GETTING GEORGIA COVERED

BEST PRACTICES
LESSONS LEARNED
AND
POLICY RECOMMENDATIONS

OE2

FROM THE SECOND OPEN ENROLLMENT PERIOD
2015

A PUBLICATION BY

GHF GEORGIANS FOR A HEALTHY FUTURE
Sound Policy. Effective Action.

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BEST PRACTICES, LESSONS LEARNED, AND POLICY RECOMMENDATIONS
FROM THE SECOND OPEN ENROLLMENT PERIOD (2015)

MAY 2015

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New health insurance opportunities created through the Affordable Care Act (ACA) have led to historic reductions in the nation's uninsured rate. Here in Georgia, more than half a million consumers signed up for health insurance during the open enrollment period that ended this past February, known as OE2.[1]

These strong enrollment numbers mean that more Georgia consumers can access the health care services they need and enjoy enhanced financial security for themselves and their families. The reduction in our state's uninsured rate, although smaller than that of the nation as a whole, also has positive implications for the vitality of local health care systems and communities throughout Georgia.[2,3]

TOO MANY GEORGIANS, HOWEVER, REMAIN UNINSURED, EITHER BECAUSE

- they are unaware that there are coverage options that can meet their needs and budget;
- face cultural, linguistic, financial, or other barriers to coverage;
- or fall into the "coverage gap" that was created when Georgia declined to expand Medicaid as authorized under the ACA.

THE GOALS OF THIS ISSUE BRIEF ARE

- to explain the role of in-person assistance on enrollment outcomes and consumers' experiences,
- to explore best practices that helped achieve robust enrollment in Georgia,
- to identify any common challenges or barriers to enrollment that Georgia consumers faced during OE2,
- to highlight promising strategies and approaches to reach the remaining uninsured who qualify for affordable health insurance, and
- to put forth policy recommendations that can help facilitate a positive experience for health care consumers, both for those who are newly enrolled and for those who remain uninsured.

OE2: The second health insurance open enrollment period. OE2 ran from November 15, 2014 through February 15, 2015.

OE1: The first health insurance open enrollment period. OE1 ran from October 1, 2013 through March 31, 2014.

OE2

By the Numbers

541,080
Georgians enrolled in health insurance

Nearly 9 in 10
qualified for tax credits

The average premium paid for an individual plan after tax credits were applied was $73/month

45% were re-enrolling

55% were new enrollees

One of the core goals of the ACA is to increase the number of Americans with health insurance by creating new pathways to coverage, making insurance more affordable for moderate- and middle-income consumers through tax credits, and putting in place new rights and protections for health care consumers.

Georgia is one of twenty-seven Federally Facilitated Marketplace (FFM) states, which means that Georgia consumers shopping for health insurance who wish to access federal tax credits to reduce their premium costs must shop for plans through the Health Insurance Marketplace (also known as the "Marketplace").[4] Consumers can access the Marketplace online through healthcare.gov, over the phone by calling 1-800-318-2596 (the Marketplace call center), or in-person through a health insurance navigator or certified application counselor.[5] While Georgia is an FFM state, the health insurance plans available to Georgia consumers through the Marketplace (known as Qualified Health Plans, or QHPs) are all Georgia plans (offered by Georgia health insurance companies with Georgia-based provider networks).

Qualified Health Plan (QHP) — an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements.

Advanced Premium Tax Credit (APTC) — A tax credit that can be used immediately to help lower the cost of the monthly premium for consumers.

Plans are organized into "metal tiers" (platinum, gold, silver, and bronze) based on how much of a consumer's health care costs the plan will pay, on average. More generous plans typically have higher premiums, so consumers can choose whether they would prefer a lower premium plan that covers a lower percentage of their health care costs or a higher premium plan that will cover more of their costs. Consumers may have different preferences based on their household budgets and their health care needs. The second lowest-cost silver plan offered in each state serves as a "benchmark" to help determine the tax credits available to consumers. Advanced premium tax credits are pegged to this plan, which means that consumers selecting a more robust, higher-premium plan (gold or platinum, for example) will receive the same tax credit as they would if they selected a silver plan and will be responsible for the difference in premium associated with the higher premium plan. In addition, consumers that meet certain income requirements can qualify for

assistance with out-of-pocket costs such as deductibles and co-payments (known as cost-sharing reductions) if they select a silver plan. As a result, plans in the silver tier were the most commonly selected plans (in states using the healthcare.gov platform, 69 percent of consumers selecting plans chose a silver plan).[6]

During OE2, nine Georgia insurance carriers offered health plans on the Marketplace, up from five carriers during the first open enrollment period. Of the nine insurance carriers offering plans during OE2, three offered plans statewide (in OE1, there was only one statewide carrier), providing both meaningful choice for consumers throughout Georgia and healthy competition, which kept premium growth low. It should also be noted that insurance companies typically offer more than one plan, and in some cases they offer multiple plans within each metal tier. The table below displays average monthly premiums for an individual plan (before tax credits were applied) for the lowest-cost silver plans sold on the Marketplace.

TABLE 1.
AVERAGE MONTHLY PREMIUMS *(before tax credits were applied)* **IN SELECTED AREAS FOR LOWEST-COST SILVER PLANS FOR 2014 AND 2015**

	AVERAGE PREMIUM INDIVIDUAL PLAN		
Location	**2015**	**2014**	**% Change**
Georgia	$260	$250	+1.8%
Atlanta, GA	$248	$229	+8.2%
Selected rural areas in Georgia	$289	$303	-4.9%
Regional average (Southern states)	$261	$248	+5.4%
National average (all states and DC)	$264	$256	+2.9%

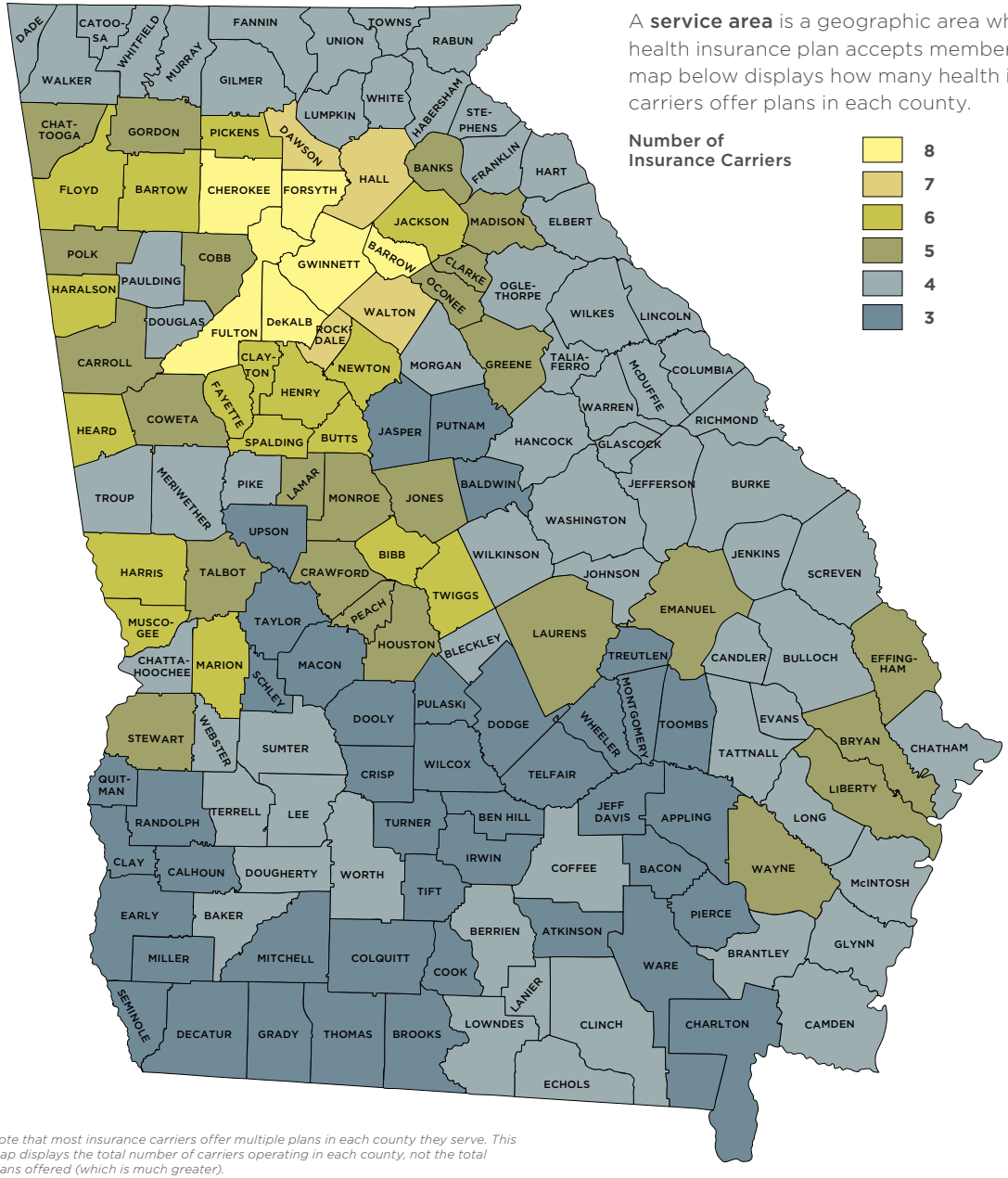
Source: John Holahan, Linda J. Blumberg, and Erik Wengle, Marketplace Premium Changes Throughout the United States, 2014–2015, Urban Institute and Robert Wood Johnson Foundation

Cost-Sharing Reduction (CSR) — A discount that lowers the amount consumers have to pay for out-of-pocket costs, such as deductibles, coinsurance, and copayments. Consumers can get this reduction if their income is below a certain level and they choose a health plan from the silver plan category.

Metal Tiers — Metal tiers (platinum, gold, silver, and bronze) are a way to categorize plans based on actuarial value, which is a measure of the percentage of health care costs the plan will pay on average, across a standard population. Plans within each tier have a similar actuarial value, even if they cover different benefits or have different types of cost-sharing. Bronze plans have an actuarial value of 60 percent, which means plans in this tier cover 60 percent of expected health care costs on average. Silver plans are at 70 percent, gold plans are at 80 percent, and platinum plans are at 90 percent.

Service Area Map

A **service area** is a geographic area where a health insurance plan accepts members. The map below displays how many health insurance carriers offer plans in each county.



** Note that most insurance carriers offer multiple plans in each county they serve. This map displays the total number of carriers operating in each county, not the total plans offered (which is much greater).*

Source: compiled by Georgians for a Healthy Future from U.S. Department of Health and Human Services plan listing data. Original data available at https://data.healthcare.gov/dataset/2015-QHP-Landscape-Individual-Market-Medical/mp8z-jtg7

Geographic Rating Area Map

Rating areas are geographic areas across which health insurance carriers can vary premiums. Premiums can vary by age, tobacco use, family size, and geographic region. The map below displays geographic rating areas within Georgia. An example of how geographic variation would work is that two individuals who were non-tobacco users and were the same age would have the same premium for a plan if they were in the same rating area. If these two individuals with the same age, tobacco use, and family size were in different rating areas, their premiums may be different.

Source: Georgia Department of Insurance

What is an SEP?

Although most consumers generally may only enroll in coverage or change plans during open enrollment, consumers that have had a qualifying life event may be able to enroll during a special enrollment period (SEP). Qualifying life events that could trigger a special enrollment period include the birth of a child, moving out of the plan's coverage area, loss of other coverage (such as job loss resulting in loss of employer coverage), as well as a variety other events that may have resulted in a loss in coverage or change in family size. There was also a special SEP that ran through April 30, 2015 for individuals who did not know about the requirement to obtain health insurance and owed the fee for not carrying health insurance in 2014.

Through the end of OE2, 541,080 Georgians enrolled in health insurance through the Marketplace.[7] Consumers experiencing certain qualifying events can also enroll through a special enrollment period (SEP) outside of open enrollment, which may increase the total enrollment figures for 2015. At the same time, some consumers may fail to make monthly premium payments and could become disenrolled, potentially lowering the total number. Neither phenomenon is expected to have a major impact on overall enrollment numbers for 2015, however. Table 2 displays the top ten counties in Georgia by enrollment. Enrollment in these ten counties comprised 58.4 percent of total enrollment in Georgia. Eight of these counties are in the metropolitan Atlanta area, and together these ten counties are home to approximately 46.5 percent of Georgia's population. Georgia has 159 counties in total.

TABLE 2.
TOP TEN GEORGIA COUNTIES BY ENROLLMENT

	County	Enrollment
1.	Gwinnett	73,839
2.	Fulton	59,283
3.	DeKalb	52,016
4.	Cobb	43,958
5.	Clayton	21,764
6.	Chatham	19,190
7.	Henry	12,853
8.	Cherokee	12,340
9.	Richmond	10,496
10.	Forsyth	10,389

Source: Enroll America Estimates of Plan Selections by County April 2015

Nearly nine in ten Georgians who enrolled in coverage through the Marketplace received a tax credit to lower their premium, resulting in an average monthly premium for consumers in Georgia of $73.[8,9] In addition, about two-thirds of Georgians who enrolled were eligible for cost-sharing reductions. While health insurance enrollment in Georgia was brisk during OE2, there are still many Georgians who are potentially eligible for Marketplace coverage that remain uninsured. Additional information about reaching this population will be discussed later in this report.

Cornelia Hinton, Age 26

Cornelia Hinton, a recent college graduate at age 26, was no longer eligible to remain on her parents' health insurance plan. Affordability (enhanced by a tax credit) was Cornelia's key driver for enrolling in health insurance through the Marketplace. After her subsidy was applied, Cornelia's plan cost her $83/month.

To increase awareness, provide unbiased education, and facilitate enrollment into health insurance, the ACA created an infrastructure and authorized funding for consumer assistance.

This infrastructure includes pre-enrollment activities such as outreach and education, assistance with applying for health insurance and Advanced Premium Tax Credits, and help with post-enrollment problems such as complaints and appeals. There are varying sources and levels of funding available to assister programs around the country depending on whether they are located in a state that has its own health insurance exchange or utilizes the federally-facilitated marketplace (an FFM state), the size of the uninsured population in the state, availability of non-governmental funding sources, and whether a state establishes a consumer assistance program.

The major federal sources of funding available to Georgia entities for enrollment assistance during OE2 were Navigator grants (through the Centers for Medicare & Medicaid Services, or CMS) and grants to Federally Qualified Health Center (FQHC) Assister Programs through the Health Services & Resources Administration (HRSA). In addition, private funding supported some enrollment assistance programs in Georgia and the nonprofit group Enroll America conducted outreach and education and raised awareness among consumers about how to enroll in coverage.

The U.S. Department of Health and Human Services awarded $3.3 million in grant funding to two navigator organizations in Georgia in 2014.[10] These organizations are Seedco, the Structured Employment Economic Development Corporation, which utilizes a consortium of twelve nonprofit community-based organizations throughout Georgia that serve as sub-grantees and employ health insurance navigators, and Central Georgia Community Health Works, operating as InsureGA. InsureGA utilizes its partnerships with six cancer coalitions throughout Georgia to assist consumers with enrollment. Seedco was awarded $2.2 million and InsureGA was awarded $1.1 million.[11] A listing of the consortium members and maps displaying where navigators are located throughout the state are included in the appendices to this report. Thirty-one Georgia FQHCs also received federal funding through HRSA to carry out outreach and enrollment activities. A list and map of participating FQHCs are also included as appendices to this report. CMS also provided funding for enrollment assistance to SRA International, a federal contractor.

Because so many consumers needed to be reached and there was limited funding to support health insurance navigator programs, the ACA also established a category of enrollment assisters known as certified application counselors, or CACs. CACs perform the same functions, receive the same training, and, under Georgia law, must undergo the same state-based licensure process as navigators but are funded differently (usually with an organization's own dollars, through private philanthropic dollars, or CACs can be volunteers). CACs must work under a CAC organization (entities wishing to employ CACs or to utilize volunteer CACs must register with the U.S. Department of Health and Human Services). A full listing of CAC organizations in Georgia is also included as an appendix to this report.

Together, navigators, CACs, and FQHC assister programs form Georgia's enrollment assistance community, working throughout the state to help Georgia consumers enroll in health insurance. During both OE1 and OE2, enrollment assisters conducted outreach, education, and provided unbiased assistance that helped facilitate enrollment into health insurance. According to a national survey, approximately 10.6 million consumers nationwide received assistance during OE1 from approximately 4,400 assister organizations and 28,000 assisters throughout the country. These assisters met an important need: many consumers did not have a grasp of basic health insurance concepts and lacked confidence to apply on their own.[12] While a substantial portion of people who enrolled during OE2 were re-enrolling, 55 percent of enrollees were new to the Marketplace.[13] Both types of consumers relied on health insurance enrollment assisters during OE2.

Because of the in-depth, hands-on help that enrollment assisters provided to consumers during OE2, they are a source of rich information about consumer experiences with health insurance. As of April 2015, there were 210 enrollment assisters licensed in Georgia. To gain a better understanding of consumer experiences during OE2 and challenges that consumers face, we performed in-depth interviews with ten assisters. These ten assisters and their organizations were selected because they each serve targeted areas and demographics. Key findings from the interviews are discussed below. We also conducted a more general survey of enrollment assister organizations and received 35 responses. The survey methodology and detailed findings are included as an appendix to this report.

OE2

Social Media

#getcovered
#staycovered
#yoenroll

Many community groups utilized social media to raise awareness about new health insurance opportunities. These were the three most popular twitter hashtags used during OE2.

* The enrollment assister feedback cited in this brief was obtained through in-depth interviews with 10 enrollment assisters from various community organizations. The assisters and their organizations were selected because they serve a variety of populations, including racial and ethnic minorities, consumers identifying as LGBTQ, and rural communities. They were asked to discuss both successful enrollment strategies and barriers and challenges to enrollment that consumers faced. Many of the themes discussed here also surfaced in the larger survey we conducted.

WHAT WORKED DURING OE2: SUCCESSFUL STRATEGIES AND BEST PRACTICES

Using a variety of local venues to conduct extensive outreach. Across the board, enrollment assisters identified the importance of conducting a broad range of outreach and enrollment activities at the local level. They identified a variety of venues where they successfully reached consumers including libraries, churches, college campuses, Volunteer Income Tax Assistance (VITA) sites, doctor's offices, community health centers, cooperative extension offices, small businesses, AIDS service organizations, and local hospitals. For example, one navigator organization worked with a nurse navigator who met with uninsured consumers who presented at the emergency room at the local hospital. The nurse navigator connected these uninsured consumers to a navigator organization, allowing the organization to reach a much larger pool of consumers than if they had not had this partnership.

Enroll America also provided significant support to assisters' outreach and enrollment efforts. Assisters were limited in their ability to retain personal information about consumers, but because Enroll America only provided outreach and education, they could retain contact information and follow up with consumers seeking more information about the Marketplace.

Leveraging the support of existing partnerships for outreach. All of the assisters interviewed acknowledged that one of their best methods for reaching consumers was building upon existing relationships with community organizations. One group wrote letters to community partners letting them know of their navigator services, which created more awareness in their communities. Another enrollment assister organization had deep ties with Family Connection Partnership organizations in their area, which allowed them to have a well-known partner in each of the counties that they covered.[14]

These partnerships allowed the enrollment assister organizations to use existing frameworks of community organizations to educate and provide enrollment assistance to the populations served by these groups. Because of the strong presence and history these partner organizations have in the communities they serve, consumers also viewed them as credible.

Developing trust with consumers. One of the most critical aspects of providing enrollment assistance was for assisters, and their organizations, to be recognized as a trusted resource within their communities. This was especially true for assisters working with immigrant and non-English speaking populations. One Spanish-speaking enrollment assister noted that it put consumers at ease to have a native speaker, rather than someone speaking Spanish as a second language, helping them to enroll. Additionally, due to the strong anti-ACA sentiment in the state, enrollment assisters reported that it was critical to be considered a trusted resource in order to overcome ideological barriers.

Reaching large numbers of people through events and local media. Enrollment events served as valuable opportunities for assisters to efficiently reach large numbers of people. For example, one of the navigator grantee organizations organized large events in rural communities to provide centralized assistance to a larger pool of consumers. These events were marketed in the local media using radio spots, newspaper ads, and movie theater ads. Additionally, some assister organizations used local media outlets to reach a large number of consumers. One organization in South Georgia held a phone bank with a local television station. The organization reported that following this event, their call volume of consumers looking for enrollment assistance picked up substantially.

WHAT CHALLENGES AND BARRIERS REMAIN FOR CONSUMERS?

Enrollment assisters identified several challenges in enrolling uninsured consumers and noted some barriers that some uninsured Georgians still face.

Many consumers had limited health insurance literacy. More than two-thirds of our survey respondents identified low health insurance literacy as a barrier to enrollment. Many of the consumers that assisters worked with had never been insured before, so they did not know how to choose a primary care physician or pay their monthly premium. One of the assisters interviewed acknowledged they needed to educate consumers on how to use their health insurance, but that it was a challenge when scheduled with a large number of enrollment appointments. Additionally, some assisters reported that consumers chose the lowest premium plan because they did not understand the concept of a high deductible. Sometimes consumers would return to the assister wanting to change plans once they had tried to use their coverage.

Many consumers fell into the coverage gap. Assisters encountered a large number of individuals and families that fell into the coverage gap, meaning that they did not qualify for Medicaid or subsidies to help them pay for Marketplace coverage and were left without an affordable pathway to coverage. Some assister organizations estimated that over half of the consumers they worked with fell into the gap. Enrollment assisters were able to provide these consumers with a list of resources where they could go to get free or low cost care, but indicated frustration at not being able to do more to help. One navigator described it as emotionally taxing to repeatedly tell consumers that came to them looking for assistance that they were too poor to qualify for health insurance.

Immigrants faced verification and language barriers. Immigrants faced many challenges enrolling in coverage. Assisters reported that, when the consumer did not speak English and the assister did not speak the consumer's native language, using interpreter services was difficult and often ineffective. Language barriers also created difficulty because key terms and concepts associated with health insurance do not translate well. The biggest barrier for immigrants, though, was identity verification. Enrollment assisters had little or no training on how to properly verify IDs or immigration forms. Additionally, technological problems sometimes prevented them from uploading these documents to healthcare.gov. When they were unable to upload these documents electronically, consumers had to verify their immigration status through the mail, which was a long and cumbersome process. There was also a common concern from families of mixed immigration status that sharing information about their families would lead to legal repercussions. Even though none of the immigration or family information shared with the Health Insurance Marketplace is used to identify immigrants that are not here legally, this is a misconception held by many.

Confusion and political opposition to Affordable Care Act hindered partnerships. Stakeholders reported that confusion and political hostility created significant barriers to outreach and enrollment. In addition, the passage of the "Health Care Freedom Act" as part of HB 943 in 2014, which included language prohibiting state and local governmental entities from operating a navigator program, among other provisions, led to confusion among local health departments and other governmental entities regarding their participation in helping consumers enroll in health insurance. An earlier version of this legislation that was not enacted, HB 707, was even more restrictive than the final language that passed and the media coverage over that bill added to the confusion. Most of these entities opted for caution, which meant that potentially powerful partnerships for enrollment were missed. This legislation also ended the University of Georgia's navigator program (The University of Georgia operated a navigator program through its cooperative extension service during OE1).

OE2

From the Field

"I continuously have people who sign up on the phone and don't really know who they can go to for care. I also think it would be a great help for consumers to receive information on how to get in touch with someone who can explain health insurance to them. For the most part, people are understanding that they need to sign up. However, the disconnect comes when they have to use the insurance. They may not understand that a cheap plan may mean more costs out of pocket."

—Atlanta-based enrollment assister

WHAT DO CONSUMERS NEED TO STAY ENROLLED AND USE THEIR COVERAGE TO ACCESS APPROPRIATE CARE?

The enrollment assisters we interviewed and our survey respondents cited low levels of health insurance literacy among consumers and narrow provider networks as challenges that consumers faced in remaining enrolled and using their coverage to access appropriate health care services. Enrollment assisters noted that their enrollment assistance duties meant that they did not have the time necessary to fully explain and educate consumers on post-enrollment issues and expressed a need for more consumer-friendly and easy to understand post-enrollment materials that they could give to consumers. Our survey respondents also cited a lack of resources tailored to the communities they serve. Compounding this, many consumers faced difficulties navigating narrow provider networks. Provider directories were often inaccurate, leading to confusion about which providers were in-network. In addition, newly enrolled consumers face challenges if they need to file a complaint or appeal. Georgia did not seek federal funding to establish a Consumer Assistance Program, limiting the post-enrollment support available to consumers. The Georgia Department of Insurance (DOI) has some capacity to take on consumer complaints and follow up on them on behalf of Georgia consumers through its Consumer Services Division, but many consumers do not know about this option or how the process works. To reach more consumers, DOI could consider developing a more robust consumer-facing page on its website with consumer tools, resources, and information about how to secure post-enrollment assistance.

To ensure that consumers stay covered, can access appropriate health care services, and have recourse when treated unfairly by an insurance plan, more post-enrollment consumer-focused information, materials, resources, and services are needed.

To ensure that consumers stay covered, can access appropriate health care services, and have recourse when treated unfairly by an insurance plan, more post-enrollment consumer-focused information, materials, resources, and services are needed. A layered consumer follow-up plan utilizing several of the enrollment stakeholders could help address this lack of post-enrollment support. For example, the Marketplace could send automatic emails to help consumers find a provider or let them know about free preventive services available to them; insurers could send an accurate, updated list of local, in-network providers based on the consumer's location; and enrollment assisters could follow up with consumers who indicate they would like in-person post-enrollment assistance. The work of the enrollment assisters would need to be supported by local organizations that can produce useful, tailored materials to help consumers better understand their coverage.

According to estimates by the Kaiser Family Foundation, more than 1 million Georgians are potentially eligible for health insurance through the Marketplace, which means about half of this population has already enrolled and about half have not. Among those potentially eligible for Marketplace plans with tax credits, more than two-thirds (68 percent) have enrolled and are receiving them.[15] Still, many Georgians who are potentially eligible for affordable health insurance remain uninsured and face barriers to enrollment that will require tailored approaches to outreach, education, and enrollment assistance.

Many Georgians who are potentially eligible for affordable health insurance remain uninsured and face barriers to enrollment that will require tailored approaches to outreach, education, and enrollment assistance.

The enrollment assisters we interviewed cited language barriers as a challenge: for those whose first language is not English, health insurance is a difficult concept to explain. There is no translation to other languages for concepts like "deductible," and many immigrants come from countries with universal health care so the concept of purchasing insurance is new to them. Providing enrollment assisters with cultural competency training and tools in other languages to help explain health insurance concepts could help reach consumers whose first language isn't English.

In addition, some consumers who chose not to enroll expressed a lack of understanding of the financial impact that going without health insurance could have on them if a medical emergency occurred or if they were diagnosed with a major health condition. The development of targeted messaging for these consumers could help them understand the importance of health insurance and encourage them to enroll during the next open enrollment period.

Finally, despite the attention paid to the Affordable Care Act in the media, many uninsured consumers are simply unaware of the new health insurance options available to them and that there is financial assistance available to help with premiums. Just before OE2 began, a survey from the Kaiser Family Foundation found that, nationally, two-thirds of the uninsured reported knowing "only a little" or "nothing at all" about the Health Insurance Marketplace and just over half were unaware of the financial assistance (tax credits) available.[16] Outreach and education in underserved communities will continue to be important in reaching uninsured Georgians, particularly those who face multiple hurdles to enrollment. Enroll America's scheduling system, called The Connector, may also help reach hard to reach populations. More information about The Connector can be found in Enroll America's State of Enrollment brief: "Helping Georgia Get Covered and Stay Covered 2015-2015." Assisters also almost universally pointed to the coverage gap as a major barrier to enrollment: for too many Georgians, there are no affordable health insurance options available as a result of the gap, complicating both messaging to underserved communities and assisters' ability to provide meaningful help.

While some of the barriers that consumers faced are best addressed through widespread adoption of best practices around outreach and education, three major barriers that would be best addressed through public policy emerged in our review of OE2. Policy recommendations to maximize health insurance enrollment and retention and to ensure that coverage translates to meaningful access to timely and appropriate medical services for Georgia health care consumers are presented here.

1 **Close the coverage gap in Georgia.** Approximately 300,000 Georgians fall into the coverage gap, meaning they do not qualify for Medicaid under existing income eligibility guidelines in Georgia but their income is still too low to qualify for financial assistance (tax credits) to purchase health insurance on the Marketplace. Eligibility for tax credits begins at 100 percent of the Federal Poverty Level, or $11,770 for an individual or $20,090 for a family of three in 2015, while Medicaid eligibility for most adults in Georgia cuts off at income much lower. Thirty states including DC have closed their coverage gaps thus far with promising results. We encourage Georgia policymakers to take this important step as well to ensure all Georgians have a pathway to coverage.

2 Set and enforce network adequacy and transparency standards. Many of the plans sold through the Health Insurance Marketplace are Health Maintenance Organization (HMO) plans that feature narrow provider networks. While these narrow networks can help keep premiums down, a trade-off many consumers may be willing to make, consumers do not currently have sufficient information to make this choice. There is no information available to consumers at the point of sale about whether a provider network is ultra narrow, narrow, or broad, and provider directories are routinely inaccurate. More transparency and oversight are needed to ensure that consumers have accurate and useful information to make these choices. It is also important that all provider networks allow for meaningful access to all covered benefits. To ensure this, we support putting in place and enforcing network adequacy standards.

3 Encourage public-private partnerships and remove unnecessary restrictions on consumer education and assistance. Many of the enrollment assisters we surveyed indicated that reducing barriers to partnering with state government organizations such as public colleges, universities, and health departments would lead to stronger and more effective partnerships. Specifically, many respondents indicated that improved coordination between enrollment assisters, the Marketplace, and the Georgia Department of Community Health (DCH) to better facilitate PeachCare for Kids and Medicaid enrollment would be helpful. The "Health Care Freedom Act," passed in 2014 as part of HB 943, prohibits state and local governmental entities from operating a health insurance navigator program and places other limitations on governmental entities. This provision has been counterproductive, creating confusion around what educational and consumer assistance activities local entities can engage in as they work to serve their community members. We recommend lifting these restrictions.

During OE2, more than half a million Georgians enrolled in health insurance.

The best practices, approaches, and policy recommendations made in this report can help ensure that these Georgians stay covered, understand their coverage, and use their coverage to access appropriate health care services.

At the same time, there is still work to do both at the community level to reach the remaining uninsured who may qualify for affordable health insurance and at the policy level to ensure that all Georgians seeking health insurance have a pathway to affordable coverage.

Georgians for a Healthy Future looks forward to working with enrollment assister organizations, community partners, and policymakers to reach our goal of maximizing health insurance enrollment, retention, and ensuring a positive experience for all Georgia health care consumers.

Acknowledgements

This report was written by Whitney Griggs, Cindy Zeldin, and Laura Colbert at Georgians for a Healthy Future. The authors would like to thank Seedco, InsureGA, Enroll America, the U.S. Department of Health and Human Services, and the enrollment assisters who completed the enrollment assistance stakeholder survey and those who agreed to speak with us in-depth about their experiences assisting consumers. Recommendations made in this report reflect only the views of Georgians for a Healthy Future.

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[1] Through February 22, 2015, according to the U.S. Department of Health and Human Services, 541,080 Georgians selected a Marketplace plan; see http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/Mar2015/ib_2015mar_enrollment.pdf

[2] Gallup Poll, see http://www.gallup.com/poll/181664/arkansas-kentucky-improvement-uninsured-rates.aspx

[3] http://aspe.hhs.gov/health/reports/2015/medicaidexpansion/ib_uncompensatedcare.pdf

[4] As of early 2015, there are twenty-seven federally facilitated marketplace states, fourteen state-based marketplaces, 3 federally supported marketplaces (state marketplaces that utilize the healthcare.gov platform), and seven state partnership marketplaces (states retain plan management and consumer assistance functions and utilize the healthcare.gov platform); see Kaiser Family Foundation for a map of states, http://kff.org/health-reform/state-indicator/state-health-insurance-marketplace-types/#map

[5] Some health insurance agents and brokers can also assist consumers with enrollment into the Marketplace.

[6] Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, *Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report*, March 10, 2015

[7] Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, *Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report*, March 10, 2015

[8] Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, *Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report*, March 10, 2015

[9] The *King v. Burwell* decision currently before the U.S. Supreme Court will consider the constitutionality of tax credits for consumers living in Federally Facilitated Marketplace states. A decision for the challengers in this case could place tax credits at risk for Georgia consumers. A decision in expected in Summer 2015.

[10] U.S. Department of Health and Human Services, *HHS announces $60 million to help consumers navigate their health care coverage options in the Health Insurance Marketplace*, http://www.hhs.gov/news/press/2014pres/09/20140908a.html

[11] Georgians for a Healthy Future is a sub-grantee of Seedco and has one health insurance navigator on staff.

[12] Karen Pollitz, Jennifer Tolbert, and Rosa Ma, *Survey of Health Insurance Marketplace Assister Programs*, Kaiser Family Foundation, July 15, 2014. See http://kff.org/health-reform/report/survey-of-health-insurance-marketplace-assister-programs/

[13] Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, *Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Repo*rt, March 10, 2015

[14] The Georgia Family Connection Partnership collaborative has partners in all 159 counties in Georgia. To learn more about their work, see http://www.gafcp.org/about_us/what_we_do

[15] Kaiser Family Foundation, State Health Facts, see http://kff.org/state-category/health-reform/?state=GA

[16] Kaiser Health Tracking Poll: October 2014, see http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-october-2014/

APPENDIX A
ENROLLMENT ASSISTER ORGANIZATIONS IN GEORGIA

FEDERAL NAVIGATOR GRANTEES

SEEDCO

Boat People SOS
Georgia Watch
Spring Creek Health Cooperative
Latin American Association
Quality Med-Care Inc.
Center for Black Women's Wellness
Georgians for a Healthy Future
Healthy Mothers Healthy Babies Coalition
Emory-Grady Urban Health Initiative
The Health Initiative
Georgia Legal Services
Georgia Micro Enterprise Network

InsureGA (Community Health Works)

Central Georgia Cancer Coalition
East Georgia Cancer Coalition
Northwest Georgia Regional Cancer Coalition
Cancer Coalition of South Georgia
West Central Georgia Cancer Coalition

FEDERALLY QUALIFIED HEALTH CENTERS (HRSA GRANTEES)

GAPHC Members

Albany Are Primary Health Care
Athens Neighborhood Health Center
Center for Pan Asian Community Services
Christ Community Health Services
Coastal Community Health Services
Community Health Care Systems
Curtis V. Cooper Primary Health Care Center
Diversity Health Center
East Georgia Healthcare Center
Family Health Centers of Georgia (formerly West End Medical Centers)
First Choice Primary Care
Four Corners Primary Care Center
Georgia Highlands Medical Services
Georgia Mountains Health Services
Good Samaritan Health Center of Cobb*
HEALing Community Center
JC Lewis Primary Health Care Center
McKinney Medical Center
Medlink Georgia
Neighborhood Improvement Project D/B/A Medical Associates Plus (MAP)
Oakhurst Medical Centers
Palmetto Health Council
Primary Care of Southwest Georgia
Primary Healthcare Centers
St. Joseph's Mercy Care Services
South Central Primary Care Center
Southside Medical Center
Southwest Georgia Health Care
TenderCare Clinic
Valley Healthcare System
Whitefood Community Program

FEDERAL CONTRACTORS

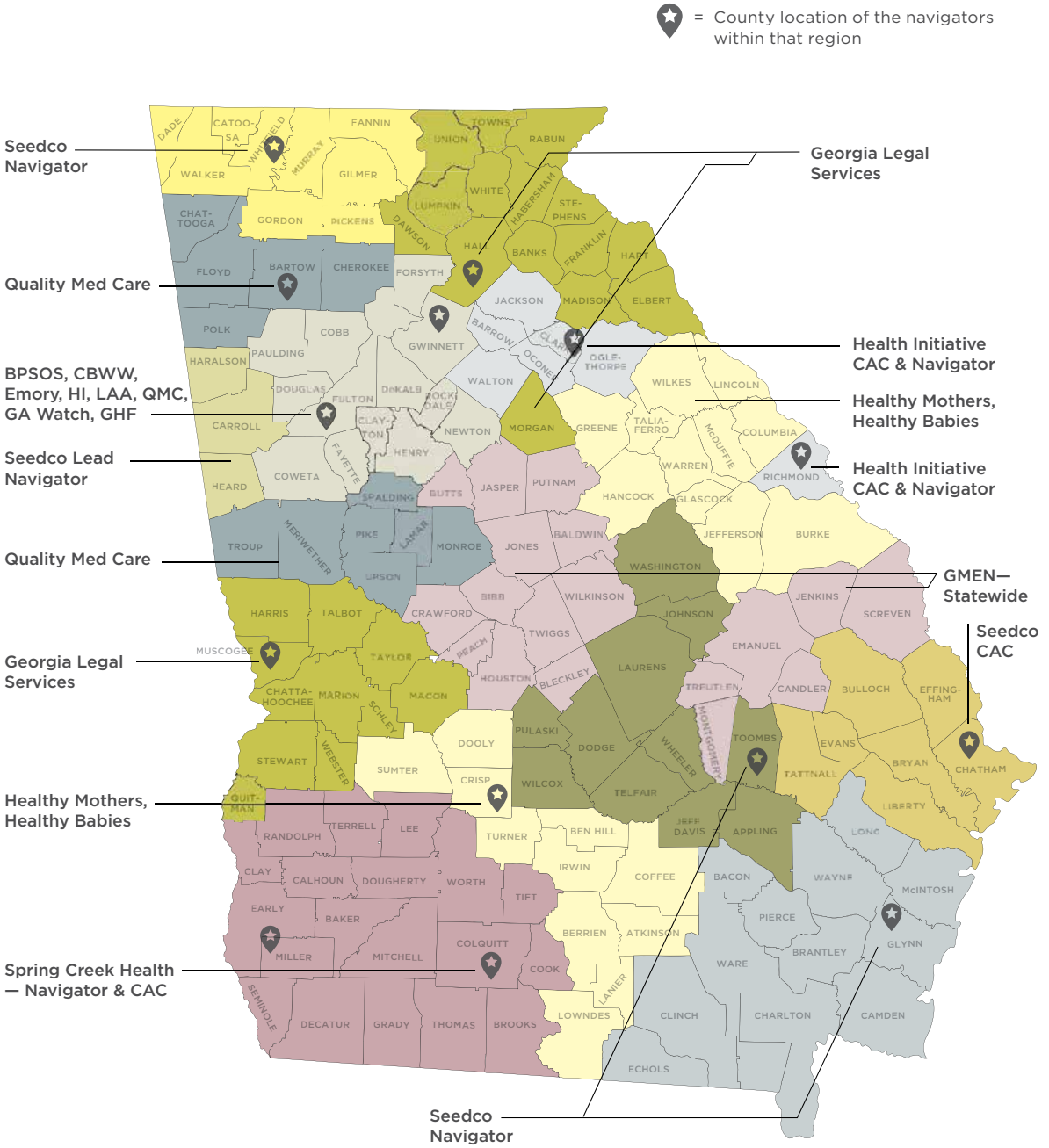
SRA International

CERTIFIED APPLICATION COUNSELOR ORGANIZATIONS

2Hurt2Cry, Inc.
2MaxTax Accounting Service
Access for Change Community Development Organization
African-American Health Information and Resource Center
AID Gwinnett Inc
All Medical Resource Foundation, Inc.
Anchor Hospital
Atlanta Regional Commission
Bacon County Health Services, Inc.
Barrow Regional Medical Center Fannin Regional Hospital
Center for Pan Asian Community Services
Chatham Care Center
Chec Pro, Inc.
Clarke County Board of Health
Coastal Community Health Services
Crisp Regional Hospital
Cutting Edge Health Options
DECO
Disability Link
Diversity Health Center, Inc.
East Georgia Regional Medical
East Lake Foundation
Effingham Health System
Elbert Memorial Hospital
Eligibility Screening Services
Elite Case Management
Emory-Midtown ID Clinic
Enterprise Community Healthy Start
Express H.O.M.E. Program D/B/A Ca$h Prosperity Campaign
Family Intervention Specialists, Inc.
Four Corners Primary Care Centers, Inc.
Georgia Association for Primary Health Care, Inc.
Glynn Care Center
Good Samaritan Clinic
Grady Health System
HHC Augusta, Inc. D/B/A Lighthouse Care Center of Augusta
Homebound Services, Inc. — Med Connection
Housing Partnership of Atlanta Corporation
Howard Medical Consulting, LLC
Laurel Heights Hospital
Medical Associates Plus
MJ's Tax Firm
Monroe County Hospital
Naesm
National Alliance for Hispanic Health
North Fulton Community Charities
Northwest Community Development Corp
New Beginnings Medical Services
Phoebe Putney Memorial Hospital, Inc.
Phoebe Sumter Medical Center
Recovery Consultants of Atlanta
Refugee Family Services
Resource Corporation of America
Rockdale Hospital, LLC
SEEDCO**
St. Simons by the Sea
Summitridge Hospital
The National Alliance for Hispanic Health
Turning Point Enterprises, Inc.
Union General Hospital, Inc.
United Korean American Chamber of Commerce USA
Urban League of Greater Atlanta
Valley Healthcare System, Inc.
Vietnamese American Community of Georgia
Walton Regional Medical Center
Zion Hill Community Development Corporation

*** SEEDCO also receives private funding to have Certified Application Counselors*

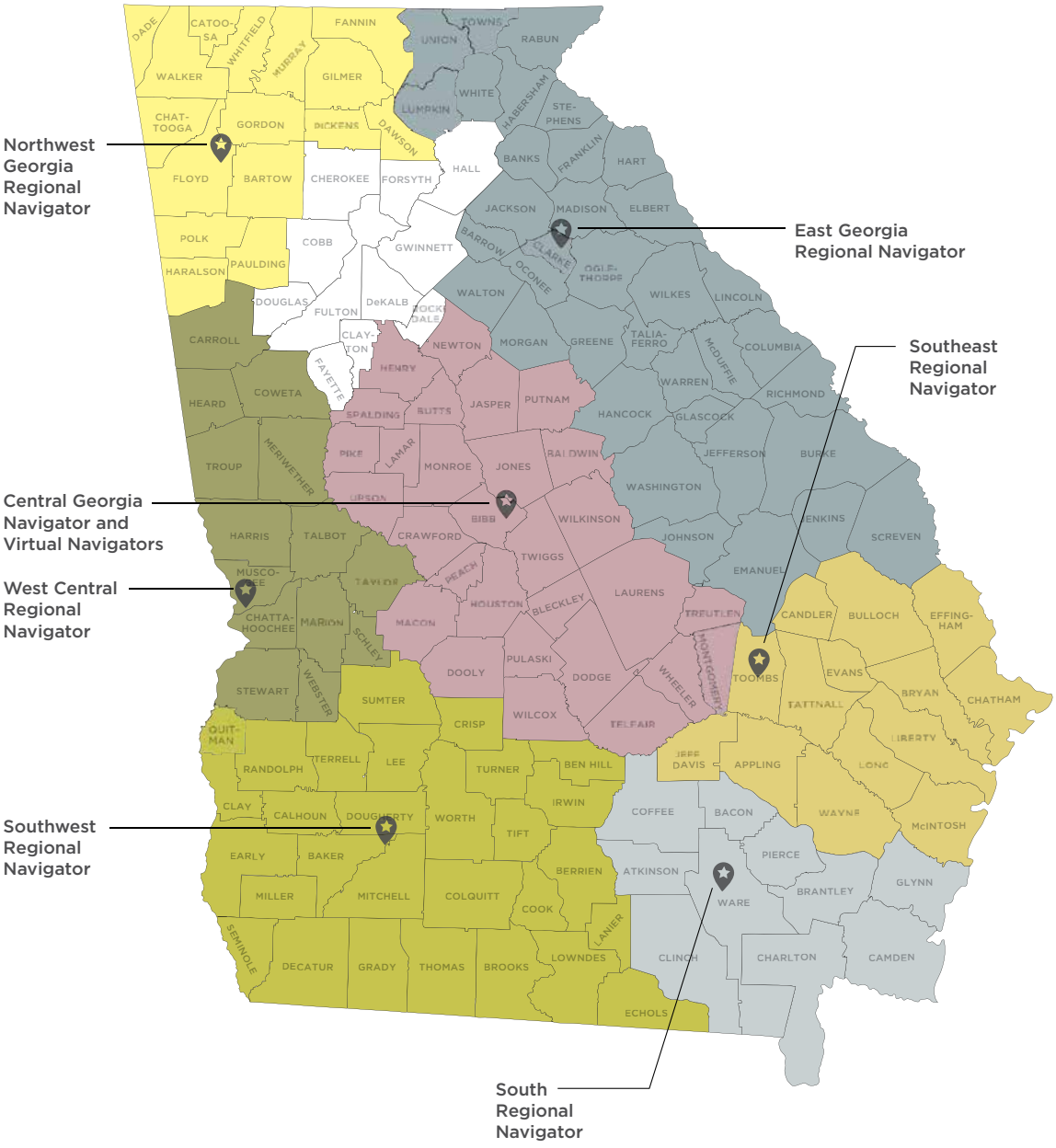
APPENDIX B
SEEDCO COSORTIUM SERVICE AREAS



** Certified Application Counselors (CACs) are funded by Robert Wood Johnson Foundation through Community Catalyst.*
*** Navigators are funded by the U.S. Department of Health and Human Services, Center for Medicaid and Medicare Services (CMS).*

APPENDIX C
INSUREGA SERVICE AREAS

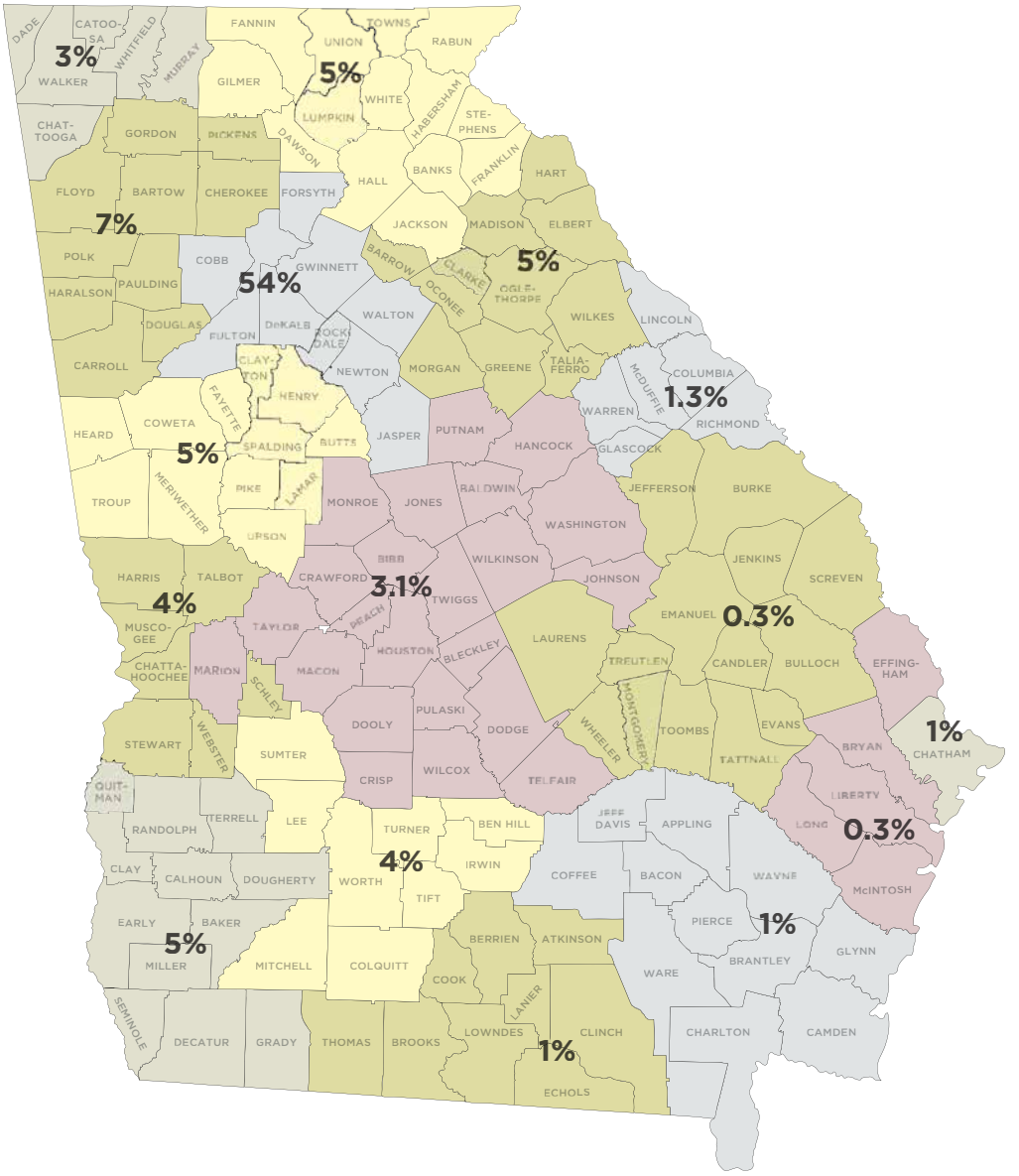
= County location of the navigators within that region



APPENDIX D

DISTRIBUTION OF CONSUMERS ASSISTED BY SEEDCO

% of overall assisted consumers by three digit zip code

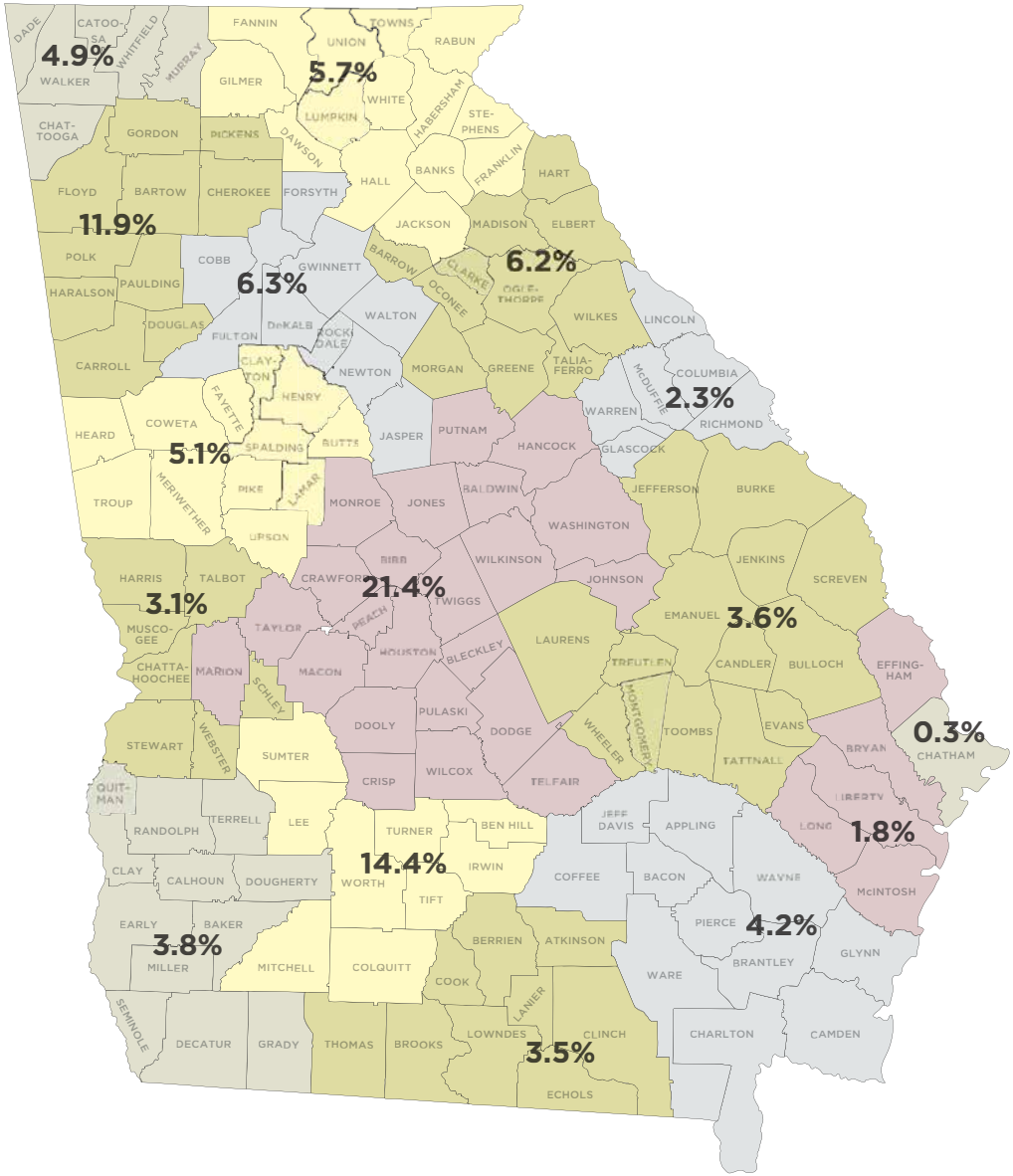


APPENDIX E

DISTRIBUTION OF CONSUMERS ASSISTED BY INSUREGA

% of overall assisted consumers by three digit zip code

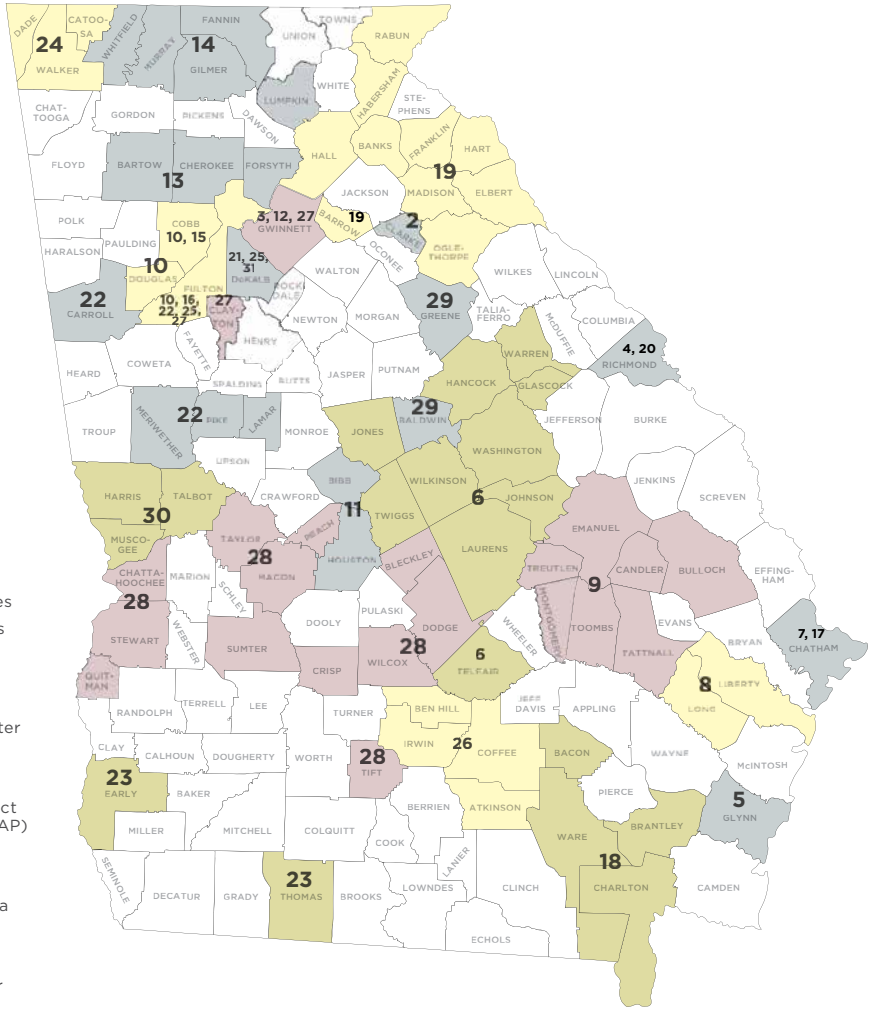
Source: 2012 American Community Survey 5 Year Estimates



APPENDIX F

FEDERALLY QUALIFIED HEALTH CENTER (FQHC) ASSISTER PROGRAMS MAP

1 Albany Are Primary Health Care
2 Athens Neighborhood Health Center
3 Center for Pan Asian Community Services*
4 Christ Community Health Services
5 Coastal Community Health Services*
6 Community Health Care Systems
7 Curtis V. Cooper Primary Health Care Center
8 Diversity Health Center
9 East Georgia Healthcare Center
10 Family Health Centers of Georgia (formerly West End Medical Centers)
11 First Choice Primary Care
12 Four Corners Primary Care Center
13 Georgia Highlands Medical Services
14 Georgia Mountains Health Services
15 Good Samaritan Health Center of Cobb*
16 HEALing Community Center*
17 JC Lewis Primary Health Care Center
18 McKinney Medical Center
19 Medlink Georgia
20 Neighborhood Improvement Project D/B/A Medical Associates Plus (MAP)
21 Oakhurst Medical Centers
22 Palmetto Health Council
23 Primary Care of Southwest Georgia
24 Primary Healthcare Centers
25 St. Joseph's Mercy Care Services
26 South Central Primary Care Center
27 Southside Medical Center
28 Southwest Georgia Health Care
29 TenderCare Clinic
30 Valley Healthcare System
31 Whitefood Community Program



APPENDIX G
METHODOLOGIES FOR ENROLLMENT ASSISTOR SURVEY AND IN-DEPTH INTERVIEWS

SURVEY

The enrollment stakeholder survey consisted of 39 items developed by Georgians for a Healthy Future. Respondents answered questions about their organization and the services provided, their level of participation in OEE activities, the barriers and facilitators of enrollment in their communities, consumers' ability to use their new coverage, and policy recommendations to support enrollment and consumer use of coverage.

The survey was distributed to both federally-funded navigator consortia in Georgia via email. It was also circulated to organizations within an established health advocacy and policy listserv. To ensure the representation of hard-to-reach populations and minority communities, contacts at select organizations were individually invited via email to complete the survey.

Full quantitative survey results are available upon request.

TABLE: CHARACTERISTICS OF SURVEY RESPONDENTS

Assister status of respondents	Total	%
Navigator	22	66.7
Certified Application Counselor	2	6.1
Not an enrollment assister	9	27.3
Unknown	2	6.1

INTERVIEWS

Further enrollment assister feedback cited in this brief was obtained through in-depth interviews with ten enrollment assisters from various community organizations. The assisters and their organizations were selected because they serve a variety of populations, including racial and ethnic minorities, consumers identifying as LGBTQ, and rural communities. The interviews were semi-structured and followed a five-question interview guide. Assisters were asked to discuss both successful enrollment strategies, and barriers and challenges to enrollment that consumers faced. Each interview lasted between twenty and forty minutes. The interviewer recorded responses in writing and reviewed the responses collectively to pull out recurring themes and trends.

Representatives from these organizations participated in the in-depth interviews:

Enroll America
Insure Georgia
Georgia Legal Services
Spring Creek Health Cooperative
The Health Initiative

APPENDIX H
FEDERAL POVERTY GUIDELINES (2015 AND 2014)

2015 FEDERAL POVERTY GUIDELINES

Household Size	100%	133%	150%	200%	250%	300%	400%
1	$11,770	$15,654	$17,655	$23,540	$29,425	$35,310	$47,080
2	15,930	21,187	23,895	31,860	39,825	47,790	63,720
3	20,090	26,720	30,135	40,180	50,225	60,270	80,360
4	24,250	32,253	36,375	48,500	60,625	72,750	97,000
5	28,410	37,785	42,615	56,820	71,025	85,230	113,640
6	32,570	43,318	48,855	65,140	81,425	97,710	130,280
7	36,730	48,851	55,095	73,460	91,825	110,190	146,920
8	40,890	54,384	61,335	81,780	102,225	122,670	163,560

2014 FEDERAL POVERTY GUIDELINES

Household Size	100%	133%	150%	200%	250%	300%	400%
1	$11,670	$15,521	$17,505	$23,340	$29,175	$35,010	$46,680
2	15,730	20,921	23,595	31,460	39,325	47,190	62,920
3	19,790	26,321	29,685	39,580	49,475	59,370	79,160
4	23,850	31,721	35,775	47,700	59,625	71,550	95,400
5	27,910	37,120	41,865	55,820	69,775	83,730	111,640
6	31,970	42,520	47,955	63,940	79,925	95,910	127,880
7	36,030	47,920	54,045	72,060	90,075	108,090	144,120
8	40,090	53,320	60,135	80,180	100,225	120,270	160,360

Source: Calculations by Families USA based on data from the U.S. Department of Health and Human Services. 2014 guidelines were used to calculate Advanced Premium Tax Credits for OE. 2015 guidelines are currently used to determine Medicaid and PeachCare for Kids eligibility and will be used to calculate Advanced Premium Tax Credits for OE3.

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