



Expanding Coverage Initiative



Expanding Coverage Initiative 2017-2018 Evaluation Report

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Acknowledgements

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Summary

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. 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 Health Insurance Literacy (HIL) support partner, and MFH funded grantees. This report describes the external evaluation findings for year five of the evaluation which covers the time period of August 1, 2017 to July 31, 2018.

Expanding Coverage Initiative Evaluation Findings

The healthcare environment and availability of health insurance in Missouri has changed since 2013 with the implementation of the Affordable Care Act (ACA) and many Missourians have had the opportunity to purchase or re-enroll in health insurance through the Missouri Marketplace during this time. During the fifth open enrollment period (November 1, 2017 through December 15, 2017), enrollment into the Missouri Marketplace remained relatively stable as 243,382 Missourians selected plans through the Missouri Marketplace during this time. This follows a decline in Marketplace enrollment during the previous open enrollment (2016-2017) of over 45,000 individuals paired with a small increase in the number of uninsured in Missouri during the same time. In addition, the Missouri Medicaid program has seen a decline in the number of individuals covered by Medicaid from 2017-2018.

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 through the administration of a survey every six months which collected demographic information about its membership, assessed CMC members' ability to partner with other CMC members and network with outside organizations, 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 several benefits. These benefits included opportunities to form quality partnerships with other CMC members, increase their capacity to enroll consumers, and increase their knowledge in the areas of health insurance literacy, reducing the number of uninsured, and Marketplace policy. Most respondents indicated that they conducted some type of activity to reduce the number of uninsured

in Missouri. The most common activities they reported were awareness, education, and enrollment. In addition, respondents reported they were interested in planning awareness, education, and enrollment events, sharing strategies, expertise, and best practices, and developing strategies 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 through the administration of a survey to the Expanding Coverage through Consumer Assistance (ECTCA) Certified Application Counselors (CACs).

ECTCA CACs demonstrated a high level of knowledge for all six survey waves. For example, questions categorized as using health insurance had the most correct responses (94 percent) for the intake survey, questions categorized as HIL knowledge/skills had the most correct responses (91 percent) for the twelve month follow-up, questions categorized as comparing plans had the most correct responses (91 percent) for the six month follow-up survey, and questions categorized as definition questions had the most correct responses (98 percent) for the twelve month follow-up survey.

Not as many CACs at each survey wave answered calculating health insurance and health care costs questions correctly as other HIL categories. 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 within each of the six survey waves.

Expanding Coverage through Consumer Assistance Program (ECTCA)

The ECTCA grant program provides consumers with pre-application, enrollment, and post-enrollment assistance along with conducting Marketplace education and outreach activities. The program is focused on serving consumers who have difficulty enrolling in health insurance without the help of one-on-one assistance, including (but not limited to) consumers with low literacy, limited English proficiency, lower-income individuals, people with disabilities, and other hard-to-reach populations. During the current reporting period, MFH funded 22 grantees.

ECTCA grantees conducted outreach, education, enrollment, and health insurance literacy activities throughout the reporting period. They conducted 1,683 events and 195,236 media activities. Most of the events and media activities were conducted during the special enrollment period (events: 85 percent, media: 78 percent). In addition, ECTCA grantees conducted 11,473 counseling sessions which resulted in 5,785 individuals enrolling in a qualified health care plan through the Missouri Marketplace. In addition, 606 counseling sessions (five percent of all counseling sessions) resulted in an application being sent to MO HealthNet which covered 936 consumers. Almost an equal percent of counseling sessions occurred during open enrollment as in the special enrollment period (OE: 51 percent, SEP: 49 percent). The top three outcomes of a counseling session overall were: 1) Assisted consumer with enrollment questions, concerns, 2) Provided education about health insurance, and 3) Determined eligibility. The top three outcomes of a counseling session varied during the special enrollment period: 1) Assisted consumer with post-enrollment questions, concerns, 2) Provided education about health insurance, 3) Assisted consumer with enrollment questions, concerns. During counseling sessions, assisters provided health insurance literacy education. The top three types health insurance literacy education provided during a counseling session were: 1) Shared information about health insurance

(e.g., definitions of key terms, how insurance and the Marketplace works), 2) Taught skills needed to assess healthcare/health insurance needs, obtain and/or use health insurance (e.g., how to compare plans, find a provider), 3) Provided written materials about health insurance.

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 (August 1, 2018 – July 31, 2019):

The number of individuals selecting a health insurance plan through the Missouri Marketplace remained consistent despite a reduced open enrollment period, increasing plan premiums, and decreasing firm participation. The 2017-2018 open enrollment period was 52 percent shorter than the 2016-2017 open enrollment period (OE 2017-2018: 45 days, OE 2016-2017: 92 days), yet the state of Missouri saw only a marginal reduction in the number of individuals enrolling.

Expanding Coverage through Consumer Assistance grantees assisted the largest number of individuals since the grant program began. ECTCA grantees increased the total number of counseling sessions conducted and the number of individuals selecting a health insurance plan through the Missouri Marketplace over all previous years.

Cover Missouri Coalition increased its members' self-reported knowledge of health insurance literacy, reducing the uninsured, and Marketplace policy. CMC helps assisters enroll consumers through increasing their capacity and increasing their knowledge in Marketplace policy and health insurance literacy.

Medicaid Expansion is needed to reach the Expanding Coverage Initiative's goal of reducing the uninsured rate to five percent or less in Missouri. The State of Missouri has chosen not to expand its Medicaid program leaving limited health insurance coverage options available for its residents with the lowest incomes.

Missouri Medicaid enrollment has been changing and more consumers are now enrolled in Medicaid managed care plans. Enrollment assistance continues to be needed in order to help those that are eligible enroll in Medicaid and to navigate re-enrollment into Medicaid managed care every year. Missouri Medicaid enrollment as of August 2018 stands at 953,075 Missourians.^{xxv} Medicaid enrollment has fluctuated somewhat since 2013 with a peak enrollment of 996,024 beneficiaries in January 2017. Navigating the Medicaid enrollment process, Medicaid call centers, and paperwork requirements can be cumbersome and, at times, challenging for Medicaid beneficiaries and the parents of children eligible for Medicaid. Assistance with Medicaid enrollment and re-enrollment and navigating the changes in plans offered by Medicaid managed care plans could be a vital role for the navigators as they continue their work to cover the uninsured.

Introduction

In 2013, Missouri Foundation for Health (MFH) created the Expanding Coverage Initiative (ECI) with the goal of reducing the uninsured rate among Missourians under the age of 65 to less than five percent. The Foundation 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 Coverage 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.

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 August 1, 2017 to July 31, 2018. 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

Statewide trends regarding Missouri's uninsured rate, as well as enrollment rates into Missouri Marketplace plans and Missouri Medicaid, have an impact on the efforts implemented through the Expanding Coverage Initiative. This section will provide context for the Initiative level evaluation and will allow the comparison of trends within the Initiative to those observed within Missouri.

The health care environment and availability of health insurance in Missouri has changed dramatically since 2013 with the implementation of the Affordable Care Act (ACA). As a result, many Missourians have had the opportunity to purchase or re-enroll in health insurance through the Missouri Marketplace during this time. During the fifth open enrollment period, Missourians could enroll into the Missouri Marketplace from November 1, 2017 through December 15, 2017. Enrollment in the Missouri Marketplace remained relatively stable during the 2017-2018 open enrollment period as 243,382ⁱ individuals selected plans through the Marketplace. This follows a decline in Missouri Marketplace enrollment in 2016-2017 of over 45,000 enrollees paired with a small increase in the number of uninsured in Missouri during that same time. In addition, the Missouri Medicaid program has seen a decline in the number of individuals covered by Medicaid from 2017-2018.

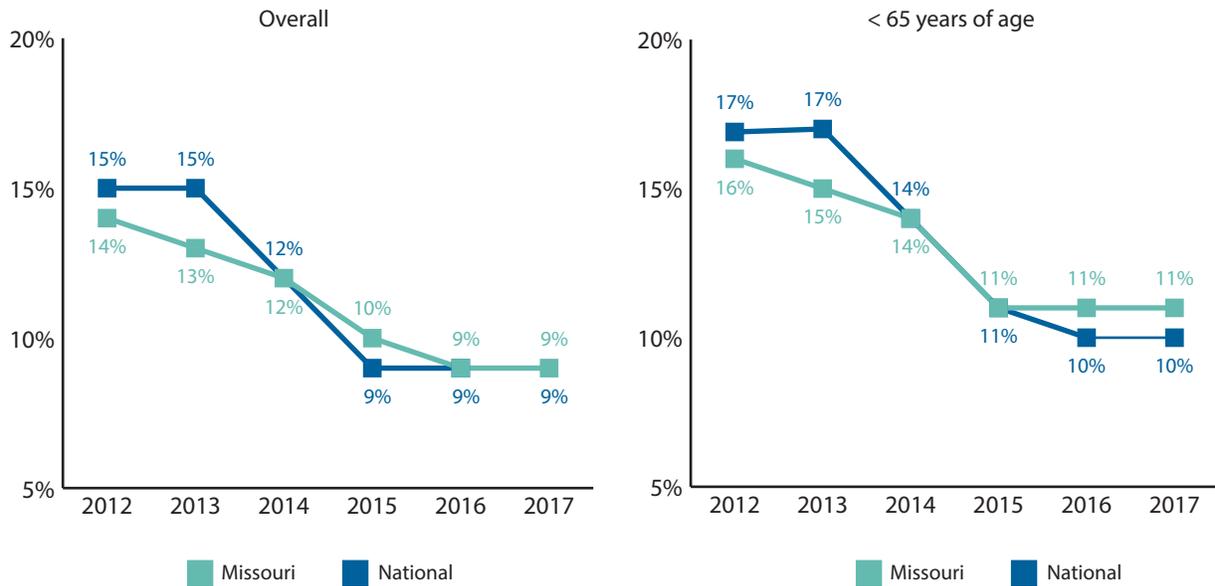
Uninsured in Missouri

Enrollment into the Missouri Marketplace since 2014 has had a significant impact on the uninsured rate in Missouri, as the preliminary estimates of the uninsured rate for Missouri declined from 13 percent in 2013 to 8.9 percent in 2016, with a slight (although not statistically significant) increase to 9.1 percent in 2017, accounting for over 548,000 Missourians.ⁱⁱ In addition, the uninsured rate for those under age 65 increased to 10.8 percent in 2017 from 10.5 percent in 2016.ⁱⁱⁱ This was likely the result, in part, in the reduction of individuals enrolled in the Marketplace from 2016 to 2017, as enrollments declined by over 45,000 in Missouri during that time. The uninsured estimates released in 2017 do not yet reflect the changes in Marketplace and Medicaid enrollment for 2018.

Reducing the uninsured 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 13.0 percent for Missouri residents, accounting for approximately 773,000 Missourians.^{iv} The State of Missouri ranked 23rd in 2010, out of all fifty states, in the percentage of the population that was uninsured and in 2017 ranked 36th. Missouri has not kept pace with other states in insuring the uninsured mainly because of the lack of Medicaid expansion in the state. States that have expanded their Medicaid programs since 2014 have seen reductions that are more dramatic in their uninsured populations than states that have not expanded their Medicaid programs.

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,^v compared with 57 percent in 2014.^{vi} As a result, the potential population for enrollment into the Missouri Marketplace is larger than the uninsured population and limits the direct comparison of the Marketplace enrollment numbers and

Figure 2. Uninsured rate for individuals in Missouri and nationally by year, 2012-2017

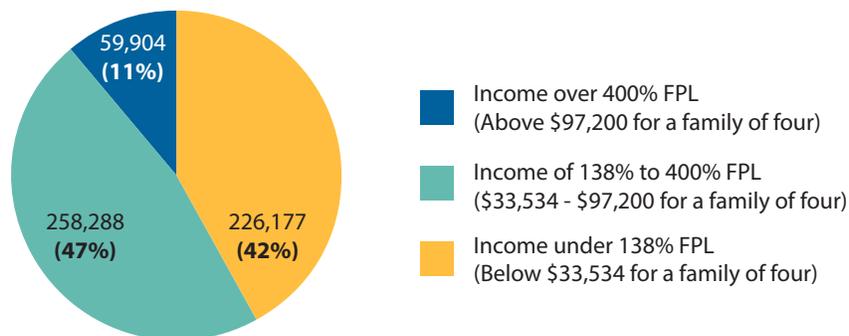


US Census Bureau, ACS 2012-2017

the change in the uninsured. Uninsured estimates are used in this section to provide valuable context when analyzing Marketplace enrollment and estimating the impact of enrollment on the change in the uninsured.

The bulk of the target uninsured population for the 2017-2018 open enrollment period in the Missouri Marketplace consisted of approximately 318,192 Missourians or 58 percent of the uninsured in Missouri, those with incomes over 138 percent of the Federal Poverty Level (FPL). Of this total, 258,288 Missourians, or 47 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 less than five percent in Missouri) is not likely to happen without an expansion of the Missouri Medicaid program to provide insurance to the lowest income individuals.

Figure 3. Distribution of uninsured population in Missouri under age 65, by income, 2017



US Census Bureau, 2017 American Community Survey, 1-year estimates.^{vii}

Approximately 226,177-- 42 percent of the uninsured population in Missouri in 2017-- had incomes under 138 percent FPL. Individuals in this category with incomes of 100 percent to 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.

The Affordable Care Act and the Missouri Marketplace

Enrollment in the Missouri Marketplace remained relatively stable as 243,382^{viii} individuals selected plans through the Marketplace during the 2018 open enrollment period. This was a decrease of 1,000 individuals from the 244,382^x Missourians that selected health insurance plans through the Missouri Marketplace during the 2017 open enrollment period. In the previous year, Marketplace enrollment decreased by nearly 45,000 in 2017 when compared to 2016 enrollment numbers due, in part, to decreasing insurer participation in the Marketplace and increasing plan premiums. Although insurer participation continued to decline and premiums continued to increase in 2018, they did not have a significant impact on total enrollment in Missouri. A large majority of people enrolling in the Missouri Marketplace continue to receive financial assistance for their health insurance coverage which offsets some of the rising costs of the Marketplace plan premiums.

Eligibility for financial assistance through the Missouri Marketplace

Many Missouri residents are eligible to purchase insurance through the Marketplace.^x Their eligibility for financial assistance, in the form of subsidies, tax credits, and cost sharing reductions, however, varies as a function of income.

- **Below 100 percent of the federal poverty level (FPL) (less than \$24,600 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 2017. These individuals would have been eligible for Medicaid if Missouri would have expanded their Medicaid program.
- **100 percent - 400 percent FPL (\$24,600-\$98,400 for a family of four):** Eligible to receive financial assistance in the form of tax credits and/or cost sharing reductions. The amount of the assistance is graduated with income level and decreases as the level of income increases.
- **Above 400 percent FPL (over \$98,400 for a family of four):** Not eligible for financial assistance, but may purchase insurance through the Missouri Marketplace at full cost.

Missourians enrolled into the Missouri Marketplace plans at a pace in line with other states and enrolled 41 percent of the potential Marketplace population during the 2017-2018 open enrollment period. This is slightly less than the national average of 43 percent. The 2017-2018 enrollment percentage is also less than Missouri's 2015-2016 average of 43 percent.^{xiii}

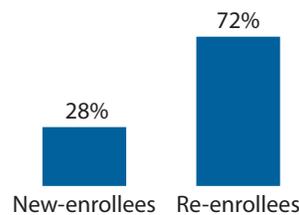
¹A consumer has effectuated their enrollment when they pay the first premium associated with their health insurance coverage.

New Enrollment vs. Re-enrollment

Twenty-eight percent of individuals selecting a marketplace plan were new consumers to the Marketplace and seventy-two percent were re-enrollees that had health insurance through the Marketplace in prior years. The enrollment breakdown was the nearly the same nationally.^{xiv} In 2016-2017, 31 percent of individuals who selected plans in Missouri were new customers compared to 69 percent who were re-enrollees. Hence, a higher percentage of those selecting plans in the Missouri marketplace in 2017-2018 were re-enrollees and a lower percentage were new customers, as would be expected as many eligible had likely enrolled in the previous four open enrollment periods.

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.²

Figure 4. **Percent of enrollments conducted by type of enrollee in Missouri, 2017-2018**



Enrollment and Financial Assistance Eligibility Determinations

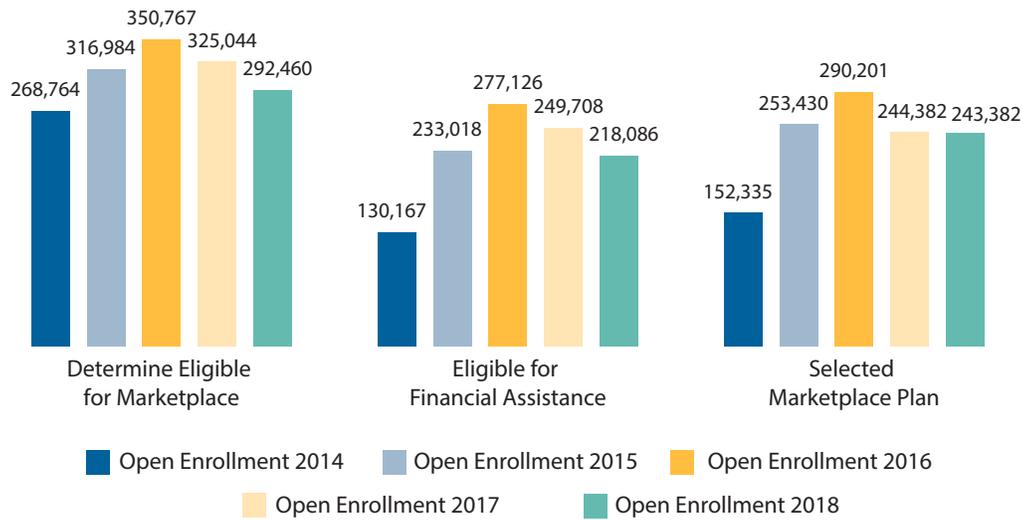
Over 292,000 Missourians used the Healthcare.gov platform to determine their eligibility to enroll in a Marketplace plan with or without financial assistance during the 2018 open enrollment; however, these individuals may or may not have enrolled in coverage by the end of the enrollment period (Figure 5).^{xvi}

In Missouri, 203,348 consumers that selected a health plan through the Marketplace during open enrollment in 2017-2018 (84 percent of Marketplace plan selections) received financial assistance to enroll, slightly more than the national average of 83 percent.^{xv} Eighty-three percent (202,915 consumers) of those enrolling in the Marketplace received financial assistance in the form of advance payment tax credits, while over 56 percent (135,905 consumers) of all Marketplace enrollees also received cost shared reductions to assist with the cost of their out-of-pocket expenditures.

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

Figure 5. Missouri Marketplace eligibility determinations and plan selections, 2014-2018



Centers for Medicare and Medicaid Services (CMS), 2018 OEP State-Level Public Use File.

Effectuated Enrollments

Selecting a Marketplace plan is the first step in the process of enrolling into the health insurance plan. An individual is considered to have effectuated their enrollment when they pay the first premium associated with the health insurance coverage. Missouri had 214,387 effectuated enrollments in the Marketplace by March 2018. Missouri’s effectuation rate of 88 percent of all enrollments ranked fortieth nationally with the national average of a 91 percent effectuation rate.^{xvii}

On average, Missouri had a slightly lower percentage of effectuated enrollments by March 2018, with regard to the potential population than other states with federally-facilitated marketplaces with 37 percent and 38 percent respectively.^{xviii}

Figure 6. Effectuated marketplace enrollments as a percent of the total population

	Number of Effectuated Enrollments March 2018 ^[i]	Potential Marketplace Population 2016 ^[ii]	Percent of Potential Population Enrolled 2018	Percent of Potential Population Enrolled 2016 ^[iii]
Missouri	214,387	587,000	37%	43%
Federally-Facilitated Marketplace States	7,917,891	20,100,000	38%	41%
State-Based Marketplace States	2,725,895	6,821,000	40%	38%
National Totals	10,643,786	27,442,000	39%	40%

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

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

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

Health Plan Offerings and Enrollment

Three health insurance firms offered health insurance plans for purchase in Missouri through the Missouri Marketplace, including:

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

Although three firms offered coverage in Missouri, these firms tended to offer coverage only in portions of the state, resulting in a maximum of only two firms offering coverage in nine Missouri counties and only one firm offering coverage in the remaining counties. These firms offered a range of plans available in bronze, silver, gold and catastrophic plan coverage levels.^{xix} Each of the firms offered plans at the county level, and the number of plans offered by a firm, per county, ranged from five to sixteen. Individuals enrolling in the Marketplace in Missouri were more likely to choose silver plans than those in other Marketplaces, and less likely to choose the gold plan option (Figure 7). Similar to 2017-2018 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.

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Marketplace Plan Types

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

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

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

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

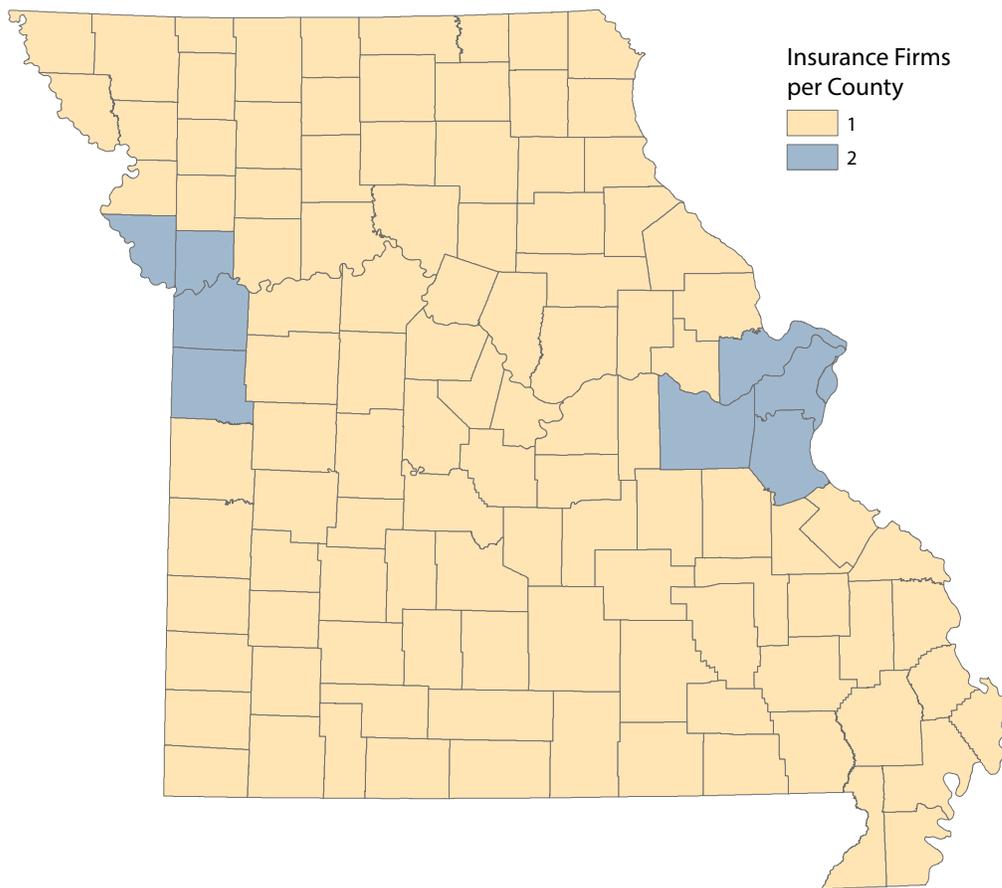
PLATINUM plans pay about 90 percent of the health care costs and the individual pays 10 percent.

Figure 7. Marketplace enrollment by type of plan

	Bronze	Silver	Gold	Platinum	Catastrophic
Missouri	29%	69%	1%	0%	0%
National	29%	63%	7%	1%	1%

Center for Medicare and Medicaid Services (CMS), 2018 OEP State-Level Public Use File.

Figure 8. Number of insurance firms offering plans by county, 2017-2018



Data.Healthcare.gov. Plan Year 2018 Individual Medical Coverage Landscape

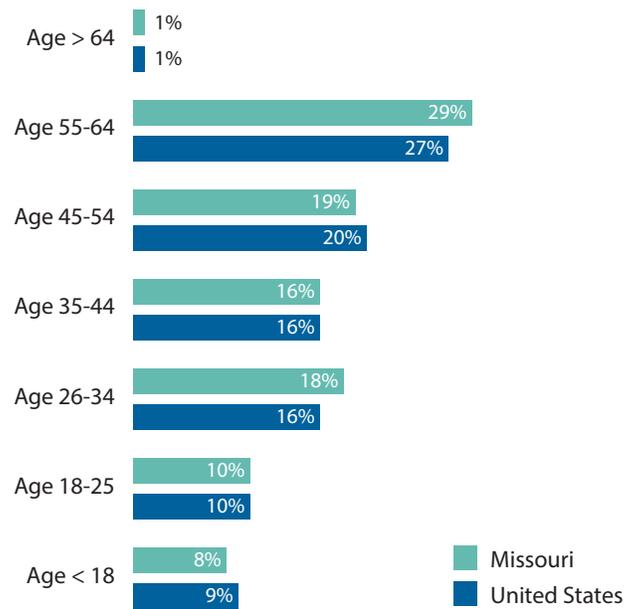
Demographics of Missouri Marketplace Enrollment

Enrollees in the Missouri Marketplace were slightly younger than the national average, with 36 percent of enrollees in the 0-34 year old age group compared with 35 percent nationally.^{xx}

Race information was not available for 30 percent of enrollments; however, of the remaining enrollments where race data was available, 83 percent of individuals that enrolled in the marketplace in Missouri were White, while 7 percent of the enrollees were African-American, and 6 percent were Asian (Figure 10).^{xxi}

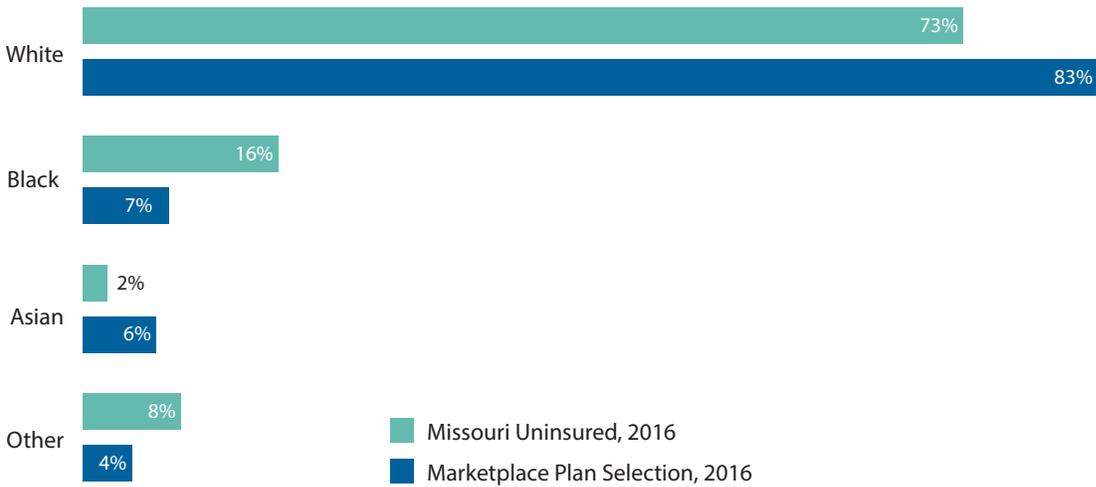
Individuals with incomes of 100 percent to 200 percent of the FPL were the most likely to enroll in the Missouri Marketplace comprising 58 percent of total enrollments.^{xxii} These individuals receive the largest amount of financial assistance to purchase their Marketplace plans making their out-of-pocket costs the lowest when enrolling in the Marketplace. Missourians with incomes of 100 to 150 percent FPL were more likely to enroll in the Marketplace than the national average (Figure 11). 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 9. **Age distribution of individuals making marketplace plan selections, 2018 Open Enrollment**



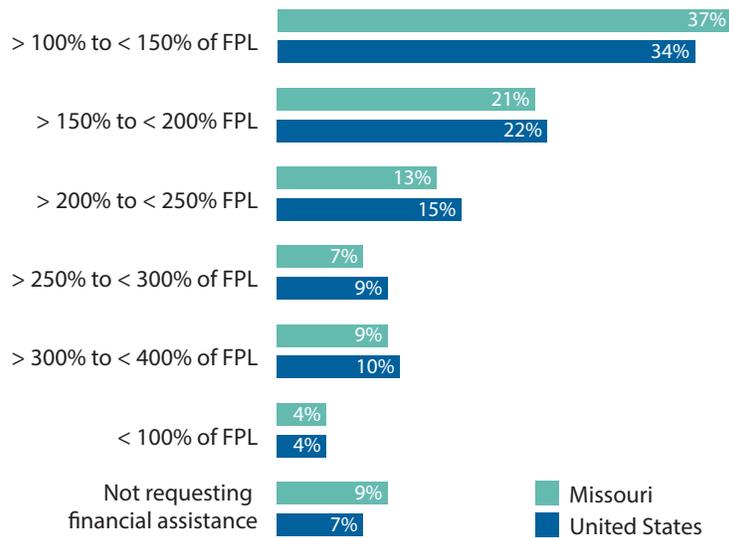
Centers for Medicare and Medicaid Services (CMS), 2018 OEP State-Level Public Use File.

Figure 10. **2018 Marketplace plan selections and the uninsured population of Missouri, by race**



Centers for Medicare and Medicaid Services (CMS), 2018 OEP State-Level Public Use File.
 U.S. Census Bureau, QuickFacts. United States Census Bureau, American FactFinder, 2017 American Community Survey.

Figure 11. Income distribution of individuals making marketplace plan selections, 2018 Open Enrollment

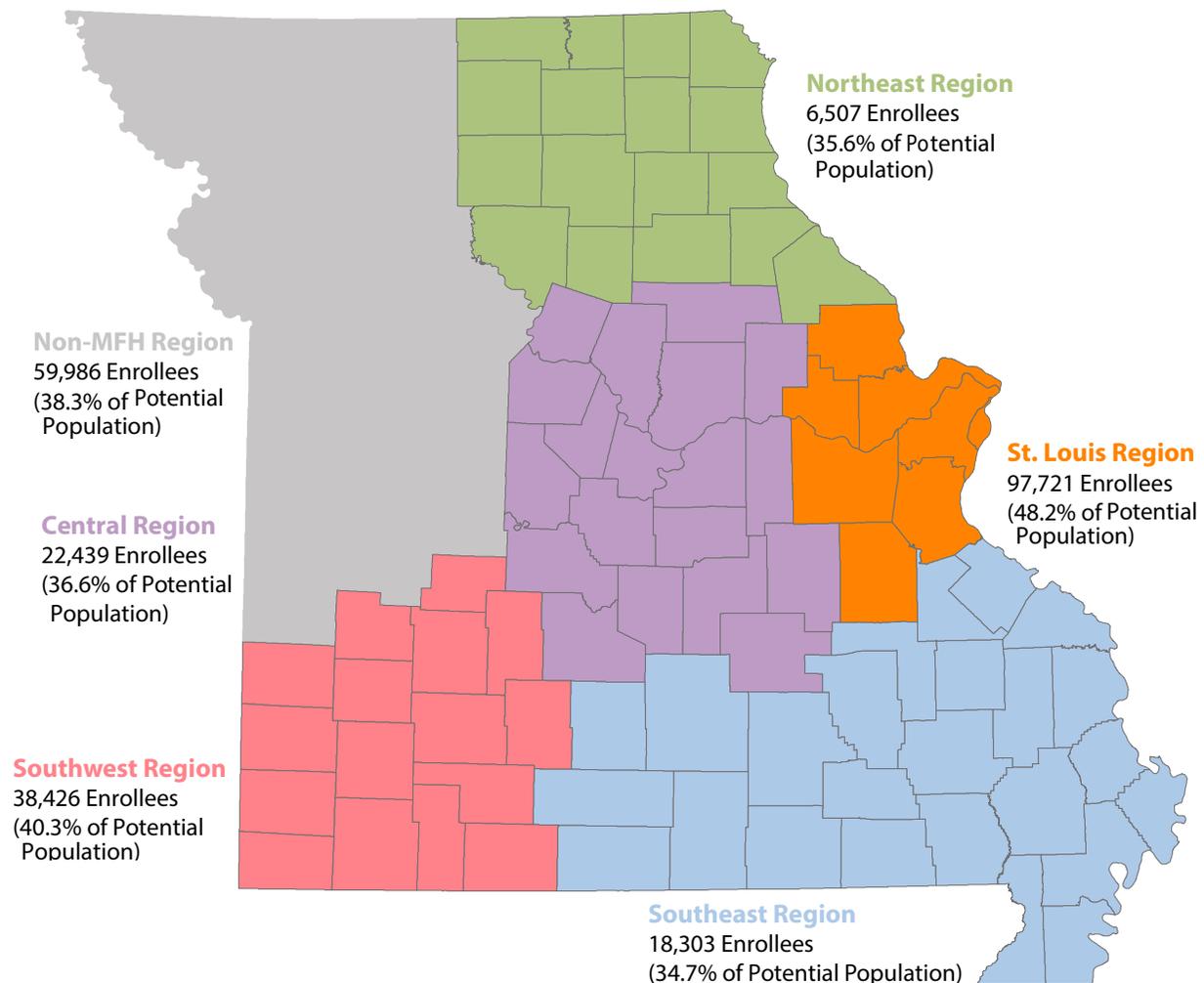


Centers for Medicare and Medicaid Services (CMS), 2018 OEP State-Level Public Use File.

Marketplace Enrollment by Missouri Foundation for Health Service Regions

Missouri Marketplace enrollment varied significantly across the MFH service regions (see Figures 12 and 13). The St. Louis region had the highest Missouri Marketplace enrollment totals in the state with over 97,000 enrollees.^{xxiii} 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 and was the only region in 2018 that gained Marketplace enrollment. The Southwest region had enrollment totals of over 38,000 enrolling over 40 percent of the target population. The Northeast, Southeast, and Central regions had enrollment totals that were more than 30 percent of the target population in these regions. The higher enrollment in the St. Louis region is in line with national trends as metropolitan areas enrolled a higher percentage of the potential population nationally than non-metropolitan areas.^{xxiv}

Figure 12. **Missouri enrollments by MFH service region, 2018 Open Enrollment**



Center for Medicare and Medicaid Services (CMS), 2018 OEP County-Level Public Use File.
 United States Census. Small Area Health Insurance Estimates 2016.
 Kaiser Family Foundation 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.

Enrollment in the Marketplace in 2018 decreased in most areas of Missouri by up to 5 percent in individuals enrolled. The greatest decreases in percent change in enrollment were seen in the Northeast and Non-MFH regions. The exception was that enrollment increased in the St. Louis region by 3.7 percent or 3,600 enrollees. The opposite was true in 2017, as the St. Louis Region had the largest decrease in number of enrollments with a reduction of over 16,000 enrollments in 2017.

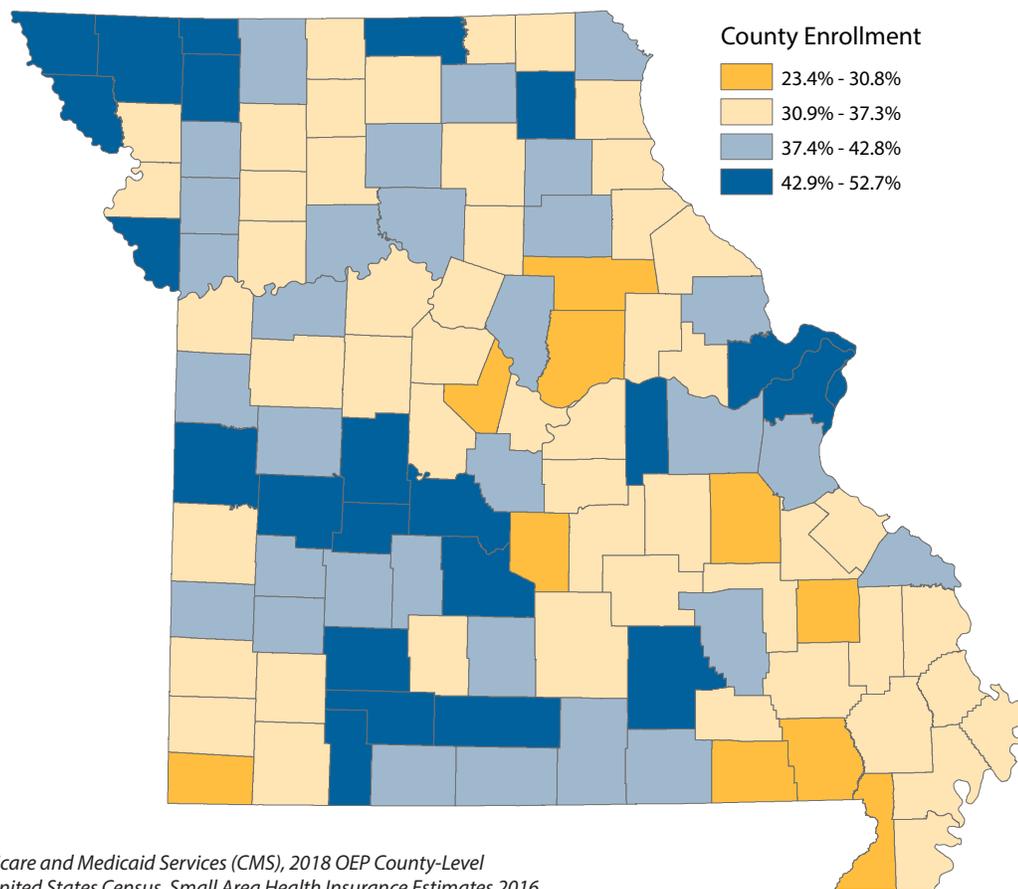
Enrollment varied dramatically among counties in Missouri ranging from 23.4 percent to 52.7 percent of the potential population. Enrollment also varied within MFH regions with some regions having both high and low enrollment counties.

Figure 13. Comparison of enrollment between 2016 and 2018 Open Enrollment periods by MFH region

MFH Region	2016 Open Enrollment		2017 Open Enrollment		2018 Open Enrollment		Net Gain		Percent Change	
	Enrollment	Percent of Potential Population	Enrollment	Percent of Potential Population	Enrollment	Percent of Potential Population	2017-2018	2017-2018	2017-2018	2017-2018
Central	27,571	40.4%	22,544	35.6%	22,439	36.6%	-105	-0.5%		
Southwest	46,970	45.9%	39,273	41.4%	38,426	40.3%	-847	-2.2%		
Southeast	22,978	38.1%	18,970	33.9%	18,303	34.7%	-667	-3.6%		
St. Louis	110,264	54.4%	94,093	49.9%	97,721	48.2%	3,628	3.7%		
Northeast	7,748	36.8%	6,824	34.9%	6,507	35.6%	-317	-4.9%		
Non-MFH	74,666	42.1%	62,678	38.0%	59,986	38.3%	-2,692	-4.5%		

*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 14. Marketplace enrollment as a percent of the potential population in Missouri in 2018

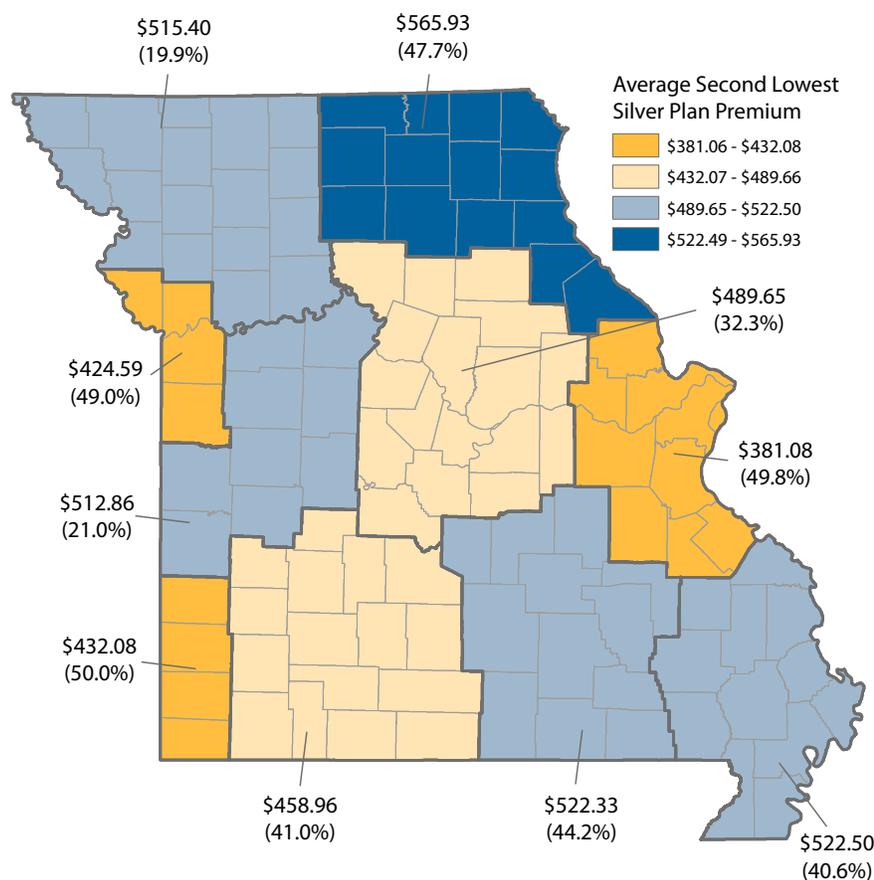


Centers for Medicare and Medicaid Services (CMS), 2018 OEP County-Level Public Use File United States Census, Small Area Health Insurance Estimates 2016 Kaiser Family Foundation 2016

Marketplace Premiums and Firm Participation

The enrollment variation and declines in the Missouri Marketplace from 2017-2018 are likely impacted by plan premiums and insurance firm participation in the Marketplace during this time. Second-lowest silver premiums vary significantly across Missouri with the lowest average premium of \$381.08 in the St. Louis rating area (up from \$254.47 in 2017) and the highest average premium of \$565.93 (up from \$383.21) in the rating area covering the northeast corner of the state (Figure 15). In addition, average second-lowest silver premiums of rating areas increased by 19.9 percent to 50 percent from 2017-2018. The more urban rating areas of the state were able to maintain lower premiums and saw their premiums increase by less from 2017-2018 than the more rural rating areas of Missouri.

Figure 15. Missouri health insurance Marketplace 2017-2018 open enrollment average second-lowest silver premiums by rating area (percent of premium change from 2016-2017)



*Centers for Medicare and Medicaid Services (CMS), 2018 OEP County-Level Public Use File
Data.Healthcare.gov, Plan Year 2018 Individual Medical Coverage Landscape*

Insurance firm participation also varies across the state and likely has an impact on premium variation and increases occurring in the rating areas across the state. Five of the ten rating areas in Missouri had a decrease in the number of insurance firms offering coverage in their areas from 2017 to 2018. The St. Louis, and Kansas City rating areas were the only rating areas that had more than 1 insurer offering coverage in the majority of the counties in 2018. These areas were also the areas that had the lowest premiums and premium increases in 2018 suggesting that more than one firm offering coverage in an area is likely advantageous to controlling premiums. Premium increases and decreases in firm

participation similar to those occurring in Missouri have been seen elsewhere in the U.S. and, as stated above, are likely somewhat of a result of uncertainty regarding federal policy governing the Health Insurance Marketplaces.

Figure 16. Missouri Marketplace average firm participation in 2017 and 2018, by rating area

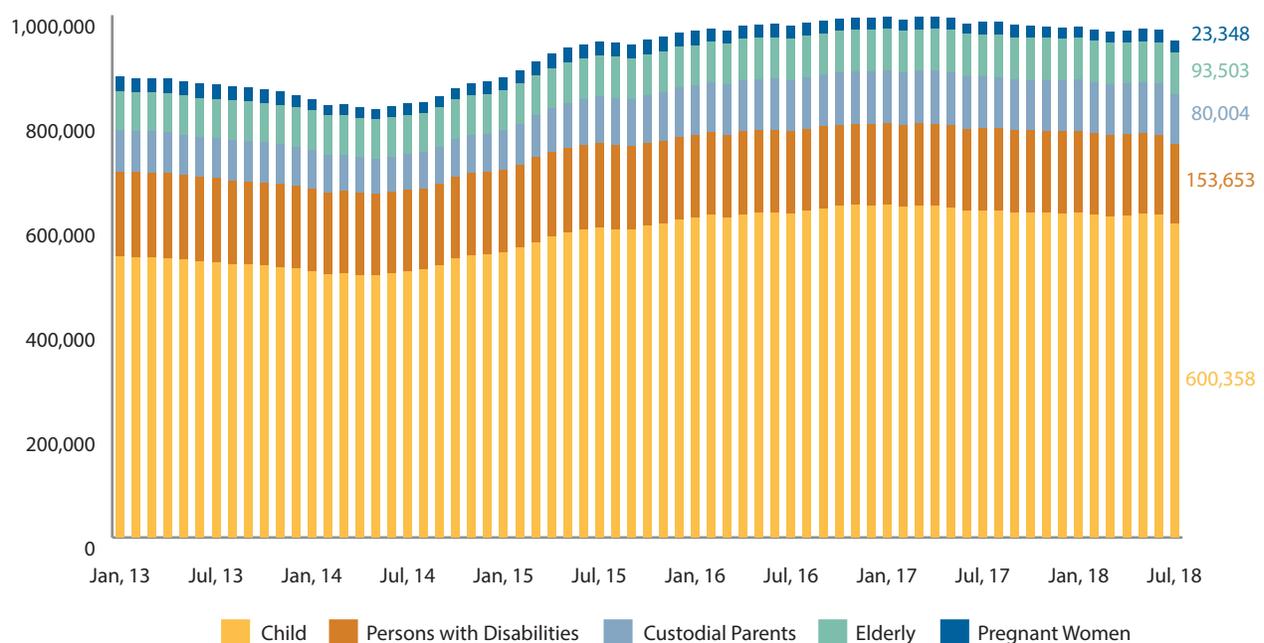
Rating Area	Description	Average Firms 2017	Average Firms 2018
1	Northwest Missouri (St. Joseph)	1.1	1.0
2	Northeast Missouri (Kirksville, Macon, Chillicothe)	1.0	1.0
3	Core Kansas City Metro	2.5	2.0
4	Surrounding Kansas City Metro (Warrensburg, Sedalia)	1.0	1.0
5	Mid Missouri (Columbia, Jefferson City,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

Data: Healthcare.gov, Plan Year 2018 Individual Medical Coverage Landscape

Missouri Medicaid Enrollment

The state of Missouri has not yet chosen to expand its Medicaid program leaving a coverage gap that was estimated to be approximately 87,000 residents with incomes below 100 percent of the Federal Poverty Level (FPL) in 2016.^{xxv} 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.

Figure 17. Average calendar year MO HealthNet enrollment by eligibility group, 2010-2017

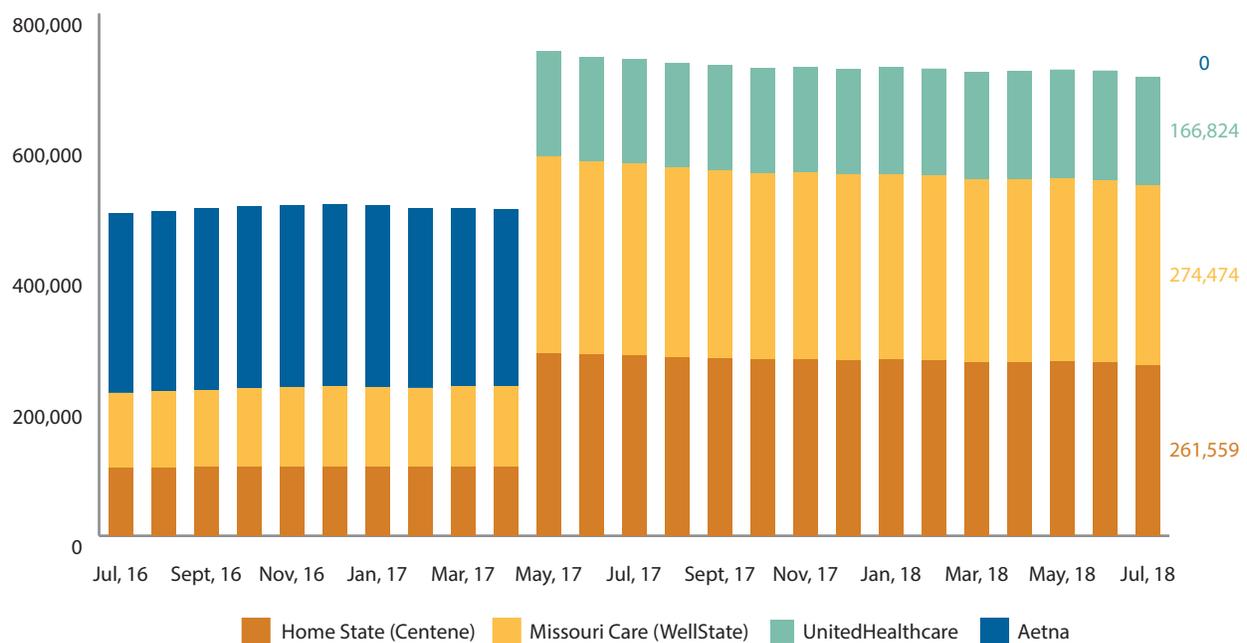


Missouri Department of Social Services, DSS Caseload Counter

Despite the fact that Missouri has not expanded their Medicaid program, Missouri Medicaid has seen an increase in enrollment of just over 89,500 people (10.5 percent), when August 2018 (the latest month that enrollment numbers have been made available), was compared to the average Medicaid enrollment from July to September 2013.^{xxvi} Missouri Medicaid enrollment as of August 2018 stands at 953,075 Missourians.^{xxvii} Medicaid enrollment has fluctuated somewhat during this time with a peak enrollment of 996,024 beneficiaries in January 2017. Enrollment has since declined by over 45,000 enrollees since January 2017 to the current enrollment of 953,075 enrollees in August 2018. As can be seen in Figure 17, the bulk of this overall increase in enrollment continues to be the result of enrolling children that are eligible for Medicaid under the existing guidelines but that have not been previously enrolled. Average calendar year Medicaid child enrollment rose from approximately 527,000 in 2013 to 627,000 in 2017; however, child enrollment is currently only 600,000. Figure 18 shows that enrollment in other eligibility groups remained relatively constant.

Coinciding with the changes in overall Medicaid enrollment, Medicaid managed care enrollment has seen changes as well. Missouri Medicaid changed their health care delivery structure in 2017 by instituting mandatory Medicaid managed care enrollment for all eligibility groups except the aged, blind, and disabled. Missouri Medicaid managed care enrollment rose from approximately 501,000 enrollees to 742,000 between April 2017 and May 2017. Figure 17 shows that enrollment in Medicaid managed care has not changed dramatically from August 2017 through July 2018, but enrollment in managed care plans has steadily declined during the last year. In August 2017 total Medicaid managed care enrollment was 724,123 individuals and has declined to 702,857 individuals in July 2018. There are currently three managed care health plans in Missouri from which eligible individuals can choose coverage: Home State Health Plan, Missouri Care and United Healthcare with 37.2, 39.1 and 23.7 percent of the managed care enrollment respectively.

Figure 18. MO HealthNet and CHIP Managed Care enrollment by Managed Care Organization, August 2017 to July 2018



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

Cover Missouri Coalition

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 2018, 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, 2018 (sent to members at the time of joining the Coalition)
- **Response rate:** 47.6 percent (656 out of 1,378 CMC members who were sent the intake survey)

Cover Missouri Membership Six, Twelve, Eighteen, Twenty-four, and Forty-two Month Follow-Up Surveys:

- **Purpose:** Assess knowledge and capacity of CMC members to reduce the number of uninsured in Missouri as a result of their membership in the Coalition at different times. The survey was administered to CMC members at six-month intervals except the 30 and 36 month follow-up surveys were not administered in an attempt to increase the response rate.
- **Methods:** 2018 analysis of the CMC surveys was performed by cohort with all participants who completed the survey at each administration time point included to maintain a high sample size and to more accurately reflect the CMC population. Therefore, each survey cohort has a different population and should not be compared across, but should be analyzed separately.
- **Survey cohort sizes:**
 - Intake survey: 656 participants
 - Six month follow-up survey: 365 participants
 - Twelve month follow-up survey: 279 participants

- Eighteen month follow-up survey: 175 participants
- Twenty-four month follow-up survey: 166 participants
- Forty-two month follow-up survey: 116 participants
- **Administration Dates:**
 - Six month follow-up: February 26, 2015 – July 31, 2018
 - Twelve month follow-up: August 26, 2015 – July 31, 2018
 - Eighteen month follow-up: February 26, 2016 – July 31, 2018
 - Twenty-four month follow-up: September 21, 2016 – July 31, 2018
 - Forty-twomonth follow-up: July 1, 2018 - July 31, 2018
- **Response rate:**
 - 56 percent of intake survey participants completed the six month follow-up survey
 - 43 percent of intake survey participants completed the twelve month follow-up survey
 - 27 percent of intake survey participants completed the eighteen month follow-up survey
 - 25 percent of intake survey participants completed the twenty-four month follow-up survey
 - 18 percent of intake survey participants completed the forty-two month follow-up survey

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 2018

Evaluation Findings

Cover Missouri Coalition Demographics

TYPES OF MARKETPLACE ACTIVITIES

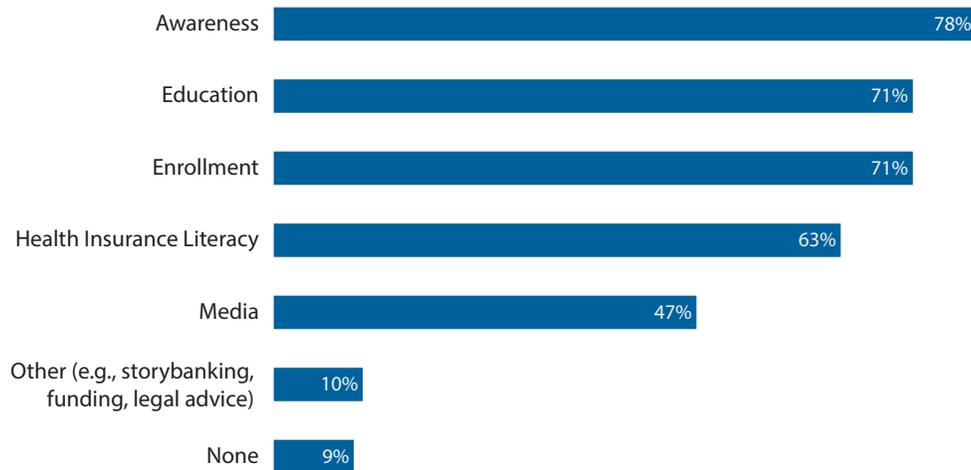
Based on responses to the intake survey, seventy-eight percent of CMC members reported conducting awareness-related activities (e.g., community interaction events, booth at a health fair) for the Missouri Marketplace. Awareness-related activities was followed by education and enrollment activities (both 71 percent), and health insurance literacy activities (63 percent).³ Thirty-five 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 19).

TYPES OF AWARENESS ACTIVITIES

Awareness-related activities was not just the most conducted Missouri Marketplace activity among intake survey respondents, but continued to be the most conducted activity in all future survey waves

³ Categories were not mutually exclusive, meaning respondents could select more than one.

Figure 19. **Type of marketplace activities conducted by CMC members at the intake survey**



(78 percent, 6-month; 77 percent, 12-month; 74 percent, 18-month; 70 percent, 24-month; 72 percent, 42 month).⁴ CMC members and organizations continued to prioritize awareness-related activities over enrollment and health insurance literacy activities throughout the past five years.

To further explore why a high proportion of intake survey members reported awareness-related activities for each survey wave, we asked respondents to report what type of awareness-related activities they were most likely to conduct. In-person activities (i.e. distributing awareness/education materials, presenting in the community, organizing/participating in community events) were the most common types of awareness activities reported at each wave of the survey.⁵ For example, 90 percent of six-month survey wave participants reported distributing awareness/education materials, 77 percent reported organizing or participating in a community event or meeting, and 67 percent reported presenting in the community. This trend was also present at the twelve, eighteen, twenty-four, and forty-two-month follow-up surveys (Figure 20).

WHERE MEMBERS PROVIDED MARKETPLACE ASSISTANCE

Approximately three out of every four respondents to the intake survey reported employing CACs or Navigators (i.e., assisters) at their organization. The regions with the most organizations providing assistance were the St. Louis Metro region (39 percent) followed by the Southwest region (24 percent) and the Central region (22 percent). The region with the lowest number of organizations providing assistance was the Northeast region with fifteen percent of organizations reporting that they provided assistance.⁶

MEMBERS' PURPOSE FOR JOINING CMC

Overall, respondents to the intake survey reported diverse expectations of the Coalition and their personal goals in joining. Ninety-one percent of respondents said they were hoping to increase their knowledge of the Missouri Marketplace, 81 percent to network with other organizations, 78 percent to build partnerships, and 77 percent to participate in a learning community.⁷ Eleven percent of members had other goals for joining the Coalition such as providing legal assistance and staying informed on up-to-date ACA policy changes.

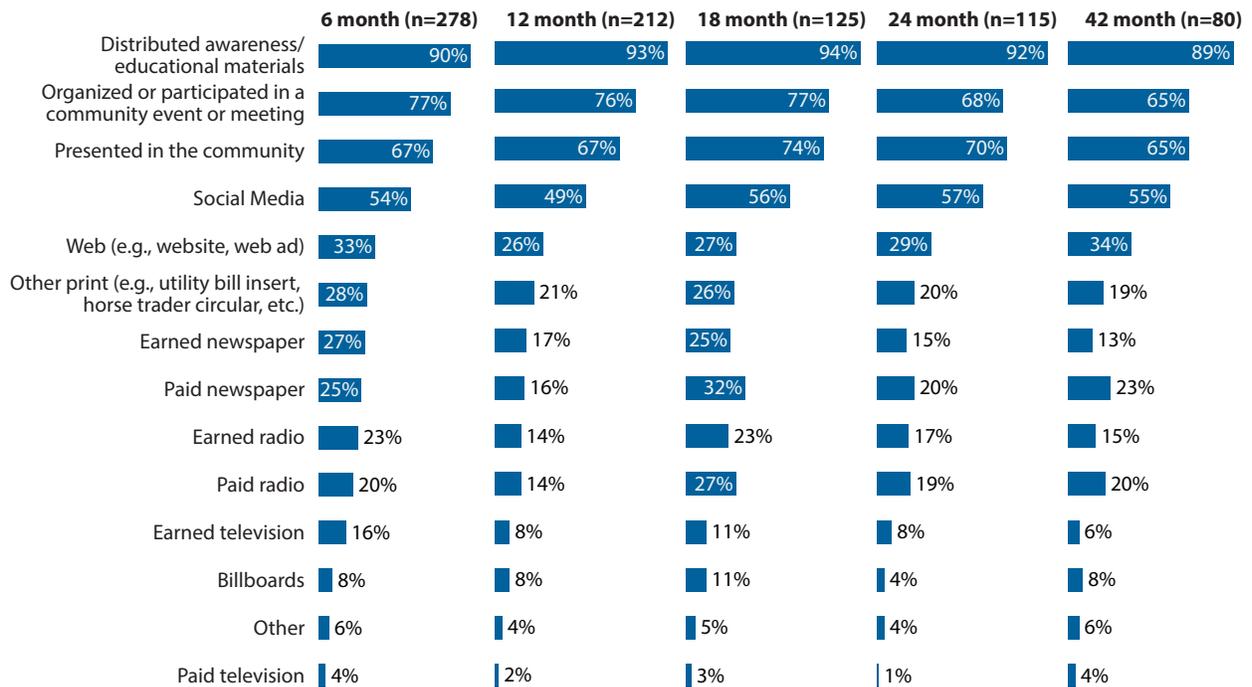
⁴ Categories were not mutually exclusive, meaning respondents could select more than one.

⁵ Categories were not mutually exclusive, meaning respondents could select more than one.

⁶ Categories were not mutually exclusive, meaning respondents could select more than one.

⁷ Categories were not mutually exclusive, meaning respondents could select more than one.

Figure 20. Type of awareness activities conducted by CMC members at six, twelve, eighteen, twenty-four, and forty-two month follow-up surveys



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 (31 percent). The smallest proportion of CMC members were from the Northeast region (6 percent).

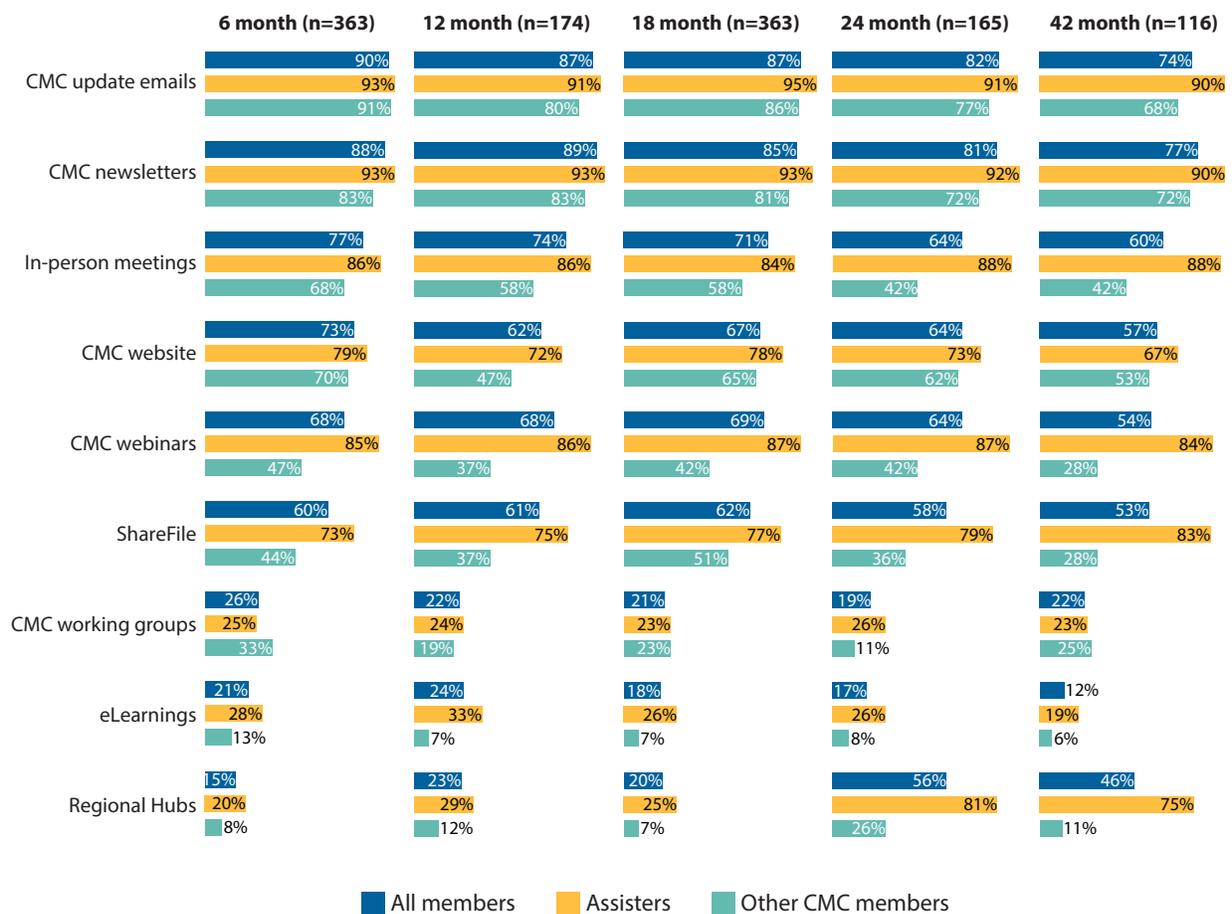
ENGAGEMENT IN CMC ACTIVITIES

Within all five follow-up surveys, the top three most common ways that the Coalition engaged respondents was through: 1) CMC update emails, 2) CMC newsletters, and 3) in-person CMC meetings. This order was present for four out of the five survey waves (6-month, 18-month, 24-month and 42-month follow-up surveys). For the six month, eighteen month, twenty-four month and forty-two month follow-up surveys, CMC update emails were the most reported engagement activity (90 percent, 6-month; 87 percent, 18-month; 82 percent, 24-month; 74 percent, 42-month), monthly newsletters the second most reported (88 percent, 6-month; 85 percent, 18-month; 81 percent, 24-month; 77 percent, 42-month), and in-person CMC meetings was third (77 percent, 6-month; 71 percent, 18-month; 64 percent, 24-month; 60 percent, 42-month). For the twelve-month follow-up survey, monthly CMC newsletters was the most reported engagement activity (89 percent), followed by CMC update emails (87 percent) and in-person CMC meetings (74 percent).

When comparing across assister and other CMC member responses, assisters were more likely to select multiple CMC engagement activities, which generated high percentages across all categories

when compared with other members. Within all five survey waves, more than one third of all assisters reported engagement in all of the following CMC activities: CMC update emails, CMC newsletters, in-person meetings, CMC website, CMC webinars and ShareFile. On the other hand, other CMC members were much less likely to select multiple CMC engagement activities. Within all five survey waves, one third of other CMC members reported engagement in only CMC update emails and CMC newsletter activities.

Figure 21. Engagement in CMC activities at the six, twelve, eighteen, twenty-four, and forty-two month follow-up surveys



Within each survey wave, CMC engagement activities remain relatively constant with the exception of the CMC engagement through Regional Hubs. Survey waves six-month, twelve-month, and eighteen-month showed relatively low engagement of CMC members through Regional Hubs (15 percent, 6-month; 23 percent, 12-month; 20 percent, 18-month), but twenty-four and forty-two-month survey waves reported much higher engagement in Regional Hubs (56 percent, 24-month; 46 percent, 42-month). This dramatic shift might suggest a push by the CMC to improve turnout at Regional Hubs or changing CMC members perceptions of Regional Hub meetings usefulness; however, it is important to not draw too much from this increase due to differing populations in all of the follow-up survey waves (Figure 21).

HELPFULNESS OF CMC ACTIVITIES

Majority of 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 across the survey waves.

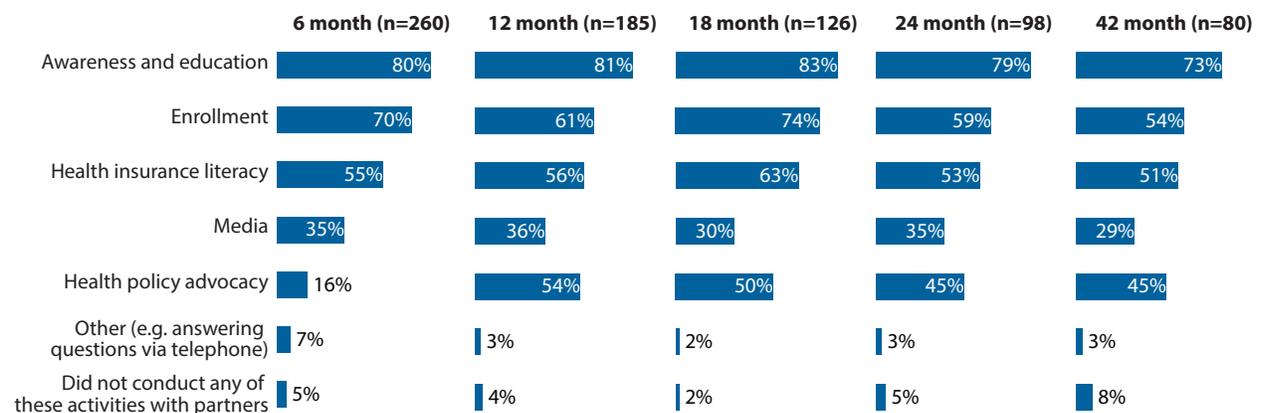
PARTNERSHIPS

Most CMC members reported that they identified new partners or were able to collaborate with existing partners as a member of the Coalition (74 percent, 6-month; 69 percent, 12-month; 75 percent, 18-month; 63 percent, 24-month; 76 percent, 42-month). The top three most common types of activities Coalition members reported conducting with a partner for each survey wave were: 1) awareness and education, 2) enrollment, and 3) health insurance literacy (Figure 22). At least a third of CMC members from each wave selected awareness and education as common activities conducted with a partner (80 percent, 6-month; 81 percent, 12-month; 83 percent, 18-month; 79 percent, 24-month; 73 percent, 42-month).⁸

PARTNERSHIP QUALITY

Members reported building strong partnerships with one another through the Coalition. Sixty-four percent of respondents who partnered with other CMC members said that the quality of their partnerships was excellent or very good at the six-month follow-up survey, 69 percent of respondents at twelve months, 73 percent of respondents at the eighteen months, 67 percent of respondents at twenty-four months, and 63 percent at forty-two months. Within each survey wave, less than ten percent reported poor or fair partnership quality.

Figure 22. Types of activities CMC members reported conducting with partners at six, twelve, eighteen, twenty-four, and forty-two month follow-up surveys



SHARING INFORMATION THROUGH COLLABORATION

Over 80 percent of survey respondents, with each survey wave, were interested in working with other members of the coalition in some type of way.⁹ CMC members within six-month and twelve

⁸ Categories were not mutually exclusive, meaning respondents could select more than one.

⁹ Categories were not mutually exclusive, meaning respondents could select more than one.

month survey waves expressed the most interest in planning awareness, education, or enrollments events with other members of the coalition (59 percent, 6-month; 56 percent, 12-month), while CMC members within eighteen-month, twenty-four-month, and forty-two-month survey waves expressed the most interest in sharing strategies, expertise, and best practices (56 percent, 18-month; 48 percent, 24-month; 51 percent). The second-most reported activity for collaboration was flipped, with six-month and twelve-month respondents reporting sharing strategies, expertise, and best practices (54 percent, 18-month; 48 percent, 24-month; 40 percent, 42-month). The third most reported activity for collaboration within each survey wave was developing a strategy for reaching underserved populations (52 percent, 6-month; 52 percent, 12-month; 48 percent, 18-month; 48 percent, 24-month; 48 percent, 42-month).

Increasing CMC Members' Knowledge and Capacity

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

Over 75 percent of CMC respondents within each survey wave who identified as an 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 (83 percent, 6-month; 85 percent 12-month; 85 percent, 18-month; 79 percent, 24-month; 77 percent, 42-month).

Among members who reported that their membership in the Coalition did not increase their capacity to enroll consumers (9 percent, 6-month; 6 percent, 12-month; 5 percent, 18-month, 9 percent, 24-month; 10 percent, 42-month), most respondents cited their busy schedules as the main reason why (86 percent, 6-month; 55 percent, 12-month; 100 percent, 18-month; 60 percent, 24-month; 71 percent, 42-month).¹⁰ Most other reasons for the CMC not increasing their capacity to enroll consumers were reported by less than one-third of respondents, except among forty-two-month survey respondents who also reported that the CMC did not increase their capacity to enroll consumers because there was too much information to go through (43 percent, 42-month).

KNOWLEDGE OF HEALTH INSURANCE LITERACY, REDUCING THE NUMBER OF UNINSURED, AND MARKETPLACE POLICY

Within all five follow-up surveys, most participants reported that their knowledge of health insurance literacy (HIL), reducing the number of uninsured and marketplace policy increased in the last six months as a member of the Coalition. For all three, HIL knowledge (81 percent, 6-month; 80 percent, 12-month; 78 percent, 18-month; 65 percent, 24-month; 65 percent, 42-month), reducing the number of uninsured knowledge (88 percent, 6-month; 84 percent, 12-month; 79 percent, 18-month; 72 percent, 24-month; 80 percent, 42-month), and marketplace policy knowledge (85 percent, 6-month; 83 percent, 12-month; 84 percent, 18-month; 79 percent, 24-month; 75 percent, 42-month), there was a decrease in the proportion of respondent who reported an increase in knowledge when looking across the survey waves. Despite the inability to draw concrete and definite conclusions from this comparison due to the difference in population across each survey wave, this decrease might be suggestive of a knowledge plateau for each of these areas. At a certain point, more information, meetings, or webinars are not going to substantially increase the knowledge within these topics for participants who have been involved in the Coalition for longer periods of time.

¹⁰ Categories were not mutually exclusive, meaning respondents could select more than one.

Health Insurance Literacy

In May 2014, MFH added health insurance literacy (HIL) to the Initiative strategies. The health insurance literacy approach, which is conducted by Health Literacy Media, 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 2018 the external evaluation of ECI's HIL strategy focused on assessing changes in knowledge, skills, and self-efficacy related to HIL of the Certified Application Counselors (CACs) funded through the Expanding Coverage through Consumer Assistance (ECTCA) program.

Data Sources and Methods

In order to evaluate the HIL approach, the evaluation team utilized the CAC health insurance literacy survey. In order to maximize sample size within each survey wave, participation in previous survey waves was not a requirement for inclusion. Therefore, these populations are different and should not be compared across survey waves, but should be analyzed separately.

Health Insurance Literacy 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 except the 30 and 36 month follow-up surveys were not administered. 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 rate¹¹:**
 - Baseline: September 22, 2014 to July 31, 2018
 - Response rate: 61.9 percent (146 out of 236 MFH-funded CACs asked to participate in the baseline administration)
 - Six month follow-up: March 30, 2015 to July 31, 2018
 - Response rate: 43.5 percent (80 out of 184 MFH-funded CACs asked to participate in the six month survey administration)
 - Twelve month follow-up: October 8, 2015 to July 31, 2018
 - Response rate: 34.4 percent (44 out of 128 MFH-funded CACs asked to participate in the twelve month survey administration)
 - Eighteen month follow-up: April 6, 2016 to July 31, 2018
 - Response rate: 59.1 percent (52 out of 88 MFH-funded CACs asked to participate in the eighteen month survey administration)

¹¹The 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.

- Twenty-four month follow-up: November 11, 2017 to July 31, 2018
 - Response rate: 41.6 percent (32 out of 77 MFH-funded CACs asked to participate in the twenty-four month survey administration)
- Forty-two month follow-up: July 1, 2018 to July 31, 2018
 - Response rate: 41.7 percent (15 out of 36 MFH-funded CACs asked to participate in the forty-two month survey administration)

Evaluation Findings

ECTCA CACs: Changes in HIL Knowledge, Skills, and Self-efficacy

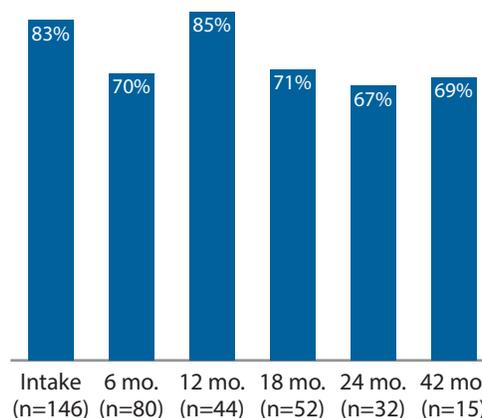
KNOWLEDGE AND SKILLS

Knowledge and skills of ECTCA CACs were assessed by computing average scores to HIL questions for each CAC survey wave. Scores were calculated based on the percent of correct responses by CACs to the survey questions (Figure 23). Each progressive follow-up survey was designed to be progressively more difficult as CACs received additional training and experience. Because the difficulty of these surveys and the respondent populations differed for each survey wave, the scores and responses analyzed separately for each wave.¹²

Looking at all six CAC survey waves, questions on defining health insurance terms never had less than sixty percent of respondents select the correct answer (Figure 24). Sixty-four percent of CACs who took the baseline survey correctly identified under which plan a consumer would have the highest premium, followed by eighty-six percent for the six-month survey, ninety-eight percent for the twelve-month survey, seventy-nine percent for the eighteen-month survey, eighty-one percent for the twenty-four-month survey and eight percent for the forty-two-month survey.

Other HIL topics did not have such consistencies across waves. High percentages of respondents correctly answered questions regarding using health insurance, HIL knowledge/skills and comparing plans with the exception of twenty-four-month and forty-two-month survey waves respectively (52 percent, Using health insurance, 24-month; 55 percent, HIL knowledge/skills, 42-month; forty percent HIL knowledge/skills, 42-month).

Figure 23. Average score on each wave of the CAC survey



¹² 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.

Within all six survey waves, the proportion of respondents selecting the correct response for calculating cost questions was consistently the lowest among all of the categories, with the exception of the forty-two-month survey wave (seventy-seven percent, intake; seventy-three percent, 6-month; seventy-three percent, 12-month; thirty-eight percent, 18-month; fifty-seven percent, 24-month; eighty percent, 42-month). Looking within each wave, calculating costs falls among the bottom three areas for CAC’s HIL knowledge, except for forty-two-month survey wave, where it is among the top areas of knowledge for CACs. Previous year-end reports have shown low knowledge in calculating costs compared to other HIL topics and implementation of trainings in response to this knowledge may have led to the increased knowledge in this topic.

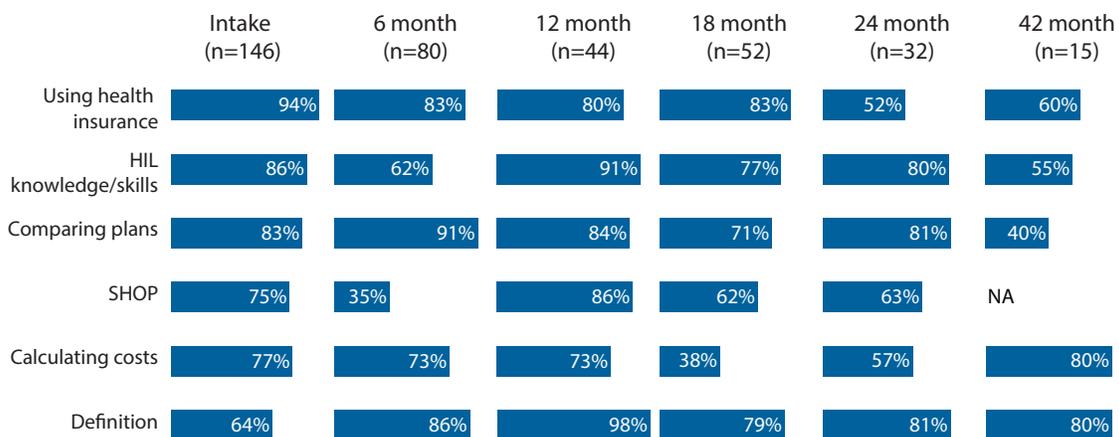
ECTCA CACs: Self-efficacy

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

Within each survey wave, CACs reported a high level of confidence in their ability to explain key health insurance terms to consumers, with over two-thirds of respondents in each survey wave selecting that they were “very confident” across all health insurance terms (67 percent, intake; 79 percent, 6-month; 86 percent, 12-month; 76 percent, 18-month; 71 percent, 24-month; 78 percent, 42-month). ‘Premium’, ‘Deductible’ and ‘Provider Network’ were consistently top terms that CACs felt confident explaining to consumers within six-month, twelve-month and twenty-four-month survey waves, all with over 80% of respondents selecting that they were “very confident” in explaining these terms.

Figure 24. Categories in which CACs were most and least knowledgeable for each wave of the CAC survey



However, for the forty-two-month survey, more respondents selected that they were “very confident” with explaining ‘Medicaid Gap’ (87 percent) and ‘Essential Health Benefits’ (80 percent). CACs felt the least confident explaining terms ‘Co-insurance’ and ‘Out-of-pocket-spending’, however very few, if any, respondents reported that they were “not confident at all” for any health insurance terms (0 percent, intake; 0 percent, 6-month; 0 percent, 12-month; 4 percent, 18-month; 1 percent, 24-month; 3 percent, 42-month).

TEACHING HEALTH INSURANCE SKILLS TO CONSUMERS

CACs reported a high level of confidence in their ability to teach consumers health insurance skills for all six waves, with a majority in each survey wave selecting “very confident” (58 percent, intake; 69 percent, 6-month; 71 percent, 12-month; 64 percent, 18-month; 65 percent, 24-month; 70 percent, 42-month). Among the areas that respondents felt confident, ‘How to contact an insurance company’ was high for all survey waves (74 percent, intake; 88 percent, 6-month; 93 percent, 12-month; 76 percent, 18-month; 89 percent, 24-month; 79 percent, 42-month), along with ‘How to enroll in the marketplace’ and ‘How to choose an in-network provider’. Very low proportions of CACs within all six survey waves reported that they were “not confident at all” with their ability to teach consumers health insurance (2 percent, intake; 3 percent, 6-month; 1 percent, 12-month; 3 percent, 24-month; 3 percent, 42-month), but some areas where CACs were not confident were ‘How to file an appeal with an insurance provider’ and ‘How to file a Marketplace appeal’.

USING HIL SKILLS WHEN WORKING WITH CONSUMERS

CACs reported a high level of confidence in their ability to use health insurance skills when working with consumers for all five waves, with a majority of respondents reporting they were “very confident” (62 percent, intake; 70 percent, 6-month; 71 percent, 12-month; 63 percent, 18-month; 69 percent, 24-month; 66 percent, 42-month). One of the skills with the highest proportion of CACs reporting that they were “very confident” within each survey wave was ‘Explain health insurance terms using common, everyday words’ (68 percent, intake; 82 percent, 6-month; 76 percent, 12-month; 72 percent, 18-month; 78 percent, 24-month; 71 percent, 42-month). Other areas where CACs were confident was ‘Use handouts to help a conversation’ and ‘Empower consumers to make health insurance decisions’. Some areas that CACs reported lower confidence was ‘Create health literate social media messages’ and ‘Give directions for using numbers’. However overall, low percentages of respondents reported that they were “not confident at all” with their ability to use HIL skills with consumers (1 percent, intake; 1 percent, 6-month; 1 percent, 12-month; 3 percent, 18-month; 2 percent, 24-month; 3 percent, 42-month).

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 five 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. The third grant cycle covered 24 months (August 2016 - July 2018) and funded 22 grants representing 22 organizations. Twelve of the grantees have received funding since the beginning of the grant program. The organizations funded through the third grant cycle of the ECTCA program represent three different organization types: provider organizations, 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.



11 out of 22

Provider Organizations



4 out of 22

Community Action Agencies



7 out of 22

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, 2018
- **Reporting period:** August 1, 2017 through July 31, 2018

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:** February 2018 and August 2018
- **Reporting period:** August 1, 2017 through July 31, 2018

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 \$7.8 million in funding through the ECTCA program during the third cycle of ECTCA grants. This is a \$69,488.90 increase in the per month award compared to cycle 2. However, these funds covered an additional four grantees.



\$323,501.25 Cycle three per month award

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

Grantees succeeded in leveraging funds beyond their MFH grants. Only one grantee received additional funds (total = \$24,500) compared to last year when six grantees did.

PARTNERS

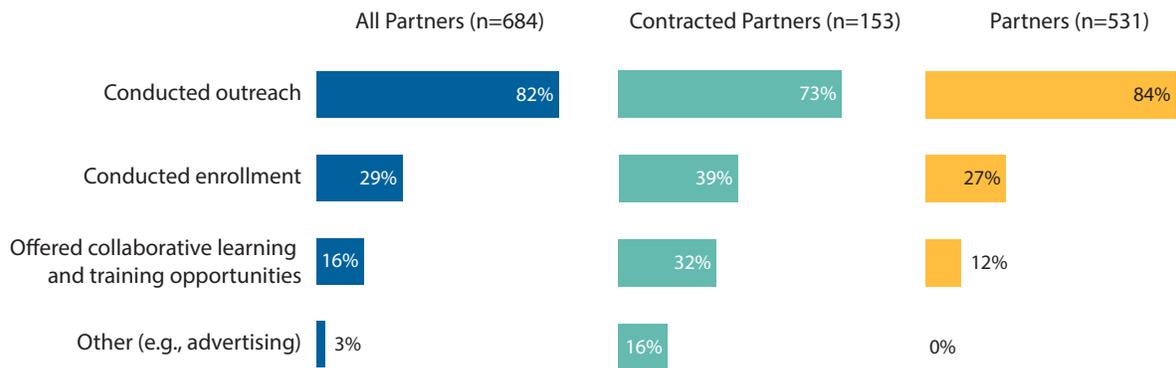
ECTCA grantees worked with partners to implement their grant activities. They reported working with 2.0 partners per month, on average. This was a decrease of 2.3 partners per month compared to year four. These partners were categorized as either contracted partners or partners. ECTCA grantees reported working with more partners than contracted partners per month, on average (two partners versus one contracted partner). Overall, ECTCA grantees used these partnerships to conduct a variety of activities, of which the most common was outreach (82 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 25. Type of activities conducted by partner type



IN-KIND CONTRIBUTIONS

Eighteen grantees reported using in-kind contributions to assist with conducting their grant activities at least once during the year. Space for enrollment or outreach activities (54 percent) was the most commonly received in-kind contribution.

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.

Open Enrollment Period

November 1, 2017 – December 15, 2017

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

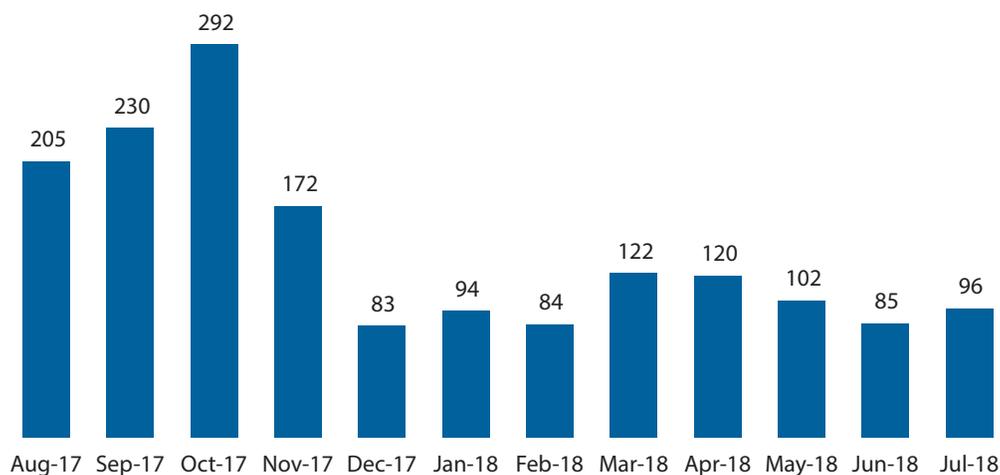
September 1, 2017 – October 31, 2017 and
December 16, 2017 – July 31, 2018

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

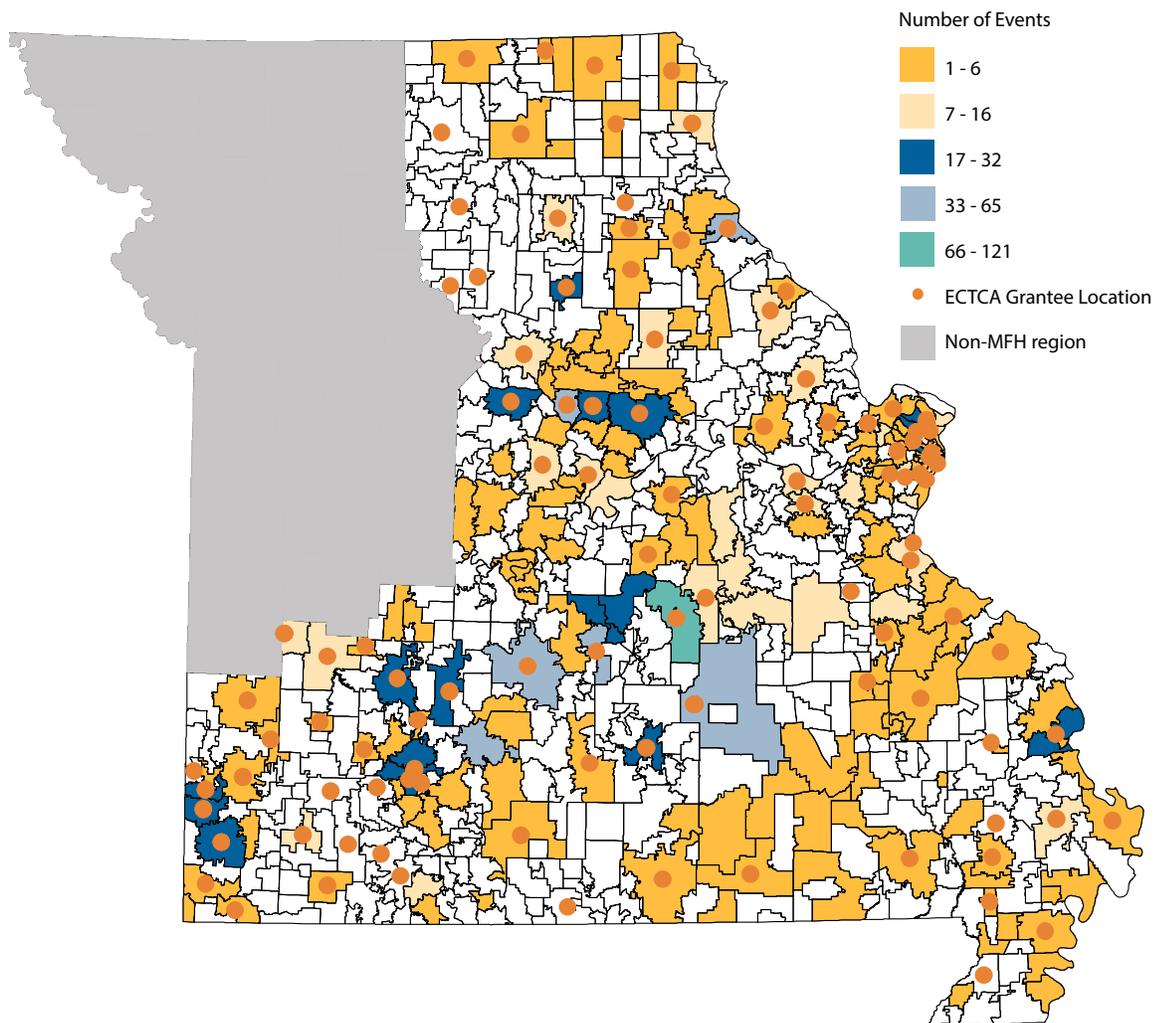
Events served to create awareness about, educate the public on, and enroll people in the Missouri Marketplace along with increasing health insurance literacy. Examples of events included hosting a booth at a local festival or an educational program during a meeting. In year five, grantees conducted 1,683 events which is a decrease of 237 events from year four.¹³ The majority of the events conducted in year five occurred during the SEP (76 percent). This is an increase compared to previous years and continues the trend of focusing on events during the SEP (year 5: 85 percent, year 4: 76 percent, year 3: 69 percent, year 2: 66 percent, year 1: 28 percent). It is important to note that MFH encouraged grantees to conduct more events during the SEP. The most events in a single month occurred during October, the month prior to the start of open enrollment, and the least number of events occurred in December (Figure 27). ECTCA grantees offered events throughout MFH's service region (Figure 28).

Figure 26. Number of events conducted by ECTCA grantees by month, August 2017 - July 2018



¹³ 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 27. Location of events conducted by ECTCA grantees by zip code, August 2017 - July 2018



EVENT TYPE

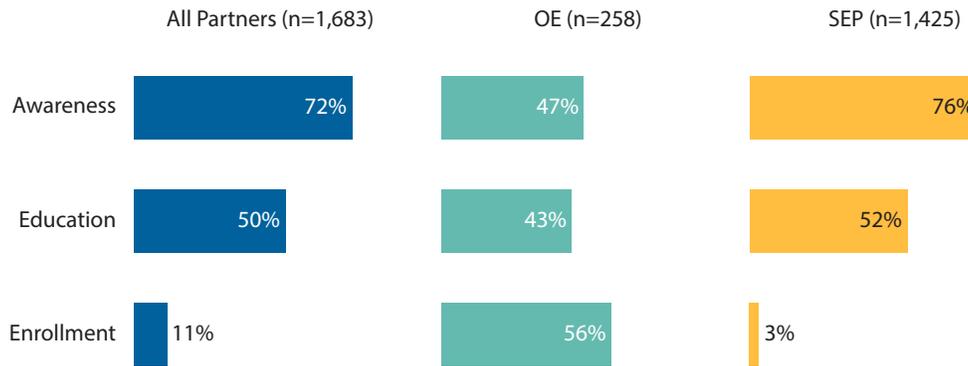
Grantees' events were categorized as three types: educational, awareness, and/or enrollment. Educational events included activities such as providing a formal presentation about the Missouri Marketplace or health insurance literacy. Awareness events included activities such as hosting a booth at a health 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.

Grantees continued to engage in similar types of events as in years past. For the fifth straight year, the most common event type provided was awareness (72 percent). While enrollment events increased for the first time after declining for four straight years, it was only a slight increase (year 5: 11 percent,

year 4: 8 percent, year 3: 12 percent, year 2: 17 percent, year 1: 29 percent).¹⁴ Grantees were much more likely to host an enrollment event during open enrollment than during the SEP (year 5 OE: 93 percent, year 5 SEP: 7 percent).

AUDIENCE TARGETED

Figure 28. Events conducted by ECTCA grantees by event type, August 2017 - July 2018



Events could be targeted to either or both individuals/families and small businesses.¹⁵ 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 five overwhelmingly targeted individuals and families, as they did in previous years.

POPULATIONS TARGETED



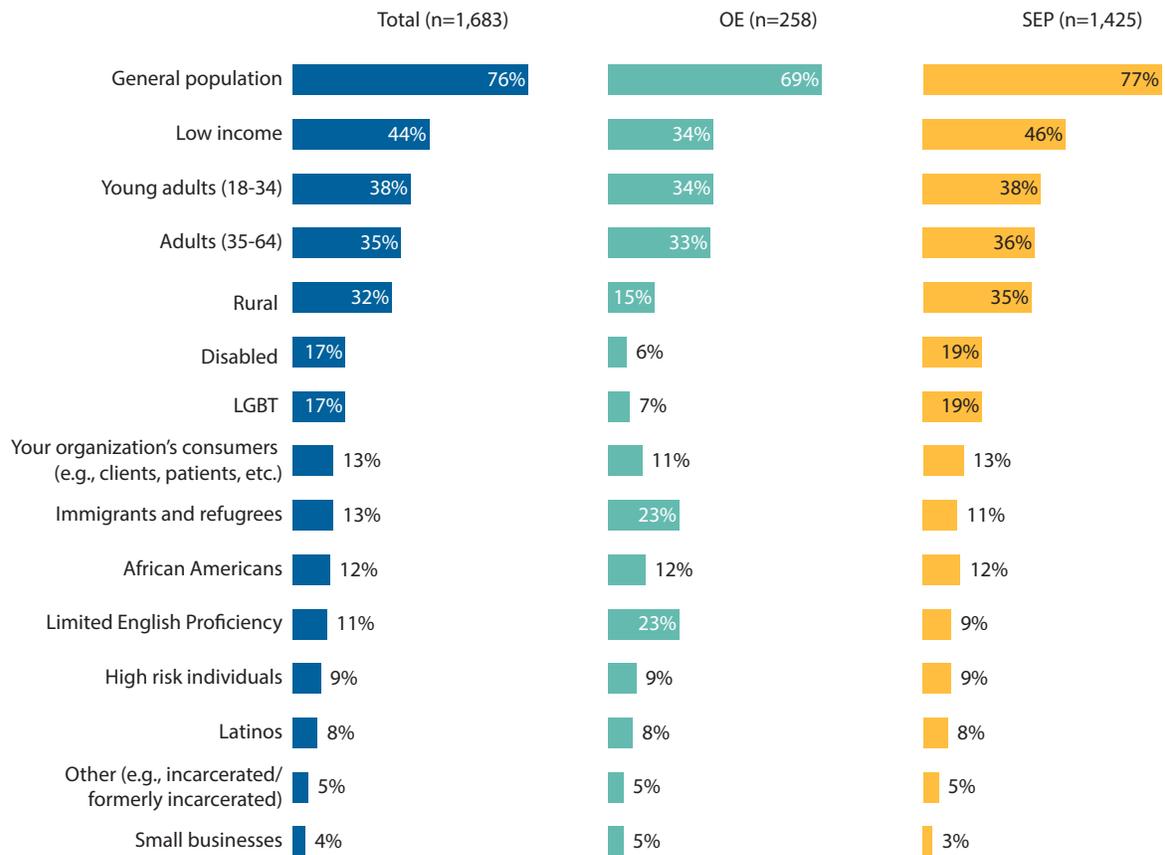
As stated previously, ECTCA funded grantees focused their efforts on serving consumers who had difficulty enrolling in health insurance without the help of one-on-one assistance. As a result, grantees targeted some of their events to reach certain populations.¹⁶ In Figure 30, populations targeted refers to the population groups the grantee wanted to participate in the event, but it may or may not be who actually attended the event. In year five, 76 percent of events targeted the general population, and 72 percent targeted a special population. For those events that did target a specific population, low income residents, young adults (18-34), and adults (35-64) were the top three populations targeted.

¹⁴ Categories were not mutually exclusive, meaning more than one category could be selected for event type.

¹⁵ Categories were not mutually exclusive, meaning more than one category could be selected for Marketplace audience targeted.

¹⁶ Categories were not mutually exclusive, meaning more than one category could be selected for population targeted.

Figure 29. **Populations targeted by ECTCA events, August 2017 - July 2018**



EVENT SETTING

Grantees hosted the majority of their events in a neighborhood or community setting (year 5: 37 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 individuals, rural residents, LGBT individuals, and high risk individuals at a hospital, clinic, or health center.

EVENT STRATEGY

During their events, grantees implemented several strategies to reach consumers.¹⁷ The top three strategies continue to be: 1) distributed awareness or educational materials, 2) organized or participated in a community event or meeting, and 3) presented in the community.

PARTNER INVOLVEMENT

In order to maximize resources and improve efficiency, grantees partnered to conduct events. They worked with partners on 375 events (22 percent of all events).¹⁸ Examples of partner activities include conducting advertising for the event or providing assisters for the event. Overall, grantees partnered on 22 percent of their events. Events that utilized at least one partner reached more people on average than those that did not (87 average reach for events with a partner compared to 59 for events without a partner).

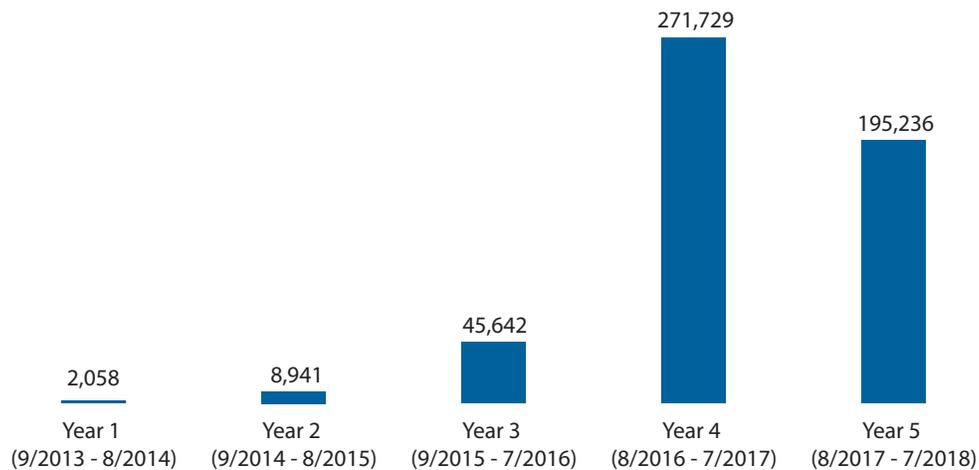
¹⁷ Categories were not mutually exclusive, meaning more than one category could be selected for event strategy.

¹⁸ This is not a unique count of partners, but the number of times a partner was reported.

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 decreased the total number of media activities being conducted for the first time. Grantees conducted 195,236 media activities in year five compared to 271,729 in year four. It is important to note that MFH required grantees to allocate \$10,000 of their grant budget to media during the third grant cycle (grant year four and five). This requirement did not exist in any other cycle of funding.

Figure 30. **Number of media activities conducted by ECTCA grantees across all years**



MEDIA TYPE

The top three media activities utilized by grantees in year five were: 1) other (e.g., LED signs, building banners), 2) social media, and 3) paid other print. This was a change from previous years (Figure 31).

POPULATION AND AUDIENCE TARGETED

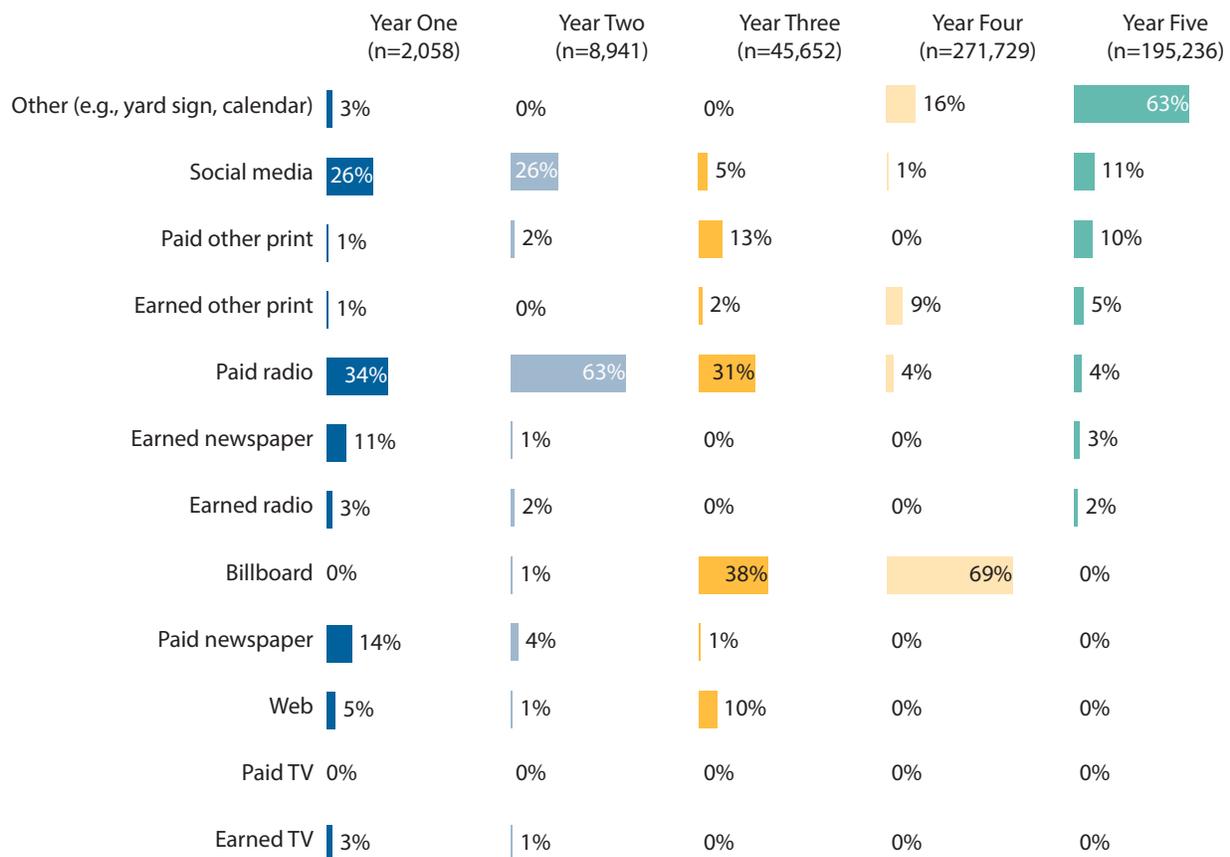
As with events, grantees could have targeted their media activities to certain populations (e.g., young adults age 18-36, rural residents) and audiences (i.e., individuals and families and/or small businesses).¹⁹ However, they were less likely to target media activities than events. The top three populations targeted by their media activities were: 1) low income residents (.31 percent), 2) organizations existing clients (.27 percent), and 3) rural residents (.21 percent). In addition, they targeted the majority of their media activities towards the Marketplace audience of individuals and families.

Counseling Sessions

Grantees provided consumers with pre-application, enrollment, and post-enrollment assistance through counseling sessions. Counseling sessions were defined as a direct interaction of an enrollment assister (by phone or in-person) with an individual, family, or small business who was trying to enroll in the Missouri Marketplace, MO HealthNet, off Marketplace plans, or who needed assistance after they had enrolled. ECTCA grantees conducted 11,473 counseling sessions during year five which is an increase in the number of counseling sessions conducted during year four. The average number

¹⁹Categories were not mutually exclusive, meaning more than one category could be selected for population and audience targeted.

Figure 31. Media activities conducted by ECTCA grantees across all years



of counseling sessions conducted by a grantee in year five was 521 with a range of 40 to 1,305 counseling sessions. This was the largest average number of counseling sessions conducted by a grantee over the years (year 5: 521, year 4: 424, year 3: 428, year 2: 510). As in the previous years, the majority of counseling sessions occurred during open enrollment. It is important to note that open enrollment five was 51 percent (47 days) shorter than open enrollment four; however, the grantees managed to conduct 10 more counseling sessions during open enrollment five compared to open enrollment four. In addition, the number of counseling sessions being conducted during the special enrollment period increased in year five which continued the trend of grantees conducting more counseling sessions during the special enrollment period (year five: 49 percent, year four: 37 percent, year three: 32 percent, year two: 31 percent, year one: ten percent).

ECTCA grantees conducted 11,473 counseling sessions during year five.

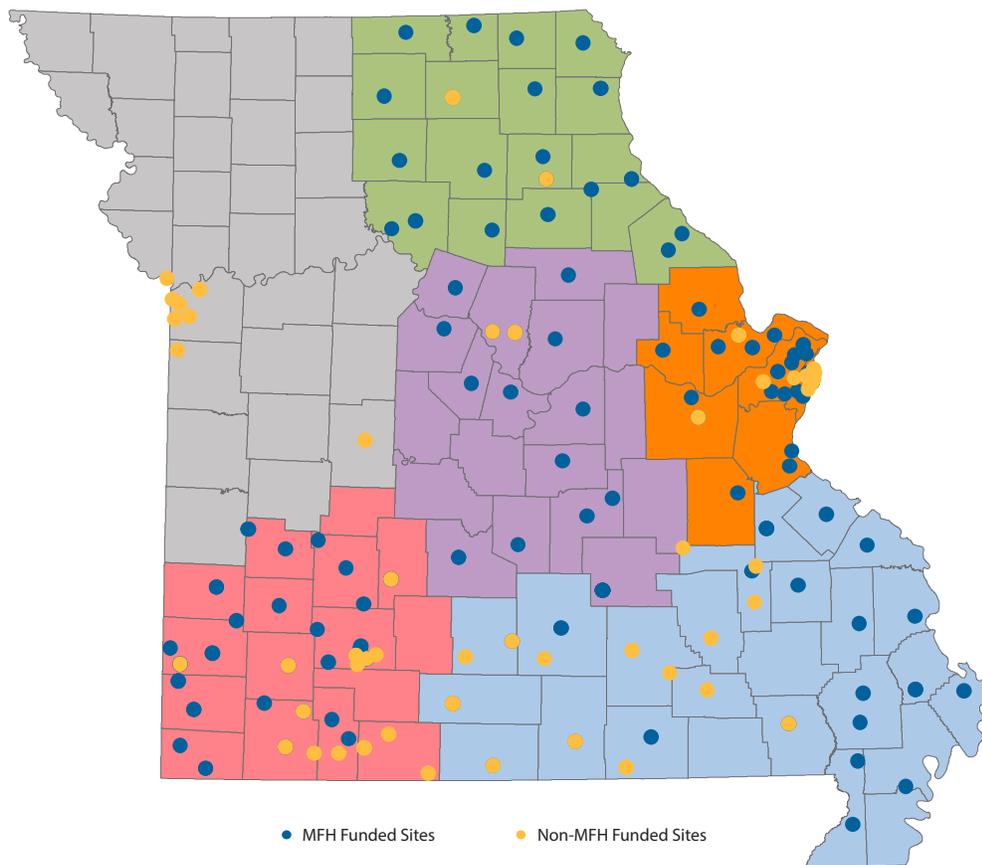
ENROLLMENT LOCATIONS

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 five took place at permanent enrollment sites (89 percent). Grantees conducted seven 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 (five percent compared to two percent during the SEP). As Figure 32 shows, permanent sites were located throughout the MFH service area, with the most sites located in St. Louis Metro region.

Figure 32. Permanent enrollment sites by MFH funded and Non-MFH funded assister organizations



LENGTH OF COUNSELING SESSIONS

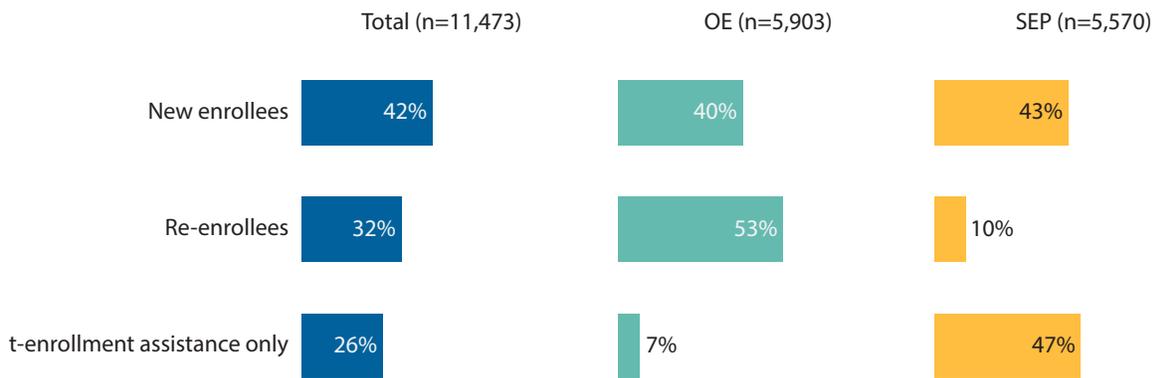
The average amount of time it took to complete a counseling session was about an hour. This was the same as in previous years; however, the longest counseling session decreased from eight hours in year one to five and a half hours in year five.

CONSUMER CHARACTERISTICS

ECTCA grantees typically assisted individuals and families during counseling sessions. Individuals and families accounted for 99.9 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 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. The percent of counseling sessions assisting new consumers to the Marketplace continued to decline in year five (year 5: 42 percent, year 4: 45 percent, year 3: 51 percent, year 2: 65 percent), but the percent of counseling sessions assisting re-enrollees remained about the same as in year four (year 5: 32 percent, year 4: 33 percent, year 3: 28 percent, year 2: 22 percent) (Figure 33). It is important to note that the type of consumer seeking assistance does vary by the time of year. During the SEP, consumers seeking post-enrollment assistance accounted for 47 percent of all counseling sessions (overall: 43 percent, OE: 10 percent, SEP: 47 percent). In addition, there were differences in who consumers were seeking assistance from by grantee type. Consumers who were new to the Marketplace were more likely to seek assistance from a grantee categorized as a provider (43 percent of counseling sessions with a new enrollee to the Marketplace occurred with a grantee categorized as a provider).

Figure 33. Counseling sessions conducted by ECTCA grantees by enrollment period, August 2017 - July 2018



HOW CONSUMERS HEARD ABOUT ENROLLMENT SERVICES

Over half of consumers heard about ECTCA grantees’ enrollment assistance services from a family, friend or previous client (62 percent). Other key ways of hearing about the organization’s enrollment services included internal referrals (13 percent) and events in the community (six percent).

COUNSELING SESSION OUTCOMES

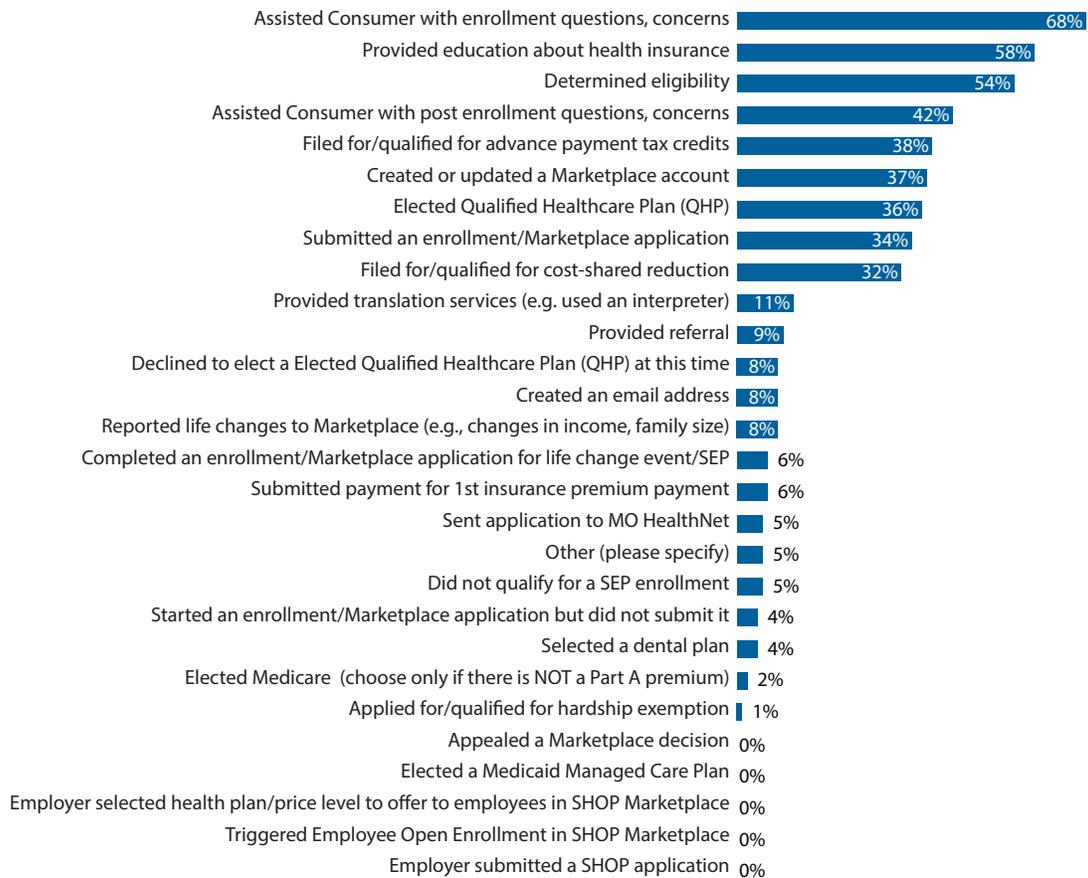
Grantees helped consumers with a wide array of tasks during counseling sessions. The top three outcomes for year five were assisted consumer with enrollment questions and concerns, provided education about health insurance, and determined eligibility. While the top three outcomes were the same as in year four and three the order varied of the top responses varied. (Figure 34).²⁰ However, outcomes of counseling sessions varied during the course of the grant period. The top three outcomes during the SEP were: assisted consumer with post enrollment questions and concerns, assisted consumer with enrollment questions and concerns, and provided education about health insurance. 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 qualified health plan compared to new enrollees or those seeking

²⁰ Categories were not mutually exclusive, meaning assisters could identify more than one outcome.

post-enrollment assistance (Re-enrollees: 64 percent, New enrollees: 35 percent, Post-enrollment assistance only: two percent).

Counseling sessions during which a referral was provided continued to be low (nine percent). Consumers received referrals most often because they fell into the Medicaid coverage gap.²¹ This suggests that consumers who were eligible for the Marketplace were able to receive the help they needed from assisters.

Figure 34. ECTCA counseling session outcomes during year four, August 2017 - July 2018



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:²²

- Shared information about health insurance (e.g., definitions of key terms, how insurance and the Marketplace works) (90 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) (64 percent)
- Provided written materials about health insurance (e.g., handouts, brochures) (56 percent)

²¹ Categories were not mutually exclusive, meaning assisters could identify more than one outcome.

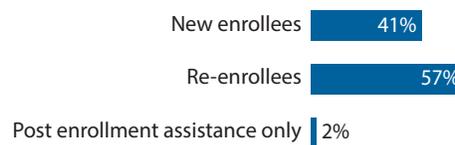
²² Categories were not mutually exclusive, meaning assisters could identify more than one type of post-enrollment assistance and HIL.

ENROLLMENT

Thirty-six percent of all counseling sessions conducted by ECTCA assisters resulted in a qualified healthcare plan being elected. From those counseling sessions, 5,785 people enrolled in an insurance plan through the Missouri Marketplace. Re-enrollees were more likely to enroll in a qualified healthcare plan than new enrollees (re-enrollees: 57 percent, new enrollees: 41). In addition, most of the people who enrolled in a plan with the assistance of an ECTCA assister were re-enrollees to the Marketplace the same as in Missouri overall. ECTCA assisters assisted more consumers with enrolling in plans during open enrollment compared to the SEP. The St. Louis and Southwest regions had the highest number of counseling sessions conducted by an ECTCA assister where consumers enrolled in a plan.

On average, consumers attended two counseling sessions before they enrolled in a plan, and sessions in which consumers enrolled were about an hour long. This was the same as in year four. The average number of counseling sessions to pick a plan varied by enrollee type with post-enrollment

Figure 35. Percent of enrollments conducted by ECTCA grantees by type of enrollee, August 2017 - July 2018



only assistance only consumers requiring the highest number of sessions (new enrollees: 1.6 sessions, re-enrollees: 1.9 sessions, post-enrollment only: 2.6 sessions).

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

ECTCA grantees conducted more counseling sessions in year five, and the average number of counseling sessions conducted per grantee increased as well. MFH funded the same number of grantees in year five as they did in year four (year five: 522 counseling sessions on average per grantee, year four: 424 counseling sessions on average per grantee). In year five, all of the ECTCA key outcomes of a counseling session increased from year four. In addition, year five saw the highest number of counseling sessions conducted and the largest number of people enrolled across all years despite the shortest open enrollment period to date (Figure 36).

Figure 36. ECTCA key counseling session outcomes by year

Reporting Year: (date range):	Year One (10/13 - 8/14)	Year Two (9/14 - 8/15)	Year Three (9/15 - 7/16)	Year Four (8/16 - 7/17)	Year Five (8/17 - 7/18)
Number of grantees:	17	18	18	22	22
OE duration:	102 days	92 days	92 days	92 days	45 days
 sessions conducted	11,065	9,180	7,695	9,337	11,473
 determined eligibility	6,095 (55.1%)	5,741 (62.5%)	4,552 (59.2%)	4,661 (49.9%)	6,182 (53.9%)
 elected a Qualified Healthcare Plan (QHP)	3,087 (35.0%)	3,866 (42.1%)	3,041 (39.5%)	3,020 (32.3%)	4,078 (35.5%)
 people enrolled	5,051	5,191	3,956	4,172	5,785

Key Takeaways

The Missouri Marketplace continued to encounter challenges during the 2017-2018 year including a decrease in the number of firms offering health insurance plans, increasing premiums, and a shorter open enrollment period. Despite these challenges, Missourians continued to enroll in the Marketplace at almost the same rate as 2016-2017. However, enrollment in Medicaid Managed Care plans steadily declined over the last year.

Even with this complex health care environment, ECI positively impacted the enrollment community and consumers within Missouri. The Initiative increased the perceived capacity of assisters and assisted with the enrollment of consumers into health insurance through the Missouri Marketplace and MO HealthNet. Below are the key takeaways from the evaluation findings:

The number of individuals selecting a health insurance plan through the Missouri Marketplace remained consistent despite a reduced open enrollment period, increasing plan premiums, and decreasing firm participation. The 2017-2018 open enrollment period was 52 percent shorter than the 2016-2017 open enrollment period (OE 2017-2018: 45 days, OE 2016-2017: 92 days), yet the state of Missouri saw only a marginal reduction in the number of individuals enrolling. There was a decrease of exactly 1,000 individuals from OE 2017-2018 compared to OE 2016-2017. In addition, the Expanding Coverage through Consumer Assistance grantees actually saw an increase of 1,316 individuals selecting a health insurance plan through the Missouri Marketplace during OE 2017-2018 compared to 2016-2017. In addition to the reduced timeframe for enrollment in the Marketplace plans, the number of plans offering coverage in Missouri counties stayed the same or declined, and premiums rose by 20 to 50 percent in rating areas across Missouri from 2017-2018. The reduction in plan choice and rising premiums did not, however, have an impact on the number of individuals selecting Marketplace plans.

Expanding Coverage through Consumer Assistance grantees assisted the largest number of individuals since the grant program began. ECTCA grantees increased the total number of counseling sessions conducted and the number of individuals selecting a health insurance plan through the Missouri Marketplace over all previous years. The increase was seen for both the open enrollment period and the special enrollment period. However, majority of all counseling sessions and plan selections occurred during open enrollment. It is important to note that the open enrollment period was the shortest since the Missouri Marketplace began (OE 2013-2014: 201 days, OE 2014-2017: 92 days, OE 2017-2018: 45 days). MFH and ECTCA grantees implemented several strategies to combat the shorter open enrollment period. As soon as the 2017-2018 open enrollment period timeframe was announced, Missouri Foundation for Health and the ECTCA grantees began planning for how to adjust previous open enrollment strategies for the shorter timeframe. MFH hosted planning sessions at Cover Missouri Coalition meetings, discussed potential strategies with individual grantees during monthly technical assistance calls, and encouraged grantees to identify strategies in their interim reports. Grantees identified several key strategies that aided in their success in their interim and final reports: partners, marketing, and outreach. Grantees referred to the value added of existing and strong partnerships for providing referrals and outreach opportunities, utilizing marketing opportunities to inform consumers of the shorter enrollment period, and utilizing early outreach to previous clients to schedule appointments and prepare them for their appointments.

Cover Missouri Coalition increased its members' self-reported knowledge of health insurance literacy, reducing the uninsured, and Marketplace policy. CMC helps assisters enroll consumers through increasing their capacity and increasing their knowledge in Marketplace policy and health insurance literacy. A majority of CMC members within each CMC survey cohort reported that the Coalition increased their capacity to enroll consumers in the Missouri Marketplace and/or Medicaid. In addition, a majority of CMC members within each CMC survey cohort reported an increase in knowledge of health insurance literacy, increased knowledge about reducing the number of uninsured, and increased knowledge of Marketplace policy. The CMC is a vital resource for assisters that, based on findings in the environmental context, are a necessity for Missouri assisters for enrollment in Missouri Marketplace and/or Medicaid.

Medicaid Expansion is needed to reach the Expanding Coverage Initiative's goal of reducing the uninsured rate to five percent or less in Missouri. The State of Missouri has chosen not to expand its Medicaid program leaving limited health insurance coverage options available for its residents with the lowest incomes. The uninsured rate in Missouri had been declining from 13 percent in 2013 to 8.9 percent in 2016, but experienced a slight (although not statistically significant) increase to 9.1 percent in 2017, to over 548,000 Missourians.^{xxviii} In addition, the uninsured rate for those under age 65 increased to 10.8 percent in 2017 from 10.5 percent in 2016.^{xxiv} The State of Missouri in 2010 ranked 23rd, out of all fifty states, in the percentage of the population that was uninsured and now in 2017 ranks 36th. Missouri has not kept pace with other states in insuring the uninsured mainly because of the lack of Medicaid expansion in the state. States that have expanded their Medicaid programs since 2014 have seen more dramatic reductions in their uninsured populations than states that have not expanded their Medicaid programs. Medicaid expansion is crucial to lowering the uninsured rate in Missouri to 5 percent due to the fact that many uninsured Missourians fall into a coverage gap, with incomes below the Federal Poverty Line.

Missouri Medicaid enrollment has been changing and more consumers are now enrolled in Medicaid managed care plans. Enrollment assistance continues to be needed in order to help those that are eligible enroll in Medicaid and to navigate re-enrollment into Medicaid managed care every year. Missouri Medicaid enrollment as of August 2018 stands at 953,075 Missourians.^{xxv} Medicaid enrollment has fluctuated somewhat since 2013 with a peak enrollment of 996,024 beneficiaries in January 2017. Enrollment has declined by over 45,000 enrollees since January 2017 to the current enrollment of 953,075 enrollees in August 2018. The bulk of this overall increase (2013-2018) in enrollment continues to be the result of enrolling children that are eligible for Medicaid under the existing guidelines but that have not been previously enrolled. The average number of children per calendar year enrolled in Medicaid rose from approximately 527,000 in 2013 to 627,000 in 2017; however, child enrollment is currently only 600,000. The bulk of these children are likely still eligible for Medicaid, but have not been re-enrolled. Navigating the Medicaid enrollment process, Medicaid call centers, and paperwork requirements can be cumbersome and, at times, challenging for Medicaid beneficiaries and the parents of children eligible for Medicaid. Assistance with Medicaid enrollment and re-enrollment and navigating the changes in plans offered by Medicaid managed care plans could be a vital role for the navigators as they continue their work to cover the uninsured.

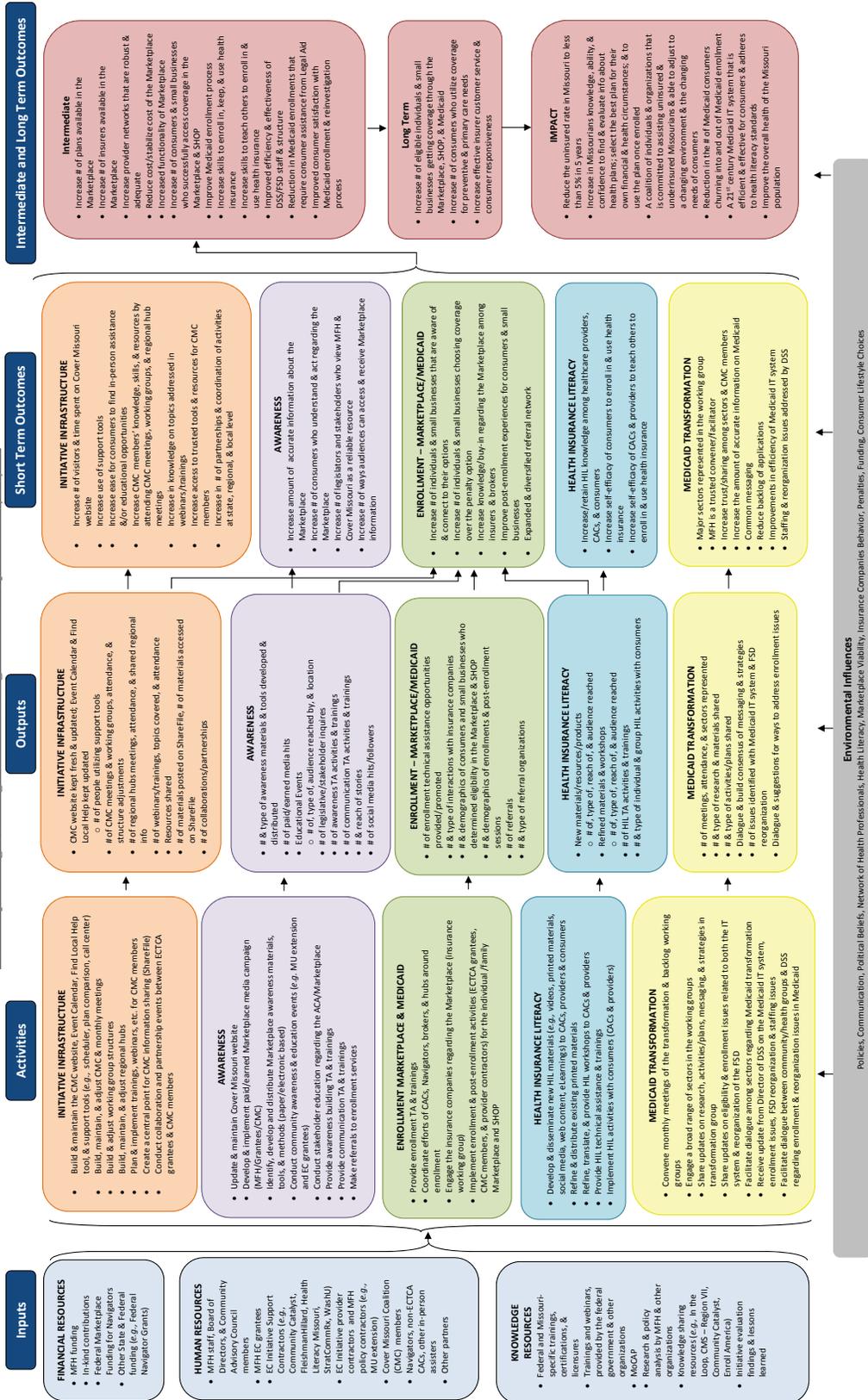
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Appendix A - Evaluation Model

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?

