



Expanding Coverage Initiative



Expanding Coverage Initiative Final Evaluation Report

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Acknowledgements

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Summary

Introduction

In 2013, Missouri Foundation for Health (MFH) created the Expanding Coverage Initiative. The goal of the Initiative was to reduce the percentage of uninsured Missourians under the age of 65 to five percent. The Initiative focused on three key strategies to accomplish this goal: creating awareness about the Missouri Marketplace; enrolling individuals, families, and small businesses in health insurance through the Missouri Marketplace; and building the health insurance literacy of assisters, consumers, and health care providers. MFH implemented these strategies on both a regional and statewide level through the Cover Missouri Coalition (CMC) and the coalition support partners.

The Brown School at Washington University in St. Louis served as the external evaluator for the Expanding Coverage Initiative. The evaluation was limited to a subset of the efforts being implemented by CMC, the Health Insurance Literacy (HIL) support partner, and MFH funded grantees. This report describes the external evaluation data for the time period of August 1, 2018 to July 31, 2019 along with providing key findings for the evaluation data from 2013 to 2019. Please see previous evaluation reports located at the Center for Public Health Systems Science [website](#) for the evaluation findings from the Cover Missouri Coalition components, Health Insurance Literacy components, and Grassroots Outreach to Maximize Enrollments (GOME) evaluations.

Environmental Context

The healthcare environment and availability of health insurance in Missouri has changed since 2013 with the implementation of the Affordable Care Act (ACA) and many Missourians have had the opportunity to purchase or re-enroll in health insurance through the Missouri Marketplace during this time. During the 2019 open enrollment period, enrollment into the Missouri Marketplace continued the declining trend that has been observed since a peak was achieved in the 2015-2016 open enrollment period. In addition, the Missouri Medicaid program has seen a decline in the number of individuals covered by Medicaid. This decline is specific to the number of children enrolled in the program as other eligibility groups enrollment has remained relatively stable.

Expanding Coverage Initiative Evaluation Findings

Expanding Coverage through Consumer Assistance Program (ECTCA)

The ECTCA grant program provides consumers with pre-application, enrollment, and post-enrollment assistance along with conducting Marketplace education and outreach activities. The program is focused on serving consumers who have difficulty enrolling in health insurance without the help of one-on-one assistance, including (but not limited to) consumers with low literacy, limited English proficiency, lower-income individuals, people with disabilities, and other hard-to-reach populations. Throughout the Initiative, MFH has funded between 13 and 22 grantees. The amount of funding provided by MFH for these grantees also varied by funding cycle as well. Grantee funding reached a peak during cycle three (August 2016 to July 2018) and low in cycle four (August 2018 to July 2019).

ECTCA grantees conducted outreach, education, enrollment, and health insurance literacy activities throughout the reporting period. They conducted 10,724 events and 562,114 media activities over the course of the Initiative. Majority of the events were conducted during the special enrollment period. In addition, ECTCA grantees conducted 53,133 counseling sessions over the six years. Of these counseling sessions, on average 38% of them resulted in a qualified healthcare plan being selected. It is important to note that from year two to six, consumers participated in an average of two counseling sessions before selecting a qualified healthcare plan. Over the course of the Initiative, the percent of counseling sessions with new enrollees continued to decline while the percent of counseling sessions with re-enrollees continued to increase.

Key Takeaways

Several key takeaways were identified through the Expanding Coverage Initiative evaluation, which only included a subset of the ECI activities. These key takeaways provide important information which can be used in future Initiative planning to build upon existing successes and address current challenges. Below are the key takeaways:

The Expanding Coverage Initiative did not reach the goal of reducing the uninsured rate in Missouri to five percent. However, reaching an uninsured rate of five percent in Missouri is unattainable without Medicaid expansion. The State of Missouri has chosen not to expand its' Medicaid program leaving limited health insurance coverage options available for its residents with the lowest incomes. The uninsured rate in Missouri had been declining from 13 percent in 2013 to 8.9 percent in 2016, but experienced a slight increase to 9.4 percent in 2018, to a total of over 568,000 uninsured Missourians. In addition, the uninsured rate for those under age 65 increased to 11.2 percent in 2017 from 10.5 percent in 2016. In 2010, the State of Missouri ranked 23rd out of all fifty states in the percentage of the population that was uninsured and now in 2018 ranks 34th. Missouri has not kept pace with other states in insuring the uninsured mainly because of the lack of Medicaid expansion in the state. States that have expanded their Medicaid programs since 2014 have seen more dramatic reductions in their uninsured populations than states that have not expanded their Medicaid programs. Medicaid expansion is crucial to lowering the uninsured rate in Missouri to 5 percent due to the fact that many uninsured Missourians fall into a coverage gap with incomes below the Federal Poverty Line.

Missouri Medicaid enrollment grew as children that were eligible for the program enrolled, but enrollment has been falling in the past year as many children are losing their Medicaid coverage. Enrollment assistance continues to be needed in order to help those that are eligible enroll in Medicaid and to navigate re-enrollment into Medicaid managed care every year. Despite the fact that Missouri has not expanded their Medicaid program, Missouri Medicaid saw a sizeable increase in enrollment from mid-2014 through the end of 2016. Enrollment increased by over 170,000 people during that time and peaked at 996,024 enrollees in January 2017. Missouri Medicaid enrollment has subsequently declined since January 2017 and enrollment in July of 2019 was 850,254 beneficiaries. The bulk of the earlier increase in enrollment was the result of enrolling children that were already eligible for Medicaid under the existing guidelines but had not previously enrolled. The subsequent decline has been mainly a result of children losing enrollment in the Medicaid program. Medicaid child enrollment rose from approximately 527,000 in 2013 to 627,000 in 2017; however, child enrollment was only 520,000 in July 2019.

The bulk of these children are likely still eligible for Medicaid, but have not been re-enrolled. Navigating the Medicaid enrollment process, Medicaid call centers, and paperwork requirements can be cumbersome and, at times, challenging for Medicaid beneficiaries and the parents of children eligible for Medicaid. Assistance with Medicaid enrollment and re-enrollment and navigating the changes in plans offered by Medicaid managed care plans could be a vital role for assisters as they continue their work to cover the uninsured.

The Missouri Marketplace—a story of resilience. The Missouri Marketplace, despite its challenges, has filled the need of health insurance for many individuals in Missouri, but also has provided limited options for many others. The Missouri Marketplace has had many changes since it began in 2013 including: the firms offering Marketplace coverage each year, increasing premiums and costs, and the elimination of the mandate for individuals to purchase health insurance coverage, but many people continue to purchase health insurance through the Marketplace because it is their best and likely only option. Prior to the passage of the ACA, many individuals were not able to purchase non-group health insurance because of a pre-existing health condition or other limitations.

The marketplace has allowed many of these individuals to purchase coverage, often with subsidies if they meet the income guidelines and avoid the potential for serious financial hardship from their health expenses; however, there are many people in need of health insurance that are not benefitting in the same way from the options offered by Marketplace coverage.

Every year since 2014, many more people have applied for Marketplace coverage than have ultimately enrolled in coverage. The majority of those that are eligible and enroll each year have incomes between 100 to 400 percent of the Federal Poverty Level (FPL) and receive financial assistance. In 2019, a large majority of enrollees, eighty-five percent (186,459 consumers) of those enrolling in the Marketplace received financial assistance with paying their premiums in the form of advance payment tax credits, while over 57 percent (127,477) of all Marketplace enrollees also received cost-share reductions to assist with the cost of their out-of-pocket expenditures.^{xxiii} The average age of Marketplace enrollees has gone up as the percentage of those enrolled that are 55-64 years of age has increased which likely indicates that these individuals are more in need of health coverage and therefore more willing to pay high premiums. Fewer applicants are applying for new Marketplace coverage every year with 78 percent of the applications being renewals in 2019.

There have been challenges for the marketplace, but it is filling a need that our previous health insurance options did not for a target population of individuals with incomes of 100-400 percent of the FPL; however, a need still exists for affordable health insurance options for those ineligible for financial assistance at slightly higher income levels and those in the coverage gap with incomes below 100 percent FPL.

There continues to be a role for assister services in Missouri...year round. There is a need for continued education in Missouri about the Missouri Marketplace and assistance for consumers with electing a Qualified Healthcare Plan as the Missouri Marketplace environment continues to shift. From 2014 to 2019 the number of firms offering insurance in Missouri fluctuated from three to six. In addition, the average second-lowest silver premium rate increased anywhere from 64 percent to 132 percent from 2014 to 2019 across Missouri's rating areas. Also in 2019, no Missouri Foundation for Health regions enrolled more than 40 percent of the potential population indicating there are still eligible individuals to enroll in the Marketplace.

As the environment demonstrates the need for assister services, ECTCA assisters demonstrated the need for these services goes beyond open enrollment as well. Across the Initiative, the percent of counseling sessions being conducted by ECTCA funded assisters during the special enrollment period increased each year. Moreover, assisters have provided between 31 percent to 48 percent of their special enrollment counseling sessions were dedicated to providing consumers with post enrollment only assistance.

Introduction

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

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

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

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

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

Figure 1: Expanding Coverage Initiative structure



Evaluation

In 2013, MFH contracted with the Brown School at Washington University in St. Louis to conduct the external evaluation of ECI. The external evaluation did not evaluate all efforts implemented under ECI and evolved over time. The evaluation began with a narrow focus on the Expanding Coverage through Consumer Assistance (ECTCA) program then expanded to include some, but not all, components of the Health Insurance Literacy Program and the Cover Missouri Coalition followed by the Grassroots Outreach to Maximize Enrollment (GOME) program. This evaluation report will focus only on the Initiative components active in 2019. For dissemination products containing information on the evaluation of previous Initiative components, please visit the [CPHSS ECI web page](#).

Figure 2: **Evolution of the Expanding Coverage Initiative's external evaluation**



Evaluation Design

The evaluation utilized both process and outcome evaluation strategies. A process evaluation was utilized because ECI was implemented over six years, and it was essential to understand what was and was not working along the way instead of at the conclusion of the Initiative. This allowed MFH to make program improvements along the way. The outcome evaluation provided information about the short-term, intermediate, and long-term outcomes of ECI.

The evaluation process was grounded with an Initiative level logic model and evaluation questions. Evaluation staff developed these in conjunction with MFH staff and fellow coalition support partners. (See Appendix A for the Initiative level logic model and Appendix B for the corresponding evaluation questions.)

Data Sources and Methods

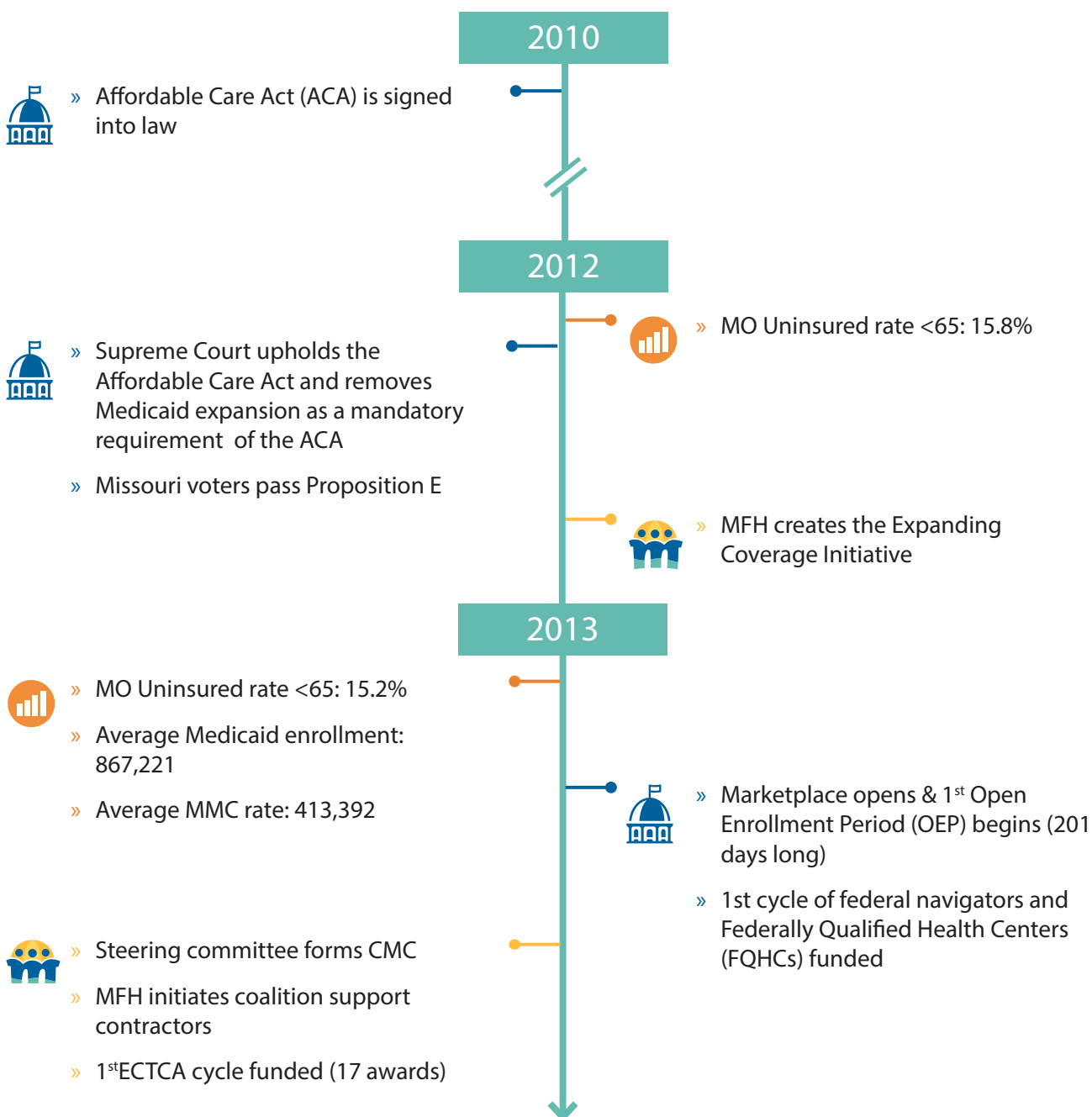
The evaluation team utilized a mixed methods approach, collecting both quantitative and qualitative data. The primary quantitative data sources were the grantee core data sets, surveys, and evaluation forms. The external evaluation also utilized a variety of secondary data sources such as U.S. Census Bureau's American Community Survey and Center for Medicare and Medicaid Services (CMS). The qualitative data sources included grantee documents submitted to MFH. See Appendix C for additional details on the data sources utilized by the evaluation team.

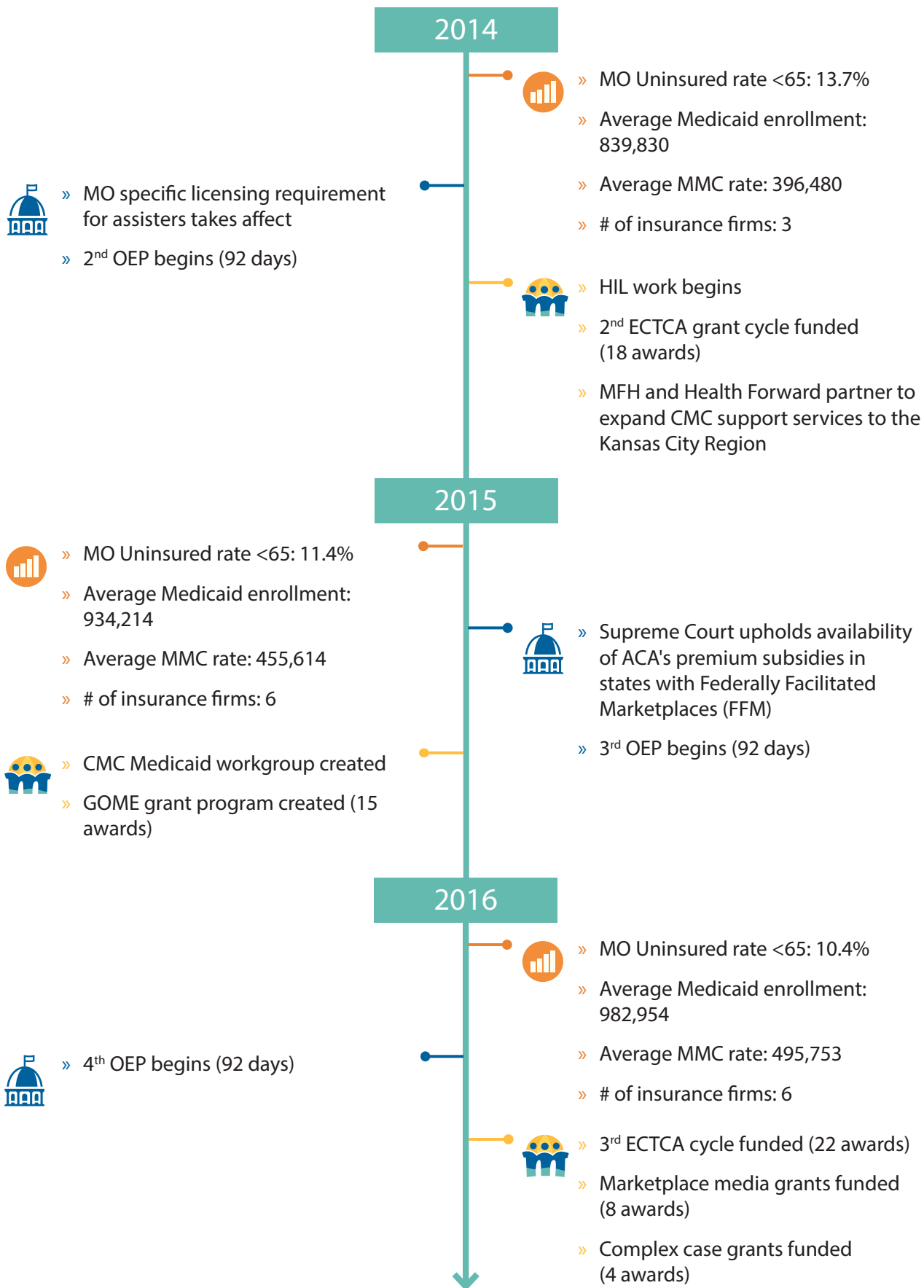
About this Report

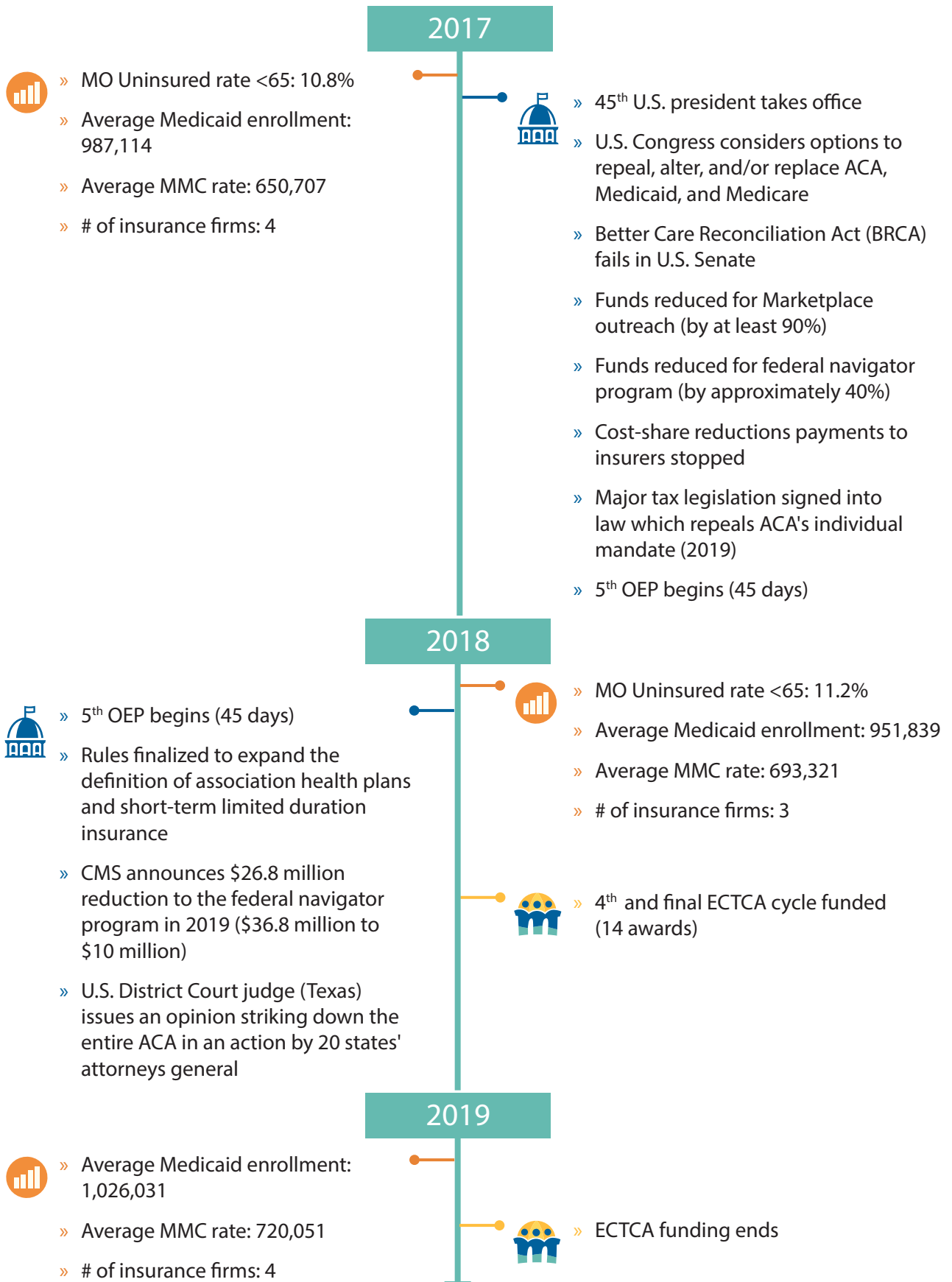
This report describes the external evaluation data for the time period of August 1, 2018 to July 31, 2019 along with providing key findings for the evaluation data from 2013 to 2019. The report begins with a time line showing key data points, summarizing the policy development and implementation, and an overview of the Expanding Coverage Initiative; followed by the evaluation findings for the ECTCA program; and concludes with a summary of the findings and key takeaways. Please see previous evaluation reports located at the Center for Public Health Systems Science [website](#) for the evaluation findings from the Cover Missouri Coalition components, Health Insurance Literacy components, and GOME evaluations.

ECI in Context

The Expanding Coverage Initiative was implemented within a complex environment. The environment provided a rich context for the evolution of the funding strategies implemented through ECI and the external evaluation findings. For an overview of the environment along with the strategies being implemented through ECI see below. For additional detail regarding the uninsured and health insurance environment see the Health insurance Environment section on page 7.







Health Insurance Environment

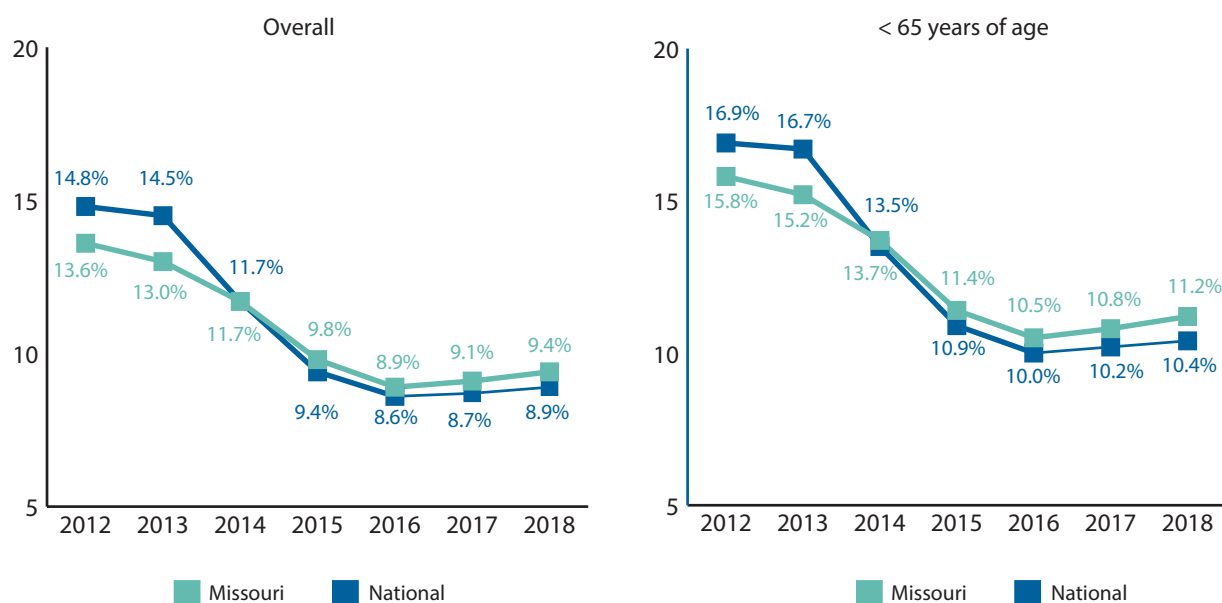
Statewide trends regarding Missouri’s uninsured rate as well as enrollment rates into Missouri Marketplace plans and Missouri Medicaid have impacted the efforts implemented through the Expanding Coverage Initiative. This section will provide context for the Expanding Coverage Initiative evaluation and will allow for the comparison of trends within the Initiative to those observed within Missouri and the nation as a whole.

The healthcare environment and availability of health insurance in Missouri has changed dramatically since 2013 with the implementation of the Affordable Care Act (ACA). As a result, many Missourians have had the opportunity to purchase or re-enroll in health insurance through the Missouri Marketplace during this time. During the sixth open enrollment period, Missourians could enroll into the Missouri Marketplace from November 1, 2018 through December 15, 2018. Enrollment in the Missouri Marketplace declined during the 2018-2019 open enrollment period as 220,461ⁱ individuals selected plans through the Marketplace compared to 243,382 in the previous year. This follows a declining trend in Missouri Marketplace enrollment since a high of 290,201 individuals enrolled during the 2015-2016 open enrollment period. In addition, the Missouri Medicaid program has seen a significant decline in the number of individuals covered by Medicaid since early 2017.

Uninsured in Missouri

Since 2014, enrollment into the Missouri Marketplace has had a significant impact on the uninsured rate in Missouri. The preliminary estimates of the uninsured rate for Missouri declined from 13 percent in 2013 to 8.9 percent in 2016, but increased to 9.4 percent in 2018 accounting for a total of over 568,000 uninsured Missourians.ⁱⁱ In addition, the uninsured rate for those under age 65 increased to 11.2 percent in 2018 from 10.8 percent in 2017.ⁱⁱⁱ Despite the increase in the uninsured rate in 2018,

Figure 3. Uninsured rate for individuals in Missouri and nationally by year, 2012-2018



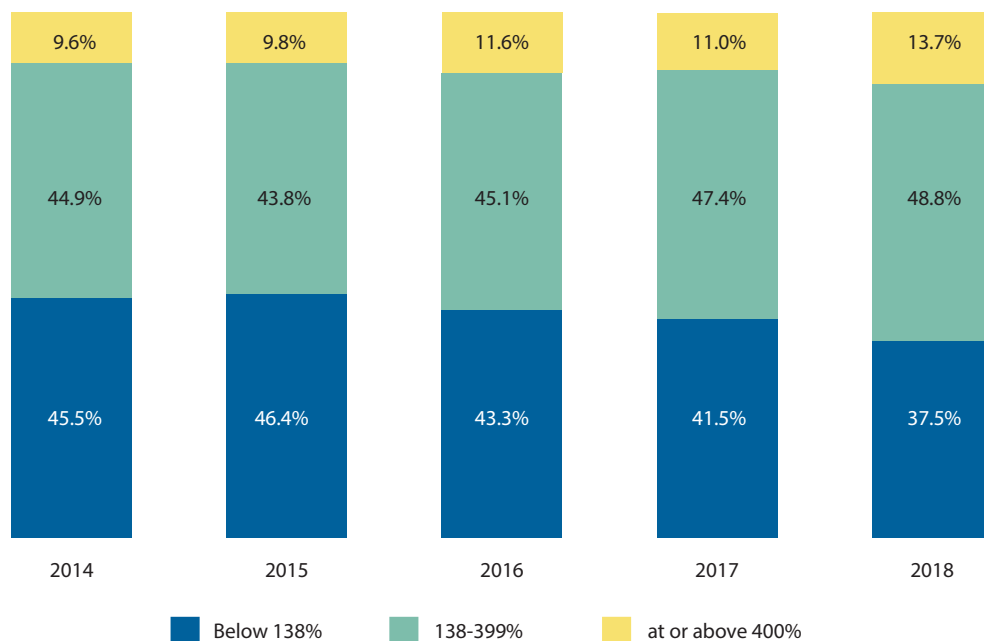
US Census Bureau, ACS 2012-2018

the uninsured rate for those under age 65 declined significantly since 2012 when nearly 16% of Missourians under age 65 were uninsured. The uninsured estimates released in 2018 do not yet reflect the changes in Marketplace and Medicaid enrollment for 2019.

Reducing the uninsured population has been a vital component to achieving the goal of the Expanding Coverage Initiative, which had a stated goal of reducing the uninsured rate to less than 5 percent in Missouri for residents under age 65. In 2013, prior to the implementation of the ACA, the overall uninsured rate was 13.0 percent for Missouri residents, accounting for approximately 773,000 Missourians, and the 15.8 percent for those under age 65.ⁱⁱⁱ The State of Missouri ranked 23rd in 2010, out of all fifty states, in the percentage of the population that was uninsured and in 2018 ranked 34th.^{iv} Missouri has not kept pace with other states in insuring the uninsured mainly because of the lack of Medicaid expansion in the state. States that have expanded their Medicaid programs since 2014 have seen larger reductions in their uninsured populations than states that have not expanded their Medicaid programs. Some states that have expanded their Medicaid programs and have realized larger drops in their percentage of uninsured include Colorado, Michigan, Kentucky, and Ohio.^v

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

Figure 4. Distribution of uninsured population in Missouri under age 65, by income and year, 2014-2018



US Census Bureau, 2014-2018 American Community Survey, 1-year estimates.

The target uninsured population for Marketplace enrollment since 2014 has been individuals that have incomes over 100 percent of the Federal Poverty Level (FPL). This is considered the target population because households within these income parameters are either eligible for financial assistance for purchasing Marketplace coverage or would have incomes high enough to potentially be able to afford purchasing coverage without assistance. Due to limitations in the data available, we are only able to include individuals with incomes over 138 percent of the Federal Poverty Level (FPL) when estimating the number of Missourians in the target population for Marketplace enrollment. We recognize that this likely results in under counting the target population.

During the 2018- 2019 Missouri Marketplace open enrollment period, the target population (those with household incomes over 138 FPL) consisted of approximately 355,000 Missourians or 62.5 percent of the uninsured in Missouri. Of this total, 277,620^{vii} Missourians or 49 percent had incomes that would make them eligible for financial assistance (138-400 percent FPL) when enrolling into the health insurance plans offered through the Missouri Marketplace. Those with incomes over 400 percent FPL do not receive financial assistance. If the majority of the individuals in the target population obtained 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 less than five percent in Missouri) has not happened, nor is it likely to happen, without an expansion of the Missouri Medicaid program to provide insurance to the lowest income individuals.

Approximately 213,325 or 37.5^{viii} percent of the uninsured population in Missouri in 2018 had incomes under 138 percent FPL. Individuals in this category with incomes of 100 percent to 138 percent FPL have been eligible to purchase health insurance through the Missouri Marketplace with financial assistance. Individuals with incomes under 100 percent FPL have not been eligible for financial assistance to purchase insurance through the Missouri Marketplace. All of the legally-residing uninsured Missourians in this income category would be eligible for Medicaid if the state of Missouri would choose to expand their Medicaid program as many others state have done. Some people in this category currently meet the eligibility criteria for Medicaid even without expansion, but they have not enrolled.

The number of Missourians in each of these income categories has been declining since 2014 as the uninsured rate has been declining. The number of uninsured individuals with incomes below 138 percent FPL has declined by over 100,000 from 2014 to 2018. This is likely due, in part, to them becoming enrolled in the Marketplace or Medicaid program in Missouri. In addition, uninsured individuals with incomes from 138 to 399 percent FPL has declined by over 40,000 from 2014 to 2018. The only income category that has seen an increase in the number of uninsured is the over 400 percent FPL category. The uninsured with incomes over 400 percent FPL has increased from 65,829 in 2014 to 77,770 in 2018.^{ix} Individuals with incomes over 400 percent FPL receive no financial assistance for purchasing health insurance through the Marketplace and Marketplace premiums have been quickly increasing making them less affordable. In addition, the removal of the individual mandate may have resulted in some individuals choosing to no longer purchase coverage..

The Affordable Care Act and the Missouri Marketplace

Enrollment in the Missouri Marketplace declined by nearly 10 percent in 2019 as 220,461^x individuals selected plans through the Marketplace during the 2018 open enrollment period. This was a decrease of nearly 23,000 individuals from the 243,382^{xi} Missourians that selected health insurance plans through the Missouri Marketplace during the 2018 open enrollment period. Overall this was

a continued decline in Marketplace enrollment from the peak enrollment of 290,201 Missourians in 2016.^{xii} A number of factors have impacted Marketplace enrollment since 2014 including: changing insurer participation in the Marketplace, increasing plan premiums, and changing plan offerings. Despite the fact that premiums and firms have changed significantly, a majority of people enrolling in the Missouri Marketplace continue to receive financial assistance for their health insurance coverage, which offsets some of the rising costs of the Marketplace plan premiums.

Eligibility for financial assistance through the Missouri Marketplace

Many Missouri residents have been eligible to purchase insurance through the Marketplace since 2014.^{xiii} Their eligibility for financial assistance, in the form of subsidies, tax credits, and cost-sharing reductions, however, varies as a function of income.

- **Below 100 percent of the federal poverty level (FPL):** Not eligible for financial assistance, but may purchase health insurance through the Missouri Marketplace at full cost. Missouri chose not to expand their Medicaid program after the U.S. Supreme Court ruling that states would not be required to expand their Medicaid programs. As a result many Missourians at this income level have not had an affordable health insurance option through the Marketplace. These individuals would have been eligible for Medicaid if Missouri would have expanded their Medicaid program.
- **100 percent - 400 percent FPL:** Eligible to receive financial assistance in the form of tax credits and/or cost-sharing reductions. The amount of the assistance is graduated with income level and decreases as the level of income increases.
- **Above 400 percent FPL:** Not eligible for financial assistance, but may purchase insurance through the Missouri Marketplace at full cost.

Missourians enrolled into the Missouri Marketplace plans at a pace in line with other states and enrolled 31 percent of the potential Marketplace population during the 2018-2019 open enrollment period. This is slightly less than the national average of 34 percent.^{xiv}

New Enrollment vs. Re-enrollment

Since the initial open enrollment for Marketplace coverage in 2013, when everyone was a new enrollee, marketplace plans have been enrolling fewer new enrollees. Twenty-two percent of individuals selecting a marketplace plan were new consumers to the Marketplace in 2019, and seventy-eight percent were re-enrollees that had health insurance through the Marketplace in prior years. The enrollment breakdown was the nearly the same nationally with 24 percent new enrollees.^{xv}

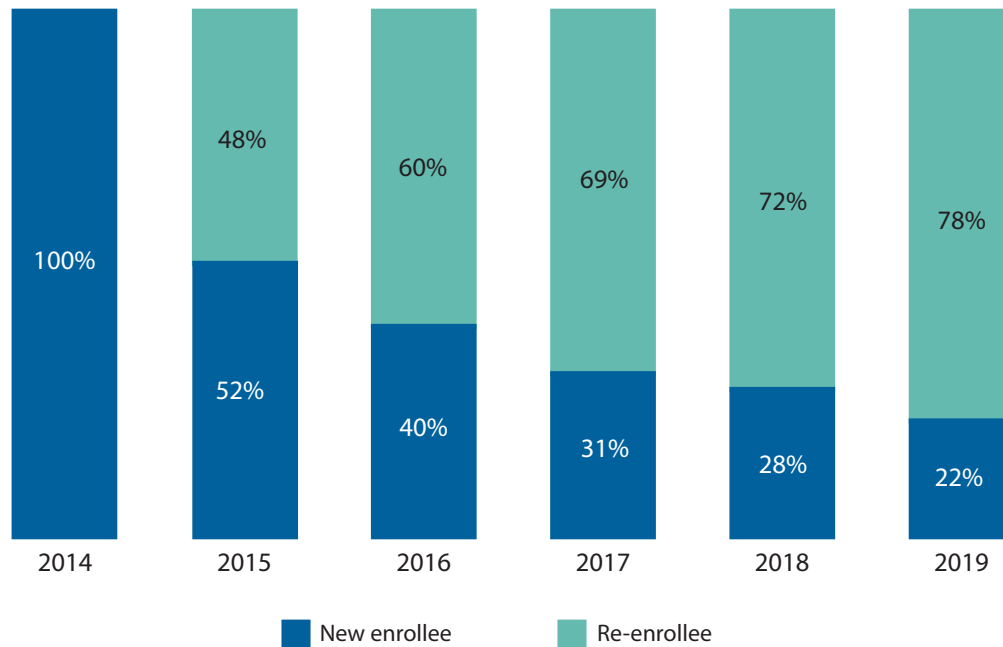
The potential Marketplace population in Missouri includes legally-residing individuals who are uninsured or purchase non-group coverage, have incomes above Medicaid/CHIP eligibility levels, and who do not have access to employer-sponsored coverage.¹

This trend is to be expected as many of those eligible had likely enrolled in the previous open enrollment periods. This potentially illustrates a decreased need for enrollment assistance services over time; however, with the changing plan options and increased costs of the Marketplace plans it

¹This estimate excludes uninsured individuals with incomes below the poverty line who live in states that elected not to expand their Medicaid program.

could be expected that many of the re-enrollees need assistance with enrollment choices in the same way as new enrollees.

Figure 5. Percent of enrollments conducted by type of enrollee in Missouri, 2014-2019



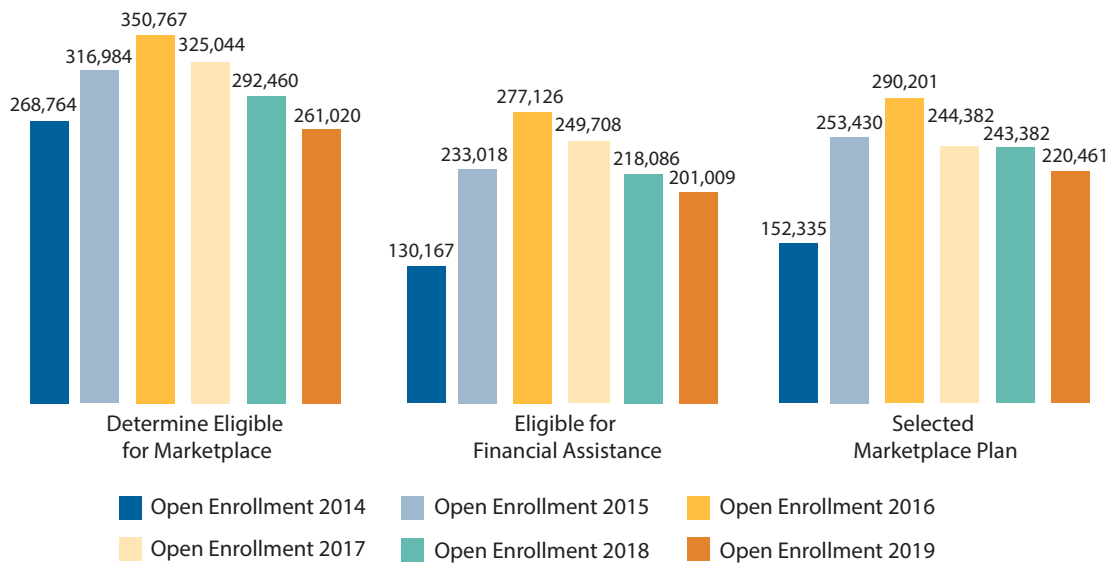
Centers for Medicare and Medicaid Services (CMS), 2015-2019 OEP State-Level Public Use File.

Enrollment and Financial Assistance Eligibility Determinations

Over 261,000 Missourians used the Healthcare.gov platform to determine their eligibility to enroll in a Marketplace plan with or without financial assistance during the 2019 open enrollment; however, these individuals may or may not have enrolled in coverage by the end of the enrollment period. The number of people that completed an application to determine their eligibility in 2019 was the lowest number of any year of Marketplace enrollment with the peak number of eligibility determinations happening in 2016 with 350,767. (Figure 6)

In 2019, over 201,000 (77% of those applicants determined eligible for Marketplace coverage) consumers in Missouri were determined to be eligible to receive financial assistance to enroll in a Marketplace plan. This has changed significantly since 2014 when the number of Missourians that were determined eligible for financial assistance was only 130,167 (48% of applicants determined eligible). In 2019, a large majority of enrollees, eighty-five percent (186,459 consumers) of those enrolling in the Marketplace received financial assistance in the form of advance payment tax credits, while over 57 percent (127,477) of all Marketplace enrollees also received cost-share reductions to assist with the cost of their out-of-pocket expenditures.^{xvi} The percentage of Marketplace enrollees receiving financial assistance has remained consistent since 2016.

Figure 6. Missouri Marketplace eligibility determinations and plan selections, 2014-2019



Centers for Medicare and Medicaid Services (CMS), 2015-2019 OEP State-Level Public Use File.
 Assistant Secretary for Planning and Evaluation (ASPE), Health Insurance Marketplace Summary Enrollment Report, May 1, 2014

Effectuated Enrollments

Selecting a Marketplace plan is the first step in the process of enrolling into a health insurance plan. Next, an individual must effectuate their enrollment. An individual is considered to have effectuated their enrollment when they pay the first premium associated with the health insurance coverage. Missouri had 201,032 effectuated enrollments by March 2019 (91% of applicants that selected a Marketplace plan in open enrollment).^{xvii} Missouri was slightly below the national average of 92% for effectuated enrollments (ranking 38th nationally); however, the percentage of applicants in Missouri effectuating their enrollment has increased steadily from 86% in 2015 to the 2019 rate of 91%.

An individual is considered to have effectuated their enrollment when they pay the first premium associated with the health insurance coverage.

In addition to having an effectuation rate slightly lower than the national rate, Missouri on average had a slightly lower percentage of effectuated enrollments than other states with federally-facilitated marketplaces with regard to the potential population (Missouri: 31 percent compared to Federally-Facilitated Marketplace States: 33 percent).

Figure 7. **Effectuated marketplace enrollments as a percent of the total population**

	Number of Effectuated Enrollments March 2019 ^[i]	Potential Marketplace Population 2018 ^[ii]	Percent of Potential Population Enrolled 2019	Percent of Potential Population Enrolled 2018 ^[iii]
Missouri	201,032	676,000	30%	31%
Federally-Facilitated Marketplace States	7,783,512	23,104,000	34%	33%
State-Based Marketplace States	2,796,232	7,528,000	37%	36%
National Totals	10,579,744	30,632,000	35%	34%

[i] Centers for Medicare and Medicaid Services, 2018 Effectuated Enrollment Snapshot. Retrieved from <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2018-07002-Trends-Report-1.pdf>

[ii] Kaiser Family Foundation, Marketplace Plan Selections as a Share of the Potential Marketplace Population. Retrieved from <http://kff.org/health-reform/state-indicator/marketplace-plan-selections-as-a-share-of-the-potential-marketplace-population/>

[iii] Kaiser Family Foundation, Marketplace Enrollment as a Share of the Potential Marketplace Population. 2016 data retrieved from: <http://kff.org/health-reform/state-indicator/marketplace-enrollment-as-a-share-of-the-potential-marketplace-population-2015/>. 2015 data is no longer available on the website.

Health Plan Offerings and Enrollment

In 2019, four health insurance firms offered health insurance plans for purchase in Missouri through the Missouri Marketplace:

- Cigna Health and Life Insurance Company
- Healthy Alliance Life Co (Anthem BCBS)
- Ambetter (Centene)
- Medica

Although these four firms offered coverage in Missouri, they did not offer coverage in all of Missouri’s rating areas, and no rating areas were covered by all four firms. Majority of Missouri’s rating areas (six out of ten) were covered by one firm, and only one rating area was covered by three firms. The number of firms offering coverage has varied from three to six since the Missouri Marketplace began. The Missouri Marketplace initial had three firms offering coverage in 2014 with the peak being reached in 2015 and 2016.

Marketplace Plan Types

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

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

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

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

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

These firms offered a range of plans in bronze, silver, gold, and catastrophic plan coverage levels in 2019. Each of the firms offered plans at the county level, and the number of plans offered by a firm, per county, ranged from five to sixteen.

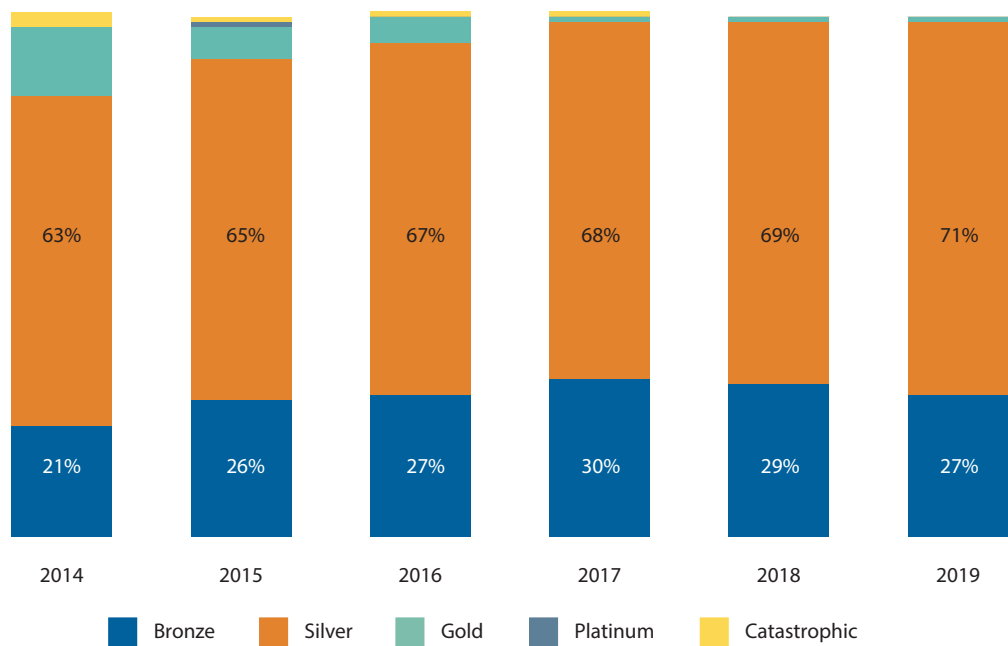
Overall, the number of firms offering Marketplace coverage in Missouri has fluctuated over time from 2014 - 2019 (See Figure 8).

Figure 8. Marketplace enrollment by type of plan, 2014-2019

	2014	2015	2016	2017	2018	2019
Total number of firms	3	6	6	4	3	4

During the six years of Marketplace open enrollment, Missouri Marketplace enrollees have increasingly been enrolling in silver level plans with 71 percent enrollment in 2019. Bronze enrollment peaked in 2017 and has been declining in recent years to 27 percent enrollment in 2019. Gold, platinum, and catastrophic plans have minimal enrollment in 2019 in Missouri. Bronze and silver plans have higher out of pocket cost-sharing for enrollees than the other types of plans; however, low-income enrollees may be eligible for cost-sharing subsidies that could offset these costs.

Figure 9. Missouri Marketplace enrollment by type of plan, 2014-2019

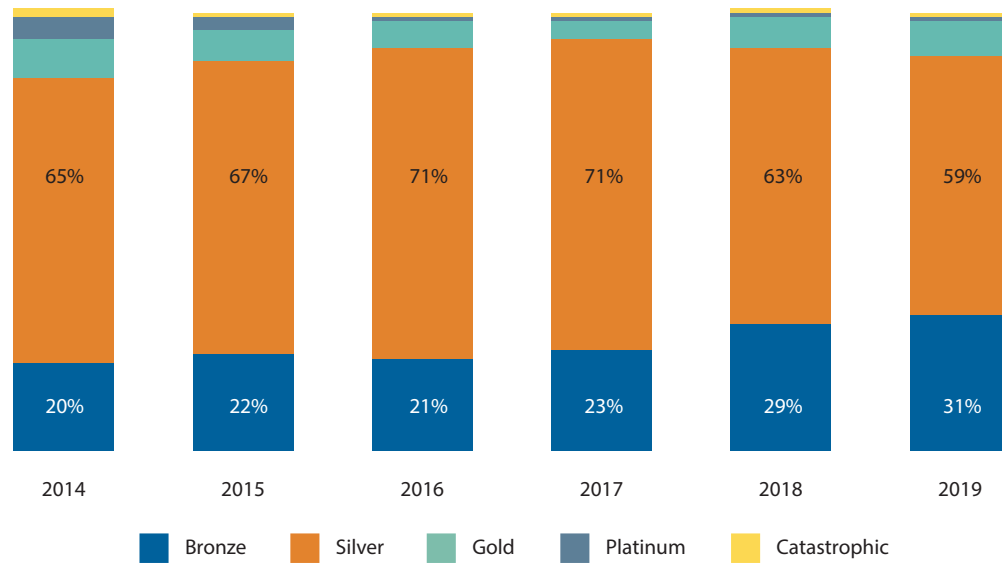


*Centers for Medicare and Medicaid Services (CMS), 2015-2019 OEP State-Level Public Use File
Assistant Secretary for Planning and Evaluation (ASPE), Profiles of ACA Coverage Expansion Enrollment for Medicaid/CHIP
and the Health Insurance Marketplace, 10-1-2013 to 3-31-2014*

The plan level enrollment trends in Missouri are different than those overall nationally. Silver plan enrollment has been declining at the national level since 2017, while bronze plan enrollment has been increasing. This could potentially be attributed to the lower income eligibility levels for non-Medicaid expansion states and the subsidies available to individuals at these income levels; however, the enrollment trends of all Medicaid non-expansion states correspond to the enrollment trends observed nationally. There has been a significant effort in Missouri, using enrollment assisters and web-based tools, to educate people on the option with the best value for them – which is often a silver plan for many individuals that will be receiving enrollment subsidies. In addition to subsidies low-income

individuals receive cost shared reductions for out-of-pocket costs when they purchase a silver plan. There is currently no data available to support that these efforts are driving the increased enrollment in silver plans in Missouri, but they could be a contributing factor.

Figure 10. National Marketplace enrollment by type of plan, 2014-2019



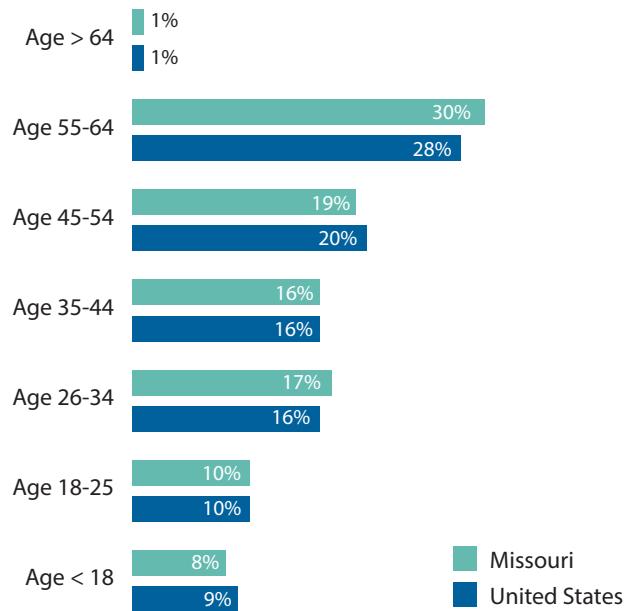
Centers for Medicare and Medicaid Services (CMS), 2015-2019 OEP State-Level Public Use File
 Assistant Secretary for Planning and Evaluation (ASPE), Profiles of ACA Coverage Expansion Enrollment for Medicaid/CHIP and the Health Insurance Marketplace, 10-1-2013 to 3-31-2014

Demographics of Missouri Marketplace Enrollment

Enrollees in the Missouri Marketplace were on average slightly older than the national Marketplace average with 30.2 percent of Missouri Marketplace enrollees aged 55-64 compared to 28.1 percent nationally. Missouri also had a smaller percentage of children enrolled in Marketplace plans than the national average with only 7.5 percent in Missouri and 8.6 percent nationally.

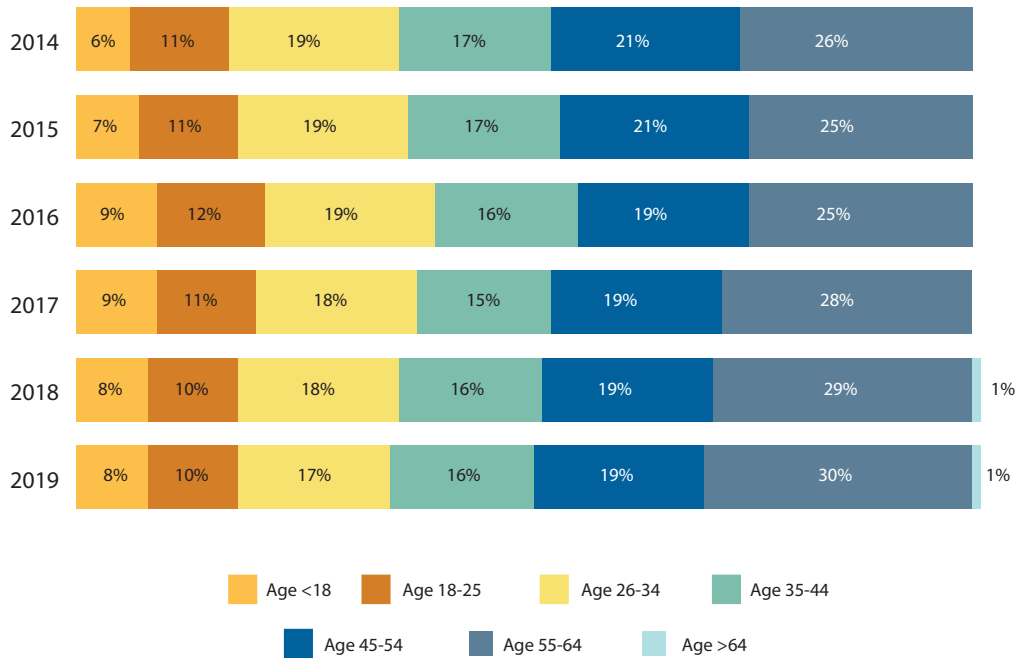
Missouri Marketplace enrollees have increasingly gotten older since the first Marketplace enrollments in 2014. The number of children and young adults enrolled has been declining since 2014, but the percentage of enrollees in the 55-64 year old age group has grown from 25 percent in 2015 to 30 percent in 2019. This shift in average age of Marketplace enrollees has been following the same trends nationally, as enrollment in the 55-64 year-old category has increased from 25 percent to 28 percent.^{xviii} These shifts are likely attributed in part to the rising costs of Marketplace plan premiums, the elimination of the individual mandate, and the likeliness that individuals in this older age bracket are more in need of healthcare services and willing to pay higher premiums than healthier, younger adults.

Figure 11. Missouri age distribution of individuals making Marketplace plan selections, 2019 Open Enrollment



Centers for Medicare and Medicaid Services (CMS), 2019 OEP State-Level Public Use File

Figure 12. Missouri age distribution of individuals making Marketplace plan selections, 2014-2019 Open Enrollment



Centers for Medicare and Medicaid Services (CMS), 2015-2019 OEP State-Level Public Use File
 Assistant Secretary for Planning and Evaluation (ASPE), Profiles of ACA Coverage Expansion Enrollment for Medicaid/CHIP and the Health Insurance Marketplace, 10-1-2013 to 3-31-2014

Race information was not available for all enrollments; however, of the remaining enrollments where race data was available, 83 percent of individuals that enrolled in the marketplace in Missouri were White, while 7 percent of the enrollees were African-American, and 6 percent were Asian (Figure 12). Marketplace enrollment by race in Missouri has remained relatively consistent; however, changes in the data reporting have made it difficult to compare across all years.

Figure 13. Marketplace Plan Selections and the Uninsured Population of Missouri by Race, 2019

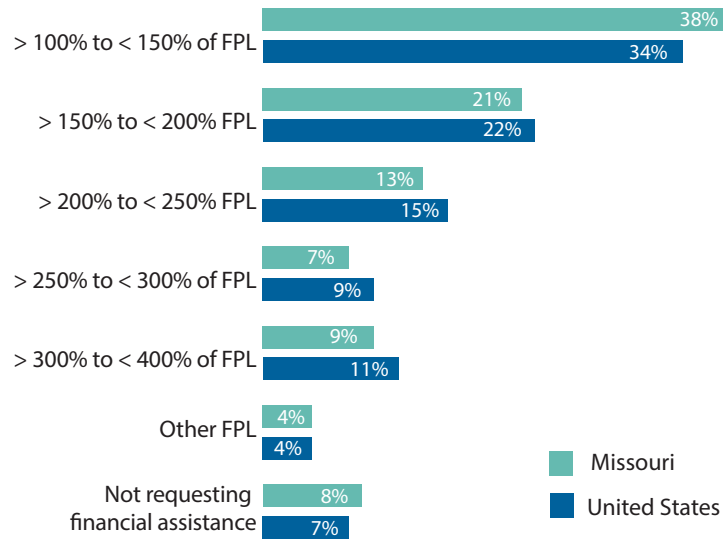


*Does not include Native Hawaiian and Other Pacific Islander race due to small sample size and suppression of data.
 US Census Bureau, 2018 American Community Survey, 1-year estimates
 Centers for Medicare and Medicaid Services (CMS), 2019 OEP State-Level Public Use File

Individuals with incomes of 100 percent to 200 percent of the FPL were the most likely to enroll in the Missouri Marketplace from 2015-2019, comprising 59 percent of total enrollments in 2019.^{xix} These individuals receive the largest amount of financial assistance to purchase their Marketplace plans making their out-of-pocket costs the lowest when enrolling in the Marketplace. Missourians with incomes of 100 to 150 percent FPL were more likely to enroll in the Marketplace than the national average (Figure 13). 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 expansion states.

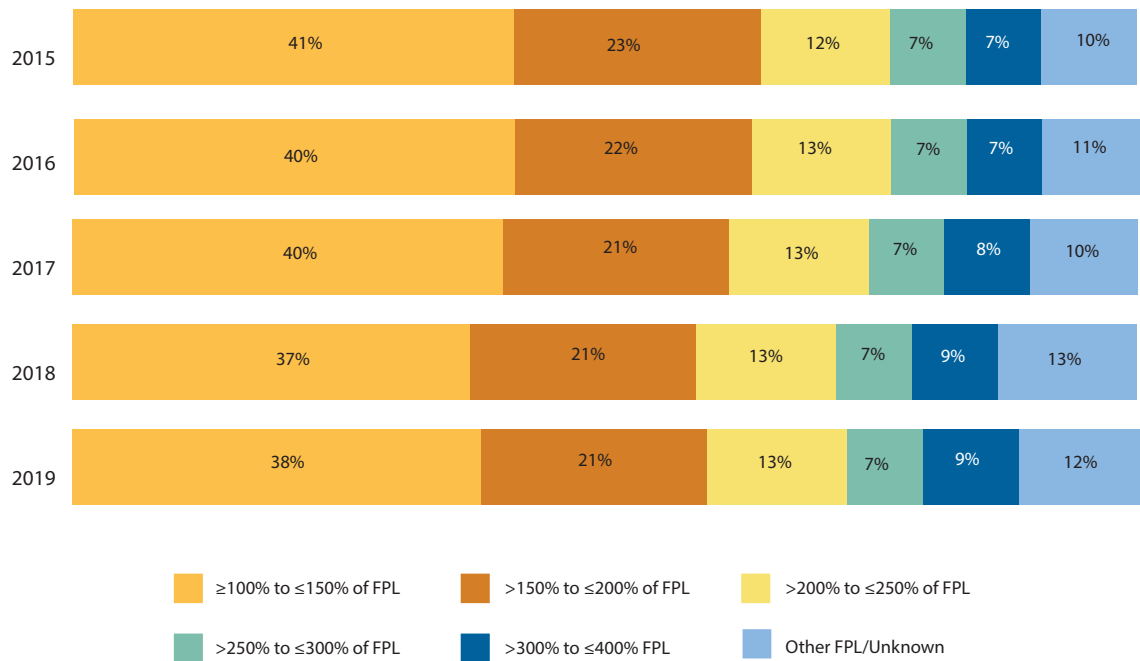
The income composition of the individuals enrolling in the Missouri Marketplace, as well as nationally, has shifted slightly over time to a higher percentage of individuals at the higher income levels and declining percentages at the lower levels. However, despite the changes in enrollment, firms offering coverage and premiums charged for the plans these enrollment percentages have remained relatively constant.

Figure 14. **Income distribution of individuals plan selection, 2019 Open Enrollment**



Centers for Medicare and Medicaid Services (CMS), 2019 OEP State-Level Public Use File.

Figure 15. **Missouri Marketplace enrollment by income, 2015-2019**

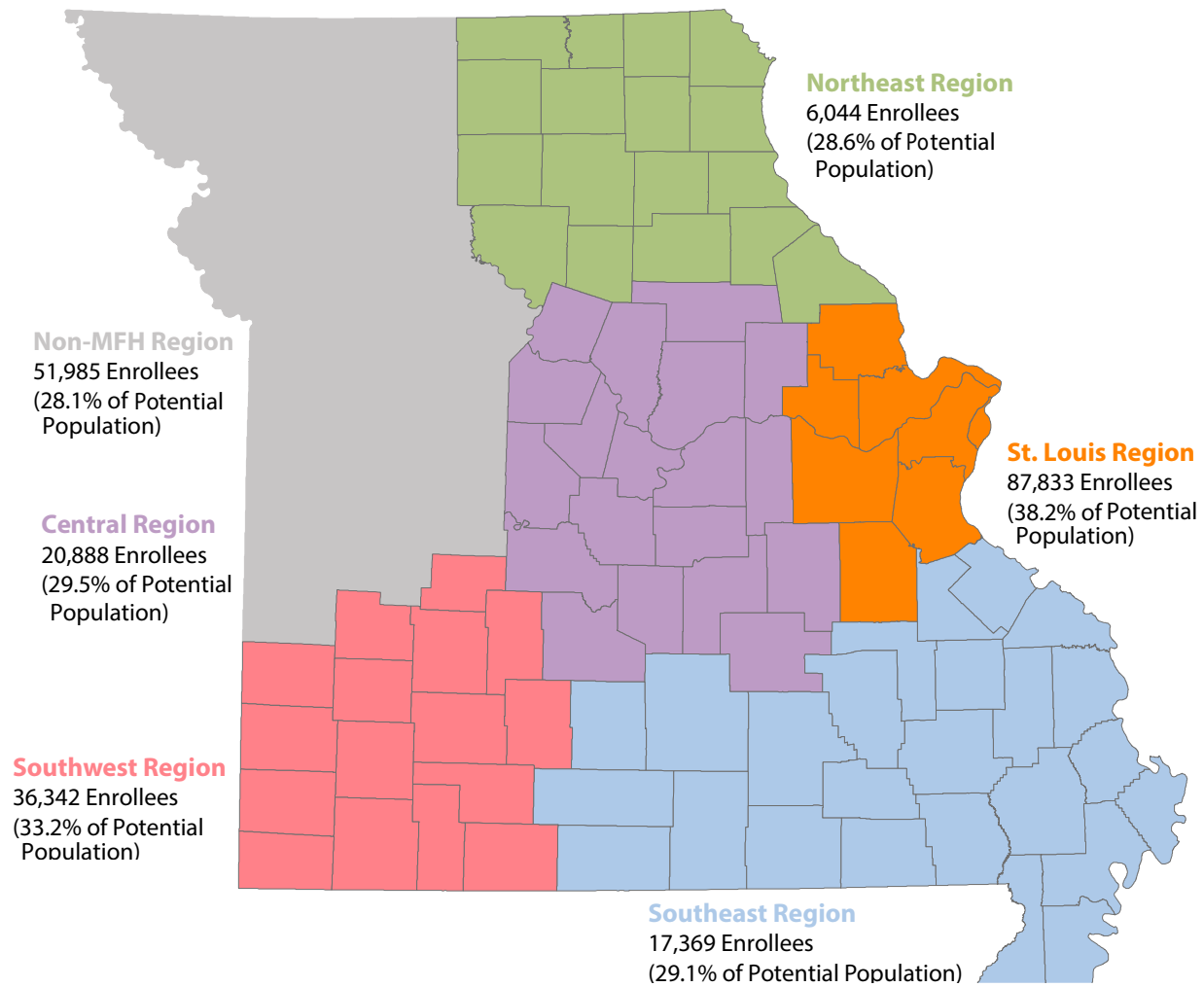


Centers for Medicare and Medicaid Services (CMS), 2015-2019 OEP State-Level Public Use File

Marketplace Enrollment by Missouri Foundation for Health Service Regions

Since 2014 Missouri Marketplace enrollment has varied significantly across the MFH service regions (see Figures 15 and 16) as does the population in these regions. In 2019, the St. Louis region had the highest Missouri Marketplace enrollment totals in the state with over 87,000 enrollees, and the St. Louis region’s enrollment total across the six years has consistently been the highest percentage of the potential or target population when compared with the other MFH regions. The Southwest region has been the region with the second highest enrollment as a percent of the potential population with an enrollment total of over 36,000 in 2019. The Northeast, Southeast, and Central regions had enrollment totals that were slightly below 30 percent of the target population in these regions. The higher enrollment in the St. Louis region is in line with national trends as metropolitan areas have been able to enroll a higher percentage of the potential population nationally than non-metropolitan areas.

Figure 16. Missouri enrollments by MFH service region, 2019 Open Enrollment²



Center for Medicare and Medicaid Services (CMS), 2019 OEP County-Level Public Use File.
 United States Census. Small Area Health Insurance Estimates 2017.
 Kaiser Family Foundation 2019.

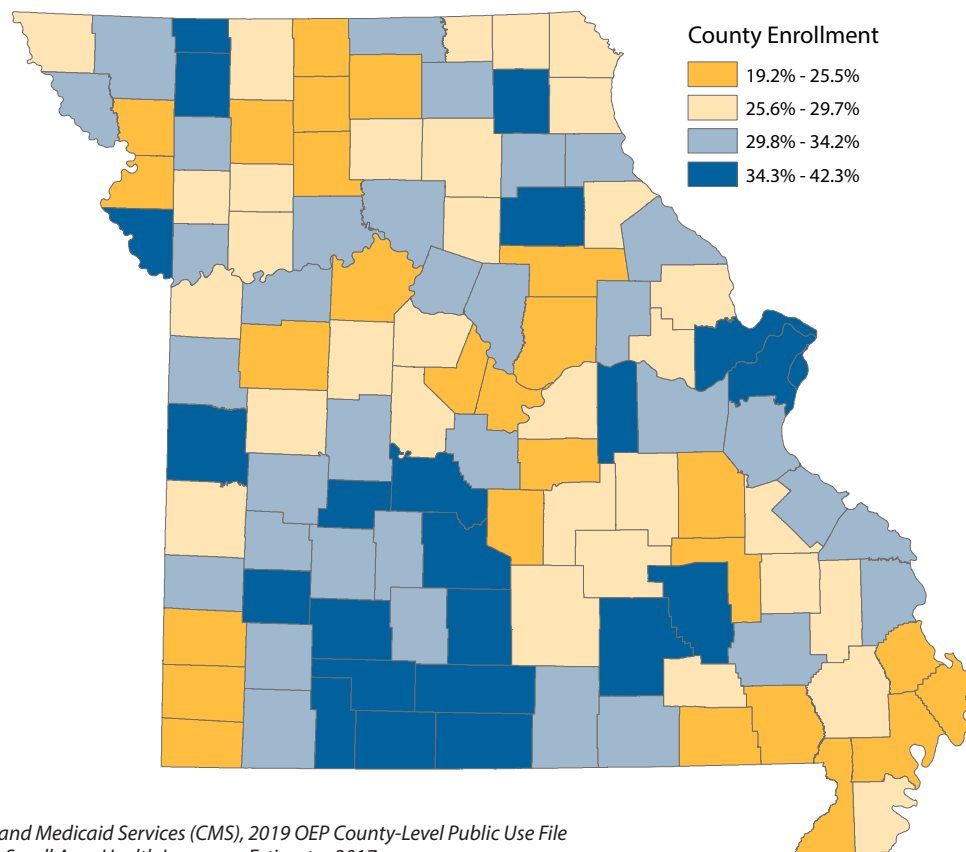
²Washington University analysis of Assistant Secretary for Planning and Evaluation (ASPE), Marketplace Enrollment Data at the county level. Marketplace potential population calculations use a Kaiser Family Foundation estimate of the potential population in Missouri at the state level and scaled to the county level using the uninsured population at the county-level data obtained from the 2017, United States Census, Small Area Health Insurance Estimates.

Enrollment in the Marketplace has followed the same trends in all health service regions of Missouri. From 2014 through 2016 enrollment increased in all areas of the State followed with declining enrollment in all areas from 2016 through 2019. The exception to the declining enrollment trend was an increased enrollment in St. Louis in 2018 when all other regions continued to decline.

Figure 17. Comparison of enrollment between 2014 and 2019 Open Enrollment periods by MFH region

MFH Region	2014 OE	2015 OE	2016 OE	2017 OE	2018 OE	2019 OE	2014-2019 Net Gain	2014-2019 Percent Change
Central	13,742	23,745	27,571	22,544	22,439	20,888	7,146	52.0%
Southwest	25,005	42,022	46,970	39,273	38,426	36,342	11,337	45.3%
Southeast	11,273	20,543	22,978	18,970	18,303	17,369	6,096	54.1%
St. Louis	60,041	96,772	110,264	94,093	97,721	87,833	27,792	46.3%
Northeast	3,675	6,782	7,748	6,824	6,507	6,044	2,369	64.5%
Non-MFH	38,577	63,568	74,666	62,678	59,986	51,985	13,408	34.8%

Figure 18. Marketplace enrollment as a percent of the potential population in Missouri in 2019



Centers for Medicare and Medicaid Services (CMS), 2019 OEP County-Level Public Use File
 United States Census, Small Area Health Insurance Estimates 2017.
 Kaiser Family Foundation 2019.

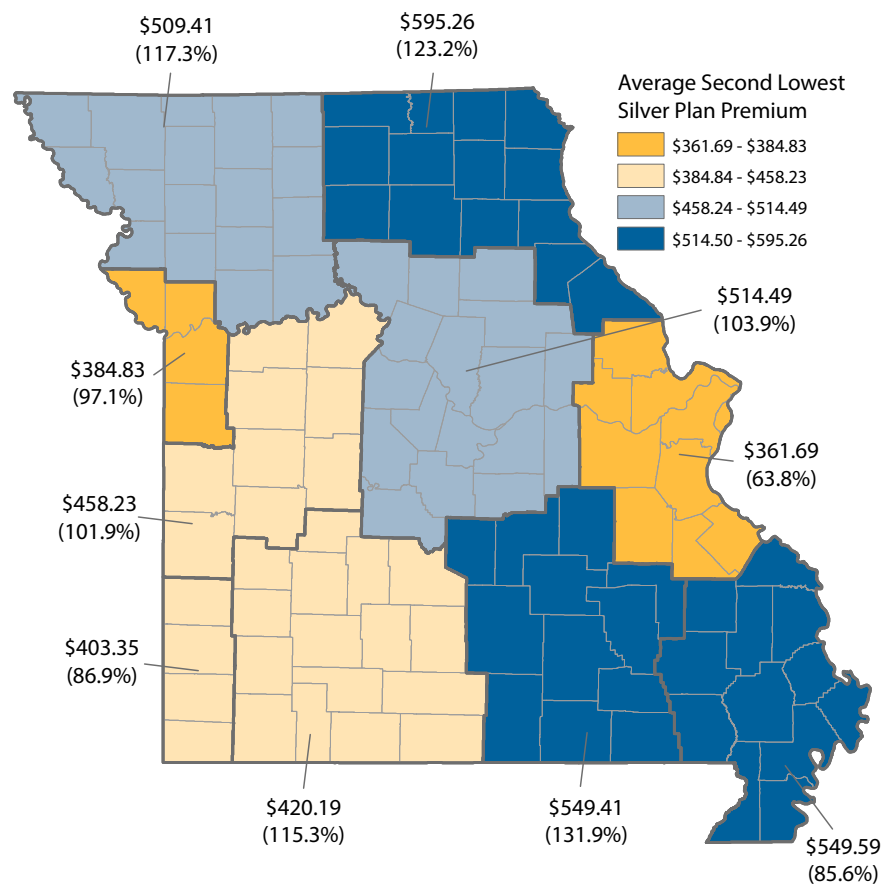
²Estimated Number of Potential Marketplace Enrollees: Includes all individuals eligible for tax credits as well as other legally-residing individuals who are uninsured or purchase non-group coverage, have incomes above Medicaid/CHIP eligibility levels, and who do not have access to employer-sponsored coverage. The estimate excludes uninsured individuals with incomes below the poverty level who live in states that elected not to expand the Medicaid program. These individuals are not eligible for financial assistance and are unlikely to have the resources to purchase coverage in the Marketplace.

Enrollment has consistently varied among counties in Missouri ranging from 19.2 percent to 42.3 percent of the potential population in 2019 (See Figure 17). Enrollment also varied within MFH regions with some regions having both high and low enrollment counties.

Marketplace Premiums and Firm Participation

The enrollment changes in the Missouri Marketplace since 2014 are likely impacted by plan premiums and insurance firm participation in the Marketplace during this time. Second-lowest silver premiums vary significantly across Missouri with the lowest average premium of \$361.69 in 2019 in the St. Louis rating area (up dramatically from \$220.77 in 2014) and the highest average premium of \$595.26 (up from \$266.64) in the rating area covering the northeast corner of the state.

Figure 19. Missouri health insurance Marketplace 2018-2019 open enrollment average second-lowest silver premiums by rating area (percent of premium change from 2014-2019)



Data.Healthcare.gov, Plan Year 2014-2019 Individual Medical Coverage Landscape

Overall, the average second-lowest silver premiums of rating areas increased by 86 to 132 percent from 2014-2019. The more urban rating areas of the state, especially the St. Louis metro area, were able to maintain lower premiums and saw their premiums increase by less from 2014-2019 than the more rural rating areas of Missouri. Marketplace premiums in Missouri doubled in six of the rural rating areas from 2014-2019. The highest premium increase was experienced in Southeast Missouri where the premium grew by 132 percent, increasing from \$236.92 for the average second-lowest silver premium for a 27 year-old in 2014 to \$549.41 in 2019. The lowest increase was experienced in the St. Louis metro area where the premiums increased by 64 percent from \$220.77 to \$361.69.

Figure 20. Missouri Marketplace 2014-2019 open enrollment average second-lowest silver premiums by rating area

Rating Area	Description	Average second-lowest silver premium						2014-2019 % change
		2014	2015	2016	2017	2018	2019	
1	Northwest Missouri (St. Joseph)	\$234.41	\$244.46	\$303.48	\$430.04	\$515.40	\$509.41	117%
2	Northeast Missouri (Kirksville, Macon, Chillicothe)	\$266.64	\$322.40	\$320.39	\$383.21	\$565.93	\$595.26	123%
3	Core Kansas City Metro	\$195.23	\$207.48	\$245.05	\$285.02	\$424.59	\$384.83	97%
4	Surrounding Kansas City Metro (Warrensburg, Sedalia)	\$226.98	\$242.36	\$294.99	\$423.84	\$512.86	\$458.23	102%
5	Mid Missouri (Columbia, Jefferson City, Lake of the Ozarks)	\$252.34	\$254.25	\$276.97	\$370.04	\$489.65	\$514.49	104%
6	St. Louis Metro	\$220.77	\$231.98	\$235.11	\$254.47	\$381.08	\$361.69	64%
7	Southwestern Corner of Missouri (Joplin)	\$215.87	\$230.69	\$248.60	\$288.05	\$432.08	\$403.35	87%
8	Southwestern Missouri (Springfield, Branson)	\$195.18	\$226.20	\$270.92	\$325.58	\$458.96	\$420.19	115%
9	Southeast Missouri (Fort Leonard Wood)	\$236.92	\$290.54	\$314.36	\$362.31	\$522.33	\$549.41	132%
10	Southeastern Corner of Missouri (Cape Girardeau)	\$296.09	\$261.12	\$299.34	\$371.52	\$522.50	\$549.59	86%

Data: Healthcare.gov, Plan Year 2014-2019 Individual Medical Coverage Landscape

Insurance firm participation has varied across the state and likely has had an impact on rising premiums and premium variation in Missouri (See Figure 20). The average number of firms in most rating areas was two in 2014, increased to three in 2016, and declined to one from 2017-2019. The St. Louis, and Kansas City rating areas were the only rating areas that had more than 1 insurer offering coverage in the majority of the counties from 2017-2019. These areas were also the areas that had the lowest premiums and premium increases during these times suggesting that more than one firm offering coverage in an area is likely advantageous to controlling premiums. In addition, the years with more firms and lower premiums saw greater enrollment into the Missouri Marketplace. Premium increases and decreases in firm participation happening since 2016, similar to those occurring in Missouri, have been seen elsewhere in the U.S.

Missouri Medicaid Enrollment

The state of Missouri chose not to expand its Medicaid program leaving a coverage gap that was estimated to be approximately 113,000 residents with incomes below 100 percent of the FPL in 2018.^{xx} These individuals have incomes too low to allow them to qualify for financial assistance to purchase health insurance coverage through the Marketplace and do not qualify for Medicaid under the existing guidelines. Despite the fact that Missouri has not expanded their Medicaid program, Missouri Medicaid saw a sizeable increase in enrollment from mid-2014 through the end of 2016.

Figure 21. Missouri Marketplace average firm participation in 2014 and 2019, by rating area

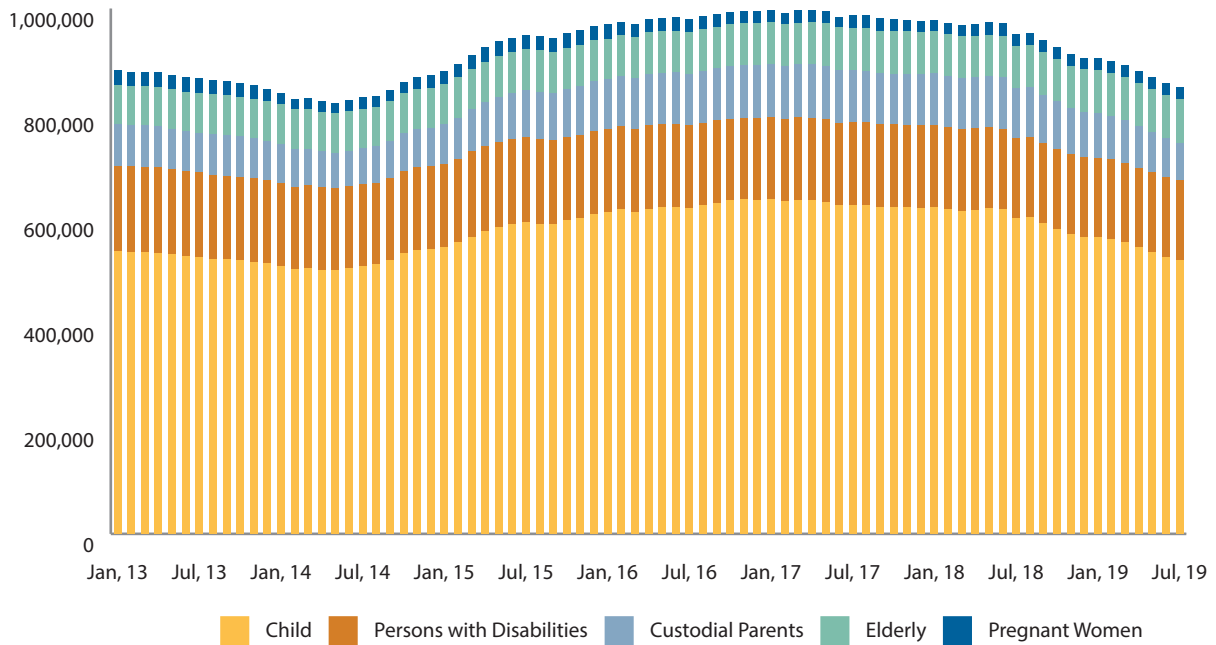
Rating Area	Description	Average Firms					
		2014	2015	2016	2017	2018	2019
1	Northwest Missouri (St. Joseph)	1.9	1.9	2.9	1.1	1.0	1.1
2	Northeast Missouri (Kirksville, Macon, Chillicothe)	2.0	2.0	3.0	1.0	1.0	1.0
3	Core Kansas City Metro	2.0	3.0	4.0	2.5	2.0	3.0
4	Surrounding Kansas City Metro (Warrensburg, Sedalia)	2.0	2.0	3.0	1.0	1.0	1.0
5	Mid Missouri (Columbia, Jefferson City, Lake of the Ozarks)	2.0	3.0	3.0	1.0	1.0	1.1
6	St. Louis Metro	2.0	3.6	4.0	2.0	1.5	1.7
7	Southwestern Corner of Missouri (Joplin)	2.0	2.5	3.5	1.5	1.0	1.0
8	Southwestern Missouri (Springfield, Branson)	2.0	2.1	3.1	1.1	1.0	1.0
9	Southeast Missouri (Fort Leonard Wood)	2.0	2.0	3.0	1.0	1.0	1.0
10	Southeastern Corner of Missouri (Cape Girardeau)	2.0	3.0	3.0	1.0	1.0	1.0

Data.Healthcare.gov, Plan Year 2014-2019 Individual Medical Coverage Landscape

Enrollment increased by over 170,000 people during that time and peaked at 996,024 enrollees in January 2017. Missouri Medicaid enrollment has subsequently declined since January 2017 and enrollment in July of 2019 was 850,254 beneficiaries. This trend of declining enrollment in state Medicaid programs has been happening in other states during this timeframe; however, Missouri has experienced the largest decline in enrollment in the nation with a loss of 13.1 percent of enrollment.^{xxi} As can be seen in Figure 17, the bulk of the earlier increase in enrollment was the result of enrolling children that were already eligible for Medicaid under the existing guidelines but had not previously enrolled. The subsequent decline has been children losing enrollment in the Medicaid program. Medicaid child enrollment rose from approximately 527,000 in 2013 to 627,000 in 2017; however, child enrollment was only 520,000 in July 2019. Figure 21 shows that enrollment in other eligibility groups remained relatively constant.

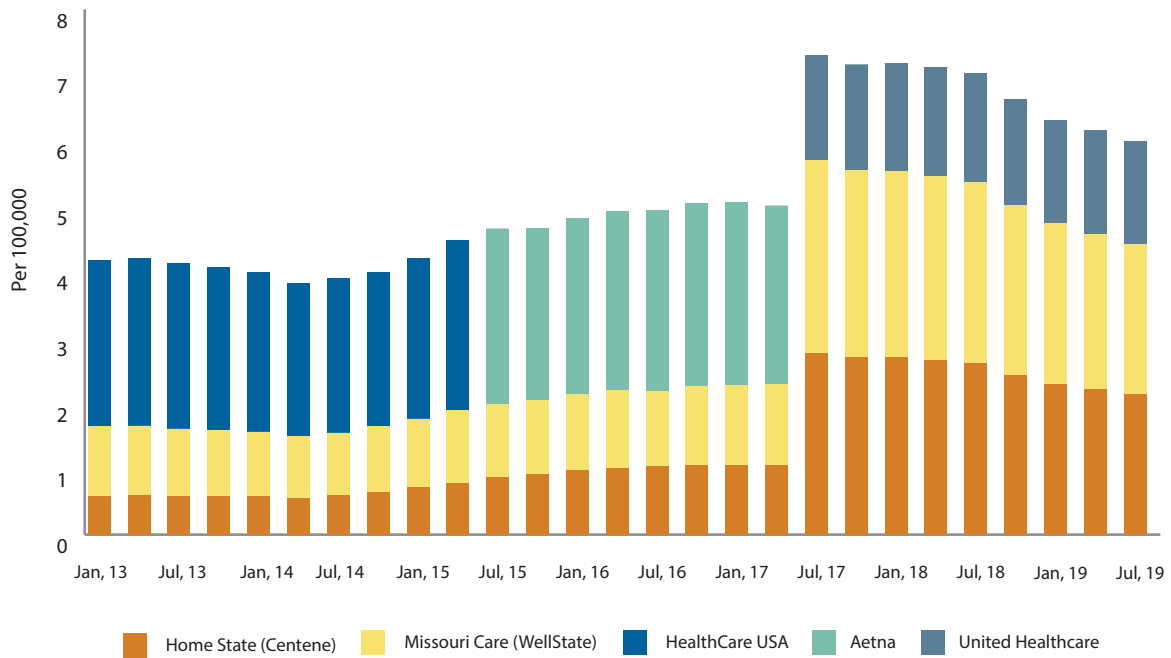
Coinciding with the changes in overall Medicaid enrollment, Medicaid managed care enrollment has changed as well. Missouri Medicaid changed their healthcare delivery structure in 2017 by instituting mandatory Medicaid managed care enrollment for all eligibility groups except the aged, blind, and disabled. Missouri Medicaid managed care enrollment rose from approximately 501,000 enrollees to 742,000 between April 2017 and May 2017. Figure X shows that enrollment in Medicaid managed care has been steadily declining from May 2017 through July 2019. In May 2017 total Medicaid managed care enrollment was 742,424 individuals and has declined to 599,414 individuals in July 2019. The bulk of the declining Medicaid enrollment in Missouri has been among children and parents that were covered by Medicaid managed care. There are currently three managed care health plans in Missouri from which eligible individuals can choose coverage: Home State Health Plan, Missouri Care, and United Healthcare with 36, 38 and 26 percent of the managed care enrollments respectively.

Figure 22. MO HealthNet enrollment by eligibility group, Jan 2013 to July 2019



Missouri Department of Social Services, DSS Caseload Counter

Figure 23. MO HealthNet and CHIP Managed Care enrollment by Managed Care Organization, January 2013 to July 2019



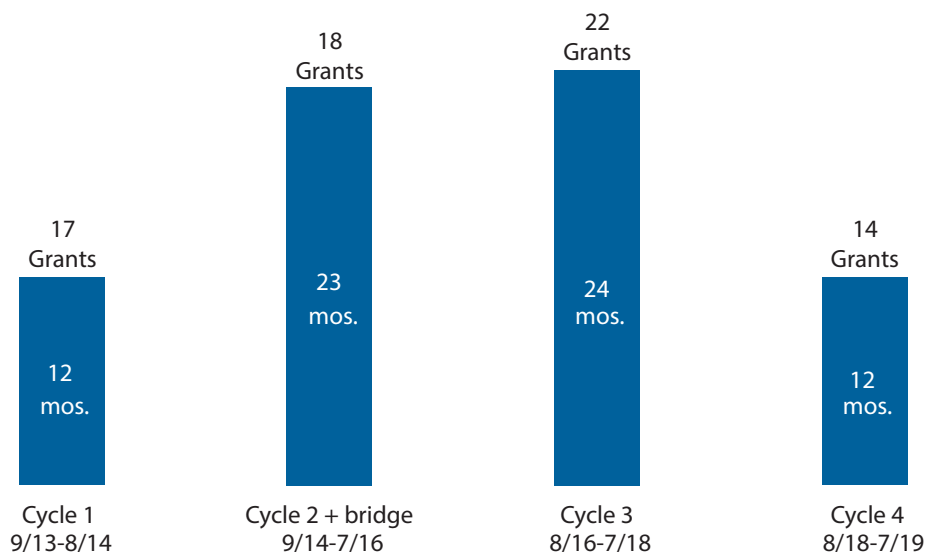
Missouri Department of Social Services, MO HealthNet Health Plan Enrollment, State Fiscal Year

Expanding Coverage through Consumer Assistance Program (ECTCA)

In September 2013, MFH started the Expanding Coverage through Consumer Assistance (ECTCA) program. This was the first grant program funded through ECI. The ECTCA program focused on funding organizations to assist eligible Missourians with enrolling in health insurance options and affordability programs through the Missouri Marketplace. ECTCA grantees provided pre-application, enrollment, and post-enrollment assistance services along with conducting education and outreach activities about the Missouri Marketplace. ECTCA-funded grantees focused their efforts on serving consumers who have difficulty enrolling in health insurance without the help of one-on-one assistance, including but not limited to consumers with low literacy, limited English proficiency, lower-income individuals, people with disabilities, and other hard-to-reach populations.

Throughout ECI, MFH funded six years of ECTCA grants representing four funding cycles. The four funding cycles covered different amounts of time and funded a different number of grants and organizations. The number of organizations peaked in cycle three with 22 organizations and grants being funded. It is important to note that during cycle two, the focus of the ECTCA program was expanded to include health insurance literacy activities. Also during cycle 2, grantees were provided with additional funds to enhance their media efforts to promote the awareness of the Missouri Marketplace and their enrollment services.

Figure 24 . Number of grantees funded by each ECTCA funding cycle and the length of each funding cycle



During those six years, MFH awarded a total of 68 grants to 27 unique organizations, eight of which were funded for the entirety of the ECTCA grant program. These organizations represented three different organization types: provider organizations (e.g., hospitals, FQHCs), community action agencies, and community-based organizations.



12 out of 27

Provider Organizations



6 out of 27

Community Action Agencies

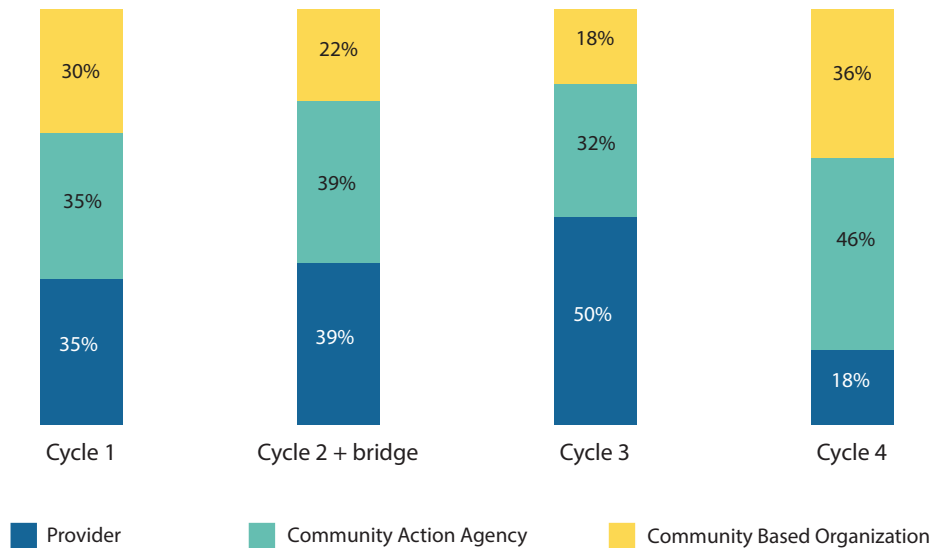


9 out of 27

Community-Based Organizations

The distribution of grantees funded by organization type varied across the four funding cycles. In the first funding cycle, the distribution of organization types was pretty equal. Then building upon the lessons learned over the years the types of organizations funded began to shift.

Figure 25 . **Percent of funded organizations by type across funding cycles**



Evaluation Findings

Grant Resources

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

FUNDING

Over the six years, MFH awarded a total of \$19.6 million in ECTCA grants. With the peak in funding being cycle three and lowest in cycle four. It is important to remember that the funding cycles covered different time frames and number of grants.

In addition to their MFH grants, ECTCA grantees succeeded in leveraging 23 additional funding opportunities to conduct their ECTCA related activities during ECTCA. The additional funds were received from a variety of sources such as federal grants (e.g., CMS Navigator program), federal grant subawards, and memorandums of understanding (MOUs). The grant awards ranged in size from \$300 to \$1,046,625.

PARTNERS

ECTCA grantees worked with partners to implement their grant activities. For the first three years of ECTCA, the number of partners involved with grantee efforts remained fairly consistent ranging from five to six partners on average per month. However, starting in year four, the number of partners engaged began to decline and continued to decline through the remainder of the funding program. By year six, grantees were engaging only one partner on average per month with their grant activities. Grantees were most likely to engage these partners in outreach activities compared to other activities such as conducting enrollments, offering collaborative learning opportunities, or providing training opportunities.

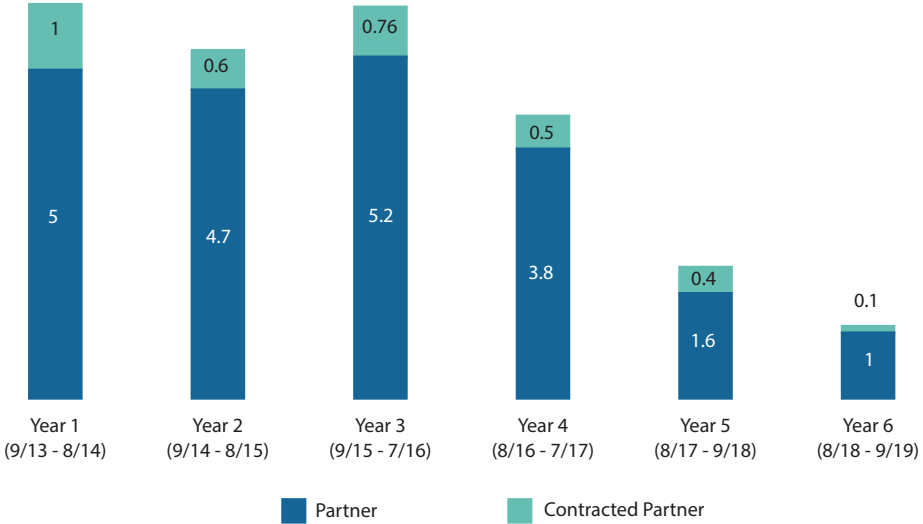
Partner Types

CONTRACTED PARTNERS were both under contract with the grantee and receiving payment from the grantee's MFH grant.

PARTNERS were not receiving payment from the grantee and may or may not have had a memorandum of understanding (MOU) with them.

These partnerships were categorized into two groups: contracted partners or partners. Grantees were overwhelmingly more likely to engage a partner over a contracted partner across all six years. The types of activities conducted by partners did not vary by partner type.

Figure 26. **Number of partners engaged on average per month by partner type**



IN-KIND CONTRIBUTIONS

ECTCA grantees reported utilizing in-kind contributions to implement their grant activities across all six years of ECTCA. The most utilized in-kind resource was space for outreach and enrollment events.

Outreach, Education, and Enrollment

To increase outreach and education about the Missouri Marketplace and health insurance literacy along with enrollments in the Missouri Marketplace, grantees conducted events, media activities, and counseling sessions throughout the year. The year was broken out into two key time periods: open enrollment and special enrollment. Over the six years, these time periods varied in start/end dates and length of time.

Open Enrollment Period

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.

OE 1: October 1, 2013 – April 19, 2014 (201 days)

OE2: November 15, 2014 – February 22, 2015 (92 days)

OE 3: November 1, 2015 – January 31, 2016 (92 days)

OE 4: November 1, 2016 – January 31, 2017 (92 days)

OE 5: November 1, 2017 – December 15, 2017 (45 days)

OE 6: November 1, 2018 – December 15, 2018 (45 days)

Special Enrollment Period

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

EVENTS

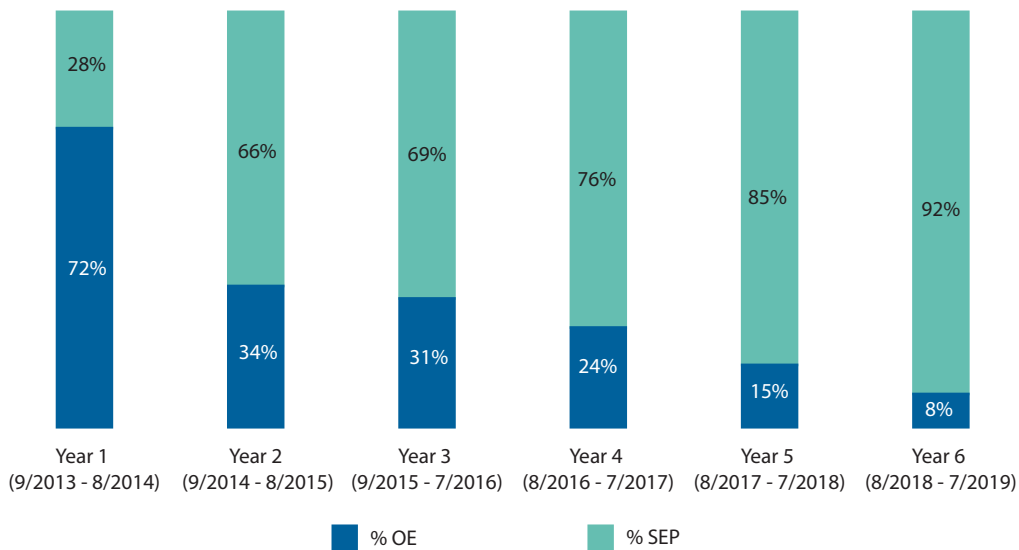
Events served to create awareness about, educate the public on, and enroll people in the Missouri Marketplace along with increasing health insurance literacy. Examples of events grantees hosted or participated in include hosting a booth at a local festival or an educational program during a meeting.

Over the six years, grantees conducted 10,724 events. In year six, majority of the events conducted occurred during the SEP (92 percent). This was an increase compared to previous years and continues the trend of focusing on events during the SEP. It is important to note that MFH encouraged grantees to conduct more events during the SEP based on lessons learned during the first year of the evaluation.



10,724
events
2013-2019

Figure 27. **Percent of events conducted by enrollment period**



EVENT TYPE

Grantees’ events were categorized as three types: educational, awareness, and/or enrollment. Educational events included activities such as providing a formal presentation about the Missouri Marketplace or health insurance literacy. Awareness events included activities such as hosting a booth at a health fair and passing out flyers. Enrollment events offered assisters on-site to help consumers enroll in insurance through the Missouri Marketplace.³ These categories were not mutually exclusive, meaning a grantee could select more than one category to classify 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.

Grantees continued to engage in similar types of events as in years past. For the sixth straight year, the most common event type provided was awareness (73 percent). Grantees were much more likely to host an enrollment event during open enrollment than during the SEP.

AUDIENCE TARGETED

Events could be targeted to either or both individuals/families and small businesses.⁴ 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 overwhelmingly targeted individuals and families across the six years of the evaluation.

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.⁵ Populations targeted refers to

³ Categories were not mutually exclusive, meaning more than one category could be selected for event type.

⁴ Categories were not mutually exclusive, meaning more than one category could be selected for Marketplace audience targeted.

⁵ Categories were not mutually exclusive, meaning more than one category could be selected for population targeted.

the population groups the grantee wanted to participate in the event, but it may or may not be who actually attended the event. In year six the top four audiences targeted beyond the general population were: low income residents, young adults (18 to 34), adults (34 to 64), and African Americans. This was different when compared to the first five years of the grant program when the top four audiences targeted beyond the general population consisted of Adults (35 - 64), low income residents, rural residents, and young adults (18 - 34).

EVENT SETTING

Grantees most frequently utilized a neighborhood or community setting to host their events across all six years. They were more likely to utilize specific settings when targeting specific populations. For example across the six years, grantees were more likely to host events targeting individuals with disabilities at a hospital, clinic, or health center.

EVENT STRATEGY

During their events, grantees implemented several strategies to reach consumers.⁶ The top three strategies continue to be: 1) distributed awareness or educational materials, 2) organized or participated in a community event or meeting, and 3) presented in the community.

PARTNER INVOLVEMENT

In order to maximize resources and improve efficiency, grantees partnered to conduct events. On average across the six years, grantees worked with a partner on 25 percent of their events.

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). Throughout the Initiative, grantees conducted 562,114 media activities. The number of media activities being conducted peaked in year 4 (271,729) which corresponds to MFH requiring grantees to allocate \$10,000 of their grant budget to media during the third grant cycle (grant year four and five). This requirement did not exist in any other cycle of funding.

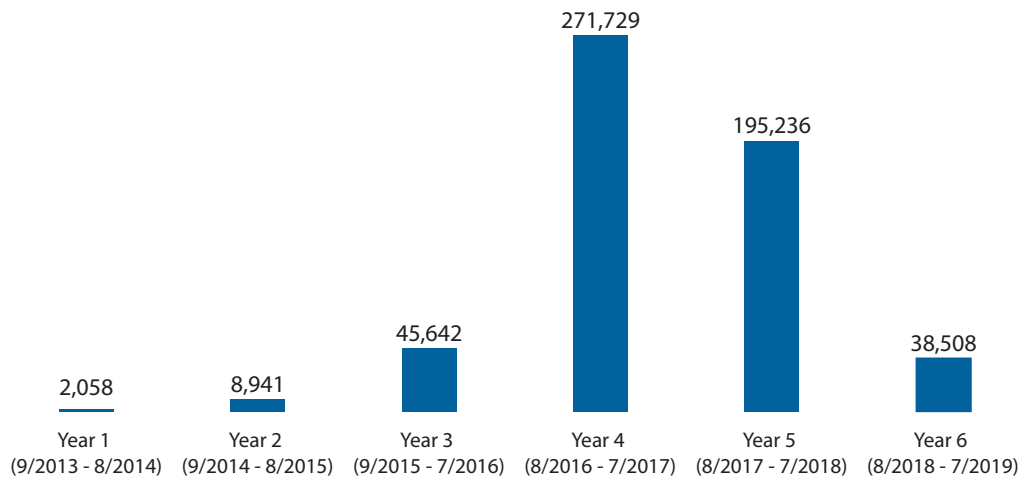


MEDIA TYPE

In response to the dynamic environment of the Marketplace, grantees continued to develop and refine their strategies for utilizing media in their grant activities. As a result, the media activities utilized by grantees varied across all six years. The only pattern to emerge was the use of social media as one of the top three activities during the years MFH did not require grantees to allocate budget funds towards media.

⁶Categories were not mutually exclusive, meaning more than one category could be selected for event strategy.

Figure 28 . Number of media activities conducted by ECTCA grantees



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).⁷ However, they were less likely to target media activities than events. Across the six years, grantees targeted three percent or less of their media activities to a specific population, and no patterns emerged for the audiences targeted across the six years. In addition, grantees targeted the majority of their media activities towards the Marketplace audience of individuals and families.

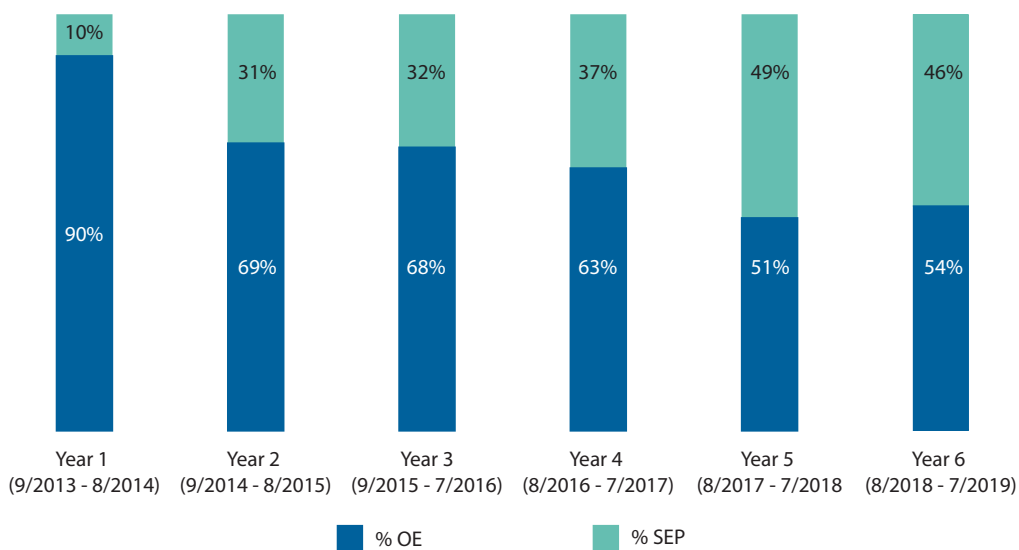
Counseling Sessions

Grantees provided consumers with pre-application, enrollment, and post-enrollment assistance through counseling sessions. Counseling sessions were defined as a direct interaction of an enrollment assister (by phone or in-person) with an individual, family, or small business who was trying to enroll in the Missouri Marketplace, MO HealthNet, off Marketplace plans, or who needed assistance after they had enrolled. ECTCA grantees conducted 53,133 counseling sessions throughout the Initiative. The grantees conducted the most sessions in a single year during grant year four (11,222). Grant year four included a shorter open enrollment period (45 days) and funded the largest number of grants (22 grants funded). As in the previous years, the majority of counseling sessions occurred during open enrollment. Overall the percent of counseling sessions conducted during the special enrollment period increased although there was a slight decrease in year six from year five.



⁷Categories were not mutually exclusive, meaning more than one category could be selected for population and audience targeted.

Figure 29. **Percent of counseling sessions conducted by enrollment period**



ENROLLMENT LOCATIONS

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

Majority of counseling sessions conducted by grantees took place at permanent enrollment site across the six years (range 84 percent to 90 percent). For the few counseling sessions that did occur during an event, it was more likely for session to be held at event during open enrollment compared to the special enrollment period.

LENGTH OF COUNSELING SESSIONS

The average amount of time it took to complete a counseling session was about an hour across the six years of the Initiative. However, the longest counseling session decreased from eight hours in year one to three and a half hours in year six (year one: eight hours, year two: six hours, year three: six hours, year four: five and a half hours, year five: five and a half hours, year six: three and a half hours).

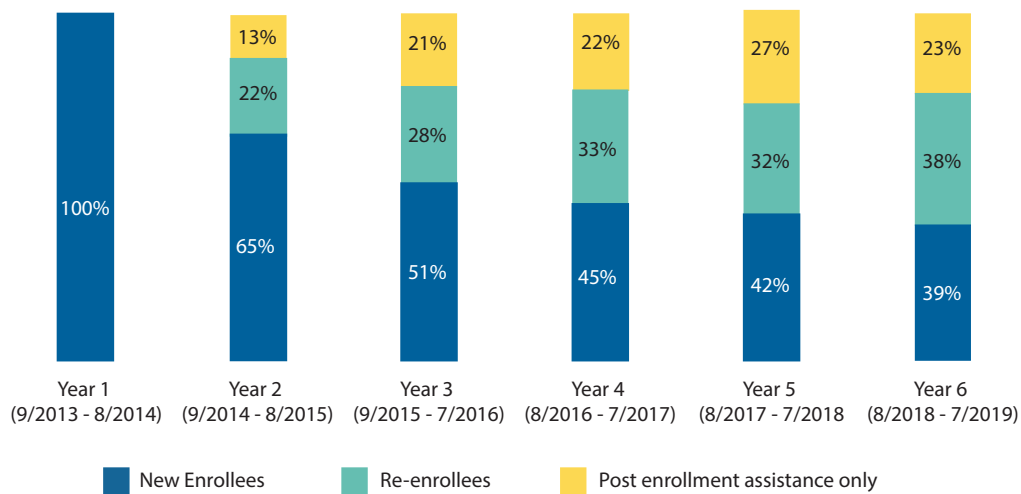
4½ hour decrease
longest session from
2013 to 2019

CONSUMER CHARACTERISTICS

ECTCA grantees typically assisted individuals and families during counseling sessions. Individuals and families accounted for 99.8 percent of counseling sessions on average compared to small businesses which accounted for 0.2 percent of sessions on average.

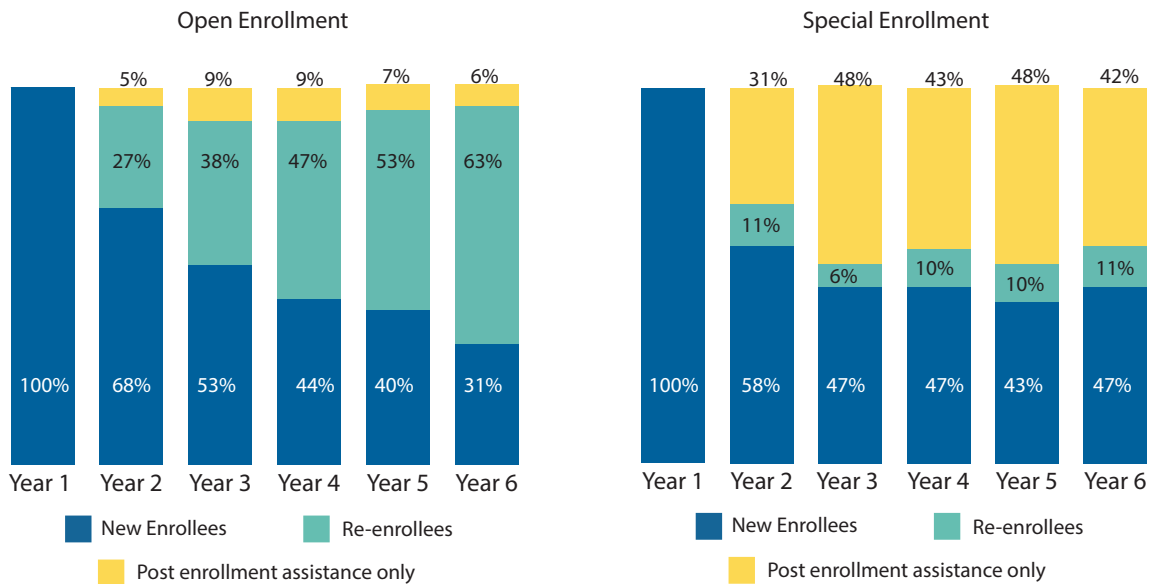
Grantees assisted new consumers who had never before enrolled in the Marketplace (i.e., new enrollees), re-enrollees who had previously enrolled in the Marketplace, and consumers seeking help after they had enrolled in a plan (i.e., post-enrollment assistance only). Post-enrollment assistance ranged from resolving issues related to the Marketplace enrollment process to helping consumers use their insurance. It is important to note that all consumers were new enrollees in year one of the evaluation as the Marketplace had never existed before. Across the six years of the Initiative, the overall percent of counseling sessions assisting new consumers decreased every year while the percent of counseling sessions assisting re-enrollees increased every year. By year six grantees were conducting counseling sessions with almost the same percent of new enrollees as re-enrollees.

Figure 30. **Percent of all counseling sessions conducted by enrollee type**



It is important to note that the type of consumer seeking assistance does vary depending on enrollment period. During open enrollment in the beginning grantees served more new enrollees; however, during year four of the evaluation this switched and grantees began serving more re-enrollees. Furthermore during the special enrollment period, grantees were more likely to conduct counseling sessions with either new enrollees or post enrollment assistance only enrollees. Also, while the percent of counseling sessions for new enrollees remained fairly consistent between open enrollment and the special enrollment period, grantees were much more likely to serve re-enrollees during open enrollment than during the special enrollment period and more likely to serve post enrollment assistance only consumers during the special enrollment period than during the open enrollment period.

Figure 31. **Percent of counseling sessions conducted by enrollee type for open enrollment and special enrollment**



HOW CONSUMERS HEARD ABOUT ENROLLMENT SERVICES

Beginning in September 2014, the evaluation began collecting information about how consumers heard about grantees enrollment services. The number one way consumers heard about grantee enrollment services from 2014 through 2019 was through family, friends, or previous clients (over 50 percent every year). Internal referrals, which was added in 2015, and community events were the other two most common ways consumers heard about assisters' services. It is important to note that both internal referrals and community events were always less than ten percent each year.

COUNSELING SESSION OUTCOMES

Grantees helped consumers with a wide array of tasks during counseling sessions. The list of services grantees were able to offer consumers grew as assisters expanded their skills and in response to the needs of consumer. As these services expanded, the evaluation team modified the data collection tool to better capture the breadth of task assisters offered to consumers. The top three outcomes across the six years varied, but always included the following five outcomes: assisted consumer with enrollment questions and concerns, created or updated an account, determined eligibility, filed for/qualified for advanced payment tax credits, and provided education about health insurance.⁸ It is important to note that during the first few months of the Marketplace (October to December 2013) the number one outcome of a counseling session was assisted consumer with technical difficulties with

Top Three Outcomes
(always included three of these five)

- Assisted a consumer with enrollment questions and concerns
- Created or updated an account
- Determined eligibility
- Filed for/qualified for advanced payment tax credits
- Provided education about health insurance literacy

⁸ Categories were not mutually exclusive, meaning assisters could identify more than one outcome.

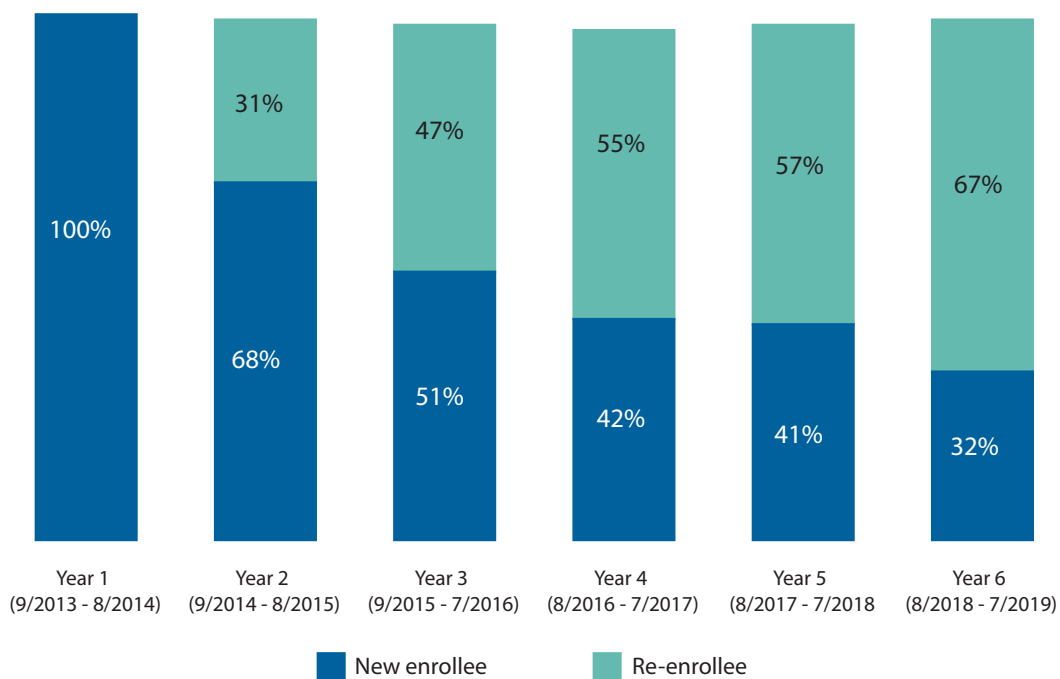
the enrollment website which was a reflection of the Marketplace environment at the time. In addition, counseling session outcomes varied by enrollment period. During the special enrollment period across all six years assisted consumer with post enrollment questions and concerns was one of the top three outcomes. Furthermore, counseling session outcomes varied by whether a consumer was defined as a new enrollee, a re-enrollee, or they were seeking post enrollment assistance only. For example, a higher percentage of counseling sessions with re-enrollees elected a qualified health plan compared to new enrollees or those seeking post-enrollment assistance.

In addition to helping consumers enroll in the Missouri Marketplace, assisters provided health insurance literacy (HIL) and post-enrollment assistance to consumers. Grantees began focusing on these activities during the second year of the evaluation. While the top three HIL and post-enrollment activities provided to consumers varied they always consisted of providing written materials about health insurance, sharing information about health insurance, and teaching skills needed to assess healthcare/health insurance.⁹

ENROLLMENT

On average 38 percent of all counseling sessions conducted by ECTCA assisters resulted in an a qualified healthcare plan being elected across the six years. The number of people who enrolled in a qualified healthcare plan varied each year of the Initiative with a range from 2,769 people to 5,627 people. Grantees assisted with enrolling the greatest number of people in a single year during year five of the evaluation which featured the greatest number of funded grantees and the first 45 day open enrollment period. For the first two years of the Initiative new enrollees were more likely to enroll than re-enrollees, but this shifted during year three when re-enrollees were more likely to enroll than new enrollees. This mirrored the state level trend of new versus re-enrollees electing a qualified healthcare plan. In addition, ECTCA assisters assisted more consumers with enrolling in plans during open enrollment compared to the SEP across the Initiative.

Figure 32. **Percent of counseling sessions with a qualified healthcare plan elected by enrollee type**







⁹Categories were not mutually exclusive, meaning assisters could identify more than one type of post-enrollment assistance and HIL.

During the first year of the Initiative, assisters noticed that consumers often participated in multiple counseling sessions before electing a qualified healthcare plan. So starting in year two, the evaluation expanded the data collection to include number of counseling sessions. On average, consumers attended two counseling sessions before they enrolled in a plan, and the average length of a counseling session to elect a qualified healthcare plan went from one hour to 46 minutes.

In addition to assisting consumers with enrolling in a qualified healthcare plan grantees assisted consumers with enrolling in MO HealthNet. Less than five percent of all counseling sessions each year resulted in an application being sent to MO HealthNet. In year four, assisters had the option to expand their services to assist consumers with enrolling in a Medicaid Managed Care plan in response to the change in the program. Less than one percent of all counseling sessions from year four through six assisted consumers with a Medicaid Managed Care plan.

Applications were sent to MO HealthNet during 606 counseling sessions (five percent), and 936 consumers were covered by these Medicaid applications. This was an increase from year four when 856 lives were covered. In addition to sending applications to MO HealthNet, assisters provided counseling sessions for Medicaid Managed Care (MMC) plans. Of the counseling sessions with consumers who enrolled in a MMC plan, 40 people were enrolled in an MMC plan.

Figure 33. ECTCA key counseling session outcomes by year

Reporting Year: (date range):	Year One (10/13 - 8/14)	Year Two (9/14 - 8/15)	Year Three (9/15 - 7/16)	Year Four (8/16 - 7/17)	Year Five (8/17 - 7/18)	Year Six (8/18 - 7/19)
Number of grantees:	17	18	18	22	22	13
OE duration:	102 days	92 days	92 days	92 days	45 days	45 days
 sessions conducted	11,065	9,180	7,695	9,337	11,222	4,634
 determined eligibility	6,095 (55.1%)	5,741 (62.5%)	4,552 (59.2%)	4,661 (49.9%)	6,022 (53.7%)	2,694 (58.1%)
 elected a Qualified Healthcare Plan (QHP)	3,087 (35.0%)	3,866 (42.1%)	3,041 (39.5%)	3,020 (32.3%)	3,962 (35.3%)	1,944 (42.0%)
 people enrolled	5,051	5,191	3,956	4,172	5,627	2,769

Key Takeaways

Missouri was labeled as one of the "five states most resistant to Obamacare implementation" by the Washington Post^{xiii} prior to the first open enrollment period in 2013. Even with this challenging environment, the Missouri Marketplace has experienced consistent and sustained enrollment. The resources and support provided by the ECI positively impacted the enrollment community and consumers within Missouri. The Initiative provided assistance to thousands of Missourians with enrolling into a Qualified Healthcare Plan, MO HealthNet, and Medicaid Managed Care plans. Below are the key takeaways from the evaluation findings:

The Expanding Coverage Initiative did not reach the goal of reducing the uninsured rate in Missouri to five percent. However, reaching an uninsured rate of five percent in Missouri is unattainable without Medicaid expansion. The State of Missouri has chosen not to expand its' Medicaid program leaving limited health insurance coverage options available for its residents with the lowest incomes. The uninsured rate in Missouri had been declining from 13 percent in 2013 to 8.9 percent in 2016, but experienced a slight increase to 9.4 percent in 2018, to a total of over 568,000 uninsured Missourians. In addition, the uninsured rate for those under age 65 increased to 11.2 percent in 2017 from 10.5 percent in 2016. In 2010, the State of Missouri ranked 23rd out of all fifty states in the percentage of the population that was uninsured and now in 2018 ranks 34th. Missouri has not kept pace with other states in insuring the uninsured mainly because of the lack of Medicaid expansion in the state. States that have expanded their Medicaid programs since 2014 have seen more dramatic reductions in their uninsured populations than states that have not expanded their Medicaid programs. Medicaid expansion is crucial to lowering the uninsured rate in Missouri to 5 percent due to the fact that many uninsured Missourians fall into a coverage gap with incomes below the Federal Poverty Line.

Missouri Medicaid enrollment grew as children that were eligible for the program enrolled, but enrollment has been falling in the past year as many children are losing their Medicaid coverage. Enrollment assistance continues to be needed in order to help those that are eligible enroll in Medicaid and to navigate re-enrollment into Medicaid managed care every year.

Despite the fact that Missouri has not expanded their Medicaid program, Missouri Medicaid saw a sizeable increase in enrollment from mid-2014 through the end of 2016. Enrollment increased by over 170,000 people during that time and peaked at 996,024 enrollees in January 2017. Missouri Medicaid enrollment has subsequently declined since January 2017 and enrollment in July of 2019 was 850,254 beneficiaries. The bulk of the earlier increase in enrollment was the result of enrolling children that were already eligible for Medicaid under the existing guidelines but had not previously enrolled. The subsequent decline has been mainly a result of children losing enrollment in the Medicaid program. Medicaid child enrollment rose from approximately 527,000 in 2013 to 627,000 in 2017; however, child enrollment was only 520,000 in July 2019.

The bulk of these children are likely still eligible for Medicaid, but have not been re-enrolled. Navigating the Medicaid enrollment process, Medicaid call centers, and paperwork requirements can be cumbersome and, at times, challenging for Medicaid beneficiaries and the parents of children eligible for Medicaid. Assistance with Medicaid enrollment and re-enrollment and navigating the changes in plans offered by Medicaid managed care plans could be a vital role for assisters as they continue their work to cover the uninsured.

The Missouri Marketplace – a story of resilience. The Missouri Marketplace, despite its challenges, has filled the need of health insurance for many individuals in Missouri, but also has provided limited options for many others. The Missouri Marketplace has had many changes since it began in 2013 including: the firms offering Marketplace coverage each year, increasing premiums and costs, and the elimination of the mandate for individuals to purchase health insurance coverage, but many people continue to purchase health insurance through the Marketplace because it is their best and likely only option. Prior to the passage of the ACA, many individuals were not able to purchase non-group health insurance because of a pre-existing health condition or other limitations.

The marketplace has allowed many of these individuals to purchase coverage, often with subsidies if they meet the income guidelines and avoid the potential for serious financial hardship from their health expenses; however, there are many people in need of health insurance that are not benefitting in the same way from the options offered by Marketplace coverage.

Every year since 2014, many more people have applied for Marketplace coverage than have ultimately enrolled in coverage. The majority of those that are eligible and enroll each year have incomes between 100 to 400 percent of the Federal Poverty Level (FPL) and receive financial assistance. In 2019, a large majority of enrollees, eighty-five percent (186,459 consumers) of those enrolling in the Marketplace received financial assistance with paying their premiums in the form of advance payment tax credits, while over 57 percent (127,477) of all Marketplace enrollees also received cost-share reductions to assist with the cost of their out-of-pocket expenditures.^{xxii} The average age of Marketplace enrollees has gone up as the percentage of those enrolled that are 55-64 years of age has increased which likely indicates that these individuals are more in need of health coverage and therefore more willing to pay high premiums. Fewer applicants are applying for new Marketplace coverage every year with 78 percent of the applications being renewals in 2019.

There have been challenges for the marketplace, but it is filling a need that our previous health insurance options did not for a target population of individuals with incomes of 100-400 percent of the FPL; however, a need still exists for affordable health insurance options for those ineligible for financial assistance at slightly higher income levels and those in the coverage gap with incomes below 100 percent FPL.

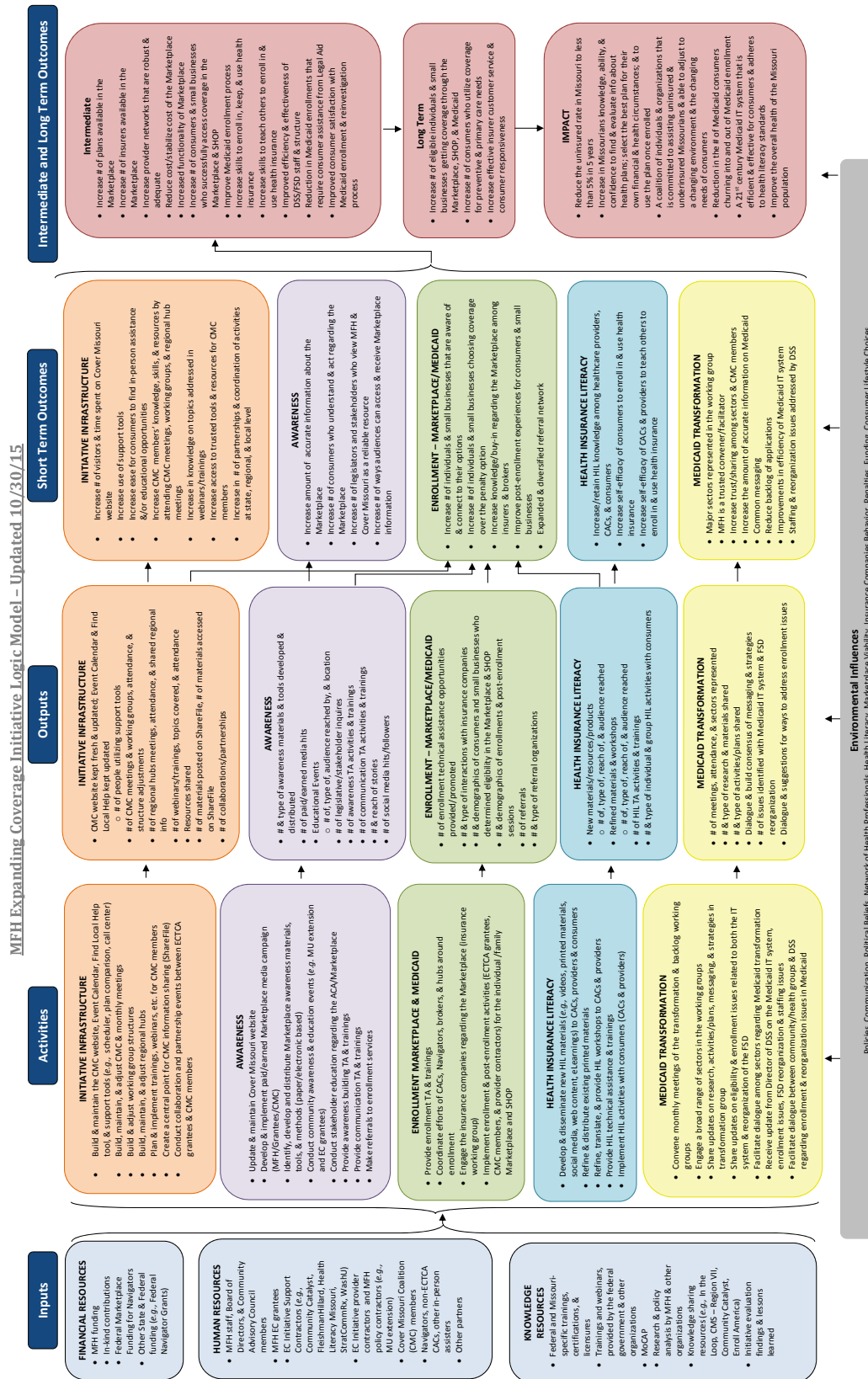
There continues to be a role for assister services in Missouri ... year round. There is a need for continued education in Missouri about the Missouri Marketplace and assistance for consumers with electing a Qualified Healthcare Plan as the Missouri Marketplace environment continues to shift. From 2014 to 2019 the number of firms offering insurance in Missouri fluctuated from three to six. In addition, the average second-lowest silver premium rate increased anywhere from 64 percent to 132 percent from 2014 to 2019 across Missouri's rating areas. Also in 2019, no Missouri Foundation for Health regions enrolled more than 40 percent of the potential population indicating there are still eligible individuals to enroll in the Marketplace.

As the environment demonstrates the need for assister services, ECTCA assisters demonstrated the need for these services goes beyond open enrollment as well. Across the Initiative, the percent of counseling sessions being conducted by ECTCA funded assisters during the special enrollment period increased each year. Moreover, assisters have provided between 31 percent to 48 percent of their special enrollment counseling sessions were dedicated to providing consumers with post enrollment only assistance.

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Appendix A - Evaluation Model



Appendix B - Evaluation Questions

Cover Missouri Coalition Evaluation Questions

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

Expanding Coverage through Consumer Assistance Evaluation Questions

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

Health Insurance Literacy Program Evaluation Questions

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

