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The Central Pennsylvania Affordable Care Act Project

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THE CENTRAL PENNSYLVANIA AFFORDABLE CARE ACT PROJECT

This document contains recommendations, suggestions, and observations we gained as researchers, application counselors, and project managers of a rural and volunteer based enrollment program during the 2013-2014 ACA.

A community movement to help and inform people

We work in rural Central Pennsylvania to inform people about the Affordable Care Act and to provide application assistance for the Health Insurance Exchange. Central Pennsylvania is rural areas about 100 miles in diameter with many towns of 3,000 to 10,000 people and a few small cities. There are no navigator organizations and only one small organization—a small free clinic—is registered to sponsor individuals to become trained as Certified Assistance Counselors.

In the five counties that constitute the Central Susquehanna region of Pennsylvania – Montour, Union, Snyder, Northumberland, and Columbia – members of our group helped to both educate individuals about the ACA and to provide enrollment assistance. Students from Bucknell University and Bloomsburg University worked in four communities to offer primary assistance to people in need of health insurance. As fall became winter, the ACA confronted major technical challenges which included website glitches, site outages, and poorly trained call center representatives. This stalled the process and frustrated both the many people eager to sign up and those working to provide enrollment assistance. Eventually, these technical challenges were addressed, fixed, and the enrollment period was extended to March 31, 2014. Overall, the individuals and organizations who worked together to provide enrollment assistance within this five county region assisted nearly 500 people with the new health care system and the changes brought about by the ACA.

The goal of this report is to complete an evaluation research project to better understand the nature of the enrollment assistance during the initial enrollment cycle as a way to enlighten the enrollment work that will occur in 2014-15, the second year of enrollment. We anticipate that many changes will take place at both the federal and state levels and that these changes might make some of our observations and suggestions moot. By overviewing the strengths and limitations of enrollment assistance during the first year of ACA implementation, we identify key features of ACA enrollment and social service support more generally, which will be useful to a range of actors and organizations in coming years.

The data used for this report come from a range of research projects, working groups, and observations made while we provided enrollment support. We have completed interviews with fifteen individuals who enrolled in an insurance plan with our assistance, eleven representatives of both local and statewide health, community and social service organizations that were connected to the Central PA ACA project in some capacity, and fifteen randomly selected individuals from both rural and urban contexts. In addition, we collected survey data from seventy enrollees at the time of enrollment. We contacted individuals through telephone, and arranged for face-to-face meetings. All interviews were completed in person, field notes were written up by members of the research team who completed the interviews, and voice recordings were made with consent being given by interviewees.

The report has been compiled by Brandn Green (bgreen@bucknell.edu). Sections of the report have been written by Carl Milofsky, Kristal Jones, Dedja Collins, Will Rappaport, Collin Greene, Anya Shaunessy, and Catherine Bianco. Thank you to the students who volunteered and to the students to assisted with the research and report.

Project Structure – A Model of Rural Enrollment

We have developed a decentralized and locally embedded enrollment strategy. During the 2014 enrollment cycle, we will empower residents more fully by providing public trainings on how to help another navigate Healthcare.gov. Residents in other rural regions throughout the country can come together to provide assistance if they are given the intellectual tools necessary for providing accurate assistance information.

- A regional expert who can address complex cases and be a resource. This person can be funded through local foundations if federal money is not available.
- Location coordinators who will manage three to five volunteers and help to provide basic expertise while the volunteers provide website navigation expertise.
- A scheduler who can answer a local phone number, screen callers who do not qualify for a subsidy in the Marketplace, and who can direct residents to the volunteer sign-up centers.
- A local champion, someone who is going to identify a lack of access to health insurance as a social problem and who will make it his or her mission to try to increase enrollment.
- A pool of volunteers, they will need to be computer savvy.
- Computers. These can be accessed through public libraries, donated, or shared by a local university. The enrolment locations must take place somewhere with fast and reliable internet.
- A basic information distribution system for educational materials – videos, brochures, websites. These should be distributed in places where citizens most in need of help generally are active and participating in social events.
- Informal distribution of call center phone number through basic advertising. Specifically, the newspaper and radio.
- Use a central town for enrollment. Select the county seat as human services are located in these communities and residents are accustomed to driving larger distances than in urban settings.

Program Activities - 2013

- Ten public talks given at libraries, the Kiwanis, and public community spaces. Focus of talks on the Act, not on insurance enrollment specifically.
- Three visits to local AM talk radio show.
- Op-ed in local paper.
- Two talks given on regional television news stations.
- Over the phone explanations of Medicaid expansion, Obamacare, and eligibility.
- Enrollment assistance provided at four locations, for three hours at a time, for three months.
- Thirty-five volunteers were trained and coordinated for this project.
- Approximately five-hundred citizens were informed about access, or lack of access, to subsidized insurance through the Marketplace.
- A total of $10,000 spent to support the enrollment work via three separate grants.

Patient Profile

Amber is a 53-year-old retired accountant who lives with her 57-year-old husband Konrad on the income he receives from a Social Security disability benefit. They make about $23,000 per year, or about $1920 per month, and they live in a small house that she inherited in the rural hamlet of Mill Creek. They say they are fortunate that their son, an auto mechanic, lives with them now that his marriage ended. He helps them a bit with household expenses and was able to take an hour off work to drive them to the Free Clinic where we are providing enrollment assistance with the hope that they could get an appointment.

Because transportation is a chronic and difficult problem for people in rural places, access to transportation meant that Amber and Konrad felt pressure to get their insurance needs solved today, knowing they might not get a chance to try again for another month. Delay would present them with big problems. Although Konrad receives funding to support his health needs, Amber has no insurance. She has a chronic and progressive eye disease that is slowly blinding her and that was responsible for her having to quit her job as an accountant. Progression of the disease could be slowed or arrested if she were able to make regular visits to her eye doctor to receive injections of an expensive drug. To avoid loss of her vision, she has needed to pay for the doctor's bill and drug costs out-of-pocket, which totals $500 per month. It is hard to imagine how they pay these medical bills, but they must so that she can hold onto the fading vision she now has.

We met in the lobby of the Volunteers in Medicine Free Clinic. It is a small ranch house located in Tompkinsville, a town with a half-mile long Main Street with houses on either both sides of the road, and four or five small businesses. The Free Clinic was the only health-care organization in a seven-county region within rural, Central Pennsylvania that signed up to sponsor citizen volunteers to take the federal online course to become Certified Assistance Counselors (CACs) for the Affordable Care Act (ACA). It was a good day. Slow though it was, we progressed through the application process on the federal website. After completing the application, it was a relief to find that Amber did not fall into what is known as the Medicaid gap, the income bracket of adults whose households earn under 100% of the federal poverty level. Had she been in that gap, she would have received no health insurance assistance because the Republican governor of Pennsylvania, like the Republican governors of 24 states, had refused the federal offer to fund Medicaid expansion.

Receiving a health insurance subsidy was a joyful experience for Amber and Konrad—and for me. The cost of their insurance was going to be about $150 per month, much less than their current doctor and drug costs, and it would allow Amber to receive care for her other health problems as well. I say that their insurance subsidy was joyful for me because in the three hours we spent together working on insurance I learned a lot, in a rather intimate way, about their lives and their life histories. They were funny, engaged and competent, and warmly inclusive, allowing me to enter their lives.

As we had planned the Central Susquehanna Affordable Care Act program, friends, students, colleagues, and I had wondered what the social interaction would be like while helping people to enroll in the ACA. Would it be difficult to communicate about sensitive and personal health questions? Would the vulnerable nature of discussing health and access to health care make people guarded and defensive? In particular, how would the volunteer nature of our status, instead of us being medical professionals, shape how those we assisted interacted with us?

As we continued to provide assistance over the course of several months, however, providing enrollment assistance emerged as more of a shared experience than one that created or highlighted differences. Many people with whom we worked had a good understanding of their health problems and of government programs, while others were not as literate on health matters and were often confused about how to deal with government programs. In the end, the experience of engaging with a new government system related to personal health insurance highlighted the notion of partiality often discussed by critical scholars. We as enrollment assisters were better placed to navigate computer systems and complex legislation, while those with whom we worked had detailed knowledge of their own health priorities and needs, as well as the local systems within which they would be using their new health insurance.

Challenges

"Dave agreed wholeheartedly and stated that he believes people in his area (low income residents) would have been conned because of a lack of information and that individuals in his area are just desperate for healthcare." – Dave, 65, Retired, Wife signed-up for Insurance

The majority of people that were helped by the organizations we spoke with were going to receive health insurance for the first time in their lives. Organizations set up plans and strategies prior to the start of the enrollment period in 2013 to raise awareness about this opportunity. The Central PA ACA Project and other organizations tried to reach out to the region by giving public talks, and advertising about enrollment assistance on the internet, radio, local newspapers and through fliers at central locations. Overwhelmingly, interviewees reported the extent to which people did not know about the ACA or healthcare. For example, the majority of people in the area, including organizations, refer to the act as Obamacare. Individuals went in with the idea that they would be able to get health insurance with a quick and efficient process. Unfortunately, that did not turn out to be the case. Assisters, because of this lack of prior knowledge among clients, needed to be able to provide individualized enrollment assistance, as those who came to get help varied financially, socially, and in family structures.

As stated earlier, many people had to be read directions and instructed on how to navigate the website. They also needed help with definitions for sophisticated and precise insurance language. Healthcare.gov has a section that provides terms most common to healthcare. The definitions are provided with these terms as well. However, after looking at a few of these terms, we came to realize the definitions only made the terms more complex and harder to understand. There are numerous healthcare terms that people are not aware of and they cannot make informed decisions about health insurance plans without knowing them. Education seminars were also sparse because of transportation and time constraints.

Since people have been living without health insurance for a long period of time, they have not had a strong reason to go learn about health insurance. Our interviewees reported that many people want the information "spoon fed" to them. Quite frankly, there is not enough time and not enough volunteers for that to happen during sign ups. Education is essential for individuals because they need to develop a basic knowledge of insurance terminology and logic of they are going to be able to make informed, individually specific decisions. One difficulty is if clients go about the process and find that it does not work for them the way that they expected, then they will blame the system for not helping them instead of going back and teaching themselves what would be most beneficial. Negative experiences can then spread through social networks, thereby disrupting the possibility of insurance and increased health care access for entire blocks of communities.

Everyone interviewed mentioned that the ACA website was hard to navigate. Participants said, "The Affordable Care Act was confusing, and the website was hard to get on" and "There were too many things and so many questions." These feelings are what led individuals to seek help from institutions like Bucknell. There was also confusion as to what the ACA actually consists of. One participant recounted an experience she had at an ACA info session in which the representative said, "I don't know what Obamacare is, you don't know what Obamacare is, but you want it." This seemed to be the recurring theme amongst participants. Many were unsure of the small details their plan contained. One participant mentioned that she received some information regarding her health plan, but it was a lot to read and there did not appear to be much information. It did not tell her which doctors were on her plan. "It's kind of vague," she said. Participants felt that the process was too confusing for a person to complete without assistance.

"Evelyn received some information about her health plan, but it is a lot to read and there does not appear to be much information." – Evelyn, 58, Hispanic Woman making $22,000 per year

There is a significant percentage of the population in the region that has below average reading level when compared with national averages. Based upon information given to us by interviewees, we estimate that many individuals who are in need of assistance for accessing health insurance have a third-to-fifth grade reading level. As a point of comparison, we have analyzed flyers, handouts, and pamphlets provided in a range of health settings, and found that the information uses language that can be difficult to comprehend for people that have not been exposed to health insurance in their past. This problem, one of basic literacy as well as health insurance literacy, presents a significant challenge for achieving the goal of efficient education and enrollment. Volunteers found that they needed to spend time with people to both help them interact with the website interface, to get them through the steps for enrolling, and when patients lack sufficient healthcare knowledge, volunteers must also provide at times prolonged explanations about specific insurance concepts and terminology.

What we have consistently heard about in our interviews is that individuals with low literacy levels also reveal decreased motivation to interface with complex public assistance programs that require sophistication with comprehending written, abstract concepts. In our interviews, people explained to us that when an individual was able to address one hurdle for acquiring coverage, another one would arise. As the problems began to mount, it was harder for all parties to keep moving forward with the process. The frustration of the individual in need of healthcare would increase and they would occasionally give up completely. This also takes up time of the volunteer or service provider who is helping them. This problem is exacerbated by the fact that there has also been a limited amount of volunteers supporting ACA enrollment in all organizations. Truthfully, one interviewee stated, "We are not going back and teaching people how to read." Interviewees were unanimous, however, in a commitment to figuring out how to best provide information to those with low-literacy and low-health insurance literacy levels. Frequently they mentioned the idea of creating more simplistic and clear information to make for more efficient and viable passing of information to individuals.

"Brandy very quickly state that she would definitely sign up for the ACA, however, her ability to get health insurance is limited by her car payment of $400 a month. And she still has a couple more years left on her car, so she is unable to pay for both. But, in the future, she definitely sees herself signing up for health care once she no longer owns her car."

Mona Yetter works for S.U.M. Child Development in Mifflinburg. The organization works as a child day care center while also teaching them parents and children healthy lifestyle habits. They have multiple facilities across the region and provide limited transportation services to individuals. A handful of individuals do not have any mode of transportation and cannot move their kids into these programs because there is no way of physically getting them there. This challenge also presents possible difficulties for individuals who are unable to reach locations for enrollment assistance and to hear public talks on healthcare. Fliers and handouts catch the eyes of many people, some of who are interested in attending these sessions, but they do not help if someone is unable to control his or her transportation needs.

We also asked Kirsten, who works for the AIDS Resource Alliance in Williamsport, if any of the people she helps have trouble getting to clinics, doctors, etc. She said yes, and explained that S.T.E.P., a region social services organization, has a program that transports individuals on an appointment basis. If an individual needs to go the doctor at 11:30, they may call this group and set up a time where a bus can take them to their appointment. Kirsten, however, wasn't enthusiastic about this method because many people would have to wait around for a few extra hours in order to wait for the bus to pick them up. In a region without public transportation, organizations have expressed frustration in being unable to coordinate seminars or workshops with people because there was a lack of means of transportation for some individuals, most notably the impoverished, many of whom were without health insurance.

To address this limitation, enrollers should chose an enrollment location in the central part of a town, as this is the often the easiest location for many individuals to access through the few public transportation programs in existence. In addition, many people in each community are familiar with and go to the center of town on a regular basis. There is also a sense of comfort that local townspeople feel in the downtown areas of the communities they call home. Comfort and ease of accessing a location is a variable for which enrollment assisters can control, and one that might help to decrease, even marginally, fear and distrust residents have of the new health insurance law. Many people would rather be in a location that they have been to instead of having to travel to another town for a public talk. Central Pennsylvania is made up of very tight-knit communities. Families have lived here for generations and are close with their neighbors. Keeping this bond is important. It is already tough to travel, people generally resist leaving their comfort zone.

"Diane said that because we showed her the processes as we were helping her sign up that she was able to explain it to her son and he was able to do it on his own and signed up after the Dalabridas got help from us."

After speaking with organizations and learning the problems individuals had to deal with during the first year of enrollment, we have put together key components of successful project design to close the holes and help better educate and enroll people in health insurance. The purpose of this chapter is to help stimulate additional ideas in the reader and to give examples that can be used in other rural settings across the state and around the nation.

One major opportunity, which we did not take advantage of during the 2013 enrollment cycle, is to empower residents to help each other. Our strategy for doing so is to create a tutorial video guide that can be posted on YouTube to help individuals understand the logic of the Healthcare.gov web interface. By then giving public talks at key community institutions, like churches, that are centered around enrollment assistance, rather than ACA explanation, we believe that we will be able to provide assistance through a network of peer-to-peer enrollment helpers.

We think that regions should create regionally focused websites about enrollment opportunities, key organizations, and information about the ACA, and then advertise these sites using non-electronic advertising mediums like newspapers, radio, television, and billboards. One section of this would be definitions of commonly used terms that could be problematic when signing up for health insurance on the Marketplace. However, the difference between our terms and what Healthcare.gov provides now, would be simplicity. By creating simple definitions that are easier to understand in general terms and are more applicable to this general population, success will follow. Placing these terms together in context so that they can be seen when used in a sentence is also essential for clarity. Furthermore, we suggest that the information be presented in a format that can be easily read over a cellphone, as many individuals access the internet through phones. Our goal is to make language about insurance more comprehensible than before so that any individuals can arrive to enrollment assistance sessions with more information, which will increase the efficiency of the sign-up process and create opportunities for more people to be helped.

The regional website should also be easy to navigate so there are no major challenges in finding something specific to meet a person's needs. Another element of the website should include basic information about health insurance. When searching for help on the ACA, websites will sometimes give long answers, sometimes paragraphs to explain one basic idea. We should cut out all the unnecessary information that is thrown in there and be straightforward with explanations. There is too much confusion out there for individuals. It will also be helpful and important for the website to provide times and locations of when and where there would be public talks, workshops, and any public events about the

ACA. We firmly believe that education is the most important component in getting people more interested in the ACA and helping them understand what it entails and how they can benefit. Since there will be multiple locations, organization is key. Chronological listings of each workshop or enrollment opportunity should be present on the front page with the time, place, and the purpose. We should also consider an email that can be subscribed to so that if people forget to check the website, they can be notified about gatherings by email. In cases where people do not email accounts, we think a rather basic phone-based notification system could be very helpful.

Not all of central PA has access to the Internet. There are people that do not have computers, have access to possible computers, nor know how to effectively use a computer. We also understand that some people do not like to read about information online. It can become repetitive and burdensome. Also, because there are over thousands of options to choose from, how can an individual determine which websites are the most accurate and factual? What we have come up with is an alternative to these two problems that would be able to reach people in both rural and urban settings.

We think it would be useful for an agency to create a video tutorial/DVD that could be available to individuals or organizations to get their hands on, in addition to it being posted to publically accessible websites like YouTube. One section of this would be dedicated to online sign ups. The video should break down the enrollment process into basic steps and help individuals each step of the way. By locating the most challenging and unclear concepts that appear most often, we can use those as stepping stools for providing an efficient way to get through the sign up period. These tutorials will be modeled after the video tutorials on the website Khan Academy. This website helps teach young students math, science, and other courses in an effective way. This video is still open for more ideas because it can always be added to with information. We do not want to add too much information because then it would be overloaded for the viewer. The first place these DVD's would go to would be local organizations to show their clients if they need help. In a few of our interviews, leaders expressed the challenge of explaining the new ACA to their patients, and would often direct them to our project leaders. Because of this common theme, this idea could ease that process. We should also consider providing it to libraries and organizations that focus on providing health care access to target populations. It is important to provide follow up questions and answers after the video tutorial, however, because every individual's healthcare situation may be different.

"We can't get involved with that. It's too political. We've already been burned this year by the Boyscout thing." Director, United Way

As we have been driving around central PA, we have noticed the number of organizations that are providing needs for the ACA. At first, the list of organizations we had knowledge about was short. However, we kept asking the people we interviewed for suggestions of more people we could contact. A few people sent us lists of organizations that they knew about and that could be useful to our research. Looking back at the interviews, we noticed reoccurring methods and services. This has led us to bring together these groups in our third component.

The rural features of central PA play a major role in people's lives. Many decisions are based on travel distance and location of the destination. What we want to do is to be able to pull these organizations working with the ACA together. We are not trying to create competition between organizations, since most are non-profit. This strategy would help to get information out in a more effective way. As of now, an individual may travel to one organization to get information about their income and how it impacts their health insurance status. However, due to our experience interviewing organizations, some are not experts about every realm of an individual's needs. By compiling a list with contact information of Navigators, CACs and those organizations assisting with the ACA process, collaboration of organizations becomes easy and effective. If an individual goes to organization A, and they cannot identify their

question or need, that organization will be able to direct that person to where they want to go, whether it be a workshop, enrollment location and time, or another non-profit organization all together. We also want to have health education fairs at places like a library, town hall, etc. These health education fairs would feature organizations setting up informational displays and explaining what they offer. These could happen once a month and would be located in the most central town. The Union County Library already has a health fair. Transportation plans could be arranged and the word will hopefully be dispersed well. The next enrollment period and education about health insurance leading up to sign ups will be eased by proving proper communication and awareness between organizations.

During the first enrollment period, it was difficult to how many people signed up/were helped in regards to health insurance. The Central PA ACA Project gathered demographic on some of the people who were helped, but not every volunteer used these forms. In order to have numerical data and know where to expand from in terms of people, we should start to keep general records of each enroller. Having this would help direct projects onto more distinct paths. It would also give an idea of where most people are getting their information so that those areas of advertisements can be maximized.

"It is unbelievable about how little the Marketplace operators know." – Enrollment Assister

We created a volunteer network of enrollment assisters by connecting with students and faculty at universities. This strategy presented a few basic challenges, challenges which any enrollment program run by volunteers will need to address. Students showed a capacity to easily learn the complexities of the health insurance terminology, but the training materials provided by CMS did not offer them this expertise. We found it necessary to supplement all training materials provided by CMS as they assumed a basic level of expertise in insurance language for CACs.

The following section offers recommendations for opportunities to improve the enrollment process, experience, and context. We have divided our recommendations into three aspects of ACA enrollment: technical infrastructure, enrollment experience and policy elements. In addition, build on our experiences as enrollment assisters to offer suggestions about how to better support and utilize enrollment assisters in order to improve the enrollment process for consumers. For each aspect, we identify challenges faced by consumers with whom we worked, and recommend opportunities to change or improve these challenges. In addition, build on our experiences as enrollment assisters to offer suggestions about how to better support and utilize enrollment assisters in order to improve the enrollment process for consumers.

Technical infrastructure

This section focuses on the challenges with and recommendations for improvements in the FFM call center and website.

Call center

The primary challenge associated with the call center technical infrastructure has to do with lack of capacity across several measures. Enrollment assisters reported long wait times when calling for help or with consumers, frequently being disconnected, and being told to call back later to receive help with technical problems. Building capacity of the technical infrastructure to handle high call volume and balance wait times with providing help would increase the likelihood that consumers utilize the FFM call center as a resource. As one enrollment assister suggested, being able to schedule a follow up call would be amazing and save a great deal of time. Give us a call back number or code to use to get us connected quickly.

- Recommendation: Add more call center lines, create separate consumer enrollment and technical assistance lines, and create a call-back system that connects consumers directly to the representative.

The call center technical infrastructure was too flat to provide efficient and precise support to different types of consumer and enrollment assister needs. One enrollment assister noted that we need a more streamlined "chain of command", a total waste of time for consumers, Navigators, & Marketplace personnel. This chain of command could separate out representatives, supervisors, and an advanced resolution or case management team, with separate points of contact for each type of support. By allowing consumers and/or enrollment assisters to call the appropriate office for a specific need, cases and questions will be resolved more quickly than the call center currently allows.

- Recommendation: Increase the numbers of support staff across the chain of command, from representatives to supervisors to the advanced resolution team, provide contact information for each type of support.

For consumers who would like in-person help in interpreting and navigating the call center and the Marketplace, there is an option when talking to a call center representative to add a CAC to the consumer's account as an authorized user. This designation was often made by consumers and then failed to be recorded or saved to their accounts, resulting in CACs being locked out of follow-up phone calls on the consumer's behalf. Especially for consumers with complex cases or special needs, it was overwhelming to use the call center on their own, without a CAC with whom they have a personal relationship. It was therefore frustrating and time-consuming to have the authorization designation not 'stick.'

- Recommendation: Improve the computer infrastructure to make sure that CAC authorization on consumers' accounts is recorded and saved.

While diverse language services were offered through the Marketplace Call Center, consumers had difficulty accessing translation or language services. Consumers calling the Marketplace to complete applications requiring or preferring language services (in a language other than Spanish), had to verbally progress through four English/Spanish teleprompts to request language assistance or translation. This is troublesome to non-English/Spanish speaking consumers because requesting translation required the use of a language they were not comfortable or capable of communicating within, leaving consumers frequently unable to progress with an application over the phone.

- Recommendation: Offer call center translation services earlier in the teleprompt structure so that non-English or non-Spanish speaking consumers do not have to understand and respond to English prompts to progress to the application or to request language services.

The process of using the call center for enrollment purposes was challenging for consumers and enrollment assisters for a number of reasons. The primary challenge was the variation across representatives in terms of training and knowledge base. 70% of enrollment assisters in our survey reported some interaction with poorly trained representatives, which impacts the enrollment experience (see below). Training and knowledge are part of the technical infrastructure, and lack thereof impacts the enrollment process for the consumer. For example, one assister noted that, for many of the challenges

faced this open enrollment, CMS would state in a weekly assister newsletter or weekly webinar that situation X, Y, or Z could be solved simply by calling the Call Center. When the situation would come up with a client the Call Center Rep would have no idea what I was talking about and would give incorrect information. You could call two reps and get two completely different answers to the same questions. The lack of consistency in training and knowledge meant that some representatives are not able to get the right information from consumers because they don't understand the definition of household or income (as it applies to the Marketplace). Because representatives are a key component of the call center's technical infrastructure, their training and knowledge profoundly affects the enrollment process for consumers.

- Recommendation: Improve, standardize and broaden training for call center representatives, and ensure that training is timely and consistently updated.

The process of enrolling through the call center was complicated as well by computer glitches on the representatives' end, which sometimes meant that information just entered couldn't be seen and had to be re-entered. After March 31, the challenges of establishing eligibility for a Special Enrollment Period (SEP) were also dependent on the information representatives could access through their computer system, and consumers were sometimes denied an SEP because information had not been recorded or saved in the computer system.

- Recommendation: Increase the computer capabilities of the call center to ensure that information is not lost.

The call center technical infrastructure posed several challenges for consumers in the follow-up to submitting an application. Many (40%) enrollment assisters surveyed reported difficulties linking applications submitted over the phone to web or mobile phone accounts, which creates challenges for consumers who want to return to and review the insurance plan options before making a decision. For consumers who submitted an application over the phone, there was also no way to receive a paper copy of eligibility results in the mail, which was frustrating to those who wanted documentation of the decision.

- Recommendation: Streamline the process to link applications across the call center, web accounts and mobile phone applications, and allow paper notices of application results to be sent regardless of how the application was submitted.

Website

Though it has been well-documented and is the focus of ongoing improvement, it is important to note that the single biggest challenge in using the website technical infrastructure is the lack of capacity during peak times of use. Glitches, frozen pages, and extremely slow page loading were all difficulties experienced by enrollment assisters and consumers. In addition, accounts that were created at peak times were not activated right away, and forgotten passwords took days to reset. As one enrollment assister explained, the site going down due to heavy traffic was a big problem since I helped most clients during a scheduled appointment, so I just hoped it would be up when they came.

- Recommendation: Increase the capacity of the web server to meet peak demand on the website.

The mandatory use of email to create an online Marketplace account and submit an application through the website was reported by 75% of enrollment assisters surveyed as being a frustrating, time-consuming

process for many consumers. In both rural and urban areas, many consumers did not have an email address, and creating an account took extra time and added an additional layer of complication by creating two usernames and passwords for the consumer to remember. The email requirement alone required the presence of an enrollment assister, since most people that need/ require assistance with enrolling often are not computer savvy and do not have an email. In many rural areas especially, having the option of phone applications or cell phone-based account verification options (rather than the requisite email verification) would better meet the needs of a broad range of consumers. In cases where consumers do not have access to computer or cell phone technology, the use of the identity verification process to verify their account could be implemented.

- Recommendation: Remove the requirement for consumers to have an email address to create an account and submit an application through the FFM by providing alternative technological and verification options.

Once consumers created an account, there was sometimes confusion about the log-in name and how to log into the account. Enrollment assisters reported that it was easiest for consumers with email to have their email address as their Marketplace username. Others suggested using a consumer's Social Security number as the log-in name, like the Medicare system does. In addition, consumers sometimes found it confusing that there was no 'log in' button next to the 'create an account' button on the FFM homepage.

- Recommendation: Standardize the system for creating/designating an account username, and add an account log in option on the FFM homepage.

While functionality of the FFM application improved over the course of the first open enrollment period, it still fell short of facilitating enrollment for families with complex tax situations, families with non-tax-dependent young adults and families with mixed-document status. The website technical infrastructure needs to enable, rather than inhibit, the ACA's guarantee of coverage even for those in complex situations.

- Recommendation: Ensure that widely-identified glitches that interfere with enrollment for individuals or families with certain complex cases and status are fixed within the website interface.

The identify proofing profess was reported as being difficult by 40% of enrollment assisters surveyed. Incorrect answers could not be changed, leading to lengthy processes on the phone or by scanning or mailing in documents. For some consumers, such as those with no credit history, it was impossible to verify their identity through the website. It was noted by one enrollment assister that the Call Center can skip this check and manually verify. As navigators and CAC's, we should be able to attest to these documents being legitimate. Others suggested that identity verification should not hold up the process of submitting an application, so that a consumer could move forward while waiting for final proofing.

- Recommendation: Streamline the identity verification process for all consumers by allowing enrollment assisters to testify to the validity of primary identity documentation, and remove the requirement that a consumer's identity be verified before application submission.

Once consumers began the application process, many were frustrated by the inability of the website to allow changes to be made without starting a new application or having to review every single page. As one enrollment assister stated, typos happen and should be easier to correct. Allowing consumers to choose the specific frame/question within which they would like to make a change from the menu on the left side of the screen would save time in the application process.

- Recommendation: Update the web interface to allow changes to the application without having to restart the entire section or application.

The document upload feature on the website was also challenging and did not always work. One enrollment assister requested, please make uploading documents a simple straightforward process! It does not work consistently. It is not intuitive. It is not easy and it usually does not work. Increasing the server capacity to upload documents and clarifying the uploading process will help consumer and enrollment assisters more efficiently submit documentation as needed.

- Recommendation: Improve the document upload feature so that it is clear how to use it and it consistently works.

Consumers and enrollment assisters reported frustration at the lack of information available within the website application about how specific answers would affect their eligibility results. This can lead to difficult situations for consumers and assisters to untangle through a call center representative or a case worker, adding hours or days of time and unnecessary hardship for the consumer. An example given by one enrollment assister is the need to file taxes: there is no explanation that if a person indicated they don't plan to file taxes, they will not be determined eligible to receive a premium tax credit. This may seem like a simple concept, but many consumers are new to the tax and application process. At every stage in the website application, there should be a small graphic, text or audio/video explanation about why that bit of information is needed and how to give an accurate answer.

- Recommendation: Add explanations in clear, simple terms to help the consumer understand why certain questions are being asked and how the answer will affect their eligibility.

One specific question within the application that needs clarification and improvement relates to a consumer having job-based insurance. As one enrollment assister explained, the "Yes" or "No" options confuses consumers who ARE eligible because of the 9.5% rule. Those who are eligible are confused, select "Yes" because their employer DOES provide healthcare, albeit "unaffordable" by the 9.5% standard. There needs to be a third option to accommodate the 9.5%ers.

- Recommendation: Add a response to the job-based insurance question that accounts for cost and the 9.5% affordability threshold.

A second specific question that is challenging for consumers relates to estimating income for self-employed individuals or those with variable work situations. For self-employed consumers, it would be easier to just provide the yearly amount that changes month to month just because they are self-employed. For those consumers who have variable hours or seasonal work, there should be an option to report hours and wages for a certain number of weeks or months of the year.

- Recommendation: Streamline the income estimation process for self-employed consumers and those with variable employment/income.

Immigrants, especially those who have been in the United States for less than five years, face several challenges in the process of using the website application. Identity verification is difficult for those with a credit history. The verification system also does not connect to the immigration system, so that the date that the adult entered the country does not immediately determine eligibility status for subsidies. In addition, using the card number rather than the alien number as an immigrant's personal identifier is confusing. Clearer instructions about which documents and specific numbers are required for immigrants to set up an account and complete an application would help streamline the process.

- Recommendation: Clarify and add specificity to the explanation of account creation and application submission for immigrants.

There is currently no way file an appeal or exemption application online, which creates an additional layer of complexity for consumers and enrollment assisters. Because the rest of the application process can be conducted online, building appeals and exemptions into the website infrastructure would increase efficiency.

- Recommendation: Add the ability to file appeals and exemption applications through the FFM website.

The eligibility results that consumers receive through the FFM website are difficult to read and do not provide enough detail. In particular, the eligibility results should explain why an individual was not eligible for a subsidy, if that is the case. In addition, at times during the Open Enrollment Period, almost half (45%) of enrollment assisters reported helping consumers who received eligibility results were incorrect or incomplete, further confusing the application process.

- Recommendation: Ensure that eligibility results are complete, correct, and easy to read.

Enrollment experience

Observations of challenges and recommendations for improving consumers' enrollment experience are offered here.

Consumers and CACs experiences with call center representatives was mixed, and included both very positive and sometimes negative interactions. One assister summed it up well: My experience with most of the assisters at the call center was positive. I would say that 80% of them were able to help my consumers when I could not for one reason or another. About 20% percent of the people I spoke to sounded either totally incompetent, or too lazy to bother with a difficult case. One of the challenges for the consumer associated with variable training for both call center representatives and CACs was to know which information to trust and upon which to make decisions. At times, it would be helpful for both types of enrollment assisters, CACs and call center representatives, and the consumer to interact as a group, and to be able to do so from three separate places, since consumers have different types of relationships with different types of enrollment assisters. It was very frustrating to work with consumers that had built relationships with our CACs that they could not be applied over the phone. While in-person assistance is a valuable support, HHS should recognize that many consumers cannot easily travel to community-based

organizations or state human services offices (due to work, child care commitments, distance, cost, etc.) Phone-based assistance should be used in collaboration with in-person resources.

- Recommendation: Standardize training and informational materials for all types of enrollment assisters, and provide mechanisms for consumers to engage with call center and in-person enrollment assisters at the same time.

In addition to general variability in the quality of support provided by enrollment assisters to consumers, there is an identified need for more state-specific information to be available to consumers through all types of enrollment assisters. Call center representatives provide little state-specific information, and what they do offer is often imprecise. CACs and other enrollment assisters are in certain places confronted with the need to understand and navigate information for multiple states.

- Recommendation: Provide standardized training and informational materials on state-specific guidelines for all enrollment assisters.

In addition to issues with the application associated with website technical infrastructure, enrollment experience could be improved by increasing overall efficiency within the application process. Efficiency will be increased by building capacity in the technical infrastructure, as outlined above, and can be further improved by streamlining certain aspects of the application process. When people come to us for in person assistance, they expect and wish to complete the entire process without relying on call center reps as a third entity. Providing clear explanations of application questions will help, since 20% of enrollment assisters reported that consumers were confused by the phrasing of questions, which lead to incorrect information being entered. As one explained: The most common challenge I have encountered is the wrong information being placed in the application. I think that the way a question is asked can also lead to the wrong answer. Efficiency can also be increased by streamlining the verification processes for accounts, identities and uploaded documents. One enrollment assister suggested referring to the Medicaid application as an example of user-friendly language. Another enrollment assister summed it up well: The process needs to be much more user friendly so CACs and consumers alike can concentrate time & effort on choosing the health plans

- Recommendation: Clarify and provide explanation of application questions, streamline the application process so that most consumers can finish it in one sitting.

While in some cases there is too little information available about the questions within the application, in other cases there are redundant or unnecessary questions that can be confusing and time consuming. Examples include asking the same questions of all members of the family even if they are children, and having to input Social Security numbers and birth dates multiple times.

- Recommendation: Streamline application to avoid redundancy and increase efficiency.

There is a lack of translated documentation related to both the FFM and insurance language more generally, making it difficult for consumers requiring language assistance to make fully informed decisions about their application and their coverage. Providing more materials about both the enrollment process and insurance choices, in more languages, would help consumers and enrollment assisters make informed decisions.

- Recommendation: Translate and provide more informational materials, in more languages, about the enrollment process and insurance language.

An important element of the enrollment experience is how supported consumers feel throughout the end of the application process, especially in complex or unresolved cases. Many (35%) enrollment assisters reported helping consumers whose applications were sent to case management, only to seemingly disappear. As one enrollment assister noted, the system does not allow for conversation. Consumers are to get a call that they may not call back directly, or email, or anything. There is no way to track appeals and case management processes, leading to uncertainty for consumers and delays in successful enrollment. Creating a way to track the case management process would provide peace of mind and more efficient follow-up by consumers and case managers alike.

- Recommendation: Create a tracking system for appeals and complex cases that are sent to case management so that consumers can be informed about the status of their application.

Consumers need to have a clear understanding of what to look for before choosing an insurance plan, and how to apply that knowledge to their specific situation. As the FFM website currently stands, the plan selection process does not adequately prepare consumers to make an informed decision. For example, the explanation of the different plan levels is confusing because when you actually look at the plans it isn't true. Higher premiums don't mean lower out of pocket expenses. Confusion over plan benefits is especially true when consumers are eligible for cost-sharing reductions, which make silver plans cheaper than bronze plans. Consumers' experience of making a decision about the best plan for them would be enhanced by providing more explanation of basic insurance terms within the plan selection screens, and by ensuring that insurance providers offer accurate and complete information about plan benefits for every plan.

- Recommendation: Provide more tools and clear, simple information to educate consumers about insurance language and considerations during the plan selection process.

Once the consumer has selected an insurance plan, there is a lack of clarity about how soon the insurance provider will contact them with plan details and the first month's bill. As one enrollment assister noted, there is a lack of coordination in getting consumers' Marketplace information to providers. Way too long! And there is no way of identifying where the information is getting tied up, or why. Providing consumers with more information about providers' obligations and realistic expectations will help ease anxiety at the end of the plan selection process.

- Recommendation: Provide accurate information about insurance providers' timelines in communicating with consumers about their newly selected plans.

Once consumers have finished the application and plan selection process, there is a need for ongoing education and support in how to most effectively and appropriately use health insurance and other health care services. The FFM should make readily available thoughtfully developed, culturally competent, and low-literacy outreach materials that provide education on the ACA and using insurance. Where needed, CMS could contract with health literacy experts to develop materials that utilize less text and more graphics. In addition, developing and sharing materials that target unique groups who may qualify for a special enrollment period will support future enrollment.

- Recommendation: Expand consumer educational materials to include health literacy outreach materials for a range of audiences.

Policy elements

This section highlights some elements of the ACA and related policy that could be changed or adapted to increase the efficiency and equity of the enrollment process.

Medicaid expansion is a critical component of coverage provisions set forth in the ACA that would extend eligibility to potentially 17 million uninsured, low-income adults. These adults were historically ineligible for their states' Medicaid or medical assistance, and were unable to afford private coverage. Unfortunately, assisters are finding that many of these underserved families are uninsured and are likely to remain so without Medicaid expansion in states like Pennsylvania. As one enrollment assister put it, the Medicaid gap meant that at the end of the enrollment process, we were either overjoyed about the good deal, or heartbroken because we couldn't get insurance. It is distressing and counterintuitive for families to learn that they must remain uninsured because of the state within which they live.

- Recommendation: Continue to push all states to close the Medicaid gap by accepting the ACA's Medicaid expansion provisions.

The determination of eligibility for Premium Tax Credits within the ACA is based on federal poverty guidelines that are uniform across the country. However, the same pay check covers vastly different needs in different places. For example, the standard cost of living in rural locations is lower than urban. When this is the case, rural residents are able to generate surplus income after meeting basic material needs, even though their total income falls below the federal poverty line. In the case of health care, this extra income could be used for purchasing a subsidized plan on the marketplace. To put it simply, $10,000 goes further in rural Pennsylvania than it does in urban Pennsylvania, and rural residents should not be denied access to potential subsidies because of a singularly applied threshold level. In addition, the top end of eligibility for Premium Tax Credits differs in impact depending on the individual. As one enrollment assister explained, 400% above poverty line actually too low for individuals and families to have to buy insurance without getting some help. For an individual earning $45000 a year, a $300-$350 premium is a big chunk of an income.

- Recommendation: Review the income thresholds for PCT eligibility and adjust thresholds to place of residence.

Enrollment assisters in Pennsylvania working with tobacco users reported consumer feelings of alarm, injustice and in some cases inability to afford premiums after the tobacco surcharge had been applied to the plan costs. In many instances, the surcharge increased the premium amount for consumers by more than $100 and for many, made tax credit subsidized coverage unaffordable. Assisters from across the state also indicated inconsistent and unpredictable surcharge amounts applied to the premium cost making it clear that different formularies were used to calculate the tobacco surcharge amount making the calculations appear arbitrary. This also made it challenging for consumers looking at plans through the plan preview tool to estimate their premium rate as there was no consistent way of anticipating this cost of the surcharge. Transparency in how the surcharge is calculated would also establish greater public accountability for insurance companies in applying the surcharge responsibly and consistently.

- Recommendation: Institute a sliding scale surcharge based on income or a cap for income ranges. Additionally, public notification about how the surcharge is calculated and applied would allow consumers and enrollment assisters to anticipate the adjusted cost of coverage as well as to help monitor for incorrect applications.

ACA enrollment fits into a broader process of accessing social service offices and resources for many consumers. Expanding the opportunities for enrollment assisters who are work for other social service agencies to help consumers with multiple services at the same time would expand access to both health insurance and other types of social services. For example, individuals eligible for one benefit (i.e. Medicaid) are very likely eligible for other work supports (i.e. food, heat, or child care assistance), all of which can be applied for via telephone. In addition, before selecting a plan, many consumers needed to go home to consult other family members, review plan details or retrieve required documentation. For consumers that wanted ongoing one-on-one assistance, assisters were required to ask them to travel to and from multiple in-person appointments. This was both burdensome for consumers and an inefficient use of assister time. Given the limited resources for FFM states like Pennsylvania, we believe that consumers who cannot easily travel due to work, child care, distance, or cost should be given the option of receiving application support from a trusted community assister over the phone. As long as the federal call center represents the only opportunity for consumers to apply by phone, those eligible for multiple programs will be required to pursue separate application and verification processes, further reinforcing the program and data silos that the Affordable Care Act seeks to overcome.

- Recommendation: Expand phone-based enrollment assistance to coordinate with other social service agencies and enrollment assisters based within them.

Recognizing the complex nature of the enrollment process, and the critical role that enrollment assisters play for many consumers with limited technological skills or background knowledge of health insurance and health care systems, the enrollment process could be enhanced by allowing certain enrollment assisters more assistance capabilities. Examples already overviewed include allowing enrollment assisters to verify identity with primary documents, and ensuring that account authorization is recorded and saved. Additional suggestions include creating a dedicated enrollment assister web portal, and allowing assisters to efficiently help consumers over the phone or in person by being able to see their in-progress applications and possible problems associated with them. Enrollment assister capabilities could also be expanded to allow enrollment assisters access to more detailed information about consumers' eligibility results, in order to help them make appropriate next-step decisions if they are denied PCTs. Expanded enrollment assister capabilities would require increased training and accountability mechanisms that could be administered through the already existing CAC and Navigator training portal.

- Recommendation: Expand enrollment assister capabilities to allow more consumer needs to be met by enrollment assisters.

Resources for enrollment assisters

This section provides detail on the challenges associated with providing enrollment assistance and recommendations on how to improve resources for enrollment assisters.

Training for enrollment assisters should provide more hands-on practice and experience with the website and the enrollment process. As one enrollment assister explained, the Navigator training should actually train Navigators how to use the on-line application form! There should be screen shots with explanations available for the entire program. Even better, Navigators should be able to practice with the program during Navigator training prior to actually having to use it to work with consumers.

- Recommendation: Allow enrollment assisters to practice within the FFM interface during training and before helping consumers.

Enrollment assisters report a range of complex cases, including those referenced in the specific clarifications above, that required timely and practical solutions in order to facilitate accurate application submission for consumers. Increased initial training and ongoing access to CMS resources would help enrollment assisters efficiently support consumers in the enrollment process. Organization of the current resources on a web platform designed specifically for enrollment assisters would make it easier to find information on specific types of individual consumers or types of cases. During the Open Enrollment Period, one enrollment assister suggests that CMS provide concise and brief information that gets to the heart of issues, as we really don't have time to read tons of news articles and e-mails every day. During the rest of the year, CMS and the FFM should support the coordination of outreach, educational and enrollment activities at the regional and local level, and the sharing of thoughtfully developed outreach materials.

- Recommendation: Create a database and web portal that organizes resources for enrollment assisters that can be used both during and outside of the Open Enrollment Period to efficiently and accurately answer consumers' questions.

Specific clarifications were requested by one-third of enrollment assisters surveyed. Questions include: how to incorporate adult non-dependent children under the age of 26; how to incorporate dependent children with income; how to account for adults over the age 26 who are dependent on a parent or significant other; how to deal with individuals who are the process of getting divorced; and how to ensure that individuals who fell into the Medicaid gap and did not plan to file taxes would be guaranteed exemption from the individual mandate. Recommendation: Provide a typology of individuals who can be included in FFM applications and how to indicate their appropriate status given the application options.

One strategy to aid consumers in the enrollment process is to create an expert unit within the call center for Navigators and CACs. More than half (60%) of enrollment assisters surveyed suggested a distinction between consumer channels (the current call center) and assister channels. By creating a direct pathway to technical and policy experts, resolution and troubleshooting of systemic issues facing consumers and assisters will be significantly expedited. On enrollment assister suggested that what is needed is a hotline with someone who has the authority to make decisions, not just another Marketplace Representative.

- Recommendation: Create enrollment assister-specific technical support in the form of a phone hotline and direct connections to Marketplace supervisors.

Conclusion

The initiation of the Affordable Care Act this year, sparked a high increase in individuals that signed up for healthcare, in rural areas there was a surge of citizens that wanted to take advantage of the ACA however most found it difficult and confusing to navigate. The lack of individuals taking advantage of the Affordable Care Act was due to many unforeseen factors that were later identified through our research such as lack of healthcare facilities that inform individuals about health insurance opportunities. In addition, an air of confusion hovered over the ACA and served as a deterrent to signing up for rural residents. Many also felt that the lack of competition due to the fact that there were only two plans present -- Highmark and Geisinger-- lead to higher prices.

By conducting research in the area, after having provided enrollment support, we began to better understand how the fabric of rural communities plays a major part in understandings of and access to health care. By interviewing the individuals that we did we were able to gain a better understanding of why rural individuals viewed the Affordable Care Act through a more political lens, finding that most judgments of the ACA were not based on facts but on bias in regards to political affiliation. Many individuals liked the fact that Bucknell came to help out; due to its lack of bias more people felt comfortable asking us for help in the process of signing up because they did not feel as though they would be conned. By first listening, and then determining how rural individuals can best be informed about health care, we can give individuals a better understanding of how the Affordable Care Act provides them options for accessing health care. Our story is a story that can be emulated, adjusted, and implemented in other rural locations throughout the country in states and regions where financial supports are not flowing from either the state or federal levels.