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Getting into Gear for 2014: Insights from Three States Leading the Way in Preparing for Outreach and Enrollment in the Affordable Care Act

Summary

Fall 2013 will begin to usher in the key health insurance coverage expansions of the Affordable Care Act (ACA), with open enrollment in new health insurance Marketplaces (also referred to as Exchanges) beginning on October 1, 2013, and Medicaid expanding to adults in states moving forward with the ACA Medicaid expansion as of January 1, 2014. With open enrollment rapidly approaching, during summer 2013, many states were in high gear to finalize preparations for outreach and enrollment efforts to help translate these new coverage options into increased coverage for millions of currently uninsured individuals. However, states have made different choices with regard to these coverage expansions and there is significant variation across states in their level of preparations for the expansions.

This report provides insight into preparations in Maryland, Nevada, and Oregon - three states that have established a State-based Marketplace, are moving forward with the Medicaid expansion, and are among the states leading the way in preparing for outreach and enrollment. It is based on in-person interviews with a range of stakeholders, including state and Marketplace officials, advocates, Navigators and enrollment assisters, providers, and insurance brokers that were conducted during July 2013, as well as review of publicly available information and materials. The findings provide an overview of where these three states are in establishing their Marketplaces; preparing for the Medicaid expansion; planning for marketing, outreach and enrollment; and establishing enrollment assistance resources. It highlights the challenges the states have encountered and overcome, the successes they have achieved, and provides key lessons that may help inform implementation efforts moving forward. Key findings include the following:

- **All three study states moved quickly after the ACA was enacted to establish a State- based Marketplace and begin preparing for the Medicaid expansion.** The Marketplaces were established as quasi-governmental organizations or “public corporations” in each of the study states. Respondents noted that this structure had advantages, such as the ability to hire and pay vendors more quickly than allowed for under regular state processes. To prepare for the Medicaid expansion, Nevada and Oregon are hiring more eligibility staff, and all three study states are engaged in training of their existing Medicaid eligibility staff to prepare for new enrollment processes and systems.
- **The states have taken varied approaches to building new eligibility and enrollment systems to implement the ACA, which has been one of the most significant challenges of preparing for the coverage expansions.** Maryland and Oregon are both building new eligibility and enrollment

systems that will make determinations for and enroll people in both Marketplace and Medicaid coverage within a single system. In contrast, Nevada is linking three separate systems together, including two new systems that are being built separately. Respondents in all three states indicated that building these systems has been one of the most significant challenges of preparing for the coverage expansions and indicated that, due to time constraints, they have not been able to build all desired capabilities into their systems for the initial launch on October 1st. They each plan to continue to improve and enhance their systems over time.

- **All three states are launching extensive marketing campaigns for their Marketplaces, but are utilizing different messages and approaches to raise awareness and encourage individuals to enroll.** Cover Oregon has taken a more humorous and light-hearted approach to its initial awareness phase of its campaign, while Nevada Health Link has taken a more serious fact-based approach, and Maryland Health Connection focuses on highlighting the potential benefits to consumers of gaining health insurance. The campaigns in all three states primarily target the population that will be eligible for the Marketplaces. Respondents felt the messaging would also reach some Medicaid-eligible individuals, but highlighted the important role community-based partners will play in reaching out to the Medicaid expansion population.
- **A diverse set of organizations with close ties to their local communities will be serving as Navigators and assisters in all three study states.** These include community-based organizations, providers, health centers, and faith-based groups. The number of Navigators and assisters varies across the three study states, as do their training requirements. Respondents in all three states emphasized that the Navigators and assisters will have a broad focus, aimed at reaching individuals eligible for both Marketplaces and Medicaid, and will be key for reaching and enrolling vulnerable and hard-to-reach populations. Respondents also indicated that insurance brokers would play an important role in connecting individuals to coverage.
- **A wide array of outreach and enrollment strategies is planned within the three study states.** Key strategies that were identified include utilizing existing data to facilitate enrollment, reaching out to parents of children in Medicaid and the Children's Health Insurance Program (CHIP), conducting targeted outreach to communities of color and those with limited English proficiency, working with tribes to reach American Indians, and reaching out through the faith community.
- **Close collaboration among state agencies and stakeholders as well as strong political leadership have been important components of successful implementation efforts in all three states.** Moreover, all three study states described a positive relationship with their federal partners on implementation, but noted that lack of final regulations has been a key implementation challenge. Looking forward, stakeholders within the states recognized that monitoring implementation will be important for resolving problems and guiding continued improvements, but were still in the process of identifying performance metrics and feedback loops.

In sum, since the enactment of the ACA, these three study states have been hard at work to establish policies, processes, resources, and partnerships to facilitate a successful launch for open enrollment in the new Marketplaces and the Medicaid expansion. While many unknowns and uncertainties remain and all three study states expect to encounter road blocks and hurdles along the way, they remain committed to successfully launching for open enrollment on October 1st and continuing to improve over time.

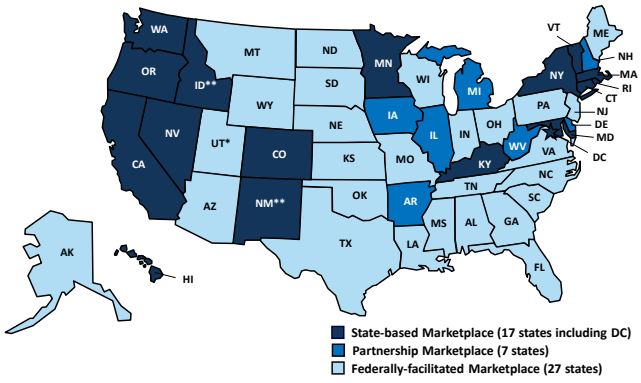
BACKGROUND

The two primary ways the ACA increases coverage options are through the creation of new Health Insurance Marketplaces that will offer advance premium tax credits to help offset the cost of coverage for moderate-income individuals and the expansion of Medicaid to low-income adults who were previously excluded from the program:

- ***Health Insurance Marketplaces.*** The new health insurance Marketplaces will provide individuals a choice of qualified health plans (QHPs) to compare and select among at different price and benefit levels. Tax credit subsidies that will help offset the cost of coverage will be available to moderate-income individuals who do not have access to affordable coverage from their employer. Enrollment will open for the new Marketplaces on October 1, 2013, with coverage becoming effective on January 1, 2014. This initial open enrollment period will last through the end of March 2014. Nationwide, 17 states, including the District of Columbia, have established a State-based Marketplace, 7 states are operating their Marketplace in partnership with the federal government, and 27 states have defaulted to the Marketplace operated by the federal government (Figure 1).

Figure 1

State Decisions for Creating Health Insurance Marketplaces

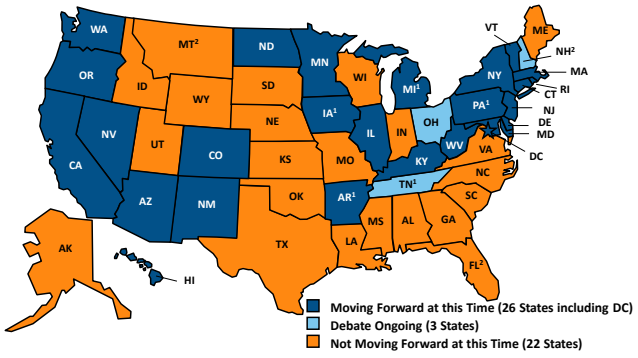


* In Utah, the federal government will operate the individual exchange while the state will run the SHOP exchange.
** Idaho and New Mexico received approval to operate state-based marketplaces; however, due to time constraints, the states will rely on the federal government for the IT infrastructure, but will perform most other functions.

- ***Medicaid Expansion to Adults.*** The ACA Medicaid expansion extends Medicaid eligibility to adults with incomes under 139% of the federal poverty level (FPL) (about $16,000 for an individual as of 2013) effective January 1, 2014. Today, Medicaid eligibility remains very limited for parents in most states and childless adults have historically been excluded from the program, regardless of how low their income is. As such, this expansion would make millions of low-income parents and other adults newly eligible for the program. As enacted in the ACA, the Medicaid expansion was intended to be implemented nationwide. However, the Supreme Court ruling on the ACA effectively made the expansion a state option. As of September 2013, 26 states are moving forward with the Medicaid expansion, 22 states are not moving forward at this time, and debate remains ongoing in 3 states (Figure 2).

Figure 2

Current Status of State Medicaid Expansion Decisions, as of September 16, 2013



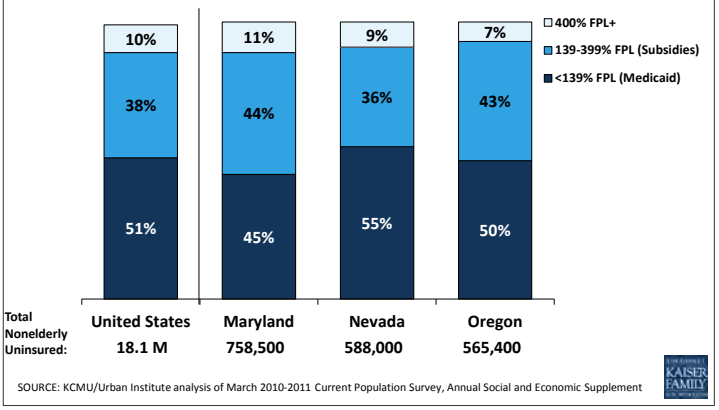
SOURCES: Based on KCMU analysis of recent news reports, executive activity and legislative activity in states. Data reported here are as of September 16, 2013

Together, the Marketplace and Medicaid coverage expansions will provide new health insurance coverage options for millions of currently uninsured individuals. Nationwide and across the three study states, roughly nine in ten uninsured individuals fall into the income ranges to qualify for the expansions (Figure 3).

In addition to the Marketplace and Medicaid coverage expansions, the ACA also establishes integrated enrollment processes for Medicaid and Marketplace coverage (as well as the Children's Health Insurance Program (CHIP) coverage) that states must implement regardless of whether they expand Medicaid. These processes are designed to provide a rapid and streamlined enrollment experience for consumers. To implement these processes, states are building new eligibility and enrollment systems for the Marketplaces and replacing or making major upgrades to their Medicaid systems, with the federal government providing significant funding for these efforts.

Figure 3

Income Distribution of Nonelderly Uninsured in Maryland, Nevada, and Oregon and the United States, 2010-2011



SOURCE: KCMU/Urban Institute analysis of March 2010-2011 Current Population Survey, Annual Social and Economic Supplement

Moreover, past experience with Medicaid and CHIP suggests that effective outreach and enrollment efforts and direct enrollment assistance will be significantly important for translating the new coverage options into increased coverage, particularly among underserved and hard-to-reach groups. The ACA establishes a range of consumer assistance resources to help eligible individuals enroll in coverage. Specifically, all Marketplaces are required to establish a Navigator program to hire, train, and fund individuals to conduct public education about the Marketplace, help people enroll in coverage and select a QHP, and provide fair and impartial help in a manner that is culturally and linguistically appropriate and accessible by persons with disabilities. These programs will be established and run by states operating their own Marketplaces, while the federal government will establish and operate these programs in states in which it is running the Marketplace. Navigators are funded by Marketplace operating revenue, though states can receive federal grants to fund training and development of their programs.

State-based Marketplaces also have the option to establish in-person assistance (IPA) programs to supplement their Navigator programs. Moreover, these IPA programs are required in states operating Marketplaces in partnership with the federal government. Specific duties for IPAs are determined by the Marketplace and may differ from those of Navigators. IPA programs may be funded through federal grants in 2014. States may use a number of other options for consumer assistance in addition to Navigators and IPAs, including agents and brokers, Certified Application Counselors, and out-stationed state Medicaid eligibility workers. In July 2013, the federal government also awarded approximately $150 million in funding to health centers to help uninsured individuals enroll.

KEY FINDINGS

ESTABLISHING STATE MARKETPLACES

All three study states moved quickly after enactment of the ACA to establish a State- based Marketplace. Maryland had legislation in place to establish its Marketplace by April 2011, while the Marketplaces in Nevada and Oregon were established through legislation in June 2011 (Table 1). The states have since each branded their Marketplaces with state-specific names, including Maryland Health Connection, Nevada Health Link and Cover Oregon (Figure 4).

Figure 4: Marketplace Brand Names and Logos in Maryland, Nevada, and Oregon

In the three study states, the Marketplaces were established as quasi- governmental organizations or "public corporations" that are governed by a group of board members. Interview respondents identified benefits associated with the Marketplace being structured as a public corporation, including the ability to hire and pay vendors more quickly than allowed for under usual state government processes. It was noted that this likely helped prevent the Marketplaces from missing key deadlines and reduced barriers to hiring vendors.

Table 1: Establishment of Marketplaces in Maryland, Nevada, and Oregon

	Maryland	Nevada	Oregon
Name	Maryland Health Connection	Nevada Health Link	Cover Oregon
Date established	April 12, 2011	June 16, 2011	June 17, 2011
Structure	Quasi-governmental public corporation	Quasi-governmental organization	Quasi-governmental public corporation
Governance	9-member board	10-member board	9-member board
Target enrollment levels	180,000 in 2014	118,000 over initial open enrollment period	250,000 by 2016
Website Launch Date	August 2012	July 2013	October 2012
Website Languages	English only (Spanish expected by October 1st, 2013)	English and Spanish	English Only
Status of Plan Contracting	Plan and rate information released July 2013	Plan and rate information released September 2013	Plan and rate information released May 2013

Sources: Kaiser Family Foundation State Health Insurance Marketplace profiles, available at http://www.kff.org/state-health-exchange-profiles/ and respondent interviews.

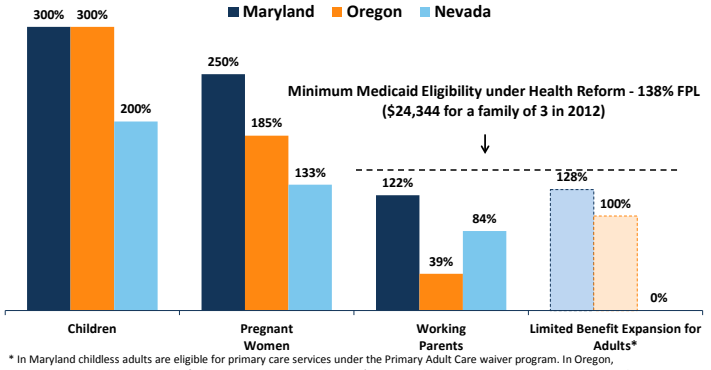
Maryland and Oregon both launched the consumer- facing websites for their Marketplaces in 2012, while Nevada more recently released its website in July 2013. As of September 2013, the websites are available in English in Maryland and Oregon and in English and Spanish in Nevada. However, Maryland anticipates launching a Spanish version of its site by October. All three websites contain basic information about how the Marketplace works, who it is for, and that open enrollment will begin on October 1, 2013. Maryland's website includes an informational video about the Marketplace. Nevada and Oregon include a calculator to help individuals figure out their potential premium savings from the tax credit subsidies. Maryland and Oregon had their Marketplace plan and rate information released as of July 2013, while Nevada released this information in September 2013.

Preparing for the Medicaid Expansion

All three study states are moving forward with the Medicaid expansion, but the scope of their coverage expansions will vary based on differences in their existing coverage levels. Maryland and Oregon have existing coverage expansions for parents and childless adults that provide more limited benefits than Medicaid. Enrollment is capped in both of these programs with waitlists for coverage (Figure 5). In contrast, Nevada does not currently cover any childless adults, and its Medicaid eligibility limit for parents remains low. Maryland and Oregon will transition adults from their limited benefit coverage expansions to the new Medicaid expansion, which will increase the scope of coverage these adults receive and remove the enrollment caps. They also expect new individuals to enroll in the program. In Nevada, the expansion will significantly increase eligibility for parents and childless adults. Overall, Maryland is anticipating a Medicaid enrollment increase of about 100,000 in 2014, Oregon is expecting an enrollment increase of 240,000 by 2016, and Nevada is projecting an enrollment increase of about 107,000 by June 2014.

Figure 5

Medicaid and CHIP Eligibility Thresholds, January 2013



* In Maryland childless adults are eligible for primary care services under the Primary Adult Care waiver program. In Oregon, parents and other adults are eligible for limited coverage under the state's OHP Standard waiver program. The state also provides premium assistance to adults up to 201% FPL. Enrollment is closed both states' programs.
Eligibility thresholds for working parents and the limited benefit expansions account for earnings disregards for applicants.
SOURCE: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2013.

State officials in Oregon and Nevada reported that they are hiring additional Medicaid eligibility workers to prepare for the projected enrollment increases. In addition, all three states indicated that they are training eligibility staff to prepare for new roles as eligibility processes change under the ACA. Respondents emphasized that culture change among eligibility staff will be a key component of successfully implementing new streamlined eligibility and enrollment processes that will go into place when coverage expands. Oregon began in-person and online training for Medicaid staff in early July and established an intranet site to share information and answers to frequently asked questions with caseworkers. The state plans to conduct more hands-on training with staff when the eligibility systems are complete. Nevada was already engaged in a re-engineering of its eligibility processes prior to and independent of the ACA, and implementation of these new streamlined processes will coincide with the ACA expansion. The state has involved eligibility staff in designing the process changes and is educating staff about the upcoming process and policy changes through regular communications, presentations, and trainings, including a formal internal communications plan. Maryland began training for its existing caseworkers in early September 2013.

Implementing New Eligibility and Enrollment Systems

The three study states have taken varied approaches to building new eligibility and enrollment systems to implement integrated enrollment processes for Marketplace and Medicaid coverage. Maryland and Oregon are both building new eligibility and enrollment systems that will make eligibility determinations for and enroll people in both Marketplace and Medicaid coverage within a single system. Both states also plan to integrate eligibility for other social service programs into the system at a later date. In contrast, Nevada is linking three separate systems together to process its eligibility determinations and enrollments for Marketplace and Medicaid coverage, including a new system being built by the Nevada Health Link Marketplace, which will serve as the single entry point for all health coverage options, and a new eligibility rules engine being built by the Department of Welfare and Supportive Services, which will verify eligibility criteria and connect with the federal data hub. The state is also maintaining its existing Medicaid enrollment system which will be linked to the new eligibility rules engine. Applications will be submitted through the new Marketplace system, the new eligibility rules engine will verify eligibility criteria, and then the application will be transferred to the appropriate program based on determinations made by the eligibility rules engine. For applications transferred to Medicaid, the applicant will receive notice that they appear eligible for Medicaid. However, the application will require a Medicaid eligibility worker to make a final determination, which is anticipated to take about five days. When applications are transferred to Medicaid, applicants will also be asked if they would like to apply for other social service programs, but applications and eligibility determinations for the programs will not be integrated together. The state does hope to integrate eligibility for other social service programs into the system in a later phase of implementation.

Respondents in all three study states indicated that building these systems has been one of the most significant challenges of preparing for the coverage expansions. Building the systems has required significant planning and close collaboration among agencies and stakeholders within the states. For example, building the system in Nevada has involved the coordination of two separate agencies with two separate corresponding vendors and "building a bridge" to meet in the middle. Respondents in Nevada also indicated that existing administrative procedures and "red tape" at both the federal and state levels have served as stumbling blocks to getting the system built within the short time frame required and that fitting the system build into the compressed timeline has prevented the state from incorporating all of its desired capabilities into the initial phase of implementation. Similarly, one respondent in Maryland described the eligibility and enrollment system build as the "giant mountain" on the path toward open enrollment and noted that while state officials began work early, they were not prepared for hurdles along the way such as delayed federal guidance and complexities coordinating between different agencies in the state. As a result, the initial version of the system will include only the most basic capabilities and will improve over time. Cover Oregon is building a number of interfaces with various state and federal agencies and noted that getting the different systems to communicate has been challenging, especially since many other state agencies use systems with much older technology.

> "[We] described the health care reform landscape a year and a half ago or so as the rolling landscape with a giant mountain and the giant mountain was IT…That mountain is even bigger than we thought. Lots of stuff is not going to happen. So what we're going to see on day one is phase 1 of probably what's going to be 100 phases, so very basic stuff."
> **– Maryland advocate**

Despite these challenges, as of July 2013, all three states were in final testing phases with their systems. This includes testing connections with the federal data hub that will be used to electronically verify eligibility criteria. At the time of the interviews, the study states were aiming to launch their online eligibility systems by October 1, 2013. However, they all noted that the systems launched on October 1, 2013 would not be perfect and that they planned to continue to improve them and add additional capabilities and enhancements over time. Respondents indicated that they also are developing contingency plans to deal with system problems that may occur following the initial launch and are planning to have resources available to troubleshoot and fix problems as they arise. Since the interviews, Oregon announced that it would delay the full launch of its Marketplace portal until at least mid-October to allow the state to finalize the technology and prevent the system from being overloaded in the first few weeks after open enrollment. Until the full launch, consumers will only be able to create an account and shop for coverage with the help of a broker or certified assister.

> "We are going to make it work. We are going live October 1st…I don't know if it will be exactly what we want it to be on October 1st, but it will be most of the way there, with modifications and then the potential changes…this will have several iterations, I'm sure." – **Nevada Marketplace official**

Marketing Campaigns

All three study states plan to conduct television, radio, and print campaigns to raise awareness about their Marketplaces and encourage people to enroll. In addition, they all have digital marketing plans as well as Facebook and other social media pages for their Marketplaces. The campaigns in all three states will focus primarily on reaching the population that will be eligible for the Marketplaces rather than those eligible for Medicaid. However, it was noted that the advertising campaign in Maryland was designed to reach all consumers regardless of income and that the state utilized focus group findings to help ensure the messaging used would be meaningful for the full population. In Nevada, respondents indicated that the focus on the Marketplace population largely reflects the fiscal reality that the Marketplace must achieve adequate enrollment to be financially sustainable, but that it also reflects some of the political dynamics in the state. Despite the focus on the Marketplace population, respondents generally agreed that the marketing would still reach many individuals who will be eligible for Medicaid. However, they also generally felt that more targeted outreach through community-based partners will be the primary avenue for reaching the Medicaid-eligible population.

Each of the three study states conducted extensive consumer research to inform the branding of their Marketplaces and develop their marketing campaigns. All three states conducted surveys and focus groups with consumers and small businesses. Nevada also conducted research to collect information about different subgroups' preferred sources of information about health coverage and their television and radio preferences. The specific approaches and messages developed by the Marketplaces based on this research vary across the three study states as described below:

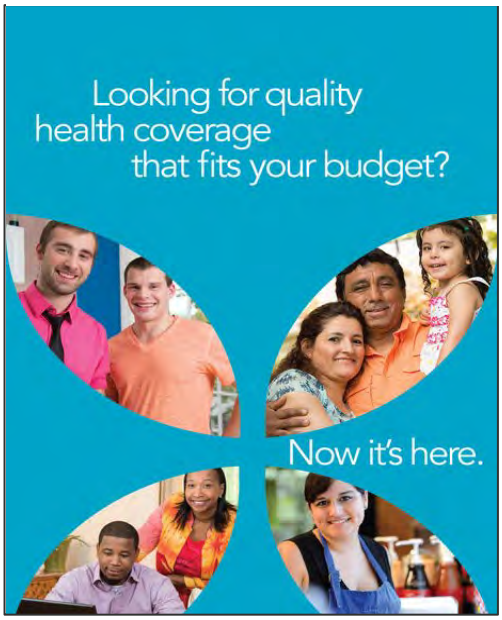
- **Cover Oregon** began phase one of its two-phased marketing campaign in early summer 2013 with a series of radio, television, and print ads. The first phase of the campaign is focused on awareness and education and is intended to familiarize residents with the Cover Oregon name and inform individuals of upcoming changes through musical ads, and print and digital media with the theme of "Long Live Oregonians" (Figure 6). Respondents indicated that the state purposely chose a humorous approach for the awareness phase of their campaign because they wanted the ads to be memorable. Respondents described the ads as successful, noting that that they resulted in a dramatic increase in traffic to the Cover Oregon website, attracted a large number of viewers on YouTube, and received national media attention. The second phase of the marketing campaign will direct people to the Cover Oregon online portal to enroll and will launch when the eligibility system is ready. In addition to Cover Oregon's marketing, the Oregon Health Authority, the state's Medicaid agency, is planning to promote enrollment in Medicaid and the Marketplace by gathering and sharing stories of real Oregonians and how they are affected by obtaining health coverage. The agency has dedicated staff time to document people's experiences being uninsured and gaining coverage and will share the stories to encourage others to enroll. Respondents also noted that the state plans to communicate to individuals that it is transforming the Medicaid delivery system to provide more coordinated care. In total, Oregon plans to invest about $17 million in outreach and marketing.

Figure 6: Example of Cover Oregon Print Advertising

> "We were trying to basically get that message out there that 'hey, we're here.' As someone put it…it's our "hello" to Oregon. We'd like it as the warm embrace, the warm and fuzzy. This is who we are. We didn't really give out too much information. It's just hi, we're Cover Oregon, come check us out. That's the partial phase one." – **Oregon Marketplace official**

- **Maryland Health Connection** launched its marketing and campaign in September 2013 to run through the end of open enrollment. Maryland's marketing steers consumers to the Marketplace website and call center with commercials, music, and radio, print, social media, and out-of-home advertising that emphasize the potential for consumers to gain health coverage, peace of mind, and free or low-cost health coverage if they qualify (Figure 7). All of the materials are available in English and Spanish and feature diverse Maryland residents in iconic areas throughout the state. Guided by research showing that over 7 in 10 Marylanders watched, listened, or attended a Baltimore Ravens football game in the past year, Maryland is also partnering with the 2013 Super Bowl-winning NFL team to raise awareness. Maryland Health Connection also will provide information in the states' 170 CVS pharmacies and 100 Giant Food supermarket stores. The state is spending $2.5 million on its advertising campaign through 2014.

Figure 7: Example of Maryland Health Connection Print Advertising



- **Nevada Health Link** is using a more serious, fact-based approach for its campaign. Respondents noted that the state's consumer research showed that individuals want the facts and information they need to make informed choices about health insurance coverage and believe choosing health insurance is a serious and important matter. Reflecting this focus, unlike Oregon and Maryland, Nevada will include information about the tax penalty for not obtaining health insurance as part of its messaging. Given that a large share of the target population in Nevada is Hispanic and Spanish-speaking, the state has created a separate branding, tagline, and website for the Spanish-speaking population. All Nevada Health Link materials will be produced in both English and Spanish and the state plans for significant saturation in various markets both in English and Spanish (Figure 8). The state launched its radio, print, and digital campaign in mid-July and is planning for television, outdoor, as well as several door-to-door campaigns in later phases. It is also planning a staggered launch of its major campaign to minimize traffic to the new eligibility system and federal data hub in the initial days after enrollment opens to provide an opportunity to work through any system glitches before driving a high volume of traffic to the system.

> "We tried to ensure our logo, down to our colors, down to our name, down to our taglines were appealing to both Hispanics and non-Hispanics in our state." – **Nevada Marketplace official**

Figure 8: Examples of English and Spanish Print Advertising for Nevada Health Link

While response to marketing in the three states has generally been positive to date, some respondents in Oregon and Maryland raised concerns that the more light- hearted advertising would not resonate with certain populations. For example, one advocate commented that Oregon's slogan, "Long Live Oregonians," may not resonate with immigrant populations, recent residents in the state, or those with limited English proficiency, and stressed the need for messaging in plain language. Another community partner suggested that the messages should come from real people rather than actors or celebrities and emphasize how gaining coverage will improve their lives.

> "Hopefully they will really take the feedback that we have given on the marketing materials and really make it in plain English and work with the different community based organizations to make it simple and have it be translated correctly in a way that is meaningful and then also work with us to do a lot of that bigger outreach to the newspapers and the radio and some of the broader PSA's, especially if they are going to do it to culturally and linguistically specific communities." – **Oregon community- based organization**

Outreach and Enrollment Assistance

While the mass-media marketing campaigns will help build awareness about new Marketplaces, targeted outreach and enrollment assistance will be important for helping eligible people successfully apply for and enroll in coverage. As of July 2013, the three study states were still in the process of establishing their enrollment assistance resources, and stakeholders within the states were planning to implement a wide range of outreach and enrollment strategies.

Outreach and Enrollment Assistance Resources

All three study states have adopted a regional approach for their consumer assistance programs. Maryland selected six regional "Connector Entities" that will coordinate with other partner organizations in their regions and hire and manage the Navigators and assisters. Cover Oregon is employing seven Regional Outreach Coordinators who will hold regular meetings with community partners in the state, which include Navigators and assisters as well as out-stationed Medicaid eligibility workers, clinics, provider groups, and other organizations that may conduct outreach or help consumers enroll. The Regional Outreach Coordinators in Oregon help coordinate outreach efforts across regions and act as liaisons between the community partners and the state. In Nevada, seven entities have been selected that will hire both Navigators and enrollment assisters using Marketplace grant funding. One of these entities will work exclusively in northern Nevada, four will dedicate their efforts to the southern region, and the remaining two will work on a statewide basis. In Oregon, Navigators and assisters will have the same responsibilities for outreach, education, and helping consumers enroll in public and private coverage. In Nevada, both Navigators and enrollment assisters will facilitate enrollment in the Marketplace, although respondents indicated that Navigators will likely be conducting more outreach and education events compared to enrollment assisters. The state also will have Certified Application Counselors, who will perform many of these same functions, but will not be funded by the Marketplace. In Maryland, both Navigators and assisters will be required to conduct outreach and education in their respective regions, but only Navigators will be able to help consumers enroll in a QHP. In-person assisters in the state will be certified to help individuals with coverage and questions about Medicaid and CHIP but must refer those eligible to purchase coverage in the Marketplace to a Navigator.

"We selected Connector Entities who we believe, and who demonstrated, that they had connections and really familiar with the community and the region in which they are going to serve, instead of it just being statewide. It allows them to be a little bit more focused on populations that they have in their service area."
– **Maryland Marketplace official**

The number of Navigators and assisters varies across the three study states, as do the training requirements for assisters (Table 2). Maryland selected its six Connector Entities in April but was still waiting for supplemental federal funding as of July 2013 and had not awarded the grants. The state has since awarded $24 million to the Connector Entities to support 150 Navigator positions and 215 assisters. Nevada awarded $2.5 million to seven selected entities in June 2013 to fund roughly 25 Navigators and 120 enrollment assisters in the state. Oregon is awarding a series of outreach and enrollment, small business, tribal, and provider grants to over 700 community partners in phases until open enrollment. It has trained over 1,200 staff of community-based organizations to provide assistance, and, as of September 2013, had awarded $3.16 million to 30 organizations that will serve as Navigators and in-person assisters.

Table 2: Navigators and In- Person Assisters in Maryland, Nevada, and Oregon

	Maryland	Nevada	Oregon
Funding for Navigators and In- Person Assisters	$24 million	$2.5 million	$3.16 million
Funding per uninsured	$31.64	$4.21	$5.59
Navigators and Assisters	6 entities with 150 Navigator positions 215 assisters	7 entities with 25 Navigator positions 120 enrollment assisters	30 community-based organizations hiring Navigators and In-person assisters
Training Requirements	40-hour online and in-person training Certification exam	20-hour online course 4-5 hour in-person course Test with Division of Insurance Background check	1-hour online course 4-hour in-person course Certification exam Supplemental training Background check
Call Center	Opened in August 2013 20 staff until open enrollment 125 staff after open enrollment	Will launch on or about October 1st Hiring Staff 50-60 staff	Opened in March 2013 50 full-time staff 100 temporary staff

Sources: Grant funding based on Maryland Health Connection press release announcing the launch of the state's consumer assistance program, Nevada Navigator/Enrollment Assister grant agreements, and Cover Oregon press release announcing first round of recipients for outreach and enrollment grants. Uninsured data based on KCMU/Urban Institute analysis of 2011-12 ASEC Supplements to the CPS, available at http://www.kff.org/other/state-indicator/nonelderly-0-64/. Training requirements and call center information based on respondent interviews.

In all three study states, a wide array of organizations with close ties to their local communities will be serving as Navigators and assisters. These entities include community-based organizations, providers, health centers, and faith-based groups. In Nevada, the inter-tribal council will serve as one of the Navigator entities to serve as the primary source of assistance for tribal members. In Oregon, all nine tribes received state funding to provide outreach and enrollment in their communities between September and April. Navigators and other assisters in Maryland and Oregon are predominantly organizations that were involved in outreach and enrollment efforts for earlier Medicaid and CHIP expansions and, therefore, have substantial experience and expertise providing outreach and enrollment assistance, particularly to low-income and vulnerable populations. They include organizations that serve particularly vulnerable populations like homeless individuals and those with mental health needs.

"I was looking for people that were comfortable working with vulnerable populations in underserved communities, but …I wanted a real mix of a crowd. I wanted people fresh out of college. I wanted people who had been doing it for years. I wanted people who were close to retirement, but wanted kind of a shift. Plus, I wanted a really diverse group." **Maryland Navigator Organization**

While the mass- media campaigns will target individuals eligible for the new Marketplaces, respondents agreed that Navigators and assisters would have a broader focus, aimed at reaching individuals eligible for both the Marketplaces and Medicaid. Some respondents indicated that community-based organizations will be the primary vehicle for reaching the Medicaid-eligible population since the broad marketing campaigns will be focused on those eligible for the Marketplaces. In Oregon, in particular, where the online Marketplace portal will only be available in English in 2014, respondents noted that these community-based organizations will play a vital role in enrolling hard-to-reach populations who face language and literacy barriers. Reflecting this need, the states selected partners that have cultural and linguistic ties to their communities. Given the important role of enrollment assisters in helping vulnerable and hard-to-reach populations, one respondent in Nevada expressed concern that, currently, Navigators and assisters may only distribute materials that have been produced by the Marketplace and do not have flexibility to develop and distribute their own materials. While it was recognized that that this policy helps ensure consistency and accuracy in messaging, the organization noted that it may limit their ability to reach populations through more targeted messages.

The study states were in varied stages of implementing their training and certification programs for Navigators and assisters. Oregon began training for community partners who will be providing assistance in April 2013 and has created its own training program, which includes a one-hour online course and a four-hour in-person course followed by a certification exam. However, respondents described training as ongoing and noted that the state is developing supplemental courses on topics such as eligibility systems. Anyone in Oregon can attend the training, though only those selected as community partners will be certified by Cover Oregon. As of July 2013, Maryland and Nevada had not yet begun their training for Navigators and assisters. Nevada was planning to begin its training in August, which will include a 20-hour online course, followed by a test with the Division of Insurance and a 4-5 hour in-person course with Nevada Health Link, and include background check. Maryland had contracted with a vendor to develop the curriculum for its training, which includes 40 hours of coursework and a test. Respondents in Maryland stressed that extensive training will be needed because of the complexity of the new systems.

"It's complicated, trying to help people understand this whole thing. I've been in the healthcare industry for twenty-some years and this stuff is kind of new. It takes time to be well versed and really be able to answer questions about it." – **Maryland Marketplace official**

Some respondents were concerned that the training and certification requirements may serve as a barrier to some organizations or individuals who might be effective assisters. For example, one organization in Maryland noted its interest in having people that were formerly homeless provide peer-to-peer outreach and assistance to uninsured homeless populations but was concerned that the individuals would not be able to pass the certification exam. It was emphasized that, while robust training is necessary, it is important to find a balance between ensuring that all assisters have the knowledge and ability to help consumers and certifying enough individuals who are trusted by their communities to assist with outreach efforts. Given these

concerns, one of the Navigator entities in Nevada is planning to provide supplemental training to help ensure its assisters are able to pass the certification exam. The respondent noted, "It is like test preparation for SATs. We just want to see our employees succeed." The organization is also concerned about how to cover the costs associated with the test, since the state will not cover the cost of an exam if an individual fails to pass.

All three study states are also creating call centers that will be available to help people enroll and answer questions. As of July 2013, the Cover Oregon call center was already up and running. It is tied to the existing state customer service line and will have 50 full-time and 100 temporary staff prior to open enrollment, in addition to current Medicaid workers that staff the existing service line. Call center staff will be able to assist individuals in Spanish, Russian, and Farsi and will have a language line to provide assistance in other languages. The Cover Oregon call center is currently fielding general questions, providing information, and directing people to existing health care programs when appropriate. Maryland and Nevada had not yet launched their Marketplace call centers as of July, although Maryland since opened its center in August. The Maryland call center will be run by a vendor and able to provide interpreter services for over 200 languages. Training for call center staff began in September. Some of the Navigator organizations in Maryland also plan to establish their own call centers. For example, one of the entities has an existing call center and plans to train its staff to field questions about the Marketplace portal and help individuals enroll. Nevada was in the process of hiring staff for its 50-60 person call center at the time of the interviews, which it plans to launch on or about October 1st. In the interim, the 800 number for Nevada Health Link forwards to the existing Nevada 211 call center, which is under contract with Nevada Health Link to answer questions until the Marketplace call center is up and running. Moreover, the state legislature recently provided funding that will enable the state to replace its Medicaid call center with new software, which it anticipates launching in January or February 2014. In the meantime, the state is leveraging its old call center and adding as many agents as possible before October 1st.

Respondents noted that insurance brokers also would play an important role in connecting individuals to coverage. Respondents in all three study states said that insurance brokers have been engaged in planning processes for open enrollment. Nevada estimates that 22 percent of individuals enrolling through the Nevada Health Link Marketplace will rely on brokers and the 4-5 hour in-person Marketplace training course for Navigators and assisters will be added to existing broker licensing procedures. Respondents in Nevada noted that brokers will be able to provide assistance beyond what Navigators and enrollment assisters will be able to provide by helping to advise individuals on a specific choice of plan rather than just educating them on available options. Respondents indicated that while many brokers were initially adversarial to the changes taking place, they have since come on board and generally see the changes as an opportunity to expand sales, since there will be a larger population entering the Marketplace. One respondent further noted that, while some brokers are concerned that Navigators and assisters will be a threat to their business, others recognize that brokers cannot reach all sectors of the community and that they will maintain a separate role from Navigators and assisters. In Oregon, roughly 1,200 brokers have expressed interest in helping people enroll through Cover Oregon, and the state's goal is to have 2,000 trained and certified brokers working with Cover Oregon by open enrollment. Respondents noted that the training for agents and brokers included information on how to enroll people in public coverage, and how to track clients and enter their financial information into the portal. In Maryland, agents and brokers will be required to undergo 4-6 hours of training.

While respondents generally agreed that brokers would play a key role in providing assistance, they also pointed to some potential challenges. For example, respondents in Maryland and Nevada noted that brokers will not be reimbursed for enrolling individuals who are eligible for Medicaid, reducing their incentive to help them complete the enrollment process. As such, it will be important to monitor how effectively brokers direct individuals to resources that can help them complete the enrollment process when they are helping individuals who appear to be Medicaid-eligible.

Targeted Outreach and Enrollment Strategies

Across the three study states, respondents highlighted an array of outreach and enrollment strategies that will be used to help reach individuals eligible for the Marketplace and Medicaid, including hard- to- reach groups. Respondents described varied outreach, education, and enrollment plans ranging from stationing Navigators and assisters on a mobile food bank, to community health centers conducting in-reach to help enroll their uninsured patients, to providing outreach and education at community gatherings, like health fairs and PTA meetings. Moreover, several key strategies were identified across the study states, including the following:

- **Utilizing existing data.** Both Maryland and Oregon are using available state data to reach and expedite enrollment for many adults that will be eligible for expanded coverage in 2014. For example, Maryland is planning to automatically transfer 70,000 adults from its existing limited benefit coverage expansion, the Primary Adult Care (PAC) program, into full Medicaid coverage on January 1. The state is sending letters to current enrollees to let them know that they will be transitioned and is sharing enrollees' information with the call center to help staff better assist them if they call for more information. The Maryland Comptroller's office is also using state employment data to send targeted letters to small businesses that encourage them to take advantage of the ACA small business tax credit. Like Maryland, Oregon has an existing limited benefit coverage expansion program, and enrollees from this program will be automatically transitioned to full Medicaid when the expansion is implemented. Moreover, the state will send letters to the 84,000 people who are currently on the waitlist for the program to inform them that they no longer need to wait and tell them how to enroll in Medicaid. Oregon also estimates that approximately 180,000 of the 250,000 new Medicaid enrollees expected by 2016 are currently enrolled in the state's Supplemental Nutrition Assistance Program (SNAP) and plans to send them a letter seeking consent to use information they provided to the SNAP agency to confirm their eligibility for Medicaid. SNAP enrollees that consent and are determined eligible will be automatically enrolled into Medicaid without having to submit a new application. Respondents noted many of the SNAP recipients that the state identified may also be on the waitlist for coverage and would therefore receive multiple reminders encouraging them to enroll.

- **Reaching out to uninsured parents of children in Medicaid and CHIP.** Both Oregon and Maryland extend Medicaid and CHIP eligibility to children up to 300% FPL and have conducted extensive outreach campaigns in the past to reach and enroll uninsured children. As a result, the states and their community partners have existing relationships with many families who likely have uninsured parents that will be eligible for Medicaid or the Marketplace tax credits. For example, many of Oregon's community partners continue to work with families to explain coverage and help with annual renewals. Two partners noted that they plan to share information about new coverage options for adults with parents that come to renew their children's coverage before January. As of July 2013, Cover Oregon was also considering sending letters directly to parents of children enrolled in the state's CHIP program to let them know that they may be able to enroll in coverage through the Marketplace. Both Maryland and Oregon were also planning to conduct back-to-school awareness campaigns about open enrollment, and at least one of Maryland's Connector Entities developed a flyer to put in students' backpacks that let parents know about open enrollment (Figure 9).

Figure 9: Example of flyer included in Maryland students' back- to- school packets

> "We have stolen a lot of what…has been done in the past to do outreach…, including things like a school flyer, which we're having in every backpack in every public school going out in August…Things like that that we're literally going oh, you've done that and it worked, let's take it and keep moving it forward."
> **– Oregon state official**

- **Targeted outreach to communities of color and those with limited English proficiency.** Nevada Health Link estimates that about 43% of its target population is Hispanic and that 90% of those Hispanics are bilingual. As such, it is producing all materials in Spanish, has created a full Spanish-language version of its website, and, as noted earlier, is directing substantial marketing and outreach efforts toward the Hispanic community. Moreover, its seven Navigator entities include some organizations that focus specifically on serving the Hispanic community. Similarly, Maryland's Connector Entities are partnering with cultural groups to reach communities of color, and Cover Oregon is collaborating with multicultural community partners to develop messaging and materials to reach and enroll the state's various racial and ethnic communities. Oregon also selected a broad range of community partners with experience working with immigrants and populations with limited English proficiency. One organization plans to hire several bilingual staff members and conduct outreach to immigrants and refugees through language-specific radio and newspapers. Respondents also noted that many community partners already provide services such as ESL classes and job training to their populations and have existing relationships with those they will assist.

> "We serve a super diverse immigrant and refugee community in Portland and we really have to meet them where they are at, go out to the churches, go out to the businesses, go out to the community centers, meet with the leaders…."
> **– Oregon assister organization**

- **Working with tribes to reach American Indians.** In Oregon and Nevada, targeted outreach efforts will be important for reaching eligible American Indians. Cover Oregon hired staff specifically to work with the state's nine tribes, which have about 700,000 people, as well as the urban Indian clinic. The tribes in Oregon were included in discussions about outreach and enrollment early in the planning process, and respondents said that tribal organizations have historically had a good relationship with the state regarding health coverage. Each tribe has out-stationed state eligibility workers that currently conduct outreach and enrollment for Medicaid and CHIP, who will expand their roles to help individuals enroll in coverage through the Marketplace. Each tribe will also be able to create a web portal page on the Cover Oregon site and verify tribal membership for members that apply online. Nevada has conducted several consultations with the tribes and has brought information to the tribes to educate them about upcoming changes. However, respondents noted that education and outreach efforts have been hampered by ongoing confusion within the community about which American Indians are eligible for the special protections and provisions in the ACA for American Indians and Alaska Natives. Both states have enlisted tribal organizations to serve as enrollment assisters, who will be important for encouraging enrollment among the community and providing culturally appropriate assistance.

- **Reaching out through the faith community.** Respondents in all three states noted the importance of religious leaders and were working with the faith community to conduct outreach and education. Maryland held a faith-based summit in early 2013 that brought religious leaders together to learn about the ACA, meet state officials and consumer assisters, and gather information to share with their congregations (Figure 10). A coalition of Maryland advocates also established a Health Ambassador program that trains individuals to give presentations and answer questions about health coverage at faith-based meetings. Respondents in Nevada also identified churches as one of the top trusted resources in the community and noted that some outreach and education has already begun during church announcements and bible study groups. Moreover, the Navigator entities in Nevada include a faith-based foundation with a network of churches that plan to do enrollment drives at different locations. In Oregon, some faith-based groups will be working as certified community partners and are receiving grant funding from the state to conduct outreach.

Figure 10: Maryland flyer inviting faith leaders to a summit to learn about the ACA

> "In most communities the faith community institution tends to be one of the central institutions within the local community and have the opportunity to be influential over them because they trust our faith leaders."
> – **Maryland religious leader**

Although a wide array of resources is being put into place to provide outreach and enrollment assistance, some respondents highlighted potential enrollment challenges. For example, some respondents in Nevada were concerned that the enrollment assistance resources would be inadequate to meet the need for assistance, noting that significantly more funding has been allocated to marketing than outreach and assistance. Several other potential challenges were highlighted in Nevada, including difficulty reaching individuals in rural and remote areas and the high number of undocumented immigrants who will remain ineligible for coverage. In addition, it was noted that, in Nevada, many individuals have historically known that adults without children are not eligible for Medicaid, so it will be important to communicate that the rules have changed. One respondent also expressed concerns that some people might not be comfortable seeking assistance and that the enrollment process might be too long and complex, especially people who will need to be educated about what insurance is and how it works. In Oregon, it was noted that most of the assisters have previous experience doing outreach and enrollment for children and are used to relying on paper-based processes, so that transitioning to new computer-based processes may be challenging. In Maryland, one respondent commented that because of the complexity of different programs, it may be challenging to hire and train enough assisters within the short timeframe before open enrollment.

Monitoring Implementation

Respondents generally agreed it will be important to monitor implementation to resolve problems and guide continued improvements, but were still in the process of identifying performance metrics and feedback loops. In Nevada, state officials indicated that the primary sources of feedback on implementation would be the Marketplace and Medicaid call centers. On the Medicaid side, the state is also providing a feedback loop for staff to report issues and will continue its existing practice of monthly calls with community partners, which provide an opportunity for them to provide feedback. In addition, Navigators and enrollment assisters will each have unique identifiers that will enable the state to track the number of applications submitted with their assistance. However, at the time of the interviews, it appeared that Navigators and assisters would not have the ability to log into the system to determine the final outcomes of applications they assisted, which will limit their ability to conduct follow up with individuals who do not successfully connect to coverage. In addition, one of the Navigator entities is creating an online community where its Navigators and enrollment assisters will be able to ask each other questions and is planning for meetings that will provide the opportunity for Navigators and assisters to share information and experiences. In Maryland, some respondents were in the process of developing performance metrics. However, it was noted that developing appropriate metrics is challenging because needs are different across regions and types of assisters. For example, enrollment numbers from an assister in a hospital would not be comparable to someone reaching out the homeless population. In Oregon, a number of people said that they learned from previous campaigns that tracking outreach is just as important as enrollment and that they hope to place more of an emphasis on tracking outreach activities this time.

> "It's much harder for Healthcare for the Homeless to enroll very challenging, homeless, mentally ill clients than it might be for a [clinic] or an emergency room… I'm trying to feel out, what are the best metrics for each of them." – **Maryland assister**

Stakeholder Collaboration and Political Leadership

Respondents agreed that that close collaboration among the state Medicaid agency, the Marketplace, and the Division of Insurance has been key to successful preparations for open enrollment. To enhance coordination and communication, the three study states have developed teams and committees that involve representatives from each group. Respondents described frequent interaction and sharing of information, particularly between Medicaid and the Marketplace. It was noted that this communication is particularly important for moving forward with development of the eligibility and enrollment system as well as for coordinating messaging and outreach. In Oregon, the Medicaid agency has a staff member embedded in the Marketplace office to enhance communication. In Maryland, a close relationship with the Insurance Division has helped facilitate a joint effort with the Marketplace to mail out information to small businesses to inform them about the Small Business Health Insurance Options Program (SHOP). In Nevada, as noted earlier, the Medicaid agency and Marketplace are working hand in hand to develop the eligibility and enrollment system.

> "Force is always a negative word, but in this sense it is a very positive connotation. We have been forced to collaborate with Medicaid…, Welfare and Supportive Services…, and [the] Division of insurance. We have had to collaborate with all of these folks. To be honest, they have been amazing….We collaborate to the hilt."
> **– Nevada Marketplace official**

Respondents also said support from their governors and state legislature has been an important component of successful implementation efforts. Respondents noted that their political leadership's decisions to move quickly with legislation to establish their Marketplaces and to decide to move forward with the Medicaid expansion helped give them a jump start on implementation. In Nevada, respondents emphasized that the Governor's support for successful implementation has been key for continuing to move efforts forward and spurring collaboration among stakeholders and felt that they had an open line of communication with his office to discuss concerns or challenges. Respondents in Nevada also highlighted that the state legislature approved the funding needed to support increases in Medicaid eligibility staff and other resources to handle projected enrollment increases. Similarly, in Maryland, respondents noted that the Governor's office is committed to improving health care and has been a key partner in planning for open enrollment.

> "Maryland has been blessed with an administration, a state administration that has embraced the Affordable Care Act, is pioneering an Exchange here in the state of Maryland whose Governor and Lieutenant Governor have been central in making this a major issue and major policy initiative within the state." **– Maryland advocate**
>
> "What enabled us to get where we are is forethought of the governor to set up the State-Based Exchange. In June 2011, the law was passed in the legislative session. The governor said the law is the law until it's not the law. By setting that up early and getting everything passed, putting a board in place and moving forward…that is what has enabled us to get where we are at this point in time." **– Nevada Marketplace official**

All three study states invested early on in gaining stakeholder input to help inform implementation efforts. Respondents noted that early on in the process, the states held stakeholder meetings and statewide conversations to receive input on their implementation plans and that these conversations have continued as the states move closer to open enrollment. Respondents felt this effort contributed to buy-in among key organizations and groups. Because these states had already "started the conversation," a foundation was built

that has led to a high degree of support among key groups like providers, businesses, insurance brokers, the faith community, and advocacy organizations. However, some respondents noted that, as timelines have become increasingly restricted moving closer to open enrollment, there has been some decrease in the opportunities for stakeholders to provide input. It was generally felt that this was not the result of states trying to diminish the role of stakeholders but more an unintended result of resource and time constraints given the significant amount of work that still needs to be completed prior to open enrollment.

> "We, early on, did a lot of stakeholder work groups...They've been partners at the table, ever since. I think that has been the key, just keeping everybody engaged and involved and getting a lot of feedback from folks." **– Maryland Marketplace official**
>
> "We bring a lot of people together to have the conversation so when change happens people aren't as surprised by it."**– Oregon state official**

All three study states described a positive relationship with their federal partners on implementation, but noted that lack of final regulations has been a key implementation challenge. Respondents described a close working relationship with their federal partners, which has been key for moving forward with implementation. However, respondents in all three study states agreed that delays in final federal regulations and policies have made implementation challenging. Respondents noted that there have been cases in which they have needed to "go out in front" of final federal regulations and develop plans and policies in order to meet their internal deadlines, particularly for their eligibility and enrollment system builds. In these cases, state officials would communicate with staff at the Centers at Medicare and Medicaid Services to describe their plans and get initial feedback and guidance.

> "Some of the negatives are the fact that we've really been waiting for a lot of the final regulations to come out...we have had to make assumptions. We certainly make CMS aware of those assumptions, and we are moving forward based on these assumptions because we have to." **– Nevada state official**

CONCLUSION

Since the enactment of the ACA, these three states have been hard at work to establish policies, processes, resources, and partnerships to facilitate a successful launch for open enrollment and Medicaid expansion. While many uncertainties remain and all three states expect to encounter road blocks and hurdles along the way, they remain committed to successfully launching for open enrollment on October 1st.

Across the three states, the most significant challenge they have faced in preparing for the expansions has been developing the new integrated eligibility and enrollment systems. In all three states, time constraints have limited the capabilities they will be able to build into their systems by October 1st, which will impact enrollment experiences at the initial launch of open enrollment. However, they each plan to continue to improve and enhance the systems over time. As such, enrollment experiences will likely continue to evolve.

There also are common elements that have contributed to these states' successes. All three states benefit from supportive political leadership and close, collaborative working relationships among key state agencies.

Moreover, they have a strong network of community partners that are working closely with the states. Lastly, stakeholders in all three states have been creative and adaptable as they prepare for implementation. Respondents noted that they have never undertaken such a large-scale enrollment effort and have often had to figure out things on the fly, experiment, gather information and new ideas, learn from mistakes, forge new collaborations and partnerships and innovate. The commitment, collaboration, and adaptability and resourcefulness within these states has not only contributed to their successes to date, but will also be key for helping throughout implementation as new challenges and opportunities arise.

This brief was prepared by Samantha Artiga and Jessica Stephens of the Kaiser Family Foundation's Commission on Medicaid and the Uninsured (KCMU) and Michael Perry and Sean Dryden of Perry Undem Research and Communication. The brief is part of KCMU's "Getting into Gear for 2014" series examining key implementation issues as states prepare for the Affordable Care Act (ACA) coverage expansions.

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Appendix Table 1: Selected Data on Demographics, Health Coverage, and State Marketplaces in Maryland, Nevada and Oregon

	MARYLAND	NEVADA	OREGON
POLITICS AND GOVERNMENT			
Governor	Martin O'Malley (D)	Brian Sandoval (R)	John Kitzhaber (D)
Legislature Political Majority	Senate (D); House (D)	Senate (D); House (D)	Senate (D); House (D)
POPULATION & DEMOGRAPHICS			
Total Nonelderly Population (2010-11)[1]	5.1 million	2.3 million	3.3 million
Share of Nonelderly Population that is a Person of Color (2010-11)[1]	49%	51%	22%
Black	*29%*	*8%*	*2%*
Hispanic	*10%*	*29%*	*10%*
Asian & Pacific Islander	*7%*	*9%*	*6%*
Other	*3%*	*5%*	*4%*
Nonelderly Non-Citizens (2010-11)[1]	9%	10%	5%
Share of Nonelderly with Limited English Proficiency, 2011[2]	6%	13%	7%
Share of Total Population Living in a Non-Metropolitan Area [1]	3%	9%	22%
Population Living in Poverty, (2010-11)[1]	16%	21%	19%
Median Annual Household Income (2009-11)[3]	$67,469	$51,263	$51,735
UNINSURED POPULATION			
Uninsured Rate Among Nonelderly (2010-11)[1]	15%	25%	17%
Nonelderly Uninsured (2010-11)[1]	758,500	588,000	565,400
Share ≤138% FPL (Medicaid Expansion Limit)	45%	55%	50%
Share 139-400% FPL (Marketplace Subsidy Income Range)[1]	44%	36%	43%
Share ≥400% FPL	11%	9%	7%
MEDICAID COVERAGE			
Share of Nonelderly Enrolled in Medicaid (2010-11)[1]	15%	13%	18%
Nonelderly Medicaid Enrollees (2010-2011)[1]	731,200	318,500	602,400
Medicaid Eligibility Limits as a Share of the FPL, January 2013[4]			
Children	300%	200%	300%
Pregnant Women	250%	133%	185%
Working Parents	122%	24%	30%
More Limited Coverage for Adults[4]	128%	N/A	100%/201%
MARKETPLACE STRUCTURE AND PLANS			
Marketplace Name	Maryland Health Connection	Nevada Health Link	Cover Oregon
Total Federal Marketplace Grant Funding Received[5]	$158 Million	$84 Million	$303 Million
Marketplace Establishment Date	April 2011	June 2011	June 2011
Marketplace Website Launch Date	August 2012	July 2013	October 2012
Target Marketplace Enrollment	180,000 in 2014	118,000 in 2014	250,000 by 2016
Projected Medicaid Enrollment Increase Under ACA Expansion	100,000 in 2014	100,000 by June 2014	240,000 by 2016

[1] Medicaid includes other public coverage. KCMU/Urban Institute estimates based on 2011-2012 ASEC Supplements to the CPS

[2] KCMU/Urban Institute analysis of 2010 American Community Survey

[3] U.S. Census Bureau, Current Population Survey, 2009 to 2011 Annual Social and Economic Supplements.

[4] Eligibility limits for parents and more limited coverage include income disregards. In Maryland, childless adults are eligible for primary care services under the Primary Adults Care waiver program. In Oregon, adults up to 100% FPL are eligible for more limited coverage under the OHP Standard waiver program and adults up to 201% FPL are eligible for premium assistance. Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2013.

[5] Creating a New Competitive Marketplace: Affordable Insurance Exchanges, *healthcare.gov.* Retrieved July 10, 2013. Early Innovator Grants: Data pulled on September 9, 2012 from Tracking Accountability in Government Grants System (TAGGS).