

# CONNECTORS TO COVERAGE

SUPPORTING ENROLLMENT ASSISTERS IN ARKANSAS



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## SUPPORTING ENROLLMENT ASSISTERS IN ARKANSAS



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### EXECUTIVE SUMMARY

Beginning on October 1, 2013, more than 500,000 uninsured Arkansans had a new opportunity to access comprehensive and affordable health coverage through the Affordable Care Act and Arkansas's Private Option. More than 44,000 people signed up for coverage through the Health Insurance Marketplace during the first open enrollment period from October 1, 2013 to March 31, 2014. As of September 2014, more than 211,000 people had been deemed eligible for coverage through Arkansas's Private Option. More than 700 assisters were trained and licensed to help consumers enroll in this coverage. These assisters were also tasked with performing outreach to educate consumers about the new options available. Assisters who served consumers during the first open enrollment period gained valuable knowledge about outreach and enrollment best practices.

The experience of enrollment assisters provides an important perspective for improving eligibility determination and successful enrollment in the coming years. Assisters work on the frontlines of health coverage outreach and enrollment and have extensive knowledge of enrollment systems and consumer experience. Arkansas Advocates for Children and Families (AACF) facilitated focus groups of enrollments assisters at three regional Arkansas for Coverage Summits in June of 2014. These focus groups in Little Rock, Springdale, and Newport were voluntary opportunities for assisters of any type (in-person assisters, navigators, certified application counselors, or outreach enrollment assisters), excluding agents and brokers, to share their experiences from the 2014 open enrollment. Assisters found their work rewarding and were passionate about helping people enroll in affordable health care coverage. Despite their enthusiasm for aiding

consumers, open enrollment was a challenge. Barriers to enrolling consumers included:

- Technical issues and difficulty accessing technical assistance or resources.
- Challenges with determining the eligibility and enrolling consumers in complex situations.
- Difficulty overcoming consumer's negative perceptions of the Affordable Care Act and the Private Option.

Assisters suggested improvements to enrollment and outreach best practices, training, and technical assistance, providing useful insight into improving the 2015 experience for consumers. Due to outreach restrictions placed upon state agencies by the Arkansas legislature, the amount of assisters available to help consumers will be greatly reduced during upcoming open enrollment (November 15, 2014 to February 15, 2015). This creates an even greater need for state agencies and other stakeholders to consider the feedback of assisters and implement the changes suggested. These improvements will aid current assisters in connecting the more than 200,000 remaining uninsured consumers to coverage.

## **OVERVIEW OF PROJECT**

The Health Insurance Marketplace, established by the Affordable Care Act, allowed Arkansas consumers to shop for, compare, and enroll in health coverage, as well as determine their eligibility for financial help to pay for their coverage. Low-income Arkansans were able to enroll in a subset of the plans sold on the Marketplace with no monthly premium through Arkansas's Private Option. Using federal grant funds, the Arkansas Insurance Department hired more than 500 in-person assisters to help consumers navigate the online enrollment systems. In addition, Navigators and Certified Application Counselors were licensed to help enroll the uninsured. In total, 757 assisters were trained to help consumers with Marketplace enrollment.

Following the close of open enrollment, AACF worked to record the experiences of assisters and learn from assisters' insight into how the consumer enrollment process could be improved. A total of 19 assisters representing 18 counties shared their experiences in three focus groups held at the Little Rock, Springdale, and Newport summits hosted by Arkansans For Coverage. Overall, the assisters found helping people in dire need of health coverage to be very rewarding. On the other hand, assisters were confused and frustrated by enrollment system errors that prevented them from enrolling consumers.

The following is a brief description of each topic covered with the assisters.

## **ASSISTER BEST PRACTICES FOR OUTREACH**

In order to connect with consumers, assisters engaged in outreach. Outreach was done to educate consumers about affordable health coverage options and the ways to enroll. Locations assisters found effective for outreach included:

- Libraries
- College health fairs
- Free or low-cost health clinics
- Local festivals and fairs

Libraries and low-cost health clinics provided good locations for outreach because they attract low-income clients who are likely to be uninsured. One assister had luck reaching the Hispanic community by reaching out to small businesses serving the Latino community. The success the assister had often depended on their specific strategy. The more diligent the assister was about integrating into the community, the more success they had with outreach. Assisters had less success with outreach when they waited for consumers to approach them. For example, one assister had little success enrolling college students by setting up a booth in a college student union. Alternatively, another assister who became involved with college sororities and the college sponsored health fair had good success with enrollment on college campuses.

## **ASSISTER BEST PRACTICES FOR MESSAGING**

When trying to encourage people to enroll, assisters avoided the words “Obamacare” and “Medicaid,” which had highly negative connotations among consumers. Instead assisters encouraged their clients to sign up for health coverage under the Private Option or the Affordable Care Act. On the other hand, one assister found that “Obamacare” received a more positive response among the Hispanic community than saying “Affordable Care Act.”

Consumers also responded to messages about affordability. Assisters attracted consumers to enroll when they explained that coverage might be free or low cost.

## **WORKING WITH FEDERAL ENROLLMENT SYSTEM HEALTHCARE.GOV**

The rocky launch of Healthcare.gov prevented assisters from enrolling consumers at the start of open enrollment, but most assisters agreed that the website improved greatly after the first three months. In the meantime, assisters utilized Access Arkansas to enroll consumers eligible for the Private Option.

Other than technical glitches with the website, assisters were the most frustrated with the federal call center. Assisters were pleased that they could easily reach a call center representative. On the other hand, the assisters felt the call center representatives were uninformed. Assisters complained about receiving different answers to the same question, depending on the representative with whom you spoke. This inconsistency was a source of frustration for assisters, who were unsure about the reliability of the guidance they were receiving from the call center.

## **IMPROVEMENTS TO THE FEDERAL ENROLLMENT SYSTEM**

Assisters found that the federal website was confusing to consumers who attempted to enroll or browse plans before seeking out in-person assistance. This was particularly true if the consumer had low health literacy. Assisters recommended a number of

improvements to the federal enrollment system that would facilitate consumer enrollment:

- Increase marketing to educate consumers about the enrollment system and how to use it.
- Eliminate the need for consumers to have an email address.
- Provide a way for consumers and assisters to track application status.
- Improve the identity verification process.

## **CHOOSING A PLAN**

Assisters were asked how easy it was for the consumers they served to pick an insurance plan. Many of the assisters felt that choosing a plan was the easiest part of the application process. Assisters thought that consumers were relieved to have completed the application and were excited about gaining health care coverage. In addition, some consumers already had preferences regarding cost or insurance provider. Alternatively, some assisters noted that plan selection could take hours or even days. Consumers had difficulty selecting a plan if they had limited knowledge of insurance and insurance lingo. Some consumers had to make multiple appointments with assisters for plan selection because they needed extra time to consider the plans or discuss the options with family members. When an assister spent hours helping a consumer to select a plan, this took away from the time the assister could aid other consumers with enrollment. Assisters noted the need for more health literacy education to consumers, in order to better aid the consumers in picking an insurance plan.

## **WORKING WITH THE ARKANSAS DEPARTMENT OF HUMAN SERVICES ENROLLMENT SYSTEM ACCESS.ARKANSAS.GOV**

Assisters felt that the Access Arkansas website worked very well until it came to identity verification. Assisters had particular difficulty verifying the identities of young people and legal immigrants, who were less likely to have any credit history. In addition, some assisters complained about difficulty verifying if individuals were formerly in foster care.



Assisters seemed confused about best practices for navigating the identity verification process, particularly when Access Arkansas asked for additional documentation. Assisters expressed confusion over the best method, such as fax or mail, by which to send additional documents to the processing center. They also wanted a way to track the application status once the identity verification materials were submitted.

Assisters were also frustrated by the Access Arkansas call line. Assisters and consumers would wait on hold to speak to a Department of Human Services representative, only to be hung up on. The lack of technical assistance through the Access Arkansas call line created confusion among assisters. Assisters did not know where to go to reach DHS for technical assistance and resources. Some assisters were able to foster helpful partnerships with their county DHS offices, while others were not. Little information was provided about InsureArk.org, the site where consumers chose a Private Option plan.

## **NO WRONG DOOR**

Assisters directed consumers they believed to be Private Option eligible immediately to the Access Arkansas website, especially during the beginning of open enrollment when Healthcare.gov was down. Assisters complained that consumers could not receive Medicaid eligibility determinations quickly from the Marketplace, which created delays in consumers completing their applications and accessing coverage.

## **TRAINING**

Assisters felt that their training gave them a good overview of the Affordable Care Act, including the purpose of the ACA and what the law includes. Unfortunately, assisters did not feel the training prepared them to enroll consumers. Assisters requested that future training include screen shots or demonstrations of Healthcare.gov, as well as Access Arkansas and InsureArk.org, so that assisters could familiarize themselves with the enrollment processes. Lacking practical training, assisters were initially less

knowledgeable about processes that became daily parts of their jobs, such as handling complex cases and processing identity verifications. The inadequate training combined with limited technical assistance left assisters feeling confused and isolated. One assister described it as being, “put out in the cold without a jacket.” For future trainings, assisters suggested continuing the in-class training, with an experienced assister as the class facilitator. This would allow the new assisters to ask questions and receive advice from an enrollment and consumer assistance expert.

## **TECHNICAL ASSISTANCE**

“There is a big gap between expectation and reality,” said one assister, when explaining consumer expectations of the ability of an in-person assister to deal with technical issues with enrollment. Another assister commented, “The consumers expected us to do magic.” Assisters complained that consumers assumed in-person assisters would have more resources to navigate application issues and technical glitches. Assisters could have provided better help to consumers if they had had more access to technical assistance and support from Healthcare.gov and Access Arkansas.

Assisters’ suggestions for technical assistance going forward included:

- A dedicated technical assistance line for assisters with enough staff to provide timely responses.
- More assistance from DHS on issues with Access Arkansas and Private Option enrollment.
- Advanced notification from the federal government or Department of Human Services concerning routine website maintenance.

## **SPECIAL ENROLLMENT PERIODS**

Most assisters had little knowledge about special enrollment periods. Special enrollment periods are the only way consumers can enroll in Marketplace coverage outside of open enrollment, unless they qualify for the Private Option, which allows enrollment year-

round. Open enrollment first occurred from October 1, 2013 to March 31st, 2014 and will happen again from November 15, 2014 through February 15, 2015. A consumer must have a qualifying life event to receive a special enrollment period. Qualifying life events include getting married, having a baby, or losing health coverage due to a divorce. At the time of the focus groups, most assisters were still helping clients to resolve on-going application issues or enroll in the Private Option.

## **FUTURE INVOLVEMENT**

Some assisters who participated in the focus groups will continue working at their organizations. Many assisters will no longer be funded to work due to legislative restrictions ending the in-person assister program through the Arkansas Insurance Department. Assisters who had lost their jobs expressed sadness at not being able to help consumers in need of health coverage.

## **MONITORING AND GUIDE MANAGEMENT SYSTEM**

Assisters were confused about how to report within Guide Management System (GMS), the online reporting system provided by the Arkansas Insurance Department. They felt they had not received clear instructions about when to count an individual as “served” or “assisted” and when to count an individual as “enrolled.” Many were concerned that assisters were unknowingly over- or under-reporting their enrollment numbers based on this confusion.

## **STATEWIDE COALITION**

When asked about participating in a statewide coalition of assisters, most assisters were very interested. One assister suggested that regional coalitions would be better due to differences among regions. Some assisters felt isolated or alone, particularly if they were the only assister from their organization working in a particular county or region. To combat this isolation, assisters suggested monthly phone calls or meetings for assisters across the state. In addition, some assisters desired access to other assisters’ contact information

in order to communicate about technical assistance and valuable resources.

## HELPFUL PARTNERSHIPS

Assisters suggested partnerships that helped them to reach consumers, including partnerships with organizations that do not normally work on health care. Partnerships assisters suggested included:

- School districts
- Developmental disabilities providers
- Churches
- Technical Colleges
- Unemployment Office
- Staffing Agencies
- Insurance Agents
- Professional Organizations
- Local Chamber of Commerce
- Domestic Shelters
- Substance Use Disorder providers and clinics

Assisters also desired a better partnership between the Insurance Department, Department of Human Services, and other assisters to provide better information, resources, and technical assistance about Access Arkansas.

## CONCLUSIONS

During the 2014 session of the legislature, several new amendments were added to the Private Option in order to gain the necessary 75 votes to pass its reauthorization in the Arkansas House of Representatives. Specifically, special language was added which prohibits state agencies from promoting or conducting outreach on behalf of the Health Insurance Marketplace. As of June 30, 2014, the Department of Human Services, the Department of Health, and the Arkansas Insurance Department are no longer allowed to allocate, budget, expend, or utilize state or federal funding to advertise or encourage enrollment in health care coverage. Most importantly, the special language bars these agencies from using government money to fund the activities of outreach workers. This eliminated over 500 in-person assisters who conducted outreach and education about affordable health coverage through funding from the Insurance Department.

This sharp reduction in the amount of assisters working in Arkansas creates a need for the remaining assisters to be even more well-trained and equipped to serve consumers. Looking forward to open enrollment 2015, assisters need greater technical assistance to help enroll consumers. Improvements to technical assistance should include:

- Training that better prepares assisters to do the work of enrollment and navigate Access Arkansas, InsureArk.org, and Healthcare.gov.
- More DHS staff dedicated to providing support on technical issues with Access Arkansas.

Further, improvements can be made to the enrollment systems that will greatly help consumers and assisters in completing enrollments.

- “No wrong door” needs to be streamlined so that consumers can be seamlessly enrolled regardless of where they begin their application.
- Identity verification needs to be improved. This includes creating a way for consumers and assisters to track the status of applications during the identity verification process.

Assisters desire to be experts for the consumers they serve. They have a passion for helping the uninsured and navigating the enrollment process. In order to help assisters be the experts they need to be for consumers, the Department of Human Services and the Insurance Department should consider the ways they can improve their technical assistance, training, and enrollment systems going forward.

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