

Seven Things to Do in 2012 To Keep Enrollment Progress on Track

More than 40 million Americans stand to gain health coverage beginning in 2014. But ensuring that they actually enroll will require the combined efforts of diverse stakeholders at the national, state, and local levels to establish the policy approaches and outreach campaigns that will lead to the biggest gains in coverage. Everyone has a role to play. But what should they *do*? And more importantly, what should they do *now*? The following is a list of seven things enrollment stakeholders can do to keep enrollment efforts on track in 2012.

1. Take advantage of opportunities for federal funding.

Make sure your state is taking full advantage of federal funds to carry out enrollment-related efforts. States can use Exchange Establishment Grants for enrollment work, such as developing exchange IT systems and outreach campaigns, and they can get a 90 percent federal match for Medicaid systems improvements. Progress can be made even if there is disagreement about how (or whether) to move forward with exchanges in your state, and both of these funding streams are available without exchange legislation.

2. Develop an effective outreach plan.

The uninsured are a diverse group; a single message or outreach strategy cannot reach all of them effectively. A diverse coalition should work together to determine the best messages, media, and messengers to reach different segments of the uninsured population in a given state or region.

3. Automate enrollment whenever possible.

Millions of the uninsured who will be eligible for coverage by 2014 are already “known” to eligibility systems, including parents of children enrolled in Medicaid or the Children’s Health Insurance Program (CHIP), adults who receive Supplemental Nutrition Assistance Program (SNAP) benefits, and people enrolled in the Pre-Existing Condition Insurance Plan (PCIP). States will save time and money by using information on hand to proactively reach and enroll these individuals.

4. Adopt enrollment policies that minimize documentation requirements.

Gone are the days of bringing pay stubs and paper documentation to an eligibility office. But states still have flexibility in how they design this process and how easy it will be for the applicant. Less (paperwork) is more (people enrolled).

5. Promote data-driven, integrated eligibility systems.

A single, simple, streamlined application relies on a high degree of behind the scenes cooperation between federal, state, and even local eligibility systems. The systems—and the policy makers in charge of them—must talk to each other to ensure smooth transitions for applicants and enrollees. It is also important to consider how health coverage systems link with other human services programs.

6. Ensure a comprehensive approach to consumer assistance.

The ability to apply for coverage online does not mean people will need less assistance understanding how to apply and what to make of their options. Consumer assistance that is culturally and linguistically appropriate, widely available, and offered by trusted sources with well-trained staff will be more important than ever. The plans to organize this ground game and ensure assisters are adequately trained must start soon.

7. Create materials that are easy to read and understand for the target audience.

As applications, websites, and even outreach materials are designed, it is crucial that they be written with the consumer in mind. Materials should be available in the language and at a reading level appropriate for the population they are designed to reach. They should be simple and concise.

For more information on each of these seven activities, check out Enroll America's issue brief *An Enrollment Checklist for 2012*, available at www.enrollamerica.org.