



# Expanding Coverage Initiative



## Expanding Coverage Initiative 2015-2016 Evaluation Report

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# Acknowledgements

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# Summary

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

The Brown School at Washington University in St. Louis serves as the external evaluator for the Expanding Coverage Initiative. The evaluation is limited to a subset of the efforts being implemented by CMC, the HIL support partner, and MFH funded grantees. This report describes the external evaluation findings for the time period of September 1, 2015 to July 31, 2016.

## Expanding Coverage Initiative Evaluation Findings

### Cover Missouri Coalition (CMC)

CMC is a statewide coalition dedicated to building a shared learning community and promoting education and awareness about the Affordable Care Act and the Missouri Marketplace. The CMC evaluation focused on a subset of their activities: collected demographic information about its membership, assessed CMC's ability to serve as a convener and information sharing resource, and assessed changes in members' knowledge and capacity to enroll consumers in the Missouri Marketplace and Medicaid.

Survey respondents self-reported that their membership in the Coalition had provided them with benefits including opportunities for collaboration, increases in their capacity to enroll consumers, and increases in their knowledge of health insurance literacy, reducing the number of uninsured, and Marketplace policy. Most respondents indicated that they conduct some type of activity to reduce the number of uninsured in Missouri. The most common activities reported were awareness activities and in-person activities. In addition, respondents reported they were interested in working with other CMC members to plan events, share strategies, expertise and best practices, and develop a strategy for reaching underserved populations.

### Health Insurance Literacy (HIL)

The Expanding Coverage Initiative's HIL approach develops HIL resources for consumers, CMC members, MFH funded grantees, and health care professionals; and provides HIL-related technical assistance to CMC members and MFH funded grantees. The HIL evaluation assesses changes in knowledge, skills, and self-efficacy related to HIL in two areas: Expanding Coverage through Consumer Assistance (ECTCA) Certified Application Counselors (CACs) and the eLearning trainings.

ECTCA CACs demonstrated a high level of knowledge across all four survey waves. Most CACs demonstrated a high level of knowledge when asked to compare health insurance plans (at least 89 percent of CACs answered questions about comparing health insurance plans correctly on each survey

wave) while many CACs struggled with calculating health insurance and health care costs (less than 60 percent of CACs correctly answered questions related to calculating costs on each survey wave). Additionally, most CACs reported high levels of confidence in their ability to explain key health insurance terms to consumers, teach consumers health insurance skills, and use HIL skills when working with consumers.

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

### Expanding Coverage through Consumer Assistance Program (ECTCA)

The ECTCA grant program provides consumers with pre-application, enrollment, and post-enrollment assistance along with conducting Marketplace education and outreach activities. The program is focused on serving consumers who have difficulty enrolling in health insurance without the help of one-on-one assistance, including (but not limited to) consumer with low literacy, limited English proficiency, lower-income individuals, people with disabilities, and other hard-to-reach populations. During the current reporting period, MFH funded 17 grantees; however, their grants were active from September 2014 through July 2016. The evaluation findings are limited to the evaluation reporting period (August 2015 through July 2016).

ECTCA grantees conducted outreach, education, enrollment, and health insurance literacy activities throughout the reporting period. They conducted 1,618 events and 45,642 media activities. Most of these events were held during the special enrollment period (69 percent of events). In addition, ECTCA grantees conducted 7,695 of counseling sessions which resulted in 3,956 individuals enrolling in a qualified health care plan through the Missouri Marketplace. Most counseling sessions occurred during open enrollment (68 percent). The top three outcomes of a counseling session were: 1) Assisted consumer with enrollment questions, concerns, 2) Determined eligibility, and 3) Provided education about health insurance.

### Grassroots Outreach to Maximize Enrollments (GOME)

The GOME grant program focused on assisting efforts to maximize enrollments in Missouri Marketplace health insurance plans. They conducted outreach activities, promoted existing outreach and enrollment activities, and made referrals to assister organizations. They targeted their efforts to populations that have historically been difficult to reach and engage in the Marketplace. This included populations such as African Americans; Latino; the lesbian, gay, bisexual, and transgender community (LGBT); young adults 19-29; and people living in rural settings. The GOME grant program was active from September 2015 to February 2016 with 15 grantees.

GOME grantees conducted 483 events and 3,541 media activities. The most events in a single month occurred during October which is the month prior to the start of open enrollment. In addition, GOME grantees made over 20,000 referrals with a median of 286 referrals per grantee. While not a focus of the GOME grant program, three GOME grantees elected to assist consumers with pre-application, enrollment, and post-enrollment assistance through counseling sessions. These three grantees conducted 358 counseling sessions which resulted in 136 people enrolling in insurance through the Missouri Marketplace.

## Key Takeaways

Several key takeaways were identified through the Expanding Coverage Initiative evaluation, which only included a subset of the ECI activities. These key takeaways provide important information which can be used in future Initiative planning to build upon existing successes and address current challenges. Below are the key takeaways identified by the evaluation team for the reporting period (September 1, 2015 – July 31, 2016):

**In order to address the declining re-enrollment rate, education and health literacy training are needed to ensure that consumers in Missouri are choosing the best plan as Marketplace costs rise.** Missouri consumers re-enrolled at a lower rate in 2016 compared to 2015. There was a decline in the retention rate of individuals enrolled in a health insurance plan through the Marketplace in Missouri in 2016. Approximately 69 percent of 2015 Marketplace enrollees re-enrolled in a Marketplace plan during the 2016 open enrollment, compared to 80 percent during the 2015 open enrollment. However, it is important to note that Missouri's rate of enrollment was higher than the national average of 63 percent in 2016. In addition, the average premium cost in Missouri increased by 13 percent from 2015-2016, while premiums increased by only seven percent from 2014-2015. Further research is warranted to determine the reasons Missouri consumers are not re-enrolling in the Marketplace.

**Assisters struggled with calculating health insurance and health care cost.** Most CACs struggled with survey questions regarding calculating health insurance and health care costs. Additionally, while most of the eLearning trainings (the online training series made available to assisters) had a statistically significant positive effect on participants' knowledge, the eLearning which focused on using numbers with consumers did not statistically increase participants' knowledge of using numbers (eLearning 6).

**Most of the eLearning trainings had positive effect on health insurance literacy knowledge; however, the training participation remains low.** Based on the average pre- and post-survey scores, there was evidence that participants' knowledge of the eLearning topic increased after taking six of the eight eLearnings. Additionally, most eLearning participants reported high satisfaction with the trainings. Most participants also said they had a better understanding of the eLearning topic after taking the training, and it was very likely they would use the skills they learned in their work. However, participation in the eLearnings has been low. To date, 177 individuals have signed up, and only 24 percent of these individuals have completed the entire eLearning series.

**The Cover Missouri Coalition provides benefits for CMC members, including opportunities for collaboration, self-reported increased capacity to enroll consumers in the Missouri Marketplace and/or Medicaid, and self-reported increased knowledge.** Most CMC members reported they identified new partners, or were able to collaborate with existing partners as a member of the Coalition. Additionally, members reported building strong partnerships with one another through the Coalition. As a result of their membership in the Coalition, most CMC members reported an increased capacity to enroll consumers in the Missouri Marketplace and/or Medicaid. There was a statistically significant increase in members' reported capacity to enroll consumers from the twelve month survey administration to the eighteen month survey administration, indicating that membership between these two follow-up surveys may have benefitted members' capacity to enroll consumers. Furthermore, as a result of their membership in the Coalition, most CMC members reported an increase in knowledge of health insurance literacy, knowledge about reducing the number of uninsured, and knowledge of Marketplace policy.

**The Coalition engages members and serves as an information-sharing resource.** The top two most common ways that the Coalition engaged respondents was through CMC update emails and monthly newsletters. Also, most CMC members expected the Coalition to serve as an information-sharing resource, as members reported they joined the Coalition in hopes of increasing their knowledge of the Missouri Marketplace.

**GOME and ECTCA grantees targeted different populations with their outreach and education events.** The top five populations targeted by GOME grantees were: low income individuals, adults (35-64), African Americans, immigrants and refugees, and Latinos. Whereas, ECTCA grantees were more likely to target young adults (18-34), adults (35-64), rural, low income, and lesbian, gay, bisexual, and transgender (LGBT) individuals. GOME grantees targeted 57 percent of their events towards a specific population compared to ECTCA grantees who targeted 68 percent of their events towards a specific population.

**GOME grantees created a referral network.** GOME grantees made almost 21,000 referrals during the course of the grant program with a median number of referrals by organization being 286 with a range of 0 to 14,551. GOME grantees referred across MFH service regions and referred to both MFH funded assister organizations and non-MFH funded assister organizations.

**Assisters provided services year round, not just during open enrollment.** ECTCA grantees focus on both outreach and enrollment activities throughout the year. The number of counseling sessions being conducted during the special enrollment period has increased each year of the Initiative. (September 2013 to August 2014: 10 percent, September 2014 to August 2015: 31 percent, September 2015 to July 2016: 32 percent). It is important to note that the 2013-2014 open enrollment period was 201 days long compared to 92 days in 2014-2015 and 2015-2016. In addition, grantees offered events throughout the year with peaks happening in October, the month prior to open enrollment, and January, the month when open enrollment closes.

**Assister services continue to be needed.** Enrollment of the potential population across the state has increased each year of the Marketplace. However, all but the St. Louis region enrolled less than 50 percent of the potential population in 2016. These numbers alone indicate that there are still many people to reach that are eligible to enroll in the Marketplace. In addition, enrollment in the Marketplace does vary significantly at the county level within each of these regions, with some counties much more successful than others. Additional efforts could be targeted at the counties that are enrolling a smaller percentage of their potential population, first to assist in enrollment efforts, but also to collect additional data regarding the enrollment barriers that people in these lowest enrollment counties are facing. This additional data could then be used to enhance and focus future outreach efforts.

**Medicaid expansion is crucial to reaching the Expanding Coverage Initiative's goal of reducing the uninsured rate to less than five percent in five years.** The state of Missouri has chosen to not expand its Medicaid program leaving no health insurance coverage options available for its residents with the lowest incomes. The uninsured rate in Missouri declined to 11.4 percent in 2015, but there is still a significant part of Missouri's uninsured population that falls in a coverage gap due to having an income that is below the Federal Poverty Level. Without Medicaid expansion achieving an uninsured rate of less than 5 percent in Missouri appears unlikely.



# Introduction

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

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

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

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

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

Figure 1: Expanding Cover Initiative structure



## Evaluation

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

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

## About this Report

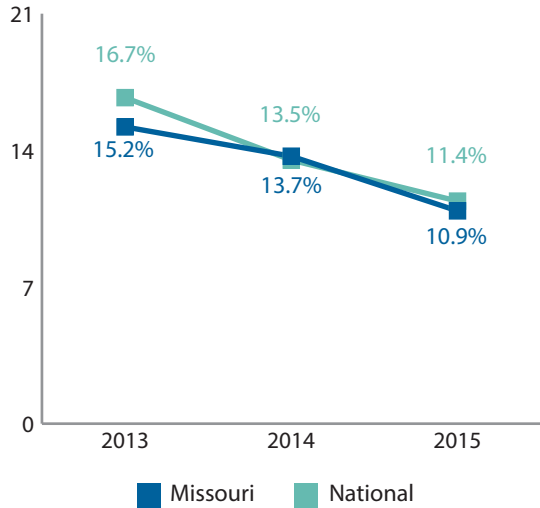
This report describes the external evaluation findings for the time period of September 1, 2015 to July 31, 2016. The report begins with an overview of Missouri's health insurance environment, followed by a subsequent section for each of the external evaluation focus areas, and concludes with a summary of the findings and key takeaways.

# Environmental Context

The health care environment and availability of health insurance in Missouri has changed dramatically since 2013 and the implementation of the Affordable Care Act (ACA). Many Missourians had the opportunity to purchase health insurance through the Missouri Marketplace during the third open enrollment period from November 1, 2015 through February 1, 2016,<sup>1</sup> with enrollment continuing for individuals with special circumstances. During the 2015-2016 open enrollment period, 290,201<sup>i</sup> individuals selected plans through the Marketplace, a 15 percent increase over the 253,430<sup>ii</sup> Missourians who selected health insurance plans through the Missouri Marketplace during the 2014-2015 open enrollment period. Approximately 87 percent of people who enrolled in the Missouri Marketplace received some financial assistance for their health insurance coverage, and 67 percent of those who enrolled choose to enroll in a silver plan.

In addition, enrollment in the Missouri Marketplace has had a significant impact on reducing the number of uninsured in Missouri. Reducing this population is a vital component to achieving the goal of the Expanding Coverage Initiative, which aims to reduce the uninsured rate to less than 5 percent in Missouri for residents under age 65. In 2013, prior to the implementation of the ACA, the uninsured rate was 15.2 percent for Missouri residents under age 65, accounting for approximately 768,000 Missourians.<sup>iii</sup> The uninsured rate for those under 65 declined to 11.4 percent, approximately 578,000 Missourians, in 2015, due in large part to enrollment in the Missouri Marketplace.<sup>iv</sup> The national uninsured rate for those under 65 declined from 16.7 percent to 10.9 percent during the same time period.<sup>iii, iv</sup>

Figure 2. Uninsured rate for individuals under 65 in Missouri by year



US Census Bureau, 2013, 2014, and 2015 American Community Survey, 1-year estimates, Tables S2701

<sup>1</sup> Open Enrollment (OE) occurred from November 1, 2015 - January 31, 2016; however, to remain consistent with Federal reporting open enrollment was expanded to November 1, 2015 - February 1, 2016.

## The Affordable Care Act and the Missouri Marketplace

Of the 290,201<sup>v</sup> individuals who selected a Marketplace plan during the 2015-2016 open enrollment period, 252,044<sup>vi</sup> individuals, or approximately 87 percent, effectuated their enrollment in the Marketplace by paying their plan premiums by March 31, 2016. Missouri's enrollment effectuation rate ranked 33rd among all states and 23rd among federally facilitated marketplace states and was slightly higher than the national average of 85 percent.

### Eligibility for financial assistance through the Missouri Marketplace

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

- **Below 100 percent of the federal poverty level (FPL) (less than \$24,300 for a family of four):** Not eligible for financial assistance, but may purchase health insurance through the Missouri Marketplace at full cost. Missouri chose not to expand their Medicaid program after the U.S. Supreme Court ruling that states would not be required to expand their Medicaid programs. As a result many Missourians did not have an affordable health insurance option in 2016. These individuals would have been eligible for Medicaid if Missouri would have expanded their Medicaid program.
- **100 percent-400 percent FPL (\$24,300-\$97,200 for a family of four):** Eligible to receive financial assistance. The amount of the assistance is graduated with income level and decreases as the level of income increases.
- **Above 400 percent FPL (over \$97,200 for a family of four):** Not eligible for financial assistance, but may purchase health insurance through the Missouri Marketplace at full cost.

## Uninsured in Missouri

The Missouri uninsured rate for individuals under 65 was 10.9 percent in 2015<sup>viii</sup>; however, additional Marketplace enrollments during special enrollment periods and open enrollment in 2016 as well as any changes in Medicaid enrollment happening throughout the year are not yet reflected in the estimates released for 2015. We expect that it has been reduced further in 2016; however, the actual effects of enrollment during the 2015-2016 open enrollment period on the number of uninsured in Missouri will not be known until official survey data is released from the United States Census Bureau in 2017.

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,<sup>ix</sup> compared to 57 percent in 2014.<sup>x</sup> As a result, the potential population for enrollment into the Missouri Marketplace is larger than the uninsured population and all enrollments into the Missouri Marketplace do not result in a reduction in the uninsured. However, uninsured estimates are used in this section to provide valuable context when analyzing Marketplace enrollment and the remaining uninsured population.

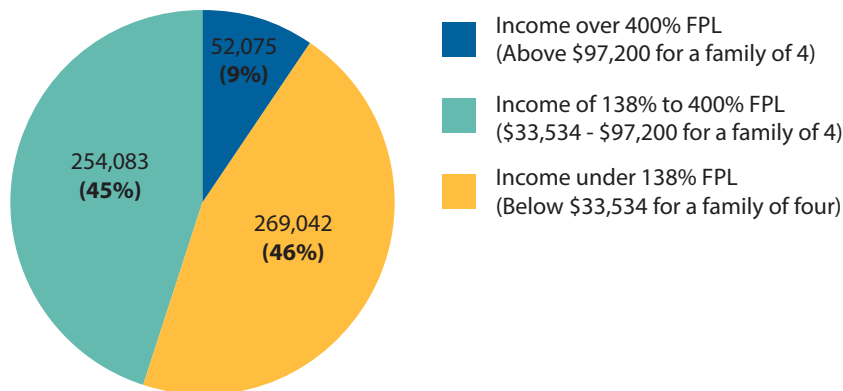
The bulk of the target uninsured population for the 2015-2016 open enrollment in the Missouri Marketplace consisted of approximately 311,158 Missourians or 54 percent of the uninsured in Missouri, those with incomes over 138 percent FPL. Of this subgroup, 254,083 Missourians, or 44

percent, had incomes that would make them eligible for financial assistance (138-400 percent FPL) when enrolling into the health insurance plans offered through the Missouri Marketplace. If the majority of these individuals obtain health insurance through the Missouri Marketplace, the uninsured rate in Missouri will be significantly reduced; however, the goal of the Initiative (an uninsured rate of 5 percent in Missouri) is not likely to happen without an expansion of the Missouri Medicaid program (also known as MO HealthNet) to provide insurance to the lowest income individuals.

Approximately 269,042—46 percent of the uninsured population in Missouri in 2014—had incomes under 138 percent FPL (Figure 3). Individuals in this category with incomes of 100 percent to less than 138 percent FPL were eligible to purchase health insurance through the Missouri Marketplace with financial assistance. Individuals with incomes under 100 percent FPL are not eligible for financial assistance to purchase insurance through the Missouri Marketplace. All of the legally-residing uninsured Missourians in this income category would be eligible for Medicaid if the state of Missouri chose to expand the Medicaid program. Some people in this category currently meet the eligibility criteria for Medicaid, but they are not enrolled.

## Missouri Health Insurance Marketplace Enrollment

Figure 3. **Distribution of Uninsured Population in Missouri under age 65, by income, 2015**



US Census Bureau, 2015 American Community Survey, 1-year estimates, Table c27016<sup>xi</sup>

Missourians enrolled into the Missouri Marketplace plans at a pace in line with other states. Of the potential Missouri Marketplace population, 43 percent were enrolled into the Marketplace by the end of the 2015-2016 open enrollment period. This is slightly more than the national average of 40 percent and the average of 41 percent for federally-facilitated marketplaces. The 2015-2016 average is also substantially higher than Missouri's 2014-2015 average of 34 percent.<sup>xii</sup> During the 2015-2016 open enrollment period, 290,201 Missourians selected a health plan through the Marketplace.

The potential Marketplace population in Missouri includes legally residing individuals who are uninsured or purchase non-group coverage, have incomes above Medicaid/CHIP eligibility levels, and who do not have access to employer-sponsored coverage.<sup>2</sup>

<sup>2</sup> This estimate excludes uninsured individuals with incomes below the poverty line who live in states that elected not to expand their Medicaid program.

## New enrollments versus Re-enrollments

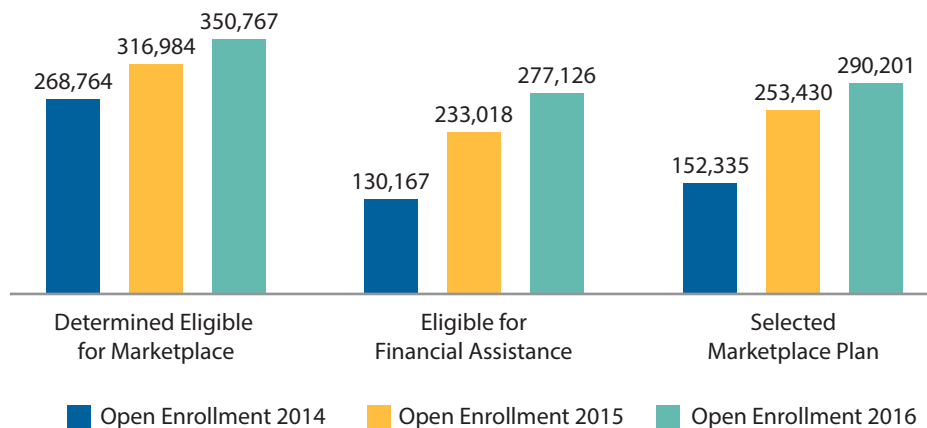
Forty percent of these individuals were new consumers to the Marketplace and 60 percent were re-enrollees who had health insurance through the Marketplace in prior years, compared to 42 percent and 58 percent, respectively, enrolling nationally.<sup>xiii</sup> In 2014-2015, 52 percent of individuals who selected plans in Missouri were new consumers compared to 48 percent who were re-enrollees. Hence, a higher percentage of those selecting plans in the Missouri Marketplace in 2015-2016 were re-enrollees and a lower percentage were new consumers, as would be expected as many eligible consumers had likely enrolled in the previous two open enrollment periods. Approximately 69 percent of enrollees who enrolled in the Marketplace in Missouri during the open enrollment period for 2015 were re-enrolled for 2016 (leaving over 79,000 Missourians who did not re-enroll); this was down from an 80 percent re-enrollment rate in 2015, where only approximately 21,000 Missourians did not re-enroll.

## Enrollment and Financial Assistance Eligibility Determinations

Over 250,000 Missourians who selected a health plan through the Marketplace during open enrollment in 2016 (87 percent of Marketplace plan selections) received financial assistance to enroll, slightly above the national average of 85 percent.<sup>xiv</sup> Eighty-seven percent of these individuals received financial assistance in the form of advance payment tax credits, while over 57 percent of all Marketplace enrollees also received cost sharing reductions to assist with the cost of their out-of-pocket expenditures.

Over 350,000 Missourians used the Healthcare.gov platform to determine their eligibility to enroll in a Marketplace plan with or without financial assistance during the 2016 open enrollment; however, these individuals may or may not have enrolled in coverage by the end of the enrollment period.<sup>xv</sup>

Figure 4. Missouri Marketplace Eligibility Determinations and Plan Selections, 2015-2016



Assistant Secretary for Planning and Evaluation (ASPE), Addendum to the Marketplace Enrollment Report 2016: Final Report. Survey, 1-year estimates, Table c27016<sup>vi</sup>

## Effectuated Enrollments

Missouri had a slightly higher percentage of effectuated enrollments by March 2016, compared to other states with federally-facilitated marketplaces (43 percent and 41 percent, respectively).<sup>xvi</sup> Of the 34 states that have

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

federally-facilitated marketplaces, Missouri ranked 11th in the percentage of the potential population that had effectuated their enrollment in 2016. Federally-facilitated marketplaces, of which Missouri is one, saw a greater increase in effectuated enrollment as a percent of the population than those of the state-based marketplaces.

Figure 5. **Effectuated Marketplace Enrollments as a Percent of the Total Population**

	Number of Effectuated Enrollments March 2016 <sup>xviii</sup>	Potential Marketplace Population 2016 <sup>xviii</sup>	% of Potential Population Enrolled 2016	% of Potential Population Enrolled 2015 <sup>xix</sup>
Missouri	252,044	587,000	43%	34%
Federally-Facilitated Marketplace States	8,134,131	19,679,000	41%	38%
State-Based Marketplace States	2,947,199	7,763,000	38%	35%
National Totals	11,081,330	27,438,000	40%	36%

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

### Health plan offerings and enrollment

Seven health insurance firms offered health insurance plans for purchase in Missouri through the Missouri Marketplace. These firms tended to offer coverage only in portions of the state, resulting in a maximum of only four firms offering coverage in any one Missouri county, with less than four firms offering coverage in many Missouri counties. The seven health insurance firms included:

- All Savers Insurance Company
- Anthem Blue Cross Blue Shield
- Blue Cross and Blue Shield of Kansas City
- Cigna Health and Life Insurance Company
- Coventry Health and Life Insurance Company
- Coventry Health and Life
- Humana Insurance Company

These firms offered a range of plans available in bronze, silver, gold, platinum, and catastrophic plan levels.<sup>xx</sup>

### 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% of the health care costs and the individual pays 40%.

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

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

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

Each of the firms offered plans at the county level. The number of plans offered per firm ranged from four to eighteen. Individuals enrolling in the Marketplace in Missouri were more likely to choose bronze plans than those in other Marketplaces, and less likely to choose the other plan options (Figure 6). Similar to 2014-2015 open enrollment, bronze and silver plans were most frequently chosen overall in Missouri. Bronze and silver plans have higher out of pocket cost sharing for enrollees than the other types of plans; however, low-income enrollees may be eligible for cost-sharing subsidies that could offset these costs. It is important to note that platinum plans were only available in seven of Missouri’s counties.

**Figure 6. Marketplace Enrollment by Type of Plan**

	Bronze	Silver	Gold	Platinum	Catastrophic
Missouri	27%	67%	5%	0%	1%
National	21%	71%	6%	1%	1%

*Assistant Secretary for Planning and Evaluation (ASPE), Addendum to the Marketplace Enrollment Report 2016: Final Report.*

## Demographics of Missouri Marketplace Enrollees

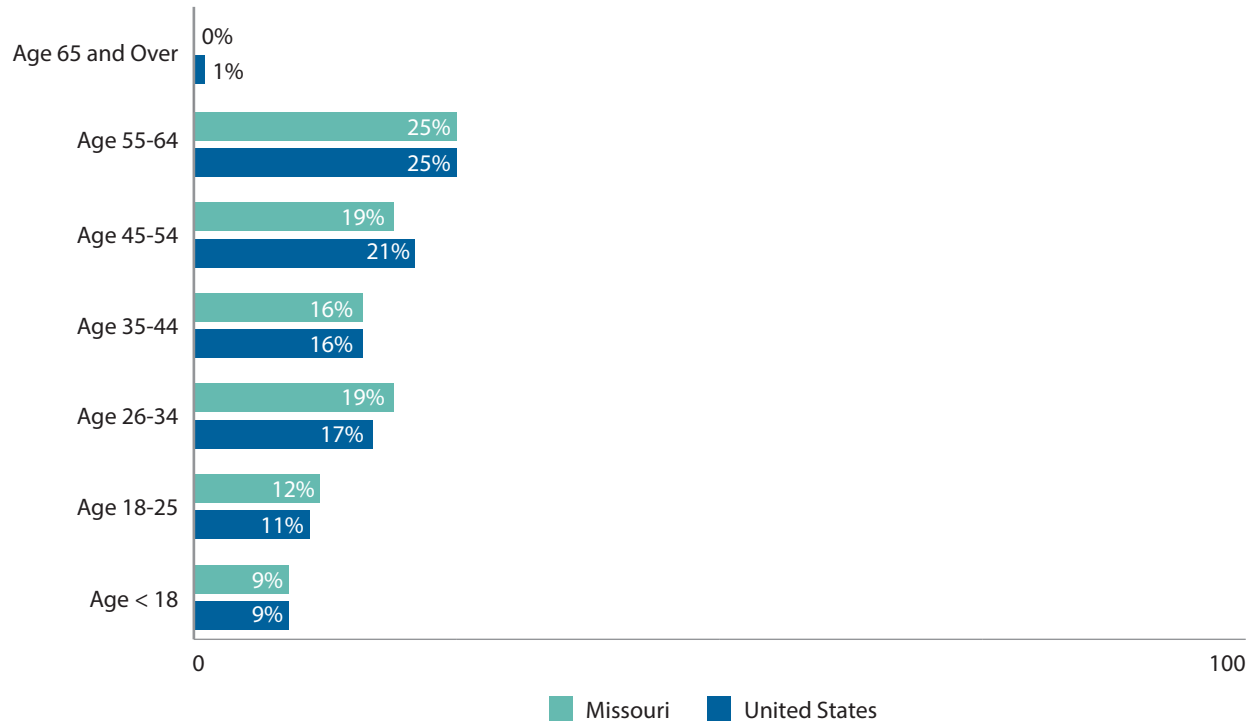
Enrollees in the Missouri Marketplace were slightly younger than the national average, with 39 percent of enrollees in the 0-34 year old age group compared with 37 percent nationally (Figure 7).<sup>xxi</sup>

Race information was not available for 38 percent of enrollments, requiring that we interpret these results with caution. For the remaining enrollments where race data were available, 81 percent of individuals who enrolled in the marketplace in Missouri were White, while nine percent of the enrollees were African-American, five percent were Asian, and three percent were Latino (Figure 8).<sup>xxii</sup>

Individuals with incomes of 100 percent to 200 percent FPL were the most likely to enroll in the Missouri Marketplace, comprising 66 percent of total enrollments (Figure 9).<sup>xxiii</sup> These individuals receive the largest amount of financial assistance to purchase their Marketplace plans, making their out-of-pocket costs the lowest when enrolling in the Marketplace. Missourians with incomes of 100 to 150 percent FPL were more likely to enroll in the Marketplace than the national average. This is likely due to the fact that Missouri did not expand Medicaid and Missourians with incomes of 100 to 138 percent FPL were enrolling in the Marketplace with financial assistance while people with similar incomes were enrolling in Medicaid in Medicaid expansion states.

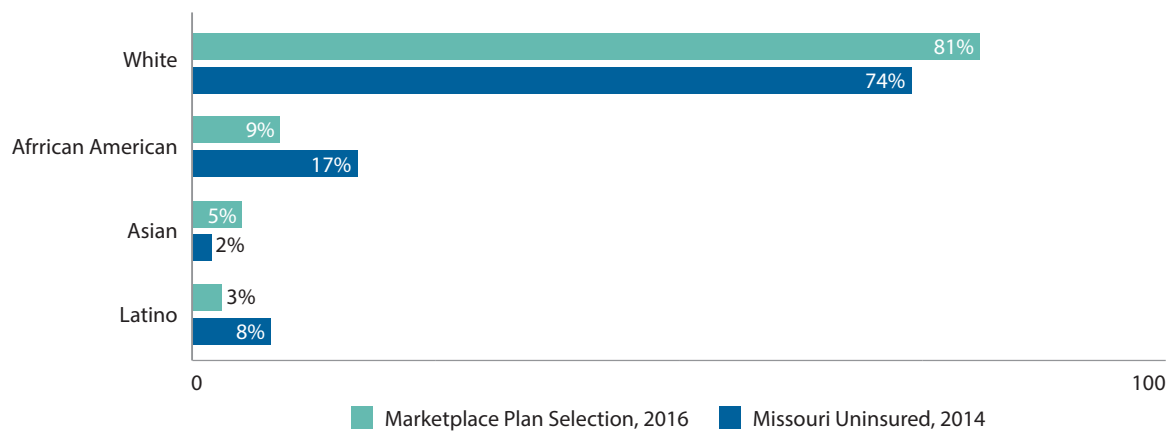


**Figure 7. Age Distribution of Individuals Making Marketplace Plan Selections, 2016 Open Enrollment**



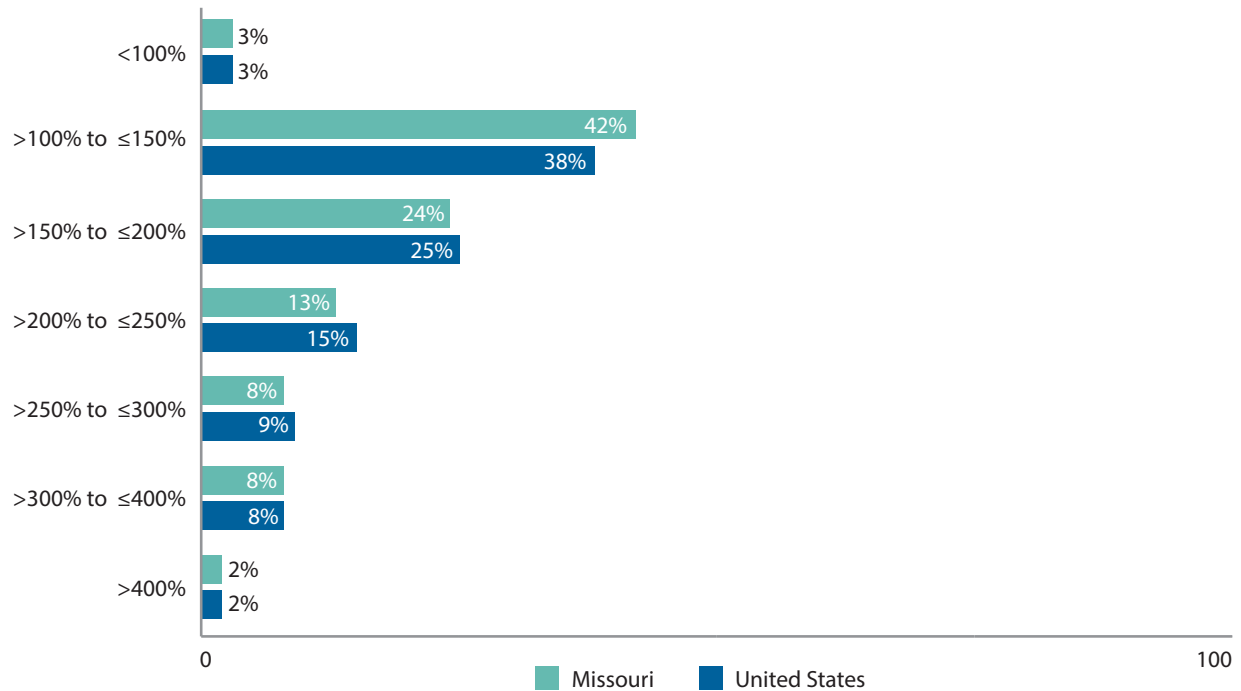
Assistant Secretary for Planning and Evaluation (ASPE), Addendum to the Marketplace Enrollment Report 2016: Final Report.

**Figure 8. 2016 Marketplace Plan Selections and the Uninsured Population of Missouri, by Race**



Assistant Secretary for Planning and Evaluation (ASPE), Addendum to the Marketplace Enrollment Report 2016: Final Report. U.S. Census Bureau, QuickFacts. United States Census Bureau, American FactFinder, Table S2701.

**Figure 9. Income Distribution of Individuals Making Marketplace Plan Selections, 2016 Open Enrollment**



*Assistant Secretary for Planning and Evaluation (ASPE), Addendum to the Marketplace Enrollment Report 2016: Final Report*

## Marketplace Enrollment by Missouri Foundation for Health Service Regions

Missouri Marketplace enrollment varied significantly across the MFH service regions (Figures 10 and 11). The St. Louis region had the highest Missouri Marketplace enrollment totals in the state, with over 110,000 enrollees.<sup>xxiv</sup> The St. Louis region's enrollment total was also the highest percentage of the potential or target population, when compared with the other MFH regions. The Southwest region had enrollment totals of over 46,000, enrolling over 49 percent of the target population. The Northeast, Southeast, and Central regions had enrollment totals that were more than 40 percent of the target population in these regions. The higher enrollment in the St. Louis region is in line with national trends as metropolitan areas enrolled a higher percentage of the potential population nationally than non-metropolitan areas.<sup>xxv</sup>

### Missouri Medicaid Enrollment

Enrollment in the Marketplace grew in all areas of Missouri by over ten percent increase in individuals enrolled. The greatest percent change in enrollment was seen in the Northeast and Central MFH regions. The St. Louis Region had the largest growth in number of enrollments with over 13,000 additional enrollments in 2016. The non-MFH region had a slightly higher percent change than that of the MFH regions, on average, with a growth of 17.4 percent compared to 13.5 percent respectively.

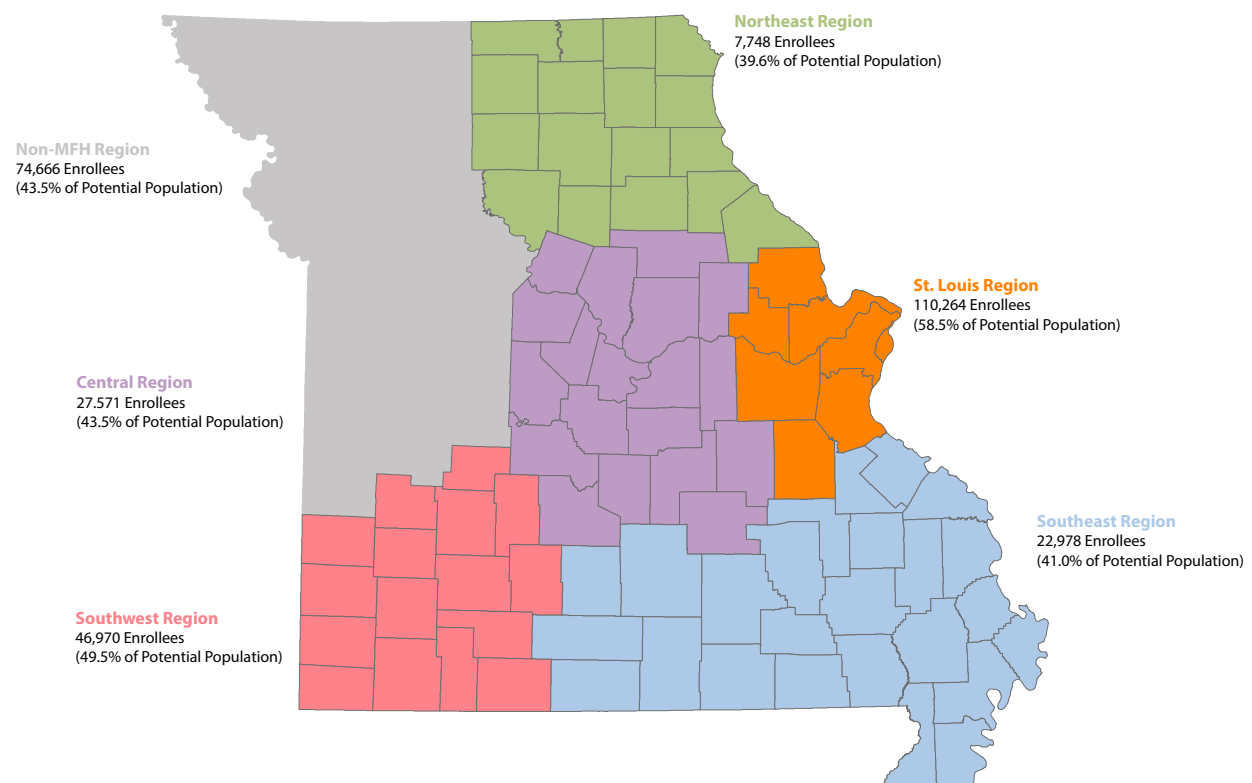
Enrollment varied dramatically among counties in Missouri ranging from 69.4 percent to 22.9 percent of the potential population (Figure 12). Enrollment also varied within MFH regions with some regions having both high and low enrollment counties.

**Figure 10. Comparison of Enrollment between 2014 and 2016 Open Enrollment Periods by MFH Region**

MFH Region	2014 Open Enrollment		2015 Open Enrollment		2016 Open Enrollment		Net Gain	Percent Change
	Enrollment	Percent of Potential Population	Enrollment	Percent of Potential Population	Enrollment	Percent of Potential Population	2016	2016
Central	13,742	28.5%	23,745	34.8%	27,571	43.5%	3,826	16.1%
Southwest	25,005	35.9%	42,022	41.1%	46,970	49.5%	4,948	11.8%
Southeast	11,273	26.5%	20,543	34.1%	22,978	41.0%	2,435	11.9%
St. Louis	60,041	50.5%	96,772	47.7%	110,264	58.5%	13,492	13.9%
Northeast	3,675	25.0%	6,782	32.2%	7,748	39.6%	966	14.2%
Non-MFH	38,577	32.0%	63,568	35.8%	74,666	45.3%	11,098	17.4%

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

**Figure 11. Missouri enrollments by MFH service region, 2016 Open Enrollment**



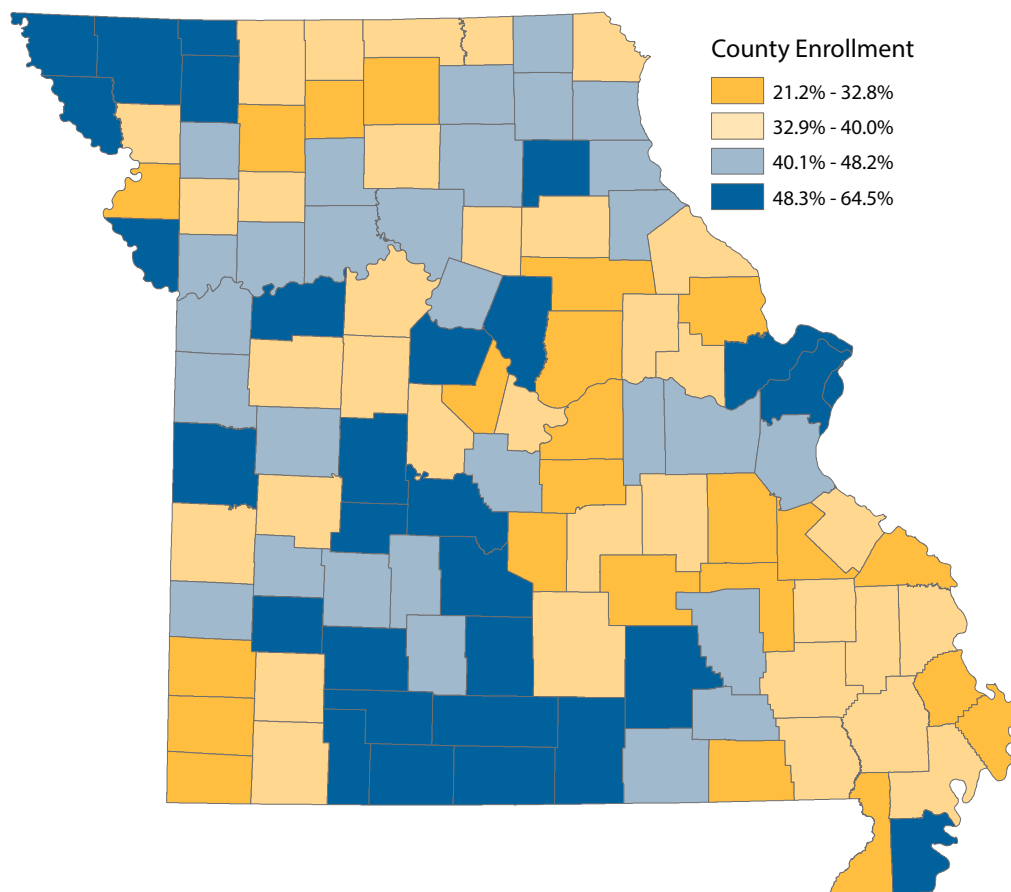
Washington University analysis of Assistant Secretary for Planning and Evaluation (ASPE), Marketplace Enrollment Data at the county level. Marketplace potential population calculations use a Kaiser Family Foundation estimate of the potential population in Missouri at the state level and scaled to the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

## Missouri Medicaid Enrollment

In 2015, 269,042 people with incomes below 138% FPL were uninsured in Missouri. Some of these people are already eligible for Medicaid or the Missouri Marketplace and are not enrolled. However, the state of Missouri has not yet chosen to expand its Medicaid program, leaving a coverage gap for approximately 109,000 residents with incomes below 100 percent of the FPL in 2015.<sup>xxvi</sup> These individuals have incomes too low to allow them to qualify for financial assistance to purchase health insurance coverage through the Marketplace and do not qualify for Medicaid under the existing guidelines. In addition, some population groups (e.g., single persons and married couples without children) are entirely ineligible for Medicaid.

The Missouri Medicaid program saw an increase in enrollment of over 115,000 people (13.6 percent)<sup>xxvii</sup> when April 2016 (the latest month that enrollment numbers have been made available) was compared to the average Medicaid enrollment from July to September 2013.<sup>xxviii</sup> Between June 2015 and April 2016, enrollment grew by approximately 4 percent. Missouri Medicaid enrollment as of April 2016 stands at 961,286 Missourians.<sup>xxix</sup> The bulk of this increase in enrollment continues to be the result of enrolling children that are eligible for Medicaid under the existing guidelines who have not been previously enrolled. This increase in Medicaid enrollment, along with growing enrollment in the Missouri Marketplace, should contribute to reducing the number of uninsured in Missouri.

**Figure 12. Marketplace Enrollment as a Percent of the Potential Population in Missouri in 2016**



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

# Cover Missouri Coalition

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

In 2014, the evaluation team incorporated the Coalition into its external evaluation. From 2015 to 2016, the evaluation team collected demographic information about CMC members, assessed CMC's ability to serve as a convener and information sharing source, and assessed changes in knowledge and capacity of CMC members to enroll consumers in the Missouri Marketplace and Medicaid. The external evaluation of the Coalition did not include evaluating the individual activities implemented through the Coalition.

## Data Sources and Methods

### Cover Missouri Membership Intake Survey:

- **Purpose:** Collect information related to the demographics of Coalition members, engagement in Missouri Marketplace activities, and reasons for joining the Coalition
- **Administration dates:** August 11, 2014 – July 31, 2016 (sent to members at the time of joining the Coalition)
- **Response rate:** 45 percent (493 out of 1,090 CMC members who were sent the intake survey)

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

- **Purpose:** Assess changes in knowledge and capacity of CMC members to reduce the number of uninsured in Missouri as a result of their membership in the Coalition. The survey was administered to CMC members at six-month intervals.
- **Administration dates:**
  - Six month follow-up: February 26, 2015 – July 31, 2016
  - Twelve month follow-up: August 26, 2015 – July 31, 2016
  - Eighteen month follow-up: February 26, 2016 – July 31, 2016
- **Response rate:** Ten percent of CMC members completed all survey waves (56 out of 542 CMC members who were sent the intake, six, twelve, and eighteen month surveys). Due to the low response rate, the evaluation findings may not be generalizable to all CMC members.

### Cover Missouri Meeting Surveys:

- **Purpose:** Assess in-person and webinar meeting attendees' knowledge and future use of the information presented
- **Administration dates:** In-person and webinar meetings between September 2015 and July 2016

## CMC Meeting Notes:

- **Purpose:** Focuses on questions asked and answered during the facilitated question and answer period at CMC in-person meetings in order to understand the meetings' role as an information sharing resource.
- **Data collection dates:** In-person meeting, between September 2015 and July 2016

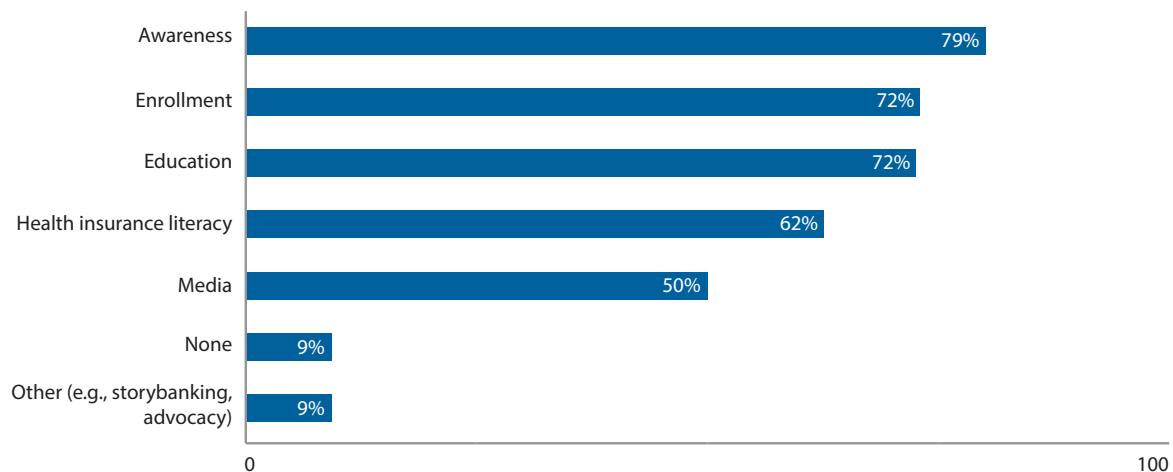
## Evaluation Findings

### Cover Missouri Coalition Demographics

#### TYPES OF MARKETPLACE ACTIVITIES

Based on responses to the intake survey, the most common type of activity CMC members reported conducting for the Missouri Marketplace was awareness-related activities (e.g., community interaction events, booth at a health fair), followed by enrollment activities (72 percent), education activities (71 percent), and health insurance literacy activities (62 percent).<sup>3</sup> Thirty four percent of respondents reported conducting all five activity types (awareness, enrollment, education, health insurance literacy, and media). Only nine percent of CMC members said they did not conduct any activities related to the Missouri Marketplace (See Figure 13).

Figure 13. **Type of Marketplace activities conducted by CMC members at the intake survey (n=493)**



#### TYPES OF AWARENESS ACTIVITIES

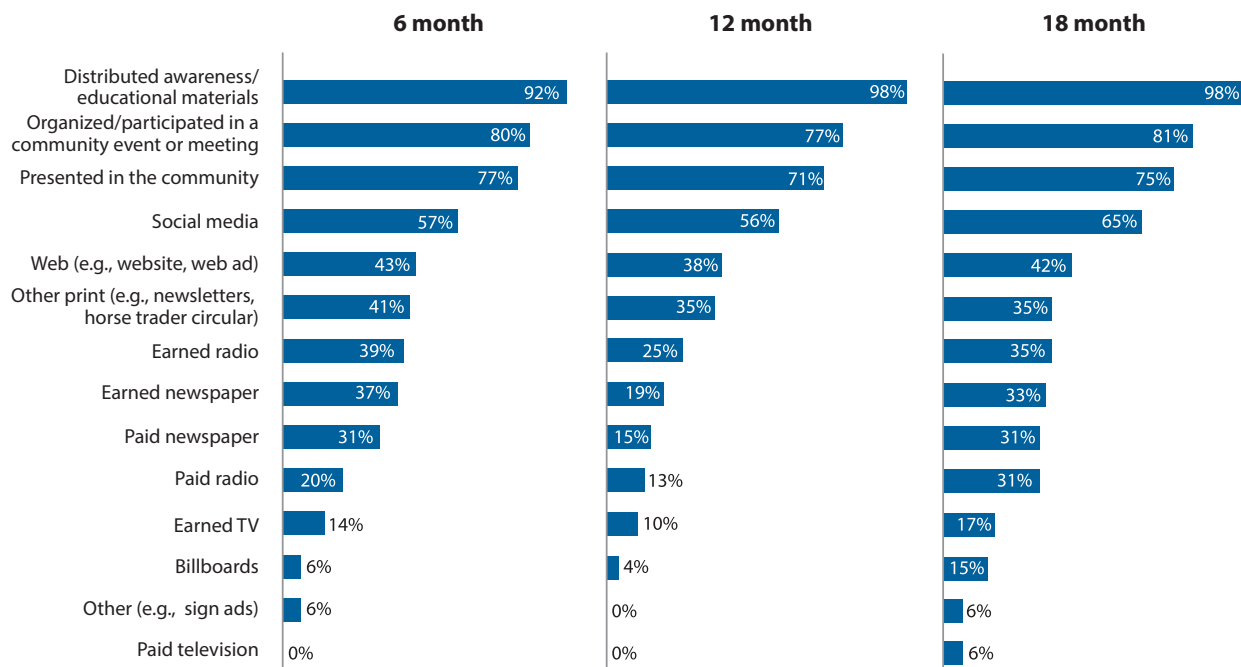
To further explore the most common activity done by CMC members at intake, types of awareness and education activities reported by members were assessed on the six month follow-up survey. Of participants who completed all four waves of the CMC surveys, the types of activities that were reported most at each wave were awareness and education activities, which included community

<sup>3</sup> Categories were not mutually exclusive, meaning respondents could select more than one.

events and media (e.g., radio ads, TV ads, newspaper ads) (89 percent at the six month follow-up, 84 percent at the twelve month follow-up, and 84 percent at the eighteen month follow-up).<sup>4</sup>

In-person activities that involved interaction with consumers were the most common types of awareness activities reported at each wave of the survey (Figure 14).<sup>5</sup> For example, at the six month follow-up, the highest proportion of CMC members reported distributing awareness/education materials (92 percent), followed by organizing or participating in a community event or meeting (80 percent), and presenting in the community (77 percent). This trend continued at the twelve month follow-up, with 98 percent of CMC members reporting distributing awareness/education materials, followed by organizing or participating in a community event or meeting (77 percent), and presenting in the community (71 percent). At the eighteen month follow-up, 98 percent of CMC members reported distributing awareness/education materials, followed by organizing or participating in a community event or meeting (81 percent), and presenting in the community (75 percent).

**Figure 14. Type of awareness activities conducted by CMC members at six, twelve, and eighteen month follow-up surveys (n = 56)**



### WHERE MEMBERS PROVIDED MARKETPLACE ASSISTANCE

Approximately three in four respondents to the intake survey reported employing CACs or Navigators at their organization. At least one member reported providing services regarding the Missouri Marketplace in each county in Missouri. The largest proportion of organizations were providing assistance in the St. Louis Metro region (41 percent), followed by the Southeast region (22 percent), and Southwest region (21 percent).<sup>6</sup>

<sup>4</sup> Categories were not mutually exclusive, meaning respondents could select more than one.

<sup>5</sup> Categories were not mutually exclusive, meaning respondents could select more than one.

<sup>6</sup> Categories were not mutually exclusive, meaning respondents could select more than one.

## MEMBERS' PURPOSE FOR JOINING CMC

Overall, respondents to the intake survey (n = 493) reported diverse expectations of the Coalition. Respondents said they were hoping to increase their knowledge of the Missouri Marketplace (92 percent), network with other organizations (81 percent), build partnerships (78 percent), and participate in a learning community (77 percent).<sup>7</sup> Ten percent of members hoped to participate in other activities such as learning about Medicaid and sharing expertise.

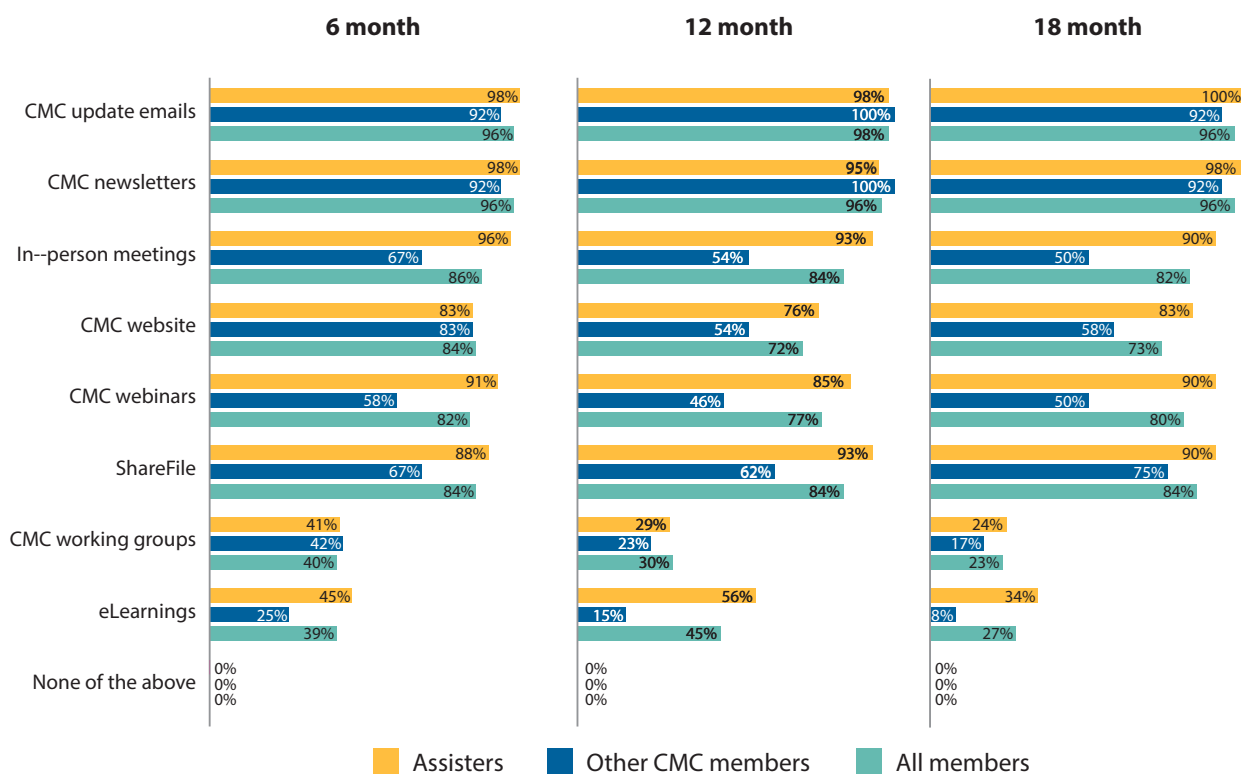
## Cover Missouri Coalition's Role as a Convener and Information Sharing Source

CMC offered a wide variety of collaborative learning and training opportunities to members (e.g., in-person meetings, webinars, working groups), and intake survey results show that the Coalition drew members from throughout the state. The largest proportion of CMC members worked at organizations that were based in the St. Louis Metro region (32 percent). The smallest proportion of CMC members were from the Northeast region (6 percent).

## ENGAGEMENT IN CMC ACTIVITIES

Based on the six month follow-up survey, the top two most common ways that the Coalition engaged respondents was electronically through CMC update emails and monthly newsletters.<sup>8</sup> This trend continued for all follow-up surveys (Figure 15). However, there was some variation in the third most common way that the Coalition engaged respondents: through in-person CMC meetings at the six

Figure 15. Engagement in CMC activities at the six, twelve, and eighteen month follow-up surveys (n=)



<sup>7</sup> Categories were not mutually exclusive, meaning respondents could select more than one.

<sup>8</sup> Categories were not mutually exclusive, meaning respondents could select more than one.



month follow-up survey (86 percent), through both in-person CMC meetings and Sharefile for Cover Missouri resources at the twelve month follow-up survey (84 percent), and through Sharefile for Cover Missouri resources at the eighteen month follow-up survey (84 percent).

Participation in CMC activities varied by whether members were assisters or worked in other roles (Figure 15). For example, at the six, twelve, and eighteen month follow-ups, members who identified as a CAC or Navigator were more likely to have attended an in-person meeting or webinar or used ShareFile in the last six months, compared to other CMC members.

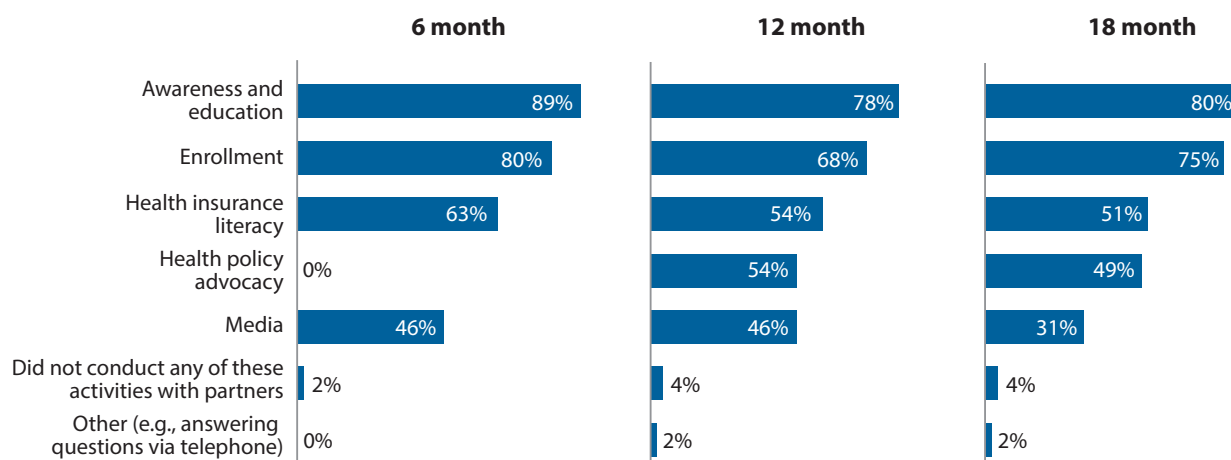
### HELPFULNESS OF CMC ACTIVITIES

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

### PARTNERSHIPS

Most CMC members reported that they identified new partners or were able to collaborate with existing partners as a member of the Coalition (82 percent at the six month follow-up, 89 percent at the twelve month follow-up, and 91 percent at the eighteen month follow-up). The top two most common types of activities Coalition members reported conducting with a partner across all waves of the survey were: 1) awareness and education and 2) enrollment. However, there was some variation in the third most common type of activity Coalition members reporting conducting with partners: health insurance literacy was the third most common type of activity that Coalition members reported conducting with a partner at both the six month follow-up (63 percent) and the eighteen month follow-up (51 percent), while both health insurance literacy and health policy advocacy were the third most common types of activities that Coalition members reported conducting with a partner at the twelve month follow-up (54 percent and 54 percent, respectively) (Figure 16).<sup>9</sup>

**Figure 16. Types of activities CMC members reported conducting with partners at six, twelve, and eighteen month follow-ups (n=)**



<sup>9</sup>Categories were not mutually exclusive, meaning respondents could select more than one.

## PARTNERSHIP QUALITY

Members reported building strong partnerships with one another through the Coalition. At the six-month follow-up survey, 72 percent of respondents who partnered with other CMC members said that the quality of their partnerships was excellent or very good. Sixty-two percent of respondents reported excellent or very good partnerships at the twelve month follow-up, and 61 percent of respondents reported excellent or very good partnerships at the eighteen month follow-up.

## SHARING INFORMATION THROUGH COLLABORATION

Follow-up survey respondents were interested in working with other members of the Coalition in a variety of additional ways.<sup>10</sup> CMC members expressed interest in planning awareness, education, or enrollments events (63 percent at the six month follow-up, 52 percent at the twelve month follow-up, and 59 percent at the eighteen month follow-up). CMC members also expressed interest in sharing strategies, expertise, and best practices with other members (61 percent at the six month follow-up, 68 percent at the twelve month follow-up, and 61 percent at the eighteen month follow-up). Another way that survey respondents were interested in working with other members of the Coalition was by developing a strategy for reaching underserved populations (54 percent of members at the six month follow-up, 59 percent of members at the twelve month follow-up, and 55 percent of members at the eighteen month follow-up).

### Increasing CMC Members' Knowledge and Capacity

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

Participants' capacity to enroll consumers in the Missouri Marketplace and/or Medicaid continued to increase at each wave of CMC survey administration. CMC respondents who identified as an in-person assister (e.g., a CAC, Navigator or insurance agent or broker) agreed that membership in the Coalition had increased their capacity to enroll consumers in the Missouri Marketplace and/or Medicaid (84 percent of respondents at the six month follow-up, 91 percent of respondents at the twelve month follow-up, and 98 percent of respondents at the eighteen month follow-up), indicating that respondents' perceived capacity to enroll consumers in the Missouri Marketplace and/or Medicaid continued to increase as time went on. These changes in capacity to enroll consumers were assessed by comparing the average of participants' responses assessing the Coalition's role in increasing their capacity to enroll consumers in the Missouri Marketplace and/or Medicaid. There was a statistically significant increase in members' reported capacity to enroll consumers from the twelve-month survey administration to eighteen-month survey administration.

Among members who reported that their membership in the Coalition did not increase their capacity to enroll consumers (seven percent of respondents at the six month follow-up and two percent of respondents at the twelve month follow-up), most respondents cited their busy schedules as the main reason why (67 percent of respondents at the six month follow-up and 100 percent of respondents at the twelve month follow-up).<sup>11</sup> At the eighteen-month follow-up, no Coalition members reported feeling that the Coalition had not increased their capacity to enroll consumers.

<sup>10</sup> Categories were not mutually exclusive, meaning respondents could select more than one.

<sup>11</sup> Categories were not mutually exclusive, meaning respondents could select more than one.

## KNOWLEDGE OF HEALTH INSURANCE LITERACY

Across the follow-up surveys, most respondents reported that their knowledge of health insurance literacy (HIL) increased in the last six months as a member of the Coalition (80 percent of respondents at the six month follow-up, 82 percent of respondents at the twelve month follow-up, and 82 percent of respondents at the eighteen month follow-up). Although the percent of respondents who reported that their knowledge of HIL increased at twelve month follow-up, there was no statistically significant difference in participants' reported increase in HIL knowledge across any of the survey waves. Rather, respondents' reported knowledge of health insurance literacy remained relatively consistent over time, indicating that membership in the Coalition did not increase respondents' perceptions of increased knowledge of health insurance literacy over time.

## KNOWLEDGE ABOUT REDUCING THE NUMBER OF UNINSURED

Across the follow-up surveys, most respondents reported that their knowledge about reducing the number of uninsured increased in the last six months as a member of the Coalition (96 percent of respondents at the six month follow-up, 86 percent of respondents at the twelve month follow-up, and 88 percent of respondents at the eighteen month follow-up). There was no statistically significant difference in participants' reported increase in knowledge about reducing the number of uninsured across the survey waves. Rather, respondents' reported knowledge about reducing the number of uninsured remained relatively consistent over time, indicating that membership in the Coalition did not increase respondents' knowledge about reducing the number of uninsured over time.

## KNOWLEDGE OF MARKETPLACE POLICY

Across the follow-up surveys, most respondents reported that their knowledge of Marketplace policy increased in the last six months as a member of the Coalition (96 percent of respondents at the six month follow-up, 89 percent of respondents at the twelve month follow-up, and 98 percent of respondents at the eighteen month follow-up). There was no statistically significant difference in participants' reported increase in knowledge of Marketplace Policy across the survey waves. Rather, respondents' reported knowledge about Marketplace Policy remained relatively consistent over time, indicating that membership in the Coalition did not increase respondents' knowledge of Marketplace Policy over time.



# Health Insurance Literacy

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

During September 2015 – July 2016 the external evaluation of ECI's HIL strategy focused on assessing changes in knowledge, skills, and self-efficacy related to HIL in two areas: 1) Expanding Coverage through Consumer Assistance (ECTCA) Certified Application Counselors (CACs) and 2) the eLearning trainings.

## Data Sources and Methods

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

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

- **Purpose:** Assess ECTCA CACs' knowledge of health insurance terms and concepts, skills, and self-efficacy in helping consumers understand and use their health insurance. The survey was administered to CACs funded through MFH's ECTCA program at six-month intervals. Each administration of the survey was designed to be progressively more difficult as CACs received additional training and experience. Because the difficulty of these surveys differed for each administration, the surveys were analyzed separately for each wave. Thus, there are different participants in each wave of the survey and the results from each wave are not comparable. Due to the fact that the CAC survey administration began in September 2014, most of the sample had previous experience as a CAC.
- **Administration dates and response rate:**
  - Baseline: September 22, 2014 to July 31, 2016
    - Response rate: 71 percent (out of 143 MFH-funded CACs asked to participate in the baseline administration)
  - Six month follow-up: March 30, 2015 to July 31, 2016
    - Response rate: 51 percent (out of 94 MFH-funded CACs asked to participate in the six month survey administration)
  - Twelve month follow-up: October 8, 2015 to July 31, 2016
    - Response rate: 47 percent (out of 55 MFH-funded CACs asked to participate in the twelve month survey administration)
  - Eighteen month follow-up: April 6, 2016 to July 31, 2016
    - Response rate: 64 percent (out of 42 MFH-funded CACs asked to participate in the eighteen month survey administration)<sup>12</sup>

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<sup>12</sup>The number of CACs sent the follow-up survey dropped with each wave due to fewer CACs who had been with the program for the designated amount of time.

### eLearning evaluation forms:

- **Purpose:** Assess changes in participants' knowledge of HIL strategies for working with consumers as a result of participation in the eLearnings and participants' satisfaction with the trainings. HLM developed eight eLearnings targeting assisters, the Cover Missouri Coalition, health care providers, and social workers. HLM also developed a set of eLearnings targeting health care providers (e.g., nurses). One-hundred and six nurses signed up to participate; however, due to the survey's small sample size (27 participants completed at least one eLearning and the number of participants who completed both pre- and post-eLearnings ranged from six (eLearning 1 and 2) to ten (eLearning 7 and 8)), analysis of the health care professional eLearning evaluation forms is not included in this report.
- **Administration dates:** August 25, 2014 to July 31, 2016
- **Sample size:** 100 out of 177 assisters who signed up to participate in the eLearnings completed at least one of the trainings

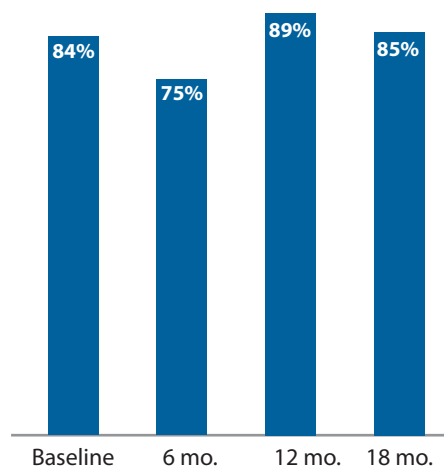
## Evaluation Findings

### ECTCA CACs: Changes in HIL knowledge, skills, and self-efficacy

#### KNOWLEDGE AND SKILLS

Knowledge and skills of ECTCA CACs were assessed by computing the average score on each CAC survey. Scores were calculated based on the percent of correct responses by CACs to the survey questions (Figure 17). Each administration of the survey was designed to be progressively more difficult as CACs received additional training and experience. Because the difficulty of these surveys differed for each administration, the surveys were analyzed separately for each wave. Thus, there are different participants in each wave of the survey and the results from each wave are not comparable.<sup>13</sup>

Figure 17. Average score on each wave of the CAC survey

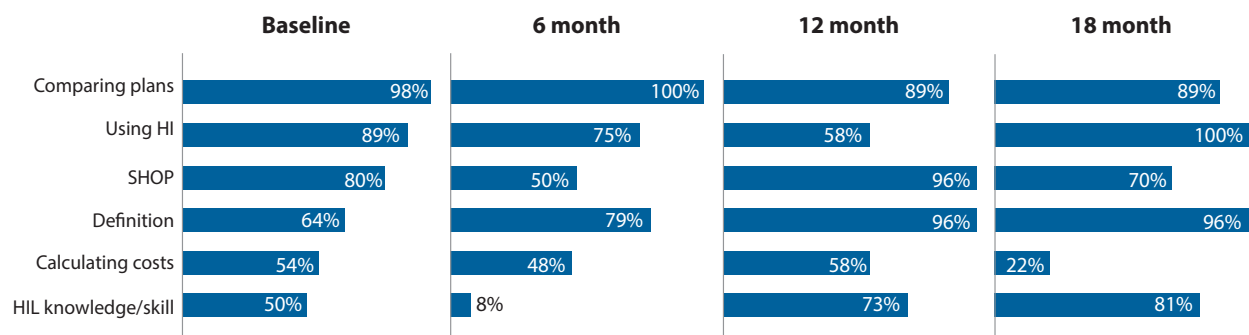


<sup>13</sup> Results from the surveys are not comparable to each other. Each administration of the survey was designed to be progressively more difficult as CACs received additional training and experience. Therefore, each survey contains different questions and were analyzed separately.

On all four CAC survey waves, most CACs demonstrated a high level of knowledge on survey questions regarding comparing health insurance plans (Figure 18). For example, 98 percent of CACs who took the baseline survey (n = 102) correctly identified under which plan a consumer would have the highest premium. One hundred percent of CACs who took the six month follow-up survey (n = 48) correctly identified which plan would have the lowest out-of-pocket costs for a consumer. Approximately 89 percent of CACs who took the twelve month follow-up survey (n = 26) correctly identified under which plan a consumer would have the lowest cost to see a specialist, and 89 percent of CACs who took the eighteen month follow-up survey (n = 27) correctly identified under which plan a consumer would have the lowest out-of-pocket costs to see an in-network specialist.

On all four CAC survey waves, CACs seemed to struggle with survey questions regarding calculating health insurance and health care costs. For example, approximately 72 percent of CACs who took the baseline survey correctly calculated the cost of an emergency room visit based on available health insurance information. Approximately 52 percent of CACs who took the six month follow-up survey correctly calculated how much visiting an in-network doctor would cost, given information about the deductible, co-insurance, and co-pay. Approximately 58 percent of CACs who took the twelve month follow-up survey correctly calculated how much a doctor’s visit would cost, given information about the deductible, co-insurance, and co-pay, and 37 percent of CACs who took the eighteen month follow-up survey correctly calculated how much a doctor’s visit would cost, given information about the deductible, co-insurance, and co-pay.

**Figure 18. Categories in which CACs were most and least knowledgeable for each wave of the CAC survey**



### ECTCA CACs: Self-Efficacy

Self-efficacy was assessed by analyzing CACs’ confidence at the time of each survey administration. The surveys measured CACs’ confidence in three areas: 1) explaining key health insurance terms to consumers, 2) teaching skills to consumers, and 3) using HIL communication skills when working with consumers.

#### EXPLAINING KEY HEALTH INSURANCE TERMS TO CONSUMERS

Overall, CACs reported a high level of confidence in their ability to explain key health insurance terms to consumers. ‘Premium’ and ‘deductible’ were terms that CACs felt confident explaining to consumers. CACs felt less confident explaining terms such as ‘family glitch’ and ‘preventive care services’ to consumers.

## TEACHING HEALTH INSURANCE SKILLS TO CONSUMERS

Overall, CACs reported a high level of confidence in their ability to teach consumers health insurance skills. CACs felt confident teaching consumers how to understand health insurance documents and how to enroll in the Marketplace. CACs felt less confident teaching consumers how to determine business owners' eligibility to use SHOP and how to file an appeal with an insurance provider.

## USING HIL SKILLS WHEN WORKING WITH CONSUMERS

Overall, CACs reported a high level of confidence in their ability to use health insurance literacy skills when working with consumers. CACs felt confident explaining health insurance terms using common, everyday words and using handouts to help a conversation. CACs felt less confident creating health literate social media messages.

### eLearnings: Participant Knowledge and Satisfaction

eLearnings were available to in-person assisters, CMC members, and health care providers in order to teach HIL communication skills. Eight trainings were developed; however, eLearnings 7 and 8 were combined into one training for which there was one pre- and post-survey. A total of 100 users completed at least one eLearning. The total number of participants in the trainings ranged from 48 (eLearning 4) to 66 (eLearning 1) (See Figure 19). Forty-three users participated in all of the eLearnings between August 25, 2014 and July 31, 2016.

### Figure 6. eLearning Topics

**eLearning 1:** Introduction to health insurance literacy

**eLearning 2:** Empowering people with health insurance

**eLearning 3:** How to speak so consumers can understand

**eLearning 4:** How to use handouts with consumers

**eLearning 5:** How to use plain language with consumers

**eLearning 6:** How to use numbers clearly

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

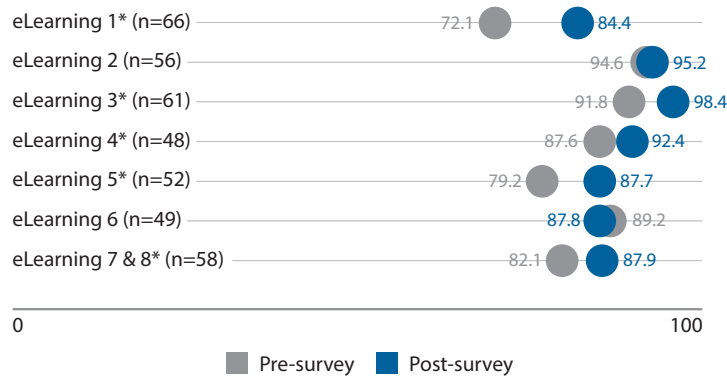
## KNOWLEDGE

Changes in knowledge as a result of participating in the eLearnings was assessed by comparing participants' overall scores on pre- and post-surveys. Scores were calculated based on the percent of correct responses the participant answered. Based on the average pre- and post-survey scores, there was evidence that participants' knowledge of the topic increased after taking six of the eight eLearnings (eLearnings 1, 3, 4, 5, and 7 & 8) (Figure 19). The eLearnings for which participants' knowledge did not increase focused on empowering consumers (eLearning 2) and using numbers



with consumers (eLearning 6). It is possible that participants' knowledge did not increase after eLearning 2 because participants were already familiar with the topic of empowering consumers. The average pre-survey score on eLearning 2 was 94.6. In contrast, the average pre- and post-survey scores for eLearning 6 were 89.2 and 87.8. The decrease in scores indicate that eLearning 6 did not increase knowledge around how to use numbers clearly. Two data sources (CACs' low knowledge regarding calculating costs and eLearnings) show that CACs struggle with using numbers. Providing CACs with additional resources regarding how to use numbers may be beneficial.

**Figure 19. Number of participants and average pre- and post-scores for each eLearning**



Note. Asterisks denote statistical significance.

**eLearnings which increased participants' knowledge:**

**eLearning 1:** Introduction to health insurance literacy

**eLearning 3:** How to speak so consumers can understand

**eLearning 4:** How to use handouts with consumers

**eLearning 5:** How to use plain language with consumers

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

**SATISFACTION**

Overall, eLearnings participants reported high satisfaction with the trainings. An average of 88 percent agreed that they would encourage their colleagues to participate in an eLearning. Most (98 percent) users also said that it was very likely that they would use the skills they learned in the eLearnings in their work.

*On average, 89.2% of participants said they had a better understanding of the eLearning topic.*



# Expanding Coverage through Consumer Assistance Program (ECTCA)

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

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

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



**7 out of 18**

Health Systems/Centers



**4 out of 18**

Community Action Agencies



**7 out of 18**

Community-Based Organizations

## Data Sources and Methods

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

### ECTCA Core Data Set:

- **Purpose:** Collected information about the outreach, education, and enrollment efforts of grantees.
- **Data collection dates:** Monthly, weekly, and after each assister counseling session from October 7, 2013 through July 31, 2016
- **Reporting period:** September 1, 2015 through July 31, 2016

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

- **Purpose:** Collected information about project accomplishments, lessons learned, need for potential resources, opportunities for support, and providing feedback on Initiative support. The evaluation team utilized the grantee documents to gather information specifically related to lessons learned and successes and barriers related to their grant activities.
- **Data collection dates:** September 2015 and March 2016
- **Reporting period:** September 1, 2015 through July 31, 2016

## Evaluation Findings

### Grant Resources

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

#### FUNDING

MFH awarded a total of \$4.5 million in funding through the ECTCA program during the second cycle of ECTCA grants plus an additional \$1.3 million through the Bridge funding. With the addition of the extension, the overall award amount was \$842,284 more than cycle one. However, these funds covered an additional 11 months and one more grantee.



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

**\$416,666.67** Cycle one per month award

Grantees succeeded in leveraging funds beyond their MFH grants. Four grantees received additional funds. They secured \$447,800 either from direct federal grants or memorandums of understanding

with organizations who had received federal grants. Example of the federal grant was Centers for Medicare and Medicaid Navigator grants. The additional funds ranged from \$15,601 to \$207,789.

## PARTNERS

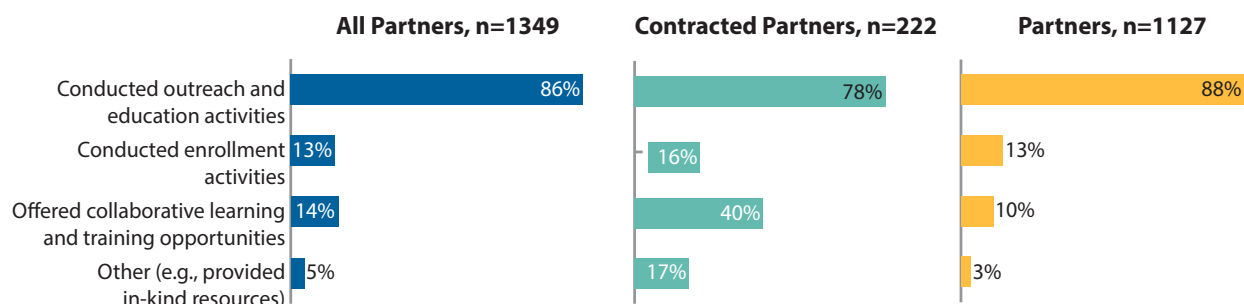
ECTCA grantees worked with partners to implement their grant activities. They reported working with 5.9 partners per month, on average. This was very similar to year one and year two. These partners were categorized as either contracted partners or partners. ECTCA grantees reported working with more partners than contracted partners per month, on average (five partners versus one contracted partner), the same as in year two. Overall, ECTCA grantees used these partnerships to conduct a variety of activities, of which the most common was outreach (86 percent).

### Partner Types

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

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

Figure 20. Type of activities conducted by partner type



## IN-KIND CONTRIBUTIONS

Fifteen grantees reported using in-kind contributions to assist with conducting their grant activities at least once during the year. In addition, four grantees reported utilizing all of the following in-kind resources every month of the reporting period: staff time, computers, supplies, or space for enrollment or outreach activities. Supplies and space for enrollment or outreach activities were the most commonly received in-kind contributions.

### Outreach, Education, and Enrollment

To increase outreach and education about the Missouri Marketplace and health insurance literacy along with enrollments in the Missouri Marketplace, grantees conducted events, media activities, and counseling sessions throughout the year. The year was broken out into two key time frames: open enrollment and special enrollment.<sup>14,15</sup>

<sup>14</sup> The time frame defined for open enrollment does not apply to the SHOP Marketplace; therefore, the open enrollment and special enrollment periods referenced in this section refer to the Missouri Marketplace and not the SHOP Marketplace.

<sup>15</sup> The time frame for open enrollment was expanded to include February 1st to remain consistent with federal reporting (e.g., ASPE).

## Open Enrollment Period<sup>16</sup>

November 1, 2015 – February 1, 2016

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

## Special Enrollment Period

September 1, 2015 – October 31, 2015 and  
February 2, 2016 – July 31, 2016

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

## Events

Events served to create awareness about, educate the public on, and enroll people in the Missouri Marketplace along with increasing health insurance literacy. Examples of events included hosting a booth at a local festival or an educational program during a meeting. In year three, grantees conducted 1,618 events, the majority of which occurred during the special enrollment period (69 percent). Grantees conducted fewer events and reached less people in year three compared to previous years.<sup>17</sup> Grantees mentioned several factors influenced the successfulness of their events: location, time of day, and utilizing existing events.

“Thus far we have learned that enrollment events need to be tailored with other activities in the community.”

– Grantee report

“The overall success of our events depended on several factors: time of day, day or week, venue, proximity to holidays and also timing with enrollment deadlines.”

– Grantee report

“When we have partnered with events that are already well established in the community our overall outreach is a lot more successful.”

– Grantee report

<sup>16</sup> Open Enrollment (OE) occurred from November 1, 2015 - January 31, 2016; however, to remain consistent with Federal reporting open enrollment was expanded to November 1, 2015 - February 1, 2016.

<sup>17</sup> People reached does not represent unique individuals, but rather reflects the total number of times an individual participated in or was reached by an event.

The most events in a single month occurred during January, the month containing the deadline for open enrollment (Figure 21). ECTCA grantees offered events throughout MFH's service region unlike GOME grantees whose events were located in the vicinity of their office.

Figure 21. Number of events conducted by ECTCA grantees by month, September 2015 - July 2016

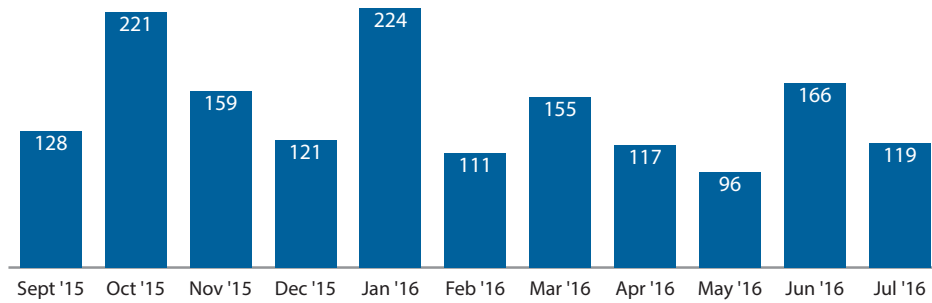
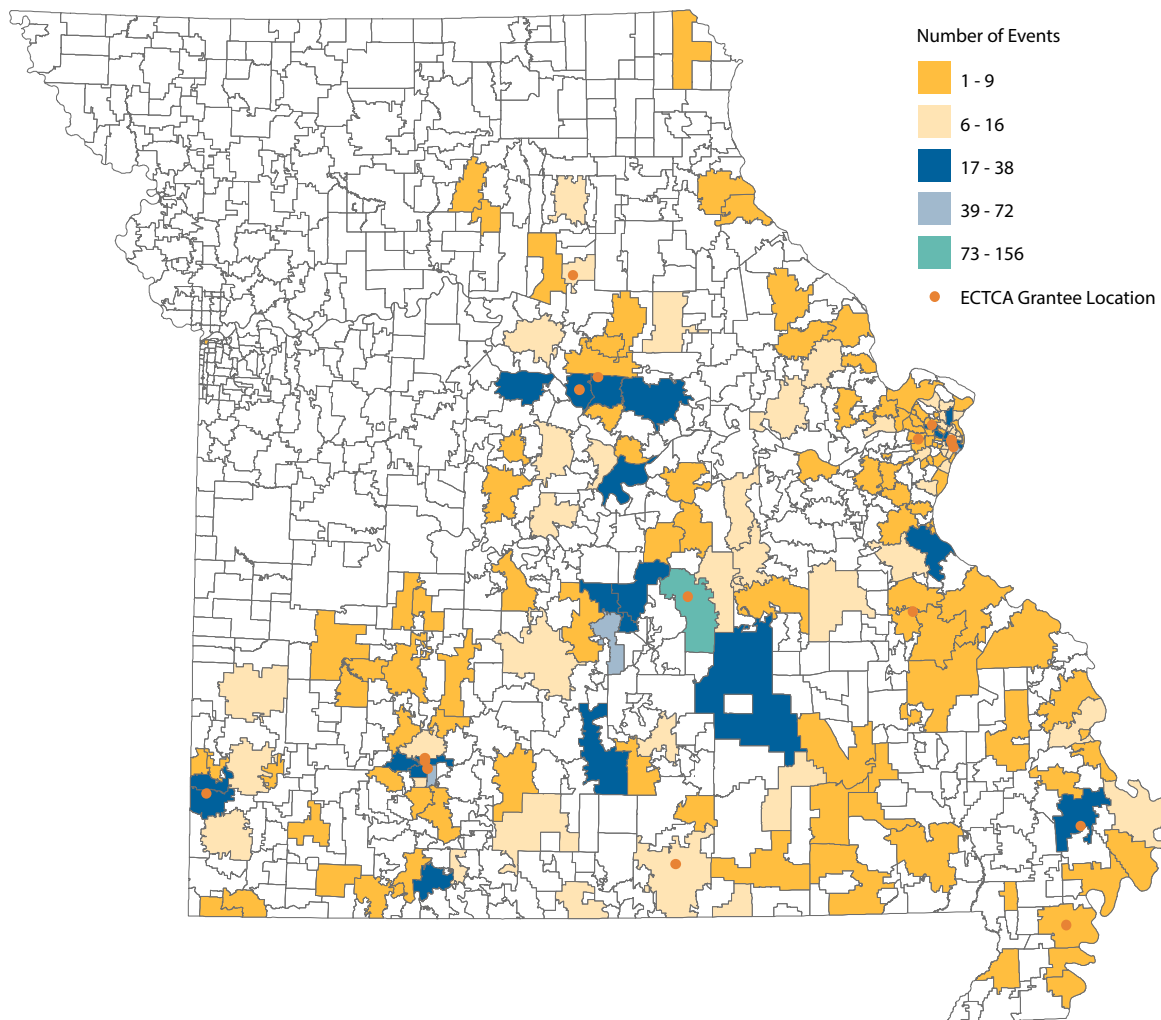


Figure 22. Location of events conducted by ECTCA grantees by zip code, September 2015 - July 2016

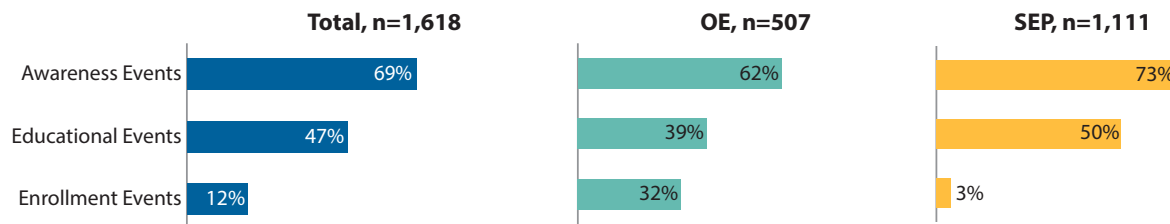


## EVENT TYPE

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

As in the previous two years, the most common event type provided in year three was awareness (69 percent).<sup>18</sup> Grantees offered slightly fewer enrollment events in year three compared to year two (12 percent in year three and 17 percent in year two), and 17 percent fewer enrollment events in year three compared to year one (29 percent in year one). In addition, grantees were far more likely to host an enrollment event during open enrollment than during the SEP, as was seen in year two.

**Figure 23. Events conducted by ECTCA grantees by event type, September 2015 - July 2016**



## POPULATIONS TARGETED

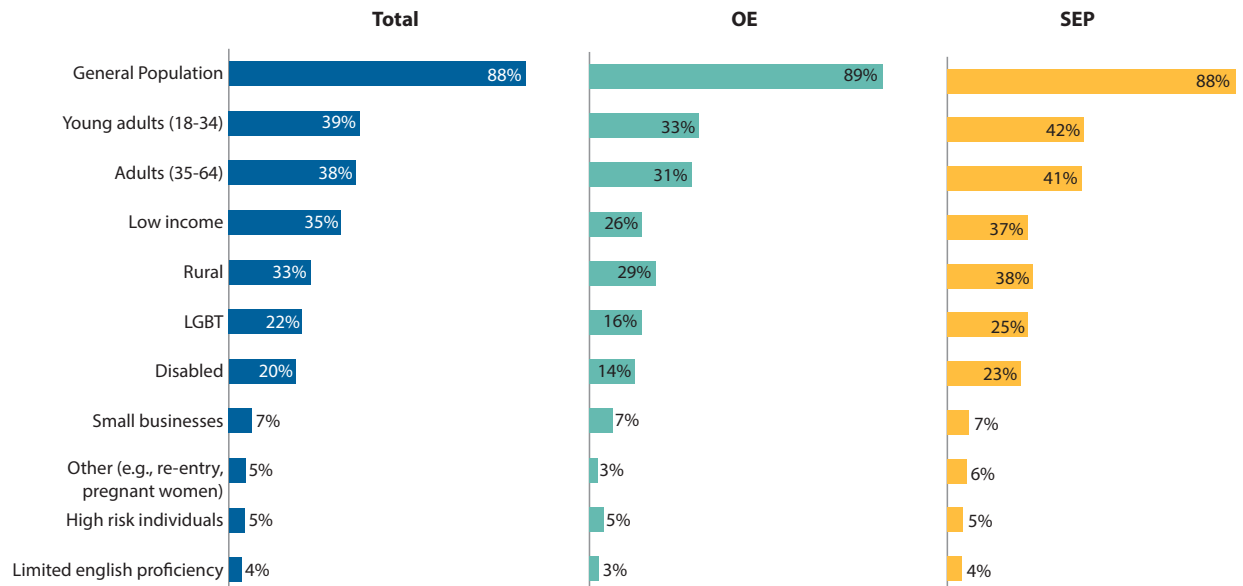
As stated previously, ECTCA funded grantees focused their efforts on serving consumers who had difficulty enrolling in health insurance without the help of one-on-one assistance. As a result, grantees targeted some of their events to reach certain populations.<sup>19</sup> In Figure 24, populations targeted refers to the population groups the grantee wanted to participate in the event, but it may or may not be who actually attended the event. The majority of events in year three targeted the general population (88 percent) compared to a special population (68 percent). For those events that did target another population, young adults (18-34), adults (35-64), and low income residents were the top three populations targeted. These were the same populations as in the previous two years except the order of the top three varied across the years.

<sup>18</sup> Categories were not mutually exclusive, meaning more than one category could be selected for event type.

<sup>19</sup> Categories were not mutually exclusive, meaning more than one category could be selected for population targeted.



Figure 24. Populations targeted by ECTCA events, September 2015 - July 2016



### AUDIENCE TARGETED

Missouri participated in both the individual and families Marketplace and the Small Business Health Options Program (SHOP) Marketplace. ECTCA grantees targeted their events to one or both of these Marketplace audiences.<sup>20</sup> Targeting a Marketplace audience refers to the audience the grantee would like to have participate in their event, but it may or may not have been who actually attended the event. Events in year three overwhelmingly targeted individuals and families, as they did in previous years.



The Missouri SHOP Marketplace only has one insurer available, and grantees have highlighted the challenges this presents when of working with potential enrollees.<sup>xxx</sup>

“A main challenge of our work has been the lack of interest and options in the SHOP exchange plans”

– Grantee report

<sup>20</sup> Categories were not mutually exclusive, meaning more than one category could be selected for Marketplace audience targeted.

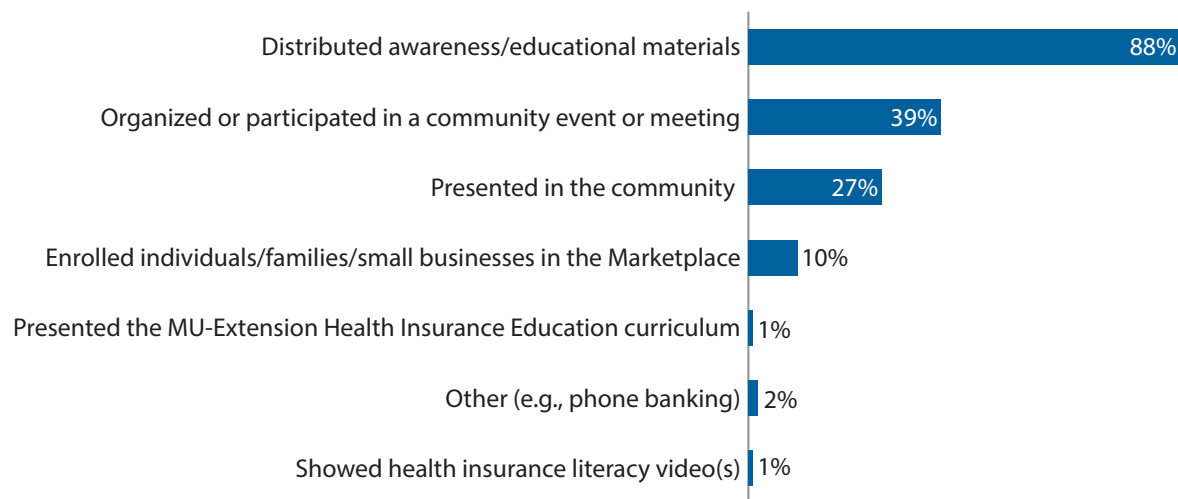
## EVENT SETTING

Grantees hosted the majority of their events in a neighborhood or community setting (34 percent). However, they were more likely to host their events in different settings depending on the target population. Grantees were more likely to host events targeting disabled, young adults, low income, adults, rural, LGBT, and small business at a business.

## EVENT STRATEGY

During their events, grantees implemented several strategies to reach consumers.<sup>21</sup> The top three strategies were: 1) distributed awareness or educational materials, 2) organized or participated in a community event or meeting, and 3) presented in the community.

Figure 25. **Strategies utilized by ECTCA grantees during their events, September 2015 - July 2016**



## PARTNER INVOLVEMENT

In order to maximize resources and improve efficiency, grantees partnered to conduct events. They worked with partners on 643 events.<sup>22</sup> Examples of partner activities include conducting advertising for the event or providing assisters for the event. Overall, grantees partnered on 29 percent of their events, which is an increase from year one (22 percent) but a decrease from year two (37 percent). Of those events that utilized a partner, ten percent were with at least one fellow ECTCA grantee.

### Media Activities

Media activities sought to raise awareness about the Missouri Marketplace, health insurance literacy and grantee events. They included activities such as publishing or airing mass media messages (e.g., radio, print advertisements, television) and social media messages (e.g., posting on Facebook or Twitter).

Grantees continued to increase the number of media activities they conducted. Grantees conducted 45,642 media activities in year three, compared to 8,941 in year two. With the most media activities happening in January 2016.

<sup>21</sup> Categories were not mutually exclusive, meaning more than one category could be selected for event strategy.

<sup>22</sup> This is not a unique count of partners, but the number of times a partner was reported.

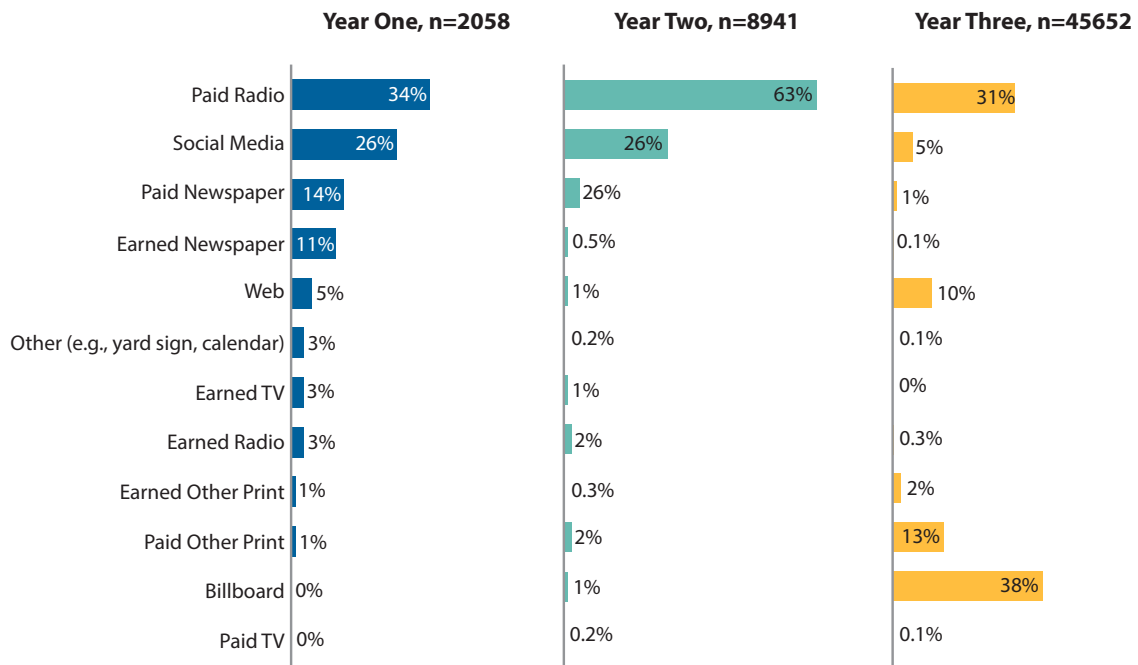


Grantees conducted almost **five** times as many media activities in year three compared to year two.<sup>23</sup>

## MEDIA TYPE

The top three media activities utilized by grantees in year three were: 1) billboards, 2) paid radio, and 3) paid other. This was a change from year one and two when the top three media activities utilized were: 1) paid radio, 2) social media, 3) paid newspaper.

Figure 26. **Media activities conducted by ECTCA grantees across all years**



## POPULATION AND AUDIENCE TARGETED

As with events, grantees could have targeted their media activities to certain populations (e.g., young adults age 18-36, rural residents) and audiences (i.e., individuals and families and/or small businesses).<sup>24</sup> Grantees only targeted 2 percent of their media activities to a certain population in year three. They targeted the majority of their media activities towards the Marketplace audience of individuals and families.

Assisters provided enrollment assistance 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.

<sup>23</sup> Increase was driven by one grantee conducting billboards and radio ads.

<sup>24</sup> Categories were not mutually exclusive, meaning more than one category could be selected for population and audience targeted.

## PARTNER INVOLVEMENT

Grantees partnered with other ECTCA grantees on 92 of their media activities. Partnering on media activities could include such things as co-branding, sharing the cost of an advertisement or developing messages for a mass media activity together. Grantees were most likely to partner with a fellow grantee on a billboard (48 times) followed by social media (13 times) and earned radio (nine times).

### Counseling Sessions

Grantees provided consumers with pre-application, enrollment, and post-enrollment assistance through counseling sessions. Counseling sessions were defined as a direct interaction of an enrollment assister (by phone or in-person) with an individual, family, or small business who was trying to enroll in the Missouri Marketplace, or who needed assistance after they had enrolled. ECTCA grantees conducted 7,695 counseling sessions during year three. The average number of counseling sessions conducted by a grantee was 428 with a range of 58 to 905 counseling sessions. As in the previous two years, the majority of counseling sessions occurred during open enrollment. In addition, the number of counseling sessions being conducted during the special enrollment period continued to increase in year three (32 percent of sessions occurred during the SEP, compared to 31 percent in year two and ten percent in year one).

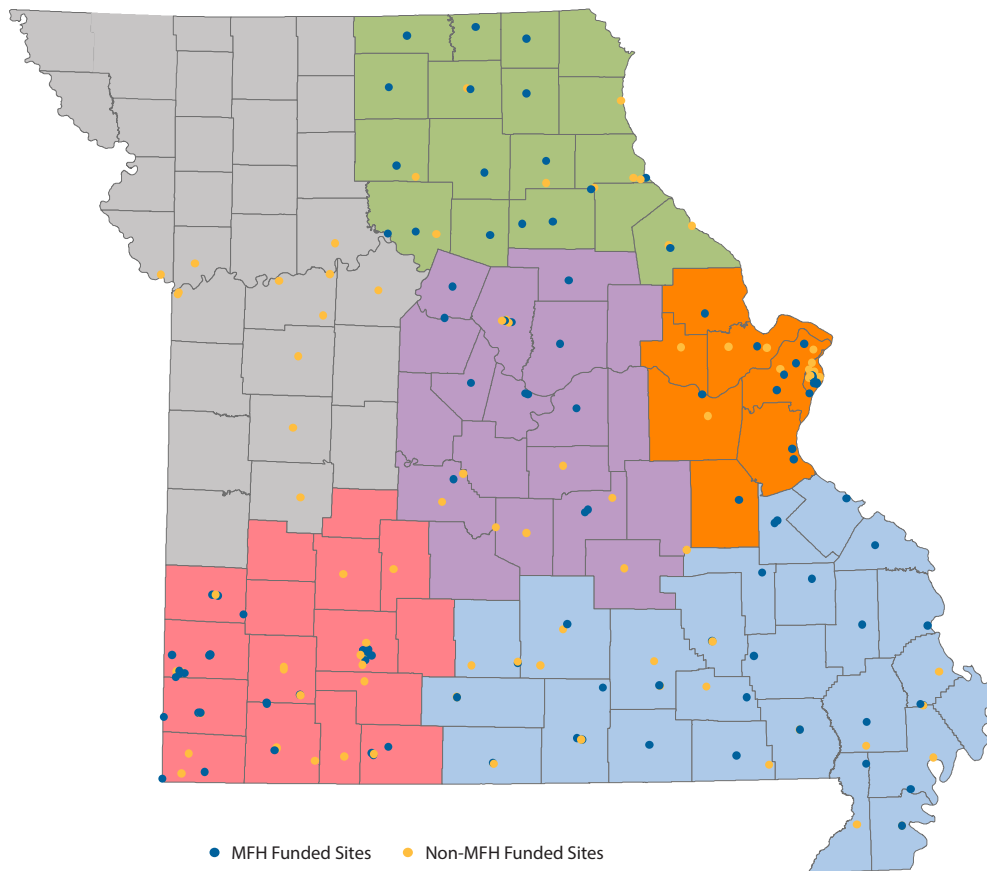
*ECTCA grantees conducted 7,695 counseling sessions during year three.*

## ENROLLMENT LOCATIONS

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

Most counseling sessions during year three took place at permanent enrollment sites (88 percent). Grantees conducted eight percent of their counseling sessions at a mobile site. Only four percent of counseling sessions took place at events, and it was much more likely for sessions to be held at events during open enrollment compared to the SEP (six percent compared to one percent during the SEP). As Figure 27 shows, permanent sites were located throughout the MFH service area, with the most sites located in St. Louis Metro region.

Figure 27. Permanent enrollment sites by MFH funded and Non-MFH funded assister organizations



### LENGTH OF COUNSELING SESSIONS

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



**58.2 minutes**  
average session length

**.02 -5.8 hours**  
range of session length

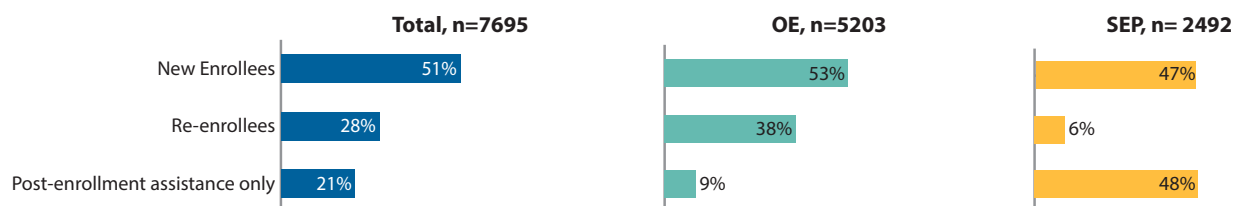
### CONSUMER CHARACTERISTICS

ECTCA grantees typically assisted individuals and families during counseling sessions. Individuals and families accounted for 100 percent of counseling sessions, compared to small businesses which accounted for 0.1 percent of sessions. Grantees assisted new consumers who had never before enrolled in the Marketplace (i.e., new enrollees), re-enrollees who had previously enrolled in the Marketplace, and consumers only 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. New enrollees accounted for 51 percent of all counseling sessions during the year (Figure 28). While this is a decrease from year two (65 percent), it is important to note that the percent of counseling sessions with re-enrollees and

post-enrollment assistance only consumers increased from year two (re-enrollees: year three 28 percent and year two 22 percent, post-enrollment assistance only: year three 21 percent and year two 13 percent). However, during the SEP consumers seeking post-enrollment assistance accounted for almost half of all counseling sessions (48 percent).

In addition, grantees that were community based organizations were more likely to provide counseling sessions to consumers seeking only post-enrollment assistance compared to other types of organizations (49 percent of all post enrollment only sessions were provided by community based organizations).

**Figure 28. Counseling sessions conducted by ECTCA grantees by enrollment period, September 2015 - July 2016**



### HOW CONSUMERS HEARD ABOUT ENROLLMENT SERVICES

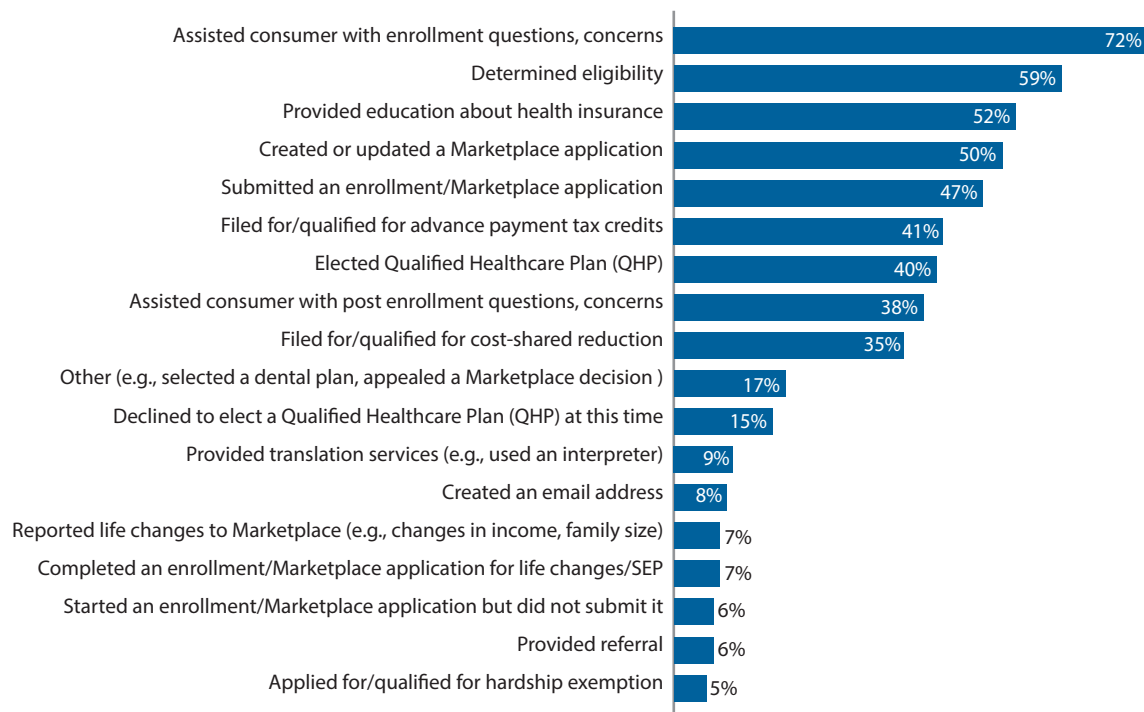
Almost two thirds of consumers heard about ECTCA grantees’ enrollment assistance services from a family, friend or previous client (64 percent). Other key ways of hearing about the organization’s enrollment services included internal referrals (nine percent) events in the community (six percent), and GOME grantee (two percent).

### COUNSELING SESSION OUTCOMES

Grantees helped consumers with a wide array of tasks during counseling sessions. The top three outcomes for year three were: assisted consumer with enrollment questions and concerns, determined eligibility, and provided education about health insurance (Figure 29).<sup>2</sup> However, outcomes of counseling sessions varied during the course of the grant period. During OE, the top two outcomes remained the same, and the third was created or updated a Marketplace account. The top three outcomes during the SEP were: assisted consumer with post enrollment questions and concerns, provided education about health insurance, and assisted consumer with enrollment questions and concerns. Counseling sessions had different outcomes based on whether consumers were new enrollees, re-enrollees or were seeking post-enrollment assistance. For example, a higher percentage of counseling sessions with re-enrollees elected a health plan compared to new enrollees or those seeking post-enrollment assistance. Not surprisingly, counseling sessions with consumers who received only post-enrollment assistance had outcomes that most often fell into the other category, such as submitting documents to the Missouri Marketplace and appealing a Marketplace decision.

*65.1 percent of counseling sessions with re-enrollees resulted in electing a QHP compared to 40.8 percent of new enrollees’ sessions.*

Figure 29. ECTCA counseling session outcomes during year three, September 2015 - July 2016



Counseling sessions during which a referral was provided continued to be low (six percent). Consumers received referrals most often because they fell into the Medicaid coverage gap, were not eligible for financial assistance through the Marketplace, or could not afford the premium.<sup>25</sup> This suggests that consumers who were eligible for the Marketplace were able to receive the help they needed from assisters.

In addition to helping consumers enroll in the Missouri Marketplace, assisters provided health insurance literacy (HIL) and post-enrollment assistance throughout the grant period. The top three types of HIL and post-enrollment assistance provided were:<sup>26</sup>

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

## ENROLLMENT

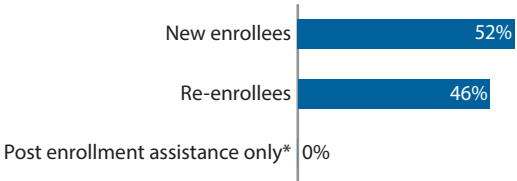
Counseling sessions with ECTCA grantees resulted in 3,956 people enrolling in insurance through the Missouri Marketplace. On average, grantees enrolled 169 individuals with a range of 20 to 393 enrollments per grantee. Most of the people who enrolled in a plan were new enrollees to the

<sup>25</sup> Categories were not mutually exclusive, meaning assisters could identify more than one outcome.

<sup>26</sup> Categories were not mutually exclusive, meaning assisters could identify more than one type of post-enrollment assistance and HIL.

Marketplace (Figure 30), and more consumers enrolled in plans during open enrollment compared to the SEP. Most of the counseling sessions where consumers enrolled in a plan took place in the St. Louis and Southwest regions. This is the same trend as in year two; however, the percentage of counseling sessions with new and re-enrollees changed. There was a decrease among new enrollees, and an increase among re-enrollees in year three.

**Figure 30. Percent of enrollments conducted by ECTCA grantees by type of enrollee, September 2015 - July 2016**







On average, consumers met with an assister for 2.3 counseling sessions before they enrolled in a plan and sessions in which consumers enrolled were about an hour long. Those consumers who enrolled during a session in which only post-enrollment assistance was provided met with an assister more often (on average, 3.6 sessions) compared to new and re-enrollees.

Applications were sent to MO HealthNet during 253 counseling sessions (three percent), and 413 consumers were covered by these Medicaid applications. This was a decrease compared to year two when 419 counseling sessions resulted in an application being sent to MO HealthNet covering 666 consumers.

ECTCA grantees continue to conduct fewer counseling sessions. While the percentage of counseling sessions that resulted in key outcomes decreased from year two to three, several remained higher than in year 2 compared to year 1: determined eligibility and elected a QHP. The number of people who were enrolled in a Missouri Marketplace plan with the help of an ECTCA assister decreased by 24 percent from year two to year three and 22 from year one to year three (Figure 31). It is important to note that MFH funded one additional grantee in reporting years two and three compared to year one, the overall average award amount decreased per grantee from reporting year one to year two and three, and the duration of open enrollment decreased from 201 days in reporting year one to 92 days in reporting years two and three.



Figure 31. ECTCA key counseling session outcomes by year<sup>27</sup>

	Year One (Oct '13 - Aug '14)	Year Two (Sept '14 - Aug '15)	Year Three (Sept '15 - Jul '16)
 sessions conducted	<b>11,065</b>	<b>9,180</b>	<b>7,695</b>
 determined eligibility	<b>6,095</b> <b>(55.1%)</b>	<b>5,741</b> <b>(62.5%)</b>	<b>4,552</b> <b>(59.2%)</b>
 elected a Qualified Healthcare Plan (QHP)	<b>3,087</b> <b>(35.0%)</b>	<b>3,866</b> <b>(42.1%)</b>	<b>3,041</b> <b>(39.5%)</b>
 people enrolled	<b>5,051</b>	<b>5,191</b>	<b>3,956</b>

<sup>27</sup> Categories were not mutually exclusive, meaning assisters could identify more than one outcome.



# Grassroots Outreach to Maximize Enrollments

As the third open enrollment period approached, it was evident that certain populations (including African Americans; Latinos; the lesbian, gay, bisexual, and transgender community; adults 19-29; and people living in rural settings) had been hard to reach and engage. As a result, MFH was interested in expanding their grant funding program to include a program that would engage organizations who had experience reaching these populations. In September 2015, MFH expanded the ECI grant program to include the Grassroots Outreach to Maximize Enrollments (GOME) program. The GOME program focused on assisting efforts to maximize enrollments in Marketplace health insurance plans. Grantees were responsible for conducting outreach and hosting awareness activities about the health insurance Marketplace. This included such things as conducting activities to increase consumer awareness of the Marketplace, drive attendance to enrollment events hosted by assisters, and refer consumers to assisters for one-on-one enrollment help. Currently funded ECTCA grantees were not eligible for the program.

The GOME grants lasted six months (September 2015 – February 2016). Grantees were not necessarily experts on the Marketplace or health insurance, but rather organizations that were well connected to the identified hard-to-reach uninsured populations and had a working knowledge and experience engaging these populations. MFH funded 15 grantees. The grantees represented three different organization types: health providers, community action agencies, and community-based organizations. MFH awarded a total of \$879,676.00 through the GOME program with the average award being \$58,645.07.



**7 out of 15**

Health Providers



**0 out of 15**

Community Action Agencies



**8 out of 15**

Community-Based Organizations

In July 2015, the evaluation team began evaluating the GOME grant program. The evaluation focused on collecting information about outreach activities, referral activities, and the number of enrollments.

## Data Sources and Methods

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

### GOME Core Data Set:

- **Purpose:** Collected information about the outreach efforts of grantees.
- **Data collection dates:** Monthly and weekly from September 10, 2015 through February 29, 2016

## Grantee Documents (i.e., final report):

- **Purpose:** Collected information about project accomplishments, lessons learned, need for potential resources, opportunities for support, and provided feedback on Initiative support. The evaluation team utilized the grantee documents to gather information specifically related to lessons learned and success and barriers related to their grant activities.
- **Data collection dates:** March 15, 2016

## Evaluation Findings

### Outreach Activities

GOME grantees conducted many different outreach activities as a part of the grant. These outreach activities were categorized into four areas: events, media, referrals, and counseling sessions/enrollments. As with ECTCA grantees, the 2015-2016 reporting year was broken out into two key time frames: open enrollment and special enrollment.<sup>28</sup>

#### Open Enrollment Period<sup>29</sup>

November 1, 2015 – February 2, 2016

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

#### Special Enrollment Period

September 1, 2015 – October 31, 2015 and  
February 2, 2016 – July 31, 2016

*The period of time outside of Open Enrollment when some consumers could enroll in or change a Marketplace health insurance plan. A consumer could get a Special Enrollment Period when he or she has a qualifying life event.*

### Events

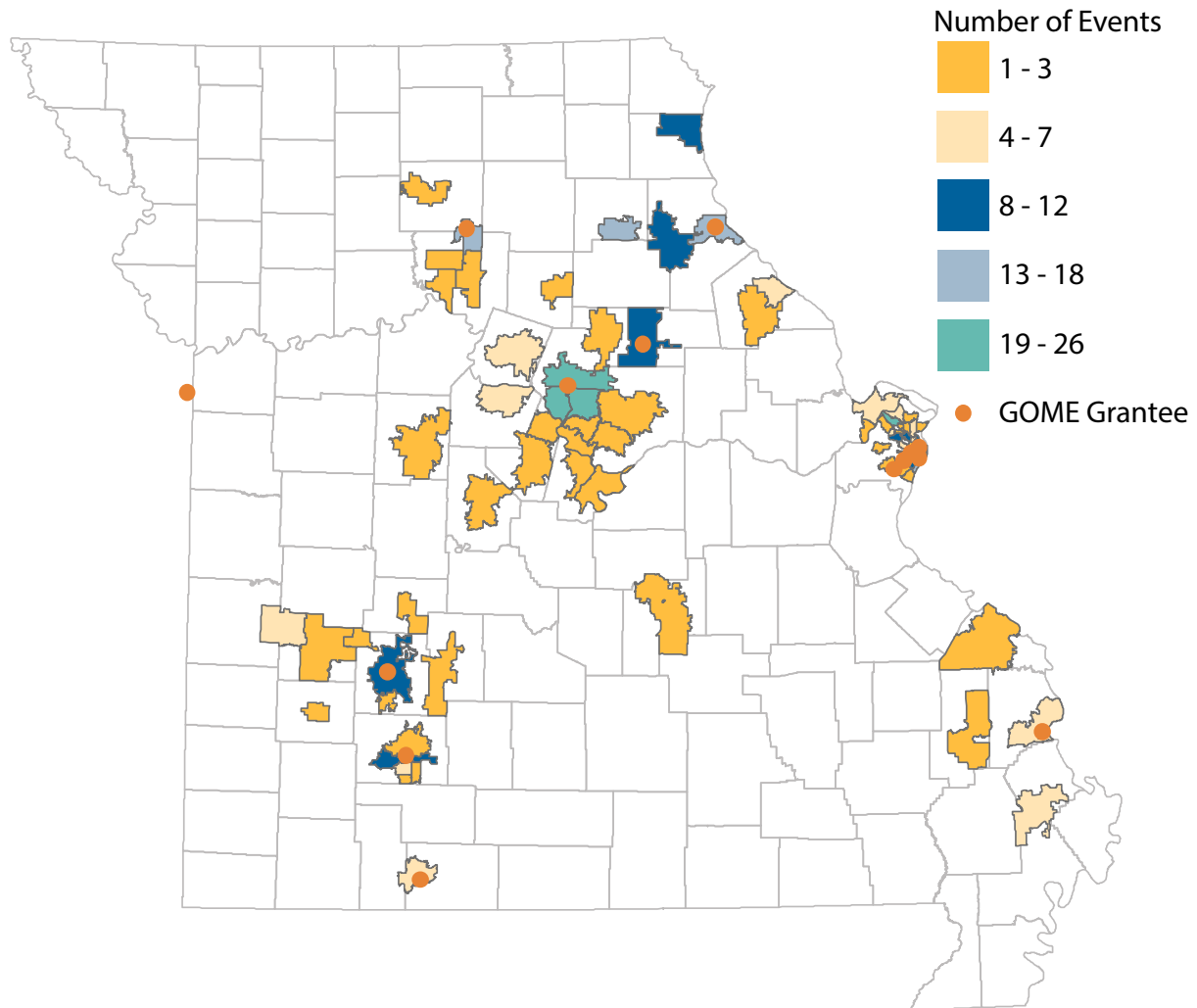
Events served to create awareness, educate the public on, and/or enroll people in the Missouri Marketplace. Examples of events included hosting a booth at a local festival, an educational program during a meeting, or efforts inside a clinic. GOME grantees conducted 483 events reaching 26,261 people.<sup>30</sup> The most events in a single month occurred during October, the month prior to the start of open enrollment. While GOME grantees hosted events within all five of the defined areas inside of MFH's service region, the events were not geographically dispersed throughout the regions (see Figure 32).

<sup>28</sup> Open Enrollment (OE) occurred from November 1, 2015 - January 31, 2016; however, to remain consistent with Federal reporting open enrollment was expanded to November 1, 2015 - February 1, 2016.

<sup>29</sup> GOME grantees were only active from September 1, 2015 to October 31, 2015 and February 2, 2016 to February 29, 2016 for the special enrollment period.

<sup>30</sup> People reached does not represent unique individuals, but rather reflects the total number of times an individual participated in or was reached by an event.

Figure 32. Location of events conducted by GOME grantees by zip code, September 2015 - July 2016



### EVENT TYPE

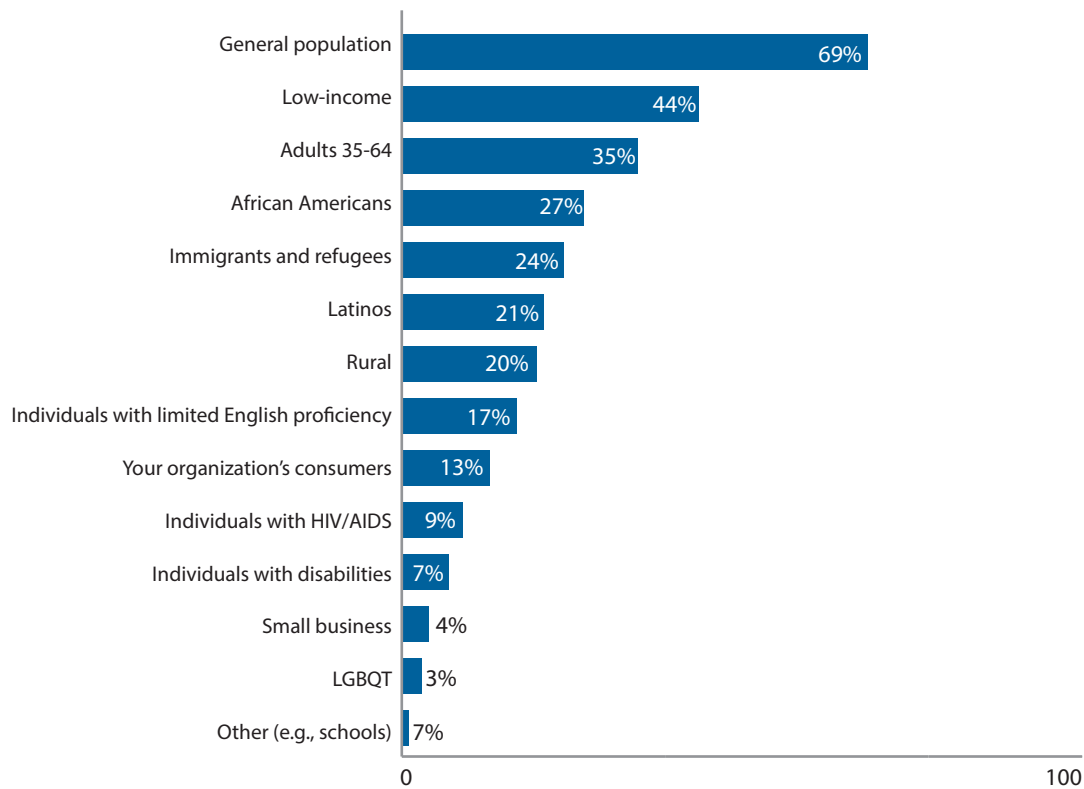
GOME grantees' events were categorized as three types: educational, awareness, and/or enrollment. Educational events included such activities as providing a formal presentation about the Missouri Marketplace or health insurance literacy. Awareness events included such activities as hosting a booth at a health fair and passing out flyers. Enrollment events provided assisters on site to help consumers enroll in insurance through the Missouri Marketplace. These categories were not mutually exclusive, meaning a grantee could select more than one category to represent an event. For example, a grantee could provide a formal presentation at a college to graduating students and have assisters on site to provide assistance with enrolling. This event would be categorized as both an educational event and an enrollment event.

The most common event type hosted by GOME grantees was awareness (89 percent). Approximately ten percent of their events were categorized as enrollment events (47 events). During those 47 events, GOME grantees enrolled 64 consumers (only three grantees conducted counseling sessions).

### POPULATIONS TARGETED

As stated previously, GOME funded grantees focused their efforts on engaging hard-to-reach uninsured populations. As a result, grantees targeted some of their events to reach certain populations.<sup>31</sup> Targeting refers to the population groups the grantee wanted to participate in the event, but it may or may not be who actually attended the event. The majority of events targeted the general population (69 percent) compared to a special population (57 percent). For those events that did target another population, low income individuals, adults (35-64), and African Americans were the top three populations. GOME grantees were more likely to target another population than ECTCA grantees.

**Figure 33. Population targeted by events conducted by GOME grantees, September 2015 - February 2016**



### AUDIENCE TARGETED

As identified previously, Missouri participated in both the individual and families Marketplace and SHOP Marketplace, and GOME grantees could target their events to one or both of these Marketplace audiences.<sup>32</sup> 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. As with

<sup>31</sup> Categories were not mutually exclusive, meaning more than one category could be selected for Marketplace audience targeted.

<sup>32</sup> Categories were not mutually exclusive, meaning more than one category could be selected for event strategy.

ECTCA, GOME grantee events overwhelmingly targeted individuals and families (99 percent compared to five percent).

### EVENT SETTING

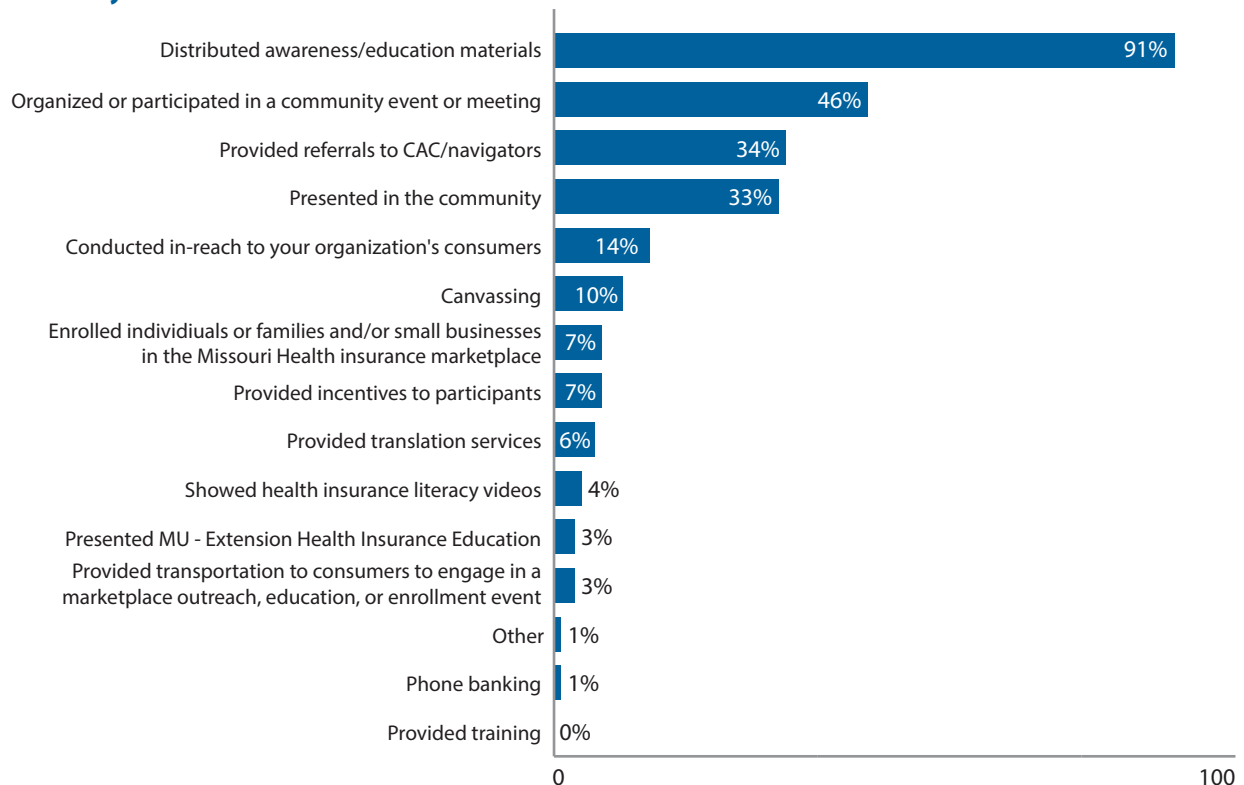
The top three settings in which GOME grantees hosted their events were: 1) neighborhood or community setting, 2) faith-based organizations, and 3) hospitals. GOME grantees were more likely to host their event in a faith-based organization than ECTCA grantees (six percent), and less likely to host in a business than ECTCA grantees (24 percent compared to six percent).



### EVENT STRATEGY

During their events, GOME grantees implemented several strategies to reach consumers.<sup>33</sup> The top three strategies were: 1) distributed awareness or educational materials, 2) organized or participated in a community event or meeting, and 3) provided referrals to CACs/navigators.

**Figure 34. Strategies utilized by GOME grantees during their events, September 2015 - February 2016**



<sup>33</sup> Categories were not mutually exclusive, meaning more than one category could be selected for event strategy.

## PARTNER INVOLVEMENT

In order to maximize resources and improve efficiency, GOME grantees partnered to conduct events. They worked with partners on 35 percent of their events (170 events).<sup>34</sup> On average, GOME grantees had one partner per event. Of those events in which GOME grantees reported having a partner, five percent were with fellow GOME grantees, 12 percent were with ECTCA grantees, one percent were with both an ECTCA and GOME grantee, and 32 percent were with non-MFH ECTCA funded organizations.

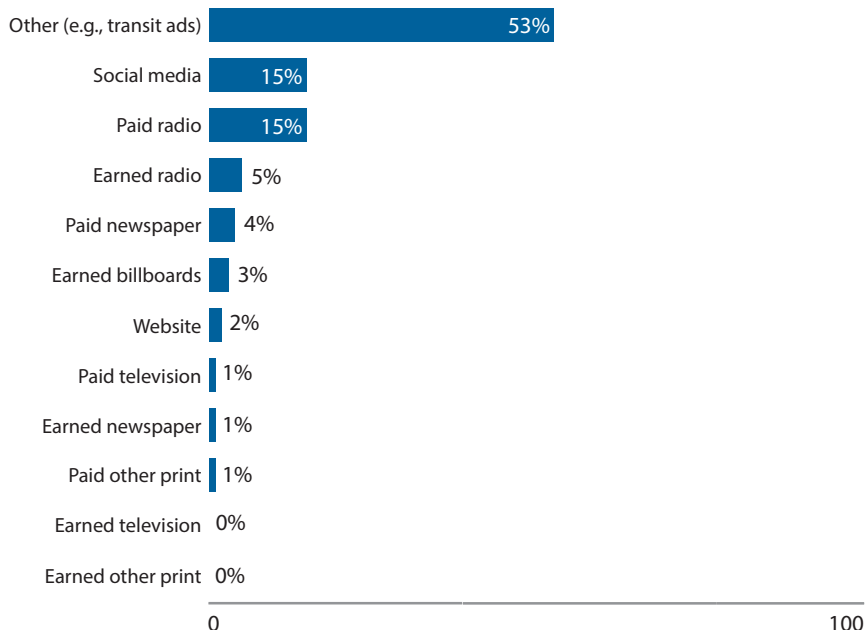
*GOME grantees were more likely to utilize non-MFH ECTCA funded partners than ECTCA funded partners.*

## Media

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).

GOME grantees conducted 3,541 media activities. The top three media activities conducted were: 1) Other, 2) paid radio and social media. 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).<sup>35</sup> GOME grantees targeted eight percent of their media activities to a certain population. This is substantially more than ECTCA grantees (percent). For those media activities that did target another population, low income individuals, adults 18-34, and adults 35-64 were the top three. GOME grantees also heavily focused their work on the individual and family audience.

**Figure 35. Type of media activity conducted by GOME grantees, September 2015 - February 2016**

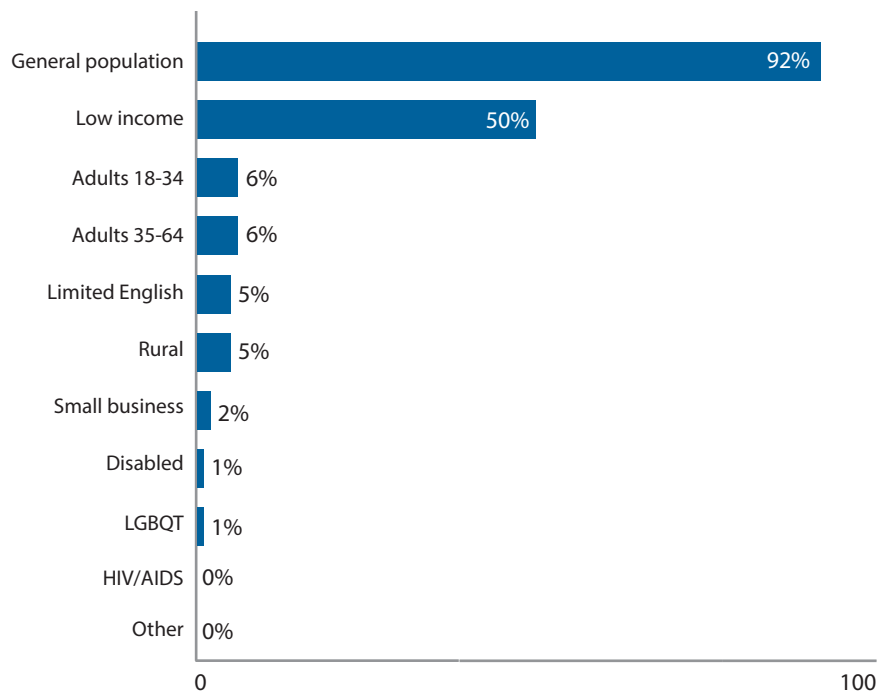


<sup>34</sup>This is not a unique count of partners, but the number of times a partner was reported.

<sup>35</sup>Categories were not mutually exclusive, meaning more than one category could be selected for population and audience targeted.



Figure 36.. Populations targeted by GOME grantees' media activities, September 2015 - February 2016



## PARTNER INVOLVEMENT

Grantees partnered with other ECTCA grantees on 28 of their media activities (one percent). Partnering on media activities could include such things as co-branding, sharing the cost of an advertisement, or developing messages for a mass media activity together.

## Referrals

Referrals directed a consumer to an organization for information about enrolling in insurance through the Marketplace. They could include giving a consumer information about another organization's enrollment event or enrollment services, helping a consumer schedule an appointment with a CAC or Navigator, or accompanying a consumer to an appointment with an assister. Referrals could be made either internally to assisters working with the GOME grantee's organization or externally to another organization. Fourteen of the 15 GOME grantees utilized referrals as one of the project activities. Overall, they made 20,994 referrals.



Median  
**286 per grantee**  
 Range  
**0-14,551**

The evaluation team utilized an approach called referral network analysis to assess the referrals made by GOME grantees. In the figures on page 58 and 59, the circles represent organizations that could have made or received a referral, the arrow indicates the direction of the referral, and the size of the circle corresponds to the number of referrals made to the organization. According to the network analysis, GOME grantees mostly referred to ECTCA organizations and non-MFH ECI funded organizations not their fellow GOME grantees (Figures 37). In addition, GOME grantees referred consumers across MFH's service region (Figure 38).

Figure 37. Organizations GOME grantees made referrals to by grant type, September 2015 - February 2016

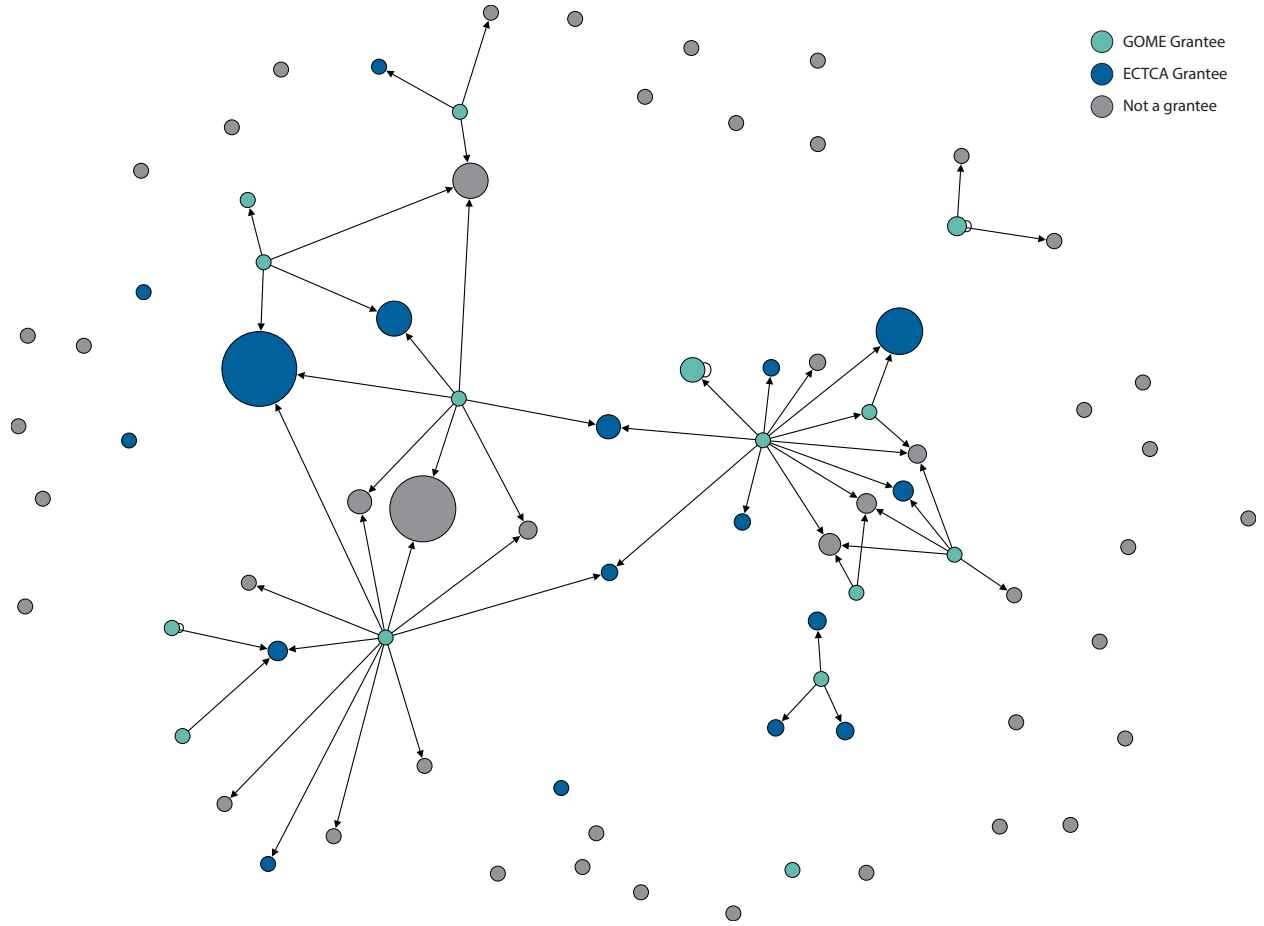
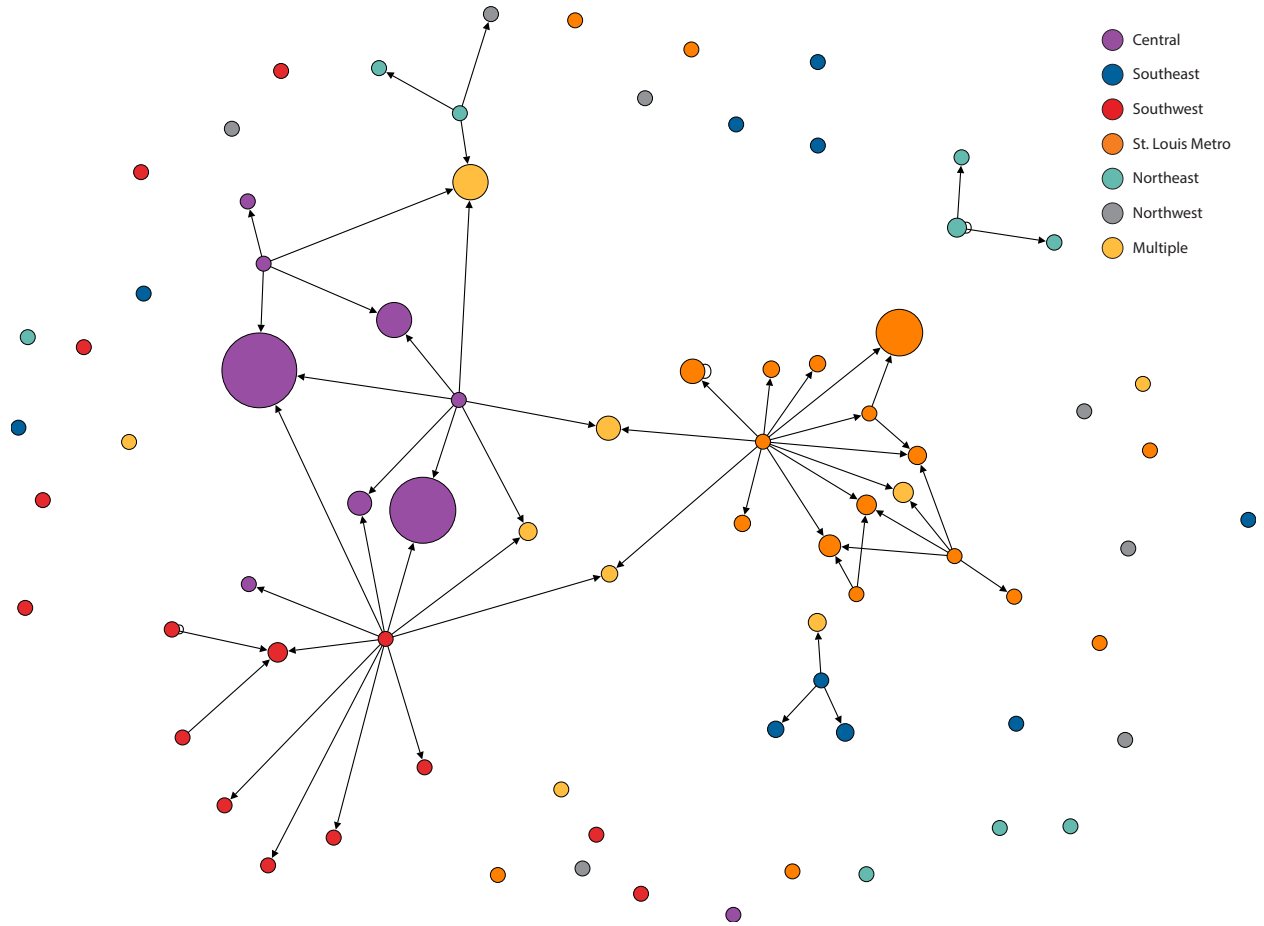


Figure 38. Organizations GOME grantees made referrals to by MFH service region, September 2015 - February 2016





# Key Takeaways

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This report provides a summary of the evaluation findings for a subset of the efforts implemented by the Expanding Coverage Initiative from September 1, 2015 - July 31, 2016. Overall, ECI positively impacted the enrollment community within Missouri. It increased the perceived capacity of assisters, facilitated outreach to hard-to-reach populations, and assisted with the enrollment of consumers into health insurance through the Missouri Marketplace. Below are the key takeaways from the evaluation findings:

**In order to address the declining re-enrollment rate, education and health literacy training are needed to ensure that consumers in Missouri are choosing the best plan as Marketplace costs rise.** Missouri consumers re-enrolled at a lower rate in 2016 compared to 2015. There was a decline in the retention rate of individuals enrolled in a health insurance plan through the Marketplace in Missouri in 2016. Approximately 69 percent of 2015 Marketplace enrollees re-enrolled in a Marketplace plan during the 2016 open enrollment, compared to 80 percent during the 2015 open enrollment. However, it is important to note that Missouri's rate of enrollment was higher than the national average of 63 percent in 2016. In addition, the average premium cost in Missouri increased by 13 percent from 2015-2016, while premiums increased by only seven percent from 2014-2015. Further research is warranted to determine the reasons Missouri consumers are not re-enrolling in the Marketplace.

**Assisters struggled with calculating health insurance and health care cost.** Most CACs struggled with survey questions regarding calculating health insurance and health care costs. Additionally, while most of the eLearning trainings (the online training series made available to assisters) had a statistically significant positive effect on participants' knowledge, the eLearning which focused on using numbers with consumers did not statistically increase participants' knowledge of using numbers (eLearning 6).

**Most of the eLearning trainings had positive effect on health insurance literacy knowledge; however, the training participation remains low.** Based on the average pre- and post-survey scores, there was evidence that participants' knowledge of the eLearning topic increased after taking six of the eight eLearnings. Additionally, most eLearning participants reported high satisfaction with the trainings. Most participants also said they had a better understanding of the eLearning topic after taking the training, and it was very likely they would use the skills they learned in their work. However, participation in the eLearnings has been low. To date, 177 individuals have signed up, and only 24 percent of these individuals have completed the entire eLearning series.

**The Cover Missouri Coalition provides benefits for CMC members, including opportunities for collaboration, self-reported increased capacity to enroll consumers in the Missouri Marketplace and/or Medicaid, and self-reported increased knowledge.** Most CMC members reported they identified new partners, or were able to collaborate with existing partners as a member of the Coalition. Additionally, members reported building strong partnerships with one another through the Coalition. As a result of their membership in the Coalition, most CMC members reported an increased capacity to enroll consumers in the Missouri Marketplace and/or Medicaid. There was a statistically significant increase in members' reported capacity to enroll consumers from the twelve month survey administration to the eighteen month survey administration, indicating that membership between these two follow-up surveys may have benefitted members' capacity to enroll consumers.

Furthermore, as a result of their membership in the Coalition, most CMC members reported an increase in knowledge of health insurance literacy, knowledge about reducing the number of uninsured, and knowledge of Marketplace policy.

**The Coalition engages members and serves as an information-sharing resource.** The top two most common ways that the Coalition engaged respondents was through CMC update emails and monthly newsletters. Also, most CMC members expected the Coalition to serve as an information-sharing resource, as members reported they joined the Coalition in hopes of increasing their knowledge of the Missouri Marketplace.

**GOME and ECTCA grantees targeted different populations with their outreach and education events.** The top five populations targeted by GOME grantees were: low income individuals, adults (35-64), African Americans, immigrants and refugees, and Latinos. Whereas, ECTCA grantees were more likely to target young adults (18-34), adults (35-64), rural, low income, and lesbian, gay, bisexual, and transgender (LGBT) individuals. GOME grantees targeted 57 percent of their events towards a specific population compared to ECTCA grantees who targeted 68 percent of their events towards a specific population.

**GOME grantees created a referral network.** GOME grantees made almost 21,000 referrals during the course of the grant program with a median number of referrals by organization being 286 with a range of 0 to 14,551. GOME grantees referred across MFH service regions and referred to both MFH funded assister organizations and non-MFH funded assister organizations.

**Assisters provided services year round, not just during open enrollment.** ECTCA grantees focus on both outreach and enrollment activities throughout the year. The number of counseling sessions being conducted during the special enrollment period has increased each year of the Initiative. (September 2013 to August 2014: 10 percent, September 2014 to August 2015: 31 percent, September 2015 to July 2016: 32 percent). It is important to note that the 2013-2014 open enrollment period was 201 days long compared to 92 days in 2014-2015 and 2015-2016. In addition, grantees offered events throughout the year with peaks happening in October, the month prior to open enrollment, and January, the month when open enrollment closes.

**Assister services continue to be needed.** Enrollment of the potential population across the state has increased each year of the Marketplace. However, all but the St. Louis region enrolled less than 50 percent of the potential population in 2016. These numbers alone indicate that there are still many people to reach that are eligible to enroll in the Marketplace. In addition, enrollment in the Marketplace does vary significantly at the county level within each of these regions, with some counties much more successful than others. Additional efforts could be targeted at the counties that are enrolling a smaller percentage of their potential population, first to assist in enrollment efforts, but also to collect additional data regarding the enrollment barriers that people in these lowest enrollment counties are facing. This additional data could then be used to enhance and focus future outreach efforts.

**Medicaid expansion is crucial to reaching the Expanding Coverage Initiative's goal of reducing the uninsured rate to less than five percent in five years.** The state of Missouri has chosen to not expand its Medicaid program leaving no health insurance coverage options available for its residents with the lowest incomes. The uninsured rate in Missouri declined to 11.4 percent in 2015, but there is still a significant part of Missouri's uninsured population that falls in a coverage gap due to having an income that is below the Federal Poverty Level. Without Medicaid expansion achieving an uninsured

# References

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- i. Assistant Secretary for Planning and Evaluation (ASPE), Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report. Retrieved from <https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf> It is important to note that these data generally represent the number of individuals who have selected, or been automatically reenrolled into a 2015 plan through the Marketplaces, with or without payment of premium. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated.
- ii. Assistant Secretary for Planning and Evaluation (ASPE), Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report. Retrieved from [http://aspe.hhs.gov/sites/default/files/pdf/83656/ib\\_2015mar\\_enrollment.pdf](http://aspe.hhs.gov/sites/default/files/pdf/83656/ib_2015mar_enrollment.pdf)
- iii. US Census Bureau, 2014 American Community Survey.
- iv. US Census Bureau, 2014 American Community Survey.
- v. Assistant Secretary for Planning and Evaluation (ASPE), Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report. Retrieved from <https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf> It is important to note that these data generally represent the number of individuals who have selected, or been automatically reenrolled into a 2015 plan through the Marketplaces, with or without payment of premium. This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and this figure includes plan selections for which enrollment has not yet been effectuated.
- vi. Centers for Medicare and Medicaid Services, March 31, 2016 Effectuated Enrollment Snapshot. Retrieved from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-30.html>
- vii. Individuals that are eligible for Medicaid coverage, those that have employer sponsored health insurance coverage, and those that are living illegally in the United States are not eligible to purchase health insurance through the Marketplace.
- viii. US Census American Community Survey uninsured estimates are the results of a survey conducted in March of 2015 and asks respondents to report on their health insurance experience throughout the year of 2014.
- ix. The Commonwealth Fund. Americans' Experiences with ACA Marketplace and Medicaid Coverage: Access to Care and Satisfaction: Findings from the Commonwealth Fund Affordable Care Act Tracking Survey, February-April 2016. <http://www.commonwealthfund.org/publications/issue-briefs/2016/may/aca-tracking-survey-access-to-care-and-satisfaction>
- x. The Kaiser Family Foundation. Survey of Non-Group Health Insurance Enrollees, conducted April 3- May 11, 2014. <http://kff.org/report-section/survey-of-non-group-health-insurance-enrollees-section-1/>
- xi. US Census Bureau, 2015 American Community Survey, 1-year estimates, Table c27016. Retrieved from [http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_1YR\\_C27016&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_C27016&prodType=table)
- xii. The Kaiser Family Foundation, Marketplace Enrollment as a Share of the Potential Marketplace Population, March 31, 2016. Retrieved from: <http://kff.org/health-reform/state-indicator/marketplace-enrollment-as-a-share-of-the-potential-marketplace-population-2015/> . Effectuated enrollment counts originally came from the Centers for Medicare and Medicaid Services, March 31, 2016 Effectuated Enrollment Snapshot. Retrieved from: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-30.html>
- xiii. Office of the Assistant Secretary for Planning and Evaluation (ASPE), Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report. Retrieved from: <https://aspe.hhs.gov/sites/default/files/pdf/188026/MarketPlaceAddendumFinal2016.pdf>
- xiv. Office of the Assistant Secretary for Planning and Evaluation (ASPE), Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report. Retrieved from: <https://aspe.hhs.gov/sites/default/files/pdf/188026/MarketPlaceAddendumFinal2016.pdf>

- xv. Office of the Assistant Secretary for Planning and Evaluation (ASPE), Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report. Retrieved from: <https://aspe.hhs.gov/sites/default/files/pdf/188026/MarketPlaceAddendumFinal2016.pdf> "Individuals Determined Eligible to Enroll in a Plan Through the Marketplace" (i.e., enrollment through the Marketplaces for a 2016 Marketplace plan) represents the total number of individuals for whom a Completed Application has been received for the 2016 plan year (including any individuals with active 2015 Marketplace enrollments who returned to the Marketplaces and updated their information), and who are determined to be eligible for plan enrollment through the Marketplaces during the reference period, regardless of whether they qualify for advance payments of the premium tax credit or cost-sharing reductions. These individuals may or may not have enrolled in coverage by the end of the reference period. Individuals who have been determined or assessed eligible for Medicaid or CHIP are not included. Note: This number only includes data for individuals who applied for 2016 Marketplace coverage in completed applications. It does not include individuals who were automatically reenrolled. Thus, the number determined eligible for 2016 Coverage may be lower than the total number of 2015 plan selections (which includes reenrollees).
- xvi. Centers for Medicare and Medicaid Services, March 31, 2016 Effectuated Enrollment Snapshot. Retrieved from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-30.html> Effectuated enrollment is the number of individuals that had paid for their health insurance coverage and had an active policy at the end of the month
- xvii. Centers for Medicare and Medicaid Services, March 31, 2016 Effectuated Enrollment Snapshot. Retrieved from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-30.html>
- xviii. 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/>
- xix. 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.<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.
- xx. Plan type descriptions obtained from Healthcare.gov. Retrieved from <https://www.healthcare.gov/choose-a-plan/plans-categories/>
- xxi. Office of the Assistant Secretary for Planning and Evaluation (ASPE), Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report. Retrieved from: <https://aspe.hhs.gov/sites/default/files/pdf/188026/MarketPlaceAddendumFinal2016.pdf>
- xxii. Office of the Assistant Secretary for Planning and Evaluation (ASPE), Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report. Retrieved from: <https://aspe.hhs.gov/sites/default/files/pdf/188026/MarketPlaceAddendumFinal2016.pdf>
- xxiii. Office of the Assistant Secretary for Planning and Evaluation (ASPE), Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report. Retrieved from: <https://aspe.hhs.gov/sites/default/files/pdf/188026/MarketPlaceAddendumFinal2016.pdf>
- xxiv. Office of the Assistant Secretary for Planning and Evaluation (ASPE), Plan Selection by Zip Code and County in the Health Insurance Marketplace: March 2016. <https://aspe.hhs.gov/basic-report/plan-selections-zip-code-and-county-health-insurance-marketplace-march-2016>
- xxv. A Barker, et al, "Rural Enrollment in Health Insurance Marketplaces, by State," RUPRI Center for Rural Health Policy Analysis, Brief No. 2015-11, September 2015.
- xxvi. Kaiser Family Foundation, The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid – An Update. Retrieved from: <http://kff.org/health-reform/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid-an-update/>
- xxvii. Centers for Medicare and Medicaid Services, Medicaid and CHIP in Missouri. <https://www.medicaid.gov/medicaid-chip-program-information/by-state/stateprofile.html?state=missouri>
- xxviii. Centers for Medicare and Medicaid Services, Medicaid and CHIP in Missouri. <https://www.medicaid.gov/medicaid-chip-program-information/by-state/stateprofile.html?state=missouri>



chip-program-information/by-state/stateprofile.html?state=missouri

- xxix. Centers for Medicare and Medicaid Services, April 2016 Monthly Applications, Eligibility Determinations and Enrollment Report. Retrieved from: <https://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/april-2016-enrollment-report.pdf>
- xxx. Centers for Medicare and Medicaid Services, Small Business. <https://www.healthcare.gov/small-businesses/>



# Appendix A - Evaluation Model

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



# Appendix B - Evaluation Questions

## Cover Missouri Coalition Evaluation Questions

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

## Expanding Coverage through Consumer Assistance Evaluation Questions

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

## Health Insurance Literacy Program Evaluation Questions

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



