

# Health Care in Motion

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October 27, 2017 5:45PM EST

## Keep Calm and Enroll On: Open Enrollment Set to Start Despite Administration's Efforts

Open enrollment is right around the corner. Starting November 1<sup>st</sup>, most individuals and families who do not have affordable employer-sponsored health insurance can buy private health plans on the [Marketplace for 2018](#). Most of these consumers will also qualify for financial help that makes insurance plans more affordable. This year, however, open enrollment faces new challenges as a result of actions taken by the Trump Administration, including a shorter open enrollment period, reduced funding for Navigators and open enrollment activities, technical difficulties with certification, and website outages. These factors could impact on consumer enrollment unless advocates continue to work together and engage with potential enrollees.

Advocates can help consumers get access to affordable health care options by:

- Participating in the digital push on Facebook, Twitter, and other social media to reach consumers and update them on key issues and deadlines. You can find resources and materials through [@GetUSCovered](#), use hashtags such as [#GetCovered](#) or [#OpenEnrollment](#) or by [adapting these graphics](#) from Community Catalyst, Raising Women's Voices, and Health Literacy Media, organized by target population and topic);
- Talking to your family, friends, colleagues, and strangers at the bus stop about open enrollment and the importance of getting covered; and
- Promoting the 2018 enrollment period through op-eds in local newspapers, radio shows, and neighborhood flyers (for state-specific examples, check out resources at [Indivisible](#)).

### Shortened Open Enrollment Period

In April 2017, the [Centers for Medicare and Medicaid Services](#) (CMS) announced that the 2018 Open Enrollment period would be significantly shorter than in previous years. Originally set to be three months, this year's Open Enrollment will begin on November 1<sup>st</sup> and last until December 15<sup>th</sup>. This 45-day window introduces barriers to an already difficult enrollment process. [Analyses](#) on week-by-week enrollment data show that younger, healthier enrollees will often enroll later in the Open Enrollment period. Many new enrollees will opt to sign up towards the end as well. A shorter Open Enrollment period will also make it more difficult for what the Congressional Budget Office (CBO) has [estimated](#) will be steady but increasing enrollment in Marketplaces over the next decade.



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## Reduced Funding for Navigators and Open Enrollment Activities

CMS [announced](#) on August 31<sup>st</sup> that federal funding for both Navigators<sup>1</sup> and open enrollment activities would be [guttled](#). The Navigator program will see a 41% reduction of funding, from \$62.5 million down to \$36.8 million. Open enrollment activities will see a 92% reduction of funding, from \$100 million down to \$10 million. These substantial cuts in federal funding primarily [affect](#) states that rely on the federally-facilitated Marketplaces (FFM), since states that run their own Marketplace can organize and coordinate their own Navigators and Open Enrollment activities.

Many Navigators were surprised by these cuts in funding. Navigators had been awarded a three-year grant from CMS in 2015, set to renew each year and remain in place [through September 1, 2018](#). In May 2017, CMS [invited Navigators to submit work plans and budgets](#) for their third year of funding (up to \$60 million). However, one day before the submission deadline, CMS announced a reduction in funding and that the reduced funding would be awarded based on a Navigator's satisfaction of their previous year's enrollment goals. They provided very little information though as to which goals would be considered and how performance would translate into funding. About [half](#) of surveyed navigators reported that CMS provided no rationale in their notice of award.

CMS announced preliminary organization-specific funding cuts in September 2017 (with final awards scheduled to be announced on October 28<sup>th</sup>). While many states saw state-level [reductions from 8% to 82%](#), advocates also noticed that each state's total funding no longer matched the number of uninsured residents living within the state. Thus, states like Ohio [are set to receive much less federal funding](#) than Kansas and Oklahoma, even though Ohio has [more uninsured residents](#). Some FFM states, like Louisiana, Nebraska and Indiana, have even faced funding reductions of 80% or more; while twelve others have faced reductions of more than 50%.

When navigators received notice of their preliminary 2017-2018 grant awards in September, they had little time to adjust budgets and staffing. The Kaiser Family Foundation [reported](#) that, while most Navigator programs have chosen to continue operating in the 2018 Open Enrollment period, many will reduce their geographic service area (89%), lay off staff (89%), reduce spending on marketing (89%), and reduce outreach activities (81%). These cuts may particularly affect individuals living in rural communities where structural barriers can limit access to enrollment help already. Moreover, navigators reported that they would likely have to limit the time spent assisting consumers with complex cases (57%), reduce the timeframe during which they would provide assistance (57%), and scale back the services provided for limited or non-English speaking individuals (54%).

## Navigators Facing Technical Issues During Completion of their Mandatory Certification Course

Some Navigator organizations have also experienced less support from CMS when facing [technical issues](#) during training. As a navigator, organizations must complete a mandatory certification course in order to provide enrollment assistance to consumers purchasing plans in federally-facilitated Marketplaces. While navigators have hit technical problems in the past, some have noted that this year, CMS seemed less willing to help or resolve these situations quickly. These types of delays

<sup>1</sup> Navigators are community organizations funded, trained, and certified by the federal government to help individuals and families navigate the enrollment process. Their knowledge of local communities and one-on-one assistance make them a key driver behind a successful Open Enrollment period.

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add to the already difficult process Navigators face in enrolling clients who are uninsured.

## Outages of the Open Enrollment Website

Officials from the [Department of Health and Human Services](#) (HHS) also announced that [Healthcare.gov](#), the main enrollment website for all federally-facilitated Marketplaces, would be [closed](#) overnight for maintenance on the first day of Open Enrollment, and from midnight to noon Eastern during all but one Sunday of the open enrollment period. This new announcement sets up additional barriers that may make the enrollment process more complicated for potential enrollees.

The decision to close Healthcare.gov during Open Enrollment is being denounced by healthcare advocates as an attempt to [sabotage](#) the 2018 Open Enrollment period in light of several failed Repeal & Replace efforts. [President Donald Trump's](#) latest decision to end federal reimbursement of cost-sharing reductions adds to already existing false rhetoric that the ACA is defunct or overturned, and lead potential enrollees to doubt the viability of the Marketplace's insurance plans.

## Effect on Consumer Enrollment

The substantial cuts to Navigator and Open Enrollment funding raise new challenges for outreach. With reduced in-person help, potential enrollees may find it particularly difficult to access the information they need to sign up for coverage. Younger, healthier individuals may thus opt not to enroll in a Marketplace plan, thereby skewing the risk-pool and causing higher premiums. A [Hart Research Associates' survey](#) of adults eligible for Marketplace enrollment shows that potential enrollees are experiencing great uncertainty and confusion about Open Enrollment. Most adults do not know or misunderstand when Open Enrollment begins, and even more do not know when Open Enrollment ends.

Joshua Peck, co-founder of [Get America Covered](#), [further investigated](#) the potential effects of cuts to Open Enrollment outreach. As a best case scenario, he estimated a minimum of 1.1 million fewer people would be enrolled for the 2018 plan year. This estimate did not factor [in additional actions](#) by the Administration to stymie the effectiveness of the ACA. Peck also noted that cuts to outreach funding in January 2017, during the final week of Open Enrollment, led to approximately 500,000 fewer people enrolled at the end of Open Enrollment. These trends underscore the importance of outreach to getting people enrolled in affordable coverage and how crucial new efforts will be to the entire enrollment process.

## New Initiatives

While the Administration has taken [several intentional steps](#) to remove support from enrollment activities, many advocates have banded together to lead outreach and enrollment activities this fall. The [ACA Signup Project](#) launched in 2017 in order to promote Open Enrollment period as widely as possible through the social medias (check out their social media activity on [Twitter](#) and [Facebook](#), or join their [Thunderclap](#)) and [print media](#).

Additionally, two former Obama administration officials, Lori Lodes and Joshua Peck, are using their past experience leading Open Enrollment outreach for HHS to [launch Get America Covered](#). Get America Covered is spreading the word about Open Enrollment through social media (see their [Twitter](#) and [Facebook](#)), digital advertisements, etc. so people have the information they need to make informed choices on the Marketplace. Their website contains a [connector](#) which directs people by their zip code to local help such as navigators and enrollment assistors.

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Initiatives have been developed on the state level as well, with organizations like Vanderbilt University funding [Get Covered Tennessee](#), to mobilize students, faculty, and staff to help individuals find local help and sign up for health insurance. Other advocates, like Community Catalyst, Raising Women's Voices, and Health Literacy Media have organized graphics on this [Google Drive](#), including images that state based advocates can adopt and brand themselves. Available graphics include diverse individuals and families and messages written in Spanish.

**It is crucial that advocates get involved to help promote Open Enrollment and to support in-person assistance during the open enrollment period. Follow CHLPI on social media to learn about more opportunities to spread the word.**

*Health Care in Motion is written by:*

*Robert Greenwald, Faculty Director at the Center for Health Law and Policy Innovation;  
Caitlin McCormick-Brault, Associate Director at the Center for Health Law and Policy Innovation;  
Phil Waters, Clinical Fellow at the Center for Health Law and Policy Innovation; and  
Alice Dartevelle, student in the Health Law and Policy Clinic.*

*For further questions or inquiries please contact Caitlin McCormick-Brault, [cmccormickbrault@law.harvard.edu](mailto:cmccormickbrault@law.harvard.edu).*

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