



EXPANDING COVERAGE INITIATIVE

2014 – 2015 EVALUATION REPORT



FLEISHMANHILLARD



ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

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

ECI PROGRESS AND HIGHLIGHTS

(SEPTEMBER 1, 2014 – AUGUST 31, 2015)

- 253,430 Missourians enrolled into Marketplace coverage during the second open enrollment period that ended in February 15, 2015, a 66 percent increase over the 152,335 Missourians that enrolled during the first open enrollment period. Over 88 percent of Marketplace plan selections received financial assistance to enroll, slightly above the national average of 87 percent.
- The Missouri Medicaid program (i.e., MoHealthNet) saw an increase in enrollment in Missouri of over 80,000 people by June 2015 compared to the average Medicaid enrollment from June to September 2013 prior to the implementation of the Affordable Care Act (ACA).
- Membership in the statewide Cover Missouri Coalition (CMC), which serves to provide resources, share learning and create a collaborative network for the individuals and organizations across the state working to reduce the number of uninsured and increase health insurance enrollment, has grown to nearly 800 individuals. Members range from health care providers, community-based organizations, businesses, agents and brokers, insurance companies and national organizations.
- In surveys CMC members indicated that the Cover Missouri Coalition has had a positive impact on their organization's efforts with regards to enrollment (96%), outreach (98%) and education (98%). Furthermore, CMC respondents indicated that they would use information learned at an in-person meeting (91.7%) and webinar (83.5%) in the next six months.



- Three out of four CMC members who responded to the six month follow-up survey stated they identified new partners or were able to collaborate with existing partners as a member of the Coalition.
- In addition to Cover Missouri Coalition in-person meetings and webinars, six assister conference calls were held to provide a space for enrollment assisters to share best practices, tips and challenges as well as receive important information about ECI and CMC activities. Seven Learn On! webinars were hosted for CMC members on specific topics (e.g., outreach planning and communication) or targeting special populations (e.g., rural, Latino engagement).
- The 2015 Cover Missouri awareness campaign earned 32 million audience impressions through 513 stories (e.g., print/online, broadcast). The covermissouri.org website received more than 19,715 visits by 11,900 unique visitors. The MFH Expanding Coverage Through Consumer Assistance (ECTCA) grantees conducted 8,941 mass media activities including paid radio, social media and paid newspaper. This was four times as many as the first open enrollment period.
- During the second open enrollment period, ECTCA grantees conducted 9,180 counseling sessions, resulting in 5,191 people enrolling in a health care plan. Sixty-seven percent of these enrollments were new enrollees in a Marketplace plan. Grantees also conducted 1,920 education, awareness and enrollment events. While the number of events conducted during the second open enrollment period is less than the first open enrollment period (3,055), almost twice as many people were reached at events (110,665 in year one compared to 206,147 in year two).
- Health insurance literacy has been promoted with the creation of 10 consumer-focused videos and three PowerPoint presentations helping consumers to understand how to get, pay for and use their health insurance plan. Nine regional training workshops were delivered for Cover Missouri Coalition members on topics such as: teach-back, plain language to improve written materials and health-literate social media messages.
- A series of 16 online E-learning were developed to increase the capacity of assisters and health professionals/nurses to follow health insurance



literacy standards when interacting with consumers. The E-learnings resulted in improvements in assisters' health insurance knowledge and skills in some topic areas (e.g., comparing health insurance plans, selecting a primary care provider). Overall, assisters reported a higher level of confidence in their ability to teach consumers health insurance skills.

- Seventy health insurance education workshops were conducted within the MFH service region, reaching over 560 individuals and employers. Overall, a majority of participants reported that the workshops were worth their time and they would recommend it to others.

LOOKING FORWARD

The second year of the Expanding Coverage Initiative included several challenges and subsequent lessons learned for future planning. Below are recommendations for strengthening awareness, outreach and enrollment efforts as well as strengthening and sustaining the momentum of the Cover Missouri Coalition. These recommendations are based on the work of the Expanding Coverage Initiative and the ECTCA grant program but may also be relevant to other stakeholders/collaboratives engaged in similar work.


RECOMMENDATIONS FOR STRENGTHENING ASSISTERS' AND STAKEHOLDERS' AWARENESS, OUTREACH AND ENROLLMENT EFFORTS:

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

- Increase awareness of the availability of in-person help
- Provide consumers with education about what to expect during a counseling session
- Develop a system of follow-ups with enrolled consumers and target efforts on improving consumers' knowledge of health insurance concepts
- Engage previous consumers as champions for enrollment assistance programs through volunteer or rewards programs
- Target counties where Marketplace enrollment remains low
- Expand grassroots outreach efforts

RECOMMENDATIONS FOR STRENGTHENING AND SUSTAINING THE MOMENTUM OF THE COVER MISSOURI COALITION:

- Continue to offer opportunities for education and collaboration to CMC members
- Prioritize health insurance literacy training opportunities for assisters during the post-enrollment period
- Provide sustainability planning education and assistance to organizations
- Continue to engage new members from around the state, particularly in the Northeast, Northwest, Kansas City and Southeast regions
- Increase coordinated paid, digital and social media efforts



“In 2013, prior to the implementation of the ACA, the uninsured rate was 13 percent for all Missouri residents, accounting for approximately 773,000 Missourians.”



INTRODUCTION

In 2013, MFH established a five-year initiative to expand health insurance coverage in the state. The goal of the Expanding Coverage Initiative (ECI) is to reduce the uninsured rate in Missouri to less than five percent in five years. Stakeholders across Missouri have been convening as the Cover Missouri Coalition (CMC) to create awareness, facilitate enrollment and increase health insurance literacy.

Three primary strategies are being used to expand health coverage in Missouri:

- 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

As achieving the Expanding Coverage Initiative's goal of reducing the uninsured rate to less than five percent is unlikely without expansion of Missouri's Medicaid program, an additional strategy was added to advocate and educate on Medicaid transformation. The strategies of the Expanding Coverage Initiative are being implemented through the Cover Missouri Coalition, Coalition support contractors and the Expanding Coverage Through Consumer Assistance (ECTCA) grant-funding program. The purpose of the Cover Missouri Coalition is to share learning and best practices, maximize resources, identify challenges and opportunities and build an inclusive plan to insure Missourians. The Cover Missouri Coalition consists of regional hubs, working groups, ECTAC grantees and partners (other stakeholders engaged in Marketplace education, outreach and enrollment activities).

The purpose of the Coalition support contractors is to provide a network of organizations that develop and provide content-specific resources and share information with the Cover Missouri Coalition. The Coalition support system consists of five teams: facilitation (StratCommRx), awareness and

communication (FleishmanHillard), health insurance literacy (Health Literacy Missouri, University of Missouri Extension), technical assistance (Community Catalyst) and evaluation (Washington University in St Louis Center for Public Health Systems Science). See Appendix A for additional information about the Coalition support contractors. See Appendix B for the Expanding Coverage Initiative logic model, which includes information on initiative activities and anticipated outcomes.

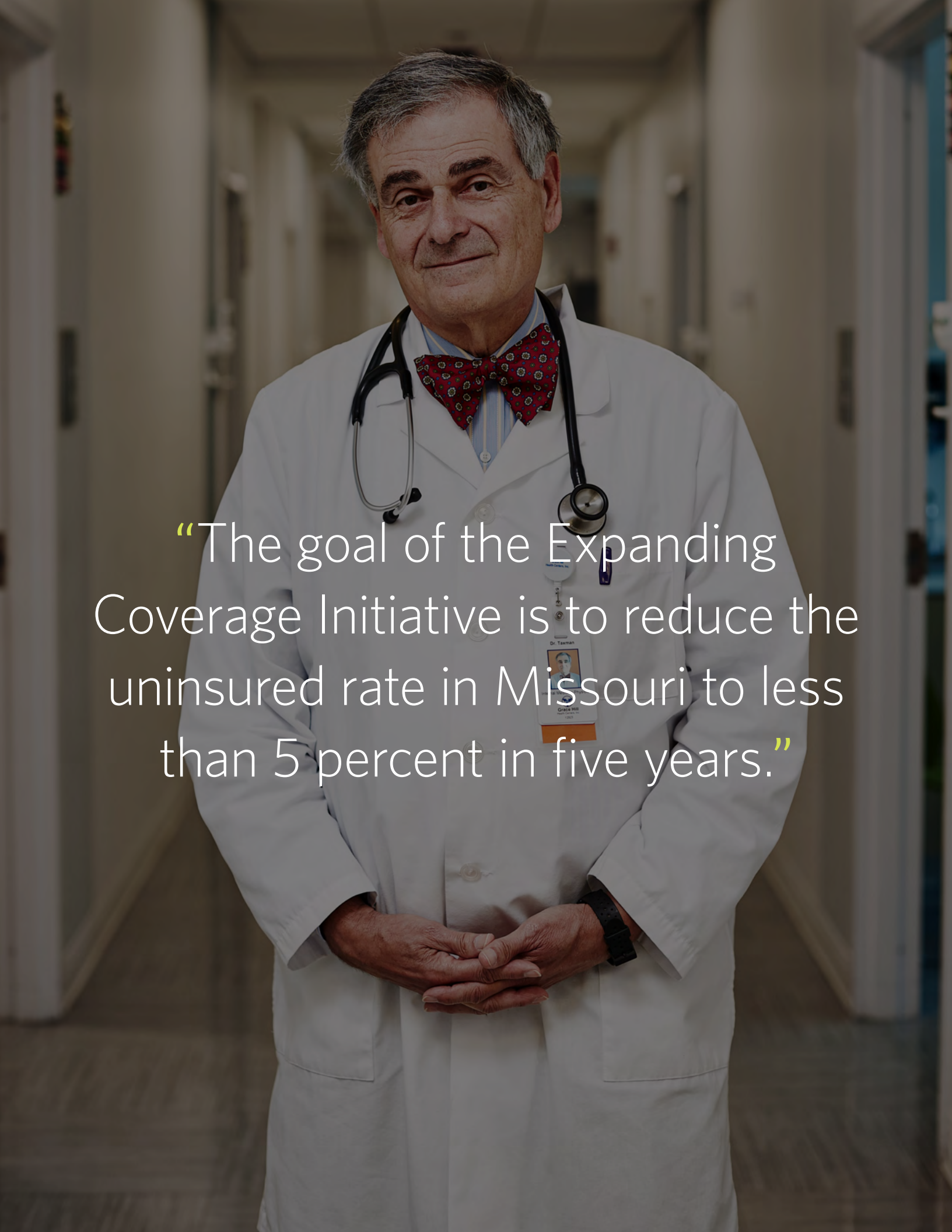
REPORT PURPOSE

This report describes the Expanding Coverage Initiative's activities, key data and evaluation findings, lessons learned and recommendations for future years of the ECI and for other stakeholders/collaboratives engaged in similar work. This report includes information and data on activities for the time period of September 1, 2014 to August 31, 2015.

The report begins with an overview and context of the health insurance environment in Missouri. The key components of the Expanding Coverage Initiative are described in the subsequent sections, including background information on activities, impact of activities, conclusions and recommendations and a discussion on what can be expected in the next year of the Initiative.

The final section of the report provides recommendations for building upon lessons learned as the Expanding Coverage Initiative moves forward into the 2015–2016 year.

Several appendices at the end of the report provide further details and data about the Expanding Coverage Initiative and the ECTCA program during the report period.



“The goal of the Expanding Coverage Initiative is to reduce the uninsured rate in Missouri to less than 5 percent in five years.”



ENVIRONMENTAL CONTEXT

The implementation of the Affordable Care Act (ACA) has had a significant impact on reducing the number of uninsured in Missouri. This reduction in the uninsured population is a vital component to achieving the goal of the Expanding Coverage Initiative—an uninsured rate of 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 percent for all Missouri residents, accounting for approximately 773,000 Missourians. There were 768,000 uninsured Missourians under age 65 in 2013 (15.2%)¹ It is expected that many individuals who enrolled in the Missouri Marketplace during the 2013–2014 and 2014–2015 open enrollment periods were uninsured; however, the potential Marketplace population includes more than just the uninsured.²

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. Regardless, using these uninsured numbers provides valuable context when analyzing Marketplace enrollment and estimating the impact of enrollment on the change in the uninsured. In 2014 the overall

uninsured rate declined to 11.7 percent (from 13% in 2013), approximately 694,000 Missourians, due in large part to enrollment in the Missouri Marketplace. For Missourians under age 65, the number of uninsured in 2014 dropped to 691,000 or 13.7 percent.³

The actual effects of enrollment during the 2014–2015 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 2016. However, uninsured estimates are used in this section to examine total enrollment into the Missouri Marketplace in relation to the uninsured population in Missouri prior to the 2014–2015 open enrollment period.

THE AFFORDABLE CARE ACT AND THE MISSOURI MARKETPLACE

The health care environment and availability of health insurance in Missouri has changed dramatically in 2014 and 2015. As noted above, many Missourians had the opportunity to purchase health insurance in the online Marketplace from November 15, 2014 through February 15, 2015, with enrollment continuing after this time period for individuals with special circumstances.

During the 2014–2015 open enrollment period, 253,430⁴ individuals selected plans through the Marketplace, a 66 percent increase over the 152,335⁵ Missourians that selected health insurance plans through the Missouri Marketplace during the 2013–2014 open enrollment period. Of those individuals that selected a Marketplace plan during the 2014–2015 open enrollment period, 219,953⁶ individuals effectuated their enrollment in the Marketplace by paying their plan premiums by March 30, 2015. The number of enrollments is a constantly moving target because some consumers lose or change coverage due to life circumstances, while others gain Marketplace coverage through Special Enrollment Periods (SEP). In August 2015, CMS released additional Marketplace enrollment numbers by state due to SEPs from February 23, 2015, through June 30, 2015. During this time frame, an additional 26,528 Missourians enrolled into a Marketplace plan using a SEP.⁷

WHO IS ELIGIBLE TO PURCHASE INSURANCE THROUGH THE MISSOURI MARKETPLACE?

Eligible residents of Missouri with incomes from 100 to 400 percent of the Federal Poverty Level (FPL) are able to purchase insurance through the Marketplace with financial assistance⁸; however, eligibility for financial assistance, in the form of subsidies or tax credits, varies as a function of income. Residents with incomes below 100 percent and above 400 percent FPL can purchase insurance through the Marketplace without financial assistance.

- 100–400 percent FPL: Missourians with incomes of 100 percent to 400 percent FPL are eligible to receive financial assistance in order to assist them with the purchase of health insurance. The amount of the assistance is graduated with income level, and decreases as the level of income increases.
- Above 400 percent FPL: Missourians with incomes above 400 percent FPL are eligible to purchase health insurance through the Missouri Marketplace, but they will not receive financial assistance to help with the cost of the premium.
- Below 100 percent FPL: Missourians with incomes of less than 100 percent FPL are not eligible for financial assistance to enroll in the Marketplace. This is due to Marketplace design and the expectation that these individuals would be eligible for coverage

Figure 1.

Distribution of Uninsured Population in Missouri Under Age 65, by Income, 2014

307,929

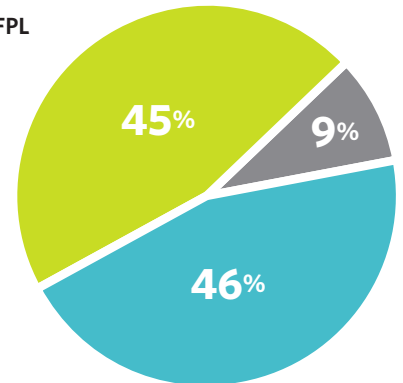
Income of 138% to 400% FPL
(\$32,913 to \$95,400 for a family of 4)

312,233

Income under 138% FPL
(Below \$32,913 for a family of 4)

65,130

Income over 400% FPL
(Above \$95,400 for a family of 4)



Source: US Census Bureau, 2014 American Community Survey, 1-year estimates, Table c270a16.¹⁰

through an expanded Medicaid program funded by the federal government. However, mandatory Medicaid expansion was challenged and the Supreme Court of the United States ruled that states would not be required to expand their Medicaid programs. Some states, including Missouri, chose not to expand their Medicaid programs leaving many low-income Americans without access to affordable health insurance coverage.

UNINSURED IN MISSOURI

- The 2013–2014 Missouri Marketplace open enrollment period had a significant impact on the percentage of uninsured in Missouri, as the preliminary estimates of the uninsured rate for Missourians under age 65 fell from 15.2 percent in 2013 to 13.7 percent the following year.⁹ It is expected that the additional Marketplace enrollments during special enrollment periods and open enrollment in 2015, as well as and the increase in Medicaid enrollment happening throughout the year in Missouri, will result in further reduction in the uninsured, not yet reflected in the estimates released for 2014.

The bulk of the target uninsured population for the 2014–2015 open enrollment in the Missouri Marketplace consisted of approximately 373,059 Missourians (54% of the uninsured in the state), those with incomes over 138 percent FPL. Those under 138 percent FPL would be eligible for Medicaid if it was expanded. Of this subgroup, 307,929 Missourians (45%) 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. In addition, many of these individuals were eligible to receive cost sharing assistance for their out-of-pocket costs. If the majority of these individuals obtain health insurance through the Missouri Marketplace, the uninsured rate in Missouri would be significantly reduced; however, the goal of the Initiative (an uninsured rate of 5% in Missouri) is not likely to happen without an expansion of the Missouri Medicaid program to provide insurance to the lowest income individuals.

Approximately 312,233 (46% of the uninsured population in Missouri in 2014) had incomes under 138 percent FPL. Individuals in this category with incomes of 100 percent to 138 percent FPL were eligible to purchase health insurance through the Missouri Marketplace with financial assistance. Individuals with incomes

under 100 percent FPL are not eligible for financial assistance to purchase insurance through the Missouri Marketplace. All legally-residing uninsured Missourians in this income category would be eligible for Medicaid if the state of Missouri chose to expand the program. Some people in this category currently meet the eligibility criteria for Medicaid, but are not enrolled.

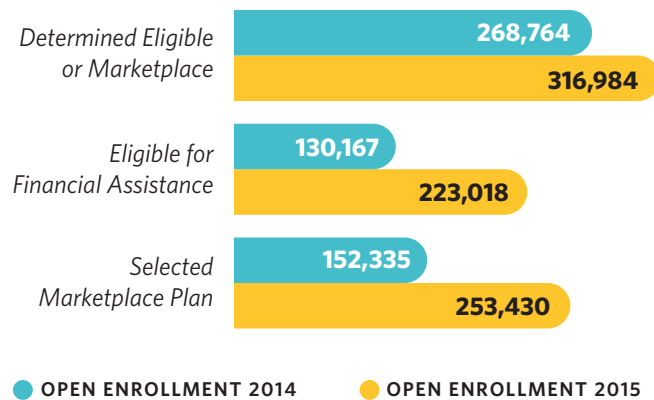
MISSOURI HEALTH INSURANCE MARKETPLACE ENROLLMENT

Missourians enrolled into the Missouri Marketplace plans at a pace in line with other states and 34 percent of the potential Marketplace population enrolled during the 2014–2015 open enrollment period, slightly less than the national average of 36 percent.¹¹ During the 2014–2015 open enrollment period 253,430 Missourians selected a health plan through the Marketplace, 52 percent of these individuals were new consumers to the Marketplace and 48 percent were re-enrollees that had health insurance through the Marketplace in 2014, compared to 53 percent and 47 percent, respectively, enrolling nationally.¹² Approximately 80 percent of enrollees in the Marketplace in Missouri during the first open enrollment period for 2014 were re-enrolled for 2015. Over 20,500 Missourians that were enrolled in 2014 were not re-enrolled in 2015.

Over 223,000 Missourians that selected a health plan through the Marketplace during open enrollment in 2015 (88% of Marketplace plan selections) received financial assistance to enroll, slightly above the national average of 87 percent.¹³ These individuals received financial assistance in the form of advance payment tax credits, while over 58 percent (146,000) of all Marketplace enrollees also received cost-sharing reductions to assist with the price of their out-of-pocket expenditures. During the 2015 open enrollment period, more than 316,000 Missourians used the Healthcare.gov platform to determine their eligibility to enroll in a Marketplace plan with or without financial assistance; however, these individuals may or may not have enrolled in coverage by the end of the enrollment period.¹⁴

Missouri was able to enroll 34 percent of the potential Marketplace population in 2015,¹⁵ a significant increase from the 24 percent enrolled in 2014 during the first open enrollment period.¹⁶ Compared to other states

Figure 2.
Missouri Marketplace Eligibility Determinations and Plan Selections, 2014–2015



Source: Assistant Secretary for Planning and Evaluation (ASPE), Marketplace Enrollment Report 2015.

MARKETPLACE PLAN TYPES

- **Catastrophic:** plans pay less than 60% 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:** The plans pays about 60 percent of the health care costs and the individual pays 40 percent.
- **Silver:** The plan pays about 70 percent of the health care costs and the individual pays 30 percent.
- **Gold:** The plan pays about 80 percent of the health care costs and the individual pays 20 percent.
- **Platinum:** The plan pays about 90 percent of the health care costs and the individual pays 10 percent.

with federally-facilitated marketplaces, Missouri had a slightly lower percentage of effectuated* enrollments in March 2015 with regard to the potential population (38% and 34% respectively).¹⁷ Federally-facilitated marketplaces, of which Missouri is one, saw a greater increase in enrollment as a percent of the population than those of the state-based marketplaces which enrolled 35 percent of the potential population on average, up slightly from 33 percent the year before.

Seven health insurance companies offered health insurance plans for purchase in Missouri through the Missouri Marketplace, including:

- Coventry Health and Life
- Coventry Healthcare
- Blue Cross Blue Shield of Kansas City
- Anthem Blue Cross Blue Shield
- United Healthcare
- Cigna Healthcare
- Humana

Figure 3.

Effectuated Marketplace Enrollments as a Percent of the Potential Population

	Number of Effectuated Enrollments March 2015 ¹⁸	Potential Marketplace Population 2015 ¹⁹	Percent of Potential Population Enrolled 2015	Percent of Potential Population Enrolled 2014 ²⁰
Missouri	219,953	639,000	34%	24%
Federally-Facilitated Marketplace States	6,746,990	18,099,000	38%	26%
State-Based Marketplace States	3,440,208	9,971,000	35%	33%
National Totals	10,187,198	28,070,000	36%	28%

* 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.

Figure 4.
Marketplace Enrollment
by Type of Plan

	Missouri	National
Bronze	26%	22%
Silver	65%	67%
Gold	6%	7%
Platinum	<1%	3%
Catastrophic	<1%	1%

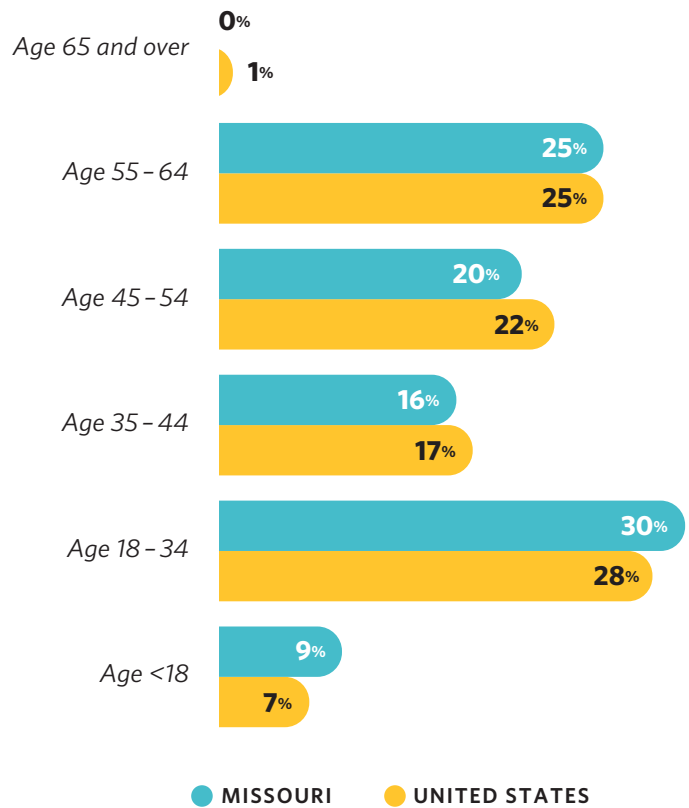
*Assistant Secretary for Planning and Evaluation (ASPE), 2015 Plan Selections by County in the Health Insurance Marketplace, July 2015.

Even though seven firms offered coverage in Missouri, these firms tended to offer coverage in selected portions of the state, resulting in only four firms offering coverage in any given Missouri county. These firms offered a range of plans available in bronze, silver, gold, platinum (individual/families only) and catastrophic plan levels.²¹ 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 plans. Individuals enrolling in the Marketplace in Missouri were more likely to choose bronze plans than those in other Marketplaces, but were less likely to choose silver, gold and platinum plans. 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.

DEMOGRAPHICS OF MISSOURI MARKETPLACE ENROLLMENT

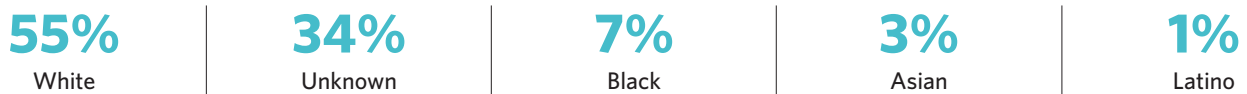
Enrollees in the Missouri Marketplace were slightly younger than the national average, with 39 percent of enrollees in the 0–34 year-old age group compared with 35 percent nationally, and 61 percent in the 35–64 year-old age group.²²

Figure 5.
Age Distribution of Marketplace Enrollees 2015 Open Enrollment



*Assistant Secretary for Planning and Evaluation (ASPE), Marketplace Enrollment Report

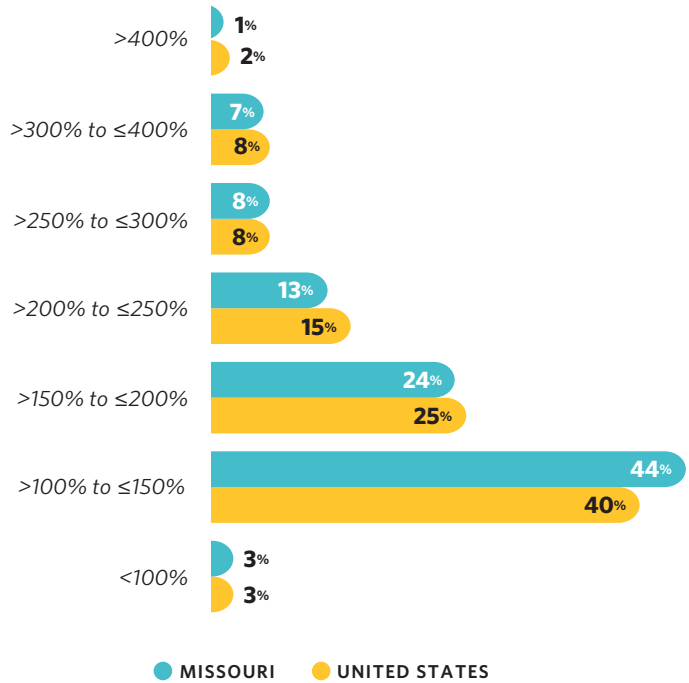
Figure 6.
Marketplace Enrollment in Missouri, by Race, 2015 Open Enrollment



Source: Assistant Secretary for Planning and Evaluation (ASPE), Marketplace Enrollment Report 2015.

Race information was not available for 34 percent of enrollments. Where race data was available nearly 53 percent of individuals that enrolled in the Marketplace in Missouri were white, while 7 percent of the enrollees were African-American, 3 percent were Asian, and 1 percent were Latino. Individuals with incomes of 100 percent to 200 percent of the FPL were the most likely to enroll in the Missouri Marketplace, with 68 percent of enrollments.²³ These individuals received the largest amount of financial assistance to purchase their Marketplace plans, making it less costly for them to enroll. 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 states.

Figure 7. Missouri Marketplace Enrollment by Income as a Percent of the Federal Poverty Level (FPL)



Source: Assistant Secretary for Planning and Evaluation (ASPE), Marketplace Enrollment Report 2015.

Figure 8. Enrollment by MFH Region



	2014 Open Enrollment	Percent of Potential Population
Central	23,745	34.8%
Northeast	6,782	32.2%
St. Louis Metro	96,772	47.7%
Southeast	20,543	34.1%
Southwest	42,022	41.1%
Non-MFH	63,568	35.8%

*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.

MARKETPLACE ENROLLMENT BY MISSOURI FOUNDATION FOR HEALTH SERVICE REGIONS

Missouri Marketplace enrollment varied significantly across the MFH service regions (see Figure 9). The St. Louis region had the highest Missouri Marketplace enrollment totals in the state with over 96,000 enrollees.²⁴ The St. Louis region’s enrollment total was also the highest percentage of the potential or target population, when compared to the other MFH regions. The Southwest region had enrollment totals of over 42,000, enrolling more than 40 percent of the target population. The Northeast, Southeast and Central regions had enrollment totals that were more than 30 percent of the target population for those 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.²⁵

Enrollment in the Marketplace grew in all areas of Missouri with a more than 50 percent increase in individuals enrolled. The greatest percent change in enrollment was seen in the Southeast, Northeast and Central MFH regions. The St. Louis Region had the largest growth in the number of enrollments with a gain of more than 36,000 additional individuals in 2015. The MFH regions had a higher percent change on average than that of the non-MFH region, with a growth of 67 percent compared to 65 percent respectively.

Enrollment varied dramatically among counties in Missouri, ranging from 60.3 percent to 17.8 percent of the potential population. Enrollment also varied within MFH regions, with some regions having both high and low enrollment counties.

MISSOURI MEDICAID ENROLLMENT

The state of Missouri chose not to expand its Medicaid program, leaving a coverage gap for approximately 300,000 residents with incomes below 100 percent of the FPL. 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 existing guidelines. In addition, some population groups (e.g., single persons and married couples without children) are entirely ineligible for Medicaid. Missouri also had a

significant backlog in processing Medicaid applications for much of 2014 and the beginning of 2015 due to a new IT system, new policies and new procedures that slowed the application processing time. Many of those that were eligible under the existing Medicaid guidelines were not able to get enrolled in Medicaid without a significant delay. By March 2015, the number of pending applications was below the average before the introduction of the new IT system and policies/procedures.

Figure 9. Comparison of Enrollment During 2014 and 2015 Open Enrollment Periods by MFH Region

	2014 Open Enrollment	2015 Open Enrollment	Net Gain in 2015	Percent Change in 2015
<i>Central</i>	13,742	23,745	10,003	72.8%
<i>Southwest</i>	25,005	42,022	17,017	68.1%
<i>Southeast</i>	11,273	20,543	9,270	82.2%
<i>St. Louis</i>	60,041	96,772	36,731	61.2%
<i>Northeast</i>	3,675	6,782	3,107	84.5%
<i>Non-MFH</i>	38,577	63,568	24,991	64.8%

Source: Assistant Secretary for Planning and Evaluation (ASPE), 2015 Plan Selections by County in the Health Insurance Marketplace, July 2015.

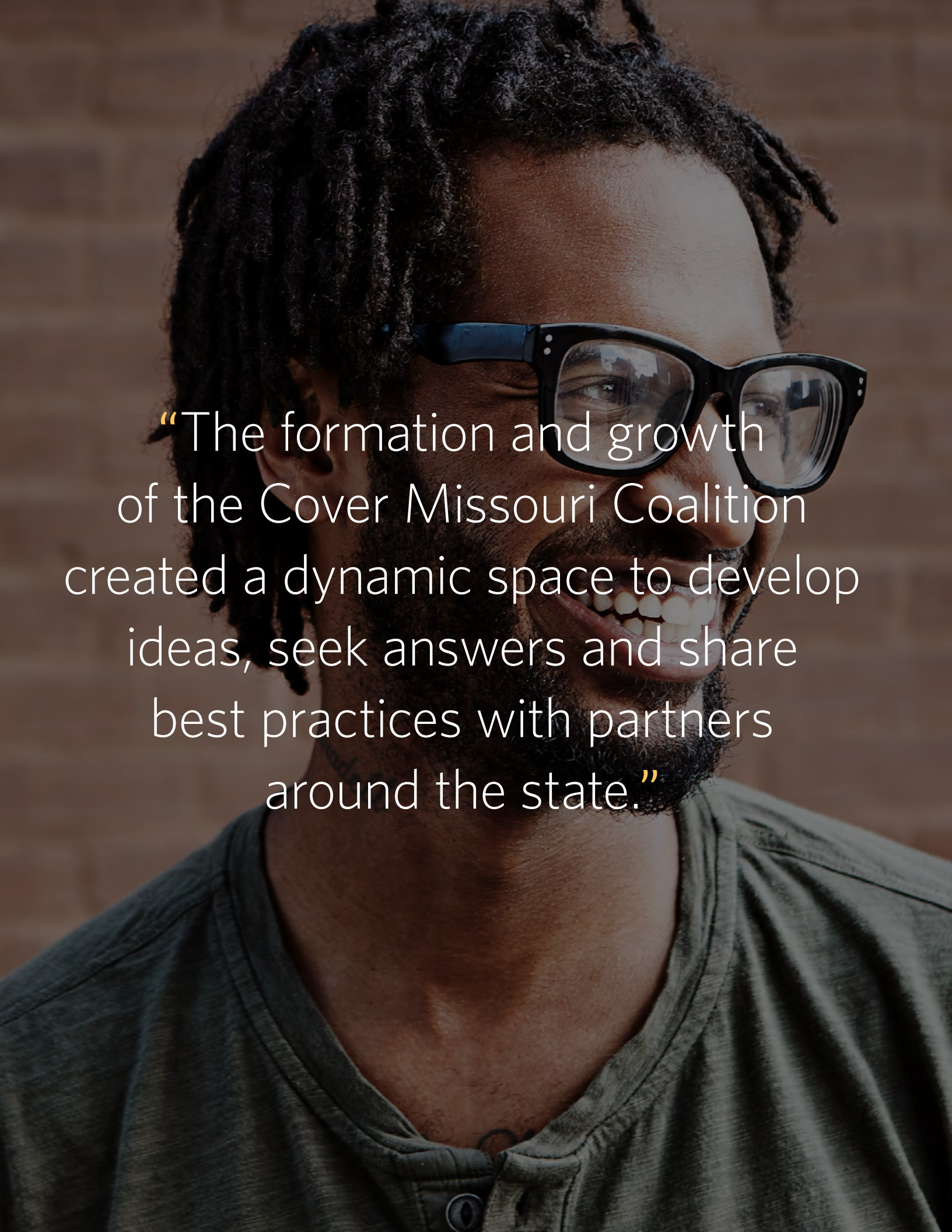
In part because of these trends, the MO HealthNet program saw an increase in enrollment in Missouri of over 80,000 people (9.5%)²⁶ by June 2015 when compared to the average Medicaid enrollment from June to September 2013 (before the implementation of the ACA). This increase brings total Medicaid enrollment in Missouri to 926,289.²⁷ The bulk of this increase has

been the result of enrolling children that are eligible for Medicaid under the existing guidelines that have not been previously enrolled. This increase in Medicaid enrollment, along with growing participation in the Missouri Marketplace, should contribute to reducing the number of uninsured in Missouri even further when uninsured Census data is released for 2015.

2015 SUPREME COURT RULING AND THE MARKETPLACE

The Supreme Court's King v. Burwell case was heard in March 2015. The decision by the Court required interpretation of the Affordable Care Act's provisions. The petitioners of the case, King, argued that the language of the law only designated eligibility of advanced premium tax credits to people living in states with state-operated marketplaces. The implications of the Court siding with King would have meant that over 8 million Americans would lose financial assistance to help cover the cost of their health insurance coverage and would have led to an increase in the cost of coverage for millions more. On June 25, 2015, the Court decided in favor of the Administration and upheld tax credits in states that are operating federally-facilitated Marketplaces. With both the constitutionality of the ACA's individual mandate and distribution of the tax credits upheld, the focus has shifted toward implementation of the law, resulting in various stakeholders, hospital systems, health insurers, in-person enrollment assisters and others working collaboratively to reduce the number of uninsured.

ENROLLMENT IN THE
MARKETPLACE GREW IN ALL
AREAS OF MISSOURI THROUGH
AN OVER 50 PERCENT INCREASE
IN INDIVIDUALS ENROLLED.



“The formation and growth of the Cover Missouri Coalition created a dynamic space to develop ideas, seek answers and share best practices with partners around the state.”



COVER MISSOURI COALITION

With the passage of the Affordable Care Act came an opportunity to help a significant number of Missourians access quality, affordable health insurance coverage. However, no mechanism existed to bring together the disparate groups gearing up to tackle this new challenge. As part of the Expanding Coverage Initiative, Missouri Foundation for Health convened the Cover Missouri Coalition (CMC) in April 2013 to provide resources, shared learning and a collaborative network for the individuals and organizations across the state working to reduce the number of uninsured and increase health insurance enrollment. The goal was simple, but not easy: reduce the number of uninsured Missourians under age 65 to less than five percent in five years. MFH contracted with StratCommRx to assist with strategy development, facilitation and implementation of the Cover Missouri Coalition. Efforts included meeting facilitation, event management, member relationship management, document control, newsletter content, selected research and assistance/support to members, MFH staff and Coalition partners.

The formation and growth of the Cover Missouri Coalition created a dynamic space to develop ideas, seek answers and share best practices with partners around the state.

THE COVER MISSOURI COALITION IS NOT ONLY GROWING IN SIZE, BUT ALSO IN REACH AND ENGAGEMENT.

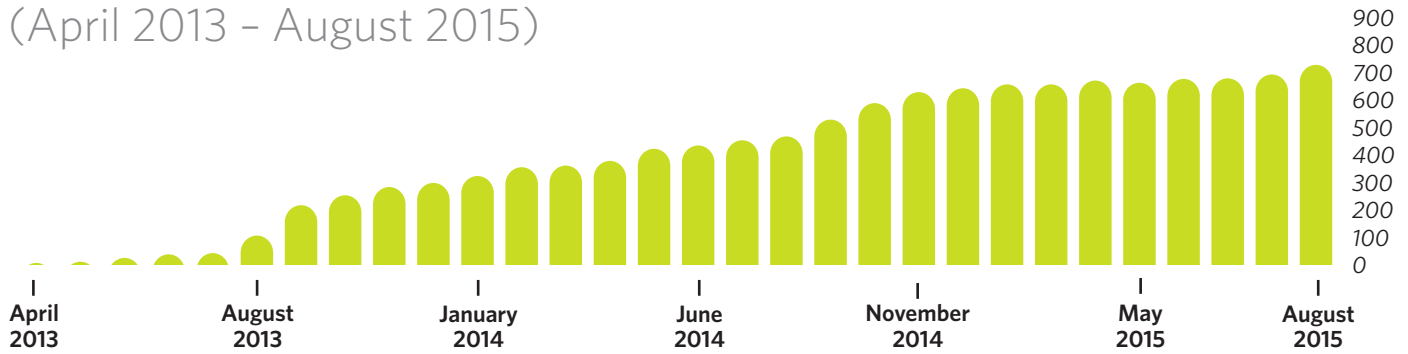
FORMATION AND RECENT HISTORY

During its first two years, the CMC grew from a small group of dedicated members to a broad group of nearly 800 people, representing hundreds of companies and organizations across Missouri. The group meets regularly, shares fluidly and partners effectively.

NUMBER OF MEMBERS, GROWTH OF THE COVER MISSOURI COALITION IN 2015

As of August 2015, the Cover Missouri Coalition has 779 individual members, marking a steady increase from the 39 members the group began with in April 2013. This growth continues as new members are regularly added.

Figure 11.
Cover Missouri Coalition Membership
(April 2013 – August 2015)



It is notable that the influx of new members in the group creates an even more diverse and engaged community. In addition, the Coalition has seen an increase in organizational partnerships, working group participation and enrollment/awareness activities across the state.

ACTIVITIES

Monthly Meetings

Between September 2014 and August 2015, 10 CMC meetings were held—five in-person meetings and five webinars. Participation in these activities continued to be high, as seen in the charts below.

The trend of a higher number of people attending in-person meetings as compared to attending webinars continued. This may be due in part to multiple attendees joining the webinar from one phone line, but it also shows the value members place on the personal interactions they gain from the Cover Missouri Coalition. Coalition meetings provide an opportunity for dynamic learning and networking opportunities that encourage a high level of participation from attendees.

Electronic Newsletter

The Expanding Coverage newsletter is shared monthly with more than 1,700 people, a reach that extends beyond the Cover Missouri Coalition. The newsletter provides information on events and resources, includes an update message from the MFH vice president of Health Policy, highlights the work of Cover Missouri members and shares relevant news articles.

Figure 12.
Cover Missouri Coalition Attendance

	Webinar Log-ins	In-Person Meetings
October 2014	98	
November 2014		171
December 2014	85	
January 2015		101
March 2015		121
April 2015	81	
May 2015		70*
June 2015	92	
July 2015	91	
August 2015		141

*May attendance was much higher but some sign-in sheets are missing.

The newsletter has an average open rate of approximately 32 percent, which is above the industry average of 29.8 percent according to Constant Contact.

CMC Update Emails

A current email roster of all CMC members is maintained and updates are drafted, highlighted and distributed on an as-needed basis. This can amount to



**COVER MISSOURI:
EXPANDING COVERAGE**

Friends,

Wow. The second Marketplace open enrollment period has ended and Missouri continues to defy expectations. We now know that 253,969 Missourians enrolled in health insurance through the Marketplace - an unbelievable 60 percent increase over the amazing number achieved during the first open enrollment period. That is indeed cause for celebration, as we take a large step closer to achieving our goal of reducing the number of uninsured Missourians to less than 5 percent.

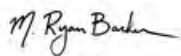
These numbers are a reflection of the hard work of so many Missourians - so many of you - who have played a role through education, outreach, enrollment assistance and other efforts.

We have come a long way, and we have done it our way. Missouri took a nontraditional, but proven, approach toward coalition building and applied it to the Affordable Care Act, with phenomenal success. And now we need to keep up that approach. Finding nontraditional partners will be key to continuing our success and ability to help as many Missourians as possible receive health insurance.

The special enrollment period (SEP) from March 15 - April 30 is a great time to start building new partnerships. This SEP is available for people who are subject to a tax penalty in 2014 resulting from not having health insurance. By working with tax preparers in your communities, and spreading the word about this enrollment opportunity as broadly as possible, you can help these individuals gain insurance coverage and avoid a future penalty.

I look forward to seeing many of you at our Cover Missouri Coalition this month, where we will celebrate this amazing accomplishment, discuss future partnership and other opportunities, and plan for continued enrollment success.

With deepest gratitude for all you do,



M. Ryan Barker
Vice President of Health Policy

By the Numbers:

- 11.4 Million** - Number of Marketplace enrollees nationally
- 253,969** - Missourians who enrolled through the Marketplace
- +100,457** - Difference in enrollment numbers from Year 1 to Year 2, an increase of 60%
- 27,267** - Number enrolled in final week
- 9th** - Missouri's rank among Federally-Facilitated Marketplace states
- 2.8** - Percent of total Marketplace enrollments coming from Missouri

Coalition Connection



NAME:
Patty Hendren

TITLE:
Northeast Hub Director

ORGANIZATION:
Randolph County Caring Community Partnership

Region/location:
Northeast Missouri/Moberly

WEBSITE:
www.rccaringcomm.org

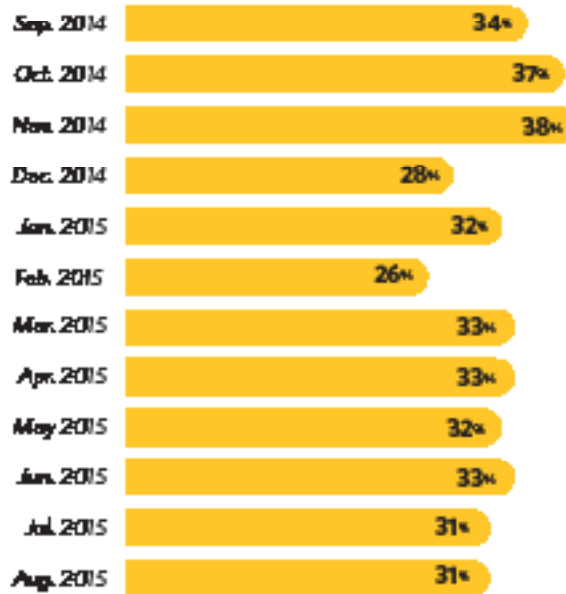
multiple emails in one day or an email every few weeks, depending on the time of year. Content often includes resources to aid in awareness activities, assister training opportunities, information on upcoming events, policy changes on the national and state level and links to new tools and documents.

2014 Summit Meetings

Community Catalyst planned and facilitated six regional summits for the Cover Missouri Coalition in 2014, which were held in Columbia, Kansas City, Kirksville, Miner, St. Louis and Springfield. A total of 217 enrollment assisters participated in the events. Assisters were equipped with Missouri Marketplace updates on new policies and procedures from the Centers for Medicare and Medicaid

Figure 13.

Cover Missouri Coalition Newsletter Open Rate



Services (CMS), communications tips to educate the public on the benefits of health insurance coverage, best practice outreach, education and enrollment strategies and health insurance literacy resources and tools. Assisters appreciated receiving detailed information from CMS and found the template enrollment folder to use with consumers during enrollment sessions to be the most helpful resource provided. The folder was created in collaboration with Health Literacy Missouri and FleishmanHillard.

Changes in Coalition Activities from Year One to Year Two

The overall level of activities remained consistent and, hopefully, predictable for CMC members. There was less need for supplemental “Learn On!” webinars, in part based on the fact that many of the year one concerns had been ironed out by year two. Anecdotally, it seemed a greater number of organizations added multiple staff names to the roster in order to promote access to Cover Missouri content. Another change was that each new Cover Missouri member was automatically added to the Cover Missouri newsletter distribution list in Constant Contact.

The size of the CMC and therefore attendance at meetings was much higher in year two, however engagement at the meetings remained high even with the larger group. The facilitated discussion portion of the meeting was added beginning in November 2013, midway through year one. This valuable discussion became much more prominent in year two, moving permanently to the end of the meeting and taking up around an hour—longer than was allotted at the end of year one. The facilitated discussion offers members a chance to pose their toughest questions, seek expert advice and share guidance with each other. Notecards were added to the tables to help facilitate question and answer sessions, saving time while still ensuring all questions are addressed either at the meeting or as follow-up if needed.

Another change in the format of the CMC meetings during year two was a move away from holding working group meetings in the afternoon of the in-person meeting. Those meetings are now held separately and the larger Coalition has more time to hear presentations and engage in learning activities. Workshops in year two, including recapping successes and challenges following enrollments and special enrollment periods, gave members a chance to interact in small groups.

IMPACT OF THE COVER MISSOURI COALITION
CMC 2015 Survey Findings (Key Takeaways)

In March/April 2015, StratCommRx deployed the 2015 Open Enrollment and Awareness Survey to understand how helpful the CMC has been with members’ awareness and enrollment efforts and what opportunities exist to help members in the future. The year-two survey was based in part on the year-one survey tool, expanded to align with how the membership has evolved. Input on questions was sought from Washington University Center for Public Health Systems Science, FleishmanHillard, Community Catalyst, Health Literacy Missouri and MFH.

Nearly all of the 103 CMC members who completed the survey indicated that the Coalition had a positive impact on their organization’s efforts with regard to enrollment

(96%), outreach (98%) and education (98%). Members reported very high adoption/use rates (exceeding 90%) of CMC events, meetings, webinars and email updates, with similarly high effectiveness ratings. Still, CMC members identified misconceptions about the Affordable Care Act, issues relating to the Medicaid gap and taxes as key challenges when enrolling participants. For awareness, members indicated that they have had challenges in generating stronger interest from the public, improving attendance at events and reaching audiences in rural areas.

The survey results also provided guidance about what information and resources CMC members felt they needed. Members sought best practices for generating

Members Felt the CMC Had a Positive Impact on Their Activities (n=103)

96%
ENROLLMENT

98%
OUTREACH

98%
EDUCATION

awareness, for communicating with specific audiences and designing/implementing marketing strategies. For enrollment, members requested trainings on tax issues, the Medicaid gap, the application process, as well as specific details for the various health insurance plans. Health literacy trainings were also in demand, especially question and answer sessions with insurance experts and identification of tools and resources for members to use.

The top suggestions have already been put into place:

- The regional summit meetings will feature a presentation on designing and implementing a marketing plan, and a panel discussion will focus on specific strategies for reaching hard-to-reach groups.
- The CMC’s webinar in July focused on addressing tax and Medicaid questions submitted by members.
- The October 2015 Cover Missouri meeting included an insurance company panel, and tools were developed to help assisters and consumers understand the differences between the available insurance plans.



IN-PERSON MEETINGS
AND WEBINARS PROVIDE
VALUABLE LEARNING
AND NETWORKING
OPPORTUNITIES FOR
THE GROWING CMC
MEMBERSHIP.

CONCLUSIONS AND RECOMMENDATIONS

Member Needs and Coalition Opportunities

For the third open enrollment period, the role of the annual summits has evolved. In year one, it was a centralized summit involving all CMC members. Year two saw six regional summits centered on MFH service- and non-service areas. Year three will include four regional summits, three of which will be coordinated by StratCommRx and one in Kansas City coordinated by Community Catalyst. The emphasis for the workshop-style regional summits will be on partnership and expanded learning opportunities.

In-person meetings and webinars provide valuable learning and networking opportunities for the growing CMC membership. Content at these meetings is designed to provide members with information that is timely and responsive to their needs. StratCommRx will continue to seek feedback and input from CMC members through meeting and webinar evaluations and by maintaining open lines of communication.

LOOKING AHEAD

With two open enrollment periods under their belts, CMC members are in a much stronger position to anticipate future needs and plan accordingly. Although some amount of enrollment is ongoing, the vast majority of that work happens in specific, planned time periods. The Cover Missouri Coalition can continue to prepare for these enrollment periods and provide the resources to members to make them successful. Monthly meetings will continue to alternate with monthly webinars, based on continued attendance and feedback on the meeting evaluation forms. Trainings and featured topics are responsively designed to attendee suggestions. An “after the meeting” feature will be added to provide probing questions, additional content or activities for hub leaders to bring to their meetings. This request came directly from a participant searching for new content ideas for hub meetings. Following each Cover Missouri Coalition meeting, a brief learning module will be designed and distributed to hub leaders to help the content from the most recent meeting carry forward into the hub model for implementation. Yet, details on the Missouri Marketplace are not the only learning opportunities offered. The Coalition provides a way to unite members

and individuals across the state as they work to not only increase health insurance coverage but also to improve the overall health of Missourians.

Some states provide two engagement experiences for their assisters, before open enrollment and after. Cover Missouri is grounded on being responsive to member needs and requests. The CMC roster continues to grow even outside of the preparation for open enrollment. Participation numbers at meetings and for webinars remain high, and suggestions on content continue. Building capacity within the member organizations is a value-add for these groups, even though content and messages focus on health insurance enrollment. For example: health insurance literacy skill-building related to the Missouri Marketplace naturally will spill over into other areas of work. Learning to improve outreach strategies to underserved populations based on uninsured rates will improve awareness of that population for all manner of future engagement efforts. So while education and awareness around the Affordable Care Act is the driver behind MFH's efforts, member organizations will likely transfer this knowledge to all aspects of their work.

THE COALITION PROVIDES A WAY TO UNITE MEMBERS AND INDIVIDUALS ACROSS THE STATE AS THEY WORK TO TO IMPROVE THE OVERALL HEALTH OF MISSOURIANS.



INDEPENDENT EVALUATION:

COVER MISSOURI COALITION

In 2014, the Washington University in St. Louis expanded the ECI evaluation to begin collecting demographic information about CMC members, assessing CMC's ability to serve as a convener and information sharing source as well as assessing changes in knowledge and capacity of CMC members to enroll consumers in the Missouri Marketplace and Medicaid. See Appendix C for the evaluation questions.

DATA SOURCES AND METHODS

In order to evaluate the CMC's activities, Washington University in St. Louis used multiple methods to collect information. Methods included an intake survey, six month follow-up survey, meeting surveys and meeting notes.

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, to August 31, 2015.
- Response rate: 44.2 percent (out of 825 members who were sent the survey).

Cover Missouri Six Month Follow-Up Survey:

- Purpose: Assess changes in knowledge and capacity of CMC members to reduce the number of uninsured in Missouri as a result of their membership in the Coalition.
- Administration dates: February 26, 2015, to August 31, 2015.
- Response rate: 27.8 percent (out of 670 CMC members who were sent the six 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 2014 and August 2015.
- Response rate: The average response rate for in-person meeting surveys was 75.7 percent and 53.9 percent for webinars.

CMC Meeting Notes:

- Purpose: Focus on questions asked and answered during the facilitated question and answer period at CMC in-person meetings in order to understand the meetings' role as an information sharing resource.
- Data collection dates: In-person meeting between September 2014 and August 2015

See Appendix D for additional details regarding data sources and methods used by the independent evaluation of CMC.



EVALUATION FINDINGS

Cover Missouri Coalition Demographics

Types of Marketplace Activities

Based on the responses to the intake survey, the highest proportion of CMC members reported conducting awareness activities for the Missouri Marketplace (e.g., community interaction events, booth at a health fair), followed by enrollment activities (73.4%), education activities (71.3%) and health insurance literacy activities (61.7%).²⁸ Only 9.9 percent said they had not been conducting any activities (see Figure 14).

Types of Awareness Activities

To further explore the most common activity done by CMC members, Figure 15 shows the types of awareness and education activities that members reported conducting on the six month follow-up survey. Eighty percent of respondents conducted awareness and education activities on the six month follow-up survey, which included community events and media (e.g., radio

Figure 14.

Intake Survey Responses Show Awareness as the Top Activity Conducted by Respondents (n=366)²⁸

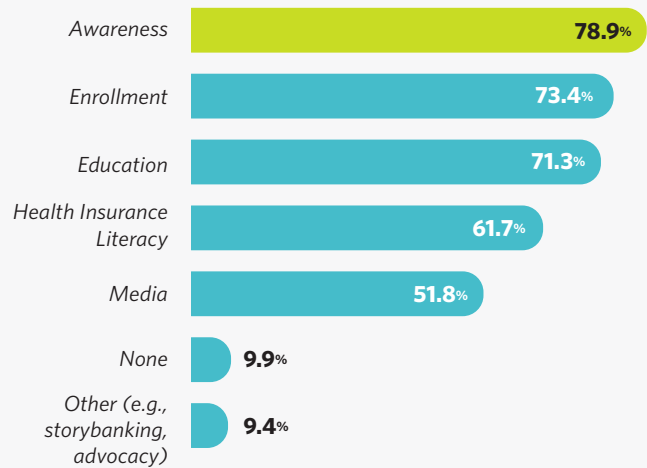
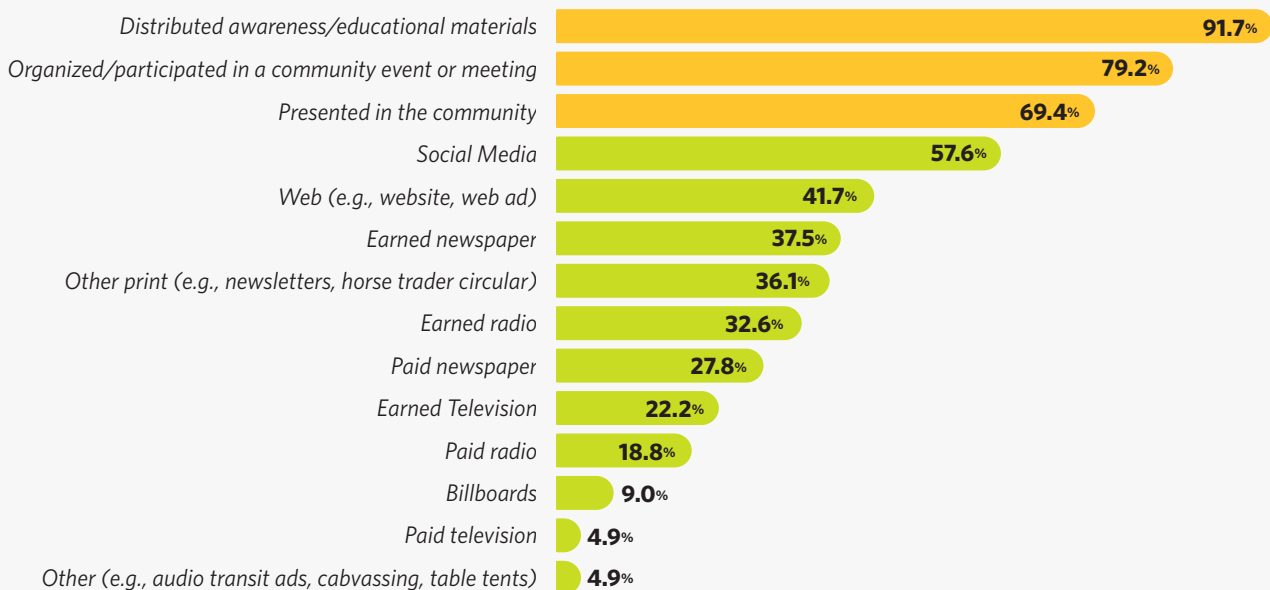


Figure 15.

Follow-Up Surveys Show In-Person Activities More Common Than Media Among Members Who Did Awareness (n=144)²⁹





EVALUATION FINDINGS

ads, TV ads, newspaper ads). In-person activities that involved interaction with consumers were the most common types of awareness activities reported (Figure 15).

Where Members Provided Marketplace Assistance

Three in four respondents to the intake survey reported employing CACs or Navigators at their organization. At least one member reported providing services regarding the Missouri Marketplace in each county in Missouri. The largest proportion of organizations were working in the St. Louis Metro region, followed by the Central and Southeast regions (Figure 16).²⁹



3 IN 4 RESPONDENTS REPORTED EMPLOYING ASSISTERS

Members' Purpose for Joining CMC

Overall, respondents to the intake survey reported diverse expectations of the Coalition. Members said they were hoping to increase their knowledge of the Missouri Marketplace, network with other organizations, build partnerships and participate in a learning community.²⁹ Approximately 9 percent of members hoped to participate in other activities such as providing education to the Coalition on the needs of special populations, learning about Medicaid and sharing expertise.

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, 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. The smallest number of

Figure 16. CMC Members Provide Enrollment Assistance Across Missouri

% of respondents who provided services regarding the Marketplace in the region (n=223)²⁹

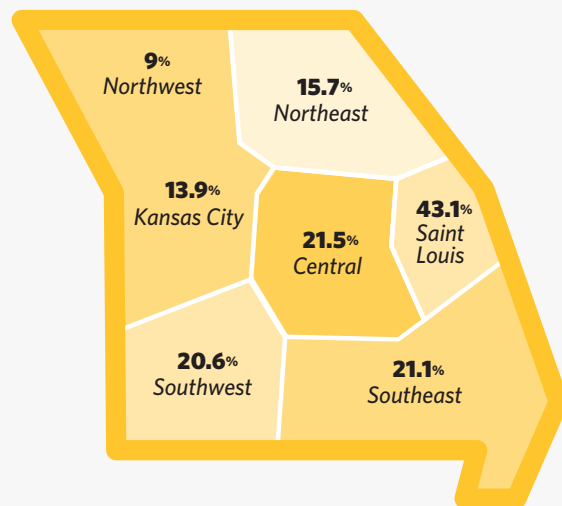
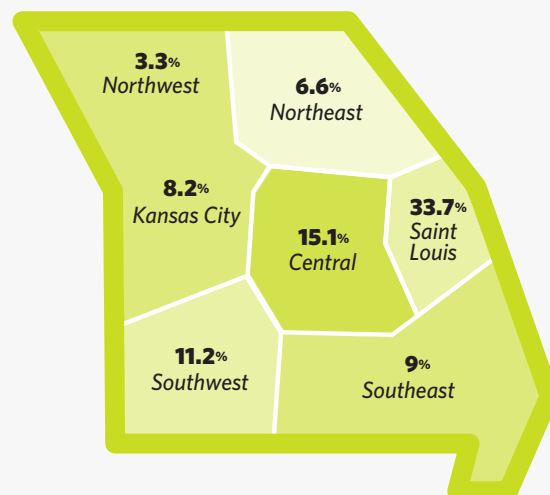


Figure 17. CMC Coalition Draws Members from Throughout the State

% of respondents located in the region (n=366)

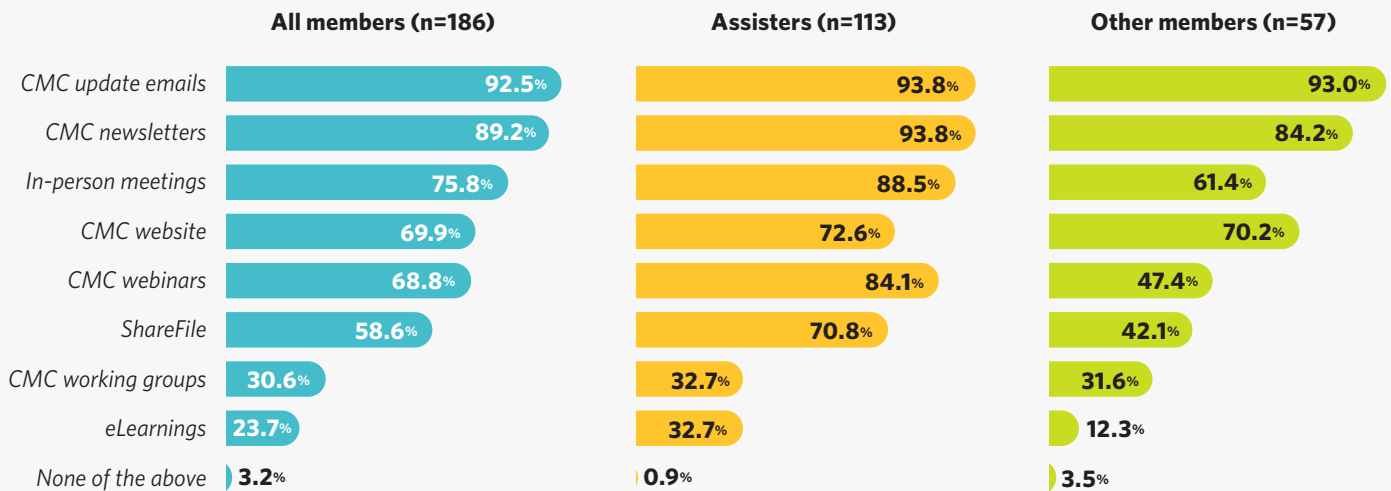




EVALUATION FINDINGS

Figure 18.

More Assisters Attended In-Person Meetings, Webinars, and Used ShareFile Compared to Other Members³⁰



participants from Missouri were from the Kansas City, Northeast and Northwest regions. Figure 17 shows how many respondents were from each region.

Engagement in CMC Activities

Based on the sixth month follow-up survey, the most common way that the Coalition engaged respondents was electronically through CMC update emails (reported by 92.5% of respondents) and newsletters (reported by 89.2%). In-person meetings were the third most common way that the Coalition engaged members (reported by 75.8%).³⁰

Participation in CMC activities varied by whether members were assisters or worked in other roles (Figure 18). For example, members who self-identified as a CAC or Navigator were more likely to have attended an in-person meeting or webinar or used ShareFile in the last six months compared to other CMC members.

Helpfulness of CMC Activities

Most members reported 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. CMC in-person and webinar meeting surveys also identified these activities as useful resources for members. On CMC in-person meeting surveys, 92 percent of participants reported the meeting was informative, compared to 83.5 percent of webinar participants who said it was somewhat or extremely useful.³¹

Figure 19.

Most Members Report They Will Use Webinar and In-Person Meeting Information in Their Work in the Next Six Months





EVALUATION FINDINGS

Partnerships

Three out of four CMC members who responded to the six month follow-up survey (75.3%) stated they identified new partners or were able to collaborate with existing partners as a member of the Coalition.³² The top two types of activities that members reported conducting with partners were awareness and education activities and enrollment activities (See Figure 20).³²

One of the ways that members engaged with partners through the Coalition was at CMC in-person meetings. Based on the in-person meeting surveys, on average, 77.8 percent of meeting participants said that they were able to connect with new or existing partners.

Figure 20. Most CMC Members Partnered Together on Awareness and Education Activities (n=140)³³

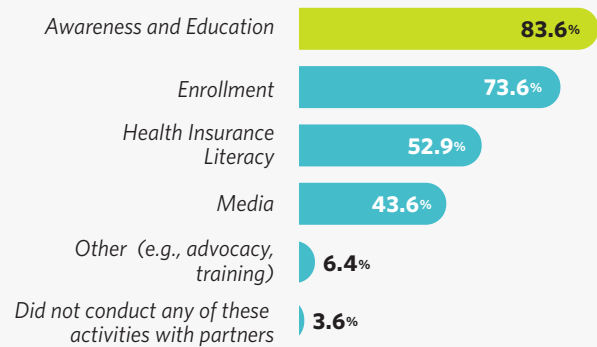


Figure 21.

Respondents Want to Work with Other Members to Improve Activities and Reach More Consumers (n=186)³³



Partnership Quality

Members reported building strong partnerships with one another through the Coalition. Among follow-up survey respondents who partnered with other CMC members, 62.6 percent said the quality of their partnerships were excellent or very good.

Sharing Information Through Collaboration

There were a number of additional ways that follow-up survey respondents were interested in working with other members of the Coalition (Figure 21). Members see the Coalition as a vehicle to continue learning from one another and to develop strategies to reduce the number of uninsured in Missouri.

Based on CMC meeting notes, there is evidence that one way this transfer of information takes place is through the facilitated question and answer periods during in-person meetings, which focused on helping consumers navigate difficult situations in the Missouri Marketplace and sharing ideas for outreach.



EVALUATION FINDINGS

Increasing CMC Members' Knowledge and Capacity

Capacity to Enroll Consumers in the Missouri Marketplace and/or Medicaid

Among the CMC follow-up survey respondents who identified as an in-person assister (e.g., a CAC, Navigator or insurance agent or broker), 78.2 percent agreed that membership in the Coalition had increased their capacity to enroll consumers in the Missouri Marketplace and/or Medicaid. Among the 10.4 percent who felt the Coalition had not increased their capacity to enroll consumers in the Missouri Marketplace and/or Medicaid, their busy schedules³⁴ were the main reason why.

Capacity to Understand Health Insurance Literacy

Nearly two-third of respondents to the CMC follow-up survey reported their health insurance literacy (HIL) knowledge increased in the last six months as a member of the Coalition. Opportunities were available for members to participate in CMC HIL eLearnings, HIL updates at CMC meetings, plain language office hours and in-person trainings at regional hub meetings. They were also able to utilize HIL materials with consumers (e.g., handouts and consumer videos). Among the follow-up survey respondents, 23.7 percent said they participated in the eLearnings and 53.6 percent said they had viewed the consumer video series, either for their own education or in work with consumers.

TOP CMC ACTIVITIES THAT HELPED INCREASE ENROLLMENT CAPACITY³⁴:

1. CMC meetings
2. ShareFile
3. Update emails



CONCLUSIONS AND RECOMMENDATIONS

Results from the six-month follow-up survey showed that the vast majority of members were conducting some type of activity to reduce the number of uninsured in Missouri (96.8%). Conducting awareness activities was the most common activity members reported performing to reduce the number of uninsured in the state. The evaluation findings also showed that between August 2014 and August 2015 the Cover Missouri Coalition engaged members from around the state. The majority of members came from the St. Louis Metro (33.7%), Central (15.1%) and Southwest (11.2%) regions. Most members worked for organizations that had CACs or Navigators on staff and provided enrollment assistance.

The Coalition provided opportunities for education and collaboration through informational emails, meetings and other training opportunities. Many members were highly engaged and participated in more than one CMC activity. As a result of their participation in the Coalition, most follow-up survey respondents reported an increased capacity to enroll consumers in the Missouri Marketplace and Medicaid, as well as an increase in their knowledge of health insurance literacy.

Continue to offer opportunities for education and collaboration to CMC members.

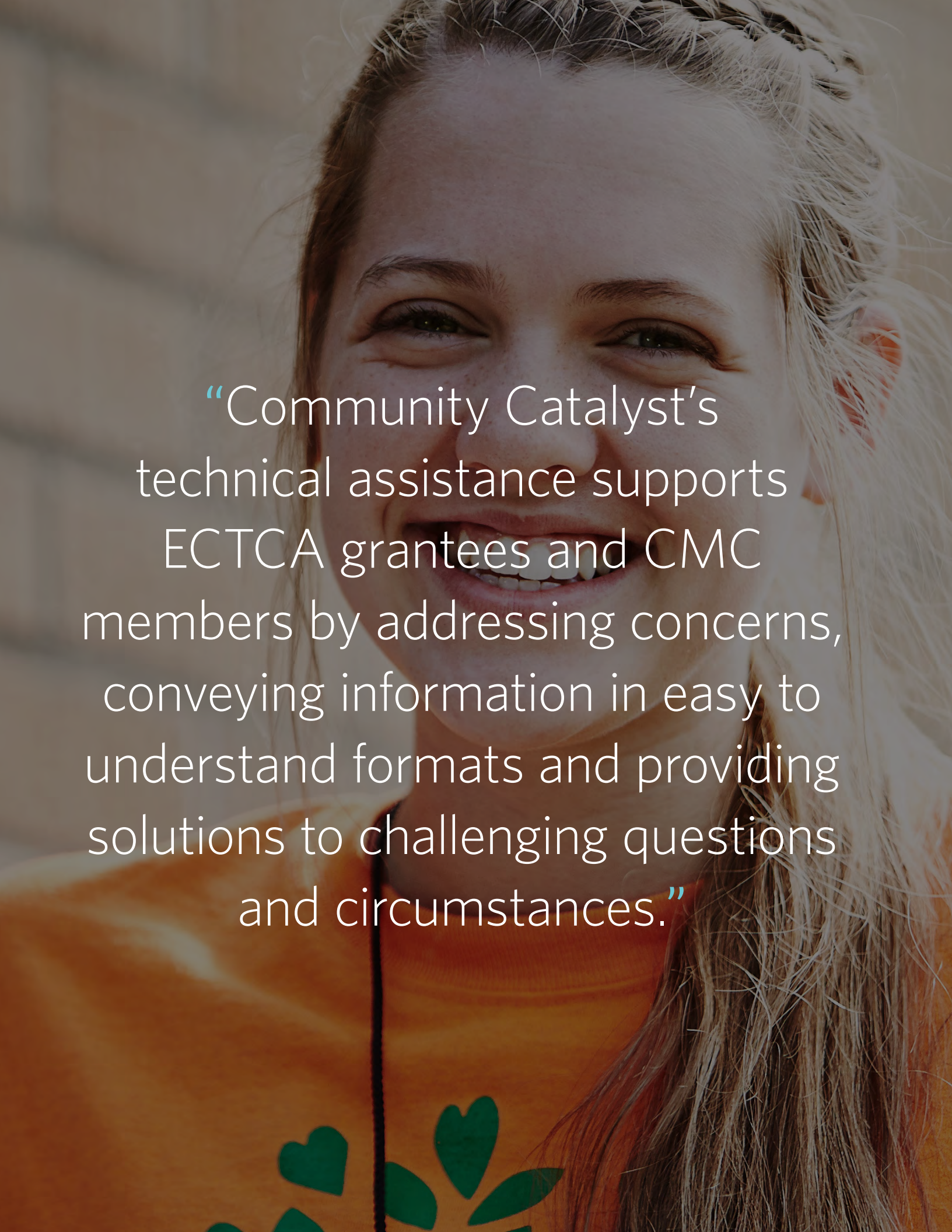
CMC members report increases in their knowledge and their ability to serve their constituents as a result of participation in the Coalition. Collaboration has allowed members to make valuable partnerships and expand their reach into the community. Areas in which members want to continue to collaborate with others include sharing strategies and best practices, developing strategies to reach underserved populations and planning outreach activities. This is particularly important given that as the number of uninsured in Missouri decreases those who still need enrollment assistance will most likely be consumers in more challenging circumstances.

Provide sustainability planning education and assistance to organizations.

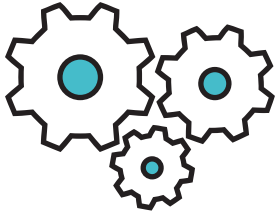
Given the ever-changing landscape of the Missouri Marketplace, as well as the role that the Coalition plays as a convener and information resource within the state, CMC is in a strong position to assist organizations with sustainability planning. For example, as funding streams change for CAC and Navigator organizations, CMC trainings and educational resources can help them assess what role they will play in enrollment work in the future. Members may benefit from help in developing low-cost awareness strategies. Coalition members reported utilizing more resource-heavy awareness activities (e.g., presentations, paid media) than social media or web-based activities in follow-up surveys.

Continue to engage new members from around the state, particularly in the Northeast, Northwest, Kansas City and Southeast regions.

The evaluation findings suggest that there are numerous benefits to participating in the Cover Missouri Coalition, including increased capacity to enroll consumers and opportunities to engage in partnerships. In order to reach the Initiative's goal, it is important that stakeholders engaged in enrollment work are aware of and have access to these opportunities for education and collaboration. Potential members may have untapped experience which current members can benefit from, and they may themselves be able to enhance their work by taking part in Coalition activities. The fewest members came from the Northeast, Southeast, and non-MFH region (which includes Kansas City and the Northwest), all of which enrolled small proportions of the potential population eligible for the Missouri Marketplace in 2015 (see Figure 10 in the Environmental Context section). These regions in particular may benefit from increased engagement of Coalition members.



“Community Catalyst’s technical assistance supports ECTCA grantees and CMC members by addressing concerns, conveying information in easy to understand formats and providing solutions to challenging questions and circumstances.”



TECHNICAL ASSISTANCE

Community Catalyst was contracted by MFH to provide technical assistance (TA) to the Expanding Coverage through Consumer Assistance (ECTCA) Grantees and the CMC. The purpose of the technical assistance is to provide support in Certified Application Counselor (CAC) training, certification and compliance, as well as to strengthen the outreach, education and enrollment capacity of ECTCA grantees and CMC members working to enroll people into the Missouri Marketplace. The technical assistance is provided on complex enrollment scenarios and strategies through one-on-one meetings, fielding questions related to the Missouri Marketplace via phone and e-mail, creation of fact sheets and policy resources; as well as a formal learning community consisting of conference calls, webinars, face-to-face meetings and participation on an online community specifically designed for enrollment assisters to network across the country.

Community Catalyst's technical assistance supports ECTCA grantees and CMC members by addressing concerns, conveying information in easy to understand formats and providing solutions to challenging questions and circumstances.

ACTIVITIES

Community Catalyst established a formal learning community for the CMC members in order to encourage collaboration as a network, have ongoing communication about outreach, education and enrollment activities and pose questions and share strategies for continued learning. The online network of enrollment assisters consists of over 4,100 CACs and Navigators, 280 of which are from Missouri. Since 2013 enrollment, "All-Stars" have been selected from this pool of assisters.

The All-Stars are individuals who are frequent and informative contributors to the site. Forty-seven All-Stars have been selected since 2013, five of whom are from Missouri:

- Diane Rozier, Cox Health*
- Wendy Schrader, Crider Health Center
- Kate King, Central Missouri Area on Agency
- Emily Williston LaCour, International Institute of Metropolitan St. Louis*
- Laura Burbank, Planned Parenthood of the St. Louis Region*

*Denotes MFH Expanding Coverage grantees

Community Catalyst facilitated six CMC assister conference calls throughout the year. These calls provided a space for enrollment assisters to share best practices, tips and challenges as well as to receive information from Expanding Coverage contractors and MFH staff. Topics discussed on the calls included Marketplace and Medicaid updates, priority setting for the post-open enrollment period and the procedure for renewing the Missouri Navigator License.

Community Catalyst worked with other Expanding Coverage contractors and national partners including Centers for Medicare and Medicaid Services (CMS) Region VII, Center on Budget and Policy Priorities (CBPP) and Georgetown Center on Health Insurance Reforms to ensure webinar topics were addressed adequately. Webinar topics were identified by members of the CMC through CMC meetings, surveys and one-on-one technical assistance calls.

Community Catalyst worked with CMS Region VII to host two in-person trainings, *Latino Engagement in the Health Insurance Marketplace*, for assisters targeting St. Louis' and Springfield's Latino community.

COMMUNITY CATALYST ALSO PLANNED AND/OR HOSTED SEVEN WEBINARS FOR CMC MEMBERS:

- Outreach Planning and Communication
- Medicare and the Marketplace
- Reaching Rural Communities: Best practices for Outreach and Enrollment in the Marketplace
- Understanding Tricky Plan Issues: Health Savings Accounts, Multi-state Plans and Deductibles
- Center on Budget and Policy Priorities Plan Selection Webinar for Missouri Assistors
- Technology: How to use ShareFile and the Online Resource for Enrollment Assistors
- Latino Engagement in the Health Insurance Marketplace (Central Hub)

At the St. Louis training, 29 individuals representing 11 organizations participated, and at the Springfield training there were 24 attendees representing 12 organizations. A representative from CMS Region VII's External Regional Affairs department was the guest speaker at both trainings. Participants learned best practices for engaging Latino communities, and assisters and non-assister organizations who work with Latino communities were brought together to put these best practices to the test.

Community Catalyst created and maintained a monthly CMC Training Calendar which tracks the various webinar and conference call learning opportunities offered by CMC, Health and Human Services (HHS)/CMS and national partners such as CBPP, Enroll America and Families USA.

POLICY SUPPORT

Community Catalyst provided policy assistance in many ways to support the needs of CMC. In-depth legal and policy analysis was provided to assisters on their duties, helping them to recognize any limitations within their role as well as helping to address solutions to complex cases. Technical and policy developments from HHS were monitored as well as emerging issues from the field. This process allowed Community Catalyst to help craft and distribute advice to assisters on functional solutions. Community Catalyst elevated key Missouri Marketplace and enrollment issues to CMS and HHS, which often resulted in changes being made to the Healthcare.gov enrollment application. Lastly, in Community Catalyst's policy technical assistance discussions, they identified and developed in-depth resources to help assisters address emerging legal or policy issues encountered by consumers and connected assisters with already existing resources.

INDIVIDUALIZED TA AND SUPPORT

Technical Assistance Provided to ECTCA Grantees

The ECTCA grantees had access to individualized TA provided by Community Catalyst. The TA was received through monthly conference calls with the 18 grantee organizations in collaboration with MFH Policy officers. The monthly calls served as one of the best means of finding out what was happening on the ground with

Community Catalyst Created, or Helped to Create, a Range of Resources:



FACT SHEETS

1. Life Events that Create a Special Enrollment Period
2. Repayment Limits or Safe-Harbor Protections for Low-Income Consumers who Received Tax Credits in 2014
3. Navigators, Certified Application Counselors and Insurance Agents/Brokers: Why making referrals is prohibited



TALKING POINTS

1. Cover Missouri talking points on King v. Burwell, adapted from Community Catalyst's Supreme Court King v. Burwell talking points
2. Explaining Premium Increases to Consumers (Community Catalyst worked with St. Louis University Center for Health Law Studies and Health Literacy Missouri to clarify for consumers the complicated processes and reasons behind increased annual premiums).



RESOURCES & TOOLS

1. Summary of CAC and CACDO Requirements: Dos and Don'ts (a summary of Certified Application Counselor (CAC) responsibilities)
2. Tax help for consumers: the Assister's Role, created in partnership with Health Literacy Missouri.
3. Post Enrollment Planning Tool, which explores eight issue areas to help CACs learn from the open enrollment period and identify work still to be done post-open enrollment.
4. Resources for New Assisters, a guide to onboarding new assister staff.

enrollment and outreach in a timely manner. The monthly calls allowed for real-time adjustments of Community Catalyst's strategies and tactics to ensure the most promising approaches were implemented at all times. The calls also presented an opportunity for grantees' issues/concerns related to the grant and/or enrollment to be addressed, making it possible for grantees to stay connected and continually informed and engaged in their work.

On March 25, 2015, Community Catalyst hosted an ECTCA Grantee Convening in Columbia, MO. The convening addressed Special Enrollment Periods, the King v. Burwell Supreme Court case, enrollment challenges such as the "Family Glitch," using data in program planning, incorporating health insurance literacy into outreach and enrollment work and creating new outreach plans from lessons learned.

Technical Assistance Provided to Regional Hubs

The ECI focused on increasing and providing specialized support to regional Hub organizations and their partners this year. To this end, Community Catalyst hosted six Hub manager meetings throughout the year. The purpose of the meetings was to share strategies, provide updates on relevant issues and field questions to support Hub manager's work. The topics varied and included understanding qualified health plans, the redetermination process, partnership engagement, event marketing, meeting planning, communications, evaluation and facilitation. Upon receiving feedback from the Hub managers on their preference to meet face-to-face rather than by phone, Community Catalyst began hosting Hub manager meetings immediately prior to the start of the bi-monthly CMC meetings in Columbia. Community Catalyst also helped Hub managers utilize

the Cover Missouri Training Menu, a tool identifying training opportunities provided by Community Catalyst, FleishmanHillard, Health Literacy Missouri and Washington University.

Additionally, Community Catalyst staff attended regional Hub meetings in every region, including Kansas City, through financial support from the Health Care Foundation of Greater Kansas City. Community Catalyst participated in a total of 15 Hub meetings and trainings, in-person or via conference call throughout the year. They served as a resource on Marketplace policy and presented on topics such as Health Savings Accounts and the Missouri Navigator License renewal process. Community Catalyst also worked with Hub managers directly to help with agenda setting, meeting coordination and tips on communicating with their Hub partners.

IMPACT

Regional Hub Evaluation

Community Catalyst evaluated the technical assistance provided to regional Hub managers, which focused on strengthening their overall capacity to manage their Hub responsibilities. The evaluation process includes a baseline, mid-year and end-of-the year interview assessment and included the five MFH-funded regional Hubs as well as the Kansas City regional Hub. In November 2014, during the baseline phone interview, the Hub managers rated their ability to meet the Hub manager capacities of planning, outreach and engagement, communication, policy analysis and evaluation. Community Catalyst created a TA plan to strengthen the capacities identified as needing improvement. Mid-year interviews were completed in July 2015 to assess TA to-date and determine if additional support was needed.

Findings from final interviews assessing Community Catalyst's regional Hub TA will be highlighted in the next annual report.

In year two, Community Catalyst's impact had greater and more direct influence on individual consumers than in year one when their focus was on, by necessity, establishing an enrollment assister network and ensuring proper training and certification. For instance, when an

THROUGHOUT THE COURSE OF THE YEAR THE FOLLOWING SERVICES WERE PROVIDED TO INCREASE OVERALL HUB MANAGEMENT CAPACITY:

- A training on effective meeting planning and facilitation
- A training on online evaluation tools
- Creation of a policy tracking document that identifies resources to stay up to date on policy news and regulations
- One-on-one support for creating meeting agendas
- Implementation of additional face-to-face meetings for all Hub managers.

assister informed Community Catalyst that accounting professionals from a national tax prep chain and some local tax preparers were erroneously charging a penalty to consumers who fell into the Medicaid coverage gap, Community Catalyst responded by distributing a memo for assisters to share with tax preparers to inform them of consumer rights to a Medicaid-gap exemption, based on Internal Revenue Service guidance. As an outcome, local tax preparers corrected their practices, resulting in consumers appropriately claiming this exemption and avoiding a fee on their 2014 tax returns.

CONCLUSIONS AND RECOMMENDATIONS

Assisters' Capacity to Do the Work

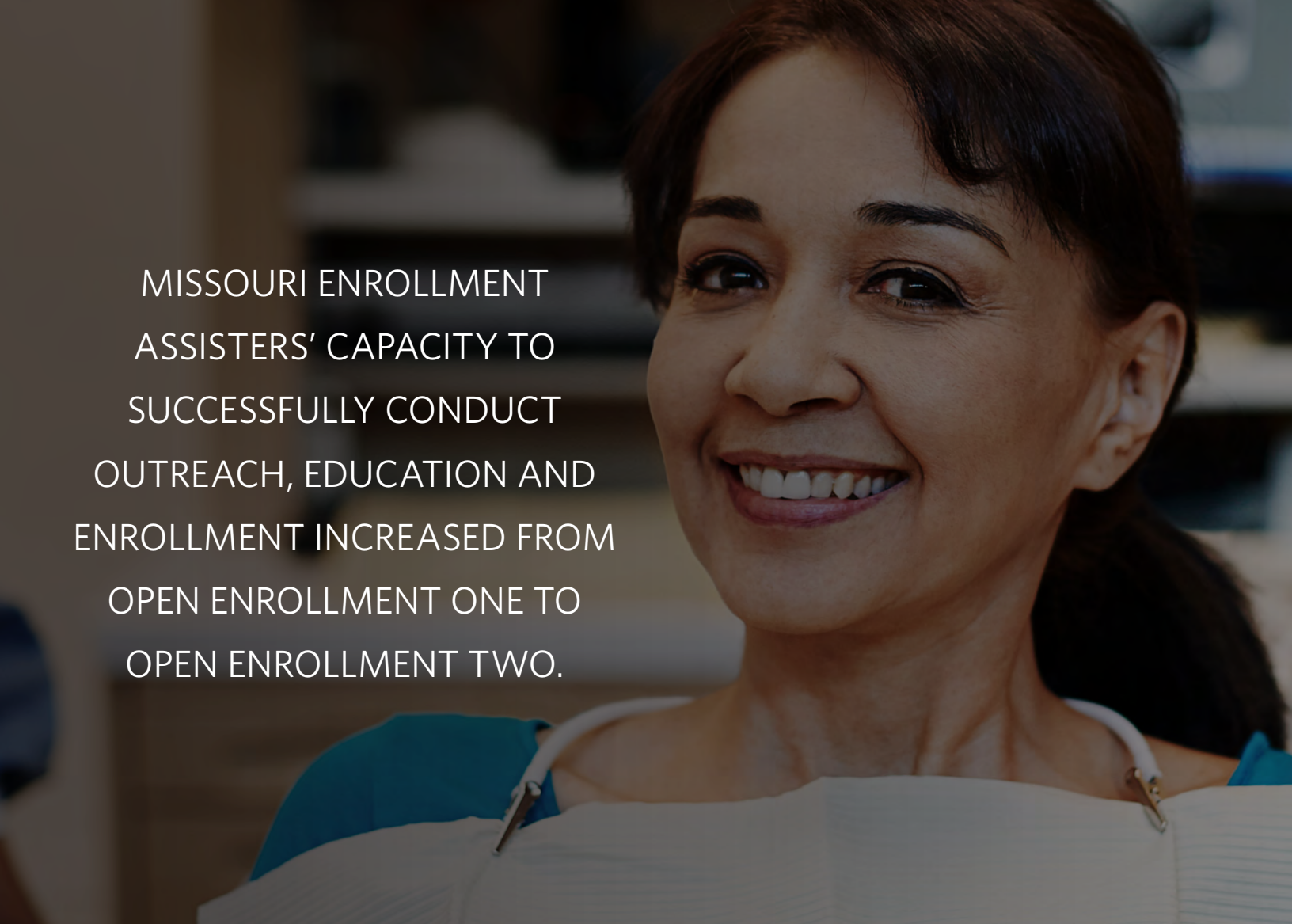
Missouri enrollment assisters' capacity to successfully conduct outreach, education and enrollment increased from open enrollment one to open enrollment two. This has been determined qualitatively from the questions received by assisters. The questions were much more complex and often needed additional resources or information from CMS or insurance carriers. The assisters' increased capacity to enroll consumers is due in part to the TA support they have received from Community Catalyst, provided through the learning community established for the CMC, policy analysis and tailored materials on the Marketplace

and outreach and enrollment. As a result, assisters are beginning to look to each other for expert advice on the enrollment process as well as successful strategies for outreach and education. Yet challenges still remain for the enrollment community, such as identifying the remaining uninsured, conveying the benefits of the Missouri Marketplace and health insurance coverage to consumers in a way that is easily understood, navigating complex consumer specific enrollment cases, as well as identifying paths to sustain outreach, education and enrollment work within their organizations.

Given these remaining challenges Community Catalyst's technical assistance approach will change going forward to meet the need. Community Catalyst will work in collaboration with FleishmanHillard, Health Literacy Missouri and StratcommRx to create hands-on trainings that work to strengthen enrollment assisters outreach capacity, helping them to identify new and

unique methods of finding and engaging the remaining uninsured. Community Catalyst will work with assisters to identify best practices for follow-up with consumers to ensure that they are using their coverage. And as has been done in the past, Community Catalyst will continue working with CMS to find ways to address and/or work around challenges in difficult enrollment cases.

Grantees and members of CMC have responded favorably to interactive tools, such as Poll Everywhere, which allows participants to respond to polls via text message. Therefore, Community Catalyst will begin to include new technology tools to encourage interaction at face-to-face meetings and trainings. Lastly, Community Catalyst will work to apply universal design learning to all of their technical assistance resources (i.e., presentations, trainings, webinars and conference calls) to accommodate all learning styles.



MISSOURI ENROLLMENT
ASSISTERS' CAPACITY TO
SUCCESSFULLY CONDUCT
OUTREACH, EDUCATION AND
ENROLLMENT INCREASED FROM
OPEN ENROLLMENT ONE TO
OPEN ENROLLMENT TWO.

LOOKING FORWARD

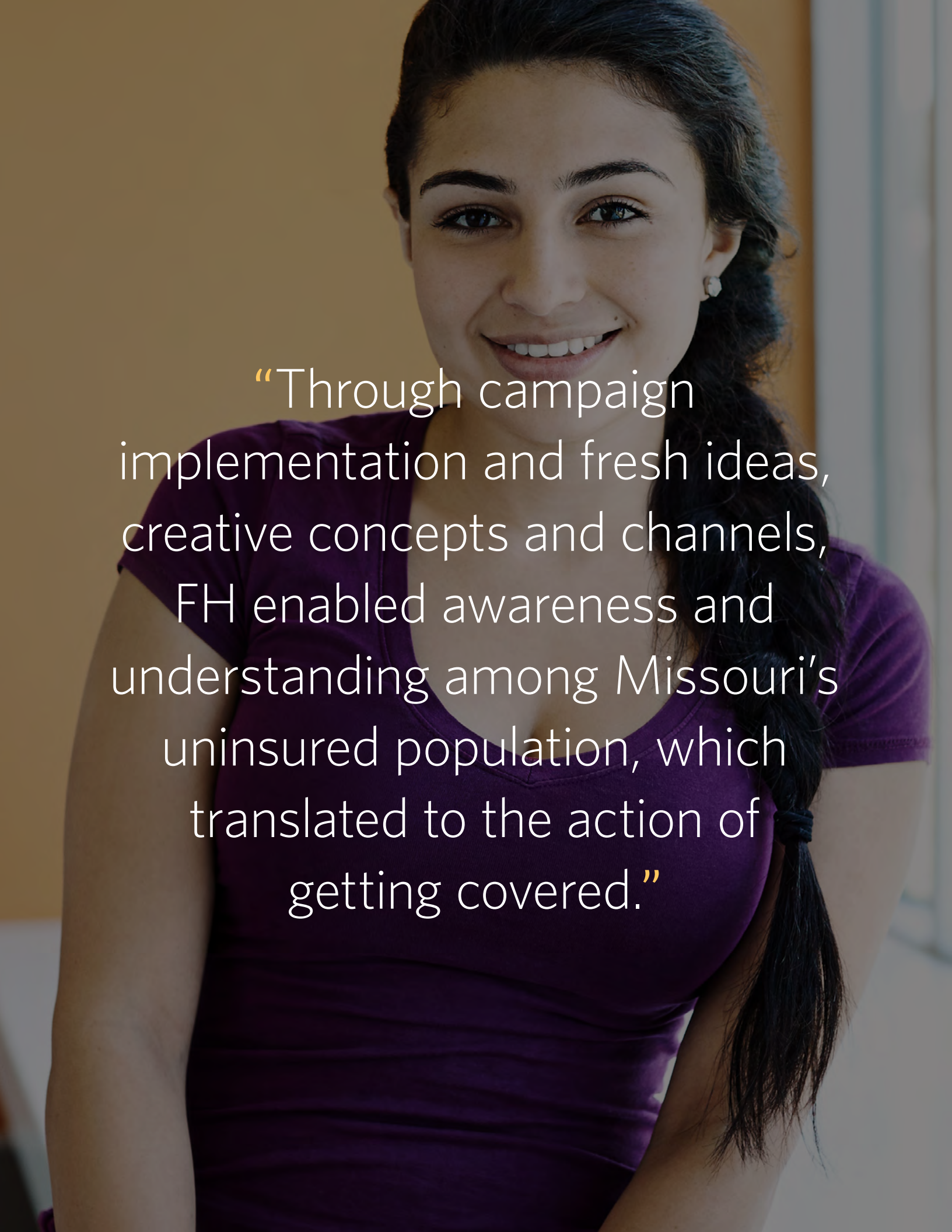
In year three, 15 new grantee organizations are joining the Expanding Coverage Initiative as Grassroots Outreach to Maximize Enrollment (GOME) grantees. The grantee's involvement will create new community partnership opportunities and hopefully teach the Expanding Coverage Initiative more about what is needed to engage hard to reach populations. We will also see the benefit of having additional outreach and education support and its impact on increasing enrollment.

As more consumers are gaining health insurance coverage, funding sources supporting enrollment assistance are considering other investment opportunities, from a belief that there is a decreasing need for in-person enrollment assistance. Consumers continued engagement with assisters post enrollment is showing us that that belief is wrong. The narrow role of assisters providing enrollment assistance to the Marketplace has and will continue to expand. Enrollment assisters are now working to help improve consumers' health insurance literacy, by helping them to find primary care doctors, schedule regular appointments and understand billing practices. Enrollment assisters will begin to be used as a resource to connect consumers to other social needs, will serve as the gatekeeper within hospitals for patient engagement and work as a resource to help organizations/health systems and other stakeholders meet their community health goals. Navigator funding is secured by HHS in a current grant through 2017. However, the remaining assisters (e.g., CACs and In-Person Assistors) not funded through Navigator grants will need support from other funding streams in order to continue their efforts. Community Catalyst will work with ECTCA grantees on sustainability and transition planning to assist with maintaining Missouri Marketplace enrollment efforts beyond the duration of the ECI.

The sustainability effort for in-person enrollment assistance will require new and strengthened partnerships between enrollment assisters, health insurers, hospitals, clinics, state, local and federal governments, Foundations and community based organizations. The ideal environment will involve all of these stakeholders financially contributing to sustain

THE GRANTEE'S INVOLVEMENT
WILL CREATE NEW COMMUNITY
PARTNERSHIP OPPORTUNITIES
AND HOPEFULLY TEACH
THE EXPANDING COVERAGE
INITIATIVE MORE ABOUT WHAT
IS NEEDED TO ENGAGE HARD TO
REACH POPULATIONS.

the work. It will also remain essential to have a convening source in states, such as the Cover Missouri Coalition, that is working to keep all of these stakeholders informed and up-to-date.

A young woman with dark, wavy hair pulled back, wearing a purple short-sleeved top, is smiling warmly at the camera. The background is a soft, out-of-focus indoor setting. The text is overlaid on the image in a white, sans-serif font.

“Through campaign implementation and fresh ideas, creative concepts and channels, FH enabled awareness and understanding among Missouri’s uninsured population, which translated to the action of getting covered.”



COVER MISSOURI

AWARENESS CAMPAIGN

Heading into year two of the Expanding Coverage Initiative, FleishmanHillard (FH) was contracted by MFH to bring Cover Missouri’s message and call to action to Missourians who had not elected to get covered in the Missouri Marketplace. Through campaign implementation and fresh ideas, creative concepts and channels, FH enabled awareness and understanding among Missouri’s uninsured population, which translated to the action of getting covered.

CMC faced a more challenging task to retain enrollees while motivating others—many with deep-seated barriers—to explore their options with a much shorter timeline to enroll. For the second phase of the ECI, FH built upon insights gained from year one and transitioned a great deal of focus to more directly support ECTCA grantees with strategic counsel, supporting media and materials development, providing guidance on paid media, supplying social media strategy and content and enhancing Cover Missouri members’ communications skills through awareness trainings.

ACTIVITIES

Planning and Preparation

As the Missouri Marketplace approached its second year, FH began campaign development in June 2014 with a restructuring of MFH’s Hub markets to provide targeted support to six identified regions: St. Louis, Central, Southwest, Southeast, Northeast and Kansas City.

Coalition support

As campaign activities began, CMC members hosted and participated in education and enrollment events and activities with in-person assistance from CACs and Navigators. They also participated in traditional media interviews and social media outreach, and engaged in training sessions with Coalition members and grantees. Specifically, regional Hub support activities included:

- Media strategy: proactive pitching, coordinating interviews and vetting opportunities to provide education and promote enrollment activities
- Social media engagement: content and graphics development for biweekly calendars

HOW TO GET COVERED IN THE MISSOURI HEALTH INSURANCE MARKETPLACE Published September 2015

What is the Missouri Health Insurance Marketplace?
The Missouri Health Insurance Marketplace is a website where you can compare and buy the health insurance plan that's right for you. The Marketplace opens November 1, 2015, with health insurance coverage starting January 1, 2016.

Can I use the Marketplace?
Anyone can use the Marketplace to see their insurance options. The Missouri Health Insurance Marketplace is designed to help individuals and families get affordable health coverage.


How to apply
You can buy insurance through the Missouri Health Insurance Marketplace November 1, 2015, through January 31, 2016. The process will be simplified – you only need to fill out one application to get coverage and financial help. You can apply online, by phone or in person.

Help using the Marketplace
If you have questions, need help selecting a health plan or completing your application you can:

- **Talk to someone in person.** Navigators and Certified Application Counselors are trained people who can answer questions and help you fill out your application in person. Find help near you at www.covermissouri.org or call 1-800-466-3213 (available Oct. 15) to set up an appointment with a trained assister.
- **Call the toll-free Marketplace call center,** open 24 hours a day, seven days a week. Call 1-800-318-2596 (TTY 1-855-889-4325). You can have a live online chat at www.healthcare.gov. Spanish-speaking individuals can use www.cuidadodesalud.gov.
- **Talk to an agent or broker.** Insurance agents and brokers can also help you find, choose and buy coverage. It is important to note that agents and brokers can receive money from a health insurance company for enrolling people into their plans.

Get Covered: Follow these steps to find the right health insurance plan for you and get covered.

- 1 Visit www.healthcare.gov**
- 2 Create an account**
Give your name, address and other basic information to get started.
- 3 Fill out the application**
Provide more information about you and your family, such as household size, income and other information to see your plan options.
- 4 Compare**
Review health insurance plans side-by-side and see if you qualify for lower premiums. Then, choose the plan that best meets your needs.
- 5 Pay your premium**
Pay your first monthly premium (cost of your health insurance) and begin using your new health coverage.

WWW.COVERMISSOURI.ORG 

GET STARTED
Health Insurance For You and Your Family
The Missouri Health Insurance Marketplace is a website where individuals and families can compare and purchase an affordable health insurance plan.

Do you have health insurance?
YES ___ NO ___

Would you like to receive information about the ACA/Missouri Marketplace?
YES ___ NO ___

Name: _____
Address: _____

City: _____
ST: _____ ZIP: _____
Email: _____
Phone: _____


We can help. Trained assisters can help navigate the online Marketplace and provide information about the options available to you and your family.

Do you need in-person help?
YES ___ NO ___ NOT SURE ___

How do you prefer to be contacted?
PHONE EMAIL MAIL

If phone, best time to call: _____

Are you interested in receiving information about volunteer opportunities?
YES ___ NO ___

YOUR LOGO HERE 



There are new health insurance rules
Are you covered?

Please join [ORGANIZATION NAME] at [EVENT] to learn more about your health care options and how to get covered through the Missouri Health Insurance Marketplace.

We can help. Trained assisters can help navigate the online Marketplace and provide information about the options available to you and your family.

Day, Month, date, 2014
Start time here [a.m./ p.m.] – End time here [a.m./p.m.]
Event venue name here
Street address
City, MO ZIP

Cover Missouri, a project of the Missouri Foundation for Health to promote quality, affordable health coverage for every Missourian. Find us at www.covermissouri.org and on Twitter and Facebook.

WWW.COVERMISSOURI.ORG Organization logo here 

- Grassroots: audience targeting and engagement, event format and assistance and influencer engagement
- Trainings: Ten webinar and in-person training sessions on grassroots management, media relations and social media, in partnership with Health Literacy Missouri and Community Catalyst

Plan development

MFH and FH also developed plans specific to each region to support overall management of the Coalition, including organizing and preparing biweekly social media calendars, distributing information via the Cover Missouri listservs and fulfilling individual requests from CMC members for media and materials support throughout the campaign.

The FH team supported these initiatives by creating regional Hub communications plans to guide campaign activities, outline targeted communities in each region, organize planned media efforts and implement a structured editorial calendar. These regional plans served as the foundation for CMC members to build upon throughout the campaign and were shared with Hub leaders to understand the full scope of what was planned in their regions. As community events were created, spokespersons identified and media assets developed, each region was poised to tackle the next phase of open enrollment.

Materials development

To provide assisters with up-to-date resources, FH revised existing materials for ShareFile and covermissouri.org for use during events, presentations, enrollment appointments and in their grassroots efforts. These materials were created at the request of CMC member organizations or as updated editions of previous resources. Materials included fact sheets, posters, half-sheets, wallet cards, Public Service Announcements (PSAs) scripts and other tools.

Campaign Execution

Earned media

Building on the media relationships forged during the year one campaign, the initial phase of media outreach focused on providing Missourians with education on re-enrollment procedures, fraud, penalties and new rules and regulations. MFH and CMC members were offered as experts for interviews throughout the state, and media were encouraged to attend education and enrollment events to speak directly with consumers. CMC events surrounding the launch of the Marketplace, deadline changes, educational and enrollment sessions and the personal stories of uninsured Missourians finding coverage were leveraged.

Proactive media outreach was centered on consumer and health media. Targeted pitches included:

- Cover Missouri Summit (September)
- Marketplace Launch Release (November)
- Show-Me Sign Up Statewide Enrollment Event (November)
- World AIDS Day Event (December)
- Enrollment Deadline Release (December)
- Special Enrollment Period Release (March)
- Final Enrollment Numbers Release (April)

Additional outreach included:

- Translated materials available (non-English media)
- Success stories
- Medicaid gap
- Education and enrollment sessions
- Health professional outreach
- College media outreach

Social media

The FH team continued to develop content for Cover Missouri social channels, including Facebook and Twitter. These efforts were targeted at providing CMC members with educational resources to share with their partners and audiences to further reach uninsured Missourians. The purpose of these messages was to promote the Cover Missouri Coalition as a resource and encourage consumers to visit covermissouri.org. To increase the use of social media within the CMC, FH offered and engaged members through social media trainings—available at both beginner and advanced levels.

In collaboration with Health Literacy Missouri, FH continued to distribute a biweekly social media calendar to the Coalition, which included videos, photos, graphics, online resources and references to inform Facebook and Twitter posts during the campaign. FH also monitored relevant news and social media activities for occasions to distribute opportunistic content.

FH executed two specialized social media campaigns:



#4THEONESULOVE

There are so many reasons to get covered. If not for your own health, why not for your loved ones? FH created emotional, shareable graphics to encourage Missourians to get covered #4TheOnesULove. This campaign produced eight creative posts, which were shared through Cover Missouri social channels and the biweekly social media calendar from Feb. 6-15, 2015. This campaign differed from the standard educational messages and encouraged Missourians to consider the emotional aspects of finding health insurance.

WHAT'S THE WORTH?

Similar to the #4TheOnesULove campaign, FH created a series of comparative posts titled "What's the Worth?" These messages demonstrated through clear graphics the difference in having insurance and living without. This series was focused on clearly explaining the cost of standard life events (having a baby, breaking your arm,) for those who have insurance vs. those who do not, and may pay a penalty as a result. These posts were shared in April and into May 2015.



Finally, in order to use social media channels for direct engagement with consumers, FH coordinated three social media chats focused on specific themes of interest for the Coalition:

- LGBT Health, Discrimination and Barriers to Access
- Women's Health, Preventive Care and Services Covered under the ACA
- Spanish-Language Question & Answer Session

These social media chats were held on Facebook and Twitter and allowed consumers to interact directly with our Coalition member experts, explore Cover Missouri resources, and receive timely answers to their health insurance questions. These chats were targeted at increasing engagement on the social pages and driving consumers to the Cover Missouri website. Also, the Q&A sessions remain available on the Facebook pages as a helpful record for consumers to reference beyond the chat session.

Digital/website

To assist consumers, CMC members and providers with finding educational resources, the FH in collaboration with Health Literacy Missouri expanded their digital capabilities by redesigning and rebuilding the Cover Missouri website to include more mobile-friendly applications and materials. These items include:

- A glossary of common health terms
- Information about the ACA, new rules and regulations and consumer protections
- Cost calculator and zip code locator tool to help Missourians find in-person assistance with a CAC or Navigator near them
- Updated calendar of awareness and enrollment events
Materials available for download in 11 languages
- Video testimonials from individuals who successfully enrolled in the Marketplace
- News updates explaining the implications of government announcements and changes to the current health care structure.

Impact

During its second year, the Cover Missouri campaign overall had a positive impact in reaching uninsured Missourians. CMC has grown to more than 280 organizations and reaches an extensive statewide audience. Perhaps most significantly, 253,969 Missourians—40 percent of Missouri’s potential Marketplace population—enrolled in Marketplace plans and now have access to quality, affordable health coverage.

Earned media

Statewide media coverage continued consistently throughout the campaign. Efforts overall resulted in 513 stories and more than 32 million audience impressions. Coverage overall was positive, representing 85 percent of stories. The coverage “tone” was determined by FH staff while capturing coverage in the monthly tracking documents. Noteworthy highlights include:

- St. Louis region Hub manager contributed to a national piece published by The New York Times on the final days of open enrollment. The piece generated national media attention and can be read in full here: [Stiffer Tax Penalties Used to Spur Insurance Enrollment](#).
- Central region Hub manager was featured in a morning broadcast for KRCG-TV, where she shared information about the running enrollment numbers during the 2015 open enrollment period.
- The Columbia Daily Tribune highlighted resources for Missourians in need of coverage and featured assisters from the Family Health Center of Boone County and Central Missouri Community Action as well as the MFH Expanding Coverage director.
- Northeast region Hub Manager Patty Hendren, CAC, was featured on several editions of KMEM-FM’s morning talk radio shows.
- Southwest region hosted a special phone bank special during the initial phases of the campaign to answer questions in real-time about enrollment, reenrollment, financial assistance and Marketplace plans.

- Southeast region earned local media coverage in KFVS-TV featuring the Southeast regional Hub manager, and an assister from the Missouri Bootheel Regional Consortium, Inc., who commented on the region’s increased focused on enrollment period activities and events.

Coverage breaks down as follows by medium:

- **Print/Online** – 456 stories published with a total of 30,928,774 audience impressions, appearing in publications including *The New York Times*, *St. Louis Post-Dispatch*, *Joplin Globe*, *St. Louis American*, *Columbia Missourian*, *Columbia Daily Tribune*, *Kansas City Star*, *Jefferson City News Tribune*, *Branson Tri-Lakes News*, *Springfield News-Leader* and a number of other local publications
- **Broadcast** – 57 stories aired with a total audience reach of 1,249,109. Coverage appeared in KCUR (Kansas City Public Radio), KBIA (NPR, mid-Missouri), KOMU-TV (NBC, mid-Missouri) and KWMU-FM (St. Louis Public Radio)

Figure 22.

Coverage by Region From June 2014 to August 2015

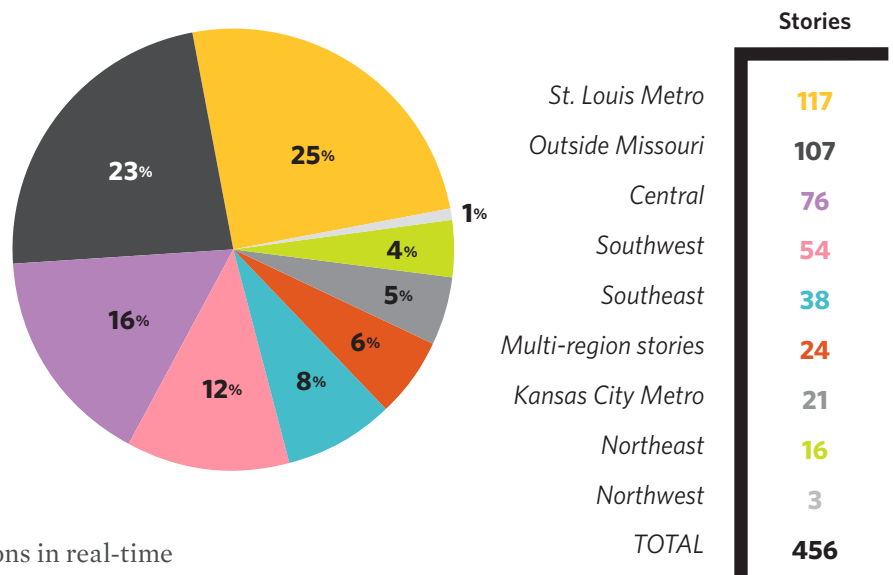
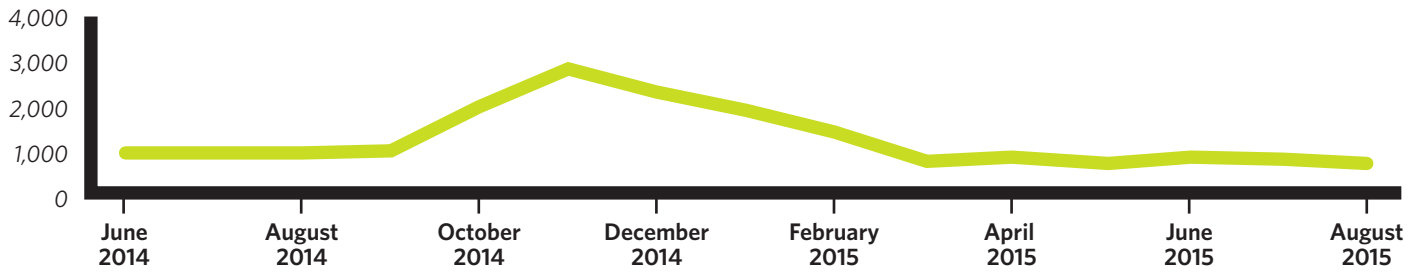


Figure 23.

Covermissouri.org Visits June 2014 - August 2015



Social media

During this second campaign year, the Cover Missouri Facebook and Twitter channels played a role in encouraging consumers to explore their options for affordable insurance and ask questions of trained assisters. As of June 2015, Cover Missouri Twitter followers total 1,447, which represents a 20 percent increase over the last year, while the Facebook page has 2,149 likes to date.

Social media chats (e.g., LGBT, Women’s Health, and Spanish-language questions and answers) reached more than 3,600 unique users who viewed one or more question and added more than 230 likes to the Cover Missouri Facebook page. FH also conducted two social media trainings during the campaign to encourage Coalition members to increase their engagement with their own channels and Cover Missouri channels using the content provided in the biweekly calendars. This effort contributed to the 20 percent increase in social media engagement.

Digital: website analytics

Driven by digital, social media and other awareness activities, the Cover Missouri website received more than 19,715 visits and 11,900 new visitors during the campaign. The most popular pages on the updated website were the homepage, which listed new events and announcements; educational materials library, which listed fact sheets and infographics and the “Find Help” page, where consumers can find in-person help from a trained assister. However, consumers spent the most time (almost five minutes on average) on the individual calculator page, which provides an estimate for the average monthly cost of insurance.

Figure 24.

Covermissouri.org Traffic

	2014	2015
Sessions (or visits)	88,224	19,715
Users	61,398	12,237
New Visitors	61,306	11,900
Returning Visitors	26,918	7,815

Traffic Geography

Top five locations by number of visits:

	2014	2015
St. Louis	11,844	11,844
Kansas City	3,120	3,120
Columbia	3,318	3,318
Springfield	5,739	5,739
Jefferson City	2,007	2,007

Traffic Behavior

	2014	2015
Total page views	260,568	58,688
Pages viewed per session	2.95	2.98
Average session duration	0:02:56	0:02:37
Bounce rate	43%	46%

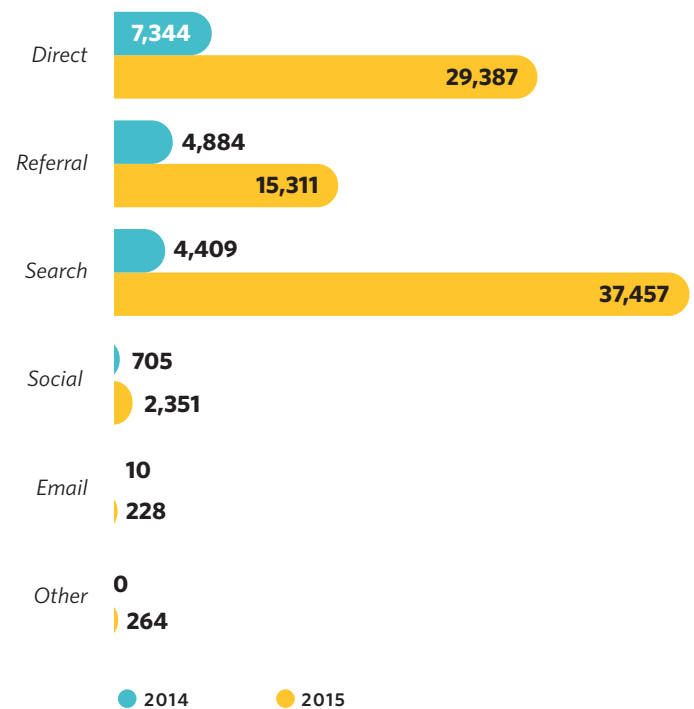
Number of Repeat Visits

	2014	2015
1	61,306	11,900
2	10,385	2,152
3-5	7,003	1,941
6-9	2,274	834
10-14	2,148	896
15-25	1,844	665
26-50	1,713	578
51-100	1,019	415
101-200+	532	334
Total	88,224	19,715

preference for seeking information from alternative resources, such as education and enrollment events, appointments with assisters, other organizations online and healthcare.gov directly.

Missourians are directed to covermissouri.org through a number of channels throughout the year, including direct, referral, search, social, email and other sources. A brief description of each channel is listed below, and helps to identify which channels were most effective in communicating with consumers and Coalition members.

Website Visits per Channel



Top Page Engagement 2015

	Total Page Views	Unique Page Views	Avg. Time on Page
Home	18,533	14,812	0:01:09
Educational Materials	3,353	1,699	0:01:46
Find Insurance	3,136	2,372	0:02:09
Find a Navigator	2,919	2,405	0:02:45
About Cover MO	2,611	1,897	0:01:12
Enrollment Events	2,234	1,333	0:00:57
Tools to Help You	2,060	1,542	0:00:31
Individual Calculators	1,556	1,367	0:04:46
Total	38,027	28,744	-

Direct – Traffic coming via a shortcut, such as typing the address into a browser, or at times, email.

Referral – Traffic coming from third-party sites directing users via links in materials, media and email.

Search – Traffic coming from search terms within engines such as Google and Bing. For example, “Missouri Health Insurance Marketplace” or “Cover Missouri.”

Social – Traffic coming from social media sites such as Facebook and Twitter.

Email – Traffic coming from direct email communications, such as the Cover Missouri newsletter.

Website Analytics

User sessions

The graph below shows the ebb and flow of traffic on covermissouri.org between June 2014 and May 2015, or the length of campaign activities. Noticeably, the largest jump was during the opening of the Missouri Marketplace in November 2014. The large gap in metrics between June 2014 and May 2015 may reflect consumers’

From 2014 to 2015, there was an 81 percent drop in traffic to the website, potentially due to a greater emphasis on using the resources available in ShareFile and through direct communication with Coalition members. In 2014, there was a significant programming push to drive consumers to the website, which may explain the significant gap in metrics from one year to the next.

CONCLUSIONS AND RECOMMENDATIONS

As the third open enrollment period approaches, there are several key learnings that can be used to inform the next phase of the Cover Missouri campaign.

Grassroots Outreach

Cover Missouri Coalition members see value in grassroots activities and will benefit from strategic counsel and planning for the next open enrollment period. To support the Cover Missouri Coalition in year three, the FH team will work with each regional Hub to provide a grassroots toolkit with refined messages, targeted audience groups and opportunities to reach them. FH can also provide materials and counsel in the form of a grassroots engagement plan, or through a Grassroots 101 training session.

Paid, Digital and Social Media

Greater emphasis on paid media will be necessary to ensure message pull-through with the right audiences, including increased paid digital media and paid search initiatives. The strategy will involve crafting messages and materials to fit into consumers' lifestyles so they better understand the Cover Missouri call-to-action. Efforts will be focused in two areas: paid search and paid social media, which will attract the strongest engagement from our targeted groups. FH will also provide creative assets and graphics that can be implemented alongside earned media efforts statewide.

Paid digital and social media will be critical to reach targeted audiences and drive engagement. To further expand on paid digital and social media, FH will continue to revamp the Cover Missouri website and social channels with frequent updates and relevant content. Cover Missouri social channels will be supported with targeted media buys to extend the reach of the campaign message and content to the target audience. The primary goal of paid social will be to

provide education about health care insurance options, with a secondary goal of driving engagement and clicks to the Cover Missouri website.

Regional Hub Model

Rather than statewide, blanket support, the regional Hub structure is most effective in meeting the needs of Coalition members and implementing strategic initiatives. It is essential to the Hub's success that each regional manager and FH manager is engaged with the events, activities and needs of the Hub members. Moving forward, FH and MFH will continue to engage with Hub managers and the members themselves on a regular basis to directly respond to needs and ideas.

To remain up-to-date on regional Hub activities, FH managers will continue to support their regions through media counsel, targeted trainings, materials development and paid media recommendations. As much as possible, FH will plan to attend regional Hub meetings in-person or by phone to remain connected to the needs of the region. These meetings will also serve as a platform for introducing the regional Hub plans and providing regular updates on the planned activities and initiatives that are upcoming for each region, and refreshing the plan alongside the Hub manager to ensure the region remains informed.

LOOKING FORWARD

Given the ECI awareness objectives and audience preferences, additional emphasis will be placed on targeting key audiences through paid digital media and advertising, equipping local grantees and organizations with the knowledge and resources to reach consumers through grassroots work and a focus on supporting Coalition members and assisters through the regional hub model. This will be accomplished by implementing a planned advertising and media campaign during the third open enrollment period and by continuing to provide in-person and online trainings to Coalition members.

A young girl with long, straight brown hair and a large, dark, multi-petaled flower headband is the central focus. She has light blue eyes and a gentle smile. She is wearing a black and white striped shirt with a subtle pattern of small white dots. She is seated at a table, with her hands resting on an open book. The background is softly blurred, showing other people in a classroom or library setting. The overall lighting is soft and natural.

“Health insurance literacy has important implications for how well people shop for health insurance and how wisely they pick and use their health plan.”



HEALTH INSURANCE LITERACY

After the first enrollment period, it became clear that helping people enroll in health insurance is not enough, as 90 percent of assister programs had been re-contacted by consumers with post-enrollment questions about using their health insurance. Health insurance literacy (HIL) has important implications for how well people shop for health insurance and how wisely they pick and use their health plan. A recent survey showed that many people do not understand basic health insurance terms and concepts. Nearly 3 in 10 people (28%) had six or more questions wrong on a 10-question survey of health insurance concepts and terms³⁵.

Consumers' ability to understand and use numbers related to health insurance is extremely limited. For example, only 51 percent of Americans could correctly calculate the out-of-pocket cost for a hospital stay involving a deductible and copay, and only 16 percent could find the cost of an out-of-network lab test where the plan caps the allowable charge³⁵. Findings that uninsured and younger Americans have less of an understanding of health insurance suggest that people learn about health insurance through using it.

In May 2014, MFH contracted with Health Literacy Missouri (HLM) to develop resources and provide training and technical assistance to increase the health insurance literacy of Missourians.

HEALTH INSURANCE LITERACY IS THE ABILITY TO GET, KEEP AND USE HEALTH INSURANCE PROGRAM.

ACTIVITIES

The health insurance literacy approach has focused on three key activities:

Developed HIL Resources for Consumers

- Created 14 print resources for consumers to increase their understanding of how to get, keep and use insurance
- Translated 18 print materials into multiple languages, including Arabic, Bosnian, Nepali, Spanish, Vietnamese and Swahili

- Reviewed and revised 20 existing Cover Missouri materials for plain language

Created three HIL PowerPoint presentations for enrollment assisters and professionals to deliver to groups of consumers:

- “How to use your health insurance” module for the University of Missouri (MU) Extension’s Curriculum
- “Do you have questions about health insurance? We will help you understand how to get, pay for and use health insurance”
- You’ve got health insurance: how to understand and use your plan”

Delivered 54 consumer workshops through MU Extension to approximately 440 consumers

Produced 10 consumer videos, six in English and four in Spanish, to help consumers better understand the Missouri Marketplace. The videos cover a variety of health insurance topics and provide guidance on the Marketplace, choosing a plan, health insurance words and more.

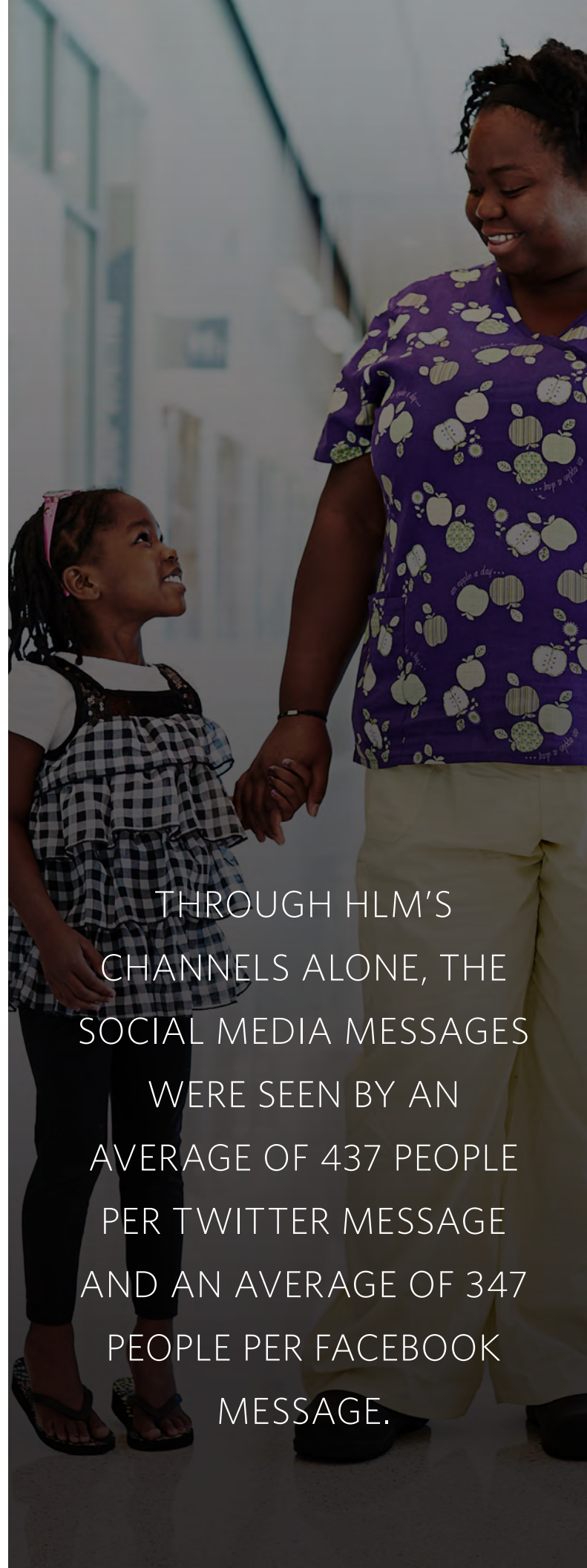
Conducted seven, two-hour focus groups with consumers to:

- Assess gaps in what consumers know about health insurance
- Understand how consumers like to get health and health insurance information
- Gather feedback on existing Cover Missouri materials

The focus groups were conducted in the following cities: Cape Girardeau, Columbia, Kennett, Moberly, Springfield and St. Louis.

Developed HIL Resources for Cover Missouri Coalition Members, ECTCA Grantees and Health Care Professionals

- Created six print materials for CMC members and ECTCA grantees to use when working with consumers. The materials included an enrollment checklist and materials to help explain difficult concepts to consumers, such as the family glitch, Medicaid gap, health insurance terms and health insurance costs. Two materials were translated into multiple languages.



THROUGH HLM'S
CHANNELS ALONE, THE
SOCIAL MEDIA MESSAGES
WERE SEEN BY AN
AVERAGE OF 437 PEOPLE
PER TWITTER MESSAGE
AND AN AVERAGE OF 347
PEOPLE PER FACEBOOK
MESSAGE.

- Reviewed and revised 10 Cover Missouri materials for plain language.

Created and hosted 16 e-Learning trainings online. Eight were tailored to enrollment assisters and eight were tailored to nurses/health care professionals.

Topics included:

- Health insurance literacy
- Numeracy
- Using plain language to create clear materials
- Plain language in spoken communication
- Conversing with diverse communities

ONE HUNDRED THIRTY-SEVEN ENROLLMENT ASSISTERS AND 85 HEALTHCARE PROFESSIONALS SIGNED UP TO TAKE THE ELEARNINGS.

Wrote and distributed 239 HIL social media messages through HLM's social media channels and coordinated with FleishmanHillard for inclusion in the Cover Missouri social media calendar. HLM developed two social media campaigns:

- #healthinsurancelit Word of the Week focused on clearly explaining a new health insurance term each week, including real-life examples of the word in action
- #ImCovered ...now what? focused on increasing understanding and use of preventive care through graphics and messages about free preventive care services for adults, women and children

Provided HIL-Related Technical Assistance to CMC Members and ECTCA Grantees

Delivered nine regional training workshops, including Teach-Back to check for consumer understanding, plain language to improve written materials and best practices for health-literate social media messages.

- HLM provided each regional Hub coordinator with a menu of four training options and worked with the coordinator to schedule the workshops. HLM delivered two of these workshops in Kansas City through funding from the Healthcare Foundation of Greater Kansas City.

Provided approximately 98 hours of plain-language assistance and reviewed 29 different materials during HLM's virtual office hours

IMPACT

HIL Resources for Consumers

The 10 consumer videos in the Cover Missouri Health Insurance Video Series were made available online at www.youtube.com/covermissouri and HLM's Vimeo page in September 2014. The videos received 1,853 views online. HLM also distributed approximately 463 flash drives and DVDs with the videos for those with limited internet access. Cover Missouri members reported playing the videos for consumers in waiting rooms and during enrollment appointments.

HLM recruited a total of 50 participants for the

consumer focus groups through online recruitment methods, Cover Missouri regional Hub leaders and community flyers. Of the 50 participants, 33 were newly insured and 17 were uninsured.

HIL Resources for CMC Members, ECTCA Grantees and Health Care Professionals

One hundred thirty-seven enrollment assisters and 85 health care professionals signed up to participate in the eLearnings. Each eLearning session included a pre- and post-survey to measure the potential increase in knowledge, skills and satisfaction with the training. (See the Independent Evaluation: Health Insurance Literacy section for survey results.)

Through HLM's channels alone, the social media messages were seen by an average of 437 people per Twitter message and an average of 347 people per Facebook message.

HIL-Related Technical Assistance to Cover Missouri Coalition Members and ECTCA Grantees

Approximately 76 Cover Missouri members attended a regional training workshop delivered by HLM. Teach-Back was the most requested workshop, with every MFH region and the KC region requesting this workshop. HLM co-presented a Social Media Basics workshop with FH, which was delivered in three MFH regions.

Cover Missouri members have informally reported that HLM's office hours are helpful when creating new materials. However, no formal evaluation has been conducted.

CONCLUSIONS AND RECOMMENDATIONS

Prioritize Training Opportunities for Assisters During the Post-Enrollment Period

Registration and active participation in the online eLearning series was lower than expected during the initial roll-out to assisters, which coincided with open enrollment. Because participation increased substantially after open enrollment, future training opportunities should be offered during post-open enrollment to minimize webinar and training fatigue and maximize assisters' availability to participate.

Incentivize Training Opportunities to Increase Participation from Assisters and Health Care Professionals

To increase participation in the eLearnings tailored for assisters, HLM created a raffle incentive. Beginning in April 2015, each Cover Missouri Coalition member who completed all eight of the eLearnings and surveys was entered into a drawing for two iPads. Knowing that post-open enrollment is the ideal time frame for assisters to participate, the raffle drawing occurred twice to maximize participation—once in May and once in August.

To increase participation in the eLearnings tailored for health care professionals, HLM received approval to offer continuing education contact hours for social workers and nurses who complete the trainings. HLM promoted this opportunity by partnering with health care organizations willing to distribute a message to all members of their email listserv, including the Missouri Primary Care Association, Missouri Hospital Association and Missouri Nurses Association.

Focus on Increasing Awareness About In-Person Help

The importance of in-person help was a major theme from the focus groups. Participants who used an enrollment assister praised the help, while those who weren't aware of in-person assistance reported it would have been helpful when they enrolled or would help them enroll in the future. Future efforts should focus

on increasing awareness of and access to in-person enrollment assisters. In addition, the focus groups provided information about what would make it easier to get health insurance.


UNINSURED PARTICIPANTS AGREED THAT THE FOLLOWING RESOURCES WOULD BE USEFUL TO HELP THEM CHOOSE A PLAN:

- Small group meeting with assisters
- Face-to-face meeting with assisters
- Plan comparison tool
- Door-to-door outreach
- Events at community locations, such as libraries, doctors' offices, local public health departments, local clinics and advertisements on Craigslist.
- Ability to see a health plan in the big picture (e.g., with real-life scenarios)

Provide Assisters with Help to Develop a System for Follow-Ups with Enrolled Consumers

Health insurance literacy does not end after enrollment. Consumers need help with the necessary steps to keep their health insurance, learn about it and use their coverage. Systematic follow-ups are needed to help newly insured consumers when they encounter issues with using their health insurance and to help them get connected with a regular source of primary care. HLM will provide support to help assisters create a system for follow-ups, such as an assister's guidebook to follow-up with enrolled consumers.

Focus group participants agreed that ongoing access to an in-person assister would make it easier to understand health insurance. They also provided feedback on how they would like to receive information about health insurance. When new Cover Missouri materials are developed, consumers prefer to receive them by mail, email or printed (e.g., brochures, pamphlets, booklets).



CONSUMERS VIEW
ASSISTERS AND HEALTHCARE
PROVIDERS AS TRUSTED
SOURCES WHEN LOOKING
FOR INFORMATION ABOUT
HEALTH INSURANCE.

Update Cover Missouri Materials for the Third Open Enrollment Period

Consumers prefer printed materials as one way to learn about health insurance. HLM will work with FH to update Cover Missouri print materials for the third open enrollment period based on feedback from the focus groups. Focus group participants were asked to review Cover Missouri materials and answer specific questions. The materials included Getting Financial Help, The Medicaid Gap, Premium Payment Reminder, My Marketplace Passwords and the glossary. Suggested revisions include adding instructions on how to use income tables, revising visuals that participants found potentially confusing and adding a telephone option for paying a premium.

LOOKING AHEAD

In the upcoming year, MFH will award Grassroots Outreach to Maximize Enrollment (GOME) grants to organizations to reach the remaining uninsured. This effort is supported by the focus group data that showed uninsured people believed door-to-door outreach efforts would be helpful and that there's a need to spread awareness about the availability of in-person help. HLM will support GOME grantees through technical support and training opportunities, including promotion of the eLearnings, encouragement to use Cover Missouri materials and virtual office hours.

During year two, HLM staff worked closely with the Cover Missouri HIL working group for input on topics

for planned materials, requests for needed materials and feedback on newly developed materials. HLM will continue to utilize this group when developing new content. For example, HLM will get HIL working group feedback to develop an assister's guide to follow-up with enrolled consumers, such as telephone scripts, mail and email letters and a sample timeline for conducting follow-up activities.

Consumers view assisters and health care providers as trusted sources when looking for information about health insurance. In year three, HLM will continue to focus efforts on increasing the health insurance literacy of assisters and health care professionals so they can clearly explain complex health insurance topics to consumers. For assisters, HLM will develop a series of 10 short, assister-focused videos to promote HIL by explaining and demonstrating how to best communicate health insurance information to consumers.

Based on the success of the eLearning raffle among Cover MO members, HLM will offer a similar raffle for health care professionals who complete the eLearnings in the upcoming year. This will be promoted through email distribution via health care organizations. In addition, HLM will develop messages about health insurance literacy to be distributed on a quarterly basis by health care organizations, including the Missouri Hospital Association, Missouri Primary Care Association and Missouri Nurses Association.



INDEPENDENT EVALUATION:

HEALTH INSURANCE LITERACY (HIL)

In 2014, Washington University in St. Louis began evaluating the Expanding Coverage Initiative's HIL approach. The evaluation focused on assessing changes in knowledge, skills and self-efficacy related to HIL in three areas. The three areas were 1) ECTCA grantee CACs, 2) the eLearning trainings and 3) the consumer video series.

See Appendix C for the evaluation questions.

DATA SOURCES AND METHODS

In order to evaluate the HIL approach, Washington University in St. Louis utilized multiple methods to collect information from in-person assisters, other CMC members, health care providers and consumers. These methods included the CAC health insurance literacy survey, eLearning evaluation forms and video evaluation surveys.

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 twice 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. Due to the fact that the CAC survey administration began in September 2014, most of the sample had previous experience as a CAC. Seventy-nine percent of the sample became certified as a CAC during the first open enrollment period (between October 2013 and April 2014).
- Administration dates:
 - > Baseline: September 22, 2014, to August 31, 2015
 - > Six month follow-up: March 31, 2015, to August 31, 2015
- Response rate: 39.3 percent (out of 84 MFH-funded CACs asked to participate in both administrations)

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. Eight eLearnings were developed targeting assisters, the Cover Missouri Coalition and health care providers, although eLearnings 7 and 8 were combined into one (referred to here as eLearning 7 & 8). Another set of eLearnings was also developed targeting health care professionals (e.g., nurses). Eighty-five nurses signed up; however, due to the small sample size (two participants completed at least one eLearning), analysis of the health care professional eLearning evaluation forms is not included in this report.
- Administration dates: August 25, 2014, to August 31, 2015
- Sample size: 73 out of 137 individuals who signed up to participate in the eLearnings completed at least one of the trainings

Consumer Video Evaluation Surveys:

- Purpose: assess changes in consumers' awareness, knowledge and confidence about the health insurance topics covered in each of the six videos.
- Administration dates: January 26, 2015, to April 2, 2015
- Sample size: 385 consumers

See Appendix D for additional details regarding data sources and methods utilized by the independent evaluation of HIL.



EVALUATION FINDINGS

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

Knowledge and Skills

Changes in the HIL knowledge and skills of ECTCA CACs were assessed by comparing the average scores on the baseline and six-month CAC surveys. Scores were calculated based on the percent of correct responses by CACs to the questions on the surveys.

Overall, knowledge and skills scores did not improve on the six-month survey compared to the baseline. The average score on the baseline was 87.4 compared to 76.7 on the follow-up survey (n=33). The difference between the mean scores on the baseline and follow-up survey was statistically significant. This difference may indicate that CACs' knowledge and skills did not increase as a result of participating in HIL activities. However, the follow-up survey was designed to be more difficult than the baseline survey, and lower scores are not an indication that HIL knowledge and skills decreased. (Additional information about CACs' survey scores can be found in Appendix E.)

Despite a decrease in overall knowledge and skills scores, further investigation of the CAC survey results showed that there was evidence that in some topic areas, CACs' HIL knowledge and skills improved. For example, on the baseline survey only 60.6 percent of respondents correctly identified the definition of an explanation of benefits (EOB). On the follow-up survey almost all CACs (93.9%) correctly identified how to explain to a consumer what to do with an EOB, showing that their knowledge about EOBs may have improved. CACs also did well on questions regarding comparing health insurance plans and using health insurance (e.g., how to keep one's insurance, what to know when selecting a primary care provider).

On the follow-up survey ECTCA CACs seemed to struggle on questions related to the HIL communication skills (e.g., using plain language principles, using numbers clearly with consumers) which were the focus of many of the HIL materials and trainings. For example, on the follow-up survey, 57.6 percent of CACs identified simple language in a health insurance communication, and only 27.3 percent identified the correct numeracy skill to use when comparing the cost of health insurance with a consumer (e.g., do the math for the consumer).

Calculating the costs of health care services using health insurance plan information was an area CACs experienced both success and challenges. On the baseline survey, 81.8 percent of respondents were able to correctly calculate the costs of a health care service based on available health insurance information. On the six-month survey, CACs again did well on a question of similar difficulty (87.9% answered correctly). However, when given a more challenging question, only 57.6 percent completed it successfully (Figure 25).

CAC SURVEYS IDENTIFIED STRENGTHS AND CHALLENGES IN LEARNING HEALTH INSURANCE KNOWLEDGE AND SKILLS:

STRENGTHS

- Comparing health insurance plans
- How to keep health insurance
- Selecting a primary care provider

CHALLENGES

- Using health insurance literacy communication skills (plain language principles, using numbers clearly)
- Calculating health insurance and health care costs



EVALUATION FINDINGS

Figure 25.

Most CACs Were Able to Calculate Basic Health Care Costs Based on Insurance Plan Information, but Struggled with a More Difficult Numeracy Task on the Six Month Follow-Up Survey

NUMERACY QUESTION 1:*

Jeremy thinks he may have injured his knee, so he goes to the doctor and she takes an X-ray. The bill is \$200 for the doctor and \$100 for the X-ray. Jeremy’s health plan covers both of these services and he has met his annual deductible. He has 20% co-insurance for doctor visits and 10% co-insurance for diagnostic tests, such as X-rays.

What is Jeremy’s part of the bill?+

- a. \$40
- b. \$50
- c. \$85
- d. \$90
- e. I don’t know

87.9%

OF RESPONDENTS CALCULATED THE MATH CORRECTLY IN QUESTION 1

NUMERACY QUESTION 2:**

Early in January, Robert visits an in-network doctor to get a wart removed from his foot. The bill for this visit is \$530, which is the member rate the doctor agreed to charge his health plan for that service. Robert has a \$30 co-payment, a \$100 deductible and 20% co-insurance that apply for this visit. His co-payment does not count towards the deductible. **Which of the options below is the correct way to figure out how much the visit will cost?+**

- a. $\$530 \times 20\% \text{ coinsurance} = \106
- b. $(\$530 \text{ bill} \times 20\% \text{ co-insurance}) + \$100 \text{ deductible} + \$30 \text{ co-pay} = \$236$
- c. $\$30 \text{ copay} + \$100 \text{ deductible} + \text{co-insurance}$
 $[20\% \text{ co-insurance} \times (\$530 \text{ bill} - \$30 \text{ copay} - \$100 \text{ deductible})] = \210
- d. $\$100 \text{ deductible} + \$30 \text{ co-pay} = \$130$

57.6%

OF RESPONDENTS IDENTIFIED THE CORRECT WAY TO DO THE MATH IN QUESTION 2

*Correct response is b

**Correct response is c

+Questions are adapted from *Health Insurance Knowledge and Skills*
 Questions developed by American Institutes for Research³⁶



EVALUATION FINDINGS

Self-efficacy

Changes in self-efficacy were assessed by analyzing changes in CACs' confidence between the baseline and follow-up CAC surveys. The surveys measured CACs' confidence in three areas: 1) explaining key health insurance terms to consumers, 2) teaching skills to consumers and 3) using HIL communication skills when working with consumers. See Appendix E for more information on CACs' responses to the surveys' confidence questions.

Explaining health insurance terms to consumers

On the baseline survey, most CACs were somewhat or very confident they could explain key health insurance terms to consumers, and for nearly all terms more than half of CACs' confidence remained the same on the follow-up survey. For example, 18.2 percent of respondents were more confident that they could explain the term 'Medicaid gap' to consumers, compared to 12.1 percent who were less confident. Terms for which a large proportion of respondents' confidence decreased were co-insurance (21.2%) and non-covered or excluded services (21.2%). While co-insurance is a term that CACs come into contact with often and for which ECI has developed multiple materials, non-covered services have not been a focus of the health insurance literacy education provided through the Initiative.

Teaching health insurance skills to consumers

Overall CACs reported a high level of confidence in their ability to teach consumers health insurance skills. They were most confident in their ability to teach consumers how to enroll in the Marketplace (93.9% reported they were very confident on the baseline survey, and 100% on the follow-up survey). In some areas, CACs' confidence increased after six months, particularly with regard to teaching consumers how to assess health care and health insurance needs (21.2% of respondents' confidence increased) and how to select a primary care physician (19.4% of respondents' confidence increased).

The areas in which the most respondents reported lower levels of confidence were in their ability to teach

consumers to determine business owners' eligibility to use SHOP (43.3% of respondents' confidence decreased) and how to calculate health insurance and health care costs (30.3% of respondents' confidence decreased). The low confidence in determining SHOP eligibility may be because few CACs are currently assisting consumers with the SHOP marketplace (see Independent Evaluation: Expanding Coverage through Consumer Assistance section), and it has not been a focus of ECI's HIL work.

78.1%

OF FOLLOW-UP SURVEY RESPONDENTS WERE VERY CONFIDENT THAT THEY COULD TEACH CONSUMERS HOW TO SELECT A PRIMARY CARE PHYSICIAN, COMPARED TO 65.6 PERCENT ON THE BASELINE

Using HIL skills

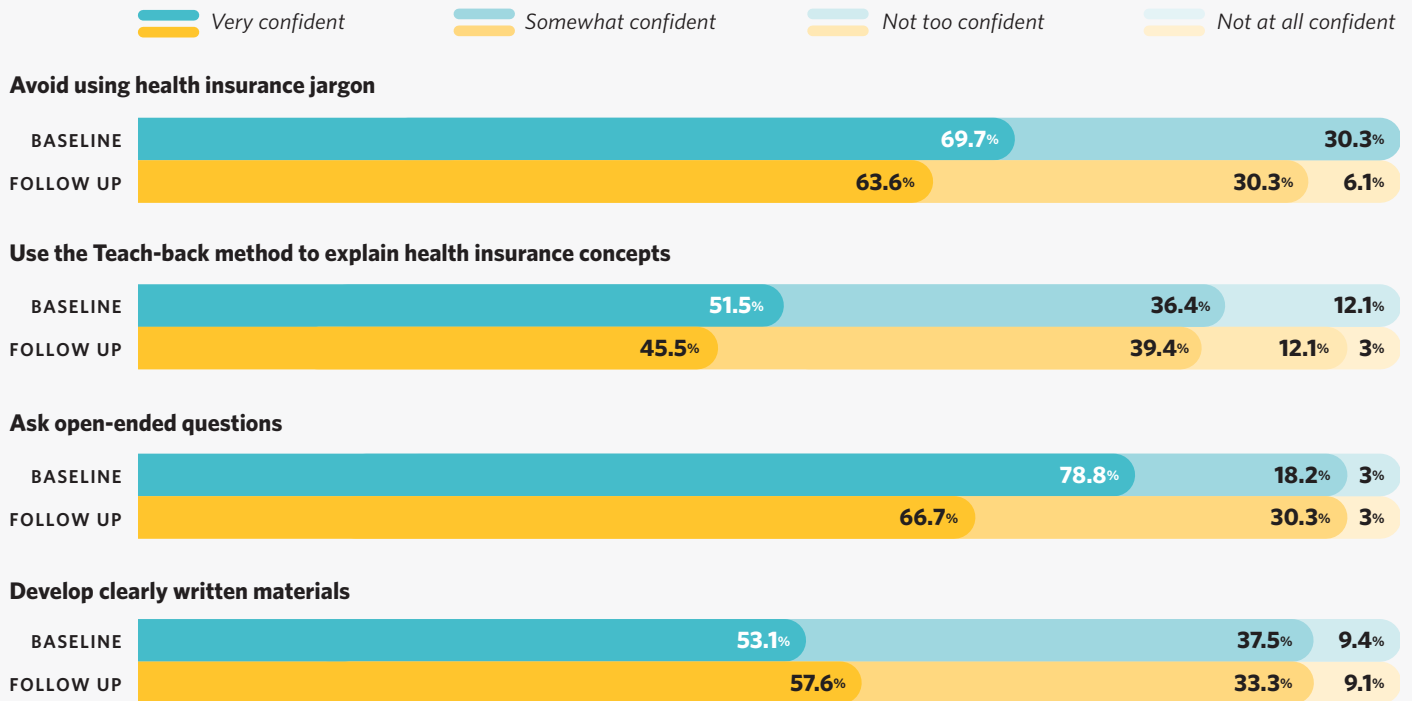
Skills such as the Teach-Back method and using plain language principles have been the main focus of the HIL materials developed for the Initiative. Most CACs were somewhat to very confident in their ability to use HIL skills; however, more CACs reported lower levels of confidence than in explaining health insurance terms and teaching health insurance skills. In addition, both increases and decreases in confidence were observed between the baseline and follow-up CAC surveys. Skills in which a large group of CACs reported an increase in confidence were developing clearly written materials (18.8% of respondents' confidence increased), and using



EVALUATION FINDINGS

Figure 26.

CACs' Confidence in Using HIL Skills When Working with Consumers on Baseline and Follow-Up Surveys



the Teach-Back method (24.2% were more confident at follow-up). Figure 26 compares CACs' responses to confidence questions about using HIL skills on the baseline and follow-up survey.

eLearnings: Participant Knowledge and Satisfaction

eLearnings were made 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 73 users completed at least one eLearning. The total number of participants in the trainings ranged from 38 (eLearning 4) to 54 (eLearning 1) (See Figure 25). Thirty-three users participated in all of the eLearnings between August 25, 2014, and August 31, 2015.

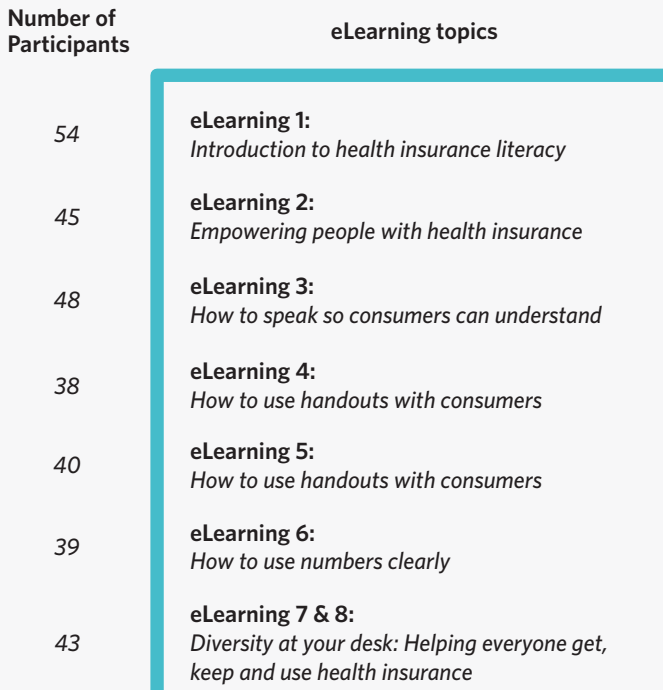
Knowledge

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 four of the eight eLearnings (eLearnings 1, 3, 4 and 5) (Figure 28). The eLearnings for which participants' knowledge did not increase focused on empowering consumers (eLearning 2), using numbers with consumers (eLearning 6) and working with diverse populations (eLearning 7 & 8). It is possible that participants' knowledge did not increase after eLearning 2 because participants were already familiar with the topic of empowering consumers. The average pre-survey score



EVALUATION FINDINGS

Figure 27. eLearning Participation



ELEARNINGS WHICH INCREASED PARTICIPANTS' KNOWLEDGE:

- eLearning 1: Introduction to HIL
- eLearning 3: How to speak so consumers can understand
- eLearning 4: How to use handouts
- eLearning 5: How to use plain language to create clear materials

on eLearning 2 was 94.1. In contrast, the average pre- and post-survey scores for eLearning 6 were 89.0 and 87.6. The decrease in scores may indicate that eLearning 6 did not increase knowledge around how to use numbers clearly. Average pre- and post-survey scores on eLearning 7 & 8 were 82.8 and 88.4. Although there was a change in average scores, the difference was not statistically significant, meaning the increase in scores on the post-surveys may not be a result of participating in the eLearning.

Figure 28. Average Scores Increased from Pre- to Post-Surveys on Most eLearnings

	2014	2015
eLearning 1	70.9%	83.3%
eLearning 2	94.1%	95.6%
eLearning 3	91.1%	98.8%
eLearning 4	86.6%	91.5%
eLearning 5	81.5%	88.5%
eLearning 6	89%	87.6%
eLearning 7	82.8%	88.4%

Satisfaction

Overall, participants in the eLearnings reported high satisfaction with the trainings. An average of 73.3 percent agreed that they would encourage their colleagues to participate in an eLearning. Most users also said that it was very likely that they would use the skills they learned in the eLearnings in their work.

86.6%

PARTICIPANTS ON AVERAGE SAID THEY HAD A BETTER UNDERSTANDING THE ELEARNING TOPIC



EVALUATION FINDINGS

Consumer Video Evaluation: Changes in Consumers' Awareness, Knowledge and Confidence

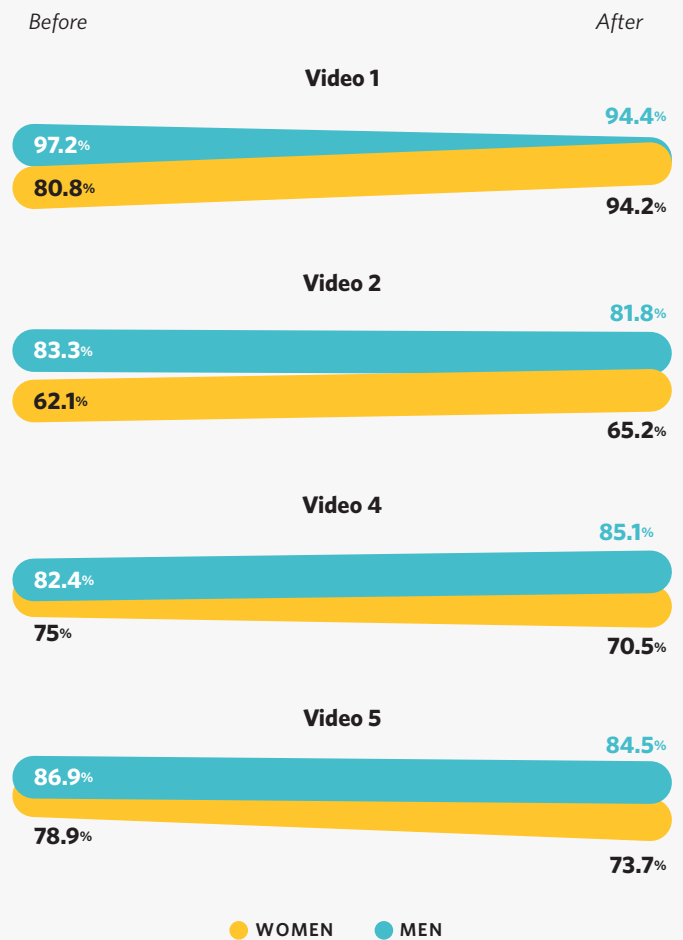
The purpose of the consumer video evaluation was to determine the effectiveness of the HIL consumer videos in increasing consumers' awareness, knowledge and confidence about health insurance. Changes in awareness and knowledge were assessed by comparing scores on pre- and post-survey questions. Scores were calculated based on the percent of correct responses. Changes in confidence were assessed by comparing pre- and post-survey responses to confidence questions.

Results across the videos showed that most participants demonstrated high awareness about health insurance topics before and after watching the videos. Participants were **confident** in their knowledge of the health insurance concepts in the videos even though their **knowledge** of health insurance concepts was low on both pre- and post-surveys. Overall, participants' responses showed little change in awareness, knowledge and confidence on post-surveys. In some cases, awareness, knowledge and confidence decreased after watching the videos. These findings may suggest the videos did not produce the intended effect. See Appendix E for more information about the video topics and the results of the evaluation.

Variations across different consumer populations

Certain respondents showed lower levels of awareness and knowledge about the health insurance topics covered in the videos. For example, on all of the video surveys women showed lower levels of awareness and knowledge on pre- and post-surveys compared to men. On post-surveys women's awareness and knowledge increased, but often remained lower than men's (see results from videos 2, 4, 5 and 6 in Appendix E). Similar trends were seen among people living in rural areas and people who had not heard a lot about the ACA. Figure 26 shows changes in men and women's awareness after viewing those videos that targeted awareness areas.

Figure 26. Women Had Lower Awareness Scores Than Men Before and After Viewing the Cover Missouri Videos Focusing on Awareness





CONCLUSIONS AND RECOMMENDATIONS

Despite demonstrating high proficiency in basic health insurance concepts on the baseline CAC survey, as questions increased in difficulty on the follow-up survey, respondents' average scores decreased. This may suggest that CACs' overall knowledge and skills around health insurance literacy did not increase. Regarding self-efficacy, overall, respondents to the CAC surveys reported high levels of confidence in their ability to explain health insurance terms, teach consumers health insurance skills and use HIL skills. High confidence scores were evident despite average scores on the CAC follow-up surveys. Other research with health insurance consumers has shown many people believe they know more about health insurance than they actually do.³⁷ While self-efficacy is important in HIL (so that individuals have confidence in their ability to use their knowledge and skills³⁸), it is also important that assisters continue to build on what they know about health insurance and health insurance literacy strategies.

The eLearning evaluations show that most of the trainings had a statistically significant positive effect on health insurance literacy knowledge. eLearnings 2, 6 and 7 & 8 may not have had the intended effect of increasing health insurance literacy knowledge. In addition, eLearnings were underutilized. Fifty-three percent of registered users participated in at least one training and only 24.1 percent have completed the entire eight eLearning series.

The findings of the video evaluation may suggest the videos did not produce the intended effect of increasing consumers' knowledge. On average, participants in the video evaluation had low knowledge scores on video pre-surveys. While knowledge scores improved on the post-surveys (except for video 4), they remained low (average post-survey knowledge score across videos focusing on knowledge was 58.6). In comparison, participants had high levels of awareness and confidence on both pre- and post-surveys across videos (average post-survey awareness score across videos focusing on awareness was 81.9). Also, the effect of multiple viewings of the videos was not assessed by the evaluation, so it is possible that viewing content more than once could increase knowledge.

Continue to encourage participation in the eLearnings.


Participation in the eLearnings has been low. To date, 137 people have signed up and only 24.1 percent completed the entire eight eLearning series. Analysis of the data shows that the majority of the eLearnings were effective at increasing participants' knowledge and skills, making them a valuable resource for those assisting consumers with the Marketplace.

Provide additional resources to people working with consumers regarding how to most effectively communicate about numbers, calculate health insurance and health care costs and work with diverse populations.

Results from the CAC surveys and eLearning evaluations showed that CACs were struggling with communicating about numbers and calculating health insurance and health care costs. Based on the CAC surveys, nearly one third of CACs (30.3%) reported a lower level of confidence in their ability to teach consumers how to calculate health care and health insurance costs after six months. In addition, the eLearning focused on communicating about numbers with consumers and communication with diverse populations may not be effective in increasing participants' knowledge of these topics. This may indicate that additional resources are necessary to teach individuals how to help consumers with these tasks.

Focus future consumer-facing health insurance literacy materials on improving consumer knowledge of health insurance concepts.

The lack of change in consumers' knowledge and awareness after watching the videos may suggest that more education and different methods of presenting information are needed to teach health insurance concepts to consumers. The lower levels of awareness and knowledge among certain groups of consumers may also suggest additional education is needed to target these groups, particularly women, people living in rural areas and people that have not heard a lot about the ACA.



“In 2014, MU Extension worked in partnership with Health Literacy Missouri to refine curriculum materials, incorporate health insurance literacy concepts and simplify the language of the curriculum to make it easier to understand.”



HEALTH INSURANCE EDUCATION

University of Missouri (MU) Extension is the outreach arm of the University of Missouri, a land grant institution. Through statewide offices, publications and web-based services, extension faculty in every county of Missouri carry the benefits of MU research throughout the entire state. Extension faculty provide researched-based education locally with support from campus, often in partnership with local groups. Extension is a trusted source for information.

MU Extension partnered with MFH to launch the Health Insurance Education Initiative (HIEI) in May 2013 to ensure that all Missourians have the resources and skills they need to make informed health insurance decisions for themselves, their families and their businesses. A campus leadership team, including personal financial planning Extension professors, developed curriculum materials and provided training to field faculty to facilitate direct face-to-face education within the entire MFH coverage area via standalone workshops, community meetings and presentations for local Missourians and businesses. Because there were misconceptions about the new requirements and options under the ACA, the need for unbiased, factual

information was high. By the time programming began, many Missourians had already internalized flawed messages and misinformation put out through a variety of media sources and political debates. In the 2013 political environment, the importance of the information Extension was offering was lost on many people. As MU Extension learned more and more about the myths that were out there, the core leadership team continued to tweak the curriculum to address them. MU Extension non-programming faculty and staff received training to provide awareness education, resources and referrals to appropriate sources of assistance.

In October 2013, MU Extension launched its first cross-programmatic effort and mobilized 100 faculty from all program areas within the organization (agriculture, community development, family financial education, nutrition and health, human development and family studies, small business, youth and family education and various continuing education programs). Faculty delivered local programs to raise awareness about the Affordable Care Act in an overtly neutral way, educated groups about how the law affects them so they can make informed decisions, prepared people for an efficient

enrollment process and pointed them to appropriate local, state and national sources of information and enrollment assistance. In 2014, MU Extension worked in partnership with Health Literacy Missouri to refine curriculum materials, incorporate health insurance literacy concepts and simplify the language of the curriculum to make it easier to understand.

ACTIVITIES

MU Extension faculty often worked in partnership with other local professionals either through CMC or existing local partnerships, including health departments, drug courts, senior centers, community action offices, Federally Qualified Community Health Centers, local hospitals and clinics. Extension worked with CPHSS through the ECI to evaluate the outcomes of the Initiative.

Curriculum

With support from MFH, MU Extension’s Health Insurance Education Initiative team developed two comprehensive curricula. The *Health Insurance Education: Options for you and your family* includes the basics, in-depth information and optional supplemental information for specific groups such as older adults, young adults, farmers, immigrants, self-employed, unemployed and lesbian, gay, bisexual and transgender individuals, what employees need to know about employer-sponsored insurance and changes to Medicare.

The other curriculum, *Health Insurance Education: What the Affordable Care Act means for businesses* provides Missouri employers with the information they need to make informed health insurance decisions. The business curriculum contains an overview of the ACA, information for employees and the self-employed, instructions for calculating employer size, rules for both small and large employers and tax and reporting requirements. Beginning in October 2014, Extension faculty also began offering health insurance literacy education using a curriculum developed by Health Literacy Missouri, *How to Use Your Health Insurance*.

Trainings

MU Extension took a collaborative approach from the beginning through multi-level state and regional leadership teams. Its training model involves the core MU Extension leadership team and campus faculty from other program areas training the regional leadership teams tasked to deliver local programs, who then hold trainings in their respective regions for team members. In year two, MU Extension held a two-day train-the-trainer event in September for the regional team leaders (14), who then conducted eight regional trainings in October and November (another 60 Extension faculty).

In year two, MU Extension also made presentations to Cover Missouri Coalition members. In the fall of 2014 MU Extension offered six trainings via the Cover Missouri regional Hubs, on the individuals and families curricula. In summer 2015 MU Extension offered five

Figure 27.

Survey Results from Cover Missouri Partner Trainings

Statement	Yes	No	Not sure
<i>I intend to explore partnerships with MU Extension related to Marketplace/SHOP education/outreach efforts</i>	53.5%	7.1%	39.2%
<i>I intend to use Extension’s ACA/health insurance curriculum in education/outreach efforts</i>	64.2%	7.1%	28.5%
<i>I would contact Extension for ACA/health insurance questions or materials requests, if I needed to</i>	82.1%	3.5%	14.2%

2014 Cover Missouri Partner Trainings (n=75)

Statement	Strongly Agree/Agree
<i>The training was a good use of time.</i>	76%
<i>The training was helpful for the work I do.</i>	76%
<i>I am confident in presenting the curriculum.</i>	84%
<i>The content of the curriculum is of good quality.</i>	88%
<i>I intend to or have used the curriculum in Marketplace education/outreach efforts.</i>	68%
<i>The training allowed for an opportunity to network with partners (or strengthen partnerships) in my region/ with University of Missouri Extension staff.</i>	88%

2015 Cover Missouri Partner Trainings (n=82)

Statement	Strongly Agree/Agree
<i>The training was a good use of time.</i>	82.1%
<i>The training was helpful for the work I do.</i>	85.2%
<i>The content of the curriculum is of good quality.</i>	92.6%
<i>The presenters were easy to understand.</i>	92.6%
<i>The presenters appeared to value assisters' feedback.</i>	100%

trainings to Cover Missouri partners on the SHOP/ employers curricula. Partner trainings resulted in the strengthening of local partnerships, receiving valuable feedback on curriculum materials and, most importantly, learning from one another.

HIEI Outreach and Education Events

From September 1, 2014, to August 31, 2015, 70 HIEI workshops were conducted within the MFH coverage area, reaching 564 individuals, families and employers. During this same time period, over 5,000 additional

Missourians were reached via other educational/ outreach activities that were integrated with HIEI content into (e.g., MU Extension tax preparation sites, existing Extension programming to relevant populations, community events).

Media Outreach Efforts

MU Extension Communications and Marketing and the core leadership team produced videos, Public Service Announcements, podcasts, radio spots, targeted email content, feature stories and news releases on HIEI and health insurance/ACA issues. Some content was distributed through MU Extension communications channels (e.g., pushing out short radio interviews to be picked up by drive-time radio networks statewide). Regional Extension faculty engaged local and regional media on health insurance issues by giving television, newspaper, magazine and radio interviews. The Health Insurance Education Initiative website at <http://extension.missouri.edu/insure> provided additional education to the public, promoted local face-to-face workshops and provided links to CoverMissouri.

Figure 28.
Survey Results from 2014 - 2015 HIEI Workshops
Indicate agreement, ranging from Strongly Disagree (1) to Strongly Agree (5) (n=330)

Mean Score	Strongly Agree/Agree
<i>The decisions I make about health insurance will be affected.</i>	3.8
<i>I have the information I need to make an informed decision for myself and/or my family.</i>	4.1
<i>I know where to go to get help with enrolling in health insurance, if I need to.</i>	4.3
<i>I am confident in my ability to select the best health insurance plan for me.</i>	4.0
<i>I would recommend this program to others.</i>	4.3
<i>Overall, this program was worth my time.</i>	4.3

Indicate opinion of each statement for both before and after workshop, ranging from Poor (1) to Excellent (5).

Mean Score Improvement	Strongly Agree/Agree
<i>My understanding of my (or my family's) health insurance options</i>	1.1
<i>My understanding of how the new health care law affects me (or my family)</i>	1.2
<i>My ability to compare health insurance plans</i>	1.1
<i>Average gain</i>	1.1

org, Healthcare.gov and other local, state and national resources. In year two, these efforts resulted in over 452,000 Missourians within the MFH-coverage area encountering HIEI/ACA media outreach efforts.

IMPACT

In year two, similarly to year one, most participants found the workshops worth their time and understood the main information presented. Participants were most in agreement that they would recommend the program to others, and least in agreement that their health insurance decisions would be affected (likely reflecting that many participants indicated they currently had insurance that met their needs).

Overall, participants reflected that they moved toward a better understanding of health insurance and the implications of the ACA as a result of attending the program.

CONCLUSIONS AND RECOMMENDATIONS

The Value of Collaboration

Between years one and two, HLM and CPHSS reviewed and helped MU Extension revise evaluation instruments. Five of the general workshop satisfaction/knowledge outcome questions remained the same between years one and two. There were improvements on the mean score for all five questions between the years. For three of them, improvements were statistically significant:

- I have the information I need to make an informed decision for myself and/or my family

- I know where to go to get help with enrolling in health insurance, if I need to
- I would recommend this program to others

Findings show that MU Extension programming has improved between years one and two. Improvements can be attributed to a more experienced field faculty, as well as the substantial revision of materials done in partnership with HLM between years one and two. Going forward MU Extension will continue to recognize the value of incorporating multiple perspectives when updating curricula, maintaining regular communication and providing ongoing learning opportunities to field faculty to continue building their ACA/HIEI knowledge.

Two retrospective knowledge gain questions were asked of participants in both years one and two. In both years participants felt they understood more about their health insurance options, as well as how the ACA affected them after the workshop than before it. There were no significant differences between years one and two. It appears that MU Extension delivered a consistent product between years one and two in regards to participants feeling the workshop deepened their understanding.

In year two, about 80 percent of all MU Extension workshops were conducted with community partners. Partnerships increase the likelihood of workshops being better attended (an average of about 8 participants for workshops with partners compared to an average of about 6.5 for workshops without partners). Just over half of all workshops done in year two were done in partnership with organizations belonging to the Cover Missouri Coalition (which also slightly raised the average attendance compared to workshops involving partners not in the Cover Missouri Coalition). In year three, MU Extension will continue to encourage partnerships by strengthening Cover Missouri partnership expectations for field faculty, as well as sharing best practices for strategic partnerships and recruitment plans.

Besides workshop frequency and attendance, local partnerships with Cover Missouri Coalition members add value to the content of MU Extension workshops. Having an assister at workshops to answer emerging technical questions about the Missouri Marketplace

or assist participants with enrollments is a valuable resource. While the year two post-workshop evaluations show that Extension, overall, did a good job of informing participants, the presence of Cover Missouri partners at workshops significantly (.05 level) increased outcomes in the following areas:

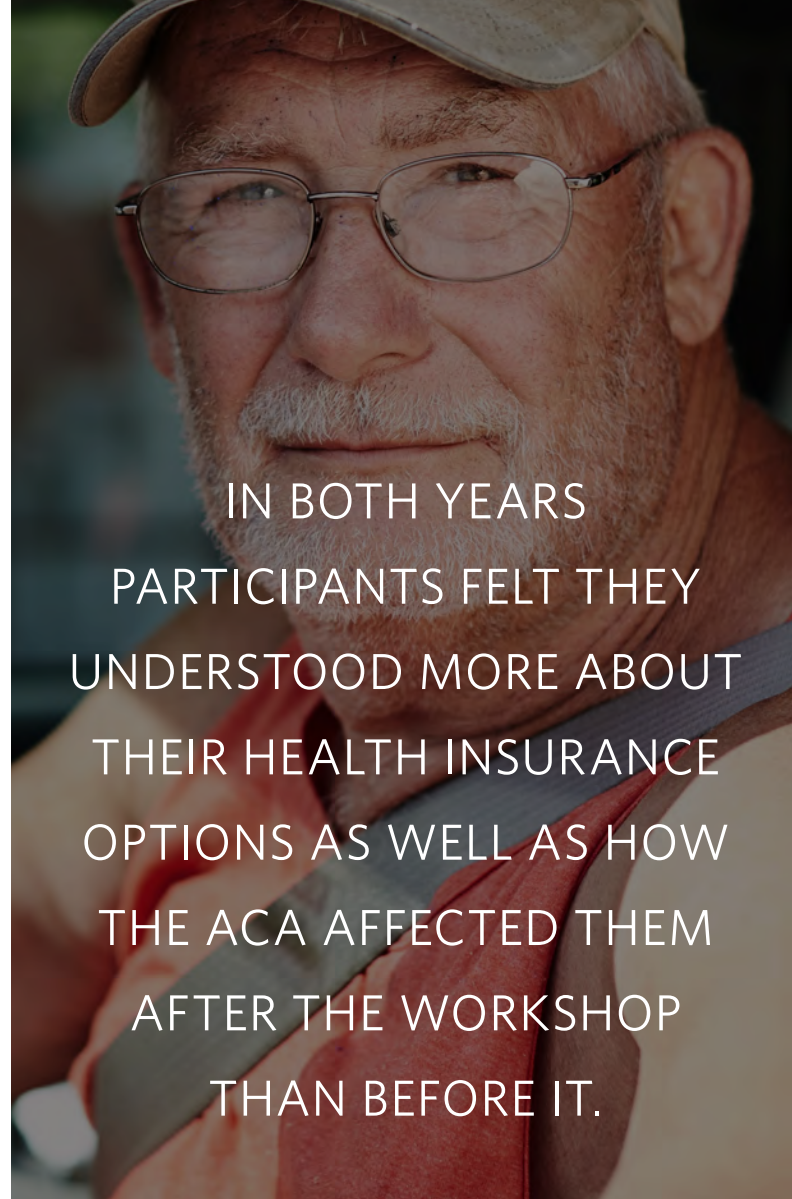
- Consumers who thought the program was worth their time
- Consumers who were more likely to recommend the program to others
- Consumers who felt their decision making was affected

LOOKING AHEAD

Advertisements for workshops were not enough to pull in large numbers of people and Extension faculty had to work hard to get participants to come. The most successful faculty used their “rootedness” in the community to seek out partners, work with local media and make individual contacts to generate interest. By far, working with partners was the best way to generate attendance. It appears that the presence of Cover Missouri partners offered additional credibility and reassurance to consumers navigating uncertainties regarding changes to health care, and the MU Extension core leadership team will continue to share this as a best practice to field faculty.

Curriculum development is ongoing because updates and refinements are necessary as numbers change and interpretations of the law are tweaked by policy makers. Partners, especially HLM, have been key in refining our curriculum to make it more user friendly and easier to understand. MU Extension will continue to work with partners on curriculum development and reach out to new partners.

As the Initiative moves forward, MU Extension continues to look for new audiences who may be interested in or have a need for the educational content Extension provides. Discussions are ongoing about education for agents and brokers, tax accountants, human resource managers and others who have a role to play in implementing the law. In addition, plans are underway to target participants who may be eligible for a special enrollment period. At the local level, events such



IN BOTH YEARS
PARTICIPANTS FELT THEY
UNDERSTOOD MORE ABOUT
THEIR HEALTH INSURANCE
OPTIONS AS WELL AS HOW
THE ACA AFFECTED THEM
AFTER THE WORKSHOP
THAN BEFORE IT.

as a manufacturing plant closure, a natural or man-made disaster or a college graduation create a new group of potential Marketplace enrollees.

Lastly, there continues to be some populations, such as farmers, that assisters have found challenging to reach. The Extension has a long history of working with them and agricultural businesses, and will continue outreach efforts to farmers and those who serve them. Because of its broad range of audiences and programs, Extension will continue to explore ways to integrate health insurance content into other offerings (as has already been happening with Volunteer Income Tax Assistance and Workforce Development programs). Farmers face unique issues related to health insurance and Extension has a long history of working with farmers and agricultural businesses. Outreach continues to reach farmers and those who serve them.



INDEPENDENT EVALUATION:

EXPANDING COVERAGE THROUGH CONSUMER ASSISTANCE PROGRAM (ECTCA)

In 2013, Washington University in St. Louis began evaluating the MFH ECTCA grant program.

The evaluation focused on collecting information about outreach, education and enrollment activities, the number of enrollments, successes and barriers to assisting someone with enrolling in health insurance through the Missouri Marketplace, along with customer satisfaction with enrollment services.

See Appendix C for the evaluation questions.

DATA SOURCES AND METHODS

In order to evaluate the ECTCA program, the team used multiple methods to collect information. Specific methods included the core data set and grantee documents.

ECTCA Core Data Set:

- Purpose: Collect information about the outreach, education and enrollment efforts and partnerships of grantees.
- Data collection dates: Monthly, weekly and after each assister provided counseling session from October 7, 2013, through August 31, 2015

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

- Purpose: Collect 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 success and barriers related to their grant activities.
- Data collection dates: March 2014 and September 2015

See Appendix D for additional details regarding the data sources and methods used by the independent evaluation of the ECTCA program.

ECTCA OVERVIEW

As part of the ECI, MFH implemented a funding program known as the ECTCA program in September 2013. This program funded organizations to assist eligible Missourians with enrolling in health insurance options and affordability programs through the Missouri Marketplace, made available through the ACA. To address the program's goal, grantees provided pre-application, enrollment and post-enrollment assistance services to consumers, along with conducting education and outreach activities about the Missouri Marketplace.

In September 2014, grantees expanded their activities to include a focus on increasing consumers' health insurance literacy. 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. While grantees focused on these populations, they served all consumers seeking



ECTCA OVERVIEW

their services. ECTCA grantees employed Certified Application Counselors (CACs), also known as assisters, to provide these services.

During the first year of the ECTCA program (September 2013 – August 2014), MFH funded 17 grants representing 16 different organizations for 12 months. In the second year of ECTCA (September 2014 – August 2015), MFH funded 18 grants representing 17 different organizations for 18 months (September 2014 – February 2016). The year two grantees represented three different organization types: community action agencies, community based organizations and health care systems/centers.



4 out of 18 were Community Action Agencies

- Central Missouri Community Action (CMCA)
- Community Action Agency of St. Louis Inc. (CAASTL)
- Delta Area Economic Opportunity Corporation (DAEOC)
- East Missouri Action Agency (EMAA)



7 out of 18 were Community Based Organizations

- International Institute of Metropolitan St. Louis (International Institute)
- Legal Services of Eastern Missouri (Legal Services of Eastern MO)
- Primaris Foundation/Knowledge Management Associates (Primaris/KMA)
- Randolph County Caring Communities Partnership (RCCCP)

- Missouri Bootheel Regional Consortium (MBRC)
- Saint Louis Effort for AIDS
- Small Business Majority Foundation, Inc.



7 out of 18 were Health Systems/Centers

- Mercy – East
- Mercy – Southwest
- Freeman Health System
- CoxHealth
- Phelps County Regional Medical Center (PCRMC)
- Ozarks Medical Center
- Planned Parenthood of the St. Louis Region and Southwest Missouri (Planned Parenthood)

Grantees targeted their efforts within a specific area of the MFH service region. MFH’s service region is divided into five unique areas: Northeast, St. Louis Metro, Southeast, Southwest and Central. It is important to note that in year two MFH combined the St. Louis Metro West and St. Louis Metro regions into one region, St. Louis Metro. Overall, coverage in each region remained the same or slightly increased from year one to year two. The Northeast region was the only region to have fewer grantees providing services in the region in year two. See Figure 29 for a map of where grantees provided services by MFH region in year two. MFH awarded additional funds to a grantee in each of their service areas to serve as the regional Hub along with providing funding to an organization to serve as a regional Hub in the greater Kansas City area.³⁸



GRANT RESOURCES

Figure 29.

MFH ECTCA grantees and regional Hubs by MFH service area

Central	Northeast	St. Louis	Southeast	Southwest
<i>Primaris/KMA (Hub)</i> <i>CMCA</i> <i>Phelps County Regional Medical</i> <i>Small Business Majority</i> <i>Saint Louis Effort for AIDS</i> <i>KS/Mid-MO</i> <i>GRO</i> <i>Phoenix Heath Programs</i>	<i>RCCCP (Hub)</i> <i>Small Business Majority</i> <i>Hannibal Regional Healthcare</i> <i>Walsworth Community Center</i>	<i>Planned Parenthood STL/SW (Hub)</i> <i>CAASTLC</i> <i>East MO Action Agency</i> <i>International Institute</i> <i>Legal Services of Eastern MO</i> <i>Mercy Foundation</i> <i>Saint Louis Effort for AIDS</i> <i>Small Business Majority</i> <i>ARCHES</i> <i>Wright Care Denistry</i> <i>CHIPS</i> <i>Nurses for Newborns</i> <i>BIAS</i> <i>Latinos En Axion STL</i>	<i>DAEOC (Hub)</i> <i>MO Bootheel Regional Consortium</i> <i>Ozarks Medical Center</i> <i>Phelps County Regional Medical</i> <i>Small Business Majority</i> <i>Saint Louis Effort for AIDS</i> <i>Gibson Recovery Center</i>	<i>Mercy (Hub)</i> <i>CoxHealth</i> <i>Freeman-Oak Hill</i> <i>Saint Louis Effort for AIDS</i> <i>Small Business Majority</i> <i>Citizens Memorial</i> <i>CORE</i> <i>Hand in Hand Multicultural Center</i>

ECTCA grantees relied on many different resources, contributions and investments to implement their grant activities during year two. 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 \$4.8 million in funding through the ECTCA program during the second year. The overall amount awarded through the program in the second year decreased from the first year by \$318,459. However, not all grantees expended all of their year-one grant funds during the grant period. Furthermore, the second year of the program included one more grantee and covered six additional months compared to year one.

YEAR TWO AWARDS RANGED FROM:

\$97,887

\$400,000

Grantees succeeded in leveraging funds beyond their MFH grant awards. Five grantees received additional funds. They secured over \$449,000 either from direct federal grants or memorandum of understandings with organizations who had received federal grants.³⁹ Examples of the federal grants include CMS Navigator grant and HHS Office of Population Affairs' Title X grant.



GRANT RESOURCES

The additional funds ranged from \$40,000 to \$223,810. The median award amount was \$86,500. This was less than in the previous year when six grantees secured \$1.35 million in additional funds.

Partners

ECTCA grantees worked with partners to implement their grant activities. They reported working with 5.4 partners per month on average. This was very similar to year one when six partners per month on average were reported. These partners were categorized as either contracted partners or partners, and ECTCA grantees

reported working with more partners than contracted partners per month on average (five partners versus one contracted partner).

Overall ECTCA grantees utilized these partnerships to conduct a variety of activities, of which the most common was outreach (63.1%). Grantees were more likely to report working with contracted partners to offer collaborative learning and training opportunities and conduct enrollment activities than partners.

In-Kind Contributions

All grantees reported utilizing in-kind contributions to assist with conducting their grant activities at least once during the year. In addition, at least one grantee reported utilizing the following in-kind resource every month of the reporting period: staff time, computers, supplies or space for enrollment/outreach activities. Space for enrollment or outreach activities was the most commonly received in-kind contribution.

OUTREACH, EDUCATION AND ENROLLMENT

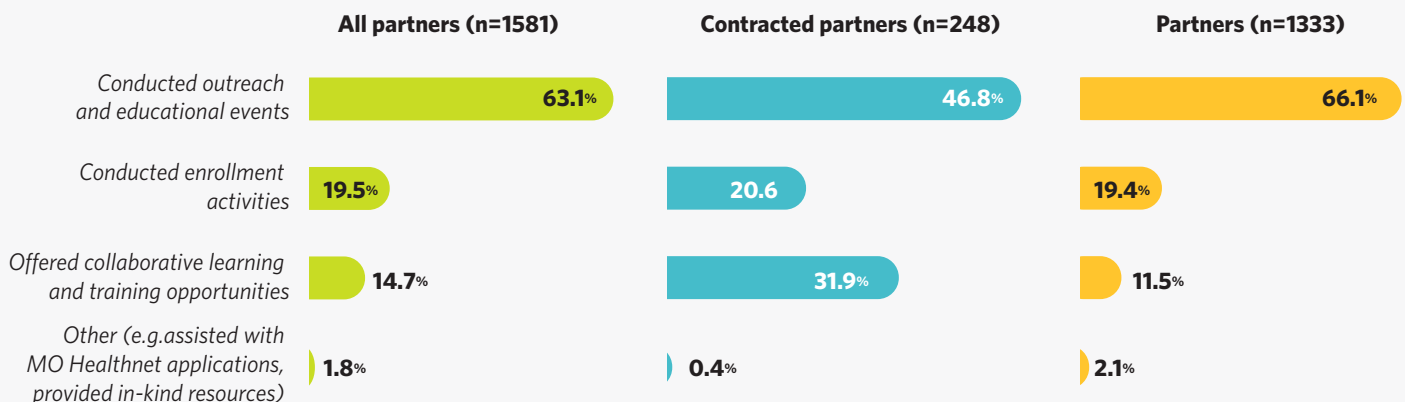
To increase outreach and education about the Missouri Marketplace and health insurance literacy along with enrollments in the Missouri Marketplace, grantees conducted events, media activities and counseling

PARTNER TYPES:

1. Contracted partners were both under contract with the grantee and receiving payment from their MFH grant.
2. Partners were not receiving payment from the grantee and may or may not have had a memorandum of understanding (MOU) with them

Figure 30.

Contracted Partners Were More Likely to Offer Learning and Training Opportunities Than Partners





OUTREACH, EDUCATION AND ENROLLMENT

sessions throughout the year. The year was broken out into two key time frames: open enrollment and special enrollment.⁴⁰

Events

Events served to create awareness, educate the public on and enroll consumers in the Missouri Marketplace along with increasing health insurance literacy. Examples of events include hosting a booth at a local festival, an educational program during a meeting or efforts inside a clinic. In year two, grantees conducted 1,920 events,

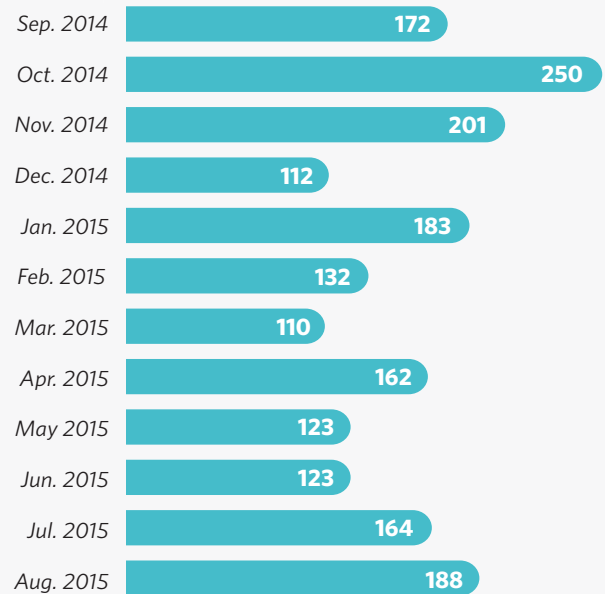
which also coincided with a coordinated outreach push by the CMC. Events occurred throughout MFH’s service region. Grantees provided events within all five of the defined areas inside of MFH’s service region. See Figure 8 on Page 16 for a map of the five areas and MFH’s service region.

206,147

CONSUMERS REACHED

Figure 31.

Grantees Offered the Greatest Number of Events in October 2014 Followed by November 2014



Event Type

Grantees’ events were categorized into three types: educational, awareness and/or enrollment. Educational events included such activities as providing a formal presentation about the Missouri Marketplace or

OPEN ENROLLMENT PERIOD

(November 15, 2014 - February 22, 2015)

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 (SEP)

(September 1, 2014 - November 14, 2014 and February 23, 2015 to August 31, 2015)

The period of time outside of open enrollment when some consumers can enroll in or change a Marketplace health insurance plan.

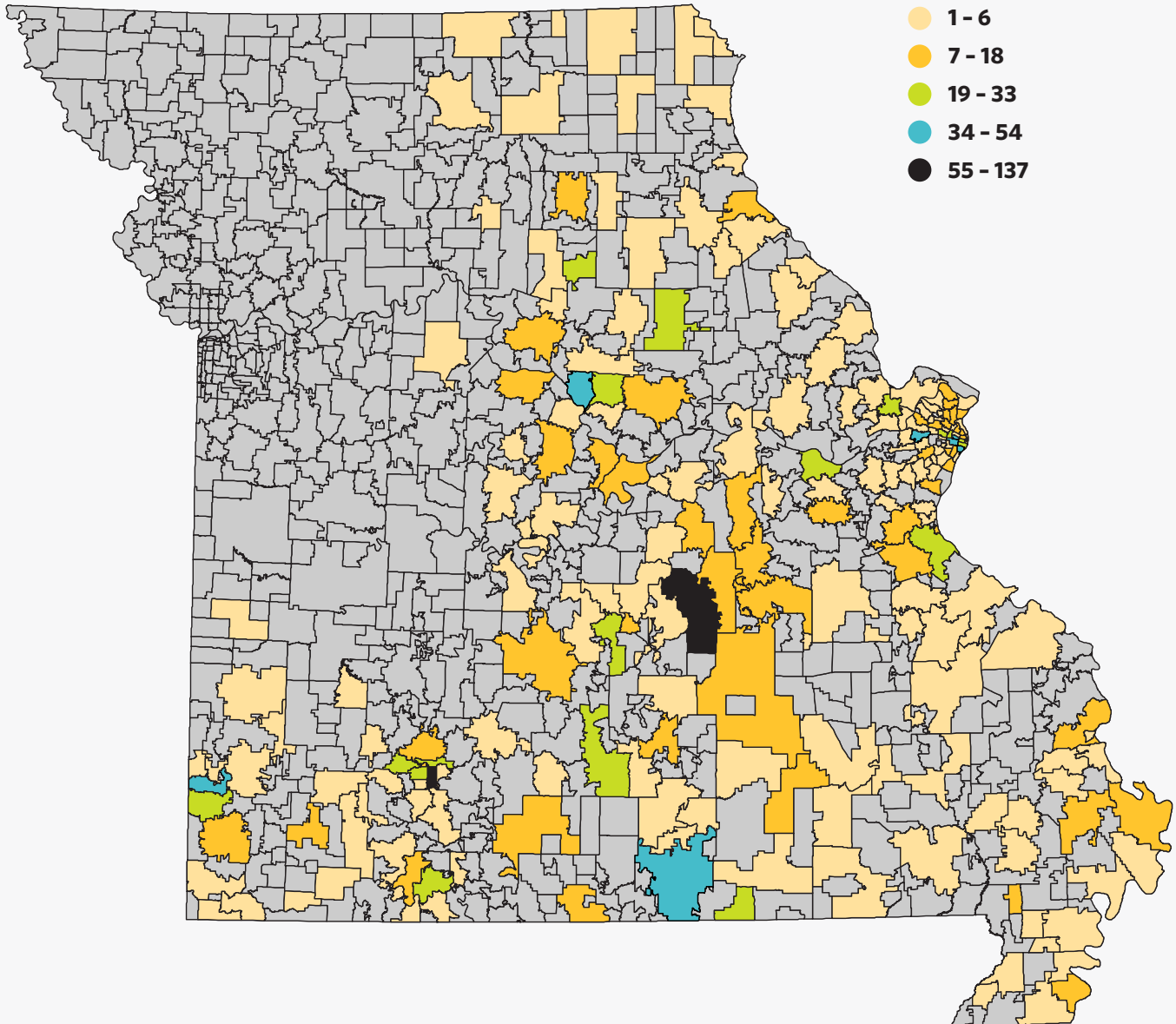
the majority of which occurred during the SEP (71.3%). While grantees conducted fewer events in year two than in year one (3,055 in year one compared to 1,920 in year two), they reached almost twice as many consumers (110,665 in year one compared to 206,147 in year two).⁴¹ The most events in a single month occurred during October, the month prior to the start of open enrollment,



OUTREACH, EDUCATION AND ENROLLMENT

Figure 32.

Events by Zip Code, September 2014 to August 2015

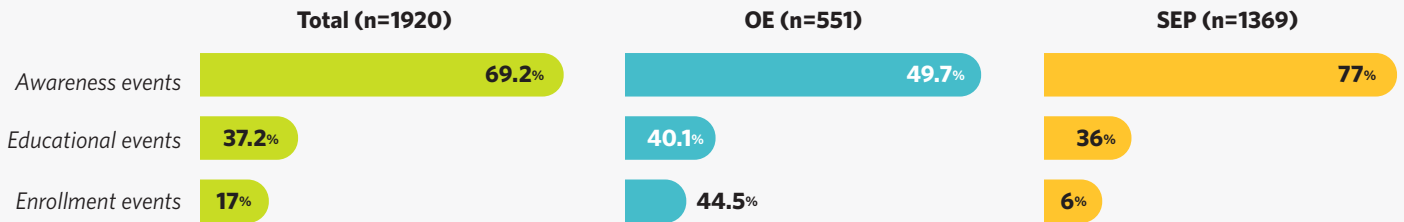




OUTREACH, EDUCATION AND ENROLLMENT

Figure 33.

Awareness Events Were the Most Common Event Type⁴² Conducted by Grantees



health insurance literacy. Awareness events included such activities as hosting a booth at a health fair and passing out flyers. Enrollment events featured on-site assisters’ help consumers enroll in insurance through the Missouri Marketplace. These categories were not mutually exclusive, meaning a grantee could select more

“WE HAVE FOUND THAT PARTNERING WITH COMMUNITY EVENTS THAT ALREADY HAVE A DIVERSE AND CAPTIVE AUDIENCE IS THE BEST WAY TO HAVE SUCCESSFUL OUTREACH AND EDUCATION ACTIVITIES.”

– GRANTEE REPORT

than one category to represent an event. For example, a grantee 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.

As in year one, the most common event type provided in year two was awareness (69.2%). Grantees offered 12.1

percent fewer enrollment events in year two compared to year one (17% in year two and 29.1% in year one). Also, in year two grantees offered far fewer enrollment events during the SEP compared to open enrollment.

The decrease in enrollment events is not surprising given the lesson learned by grantees during the first open enrollment period: consumers are less likely to participate in an activity solely focused on health insurance.⁴³

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.⁴⁴ In Figure 34, populations targeted refers to the population groups the grantee wanted to participate in the event, but it may or may not be who actually attended the event. The majority of events targeted the general population (88.5%). For those events that did target another population (57.4%), low income, young adults (18–34) and adults (35–64) were the top three populations.

Audience Targeted

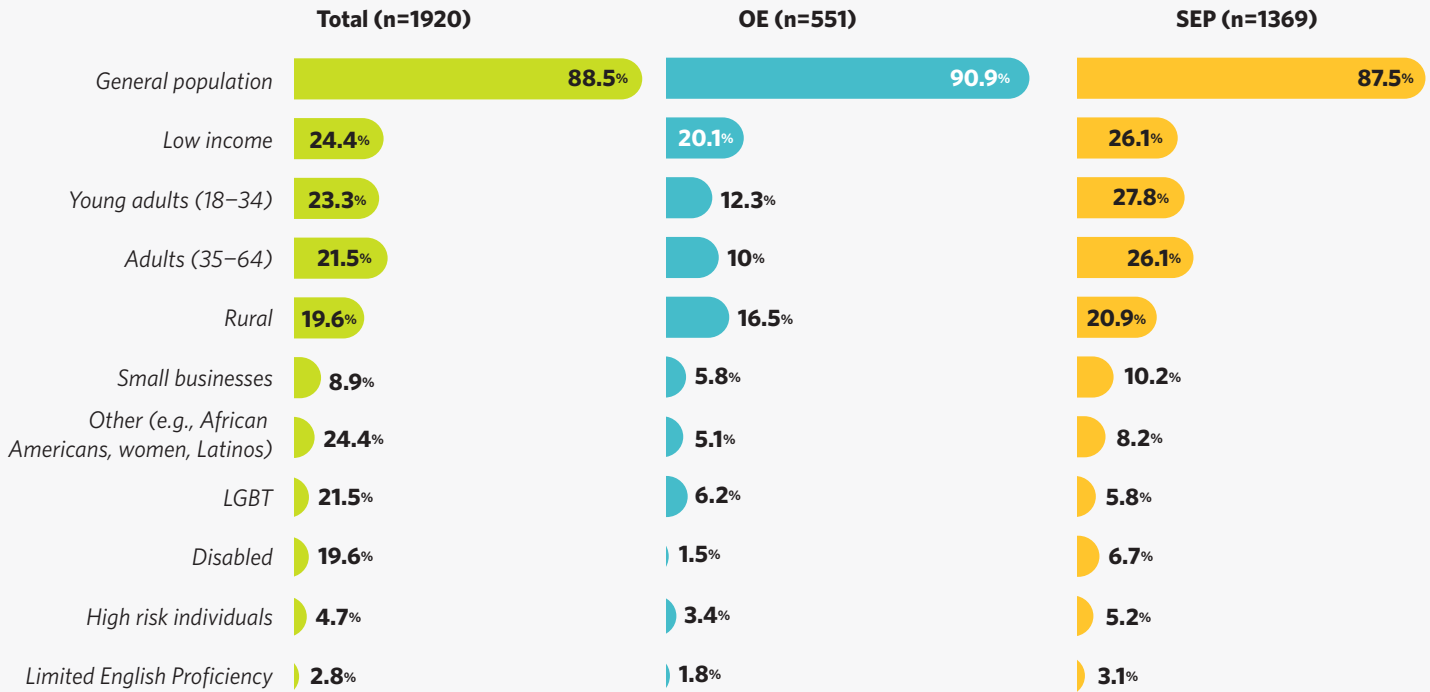
Missouri participated in both the individual and families Marketplace and the Small Business Health Options Program (SHOP) Marketplace, and ECTCA grantees



OUTREACH, EDUCATION AND ENROLLMENT

Figure 34.

Populations Targeted by Events by Enrollment Period



96.5%
INDIVIDUAL AND FAMILIES

14.5%
SMALL BUSINESS HEALTH
OPTIONS PROGRAM

targeted their events to one or both of these Marketplace audiences.⁴⁵ 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. Events, in year two, overwhelmingly targeted individuals and families, as they did in year one.

Event Setting

Grantees hosted the majority of their events in a neighborhood or community setting (34.8%). However, they were more likely to host their events in different settings depending on the target population. As was expected, when targeting small businesses, grantees were more likely to host events at a business. In addition, grantees were just as likely to host events targeting limited English proficiency individuals at a faith-based organization as they were at a neighborhood or community, and grantees more often utilized hospital, clinic or health care organizations to reach disabled individuals.

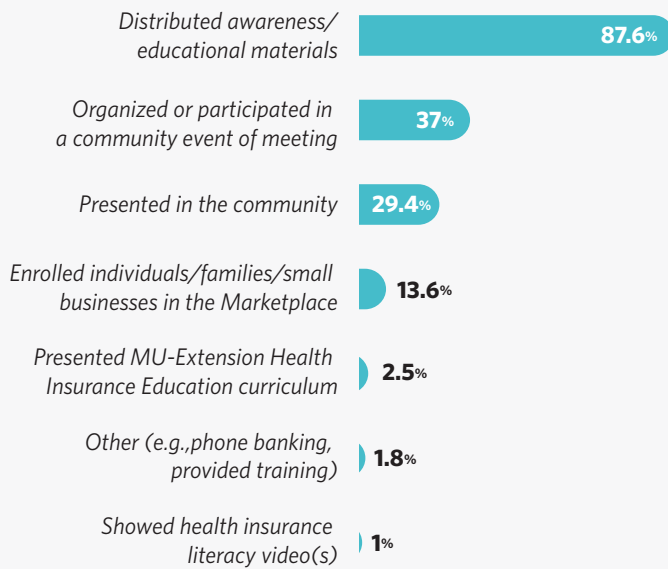
Event Strategy

During their events, grantees implemented several strategies to reach consumers.⁴⁶ The top three strategies were: 1) distributed awareness or educational materials, 2) organized or participated in a community event or meeting and 3) presented in the community.



OUTREACH, EDUCATION AND ENROLLMENT

Figure 35.
Distributed Awareness/Education Materials Was the Most Common Strategy Utilized by Grantees During Their Events



Partner Involvement

In order to maximize resources and improve efficiency, grantees partnered to conduct 717 events.⁴⁷ Examples of partner activities include conducting advertising or providing assisters for the event. Overall, grantees partnered on 37.3 percent of their events, which is an increase from year one (22%). Of those events that utilized a partner, 22.5 percent were with at least one fellow ECTCA grantee compared to 89.1 percent with a non ECTCA grantee. However, the percent of events utilizing a fellow ECTCA grantee decreased from 33.6 percent in year one.

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 conducted 8,941 media activities in year two. This was more than four times as many as the first year (2,058 in year one). The majority of these activities occurred during the SEP (62.6%).

“PARTNERSHIPS WITH NON-ASSISTER ORGANIZATIONS HAVEN PROVEN TO BE VALUABLE TO PROMOTE ENROLLMENT EVENTS AND WILL BE A CORE STRATEGY IN THE FUTURE OF OUR PROGRAM.”

- GRANTEE REPORT

Media Type

Grantees continued to use the same top three media activities as in year one: 1) paid radio, 2) social media, 3) paid newspaper. However, in year two the proportion of activities being conducted differed. For instance, although grantees conducted more paid radio activities in year two, it made up a smaller percentage of the overall activities (4% in year two compared to 13.8% in year one). In contrast, grantees did conduct fewer earned newspaper activities in year two compared to year one.

Population and Audience Targeted

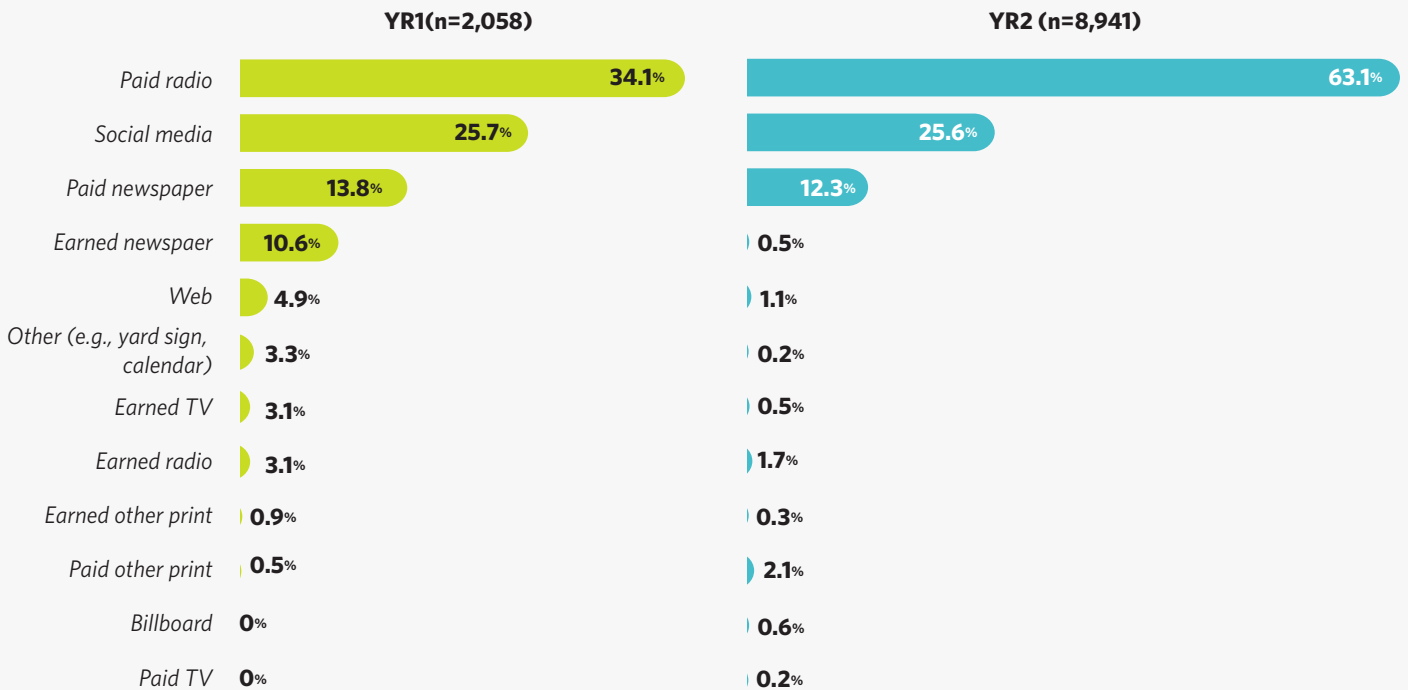
As with events, grantees could have targeted their media activities to certain populations (e.g., young adults age 18–36, rural residents) and audiences (i.e., individuals and families and/or small businesses).⁴⁸ Grantees only targeted 3.4 percent of their media activities to a certain population in year two. While they targeted the majority of their media activities towards the Marketplace audience of individuals and families.



OUTREACH, EDUCATION AND ENROLLMENT

Figure 36.

Paid Radio Was the Most Common Media Activity Conducted by Grantees in Both Year One and Year Two



8,783

INDIVIDUAL AND FAMILIES

428

SMALL BUSINESS HEALTH OPTIONS PROGRAM

Partner Involvement

Grantees partnered with other ECTCA grantees on 21 of their media activities (0.2%). 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.

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, or who needed assistance after they had enrolled. ECTCA grantees conducted 9,180 counseling sessions during year two. As in year one, the majority of counseling sessions occurred during open enrollment and more than half occurred in either the St. Louis Metro or Southwest regions. However, the percentage of total counseling sessions that occurred during the SEP increased in year two compared to year one (31.4% in year two from 9.5% in year one).



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Enrollment Locations

Assisters provided enrollment help at permanent and mobile enrollment sites, as well as 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. Eight grantees offered extended hours at one or more of their permanent site locations (e.g., before 8 a.m., after 5 p.m. or on the weekend). Some grantees reported that extended hours were very helpful for reaching consumers.

Most counseling sessions during year two took place at permanent enrollment sites (87.3%). Just over seven percent of sessions took place at events and it was much more likely for sessions to be held at events during open enrollment compared to the SEP (10.1% compared to 0.9% during the SEP). As Figure 37 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

AVERAGE AMOUNT OF MINUTES IT TOOK TO COMPLETE A COUNSELING SESSION:

59.8

RANGE:

4-360

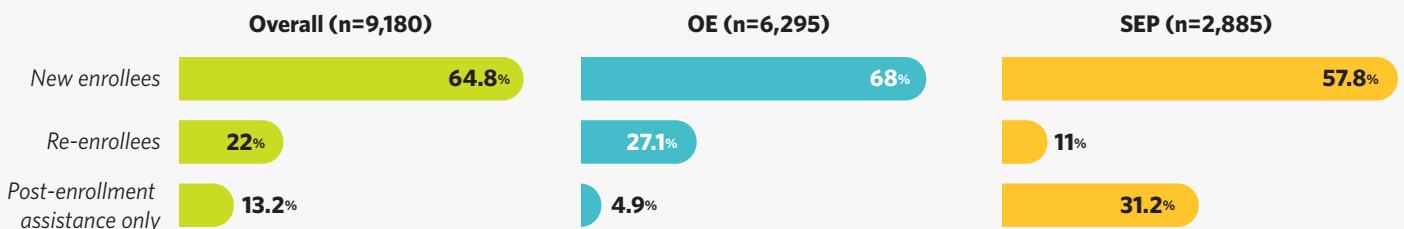
as in year one; however, the longest counseling session decreased from eight hours in year one to six hours in year two.

Consumer Characteristics

ECTCA grantees overwhelmingly assisted individuals and families during counseling sessions. Individuals and families accounted for 99.5 percent of counseling sessions, compared to small businesses which accounted for 0.5 percent of sessions. Grantees assisted new consumers, whom had never before enrolled in the Marketplace (i.e., new enrollees), re-enrollees whom had previously enrolled in the Marketplace and consumers only seeking help after they had enrolled in a plan (i.e., post-enrollment assistance only). Post-enrollment

Figure 38.

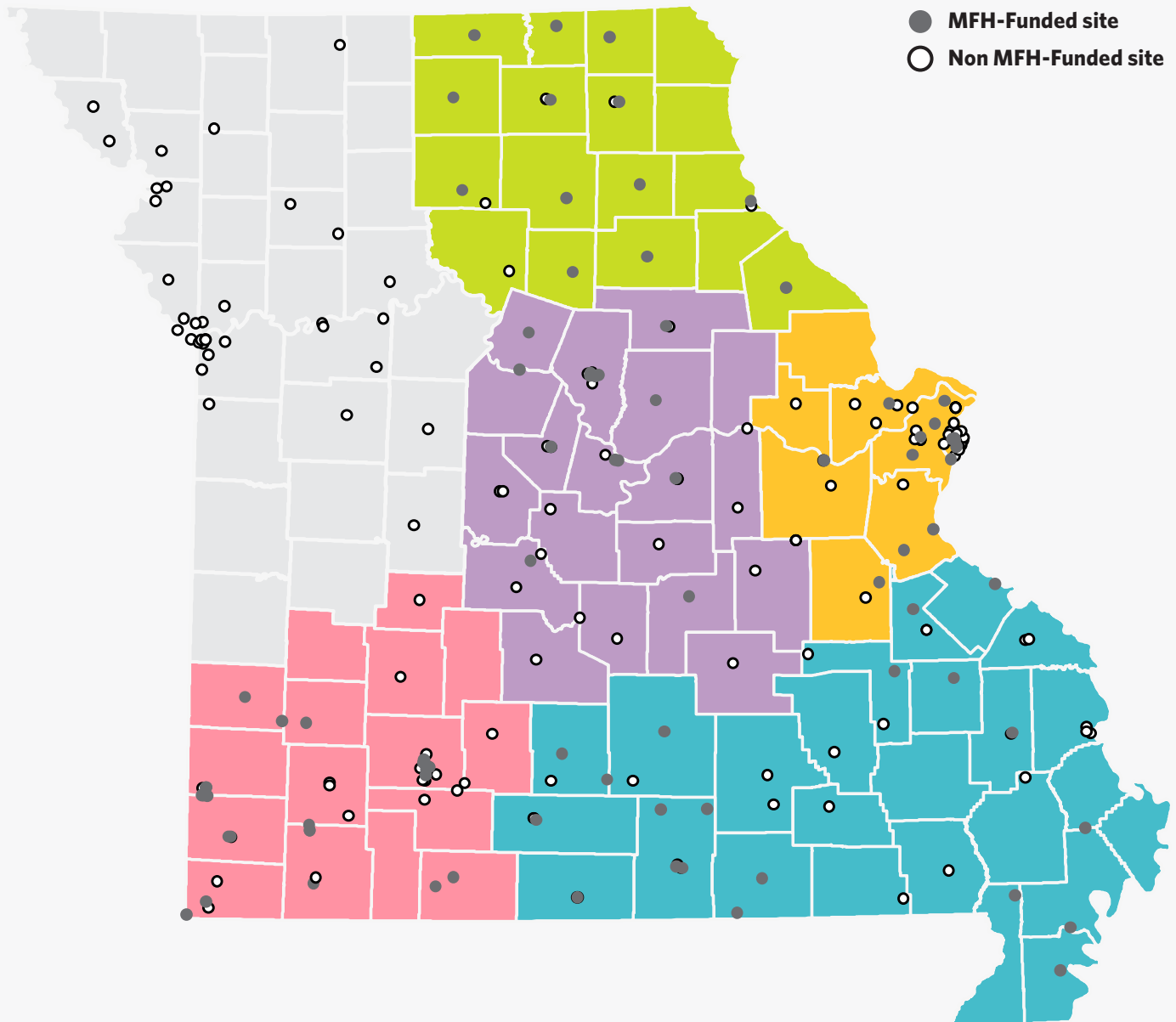
Most Year Two Counseling Sessions Were with New Enrollees, but a Higher Proportion of Sessions Focused on Post-Enrollment Assistance During the SEP





OUTREACH, EDUCATION AND ENROLLMENT

Figure 37.
ECTCA Permanent Enrollment Sites



Source: Enrollment Sites: Cover Missouri Zip Code Locator



OUTREACH, EDUCATION AND ENROLLMENT

assistance ranged from resolving issues related to the Marketplace enrollment process to helping consumers use their insurance. New enrollees accounted for 64.8 percent of all counseling sessions during the year (Figure 38). However, during the SEP consumers seeking post-enrollment assistance accounted for almost a third of all counseling sessions (31.2%). In addition, grantees that were community based organizations were more likely to provide counseling sessions to consumers seeking only post-enrollment assistance compared to other types of organizations (61.6% of all post-enrollment only sessions were provided by community based organizations.).

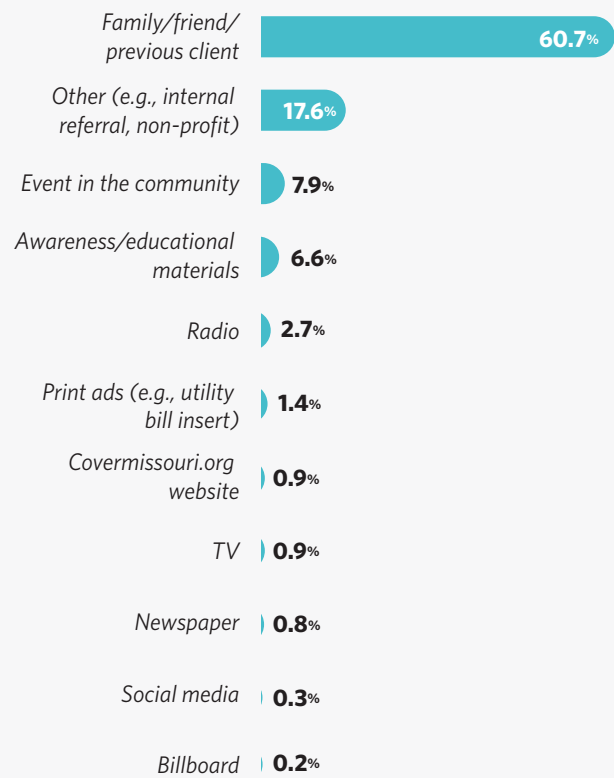
How Consumers Heard About Enrollment Services

Over half of consumers heard about ECTCA grantees' enrollment assistance services from a family, friend or previous client (Figure 39). Other sources (e.g., internal referrals from staff who also worked at the grantee organization, non-profit organizations, hospital/clinic) and events in the community, were the other top ways that consumers reported hearing about grantees' services. Consumers were nearly twice as likely to hear about enrollment services through an event during open enrollment compared to during the SEP (9.2% versus 4.9% during a SEP). Media outreach (e.g., radio, print advertisements, television) accounted for about seven percent of the ways grantees' consumers heard about their services.

Counseling Session Outcomes

Grantees helped consumers with a wide array of tasks during counseling sessions. Top activities for year two included determining eligibility, creating or updating a Marketplace account and filing/qualifying for advance payment tax credits (Figure 40).⁴⁹ Among sessions in which an assister did not help the consumer determine eligibility (37.5% of sessions), assisters most often provided education about health insurance. Outcomes of counseling sessions also varied during the course of the grant period. During the SEP, while determining eligibility remained the top activity, the second most common was providing education about health insurance. Submitting a Marketplace application, filing

Figure 39. Over Half of Consumers Heard About Enrollment Services from Someone They Knew (n=9180)



for financial assistance and electing a Qualified Health Plan (QHP) were also reported during fewer counseling sessions outside of open enrollment.

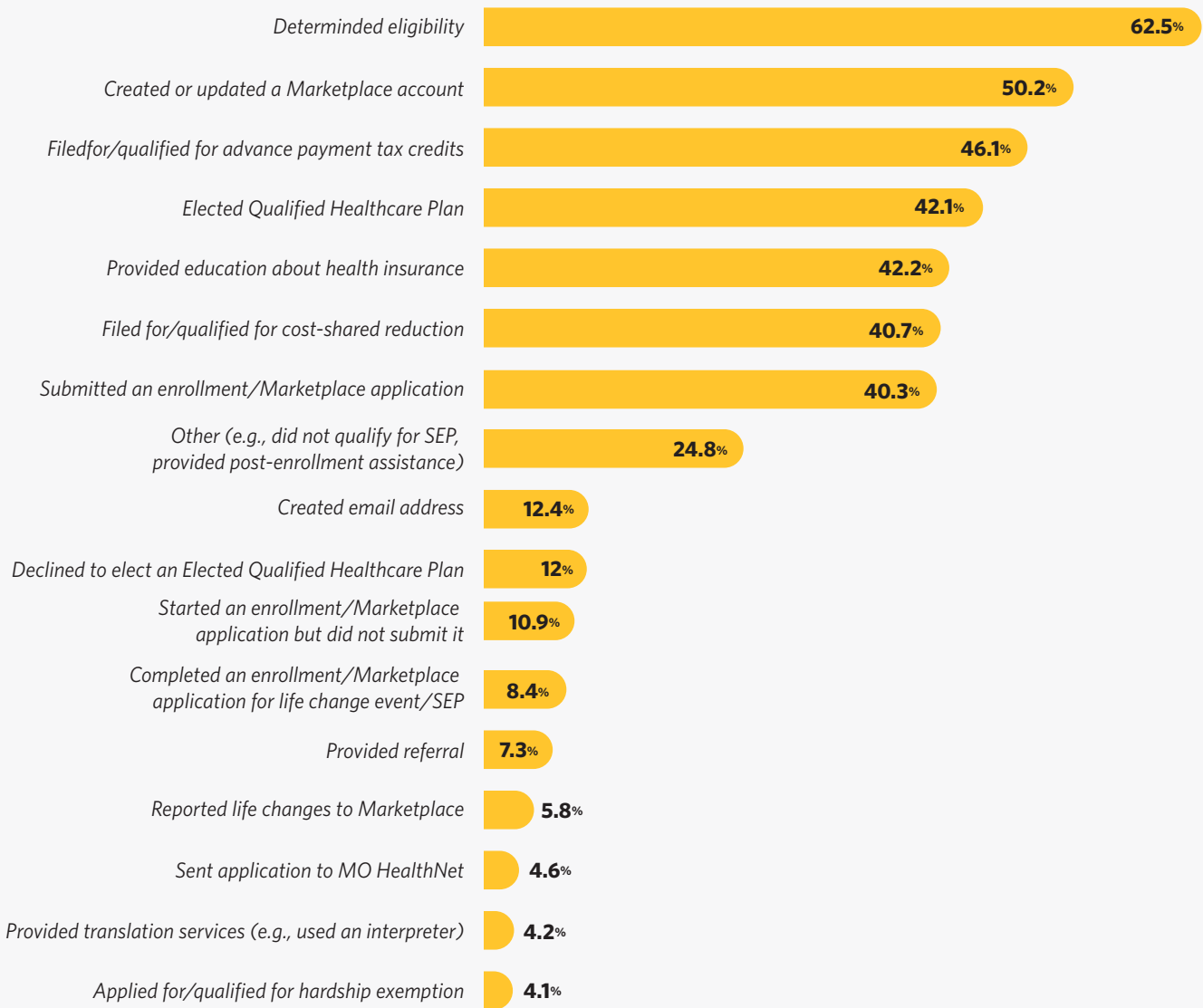
Counseling sessions had different outcomes based on whether consumers were new enrollees, re-enrollees or were seeking post-enrollment assistance. For example, a higher percentage of re-enrollees elected a health plan compared to new enrollees or those seeking post-enrollment assistance. Not surprisingly, counseling sessions with consumers who received only post-enrollment assistance had outcomes that most often fell into the other category, such as submitting documents to the Missouri Marketplace and contacting an insurance company.



OUTREACH, EDUCATION AND ENROLLMENT

Figure 40.

Counseling Session Outcomes During Year Two (n=9180)⁵⁰



As in year one, the number of counseling sessions during which a referral was provided was low (7.3% of sessions, compared to 8.6% in year one). Consumers received referrals to a wide variety of organizations. The most common reason for a referral was “other” (74.2%) (e.g., fell into the Medicaid coverage gap, needed assistance with Medicaid), followed by consumer needing a closer, more convenient location (12.1%).⁵¹ 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. HIL assistance involved helping consumers use, choose and keep their insurance. For example,



OUTREACH, EDUCATION AND ENROLLMENT

grantees report helping consumers with premium bill payments, resolving inconsistencies with Marketplace applications and finding health care providers.

The top three types of HIL and post-enrollment assistance provided were:⁵²

- Shared information about health insurance (e.g., definitions of key terms, how insurance and the Marketplace works) (71.2%)
- Taught skills needed to assess health care/health insurance needs, obtain and/or use health insurance (e.g., how to compare plans, find a provider) (41.9%)
- Provided written materials about health insurance (e.g., handouts, brochures) (41.7%)

59.4%

OF COUNSELING SESSIONS WITH RE-ENROLLEES RESULTED IN ENROLLING IN A HEALTH PLAN COMPARED TO 44.0 PERCENT OF NEW ENROLLEES' SESSIONS

Enrollment

5,191 consumers enrolled in insurance through the Missouri Marketplace during counseling sessions with ECTCA grantees. Most of the consumers who enrolled in a plan were new enrollees to the Marketplace (Figure 41), and more consumers enrolled in plans during open enrollment compared to the SEP. More than sixty percent of counseling sessions where consumers enrolled in a plan took place in the St. Louis Metro and Southwest regions (36.3% of sessions during which a consumer enrolled were in the St. Louis Metro region and 27.1% were in the Southwest). On average, consumers met with an assister for 1.7 counseling sessions before they enrolled in a plan and sessions in which consumers enrolled were about an hour long.

TOP THREE OUTCOMES OF COUNSELING SESSIONS:

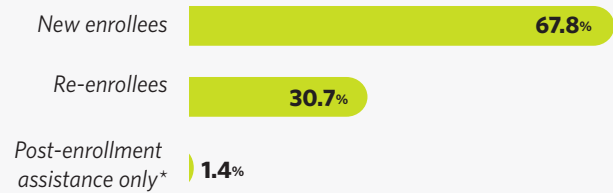
1. Determined eligibility
2. Created or updated a Marketplace account
3. Filed for/qualified for advance payment tax credits

During year two the evaluation also tracked the number of consumers whose application was sent to MO HealthNet (i.e., Missouri's Medicaid program) via the Marketplace. Applications were sent to MO HealthNet during 419 counseling sessions (4.6%), and 666 consumers were covered by these Medicaid applications.

In comparison to year one, in year two ECTCA grantees conducted fewer counseling sessions, but more frequently assisted consumers with determining eligibility for the Missouri Marketplace, filing/qualifying for financial assistance and enrolling in a health plan

Figure 41.

Two in Three Consumers (67.8%) Who Enrolled in a Plan with ECTCA Grantees' Assistance Were New Enrollees



*The intention of post enrollment only sessions was to provide consumers assistance after they had enrolled; however, in some cases (n=48 sessions) changes in consumers' circumstances gave them the opportunity to enroll in a new plan.



OUTREACH, EDUCATION AND ENROLLMENT

Figure 42.

Comparison of Year One and Year Two Counseling Session Outcomes

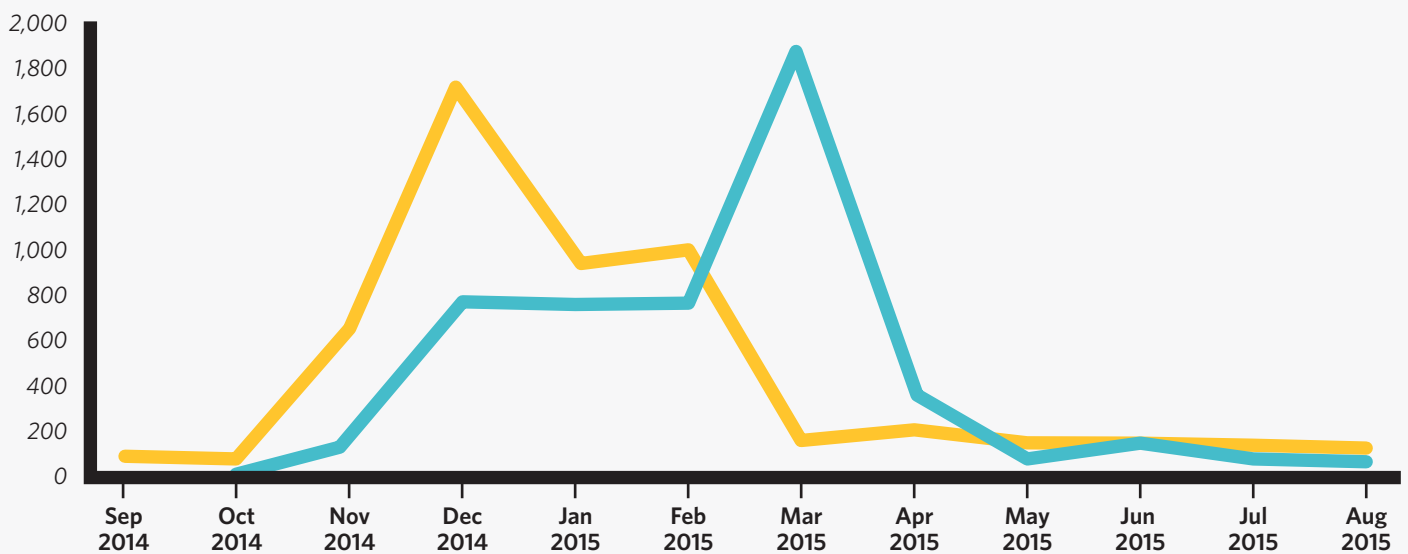
	2014	2015
Number of counseling sessions	11,065	9,180
Determined eligibility	6,095 (55.1%)	5,741 (62.5%)
Filed for/qualified for advanced payment tax credits	4,123 (37.3%)	4,229 (46.1%)
Filed for/qualified for cost shared reductions	3,217 (29.1%)	3,740 (40.7%)
Elected a Qualified health plan	3,087 (35%)	3,866 (42.1%)
Consumers enrolled	5,051	5,191

(Figure 42). The number of consumers who were enrolled in a Missouri Marketplace plan with the help of an ECTCA assister increased by 2.8 percent from year one to year two.

The time of year that enrollments occurred also changed from year one to year two. During both years there was an increase in the number of enrollments in December, when one of the key Marketplace deadlines occurred; however, during year two the increase was much greater. In contrast, in year one most consumers were enrolled during the month of March, the last month of open enrollment that year (Figure 43).

Figure 43.

The Time of Year of That Grantees Enrolled Consumers Shifted from Year One to Year Two





CONCLUSIONS AND RECOMMENDATIONS

Grantees conducted outreach, education, enrollment activities and health insurance literacy throughout year two. Most events and media activities were held during the SEP (71.3% of events and 62.6% of media) and most counseling sessions occurred during open enrollment (68.6%).

There was also an increase in the amount of counseling sessions provided during the SEP compared to the previous year. As a result of these efforts, grantees helped 5,191 consumers enroll in health insurance plans and reached more than twice as many consumers via events compared to year one.

To conduct outreach, education and enrollment activities grantees leveraged partnerships with other organizations. They partnered with more organizations on events than in year one⁵³ and worked together on many events as well.

It is difficult to gauge how successful grantees were at reaching consumers who would not have enrolled without the help of an assister and other hard-to-reach consumers. However, grantees did reach many new consumers who had not previously enrolled in the Marketplace (66.3% of those who enrolled in a health plan were new consumers during open enrollment). In comparison, out of the 253,430 Missourians who enrolled during the second open enrollment period, 52 percent were new enrollees.⁵⁴ Most events and media activities targeted the general population; however, nearly 20 percent of events also targeted specific groups of consumers, including low-income adults, rural populations, young adults and adults (ages 35–64).

There was some evidence that grantees learned from the challenges they encountered during year one. Getting consumers to attend Marketplace-focused events was a struggle in year one, as was ensuring that consumers had all of the documentation to enroll during counseling sessions.⁵⁵ During year two the grantees focused on conducting outreach at other community events, and there was a 12.1 percent decrease in the number of enrollment events compared to year one. In addition,

consumers started but did not submit a Marketplace application to determine eligibility during only 10.1 percent of counseling sessions.

Support ways to sustain outreach, education and enrollment assistance.

Although most consumers enrolled during open enrollment, most outreach and education activities took place during the SEP. Maintaining outreach and enrollment activities throughout the year appears to be an important component to enrolling consumers in the Missouri Marketplace. Approximately two thirds of the potential Marketplace population (66%) did not enroll in the Marketplace during the 2014 to 2015 open enrollment period,⁵⁶ so continued outreach is essential in reaching these individuals.

Continue to provide health insurance literacy and post-enrollment assistance to consumers.

Consumers need continued support even after they have enrolled in insurance. Thirteen percent of grantees' counseling sessions were spent providing consumers post-enrollment assistance. Improving the health insurance literacy of consumers was also a new focus of the ECTCA grant program, and assisters provided education about health insurance during 42.2 percent of counseling sessions. Kaiser Family Foundation's national survey of in-person assister organizations also found that most consumers who sought out enrollment assistance had limited health insurance literacy and had difficulty understanding basic health insurance terms.⁵⁷ It is essential that the newly insured know how to use their insurance to get the right care, at the right time and for the right price.⁵⁸ Individuals that know how to use their insurance effectively and understand its value are more likely to remain insured.

Engage previous consumers as champions for enrollment assistance programs through volunteer or rewards programs.

Over half of consumers who received enrollment assistance from ECTCA grantees heard about those services from a friend, family member or previous client.



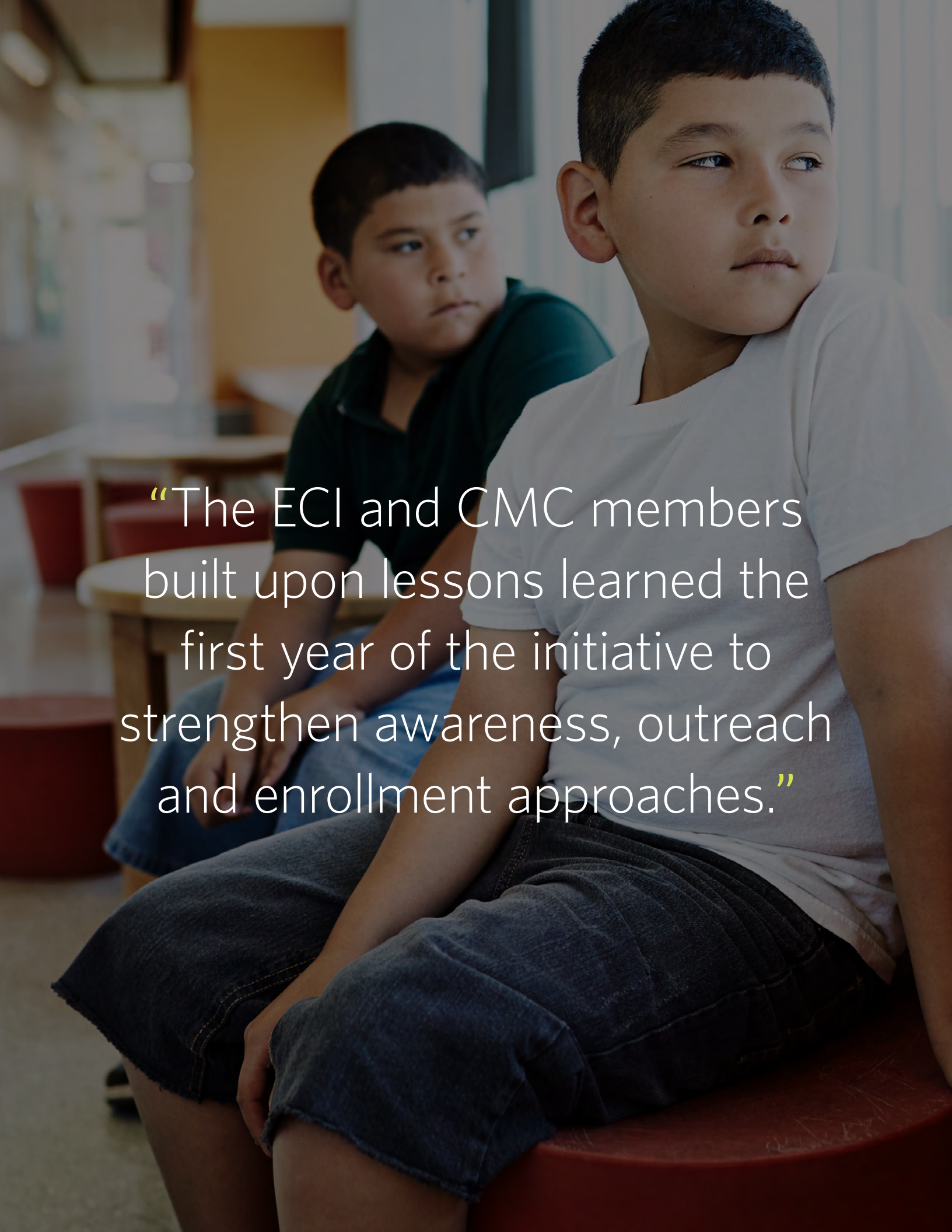
CONCLUSIONS AND RECOMMENDATIONS

As organizations look to reach new groups of consumers, they can bolster those efforts by continuing to develop strong relationships with consumers whom they have helped in the past. Engaging previous clients as volunteers to assist with outreach efforts or developing rewards programs to incentivize consumers to refer family and friends for enrollment help may be ways that programs can build on these existing relationships with consumers.⁵⁹

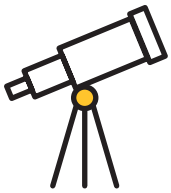
GRANTEES HELPED 5,191 CONSUMERS ENROLL IN HEALTH INSURANCE PLANS AND REACHED MORE THAN TWICE AS MANY CONSUMERS VIA EVENTS COMPARED TO YEAR ONE.

Continue to educate legislators on the potential impact of expanding Medicaid in Missouri by sharing stories of constituents in the Medicaid coverage gap and data on the economic benefits for consumers and the state.

Over 312,000 uninsured Missourians (6.4% of the Missouri population) have incomes under 138 percent of FPL.⁶⁰ Many of these uninsured individuals would have health insurance coverage through Medicaid if the Missouri Medicaid program was expanded. Medicaid expansion could cause the uninsured rate in Missouri to fall to a projected 7.5 percent for those under age 65 (6.4% overall), assuming all were eligible and enrolled in the Medicaid program.⁶¹ Achieving the Expanding Coverage Initiative's goal of reducing the uninsured rate to less than 5 percent in 5 years is highly unlikely without some expansion of the Missouri Medicaid program.



“The ECI and CMC members built upon lessons learned the first year of the initiative to strengthen awareness, outreach and enrollment approaches.”



LOOKING FORWARD

Unlike the first open enrollment period, the Missouri Marketplace worked well with relatively few technology issues on healthcare.gov during the second open enrollment. Expanded partnerships on a national (e.g., Walgreens, H&R Block) and local level (e.g., Missouri-based agent and brokers) have helped to further efforts. In Missouri, the ECI and CMC members built upon lessons learned the first year of the initiative to strengthen awareness, outreach and enrollment approaches. However, during the second year of the initiative challenges still remained and many additional lessons were learned that will help inform future work.

Below are recommendations for strengthening awareness, outreach and enrollment efforts as well as strengthening and sustaining the momentum of the Cover Missouri Coalition. These recommendations are based not only on the work of the ECI and the ECTCA grant program but may also be relevant to other stakeholders/collaboratives engaged in similar work.

RECOMMENDATIONS FOR STRENGTHENING ASSISTERS' AND STAKEHOLDERS' AWARENESS, OUTREACH AND ENROLLMENT EFFORTS:

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

Enrollment events resulted in only 418 people signing up for a health care plan through the Missouri Marketplace. This represents 8.1 percent of the total enrollments of ECTCA grantees. To increase the effectiveness of awareness events, it is recommended that assisters:

- Participate in events that are not directly related to health care or health reform
- Promote assister's standing appointment times by distributing commit cards at events and advertising at local libraries and within their offices
- Partner with agencies or host activities with organizations that are already serving the uninsured and/or underinsured (i.e., mammography vans or mobile health clinics)

- Develop an internal referral network to refer clients already being served by the organization's other departments
- Contact consumers with whom they already have an existing relationship (e.g., using phone banks to promote their activities and events)

Increase awareness about the availability of in-person help.

The importance of in-person help was a major theme from the health insurance literacy consumer focus groups. Participants who used an enrollment assister praised the help they received, while those who were not aware of in-person assistance reported it would have been helpful when they enrolled or would help them enroll in the future.

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

On average, ECTCA grantees' counseling sessions took one hour to complete. However, the longest counseling session took eight hours. Grantees repeatedly stated

THIRTEEN PERCENT OF GRANTEE'S COUNSELING SESSIONS WERE SPENT PROVIDING CONSUMERS POST ENROLLMENT ASSISTANCE.

that many consumers had no idea of what to expect during a counseling session. In addition, 2.8 percent of all counseling sessions ended with an application started but not completed because the consumer did not have the right documentation.

Develop a system of follow-ups with enrolled consumers and target efforts on improving consumers' knowledge of health insurance concepts.

Health insurance literacy does not end after enrollment. Consumers need help with the necessary steps to keep their health insurance, learn about it and use their coverage. Thirteen percent of grantees' counseling sessions were spent providing consumers post-enrollment assistance. A Kaiser Family Foundation's national survey of in-person assister organizations also found that most consumers who sought out enrollment

assistance had limited health insurance literacy and had difficulty understanding basic health insurance terms. It is essential that the newly insured know how to use their insurance to get the right care, at the right time and for the right price. Systematic follow-up is needed to help newly insured consumers when they encounter issues with using their health insurance and to help them get connected with a regular source of primary care. Focus group participants agreed that ongoing access to an in-person assister would make it easier to understand health insurance.

Engage previous consumers as champions for enrollment assistance programs through volunteer or rewards programs.

Over half of consumers who received enrollment assistance from ECTCA grantees heard about those services from a friend, family member or previous client. As organizations look to reach new groups of consumers, they can bolster those efforts by continuing to develop strong relationships with consumers whom they have helped in the past. Engaging previous clients as volunteers to assist with outreach efforts or developing

rewards programs to incentivize consumers to refer family and friends for enrollment help may be ways that programs can build on these existing relationships with consumers.

Target counties where Marketplace enrollment remains low.

Target awareness, education and enrollment efforts in counties where Marketplace enrollment as a percent of the potential population remains low. In each region, several counties have less than a third of the potential population enrolled.

Expand grassroots outreach efforts.

Grassroots outreach can be a valuable method for reaching consumers in the community. Grassroots outreach involves leveraging word-of-mouth and local influencers who can help build awareness and support for Marketplace efforts. Assisters need refined messages for this type of outreach and guidance on how to target audience groups.

RECOMMENDATIONS FOR STRENGTHENING AND SUSTAINING THE MOMENTUM OF THE COVER MISSOURI COALITION:

Continue to offer opportunities for education and collaboration to CMC members.

CMC members report their knowledge and ability to serve their constituents increased as a result of participation in the Coalition. Collaboration has allowed members to make valuable partnerships and expand their reach in the community. Areas in which members want to continue to collaborate with others include sharing strategies and best practices, developing strategies to reach underserved populations and planning outreach activities. This is particularly important as the number of uninsured in Missouri decreases, because those who still need enrollment assistance will most likely be consumers in more challenging circumstances.

Continue to explore options to transform Medicaid.

The state of Missouri has not yet chosen to expand its Medicaid program, leaving a coverage gap for approximately 300,000 residents with incomes below 100 percent of the FPL. Continued work is needed by the CMC's Medicaid working group to share information, learn together and examine policy options to transform Medicaid.

Prioritize health insurance literacy training opportunities for assisters during the post-enrollment period

Registration and active participation in the online eLearning series was lower than expected during the initial rollout to assisters, which coincided with open enrollment. Because participation increased substantially after open enrollment, it is recommended that training opportunities be offered during post-open enrollment to minimize webinar and training fatigue and maximize assisters' availability to participate. Furthermore, additional training and resources need to be focused on helping assisters communicate about numbers with consumers.

Increase coordinated paid, digital and social media efforts.

Greater emphasis on paid media will be necessary to ensure message pull-through with the right audiences.

There is a need for increased paid digital media and paid search initiatives, which include messages to fit into consumers' lifestyles so they better understand the Cover Missouri call-to-action. Paid digital and social media will be critical to reach targeted audiences and drive engagement.

Provide sustainability planning education and assistance to organizations.

Given the ever-changing landscape of the Missouri Marketplace, as well as the role that the Cover Missouri Coalition plays as a convener and information resource within the state, CMC is in a strong position to assist organizations with sustainability planning. For example, as funding streams change for assister organizations, the CMC trainings and educational resources can help them assess what role they will play in enrollment work in the future. One area in which members may benefit is support with developing low-cost awareness strategies. For example, Coalition members reported utilizing more resource-heavy awareness activities (e.g., presentations, paid media) than social media or web-based activities in follow-up surveys.

Continue to engage new members from around the state, particularly in the Northeast, Northwest, Kansas City and Southeast regions.

The evaluation findings suggest that there are numerous benefits to participation in the Cover Missouri Coalition, including increased capacity to enroll consumers and opportunities to engage in partnerships. In order to reach the Initiative's goal of reducing the number of uninsured in Missouri, it is important that stakeholders engaged in enrollment work are aware of and have access to these opportunities for education and collaboration. Potential members may have untapped experience which may benefit current members, and they may themselves be able to enhance their work by taking part in Coalition activities. The fewest members came from the Northeast, Southeast, and non-MFH region (which includes Kansas City and the Northwest), all of which enrolled small proportions of the potential population eligible for the Missouri Marketplace in 2015. These regions in particular may benefit from engagement of more organizations in the Coalition.

ENDNOTES

- 1 US Census Bureau, 2014 American Community Survey.
- 2 Individuals that are legally-residing and are uninsured or purchase non-group coverage, have incomes above Medicaid/CHIP eligibility levels, and who do not have access to employer-sponsored coverage are eligible to purchase insurance through the Marketplace.
- 3 US Census Bureau, 2014 American Community Survey.
- 4 Assistant Secretary for Planning and Evaluation (ASPE), Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report. Retrieved from http://aspe.hhs.gov/sites/default/files/pdf/83656/ib_2015mar_enrollment.pdf. It is important to note that these data generally represent the number of individuals who have selected, or been automatically re-enrolled into a 2015 plan through the Marketplaces, with or without payment of premium. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated.
- 5 Assistant Secretary for Planning and Evaluation (ASPE), Profiles of Affordable Care Act Coverage Expansion Enrollment for Medicaid/CHIP and the Health Insurance Marketplace, 10-1-2013 to 3-31-2014.
- 6 Centers for Medicare and Medicaid Services, Marketplace Enrollment Snapshot, June 2, 2015. Retrieved from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-06-02.html>
- 7 Centers for Medicare and Medicaid Services, August 13, 2015 Fact Sheet: 2015 Special Enrollment Period Report-February 23-June 30, 2015. Retrieved from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-08-13.html>
- 8 Individuals that are eligible for Medicaid coverage, those that have employer-sponsored health insurance coverage, and those that are living illegally in the United States are not eligible to purchase health insurance through the Marketplace.
- 9 US Census American Community Survey uninsured estimates are the results of a survey conducted in March of 2015 and asks respondents to report on their health insurance experience throughout the year of 2014.
- 10 US Census Bureau, 2014 American Community Survey, 1-year estimates, Table c27016. Retrieved from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_C27016&prodType=table
- 11 Kaiser Family Foundation, June 2015. State Health Facts. Retrieved from <http://kff.org/health-reform/state-indicator/marketplace-enrollment-as-a-share-of-the-potential-marketplace-population-2015/>
- 12 Office of the Assistant Secretary for Planning and Evaluation (ASPE), Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report. Retrieved from http://aspe.hhs.gov/sites/default/files/pdf/83656/ib_2015mar_enrollment.pdf
- 13 Office of the Assistant Secretary for Planning and Evaluation (ASPE), Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report. Retrieved from http://aspe.hhs.gov/sites/default/files/pdf/83656/ib_2015mar_enrollment.pdf
- 14 Office of the Assistant Secretary for Planning and Evaluation (ASPE), Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report. Retrieved from http://aspe.hhs.gov/sites/default/files/pdf/83656/ib_2015mar_enrollment.pdf “Individuals Determined Eligible to Enroll in a Plan Through

- the Marketplace” (i.e., enrollment through the Marketplaces for a 2015 Marketplace plan) represents the total number of individuals for whom a Completed Application has been received for the 2015 plan year (including any individuals with active 2014 Marketplace enrollments who returned to the Marketplaces and updated their information), and who are determined to be eligible for plan enrollment through the Marketplaces during the reference period, whether or not they qualify for advance payments of the premium tax credit or cost-sharing reductions. These individuals may or may not have enrolled in coverage by the end of the reference period.
- 15 This percentage was calculated using the number of effectuated enrollments in March 2015, available from Centers for Medicare and Medicaid Services, Marketplace Enrollment Snapshot, June 2, 2015. <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-06-02.html>. The number of effectuated enrollments was divided by the Kaiser Family Foundation number for the potential Marketplace population in Missouri for 2015, available at Kaiser Family Foundation, Marketplace Enrollment as a Share of the Potential Population. Retrieved from <http://kff.org/health-reform/state-indicator/marketplace-enrollment-as-a-share-of-the-potential-marketplace-population-2015/>.
 - 16 Kaiser Family Foundation, October 2014. State Health Facts. Retrieved from <http://kff.org/health-reform/state-indicator/marketplace-enrollment-as-a-share-of-the-potential-marketplace-population-2014/>.
 - 17 Centers for Medicare and Medicaid Services, Marketplace Enrollment Snapshot, June 2, 2015. Retrieved from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-06-02.html>. Effectuated enrollment is the number of individuals that had paid for their health insurance coverage and had an active policy at the end of the month.
 - 18 Centers for Medicare and Medicaid Services, Marketplace Enrollment Snapshot, June 2, 2015. Retrieved from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-06-02.html>.
 - 19 Kaiser Family Foundation, Marketplace Enrollment as a Share of the Potential Population. Retrieved from <http://kff.org/health-reform/state-indicator/marketplace-enrollment-as-a-share-of-the-potential-marketplace-population-2015/>.
 - 20 Kaiser Family Foundation, October 2014. State Health Facts. Retrieved from <http://kff.org/health-reform/state-indicator/marketplace-enrollment-as-a-share-of-the-potential-marketplace-population-2014/>.
 - 21 Plan type descriptions obtained from Healthcare.gov. Retrieved from <https://www.healthcare.gov/choose-a-plan/plans-categories/>.
 - 22 Office of the Assistant Secretary for Planning and Evaluation (ASPE), Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report. Retrieved from http://aspe.hhs.gov/sites/default/files/pdf/83656/ib_2015mar_enrollment.pdf and The Office of the Assistant Secretary for Planning and Evaluation (ASPE), 2015 Plan Selections by County in the Health Insurance Marketplace, July 1, 2015. Retrieved from <http://aspe.hhs.gov/basic-report/2015-plan-selections-county-health-insurance-marketplace>.
 - 23 Office of the Assistant Secretary for Planning and Evaluation (ASPE), Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report. Retrieved from http://aspe.hhs.gov/sites/default/files/pdf/83656/ib_2015mar_enrollment.pdf and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), 2015 Plan Selections by County in the Health Insurance Marketplace, July 1, 2015. Retrieved from <http://aspe.hhs.gov/basic-report/2015-plan-selections-county-health-insurance-marketplace>.
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 - 25 A Barker, et al, "Rural Enrollment in Health Insurance Marketplaces, by State," RUPRI Center for Rural Health Policy Analysis, Brief No. 2015-11, September 2015.
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 - 28 Categories were not mutually exclusive, meaning respondents could select more than one.
 - 29 Categories were not mutually exclusive, meaning respondents could select more than one.
 - 30 Categories were not mutually exclusive, meaning respondents could select more than one.
 - 31 Webinar survey results do not include October 2014 webinar evaluations because a different survey was used.
 - 32 Categories were not mutually exclusive, meaning respondents could select more than one.
 - 33 Categories were not mutually exclusive, meaning respondents could select more than one.
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 - 35 Kaiser Family Foundation. (November 2014). Assessing Americans' Familiarity with Health Insurance Terms and Concepts. Retrieved from <http://kff.org/health-reform/poll-finding/assessing-americans-familiarity-with-health-insurance-terms-and-concepts/>.
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 - 38 Mid-America Regional Council only received funds to conduct regional hub activities not outreach, education or enrollment activities.
 - 39 While five grantees secured additional funds beyond their MFH grant, only four reported information regarding the award amount.
 - 40 The timeframe 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 for individuals and families and not the SHOP Marketplace.

- 41 People reached does not represent unique individuals, but rather reflects the total number of times an individual participated in or was reached by an event.
- 42 42 Categories were not mutually exclusive, meaning more than one category could be selected for event type.
- 43 CPHSS report
- 44 Categories were not mutually exclusive, meaning more than one category could be selected for population targeted.
- 45 Categories were not mutually exclusive, meaning more than one category could be selected for Marketplace audience targeted.
- 46 Categories were not mutually exclusive, meaning more than one category could be selected for event strategy.
- 47 This is not a unique count of partners, but the number of times a partner was reported.
- 48 Categories were not mutually exclusive, meaning more than one category could be selected for population and audience targeted.
- 49 Categories are not exclusive, meaning, assisters could identify more than one outcome.
- 50 Categories are not exclusive, meaning, assisters could identify more than one outcome.
- 51 Categories are not exclusive, meaning, assisters could identify more than one reason a consumer was referred.
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Appendix A: CoverMo Coalition Guide to Contacts

FACILITATION

StratCommRx

Contact: Kelly Ferrara, kelly@stratcommrx.com

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

AWARENESS + COMMUNICATION

FleishmanHillard

Awareness and Outreach Materials

Contact: Tony Zagora, tony.zagora@fleishman.com

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

Missouri Health Care for All

Storybanking Consumer Stories

missourihealthcareforall.org/health-share

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

HEALTH INSURANCE LITERACY

Health Literacy Missouri

Contact: Diane Webb, dwebb@healthliteracymissouri.org

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

University of Missouri Extension

Contact: Graham McCaulley, McCaulleyG@missouri.edu

- Provides health insurance education workshops for individuals/families, small businesses and agents/brokers

TECHNICAL ASSISTANCE

Community Catalyst

Contact: Dara Taylor, dtaylor@communitycatalyst.org

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

EVALUATION

Washington University in St. Louis

Contact: Caren Bacon, cbacon@brownschool.wustl.edu

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

REGIONAL HUBS

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

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

Northeast

Randolph County Caring Communities Partnership

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

St. Louis Metro

Planned Parenthood of the St. Louis Region and Southwest Missouri

Contact: *Laura Burbank, laura.burbank@ppslr.org*

Central

Primaris/Knowledge Management Associates

Contact: *Jeremy Milarsky, jmilarsky@primaris.org*

Southeast

DAEOC (Delta Area Economic Opportunity Corporation)

Contact: *CJ Smallwood, csmallwood@daeoc.com*

Southwest

CoxHealth

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

Greater Kansas City

MARC (Mid-America Regional Council)

Contact: *Catherine Couch, ccouch@marc.org*

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

A PROJECT OF:

Missouri Foundation for Health

Vice President Health Policy, Ryan Barker

Program Director, Expanding Coverage Initiative

Contact: *Nancy Kelley, nkelley@mffh.org*

Program Officers (Please CC your program officer on all email communications related to your grant project)

Contact: *Jessi LaRose, jlarose@mffh.org* or *Colleen Beckwith, cbeckwith@mffh.org*

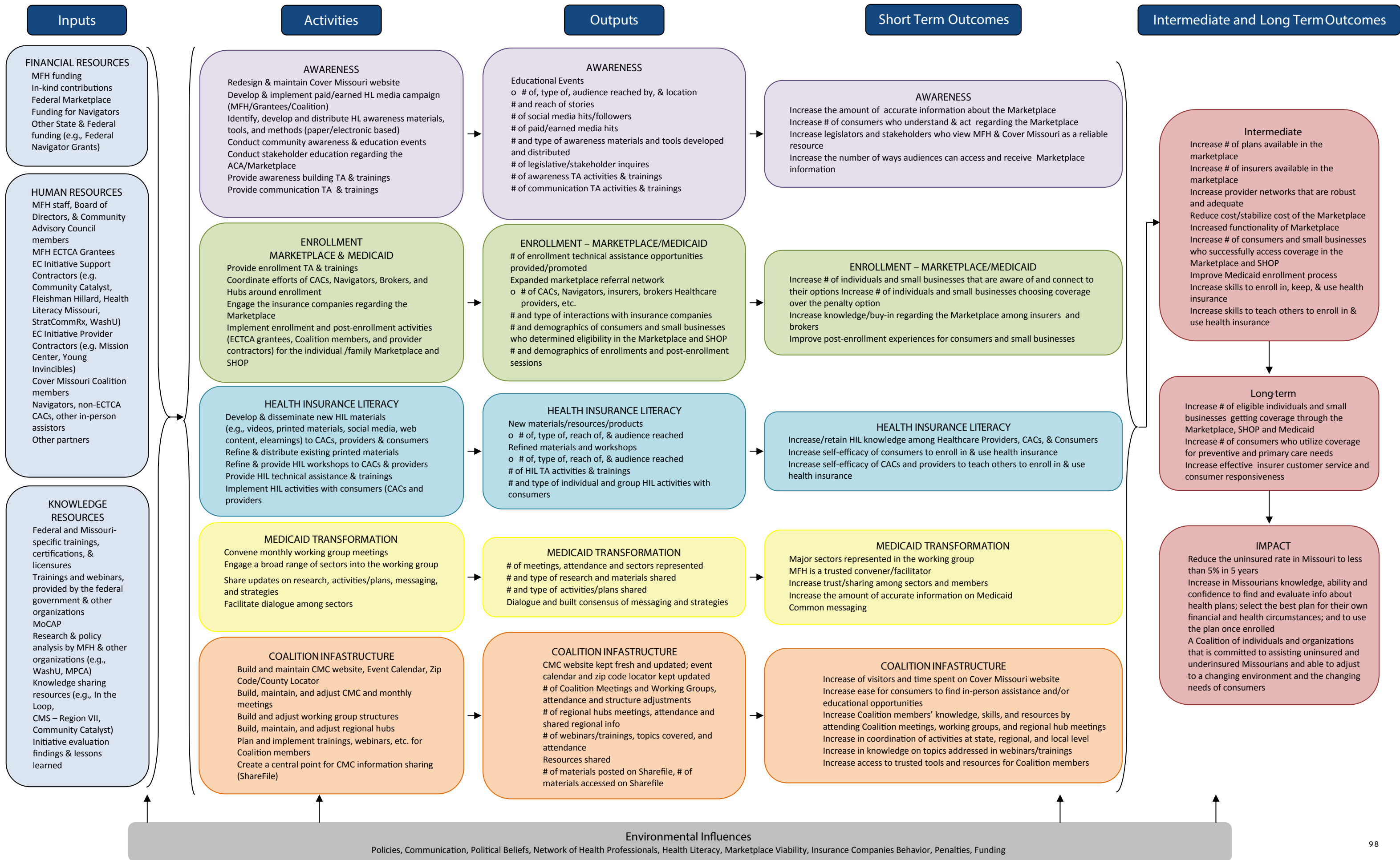
- Answers programmatic questions related to project activities/partnerships
- Reviews interim and final report project narratives
- Participates in and assists in implementing MFH's Expanding Coverage initiative

Grants Management

Contact: *Frank Rybak, frybak@mffh.org*

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

Appendix B: Expanding Coverage Initiative Logic Model



Appendix C: MFH Expanding Coverage Initiative 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?

COVER MISSOURI COALITION 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?

Appendix D: Data Sources and Methods

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

COVER MISSOURI COALITION

In order to evaluate the CMC's activities, the evaluation team used multiple methods to collect information. Specifically, methods included an intake survey, six month follow-up survey, meeting surveys and meeting notes.

Cover Missouri Membership Intake Survey:

- Purpose: Collected information related to the demographics of Coalition members, engagement in Missouri Marketplace activities and their reasons for joining the Coalition. The survey was developed in collaboration with StratCommRx, Missouri Foundation for Health.
- Administration dates: August 11, 2014 to August 31, 2015
- Response rate: 44.2 percent (out of 825 members who were sent the survey).

Cover Missouri Six Month Follow-Up Survey:

- Purpose: Assessed changes in knowledge and capacity of CMC members to reduce the number of uninsured in Missouri as a result of their membership in the Coalition. The survey was developed in collaboration with StratCommRx, Missouri Foundation for Health and other ECI support contractors.
- Administration dates: February 26, 2015 to August 31, 2015
- Response rate: 27.8 percent (out of 670 CMC members who were sent the six month follow-up survey).

Cover Missouri Meeting Surveys:

- Purpose: Assessed in-person and webinar meeting attendees' knowledge and future use of the information presented. The survey was developed by StratCommRx and the evaluation team.
- Administration dates: In-person and webinar meetings between September 2014 and August 2015
- Response rate: The average response rate for in-person meeting surveys was 75.7 percent and 53.9 percent for webinars.

CMC Meeting Notes:

- Purpose: Focused on questions asked and answered during the facilitated question and answer period at CMC in-person meetings in order to understand the meetings' role as an information sharing resource.
- Data collection dates: In-person meeting between September 2014 and August 2015

Limitations

The Expanding Coverage Initiative's CMC evaluation approach has limitations. The evaluation began during the second year of the Coalition's activities, so a baseline measure of members' engagement is not available. In addition, the response rate to the six month follow up survey is somewhat low and the findings may not reflect the activities and attitudes of all members, particularly those who are not highly engaged in the Coalition.

HEALTH INSURANCE LITERACY

In order to evaluate the HIL approach, the evaluation team utilized multiple methods to collect information from in-person assisters, other CMC members, health care providers and consumers. These methods included the CAC health insurance literacy survey, eLearning evaluation forms and video evaluation surveys.

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

- Purpose: Assessed 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 twice 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. Seventy-nine percent of the sample became certified as a CAC during the first open enrollment period (between October 2013 and April 2014). The surveys were developed in collaboration with Health Literacy Missouri, Missouri Foundation for Health and Community Catalyst. The surveys included questions adapted with permission from measures developed by Kaiser Family Foundation, American Institutes of Research, and the Health Reform Monitoring Survey.
- Administration dates:
- Baseline: September 22, 2014 to August 31, 2015
- Six month follow up: March 31, 2015 to August 31, 2015
- Response rate: 39.3 percent (out of 84 MFH funded CACs who received both surveys)

eLearning Evaluation Forms:

- Purpose: Assessed 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. Eight eLearnings were developed targeting assisters, the Cover Missouri Coalition, and health care providers, although eLearnings 7 and 8 were combined into one (referred to here as eLearning 7 & 8). Another set of eLearnings was also developed targeting healthcare professionals (i.e., nurses). Eighty-five

nurses signed up; however, due to the small sample size (2 participants completed at least one eLearning), analysis of the healthcare professional eLearning evaluation forms is not included in this report. The eLearning evaluations were developed in collaboration with Health Literacy Missouri.

- Administration dates: August 25, 2014 to August 31, 2015
- Sample size: 73 out of 137 individuals who signed up to participate in the eLearnings completed at least one of the trainings

Consumer Video Evaluation Surveys:

- Purpose: Assessed changes in consumers' awareness, knowledge and confidence about the health insurance topics covered in each of the six videos. Survey questions were developed that were specific to the topics covered in each video. Questions were developed in collaboration with Health Literacy Missouri and Missouri Foundation for Health. Some questions were developed from the Health Insurance Quiz developed by Kaiser Family Foundation and the Urban Institute's Health Reform Monitoring Survey. In order to be eligible for the video evaluation, participants had to live in Missouri at the time they were taking the survey and be between the ages of 18 and 64.
- Administration dates: January 26, 2015 to April 2, 2015
- Sample size: 385 consumers

Limitations

The health insurance literacy evaluation does have limitations. Most CACs who have participated in the health insurance literacy survey had been a CAC during the first open enrollment period (79 percent), meaning they already had some experience working with health insurance before taking the baseline survey. In addition, the number of CACs who participated in both the baseline and six month follow up health insurance literacy survey during the reporting period was small, which may limit the generalizability of the findings to other assisters. One reason for the small sample was turnover among ECTCA grantees' staff. This reduced the number of potential participants available to take the survey. Similarly, the eLearnings had a low participation rate. For eLearnings 2, 6 and 7, the low

participation rate makes it difficult to determine what, if any, effect they had on participants' knowledge. Finally, a limitation of the video evaluation was the utilization of a convenience sample, which limited the generalizability of the evaluation findings to the general population. In addition, the sample had a high median income (\$86,000) and a high education level (87.2 percent had received some post-secondary education).

ECTCA

The data collection approach utilized three tools. They were the core data set, the consumer post enrollment survey, 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 August 31, 2015

Grantee Documents:

- 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 success and barriers related to their grant activities.
- Data collection dates: March 2014 and September 2015

Post Enrollment Survey:

- Purpose: Assessed outcomes of the counseling session, demographics of the consumer and consumer satisfaction with the enrollment assistance services.
- Administration dates: September 1, 2014 to August 31, 2015
- Response rate: The response rate for the post enrollment survey was 4.1 percent.

Limitations

It is worth noting that the ECTCA evaluation approach has limitations. The main limitation of the evaluation was the inability of CACs to retain personally identifiable information on their consumers. Many consumers received enrollment assistance from MFH-funded

CACs but then completed the final enrollment steps on their own. Without contact information the evaluation team was not able to follow-up with these consumers after they left the CAC. The evaluation team also had to rely on the consumer post-enrollment survey to collect demographic information about the consumers being served by MFH-funded grantees; however, the response rate for the post-enrollment survey was far too low to utilize in this evaluation report. Finally, the lack of timely and detailed data from CMS limited the conclusions the evaluation team were able to draw about the impact of ECI on overall enrollment in Missouri.

Data Quality

The evaluation team employed data quality measures in all aspects of the evaluation. To ensure high quality data collection the team built strong relationships with partners, used standardized data collection and cleaning protocols and incentives.

Relationship Building: Developed buy-in and trust among partners in order to ensure engagement in the data collection procedures. In order to establish these elements, members of the evaluation team attended Coalition meetings, grantee convenings and were active participants in the Coalition support structure.

Standardized Data Collection and Cleaning Protocols:

The evaluation team developed standardized data collection protocols for all data collection tools. All staff and partners were trained on the protocols, and the evaluation team conducted routine data checks to identify and resolve any data reporting issues.

Incentives: To increase participation in the online surveys, incentives were provided to CMC members who participated in follow up surveys and video evaluation participants.

Appendix E: Consumer Video Evaluation Surveys Results

EVALUATION RESULTS

Demographic Characteristics

Evaluation Area	Findings*
<i>Demographic characteristics</i>	<ul style="list-style-type: none"> • Most video evaluation participants had insurance at the time that they completed the survey (93.7%, n=383). • Compared to Missouri residents between the ages of 18 and 64, a larger portion of the video evaluation sample was male, between the ages of 25 and 44, and identified as Hispanic or Latino. • Compared to Missouri residents between the ages of 18 and 64, a larger portion of the video evaluation sample was male, between the ages of 25 and 44, and identified as Hispanic or Latino. • Fewer respondents lived in urban areas than the general population of Missouri (49.0% of the sample, compared to 75.2% of Missourians between the ages of 18 and 64).¹ • There were no statistically significant differences in the gender of respondents across each of the six video surveys. There was not enough variability in the sample to determine if there were significant differences across videos based on other demographic variables.
<i>Awareness of Cover Missouri</i>	<ul style="list-style-type: none"> • Most respondents reported that they had heard of Cover Missouri (74.2%, n=368) and visited the website (70.5%, n=376) before viewing the video.
<i>Knowledge of the Health Insurance Marketplace and opinion of the Affordable Care Act</i>	<ul style="list-style-type: none"> • Most study participants reported they had heard some or a lot about the Marketplace (75.1%, n=381), and they had a favorable view of the Affordable Care Act (77.3%, n=383).

Video 1: Why Do I Need Health Insurance?

Evaluation Area	Findings*
<i>Awareness of financial and free in-person help</i>	<ul style="list-style-type: none"> • There was no statistically significant difference between the mean awareness scores on the pre- and post-surveys. In other words, although participants' awareness did increase slightly after watching the video; it may or may not have been due to chance.
<i>Awareness about the importance of health insurance</i>	<ul style="list-style-type: none"> • Almost all participants said that health insurance was somewhat or very important to them before watching the video (98.4%, n=63). • The importance of health insurance did not increase after watching the video for most participants (69.8%, n=63). This was true across categories of health insurance status and knowledge of Cover Missouri.

Video 2: Am I Able to Get Health Insurance Through the Missouri Health Insurance Marketplace?

Evaluation Area	Findings*
<i>Awareness of who can purchase insurance through the Health Insurance Marketplace</i>	<ul style="list-style-type: none"> • There was a slight increase in average scores on awareness questions after watching the video; however, the change was not statistically significant.
<i>Confidence in knowledge of information needed to purchase insurance and find free in-person help</i>	<ul style="list-style-type: none"> • Approximately one third of the sample experienced an increase in confidence in their knowledge of the documents needed to sign up through the Marketplace (30.9%, n=68) and knowledge about where to find in-person help (34.3%, n=67). • A higher proportion of participants from urban areas reported an increase in confidence compared to those from rural areas. This difference was statistically significant.

Video 3: Health Insurance Words to Know

Evaluation Area	Findings*
<i>Knowledge of key health insurance terms</i>	<ul style="list-style-type: none"> • Average knowledge scores increased after viewing the video; however, the difference was not statistically significant. • On average, the scores of people who had insurance through the Marketplace or on their own decreased after watching the video, as did those who had heard nothing or a little about the Marketplace.
<i>Confidence in understanding of key health insurance terms</i>	<ul style="list-style-type: none"> • Overall, most participants' confidence that they understood the terms did not change; however, 41.0 percent had an increase in confidence in their knowledge of the term 'co-insurance' (n=61).

Video 4: How Do I Choose a Health Insurance Plan?

Evaluation Area	Findings*
<i>Awareness of free in-person help and essential health benefits</i>	<ul style="list-style-type: none"> • There was no change in the average awareness scores between the pre- and post-surveys.
<i>Knowledge of premiums and types of health insurance plans</i>	<ul style="list-style-type: none"> • There was no change in the average knowledge scores on the pre- and post-surveys.
<i>Confidence in knowledge of where to find free in-person help and costs of health insurance plans</i>	<ul style="list-style-type: none"> • Most participants' were somewhat or very confident both before and after watching the video. • A decrease in confidence regarding where to find in-person help was experienced by 20.6 percent of participants. Most of those participants were from rural areas (61.5%, n=13); however, there was not enough variability within the sample to determine if this difference was statistically significant.

Video 5: I've Got Health Insurance! Now How Do I Keep It?

Evaluation Area	Findings*
<i>Awareness of free in-person help and need to re-enroll</i>	<ul style="list-style-type: none"> • There was a decrease in average awareness scores after watching the video, although the median score remained the same on pre- and post-surveys.
<i>Knowledge of how to keep insurance and reporting changes in income to the Marketplace</i>	<ul style="list-style-type: none"> • There was an increase in mean knowledge scores on the post-surveys and the difference was statistically significant. This means that there is evidence the increase in knowledge was a result of watching the video.
<i>Confidence in knowledge of how to pay a premium</i>	<ul style="list-style-type: none"> • Participants' confidence was high both before and after watching the video (81.4% were somewhat or very confident before, compared to 86.4% afterwards, n=59). • Sixty percent of people whose confidence increased had Marketplace insurance or bought it on their own (n=10); however, there was not enough variability in the sample to determine if this difference was statistically significant or not.

Video 6: Know Your Health Insurance Rights

Evaluation Area	Findings*
<i>Knowledge of health insurance rights</i>	<ul style="list-style-type: none"> • On average, knowledge scores increased after participants watched the video; however, the difference was not statistically significant.
<i>Confidence in ability to contact insurance companies</i>	<ul style="list-style-type: none"> • Participants reported feeling somewhat to very confident contacting their insurance company both before and after watching the video. Over half did not experience a change in confidence regarding contacting their insurance company with a question (58.6%, n=58) or contacting them multiple times (56.7%, n=60).

After Watching the Videos

Evaluation Area	Findings*
<i>Intention to visit the Cover Missouri website because of the video</i>	<ul style="list-style-type: none"> • Most respondents said they would visit the Cover Missouri website because they watched the video. There was little variation in respondents' answers to this question across the videos.
<i>Believability of the person in the video</i>	<ul style="list-style-type: none"> • Most people agreed that the person in the video was believable (81.5% overall, n=384).