Outreach Strategies Helped Boost Enrollment in State-Based Health Insurance Marketplaces

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Advertising the affordability of health plans in state-based insurance marketplaces and using linguistically and culturally appropriate outreach to communicate with historically underserved communities helped drive enrollment to a record high of 14.5 million, according to a new study from the Commonwealth Fund of strategies to reach people without health insurance.

Marketplace enrollment in health plans reached that milestone during the open enrollment period that launched on November 1, 2021, and ended on January 15, 2022, in most states. Included in the 14.5 million people who enrolled in marketplace coverage are 5.8 million people with newly gained coverage, noted the US Department of Health and Human Services (HHS). Of those, about 10.3 million enrolled through the federal marketplace platform HealthCare.gov and about 4.2 million people enrolled through state-based marketplaces in states and the District of Columbia, the agency reported.

These gains in enrollment resulted in part from provisions in the American Rescue Plan Act (ARPA) that help reduce health care costs for most marketplace consumers, lowering the average monthly premium by 23%, HHS said. The Inflation Reduction Act, signed into law in August 2022, continues the ARPA subsidies for another 3 years, through 2025.

To learn more about what kind of outreach strategies states used to inform consumers of the more generous financial assistance available, as well as enrollment assistance for obtaining health insurance coverage, Commonwealth Fund investigators surveyed the state-operated Affordable Care Act (ACA) marketplaces, with 17 of 21 states responding.

The researchers found that a majority of the responding state-based marketplaces invested more in outreach—advertising and enrollment assistance—during the open enrollment period for 2022 coverage compared with the previous open enrollment period. More than half of the respondents increased their budget for enrollment “navigators” to help consumers during the sign-up process, and a majority also boosted their advertising budget to promote enrollment, including television, radio, and print ads.

All of the state-based marketplaces also gave consumers more time to enroll, extending the annual window for signing up beyond 45 days and all but 1 extending the time into the beginning of 2022. States such as Maine that launched new state-based marketplaces just before the open enrollment window “credited their extended enrollment window with encouraging coverage take-up,” the researchers said. Oregon, a state operating a state-based marketplace that uses the federal marketplace HealthCare.gov platform, noted in its survey response that the Biden administration’s decision to extend the enrollment period on the federal platform until January 15 “contributed significantly” to increased plan selections.

In addition, advertising more-affordable plans under ARPA’s expansion of premium subsidies “helped bring in consumers who found coverage unaffordable under the former, less generous subsidy structure,” the report said.

The researchers note that Colorado, which had a more than 20% increase in new enrollees over the last open enrollment period, reported that more-affordable plan options prompted consumers to “take a second look.” Maryland’s experience, with nearly 50% more new enrollees added in 2022, “underscored the success of working with social media influencers to reach consumers who were...
newly eligible for subsidies under the ARPA and young adults who qualified for additional, state-funded subsidies,” the authors wrote.

States used data to drive outreach efforts targeting uninsured populations. For example, using state-procured data, Rhode Island identified zip codes likely to have uninsured residents and created a “street team” to distribute door hangers, flyers, brochures, and posters in those areas. New York targeted industries with higher concentrations of uninsured workers and those presumed to be severely affected by the pandemic, such as small businesses, the service industry, and self-employed individuals.

State-based marketplaces also partnered with other state programs, agencies, and others to reach people likely to be uninsured. Maine worked with the state labor department to offer information to residents applying for unemployment insurance, and referrals from social services and health departments helped navigators reach uninsured individuals. Some respondents expanded their outreach by coordinating with hospitals, pharmacies, and other health care settings such as COVID-19 vaccination and testing sites.

Use of culturally and linguistically appropriate outreach reduced language barriers, helping to increase awareness and acquisition of subsidized coverage in historically underserved populations. Efforts included disseminating materials translated into Spanish or other languages and placing translated advertisements in publications serving non-English-speaking communities to alert consumers to how the marketplace assister network could help them in their preferred language.

Although the survey focused on efforts of state-based marketplaces during the enrollment period for 2022, the federally facilitated marketplace (which includes states in which HHS performs marketplace functions and state residents apply for coverage through HealthCare.gov) “also made significant efforts to improve outreach during the same period,” the report notes, including increasing funding in marketing compared with the previous enrollment period.

The Biden administration took steps to expand the number of navigators, allocating $80 million in funding for 60 navigator programs serving consumers in 30 federally facilitated marketplace states for the 2022 plan year, to train more than 1500 navigators to help uninsured consumers. These navigators held more than 1800 outreach and education events at areas such as local libraries, vaccination clinics, food drives, county fairs, and job fairs.

To encourage enrollment in communities with lower access to health care, the Centers for Medicare & Medicaid Services partnered with cultural marketing experts to develop campaigns in multiple languages to connect African American, Spanish- and English-speaking Latino, and Asian American and Pacific Islander communities to local resources.

A report released by HHS found increased enrollment for all racial and ethnic groups from 2020 to 2022, with increases in enrollment from 0.9 million to 1.3 million (49%) among Black consumers, 1.7 million to 2.6 million (53%) among Latino consumers, and from 52 000 to 68 000 (32%) among American Indian and Alaska Native consumers. Such figures suggest that outreach efforts and increased coverage affordability played an important part in increasing marketplace enrollment among these populations and in targeting coverage disparities by race and ethnicity, according to the HHS's Office of the Assistant Secretary for Planning and Evaluation.

The Commonwealth Fund report notes the health insurance marketplaces “are bracing for an influx of new enrollees” when the COVID-19 public health emergency (PHE) ends, and with it, the end of the continuous enrollment requirement in Medicaid. This requirement stipulates that once someone had qualified for Medicaid, he or she remains qualified for coverage as long as the PHE is in effect.

The PHE will end on January 11, 2023, unless HHS extends it for another 90 days. When the PHE does end, millions of individuals currently enrolled in Medicaid will lose their coverage, and many are likely to be eligible for a subsidized marketplace health plan. Lessons learned about outreach strategies for boosting enrollment during the marketplaces' most successful enrollment season "provide insight on how to improve take-up among newly marketplace-eligible consumers," the report says.