

**Summary of Outcomes and Challenges**  
**First Open Enrollment for Affordable Care Act Implementation**

***Introduction***

During the Open Enrollment season from October 2013 through March 31, 2014, over seven (7) million individuals signed up for health plans under the Affordable Care Act (ACA) nationwide. California took the lead by enrolling over 1.3 million residents into the state's health exchange program, Covered California. Through outreach efforts from community organizations and enrollment agencies, California garnered the highest number of residents enrolled in health coverage by the end of the enrollment period.

The successful enrollment of approximately 65,000<sup>1</sup> Santa Clara County residents into plans through Covered California was accomplished through the robust collaborative efforts of health providers and organizations. This document articulates the successes and challenges during the first Open Enrollment period activities as well as provides a list of suggested recommendations to inform Covered California's processes and strategies for the second Open Enrollment period beginning on November 15<sup>th</sup>, 2014 through February 15<sup>th</sup> 2015 (renewals begin on October 1<sup>st</sup>) to support local stakeholders in the continued implementation of ACA.

***Background on Outreach and Enrollment Subcommittee***

The Outreach and Enrollment Subcommittee was formed by the Health Care Reform Implementation Stakeholder Working Group to establish outreach and enrollment strategies to ensure that all county residents have health care coverage.

During the ACA implementation, this Subcommittee engaged local organizations that became Certified Enrollment Entities (CEEs), and other local partners who became public outreach educators. The Subcommittee provided a platform for social services and community-based organizations to work together and maximize the number of county residents enrolled into health plans and Medi-Cal. Organizations that participated in the meetings included, Asian Law Alliance, California State University Health Insurance Education Project at San Jose State University, Catholic Charities, Community Health Partnership, Daughters of Charity, Filipino Youth Coalition, Gardner Family Health Network, International Children Assistance Network, Law Foundation of Silicon Valley, NOVA, People and Community Acting Together (PACT), Planned Parenthood Mar Monte, San Jose National Association for the Advancement of Colored People (NAACP), Santa Clara County Healthier Kids Foundation, Santa Clara County Library District, Santa Clara County Social Services, Santa Clara Valley Health & Hospital System (SCVHHS), Valley Health Plan, School Health Clinics of Santa Clara County, SEIU Local 521, Silicon Valley Black Chamber of Commerce, Silicon Valley Council of Nonprofits (SVCN), The Health Trust, United Way 211, Santa Clara Valley Medical Center, and Working Partnerships

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<sup>1</sup>Covered California March Regional Enrollment Numbers: [http://www.coveredca.com/news/PDFs/regional-stats-march/March\\_RegionalEnrollmentTables\\_forWeb\\_ss.pdf](http://www.coveredca.com/news/PDFs/regional-stats-march/March_RegionalEnrollmentTables_forWeb_ss.pdf)

USA. There may be additional allies involved in the successful public outreach and enrollment endeavor that were not enumerated above but the description is not meant to provide an exhaustive list.

At the June 16, 2014, Subcommittee meeting, the group convened to discuss what the organizations had learned through their outreach, education and enrollment experience with ACA implementation in Santa Clara County. Questions considered during the discussion included those regarding Covered California, Medi-Cal, local activities and the preparation needed for the next Open Enrollment period. These questions are included as an addendum to this document.

### **Covered California Experience**

#### *1. Training, Certification and Information*

Organizations encountered many problems with the Covered California training process, including delays in training and certification and lack of proper preparation to provide consumers with the information necessary to choose a plan.

Covered California held two types of trainings; the first training was held for Certified Covered California Outreach Educators and the second training for Certified Enrollment Counselors (CECs). The role of Outreach Educators was to educate potentially interested individuals and families about the benefits of getting health care coverage from Covered California. Certified Enrollment Entities, on the other hand, are organizations that provide in-person assistance through Certified Enrollment Counselors to assist individuals and families enroll into the health plans under Covered California and expanded Medi-Cal.

Covered California offered a series of two and a half (2.5) day trainings held from August 2013 through January 2014. The Community Health Partnership, in collaboration with the California Primary Care Association, provided five training sessions from October 2013 through January 2014. Approximately 110 individuals from Community Health Centers/Clinics, Santa Clara Valley Health & Hospital System Patient Access and other community based agencies were trained by the Community Health Partnership.

Many of the newly trained Certified Enrollment Counselors reported that the Covered California trainings did not provide sufficient information on Medi-Cal or relevant examples of how to deal with the real world scenarios, as opposed to textbook family situations. Additionally, the trainings lacked opportunity for hands-on practice navigating the Covered California website, which was necessary as it was the mechanism through which consumers enrolled into a health plan. Furthermore, Enrollment Counselors struggled with providing correct information to individuals in the Latino community impacted by Deferred Action for Childhood Arrivals (DACA) and would have benefited from receiving information and training related to enrollment requirements for DACA.

Though the Outreach Educators' training began in August 2013, most of the trainings for Certified Enrollment Counselors by Covered California, were held in October through December, *after* the Open Enrollment period began. This created a considerable gap in the number of Certified Enrollment Counselors available to assist the public during the first three months of Open Enrollment (October-December). However, as a result of fast-tracking efforts and increased trainings by Covered California, most individuals who attended trainings did become certified and capacity greatly improved during the last three months of Open Enrollment (January-March). Further contribution to the delay in counselor certification by was the delay in the application process by Covered California to become a Certified Enrollment Entity (CEEs) as reported by some organizations.

An important enrollment concern included serving consumers with disabilities. At least one Enrollment Entity felt that there was a lack of resources for CECs to deal with consumers with disabilities that required more assistance, and CEEs felt generally unprepared to provide assistance for these individuals. It was recommended that more training in this area would be beneficial.

These issues with inadequate training and information left several Certified Enrollment Entities unprepared to assist families in the county who had questions related to immigration, the Covered California website and Medi-Cal during the enrollment process.

## *2. Outreach and Enrollment Agencies and Processes*

Many organizations expressed concerns with the inadequate number of Certified Enrollment Entities and Certified Enrollment Counselors available to meet the enrollment needs in the county. For example, at the beginning of the enrollment season, there were many more families and individuals that showed up at enrollment events than Enrollment Counselors had been prepared to assist. For example, during initial enrollment events that took place in the county libraries, and Covered California had underestimated the number of Enrollment Counselors needed to meet the high volume of interest. However, after the first couple of events, Covered California was able to organize more counselors to meet the demand. To promote a higher turnout of Enrollment Counselors at these events, the Outreach and Enrollment Subcommittee established a community health events blog page. The blog page enabled CEEs to publicize local enrollment events around the county and invited other groups to come to these events to assist consumers. It was recommended that the blog be expanded to provide health-related updates, such as progress on proposed state health legislation and other pertinent information to the county on ACA enrollment.

During the Outreach and Education phase, potential enrollees indicated confusion during the enrollment process because of the seemingly indistinguishable roles of two different positions-- Covered California Certified Educators versus Certified Enrollment Counselors--- and with the lack of follow-up in the enrollment process. Consumers were confused because both Educators

and Enrollment Counselors initiated contact and educated them about Covered California, but those who spoke with Educators had to take an additional step to specifically enroll with a secondary person. After consumers were informed about the ACA by Certified Educators they would be referred to Covered California to speak with Enrollment Counselors. Consumers also reported enrollment challenges because of the lack of follow-up by an Enrollment Counselor. During the operation of the phone bank that was conducted to educate Californians on the ACA, Educators were supposed to refer individuals who wanted more information on enrollment to Covered California who then would send these contacts to local Enrollment Counselors. However, many Educators encountered frustrated consumers who were still waiting to be called back by an Enrollment Counselor.

### *3. Target Constituencies*

Although the county has yet to receive data from Covered California on the demographics of those enrolled during enrollment season, there were reported challenges in effectively engaging certain constituencies as a result of delays and poor outreach strategies. According to the anecdotal experiences of the CEEs, many constituent groups did not receive adequate outreach. One of these groups was community college students. Various outreach challenges with students resulted in the failure to gain access into certain schools. In certain cases, even after establishing contact with some schools, there was lack of interest from school management to permit students to attend Enrollment Counselor sessions. On the other hand, there were instances of colleges expressing interest in Enrollment Entities present at their school but there was no follow-up from Covered California on those requests.

Another group that was difficult to engage was limited-English proficient families in the county. Organizations discussed that the lack of media outreach to these consumers prevented many from enrolling. The multicultural brochures created by Covered California that were given to these populations included poor translations and contained cultural discrepancies, which left many confused about getting health coverage. Ethnic populations also tend to rely on the trusted faces of community-based organizations (CBOs) or local community leaders for clarification, explanation and confirmation on new information to the community. Media ads only raised awareness but were not strong enough to move people to take action, as their fear and concerns about the ACA were left unaddressed. It was recommended, to alleviate these concerns in the future, that Covered California direct media outlets to broadcast TV or radio talk shows in conjunction with media ads and should feature trusted local CBOs or community leaders as well.

In particular, Covered California was delayed in providing targeted media ads to these high-need constituencies. There was also no mechanism for Enrollment Entities to provide effective, evidence-based advertising strategies and initially Enrollment Entities weren't permitted to do media outreach independently, which limited the span of outreach. As a result, many consumers didn't hear about Covered California until nearly the end of the enrollment season. The group recommended that it would be beneficial to start conducting media outreach *prior*

to the second enrollment period in order to get the public to start thinking about getting health coverage earlier. Additionally, it was recommended that Covered California increase its utilization of ethnic media outlets.

#### *4. Communication & Technology*

Consumers reported various technological challenges with Covered California's website and its help hotlines. The help hotlines that Covered California established for Enrollment Entities to secure answers to questions or receive assistance with problems and concerns with client applications often had long wait times, with some callers waiting for over two hours. Enrollment Counselors reported concerns with the California Health Care Eligibility, Enrollment and Retention System (CalHEERS), which was the application system through which consumers applied. Many consumers experienced numerous technical issues with the website, such as lost passwords and lost applications, and requested help from the CEEs. Unfortunately, CEEs Enrollment Entities could not recover passwords on their behalf and were not empowered to provide the necessary support. In addition, there were challenges accessing clients' information from the application system by managers and lead supervisors who were unable to access a previously enrolled client's application if it was completed by a staff member. This presented problems when there was staff turnover in the organization as these applications do not accommodate staffing transitions.

Another enrollment challenge included the failure of some private health plans to follow up with consumers after consumers had applied for coverage. This left many consumers who thought they were considered "covered," even though many had not made their initial payment due to the lack of information from plans, uninsured. Health agencies and CEEs will be examining these specific cases to see if these issues were a result of miscommunication or if it may be attributed to a more complex issue.

The issue related to the dashboard system, the user interface for the client for applications not working properly was discussed by Gardner Family Health Network. It was stated that there was no forewarning when the dashboard went through updates and the system would shut down. This prevented CECs from accessing needed client information, and prevented CEEs from helping their clients with their applications. Issues with lost usernames and passwords created a backlog in the system as the regional CEEs were unable to access that information. It was suggested that Covered California utilize the CEEs at the local level to help navigate through that system to prevent delays in assisting clients during the next enrollment period.

With difficulties accessing applications and providing support to consumers due to the application system, there was consensus within the group that CalHEERS should have been more streamlined. Also, it would be beneficial to include a Medi-Cal functionality to provide consumers who qualify for Medi-Cal more information on access.

## *5. Update from Covered California*

Thomas Li, Covered California's Outreach and Media Relations representative, attended the July 14 2014, discussion and addressed some of the concerns that were mentioned by the committee. He stated that since the end of the first Open Enrollment period, Covered California has been conducting listening tours to solicit feedback from CEEs and has started working on addressing some of the challenges that many organizations encountered. For example, Covered California is working with CalHEERs to improve the dashboard system used for applications to become user-friendly and allow better tracking mechanisms. In response to dealing with illegitimate organizations that charge individuals money to apply for health coverage, Covered California urges all organizations to call the fraudulent hotline to report such activities.

In addition to working more closely with CEEs in the future to do more targeted regional outreach to communities of color, Covered California is also actively reaching out to groups that can benefit during the special enrollment period by partnering with unemployment offices, staffing naturalization events and attending wedding conventions. In order to reach target populations, including people of color and millennials, Covered California has been partnering with unified school districts, California State Universities, community colleges, and vocational schools in the Bay Area to work on targeted messaging to their student populations, and working with faith-based groups to reach out to their monolingual speaking families. Covered California is also looking to increase capacity by working with volunteers and non-profit organizations by providing support and giving them collateral materials in order to better engage their constituent groups.

### ***Conclusion:***

We have listed the regional successes of the outreach and enrollment efforts of the county as well as a list of proposed recommendations to prepare for the next Open Enrollment period that will begin November 15, 2014.

### ***Regional Successes***

- Santa Clara County was one of the first counties in California to form an all-county Outreach and Enrollment Network; and
- The county had the second highest number of enrollments among Bay Area counties and the sixth highest in the state overall; and
- Many of the glitches that were reported were fixed because of the groups' activism and frequent communication with Covered California; and
- The CEEs collaborated well and were able to refer to one another, in order to address gaps; and
- The county had the capacity to serve over 40 languages; and
- Our CEEs reflected the diversity of the county; and
- Our CBOs and Community Health Centers collaborated well; and

- Instituting an events calendar in the county which enabled participating Enrollment Entities to coordinate with each other on over 20 enrollment events in the county; and
- Local collaboration with Certified Enrollment Entities and outreach groups through stakeholder meetings to share tools and resources to maximize enrollment; and
- Approximately 65,000 Santa Clara residents were enrolled into ACA.

***Recommendations from Covered California Discussion:***

- Reduce the inefficiency of dealing with two different positions by merging the role of Certified Covered California Educators and Certified Enrollment Counselors into one role. (This is currently being done by the Navigator Grant). This will allow for more outreach and enrollment for the future, preventing duplicative efforts, and allowing for timely follow-up with potential leads; and
- Institute a system through which consumers who were waiting to get a call back to enroll are followed up with in a timely manner for enrollment; and
- Institute a better system to handle the call volume of CEEs to prevent two hour wait times; and
- Enhance the enrollment training by adding a section on navigation/content of enrollment website to better serve consumers' questions; and
- Coordinate with local CEEs on media outreach to conduct targeted advertising to maximize enrollment to each regional population. In particular, urge Covered California to work with ethnic CBOs to determine appropriate media outlet to effectively reach the local population; and
- Incorporate Medi-Cal functionality within CalHEERs; and
- Work with ethnic CBOs to determine the appropriate media outlets to effectively reach the local population. Ethnic populations tend to rely on trusted faces of CBOs or local community leaders for clarification, explanation and confirmation. Our success with the Census 2010 has shown that media ads only raise awareness but are not strong enough to move people to take action. It is critical that Covered California direct media outlets to broadcast TV or radio talk shows in conjunction with media ads. The TV and Radio talk shows should feature trusted local CBOs or community leaders; and
- Empower local CEEs with the ability to assist clients who have lost their website passwords through a secure password recovery mechanism; and
- Establish a process through which local CEEs are informed when there are dashboard changes applied to a patient's records.

**ADDENDUM**

**Outreach and Enrollment Subcommittee**

**Topics of Discussion: Lessons Learned from Outreach & Enrollment Process with ACA**

\*Questions in *Italics* were discussed at the previous meeting

a) *Covered California*

- a) *Was the number of Certified Enrollment Entities and Enrollment Counselors adequate to cover Santa Clara County enrollment needs?*
- b) *Was the training for Enrollment Counselors sufficient? If not, describe why.*
- c) *Were there specific constituencies that did not receive adequate outreach attention? Why?*
- d) *Was communication between Enrollment Entities and Covered California able to generate prompt and accurate answers to consumer questions?*
- e) *Describe specific challenges encountered in assisting potential enrollees?*
- f) *Were there aspects of the Covered California program in which greater flexibility would have been beneficial?*
- g) *Were there components of the Covered California program in which it failed to provide timely service, such as the allocation of leads?*
- h) *Were the Covered California printed materials effective?*
- i) *Was Covered California events management effective?*
- j) *Has Covered California employed the most robust program necessary to encourage families with mixed immigration status to enroll family members who are eligible?*

b) Medi-Cal

- a) Describe any communication challenges with the State?
- b) Describe any challenges with CalHEERS?
- c) Was there adequate staff available locally? If not, where were the shortages?

c) Local Activities

- a) How effective was the Outreach and Enrollment Subcommittee in supporting ACA implementation?
- b) How useful is the website?
- c) Were there local actions we should have taken, but did not do? If so, describe the missed opportunities.
- d) What can be done at the local level to encourage families with mixed immigration status to enroll family members who are eligible?

d) Preparation for Interim Period before the second Open Enrollment

- a) What, if anything, should we do to ensure quality Outreach and Enrollment services during this Special Enrollment period?

e) Preparation for the next Open Enrollment period?

- a) What, if anything, should we do to ensure quality Outreach and Enrollment services during the next Open Enrollment period?