase their Marketplace plans making their out-of-pocket costs the lowest when enrolling in the Marketplace. Missourians with incomes of 100 to 150 percent FPL were more likely to enroll in the Marketplace than the national average. This is likely due to the fact that Missouri did not expand Medicaid and Missourians with incomes of 100 to 138 percent FPL were enrolling in the Marketplace with financial assistance while people with similar incomes were enrolling in Medicaid in Medicaid expansion state.

Figure 11. Income distribution of individuals making marketplace plan selections, 2017 Open Enrollment

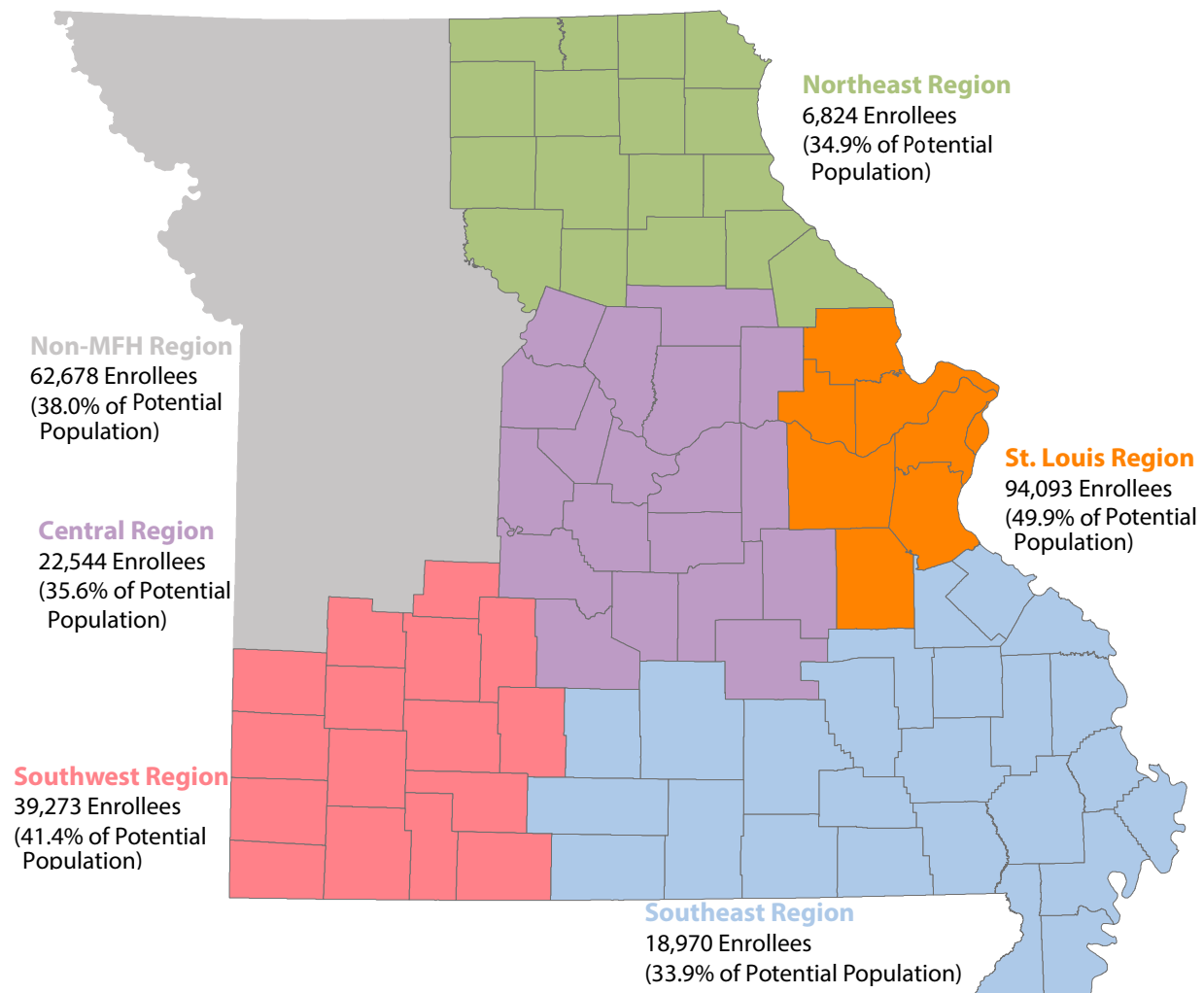


Centers for Medicare and Medicaid Services (CMS), 2017 OEP State-Level Public Use File.

Marketplace Enrollment by Missouri Foundation for Health Service Regions

Missouri Marketplace enrollment varied significantly across the MFH service regions (see Figure 12 and 13). The St. Louis region had the highest Missouri Marketplace enrollment totals in the state with over 94,000 enrollees.^{xxv} The St. Louis region’s enrollment total was also the highest percentage of the potential or target population when compared with the other MFH regions. The Southwest region had enrollment totals of over 39,000 enrolling over 41 percent of the target population. The Northeast, Southeast, and Central regions had enrollment totals that were more than 30 percent of the target population in these regions. The higher enrollment in the St. Louis region is in line with national trends as metropolitan areas enrolled a higher percentage of the potential population nationally than non-metropolitan areas.^{xxvi}

Figure 12. **Missouri enrollments by MFH service region, 2016 Open Enrollment**



Washington University analysis of Assistant Secretary for Planning and Evaluation (ASPE), Marketplace Enrollment Data at the county level. Marketplace potential population calculations use a Kaiser Family Foundation estimate of the potential population in Missouri at the state level and scaled to the county level using the uninsured population at the county-level data obtained from the 2013, United States Census, Small Area Health Insurance Estimates.

Enrollment in the Marketplace decreased in all areas of Missouri by over 10 percent of individuals enrolled. The greatest percent change in enrollment was seen in the Central and Southeast MFH regions. The St. Louis Region had the largest decrease in number of enrollments with a reduction of over 16,000 enrollments in 2017. The non-MFH region had a slightly larger percent decrease than that of the MFH regions, on average, with a percent decrease of 19.1 percent compared to 18.6 percent respectively.

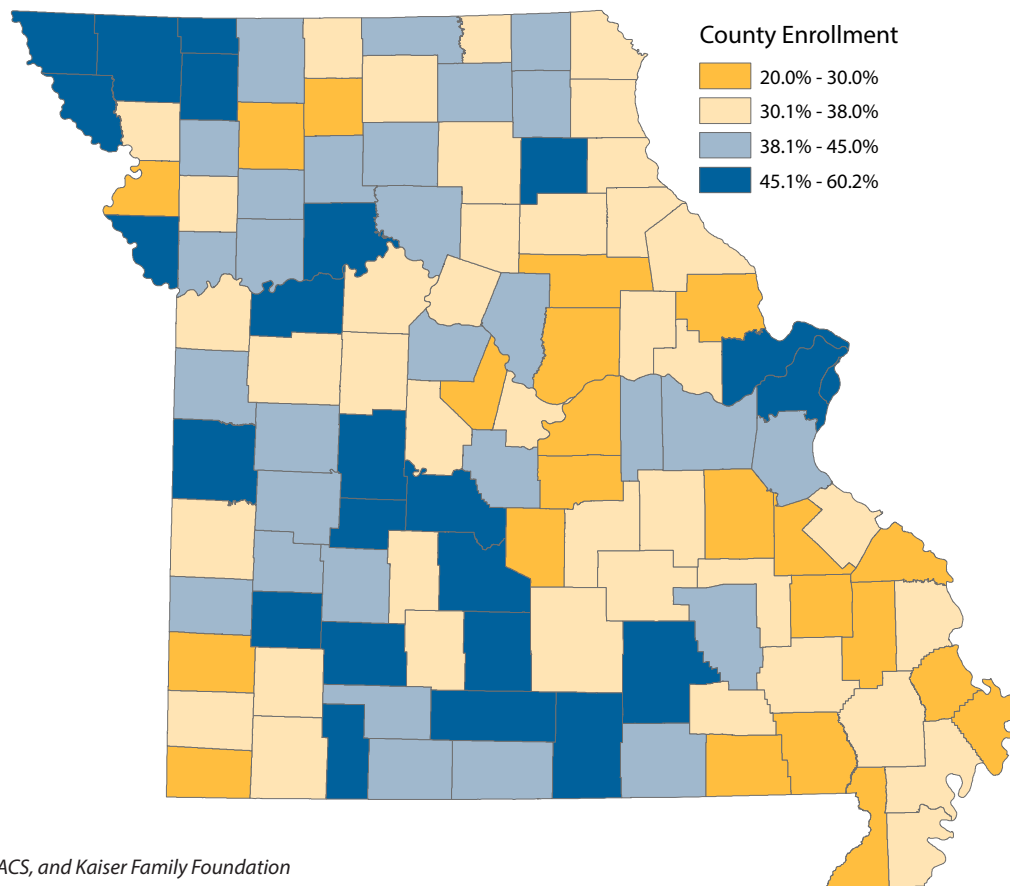
Figure 13. Comparison of enrollment between 2015 and 2017 Open Enrollment periods by MFH region

MFH Region	2015 Open Enrollment		2016 Open Enrollment		2017 Open Enrollment		Net Gain	
	Enrollment	Percent of Potential Population	Enrollment	Percent of Potential Population	Enrollment	Percent of Potential Population	2017	2017
Central	23,745	34.8%	27,571	40.4%	22,544	35.6%	-5,027	-22.3 %
Southwest	42,022	41.1%	46,970	45.9%	39,273	41.4%	-7,697	-19.6%
Southeast	20,543	34.1%	22,978	38.1%	18,970	33.9%	-4,008	-21.1%
St. Louis	96,772	47.7%	110,264	54.4%	94,093	49.9%	-16,171	-17.2%
Northeast	6,782	32.2%	7,748	36.8%	6,824	34.9%	-924	-13.5%
Non-MFH	63,568	35.8%	74,666	42.1%	62,678	38.0%	-11,988	-19.1%

**Potential population figures from Kaiser Family Foundation, State Health Facts, 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.*

Enrollment varied dramatically among counties in Missouri ranging from 60.2 percent to 20.1 percent of the potential population. Enrollment also varied within MFH regions with some regions having both high and low enrollment counties.

Figure 14. Marketplace enrollment as a percent of the potential population in Missouri in 2017

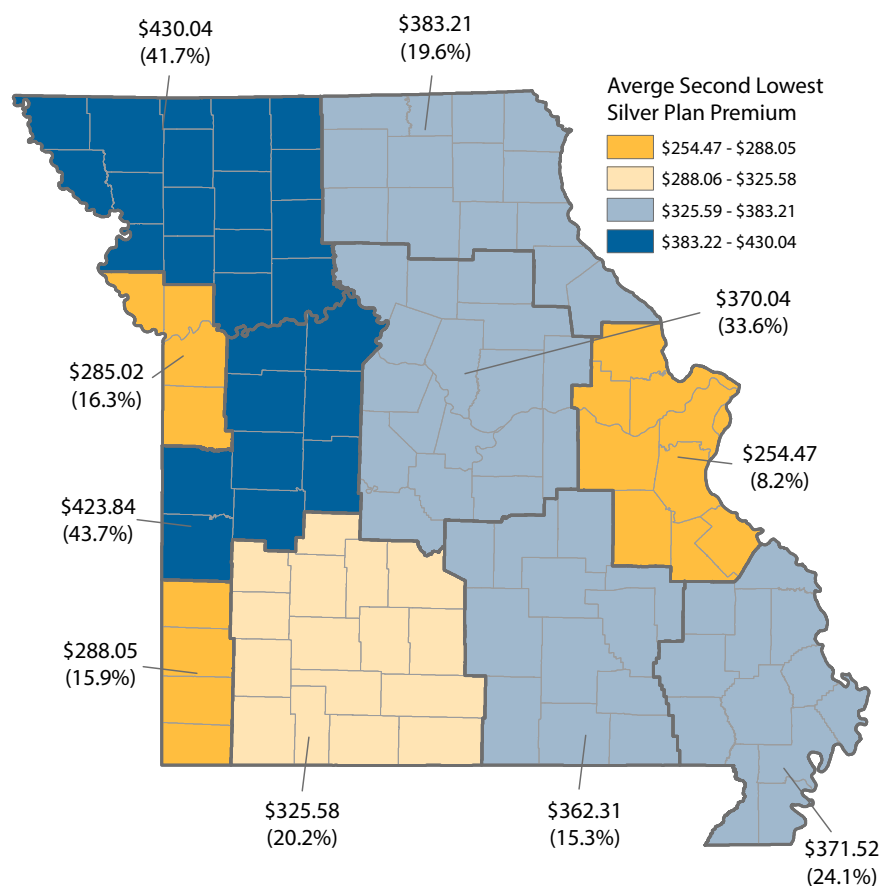


ASPE, U.S.Census ACS, and Kaiser Family Foundation

Marketplace Premiums and Firm Participation

The enrollment variation and declines in the Missouri Marketplace from 2016-2017 are likely impacted by plan premiums and insurance firm participation in the Marketplace during this time. Second-lowest silver premiums vary significantly across Missouri with the lowest average premium of \$254.47 in the St. Louis rating area and the highest average premium of \$430.04 in the rating area covering the northwest corner of the state (Figure 15). In addition, average second-lowest silver premiums of rating areas increased by 8.2 percent to 43.7 percent from 2016-2017. The more urban rating areas of the state were able to maintain lower premiums and saw their premiums increase by significantly less from 2016-2017 than the more rural rating areas of Missouri.

Figure 15. Missouri health insurance Marketplace 2016-2017 open enrollment average second-lowest silver premiums by rating area (percent of premium change from 2016-2017)



ASPE, U.S. Census ACS, and Kaiser Family Foundation

Insurance firm participation also varies significantly across the state and likely has an impact on premium variation and increases occurring in the rating areas across the state. All rating areas in Missouri had a decrease in the number of insurance firms offering coverage in their areas from 2016 to 2017. The St. Louis, Kansas City, and Joplin rating areas were the only rating areas that had more than one insurer offering coverage in the majority of the counties in 2017. These areas were also the areas that had the lowest premiums and premium increases in 2017 suggesting that more than one firm offering coverage in an area is likely advantageous to controlling premiums. The bulk of the Missouri rating areas had two fewer insurers offering coverage through the Marketplace in 2017 than in 2016.

These premium increases and decreases in firm participation occurring in Missouri have been seen elsewhere in the U.S. and, as stated above, are likely somewhat of a result of uncertainty regarding federal policy governing the Health Insurance Marketplaces.

Figure 16. Missouri Marketplace average firm participation in 2017, firm exits from 2016-2017, by rating area

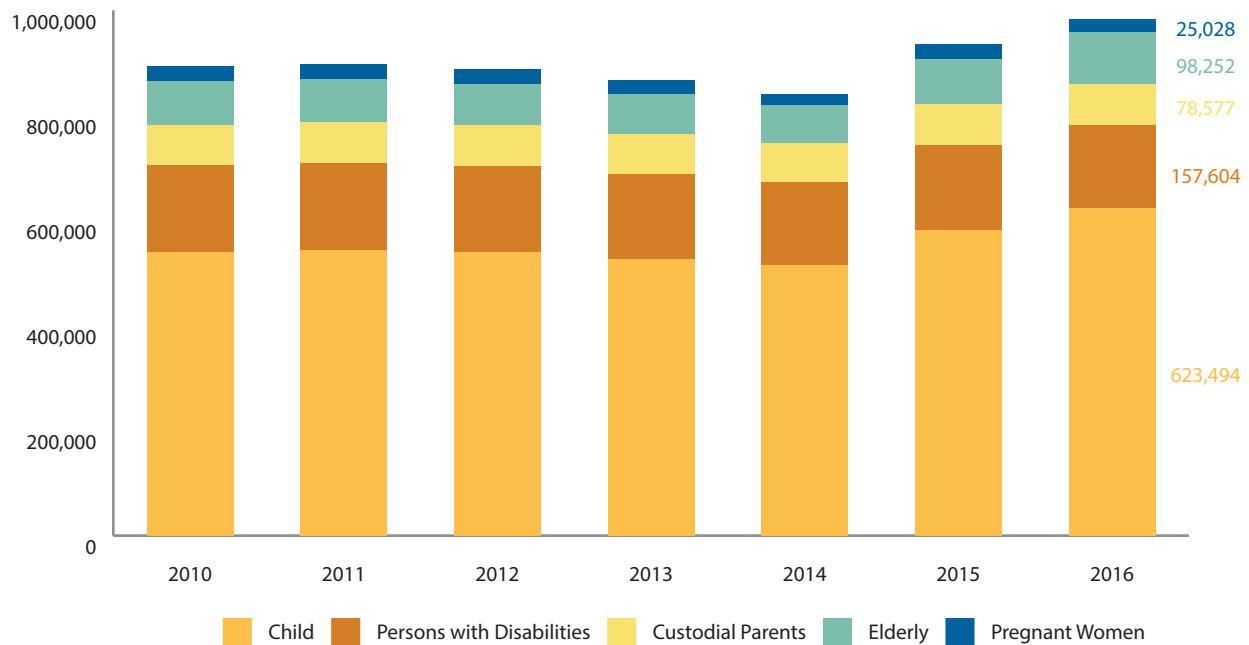
Rating Area	Description	Average Firms	Average Firm Exits
1	Northwest Missouri (St. Joseph)	1.1	-1.8
2	Northeast Missouri (Kirksville, Macon, Chillicothe)	1.0	-2.0
3	Core Kansas City Metro	2.5	-1.5
4	Surrounding Kansas City Metro (Warrensburg, Sedalia)	1.0	-2.0
5	Mid Missouri (Columbia, Jefferson City, Lake of the Ozarks)	1.0	-2.0
6	St. Louis Metro	2.0	-2.0
7	Southwestern Corner of Missouri (Joplin)	1.5	-2.0
8	Southwestern Missouri (Springfield, Branson)	1.1	-2.0
9	Southeast Missouri (Fort Leonard Wood)	1.0	-2.0
10	Southeastern Corner of Missouri (Cape Girardeau)	1.0	-2.0

Missouri Medicaid Enrollment

The state of Missouri has not yet chosen to expand its Medicaid program leaving a coverage gap for approximately 96,000 residents with incomes below 100 percent of the Federal Poverty Level (FPL) in 2016. These individuals have incomes too low to allow them to qualify for financial assistance to purchase health insurance coverage through the Marketplace and do not qualify for Medicaid under the existing guidelines. In addition, some population groups (e.g., single persons and married couples without children) are entirely ineligible for Medicaid.

The Missouri Medicaid program saw an increase in enrollment of just under 119,000 people (14.0 percent) when June 2017 (the latest month that enrollment numbers have been made available), was compared to the average Medicaid enrollment from July to September 2013. June 2016 and June 2017, enrollment stayed relatively constant. Missouri Medicaid enrollment as of June 2017 stands at 964,912 Missourians. As can be seen in Figure 15, the bulk of this increase in enrollment continues to be the result of enrolling children that are eligible for Medicaid under the existing guidelines that have not been previously enrolled. Average calendar year Medicaid child enrollment rose from approximately 527,000 in 2013 to 623,000 in 2016. This increase in Medicaid enrollment likely contributed to reducing the number of uninsured in Missouri, particularly among children. Figure 17 shows that enrollment in other eligibility groups remained relatively constant.

Figure 17. Average calendar year MO HealthNet enrollment by eligibility group, 2010-2016

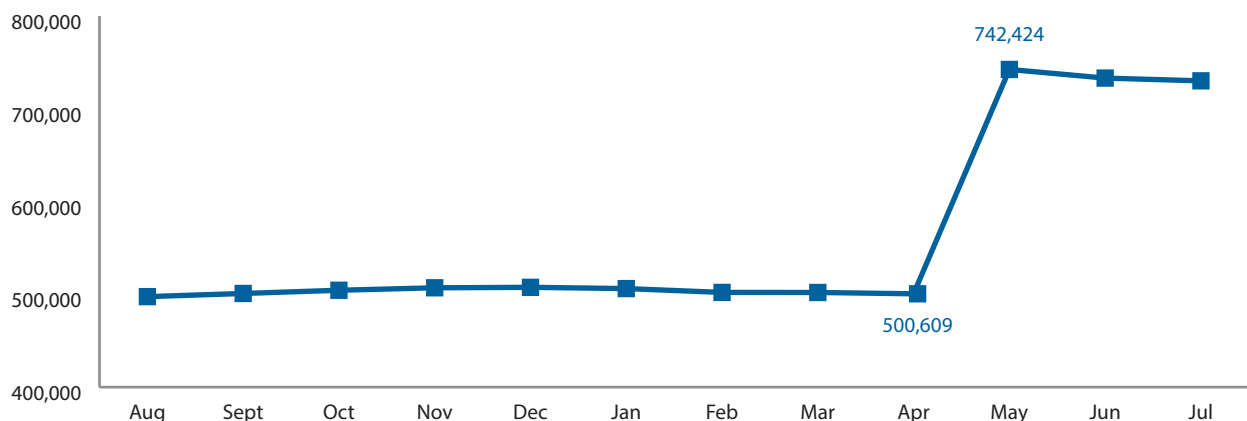


Missouri Department of Social Services, DSS Caseload Counter

In addition to enrollment growth, Missouri Medicaid changed their health care delivery structure in 2017 by instituting mandatory Medicaid managed care enrollment for all eligibility groups except the aged, blind, and disabled. Figure 18 shows that managed care enrollment rose from approximately 501,000 enrollees to 742,000 between April 2017 and May 2017. Individuals that had been enrolled in traditional Medicaid in many parts of Missouri were required to select a managed care Medicaid plan or were automatically enrolled into a plan.

Approximately 21% of Medicaid managed care enrollees actively chose their managed care plan, 54% were enrolled in a plan because either they or a family member had a historical association with a plan, and 25% were assigned a plan by MO HealthNet using an algorithm as of May 1, 2017. There are currently three Medicaid managed care health plans in Missouri from which eligible individuals can choose coverage: Home State Health Plan, Missouri Care and United HealthCare with 37.9%, 40.1% and 22% of the managed care enrollment respectively.

Figure 18. MO HealthNet and CHIP Managed Care enrollment, August 2016 to July 2017



Source: Missouri Department of Social Services, MO HealthNet Health Plan Enrollment, State Fiscal Year

Cover Missouri Coalition

In April 2013, MFH created the Cover Missouri Coalition (CMC). CMC is a statewide coalition focused on building a shared learning community and promoting education and awareness about the Affordable Care Act and the Missouri Marketplace. The Cover Missouri Coalition, facilitated by StratCommRx, hosted both in-person and virtual meetings, distributed an electronic newsletter, distributed update emails, and offered one time training opportunities (e.g., LearnOn webinars, Regional Summits).

In 2014, the evaluation team incorporated the Coalition into its external evaluation. From 2015 to 2017, the evaluation team collected demographic information about CMC members, assessed CMC's ability to serve as a convener and information sharing source, and assessed changes in knowledge and capacity of CMC members to enroll consumers in the Missouri Marketplace and Medicaid. The external evaluation of the Coalition did not include evaluating the individual activities implemented through the Coalition.

Data Sources and Methods

Cover Missouri Membership Intake Survey:

- **Purpose:** Collect information related to the demographics of Coalition members, engagement in Missouri Marketplace activities, and reasons for joining the Coalition
- **Administration dates:** August 11, 2014 – July 31, 2017 (sent to members at the time of joining the Coalition)
- **Response rate:** 45.4 percent (586 out of 1291 CMC members who were sent the intake survey)

Cover Missouri Membership Six, Twelve, Eighteen, and Twenty-four Month Follow-Up Surveys:

- **Purpose:** Assess knowledge and capacity of CMC members to reduce the number of uninsured in Missouri as a result of their membership in the Coalition at different times. The survey was administered to CMC members at six-month intervals.
- **Methods:** 2017 analysis of the CMC surveys was performed by cohort with all participants who completed the survey at each administration time point included to maintain a high sample size and to more accurately reflect the CMC population. Therefore, each survey cohort has a different population and should not be compared across, but should be analyzed separately.
- **Survey cohort sizes:**
 - Intake survey: 586 participants
 - Six month follow-up survey: 318 participants
 - Twelve month follow-up survey: 239 participants
 - Eighteen month follow-up survey: 147 participants
 - Twenty-four month follow-up survey: 126 participants

- **Administration Dates:**
 - Six month follow-up: February 26, 2015 – July 31, 2017
 - Twelve month follow-up: August 26, 2015 – July 31, 2017
 - Eighteen month follow-up: February 26, 2016 – July 31, 2017
 - Twenty-four month follow-up: September 21, 2016 – July 31, 2017
- **Response rate:**
 - 54 percent of intake survey participants completed the six month follow-up survey
 - 41 percent of intake survey participants completed the twelve month follow-up survey
 - 25 percent of intake survey participants completed the eighteen month follow-up survey
 - 22 percent of intake survey participants completed the twenty-four month follow-up survey

Cover Missouri Meeting Surveys:

- **Purpose:** Assess in-person and webinar meeting attendees' knowledge and future use of the information presented
- **Administration dates:** In-person and webinar meetings between September 2015 and July 2017

Evaluation Findings

Cover Missouri Coalition Demographics

TYPES OF MARKETPLACE ACTIVITIES

Based on responses to the intake survey, the most common type of activity that CMC members reported conducting for the Missouri Marketplace was awareness-related activities (e.g., community interaction events, booth at a health fair), followed by education activities (72 percent), enrollment activities (71 percent), and health insurance literacy activities (63 percent).⁴ Thirty-four percent of respondents reported conducting all five activity types (awareness, enrollment, education, health insurance literacy, and media). Only nine percent of CMC members said they did not conduct any activities related to the Missouri Marketplace (See Figure 19).

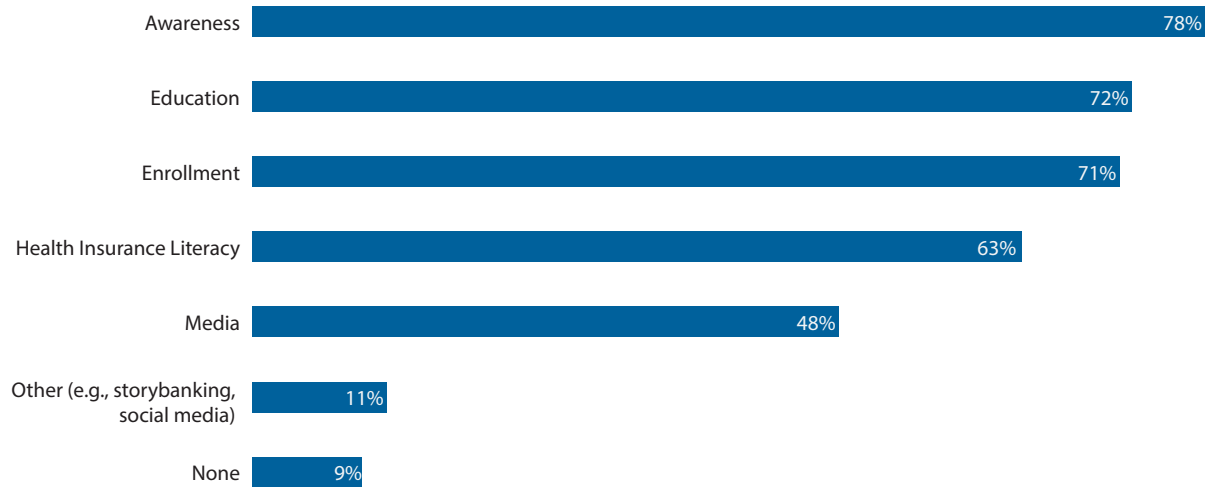
TYPES OF AWARENESS ACTIVITIES

To further explore the most common activity done by CMC members at intake, types of awareness and education activities reported by members were also assessed in each of the follow-up surveys. Awareness and education activities, which included community events and media (e.g., radio ads, TV ads, newspaper ads), were reported most for each of the follow-up waves, (78 percent, 6-month; 77 percent, 12-month; 77 percent, 18-month; 66 percent, 24-month).⁵

⁴ Categories were not mutually exclusive, meaning respondents could select more than one.

⁵ Categories were not mutually exclusive, meaning respondents could select more than one.

Figure 19. **Type of marketplace activities conducted by CMC members at the intake survey**



Together, in-person activities that involved interaction with consumers were the most common types of awareness activities reported at each wave of the survey (Figure 20).⁶ For example, for the six month follow-up survey, the highest proportion of CMC members reported distributing awareness/education materials (91 percent), followed by organizing or participating in a community event or meeting (77 percent) and presenting in the community (68 percent). This trend was also present at the twelve month and eighteen month follow-up, with CMC members reporting distributing awareness/education as their top activity (94 percent, 12-month; 95 percent, 18-month), followed by organizing or participating in a community event or meeting (76 percent, 12-month; 76 percent, 18-month) and presenting in the community (64 percent, 12-month; 76 percent, 18-month). At the twenty-four month follow-up, 93 percent of CMC members reported distributing awareness/education materials, 70 percent reported presenting in the community, and 69 percent reported organizing or participating in a community event or meeting.

WHERE MEMBERS PROVIDED MARKETPLACE ASSISTANCE

Approximately three out of every four respondents to the intake survey reported employing CACs or Navigators at their organization. At least two percent of members reported providing services regarding the Missouri Marketplace in each county in Missouri. The largest proportion of organizations were providing assistance in the St. Louis Metro region (39 percent), followed by the Southwest region (22 percent), and Southeast region (21 percent).⁷

MEMBERS' PURPOSE FOR JOINING CMC

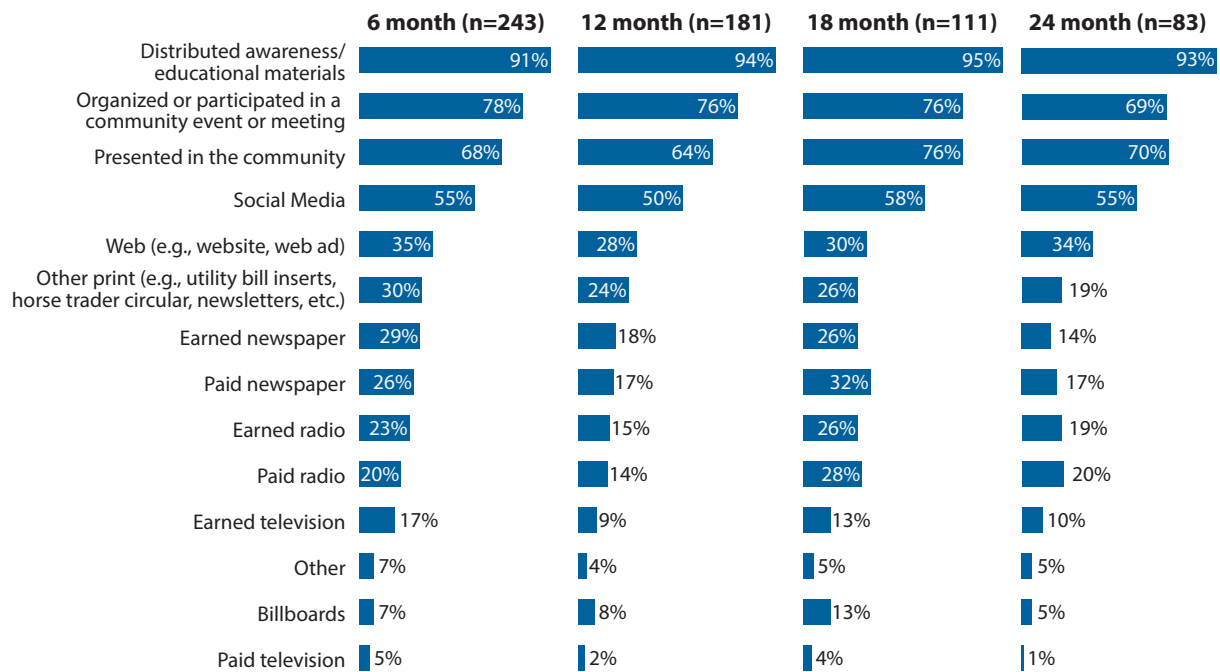
Overall, respondents to the intake survey (n = 586) reported diverse expectations of the Coalition. Respondents said they were hoping to increase their knowledge of the Missouri Marketplace (91 percent), network with other organizations (82 percent), build partnerships (78 percent), and participate in a learning community (77 percent).⁸ Twelve percent of members hoped to participate in other activities such as providing training on health insurance and sharing expertise.

⁶ Categories were not mutually exclusive, meaning respondents could select more than one.

⁷ Categories were not mutually exclusive, meaning respondents could select more than one.

⁸ Categories were not mutually exclusive, meaning respondents could select more than one.

Figure 20. Type of awareness activities conducted by CMC members at six, twelve, eighteen, and twenty-four month follow-up surveys



Cover Missouri Coalition’s Role as a Convener and Information Sharing Source

CMC offered a wide variety of collaborative learning and training opportunities to members (e.g., in-person meetings, webinars, working groups), and intake survey results show that the Coalition drew members from throughout the state. The largest proportion of CMC members worked at organizations that were based in the St. Louis Metro region (32 percent). The smallest proportion of CMC members were from the Northeast region (5 percent).

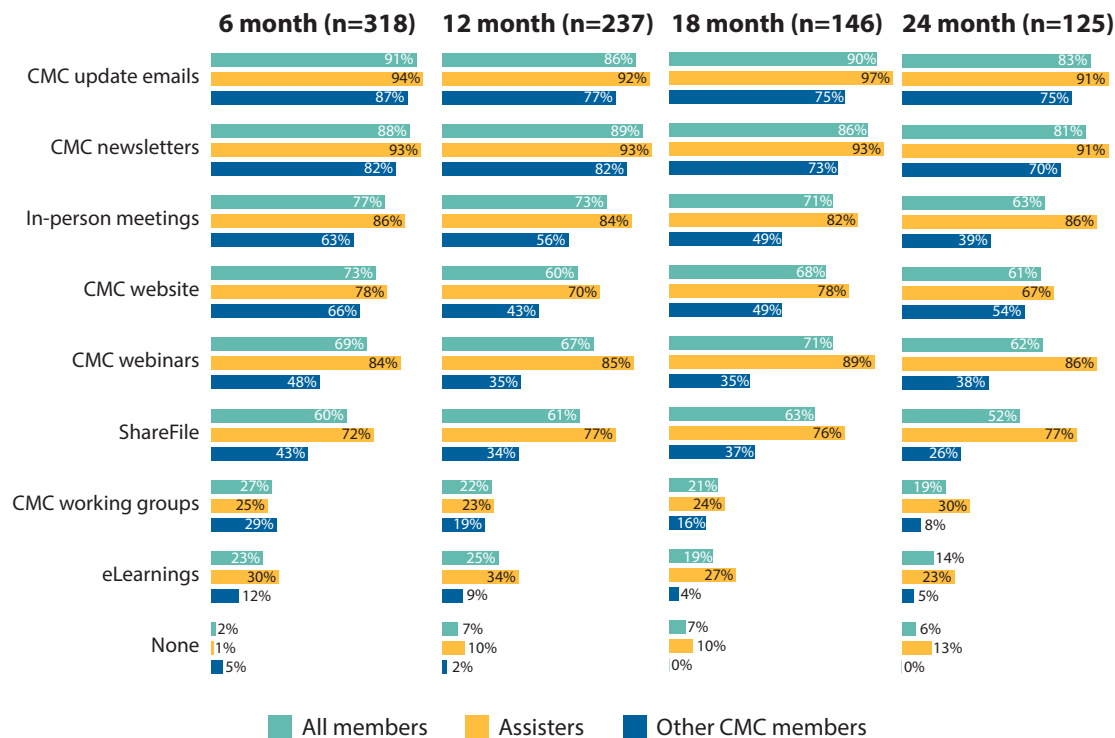
ENGAGEMENT IN CMC ACTIVITIES

Within all four follow-up surveys, the top three most common ways that the Coalition engaged respondents was through 1) CMC update emails, 2) CMC newsletters, and 3) in-person CMC meetings. This order was present for three out of the four survey waves (6-month, 18-month, and 24-month follow-up surveys). For the six month, eighteen month, and twenty-four month follow-up surveys, CMC update emails were the most reported engagement activity (91 percent, 6-month; 89 percent, 18-month; 83 percent, 24-month), monthly newsletters the second most reported (88 percent, 6-month; 86 percent, 18-month; 80 percent, 24-month), and in-person CMC meetings was third (77 percent, 6-month; 71 percent, 18-month; 63 percent, 24-month). For the twelve month follow-up survey, monthly newsletters was the most reported engagement activity (89 percent), followed by CMC update emails (86 percent) and in-person CMC meetings (73 percent).

Within each survey wave, there was little variation in reported engagement activities between assisters and other CMC members for most activity options, except for in-person CMC meetings. At the six month follow-up survey, 86 percent of assisters reported in-person CMC meetings as an engagement activity where only 63 percent of other CMC members used this activity. A similar gap can be seen within twelve and eighteen month follow-up survey responses (83 percent to 56 percent

of assisters to other CMC members, 12-month; 82 percent to 49 percent of assisters to other CMC members, 18-month) with the largest gap in responses of in-person CMC meetings as an engagement activity between assisters and other CMC members occurring at the twenty-four month follow-up survey (86 percent to 39 percent of assisters to other CMC members, 24-month) (Figure 21).

Figure 21. Engagement in CMC activities at the six, twelve, eighteen, and twenty-four month follow-up surveys



HELPFULNESS OF CMC ACTIVITIES

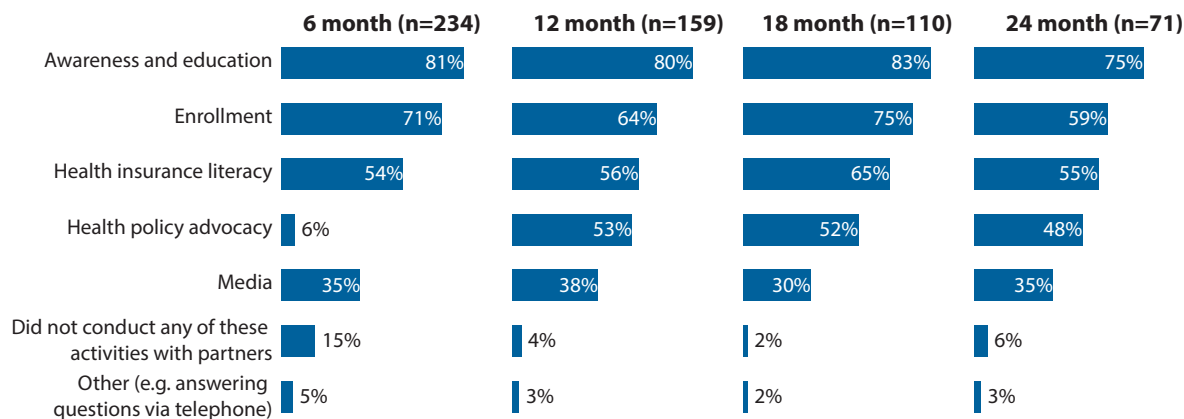
Majority of respondents reported that the CMC activities they participated in were somewhat or very helpful. There was not a large difference in how assisters and other respondents rated the helpfulness of Coalition activities. How respondents viewed the helpfulness of CMC activities remained consistent over the twenty-four months.

PARTNERSHIPS

Most CMC members reported that they identified new partners or were able to collaborate with existing partners as a member of the Coalition (76 percent, 6-month; 69 percent, 12-month; 76 percent, 18-month; 61 percent, 24-month). The top three most common types of activities Coalition members reported conducting with a partner for each survey wave were: 1) awareness and education, 2) enrollment, and 3) health insurance literacy (Figure 22). At least 75 percent of CMC members from each wave selected awareness and education as common activities conducted with a partner (81 percent, 6-month; 80 percent, 12-month; 83 percent, 18-month; 75 percent, 24-month).⁹

⁹Categories were not mutually exclusive, meaning respondents could select more than one.

Figure 22. Types of activities CMC members reported conducting with partners at six, twelve, eighteen, and twenty-four month follow-up surveys



PARTNERSHIP QUALITY

Members reported building strong partnerships with one another through the Coalition. At the six-month follow-up survey, 63 percent of respondents who partnered with other CMC members said that the quality of their partnerships was excellent or very good. Seventy percent of respondents reported excellent or very good partnerships at the twelve month follow-up, 71 percent of respondents reported excellent or very good partnerships at the eighteen month follow-up, and 66 percent of respondents reported the same for the twenty-four month follow up.

SHARING INFORMATION THROUGH COLLABORATION

Roughly half of respondents for follow-up surveys were interested in working with other members of the Coalition in a variety of additional ways.¹⁰ CMC members expressed interest in planning awareness, education, or enrollments events (59 percent, 6-month; 56 percent, 12-month; 53 percent, 18-month; 49 percent, 24-month). CMC members also expressed interest in sharing strategies, expertise, and best practices with other members (56 percent, 6-month; 55 percent, 12-month; 58 percent, 18-month; 50 percent, 24-month). Another way that survey respondents were interested in working with other members of the Coalition was by developing a strategy for reaching underserved populations (53 percent, 6-month; 54 percent, 12-month; 49 percent, 18-month; 50 percent, 24-month).

Increasing CMC Members’ Knowledge and Capacity

CAPACITY TO ENROLL CONSUMERS IN THE MISSOURI MARKETPLACE AND/OR MEDICAID

A majority of CMC respondents within each survey wave who identified as an assister (e.g., a CAC, Navigator or insurance agent or broker) agreed that membership in the Coalition had increased their capacity to enroll consumers in the Missouri Marketplace and/or Medicaid (82 percent, 6-month; 86 percent 12-month; 86 percent, 18-month; 75 percent, 24-month). Assisters’ capacity to enroll consumers in the Missouri Marketplace and/or Medicaid increased for the twelve month and the eighteen month follow-up CMC surveys compared with the six month follow-up survey, but decreased for the twenty-four month follow-up. Statistically significant changes in capacity to enroll consumers were assessed by comparing the average of participants’ responses assessing the Coalition’s role in increasing their capacity to enroll consumers in the Missouri Marketplace and/or Medicaid. The only

¹⁰ Categories were not mutually exclusive, meaning respondents could select more than one.

statistically significant change was the decrease in members' reported capacity to enroll consumers from the eighteen-month survey administration to the twenty-four-month survey.

Among members who reported that their membership in the Coalition did not increase their capacity to enroll consumers (8 percent, 6-month; 5 percent, 12-month; 3 percent, 18-month, 9 percent, 24-month), most respondents cited their busy schedules as the main reason why (85 percent, 6-month; 67 percent, 12-month; 100 percent, 18-month; 50 percent, 24-month).¹¹ At the twenty-four month follow-up, only 50 percent reported that their membership in the Coalition did not increase their capacity to enroll consumers because of their busy schedules and the other 50 percent reported that it was due to the information shared not being useful or needs being met through other means.

KNOWLEDGE OF HEALTH INSURANCE LITERACY

Within all four follow-up surveys, most participants reported that their knowledge of health insurance literacy (HIL) increased in the last six months as a member of the Coalition (81 percent, 6-month; 79 percent, 12-month; 77 percent, 18-month; 61 percent, 24-month). Despite a majority of respondents reporting that their HIL knowledge increased for all the survey waves, the percentage of participants reporting an increase in HIL knowledge decreased each successive wave with a statistically significant decrease between the eighteen month follow-up survey and the twenty-four month follow-up survey. This suggests that increasing knowledge of HIL becomes less important at certain point in an assister's career, and more time is being spent developing other areas.

KNOWLEDGE ABOUT REDUCING THE NUMBER OF UNINSURED

Within each follow-up survey, most respondents reported that their knowledge about reducing the number of uninsured increased in the last six months as a member of the Coalition (88 percent, 6-month; 84 percent, 12-month; 80 percent, 18-month; 71 percent, 24-month). There was a significant decrease in the reported knowledge of reducing the number of uninsured when comparing the twenty-four month follow-up survey with six, twelve, and eighteen month survey waves. This suggests that increasing knowledge of reducing the number of uninsured becomes less important at a certain point in an assister's career, and more time is being spent developing other areas.

KNOWLEDGE OF MARKETPLACE POLICY

Within each of the follow-up surveys, most respondents reported that their knowledge of Marketplace policy increased in the last six months as a member of the Coalition (86 percent, 6-month; 82 percent, 12-month; 86 percent, 18-month; 77 percent, 24-month). There was no statistically significant difference in participants' reported increase in knowledge of Marketplace Policy across the survey waves. Rather, respondents' reported knowledge about Marketplace Policy remained relatively consistent over time, indicating that a majority of CMC members think Marketplace policy knowledge is important, but that the importance does not increase over time.

¹¹ Categories were not mutually exclusive, meaning respondents could select more than one.

Health Insurance Literacy

In May 2014, MFH added health insurance literacy (HIL) to the Initiative strategies. The health insurance literacy approach, which is conducted by Health Literacy Media, focuses on developing HIL resources for consumers; developing HIL resources for CMC members, MFH funded grantees, and health care professionals; and providing HIL-related technical assistance to CMC members and MFH funded grantees.

During September 2015 – July 2017 the external evaluation of ECI's HIL strategy focused on assessing changes in knowledge, skills, and self-efficacy related to HIL in two areas: 1) Expanding Coverage through Consumer Assistance (ECTCA) Certified Application Counselors (CACs) and 2) the eLearning trainings.

Data Sources and Methods

In order to evaluate the HIL approach, the evaluation team utilized multiple methods to collect information from in-person assisters, CMC members, and health care providers. These methods included the CAC health insurance literacy survey and eLearning evaluation forms. In order to maximize sample size within each survey wave, participation in previous survey waves was not a requirement for inclusion. Therefore, these populations are different and should not be compared across survey waves, but should be analyzed separately.

Expanding Coverage through Consumer Assistance (ECTCA) Certified Application Counselor Health Insurance Literacy Survey (CAC survey):

- **Purpose:** Assess ECTCA CACs' knowledge of health insurance terms and concepts, skills, and self-efficacy in helping consumers understand and use their health insurance. The survey was administered to CACs funded through MFH's ECTCA program at six-month intervals. Each administration of the survey was designed to be progressively more difficult as CACs received additional training and experience. Because the difficulty of these surveys differed for each administration, the surveys were analyzed separately for each wave. Thus, there are different participants in each wave of the survey and the results from each wave are not comparable. Due to the fact that the CAC survey administration began in September 2014, most of the sample had previous experience as a CAC.
- **Administration dates and response rate:**
 - Baseline: September 22, 2014 to July 31, 2017
 - Response rate: 72.1 percent (145 out of 201 MFH-funded CACs asked to participate in the baseline administration)
 - Six month follow-up: March 30, 2015 to July 31, 2017
 - Response rate: 45.9 percent (67 out of 146 MFH-funded CACs asked to participate in the six month survey administration)
 - Twelve month follow-up: October 8, 2015 to July 31, 2017
 - Response rate: 38.4 percent (33 out of 86 MFH-funded CACs asked to participate in the twelve month survey administration)

- Eighteen month follow-up: April 6, 2016 to July 31, 2017
 - Response rate: 69.5 percent (41 out of 59 MFH-funded CACs asked to participate in the eighteen month survey administration)
- Twenty-four month follow-up: November 11, 2017 to July 31, 2017
 - Response rate: 51.1 percent (24 out of 47 MFH-funded CACs asked to participate in the twenty-four month survey administration)¹¹

eLearning Evaluation Forms:

- **Purpose:** Assess changes in participants’ knowledge of HIL strategies for working with consumers as a result of participation in the eLearnings and participants’ satisfaction with the trainings. HLM developed eight eLearnings targeting assisters, the Cover Missouri Coalition, health care providers, and social workers. HLM also developed a set of eLearnings targeting health care providers (e.g., nurses). One-hundred and twenty two nurses signed up to participate; however, due to the survey’s small sample size (33 participants completed at least one eLearning), analysis of the health care professional eLearning evaluation forms was not included in this report.
- **Administration dates:** August 25, 2014 to May 1, 2017
- **Sample size:** 109 out of 332 assisters who signed up to participate in the eLearnings completed at least one of the trainings

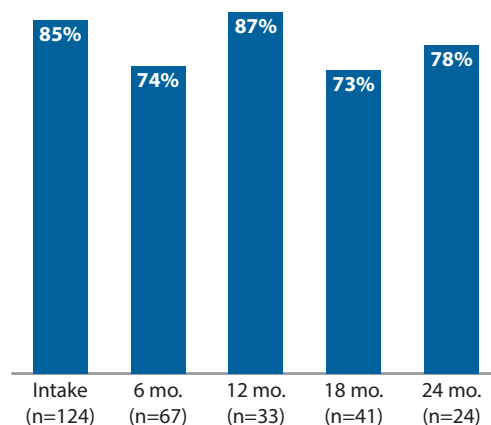
Evaluation Findings

ECTCA CACs: Changes in HIL Knowledge, Skills, and Self-efficacy

KNOWLEDGE AND SKILLS

Knowledge and skills of ECTCA CACs were assessed by computing the average score on each CAC survey. Scores were calculated based on the percent of correct responses by CACs to the survey questions (Figure 23). Each administration of the survey was designed to be progressively more difficult as CACs received additional training and experience. Because the difficulty of these surveys

Figure 23. **Average score on each wave of the CAC survey**



¹¹The number of CACs sent the follow-up survey dropped with each wave due to fewer CACs who had been with the program for the designated amount of time.

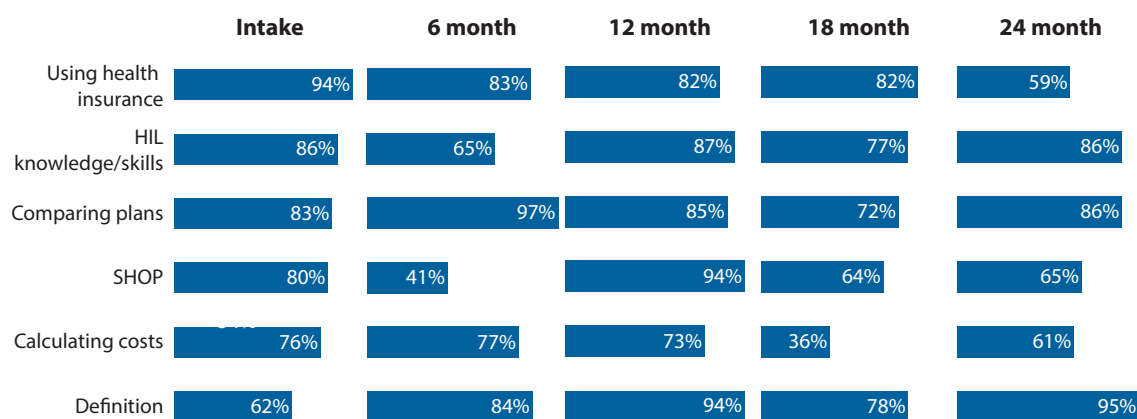
differed for each administration, the surveys were analyzed separately for each wave. Thus, there are different participants in each wave of the survey and the results from each wave are not comparable.¹²

On all five CAC survey waves, most CACs demonstrated a high level of knowledge on survey questions regarding comparing health insurance plans (Figure 24). Eighty-three percent of CACs who took the baseline survey (n = 124) correctly identified under which plan a consumer would have the highest premium. Ninety-seven percent of CACs who took the six month follow-up survey (n = 64) correctly identified which plan would have the lowest out-of-pocket costs for a consumer. Approximately 85 percent of CACs who took the twelve month follow-up survey (n = 34) correctly identified under which plan a consumer would have the lowest cost to see a specialist, 72 percent of CACs who took the eighteen month follow-up survey (n = 39), and 86 percent of CACs who took the twenty-four month follow-up survey (n=22) correctly identified under which plan a consumer would have the lowest out-of-pocket costs to see an in-network specialist.

Within all five survey waves, calculating costs questions had consistently low scores compared to other categories. Calculating cost had the second lowest score for the intake survey (76 percent), the third lowest score for the six-month follow-up survey (77 percent), the lowest score for the twelve and eighteen month follow-up surveys (73 percent, 12-month; 36 percent, 18-month), and the second lowest score for the twenty-four month follow-up survey (61 percent). These low scores compared to other categories within the five cohorts point towards a need for more learning resources for CACs when calculating insurance costs.

CACs also seemed to struggle with questions regarding SHOP. Forty-one percent of CACs who took the six month follow-up survey, 64 percent of CACs who took the eighteen month follow-up, 65 percent of CACs who took the twenty-four month follow-up survey answered SHOP questions correctly. At baseline and twelve-month CAC follow-up survey 80 percent and 94 percent of respondents respectively answered SHOP questions correctly.

Figure 24. Categories in which CACs were most and least knowledgeable for each wave of the CAC survey



ECTCA CACs: Self-efficacy

Self-efficacy was assessed by analyzing CACs’ confidence at the time of each survey administration. The surveys measured CACs’ confidence in three areas: 1) explaining key health insurance terms to

¹² Results from the surveys are not comparable to each other. Each administration of the survey was designed to be progressively more difficult as CACs received additional training and experience. Therefore, each survey contains different questions and were analyzed separately.

consumers, 2) teaching skills to consumers, and 3) using HIL communication skills when working with consumers.

EXPLAINING KEY HEALTH INSURANCE TERMS TO CONSUMERS

Within each survey wave, CACs reported a high level of confidence in their ability to explain key health insurance terms to consumers. 'Premium' was consistently a top term that CACs felt confident explaining to consumers (79 percent, intake; 97 percent, 6-month; 100 percent, 12-month; 76 percent, 18-month; 95 percent, 24-month) with 'Deductible' (91 percent, 6-month; 90 percent, 24-month), 'Out-of-pocket cost' (79 percent, intake), 'Provider network' (78 percent, 18-month), and 'Essential health benefits' (90 percent, 12-month) following behind. CACs felt less confident explaining terms such as 'Family glitch' and 'Diagnostic care services' to consumers.

TEACHING HEALTH INSURANCE SKILLS TO CONSUMERS

CACs reported a high level of confidence in their ability to teach consumers health insurance skills for all five waves, especially for 'Enrolling in the marketplace' (56 percent, intake; 94 percent, 6-month; 97 percent, 12-month; 77 percent, 18-month; 90 percent, 24-month). CACs for the intake survey felt confident 'Filing an appeal with an insurance provider' (75 percent) and 'Calculating health insurance costs' (70 percent). CACs in the six month follow-up survey reported that 'Enrolling in the marketplace' (94 percent) and 'Selecting a healthcare provider' (89 percent) was their strongest areas, while 97 percent of twelve month follow-up survey respondents felt confident in 'Enrolling in the marketplace' and 'Contacting an insurance company'. Eighteen month follow-up survey CACs reported that they were most confident with 'Enrolling in the marketplace and 'Teaching how to use health insurance' and twenty-four month follow-up survey respondents were confident in 'Enrolling in the marketplace' and 'Selecting a healthcare provider' (same areas as 12-month). CACs felt less confident teaching consumers how to determine business owners' eligibility to use SHOP and comparing insurance plans.

USING HIL SKILLS WHEN WORKING WITH CONSUMERS

CACs reported a high level of confidence in their ability to use health insurance skills when working with consumers for all five waves. CACs in baseline felt confident 'Explaining health terms' (70 percent) and 'Asking open-ended questions' (70 percent). CACs in the six month follow-up survey reported that 'Giving clear action steps for consumer' (85 percent) and 'Doing the math for the consumer' (85 percent) was their strongest areas, while 87 percent of twelve month follow-up survey respondents also felt confident in 'Giving clear action steps for consumer' and 73 percent felt confident in 'Using handouts to help conversation'. Eighteen month follow-up survey CACs reported that they were most confident in 'Using handouts to help conversation' (69 percent) and in 'Giving clear action steps for consumer' (69 percent). Twenty-four month follow-up survey respondents were confident in 'Using handouts to help conversation' (80 percent) and 'Empowering consumers to make health insurance decisions' (85 percent). CACs felt less confident creating health literate social media messages.

eLearnings: Participant Knowledge and Satisfaction

eLearnings were available to in-person assisters, CMC members, and health care providers in order to teach HIL communication skills. Eight trainings were developed; however, eLearnings 7 and 8 were combined into one training for which there was one pre- and post-survey. A total of 100 users completed at least one eLearning. The total number of participants in the trainings ranged from 53 (eLearning 4) to 93 (eLearning 1) (See Figure 23). Forty-six users participated in all of the eLearnings between August 25, 2014 and May 1, 2017.

eLearning Topics

eLearning 1: Introduction to health insurance literacy

eLearning 2: Empowering people with health insurance

eLearning 3: How to speak so consumers can understand

eLearning 4: How to use handouts with consumers

eLearning 5: How to use plain language with consumers

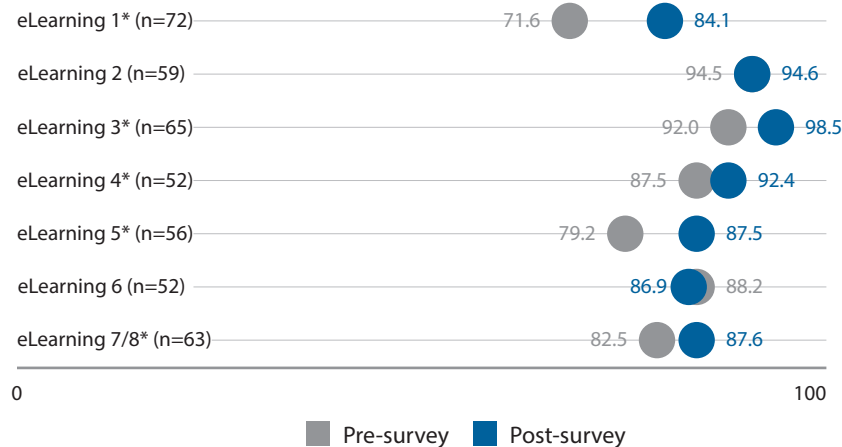
eLearning 6: How to use numbers clearly

eLearnings 7 & 8: Diversity at your desk: Helping everyone get, keep, and use insurance

KNOWLEDGE

Changes in knowledge as a result of participating in the eLearnings was assessed by comparing participants' overall scores on pre- and post-surveys. Scores were calculated based on the percent of correct responses the participant answered. Based on the average pre- and post-survey scores, there was evidence that participants' knowledge of the topic increased after taking seven of the eight eLearnings (eLearnings 1, 2, 3, 4, 5, and 7 & 8) (Figure 25). The eLearnings for which participants' knowledge did not increase focused on using numbers with consumers (eLearning 6). The average pre-survey score on eLearning 6 was 88.2 while the average post-survey score was 86.9. The decrease in scores indicate that eLearning 6 did not increase knowledge around how to use numbers clearly and could benefit from additional resources regarding how to use numbers.

Figure 25. Number of participants and average pre- and post-scores for each eLearning



Note. Asterisks denote statistical significance.

eLearnings which increased participants' knowledge:

eLearning 1: Introduction to health insurance literacy

eLearning 2: Empowering people with health insurance

eLearning 3: How to speak so consumers can understand

eLearning 4: How to use handouts with consumers

eLearning 5: How to use plain language with consumers

eLearnings 7 & 8: Diversity at your desk: Helping everyone get, keep, and use insurance

SATISFACTION

Overall, eLearnings participants reported high satisfaction with the trainings. Eighty-six percent agreed that they would encourage their colleagues to participate in an eLearning. Most (87 percent) users also said that it was very likely that they would use the skills they learned in the eLearnings in their work.

On average, 86 percent of participants said they had a better understanding of the eLearning topic.

Expanding Coverage through Consumer Assistance Program (ECTCA)

In September 2013, MFH started the Expanding Coverage through Consumer Assistance (ECTCA) program. This was the first grant program funded through the Expanding Coverage Initiative. The ECTCA program focused on funding organizations to assist eligible Missourians with enrolling in health insurance options and affordability programs through the Missouri Marketplace. ECTCA grantees provided pre-application, enrollment, and post-enrollment assistance services along with conducting education and outreach activities about the Missouri Marketplace. ECTCA-funded grantees focused their efforts 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.

MFH has funded four years of ECTCA grants. The first grant cycle covered twelve months (September 2013 – August 2014) and funded 17 grants representing 16 different organizations. The second grant cycle covered 18 months (September 2014 – February 2016) and funded 18 grants representing 17 different organizations. During the second grant cycle, MFH included a focus on conducting health insurance literacy activities. MFH extended the second grant cycle and all of its grantees with additional funds known as Bridge which extended the second grant cycle to July 2016 (December 2015 – July 2016). Bridge funding required grantees to include additional media to promote the awareness of the Missouri Marketplace and their enrollment services. The third grant cycle covered 24 months (August 2016 - July 2018) and funded 22 grants representing 22 organizations. Twelve of the grantees have received funding since the beginning of the grant program. The organizations funded through the third grant cycle of the ECTCA program represent three different organization types: provider organizations, community action agencies, and community-based organizations.

In August 2013, the evaluation team began evaluating the ECTCA grant program. The evaluation focused on collecting information about outreach, education, and enrollment activities; the number of enrollments; and success and barriers to assisting someone with enrolling in health insurance through the Missouri Marketplace.



11 out of 22

Provider Organizations



4 out of 22

Community Action Agencies



7 out of 22

Community-Based Organizations

Data Sources and Methods

In order to evaluate the ECTCA program, the evaluation team collected information through the core data set and grantee documents.

ECTCA Core Data Set:

- **Purpose:** Collected information about the outreach, education, and enrollment efforts of grantees.
- **Data collection dates:** Monthly, weekly, and after each assister counseling session from October 7, 2013 through July 31, 2017
- **Reporting period:** August 1, 2016 through July 31, 2017

Grantee Documents (i.e., interim and final grant reports):

- **Purpose:** Collected information about project accomplishments, lessons learned, need for potential resources, opportunities for support, and providing feedback on Initiative support. The evaluation team utilized the grantee documents to gather information specifically related to lessons learned and successes and barriers related to their grant activities.
- **Data collection dates:** August 2016 and July 2017
- **Reporting period:** August 1, 2016 through July 31, 2017

Evaluation Findings

Grant Resources

ECTCA grantees rely on many different resources, contributions, and investments to implement their grant activities. The resources utilized were categorized into three key areas: funding (i.e., MFH funds and additional funding), partners, and in-kind contributions (e.g., materials, equipment, services).

FUNDING

MFH awarded a total of \$7.8 million in funding through the ECTCA program during the third cycle of ECTCA grants. This is a \$69,488.90 increase in the per month award compared to cycle 2. However, these funds covered an additional four grantees.



\$323,501.25 Cycle three per month award

\$254,012.35 Cycle two + bridge per month award

Grantees succeeded in leveraging funds beyond their MFH grants. Six grantees received additional funds from four sources: 1) Centers for Medicare and Medicaid Services (CMS) Navigator grant, 2) subcontracts with organizations who received a CMS Navigator grant (the organizations who received the original CMS Navigator grant were Aging Matters, Senior Aging, and Southeast Missouri Area Agency on Aging), 3) Planned Parenthood Federation of America, and 4) National Association for State Community Services Programs Community Services Block Grant. The awards ranged from \$612.42 to \$545,704.00 with an average award of \$151,581.60.

PARTNERS

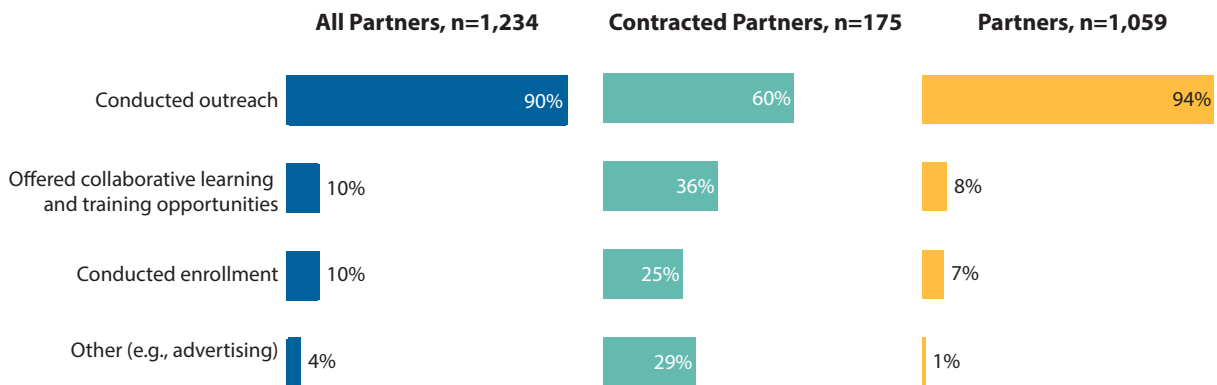
ECTCA grantees worked with partners to implement their grant activities. They reported working with 4.3 partners per month, on average. This was a decrease of 1.6 partners per month compared to year three. These partners were categorized as either contracted partners or partners. ECTCA grantees reported working with more partners than contracted partners per month, on average (four partners versus one contracted partner). Overall, ECTCA grantees used these partnerships to conduct a variety of activities, of which the most common was outreach (90 percent).

Partner Types

CONTRACTED PARTNERS were both under contract with the grantee 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) with them.

Figure 26. **Type of activities conducted by partner type**



IN-KIND CONTRIBUTIONS

Nineteen grantees reported using in-kind contributions to assist with conducting their grant activities at least once during the year. In addition, four grantees reported utilizing all of the following in-kind resources every month of the reporting period: staff time, computers, supplies, or space for enrollment or outreach activities. Space for enrollment or outreach activities (54 percent) was the most commonly received in-kind contribution.

Outreach, Education, and Enrollment

To increase outreach and education about the Missouri Marketplace and health insurance literacy along with enrollments in the Missouri Marketplace, grantees conducted events, media activities, and counseling sessions throughout the year. The year was broken out into two key time frames: open enrollment and special enrollment.¹³

Open Enrollment Period

November 1, 2016 – January 31, 2017

The period of time when individuals and families can enroll in an insurance plan in the Missouri Marketplace. Consumers can also change to a different plan in the Marketplace during this time.

Special Enrollment Period

September 1, 2016 – October 31, 2016 and
February 1, 2017 – July 31, 2017

The period of time outside of Open Enrollment when some consumers can enroll in or change a Marketplace health insurance plan. A consumer may get a Special Enrollment Period when he or she has a qualifying life event (e.g., marriage, birth).

Events

Events served to create awareness about, educate the public on, and enroll people in the Missouri Marketplace along with increasing health insurance literacy. Examples of events included hosting a booth at a local festival or an educational program during a meeting. In year four, grantees conducted 1,920 events which is an increase of 302 events over year three.¹⁴ The majority of the events conducted in year four occurred during the SEP (76 percent). This is an increase compared to previous years and continues the trend of focusing on events during the SEP (year 4: 76 percent, year 3: 69 percent, year 2: 66 percent, year 1: 28 percent). It is important to note that MFH encouraged grantees to conduct more events during the SEP. The most events in a single month occurred during October, the month prior to the start of open enrollment, and the least number of events occurred in February, the month after the end of open enrollment (Figure 27). ECTCA grantees offered events throughout MFH's service region (Figure 28).

EVENT TYPE

Grantees' events were categorized as three types: educational, awareness, and/or enrollment. Educational events included activities such as providing a formal presentation about the Missouri Marketplace or health insurance literacy. Awareness events included activities such as hosting a booth at a health fair and passing out flyers. Enrollment events offered assisters on-site to help consumers enroll in insurance through the Missouri Marketplace. These categories were not mutually exclusive, meaning a grantee could select more than one category to classify an event. For example, a grantee

¹³The time frame defined for open enrollment does not apply to the SHOP Marketplace; therefore, the open enrollment and special enrollment periods referenced in this section refer to the Missouri Marketplace and not the SHOP Marketplace.

¹⁴People reached does not represent unique individuals, but rather reflects the total number of times an individual participated in or was reached by an event.

Figure 27. Number of events conducted by ECTCA grantees by month, August 2016 - July 2017

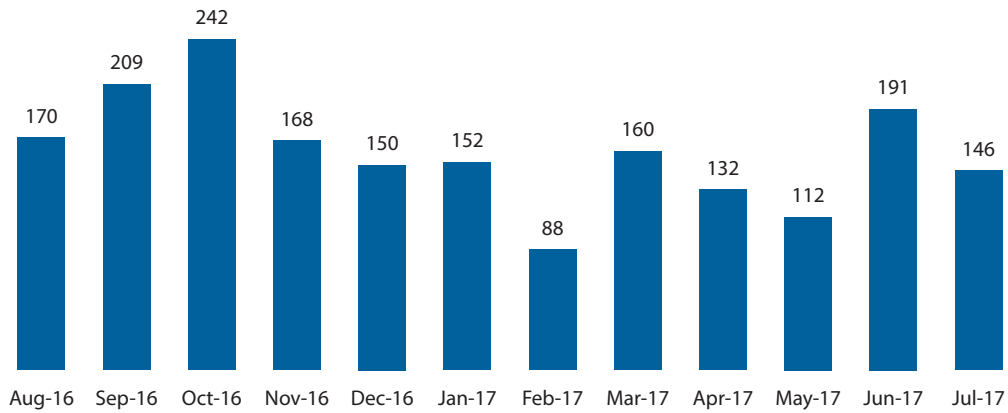
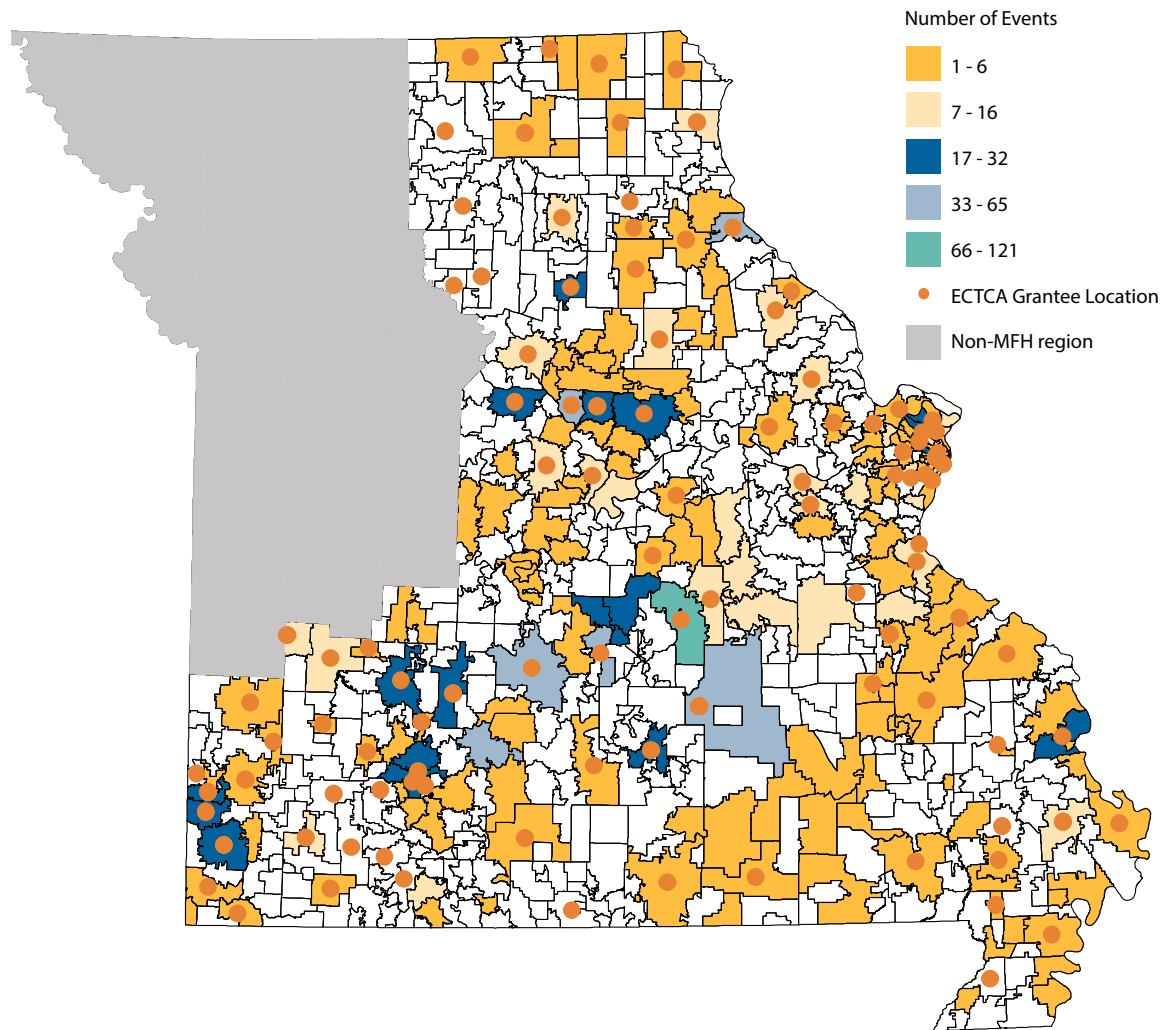


Figure 28. Location of events conducted by ECTCA grantees by zip code, August 2016 - July 2017



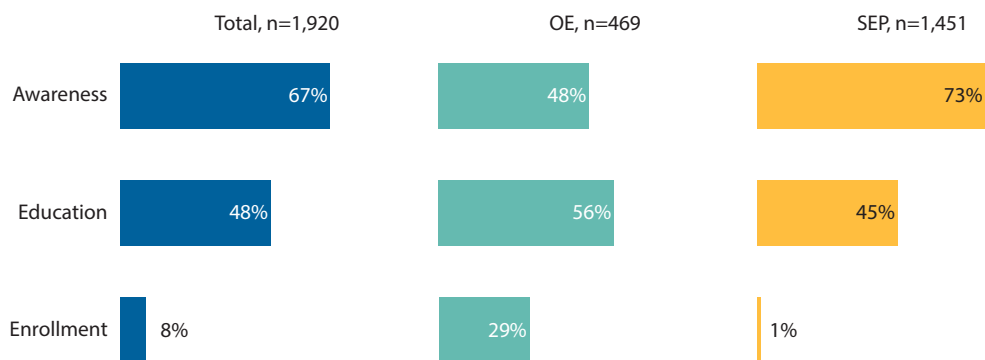
could provide a formal presentation at a college to graduating students and have assisters on site to provide assistance with enrolling. This event would be categorized as both an educational event and an enrollment event.

Grantees continued to offer similar types of events as in years past. For the fourth straight year, the most common event type provided was awareness (67 percent) and enrollment events continued to decrease.¹⁵ When grantees did conduct an enrollment event, it was more likely to occur during open enrollment than during the SEP.

AUDIENCE TARGETED

Missouri participated in both the individual and families Marketplace and the Small Business Health Options Program (SHOP) Marketplace. ECTCA grantees targeted their events to one or both of these Marketplace audiences.¹⁶ Targeting a Marketplace audience refers to the audience the grantee would like to have participate in their event, but it may or may not have been who actually attended the event.

Figure 29. Events conducted by ECTCA grantees by event type, August 2016 - July 2017



Events in year four overwhelmingly targeted individuals and families, as they did in previous years.

POPULATIONS TARGETED

As stated previously, ECTCA funded grantees focused their efforts on serving consumers who had difficulty enrolling in health insurance without the help of one-on-one assistance. As a result, grantees targeted some of their events to reach certain populations.¹⁷ In Figure 30, populations targeted refers



¹⁵ Categories were not mutually exclusive, meaning more than one category could be selected for event type.

¹⁶ Categories were not mutually exclusive, meaning more than one category could be selected for Marketplace audience targeted.

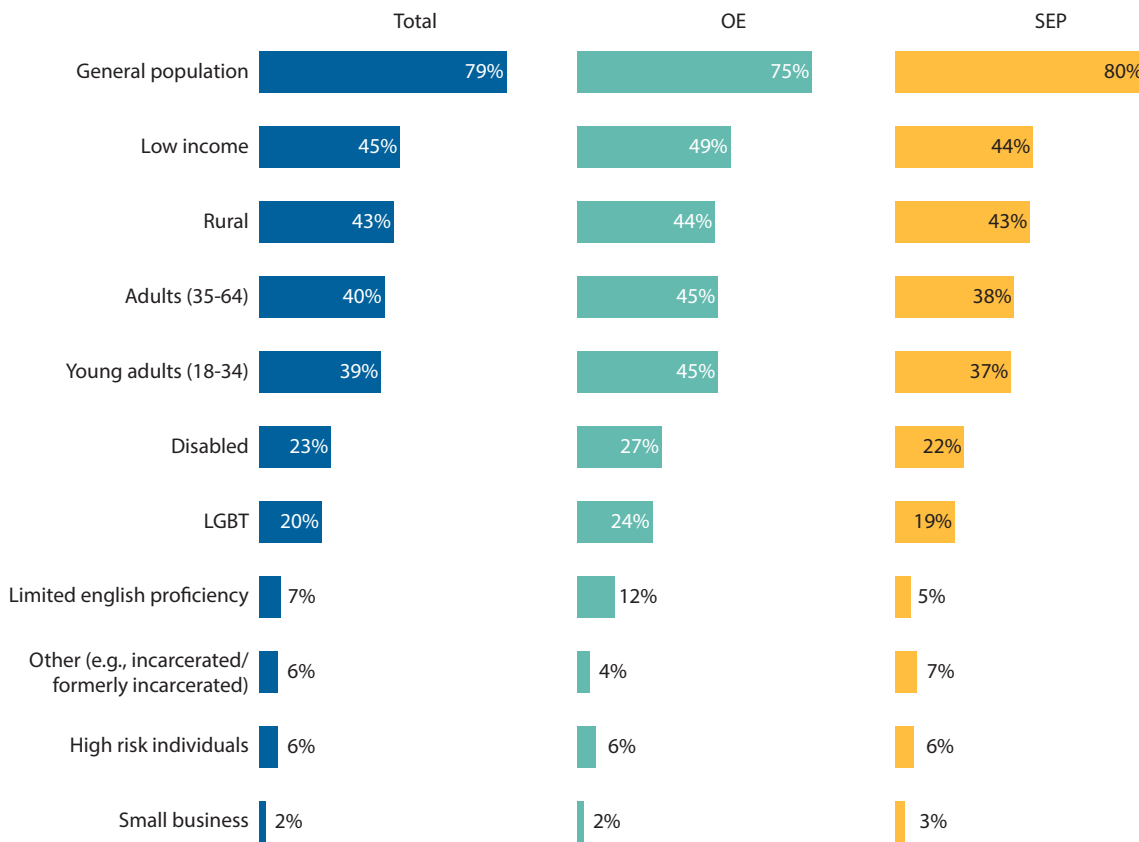
¹⁷ Categories were not mutually exclusive, meaning more than one category could be selected for population targeted.

to the population groups the grantee wanted to participate in the event, but it may or may not be who actually attended the event. In year four, 79 percent of events targeted the general population, and 72 percent targeted a special population. For those events that did target a specific population, low income residents, rural residents, and adults (35-64) were the top three populations targeted.

EVENT SETTING

Grantees hosted the majority of their events in a neighborhood or community setting (40 percent). However, they were more likely to host their events in different settings depending on the target

Figure 30. Populations targeted by ECTCA events, August 2016 - July 2017



population. Grantees were more likely to host events targeting disabled individuals, low income individuals, adults, rural residents, LGBT individuals, and high risk individuals at a hospital, clinic, or health center.

EVENT STRATEGY

During their events, grantees implemented several strategies to reach consumers.¹⁸ The top three strategies continue to be: 1) distributed awareness or educational materials, 2) organized or participated in a community event or meeting, and 3) presented in the community.

¹⁸Categories were not mutually exclusive, meaning more than one category could be selected for event strategy.

PARTNER INVOLVEMENT

In order to maximize resources and improve efficiency, grantees partnered to conduct events. They worked with partners on 638 events.¹⁹ Examples of partner activities include conducting advertising for the event or providing assisters for the event. Overall, grantees partnered on 23 percent of their events, which is a slight increase from year one (22 percent) but a decrease from year two and three (year two: 37 percent, year three: 29 percent). Events that utilized at least one partner reached more people on average than those that did not (115 average reach for events with a partner compared to 50 for events without a partner).

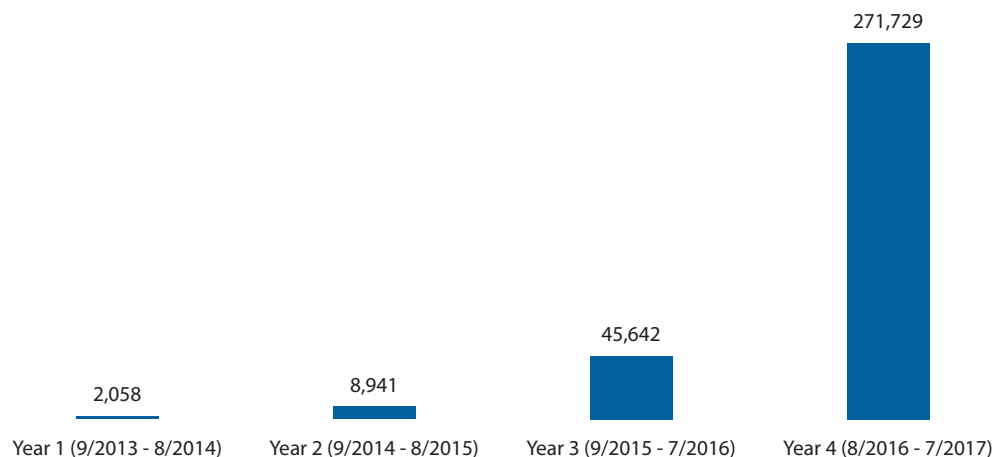
Media Activities

Media activities sought to raise awareness about the Missouri Marketplace, health insurance literacy, and grantee events. They included activities such as publishing or airing mass media messages (e.g., radio, print advertisements, television) and social media messages (e.g., posting on Facebook or Twitter). Grantees continued to increase the number of media activities they conducted. Grantees conducted 271,729 media activities in year four. This is almost a 600 percent increase over year three. It is important to note that MFH required grantees to allocate \$10,000 of their grant budget to media in year four. This budget allocation requirement had not been included in the past.

MEDIA TYPE

The top three media activities utilized by grantees in year three were: 1) billboards, 2) other, and 3) earned other print. This was a change from previous years (Figure 32).

Figure 31. **Number of media activities conducted by ECTCA grantees across all years**



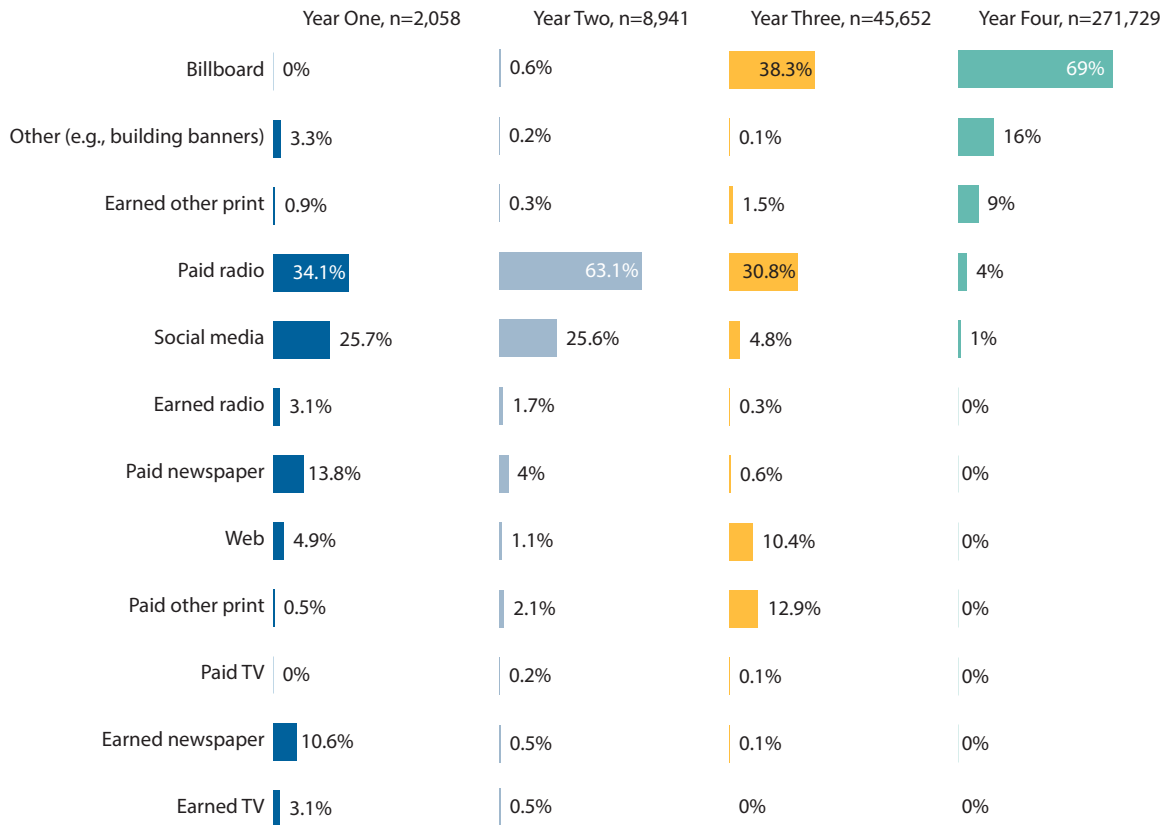
POPULATION AND AUDIENCE TARGETED

As with events, grantees could have targeted their media activities to certain populations (e.g., young adults age 18-36, rural residents) and audiences (i.e., individuals and families and/or small businesses).²⁰ Grantees targeted the general population with 99 percent of their media activities in year four. In addition they targeted the majority of their media activities towards the Marketplace audience of individuals and families.

¹⁹ This is not a unique count of partners, but the number of times a partner was reported.

²⁰ Categories were not mutually exclusive, meaning more than one category could be selected for population and audience targeted.

Figure 32. **Media activities conducted by ECTCA grantees across all years**



PARTNER INVOLVEMENT

Grantees partnered with other ECTCA grantees on 11 of their media activities. Partnering on media activities could include such things as co-branding, sharing the cost of an advertisement or developing messages for a mass media activity together. Grantees were most likely to partner with a fellow grantee on a social media (11 times).

Counseling Sessions

Grantees provided consumers with pre-application, enrollment, and post-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, MO HealthNet, off Marketplace plans, or who needed assistance after they had enrolled. ECTCA grantees conducted 9,337 counseling sessions during year four which is an increase in the number of counseling sessions conducted during year three and year two. However, it is important to note that the number of grantees funded per year varied along with the funding amount allocated to the ECTCA grant program. The average number of counseling

ECTCA grantees conducted 9,337 counseling sessions during year four.

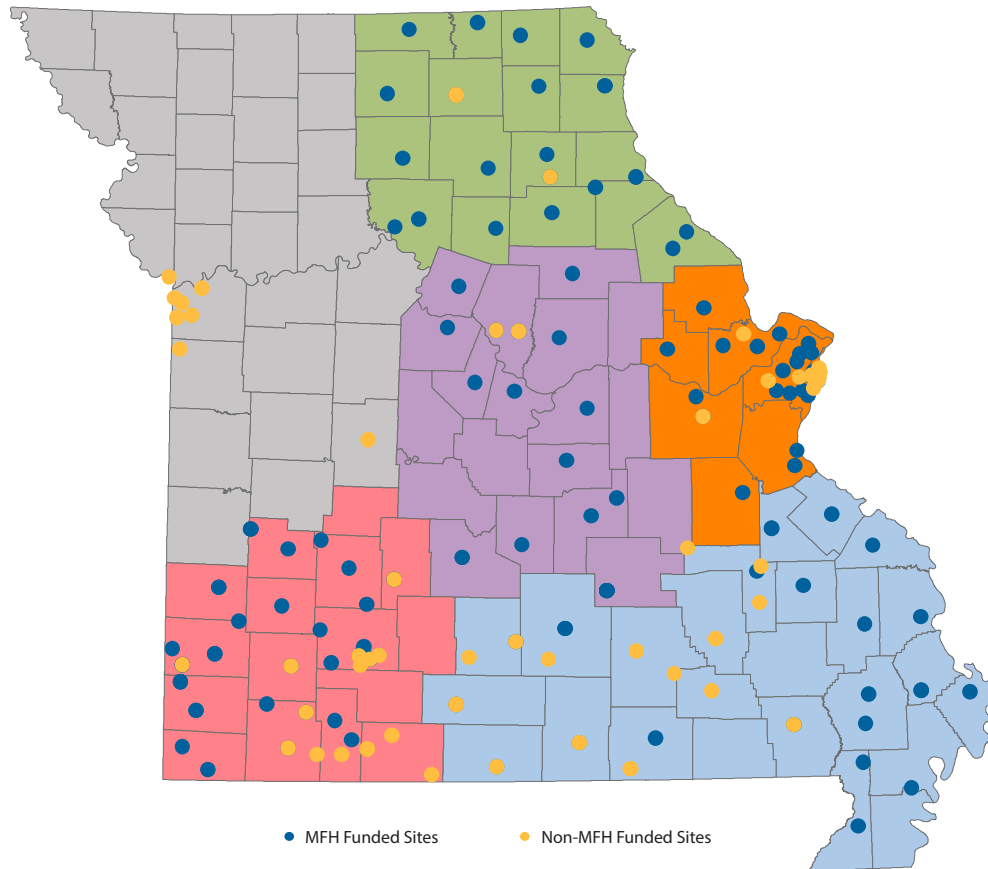
sessions conducted by a grantee in year four was 424 with a range of 33 to 868 counseling sessions. This is similar to the average number of counseling sessions conducted by a grantee in year three which was 428 counseling sessions, but a decrease from year two with an average of 510 counseling sessions conducted per grantee. As in the previous years, the majority of counseling sessions occurred during open enrollment. In addition, the number of counseling sessions being conducted during the special enrollment period increased slightly in year four from year three (year four: 37 percent, year three: 32 percent, year two: 31 percent, year one: ten percent).

ENROLLMENT LOCATIONS

Assisters provided enrollment counseling sessions at permanent enrollment sites, mobile enrollment sites, and at events. Permanent sites were locations where assisters held office hours and scheduled appointments on a regular basis, whereas mobile enrollment sites were locations where an assister met with a consumer outside of a permanent enrollment site’s regular hours (e.g., at a restaurant or a consumer’s home). Events were one time, in-person activities where assisters interacted with the public.

Most counseling sessions during year four took place at permanent enrollment sites (90 percent). Grantees conducted seven percent of their counseling sessions at a mobile site. Only three percent of counseling sessions took place at events, and it was much more likely for sessions to be held at

Figure 33. Permanent enrollment sites by MFH funded and Non-MFH funded assister organizations



events during open enrollment compared to the SEP (four percent compared to zero percent during the SEP). As Figure 27 shows, permanent sites were located throughout the MFH service area, with the most sites located in St. Louis Metro region.

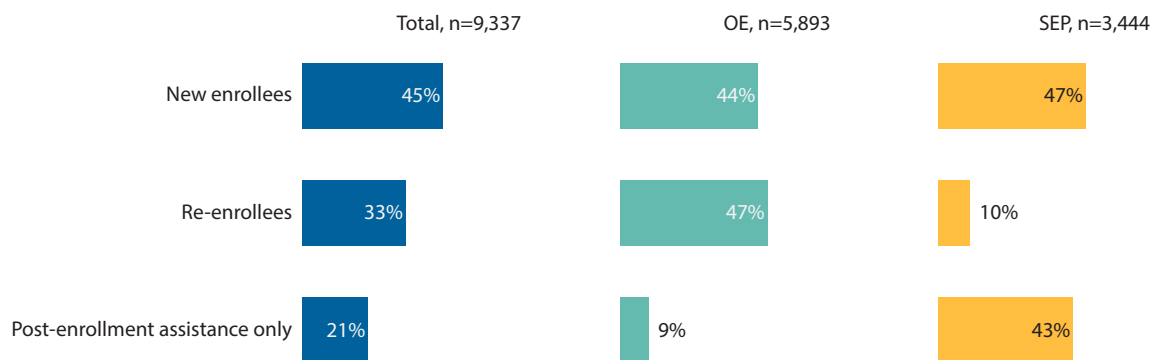
LENGTH OF COUNSELING SESSIONS

The average amount of time it took to complete a counseling session was about an hour. This was the same as in previous years; however, the longest counseling session decreased from eight hours in year one to five and a half hours in year four.

CONSUMER CHARACTERISTICS

ECTCA grantees typically assisted individuals and families during counseling sessions. Individuals and families accounted for 99.9 percent of counseling sessions, compared to small businesses which accounted for 0.1 percent of sessions. Grantees assisted new consumers who had never before enrolled in the Marketplace (i.e., new enrollees), re-enrollees who had previously enrolled in the Marketplace, and consumers seeking help after they had enrolled in a plan (i.e., post-enrollment assistance only). Post-enrollment assistance ranged from resolving issues related to the Marketplace enrollment process to helping consumers use their insurance. The percent of counseling sessions assisting new consumers to the Marketplace continued to decline in year four (year 4: 45 percent, year 3: 51 percent, year 2: 65 percent), but the percent of counseling sessions assisting re-enrollees continued to increase in year four (year 4: 33 percent, year 3: 28 percent, year 2: 22 percent) (Figure 28). It is important to note that the type of consumer seeking assistance does vary by the time of year. During the SEP, consumers seeking post-enrollment assistance accounted for 43 percent of all counseling sessions (overall: 22 percent, OE: nine percent, SEP: 43 percent). In addition, there were differences in who consumers were seeking assistance from by grantee type. Consumers who were seeking post enrollment only assistance were more likely to seek assistance from a grantee categorized as a provider (45 percent of post enrollment only counseling sessions occurred with a grantee categorized as a provider).

Figure 34. Counseling sessions conducted by ECTCA grantees by enrollment period, August 2016 - July 2017



HOW CONSUMERS HEARD ABOUT ENROLLMENT SERVICES

Over half of consumers heard about ECTCA grantees' enrollment assistance services from a family, friend or previous client (58 percent). Other key ways of hearing about the organization's enrollment services included internal referrals (15 percent) and events in the community (six percent).

COUNSELING SESSION OUTCOMES

Grantees helped consumers with a wide array of tasks during counseling sessions. The top three outcomes for year four were assisted consumer with enrollment questions and concerns, determined eligibility, and provided education about health insurance which were the same as in year three (Figure 35).²¹ However, outcomes of counseling sessions varied during the course of the grant period. The top three outcomes during the SEP were: assisted consumer with enrollment questions and concerns, assisted consumer with post enrollment questions and concerns, and provided education about health insurance. Counseling sessions had different outcomes based on whether consumers were new enrollees, re-enrollees or were seeking post-enrollment assistance. For example, a higher percentage of counseling sessions with re-enrollees elected a health plan compared to new enrollees or those seeking post-enrollment assistance (Re-enrollees: 53 percent, New enrollees: 31 percent, Post-enrollment assistance only: three percent).

53 percent of counseling sessions with re-enrollees resulted in electing a QHP compared to 31 percent of new enrollees' sessions.

Counseling sessions during which a referral was provided continued to be low (seven percent). Consumers received referrals most often because they fell into the Medicaid coverage gap, were not eligible for financial assistance through the Marketplace, or eligible for insurance through another

Figure 35. **ECTCA counseling session outcomes during year four, August 2016 - July 2017**



²¹ Categories were not mutually exclusive, meaning assisters could identify more than one outcome.

program/source.²² This suggests that consumers who were eligible for the Marketplace were able to receive the help they needed from assisters.

In addition to helping consumers enroll in the Missouri Marketplace, assisters provided health insurance literacy (HIL) and post-enrollment assistance throughout the grant period. The top three types of HIL and post-enrollment assistance provided were:²³

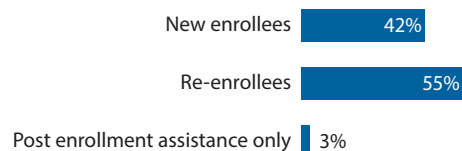
- Shared information about health insurance (e.g., definitions of key terms, how insurance and the Marketplace works) (79 percent)
- Provided written materials about health insurance (e.g., handouts, brochures) (52 percent)
- Taught skills needed to assess healthcare/health insurance needs, obtain and/or use health insurance (e.g., how to compare plans, find a provider) (52 percent)

ENROLLMENT

Counseling sessions with ECTCA grantees resulted in 4,172 people enrolling in insurance through the Missouri Marketplace. In addition, most of the people who enrolled in a plan with the assistance of an ECTCA assister were re-enrollees to the Marketplace the same as in Missouri overall. ECTCA assisters assisted more consumers with enrolling in plans during open enrollment compared to the SEP. The St. Louis and Southwest regions had the highest number of counseling sessions conducted by an ECTCA assister where consumers enrolled in a plan.

On average, consumers attended 1.8 counseling sessions before they enrolled in a plan, and sessions in which consumers enrolled were about an hour long. This is a decrease from year three. The average

Figure 36. Percent of enrollments conducted by ECTCA grantees by type of enrollee, August 2016 - July 2017



number of counseling sessions to pick a plan varied by enrollee type with post-enrollment only assistance only consumers requiring the highest number of sessions (new enrollees: 1.3 sessions, re-enrollees: 1.8 sessions, post-enrollment only: 2.8 sessions).





Applications were sent to MO HealthNet during 495 counseling sessions (five percent), and 856 consumers were covered by these Medicaid applications. This was an increase from year three when they accounted for three percent of counseling sessions and covered 413 lives. In addition to sending applications to MO HealthNet, assisters provided counseling sessions for Medicaid Managed Care (MMC) plans. Of the counseling sessions with consumers who enrolled in a MMC plan, 149 people were enrolled in an MMC plan. It is important to note that during the reporting year, CMC increased their focus on MO HealthNet by providing more resources and education on MO HealthNet than in previous years.

²² Categories were not mutually exclusive, meaning assisters could identify more than one outcome.

²³ Categories were not mutually exclusive, meaning assisters could identify more than one type of post-enrollment assistance and HIL.

ECTCA grantees conducted more counseling sessions in year four, but the average number of counseling sessions conducted per grantee remained about the same as MFH funded four additional grantees in year four compared to year three (year four: 424 counseling session on average per grantee, year three: 428 counseling sessions per grantee). While the percentage of counseling sessions that resulted in key outcomes decreased in year four to year three, the number of people who were enrolled in a Missouri Marketplace plan with the help of an ECTCA assister increased in year four (Figure 37).

Figure 37. **ECTCA key counseling session outcomes by year**

Reporting Year: (date range)	Year One (10/13 - 8/14)	Year Two (9/14 - 8/15)	Year Three (9/15 - 7/16)	Year Four (8/15 - 7/16)
Number of grantees:	17	18	18	22
OE duration:	102 days	92 days	92 days	92 days
 sessions conducted	11,065	9,180	7,695	9,337
 determined eligibility	6,095 (55.1%)	5,741 (62.5%)	4,552 (59.2%)	4,661 (49.9%)
 elected a Qualified Healthcare Plan (QHP)	3,087 (35.0%)	3,866 (42.1%)	3,041 (39.5%)	3,020 (32.3%)
 people enrolled	5,051	5,191	3,956	4,172

Key Takeaways

The Missouri Marketplace encountered challenges during the 2016-2017 year including a decrease in the number of firms offering health insurance plans and increasing premiums. These factors contributed to the lower number of Missourians that enrolled into Marketplace plans in 2016-2017 when compared with 2015-2016. The reduced enrollment rate into Marketplace plans will likely have an impact on the uninsured rate for Missouri in 2017. Despite the decline in Marketplace enrollment, Missouri Medicaid enrollment grew by over 100,000 people in Missouri since 2013 without an expansion of the state Medicaid program. The majority of people enrolling into the Medicaid program are those who were previously eligible, but unenrolled children. This increase in enrollment has helped to cover many uninsured children in Missouri

Even with this complex health care environment, ECI positively impacted the enrollment community and consumers within Missouri. The Initiative increased the perceived capacity of assisters, assisted with the enrollment of consumers into health insurance through the Missouri Marketplace and MO HealthNet, and identified effective training resources for assisters related to health insurance literacy. Below are the key takeaways from the evaluation findings:

HEALTH CARE ENVIRONMENT

Assister services continue to be needed as the health care environment changes. During the past year, assisters have played an essential role in helping Missourians navigate changes in the Missouri Marketplace and the transition of the Missouri Medicaid (MO HealthNet) program to statewide managed care for children and adults. Given the change in firms offering coverage through the Missouri Marketplace, increasing premiums, and the Medicaid transition, consumers continue to need access to assister services when trying to determine how to enroll in Marketplace plans or Medicaid coverage. These services will continue to be needed during open enrollment five and likely for years to come as changes to the health insurance options in Missouri will likely continue.

During the 2016-2017 open enrollment period, the number of firms offering plans in Missouri decreased and premiums increased significantly in many parts of the state likely causing the number of individuals selecting Marketplace plans to decline. During the 2016-2017 open enrollment period, the number of insurers offering Marketplace plans in Missouri has declined in addition to an increase in premiums for all rating areas in Missouri. Premium increases ranged from about an eight percent increase in the St. Louis rating area to a 44 percent increase in the surrounding Kansas City metro rating area (e.g., Warrensburg, Sedalia). These factors have likely contributed to a drop in the number of individuals selecting a Marketplace plan in Missouri for the first open enrollment period since the beginning of the Missouri Marketplace in 2014. The number of individuals selecting plans in the Marketplace in Missouri dropped from 290,201 in the 2015-2016 open enrollment period to 244,382 in the 2016-2017 open enrollment period (a 19 percent decrease). Of the 28 states that have federally-facilitated marketplaces, Missouri ranked sixteenth in the percentage of the potential population that had effectuated their enrollment in 2017.

Enrollment into the Missouri Marketplace varied across the state with more urban areas having higher enrollment and more insurance firm participation in the Marketplace. The St. Louis, Kansas City, and Joplin Missouri Marketplace had the highest enrollment as a percent of the potential population. These rating areas were also the only rating areas that had more than one insurer offering

coverage in the majority of the counties in 2017. In addition, these areas were also the areas that had the lowest premiums and premium increases in 2017 suggesting that more than one firm offering coverage in an area is likely advantageous to controlling premiums and thus having a positive effect on enrollment.

Medicaid expansion is crucial to reaching the Expanding Coverage Initiative’s goal of reducing the uninsured rate to less than 5 percent. The state of Missouri chose to not expand its Medicaid program leaving limited health insurance coverage options available for its residents with the lowest incomes. The uninsured rate for Missourians under 65 declined to 10.5 percent in 2016, but there is still a significant part of Missouri’s uninsured population that falls in a coverage gap due to having an income below the Federal Poverty Level. Without Medicaid expansion achieving an uninsured rate of less than 5 percent in Missouri appears unlikely. Despite the fact that Medicaid has not been expanded, there are some opportunities for the uninsured to access low-cost services and efforts need to be made to assist these individuals in accessing these services and programs in their communities.

The Missouri Marketplace is providing access to health insurance for individuals that are able to obtain financial assistance with their health insurance costs. Nearly 212,000 Missourians selected a health plan through the Marketplace during the 2016 open enrollment period (87 percent of Marketplace plan selections) received financial assistance to enroll, slightly above the national average of 85 percent. Eighty-six percent of these individuals received financial assistance in the form of advance payment tax credits, while over 56 percent of all Marketplace enrollees also received cost shared reductions to assist with the cost of their out-of-pocket expenditures. The rising premiums and limited firm participation may be making Marketplace plans increasingly harder to access for individuals and families with incomes over 400% of the Federal Poverty Level.

COVER MISSOURI COALITION

CMC increases its members’ self-reported capacity to enroll consumers in the Missouri Marketplace and/or Medicaid. A majority of CMC members within each CMC survey cohort reported that the Coalition increased their capacity to enroll consumers in the Missouri Marketplace and/or Medicaid. However, the percent of CMC members reporting that CMC membership increased their capacity to enroll consumers did not significantly change, except between the six month cohort and the twenty-four month cohort, where there was a significant decrease in reported capacity to enroll consumers. It is important to note that who completed the survey during each administration changed, and these findings reflect the analysis method of differing cohort participation, size, and inability to draw direct linear comparisons, but could suggest a shift in priorities between earlier survey cohorts and later survey cohorts.

CMC increases its members’ self-reported knowledge of health insurance literacy, reducing the uninsured, and Marketplace policy. A majority of CMC members within each CMC survey cohort reported an increase in knowledge of health insurance literacy, increased knowledge about reducing the number of uninsured, and increased knowledge of Marketplace policy. Knowledge of reducing the uninsured, the Marketplace, and health insurance literacy did not significantly change between the cohorts. It is important to note that who completed the survey during each administration changed, and these findings reflect the analysis method of differing cohort participation, size, and inability to draw direct linear comparisons, but could suggest a shift in priorities between earlier survey cohorts and later survey cohorts.

ASSISTERS HEALTH INSURANCE LITERACY SKILLS, KNOWLEDGE, AND CAPACITY

Assisters need additional resources and trainings to assist with calculating health insurance and health care cost. Within each administration of the ECTCA assister survey, questions about calculating health insurance and health care costs were consistently among the lowest scored categories. Additionally, while most of the eLearning trainings (the online training series that was made available to assisters) had a positive effect on participants' knowledge, the eLearning which focused on using numbers with consumers did not increase assisters' knowledge of using numbers (eLearning 6).

eLearnings are an effective health insurance literacy knowledge training strategy for assisters. Based on the average pre- and post-survey scores, there was evidence that participants' knowledge of the eLearning topic increased after taking seven of the eight eLearnings. Additionally, most eLearning participants reported high satisfaction with the trainings. Most participants also said they had a better understanding of the eLearning topic after taking the training, and it was very likely they would use the skills they learned in their work. However, participation in the eLearnings was low. Upon the conclusion of the training strategy, 332 assisters had signed up to take the eLearning series, and only 109 of them had completed at least one of the trainings.

EXPANDING COVERAGE THROUGH CONSUMER ASSISTANCE PROGRAM

Partners play an important role in ECTCA grantees outreach and education efforts. ECTCA grantees reported working with more non-funded partners compared to contracted partners (received payment from the ECTCA grantee) during years two through four. Partners were involved with conducting outreach activities more than any other activity (e.g., enrollment, collaborative learning and training opportunities). In addition, ECTCA grantee events that utilized at least one partner in year four reached more people on average than those events that did not use a partner (115 average reach compared to 50).

ECTCA assister services continue to be needed year round not just during open enrollment. The number of counseling sessions conducted by ECTCA assisters increased in year four compared to years three and two (year four: 9,337, year three: 7,695, and year two: 9,180). When accounting for the difference in the number of grantees MFH funded, the average number of counseling sessions per grantee has remained consistent between years four and three (average number of counseling session per grantee – year four: 424, year three: 427). In addition, grantees have continued to see an increase in the number of counseling sessions being conducted during the SEP (year four: 37 percent, year three: 32 percent, year two: 31 percent, year one: ten percent).

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Appendix A - Evaluation Model

MFH Expanding Coverage Initiative Logic Model – Updated 10/30/15



Appendix B - Evaluation Questions

Cover Missouri Coalition Evaluation Questions

1. What awareness activities did the Coalition conduct?
2. What was Cover Missouri's role in increasing the capacity of its members to enroll consumers in the Missouri Marketplace/Medicaid?
3. What was Cover Missouri's role in increasing the capacity of its members to understand health insurance literacy?
4. How did the Cover Missouri Coalition engage their membership?
5. What role did the Cover Missouri Coalition play in convening partners across the state and offering collaborative learning/training opportunities?
6. How did Cover Missouri's members partner together and what was their level of engagement with those partnerships?

Expanding Coverage through Consumer Assistance Evaluation 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?

Health Insurance Literacy Program Evaluation Questions

1. What health insurance literacy activities were conducted?
2. What impact did the health insurance literacy activities have on ECTCA CACs and Healthcare Providers knowledge regarding health insurance?
3. What impact did the health insurance literacy activities have on ECTCA CACs and Healthcare Providers skills to teach others about health insurance?
4. How did the health insurance literacy activities impact CACs self-efficacy to teach others to enroll in and use health insurance?

