



# The NYSHHealth Enrollment Network: Expanding Health Insurance Access for New Yorkers

OCTOBER 2015



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# Background

The Affordable Care Act (ACA) gave the New York State Health Foundation (NYSHealth) an enormous opportunity to expand health care coverage to uninsured and underinsured New Yorkers. To date, New York State has surpassed expectations and enrolled more than 2.1 million individuals in Medicaid, Child Health Plus, and private health plans through the State's official health benefit exchange, NY State of Health Marketplace (Marketplace). An expansion and simplification of Medicaid, the establishment of the Marketplace website for online enrollment, and financial subsidies for individuals and small businesses have made coverage more affordable and more accessible than ever before.

When the ACA was passed, it was clear that achieving the promise of health reform would not be easy, however. Many people were unaware of the opportunities ahead and unprepared to take advantage of its benefits. Compounding this information deficit, a majority of the uninsured individuals eligible for free or low-cost insurance coverage had low education levels, low incomes, and limited access to computers and online enrollment tools. Approximately half of New Yorkers who were uninsured and would qualify for either Medicaid or subsidized private insurance had a high school diploma or less.

Another consideration was that health insurance enrollment only would be through the State's Marketplace website, but even sophisticated online application systems have limitations. When Pennsylvania launched a pre-ACA online application system for a new Medicaid program, only 10–15% of online applications were completed independently by applicants. California had estimated that 50–75% of those seeking to apply for coverage under health reform would need some sort of assistance to complete their online applications.

Given these challenges, there was a high need for direct assistance and face-to-face support to enroll New Yorkers in health insurance. New York State launched a multipronged strategy to engage uninsured residents and help them enroll in coverage, including a call center for phone assistance; a marketing and public awareness campaign; and direct funding of community-based organizations to serve as Navigators, which are trained and certified by the State to provide in-person enrollment assistance.

NYSHealth's approach was to be complementary to the State's efforts and enhance its impact. After an earlier focus on [supporting policy analyses and technical work to implement health reform](#), NYSHealth turned its attention to consumer engagement, outreach, and enrollment efforts.<sup>1</sup> NYSHealth decided to fund an enrollment network of organizations that would reach individuals likely to be uninsured across New York. NYSHealth recognized the State's lead role in enrollment, so it sought to shore up community-based resources for key uninsured populations.

<sup>1</sup> New York State Health Foundation, "Implementing the ACA in New York State: One Statewide Foundation's Approach to Preparing for 2014," <http://nyshealthfoundation.org/resources-and-reports/resource/implementing-aca-new-york-state-one-statewide-foundations-approach-may-2013>, accessed October 2015.

## Background *(continued)*

NYSHealth launched its statewide Enrollment Network in time for the first open enrollment period that began October 1, 2013. The Enrollment Network targeted high-value populations: those that are known to be uninsured at disproportionately high rates and that are strong candidates for insurance enrollment. This initiative supported a network of diverse organizations across the State to reach three important populations: low-wage workers; immigrants; and lesbian, gay, bisexual, and transgender (LGBT) individuals.

- Low-wage workers are frequently uninsured for several reasons: they work for businesses that do not offer health care coverage, they cannot afford the cost of employer-based coverage, or they are unaware of public insurance programs for which they might qualify.
- Immigrants who are legal residents but not citizens often lack coverage. Noncitizens in New York are more than three times as likely as citizens to be uninsured.
- LGBT people are uninsured at disproportionately high rates and have vastly unequal access to employer-sponsored coverage, numerous studies have found.

NYSHealth decided to support both organizations with long track records of doing health insurance enrollment and those that were new to the work but were natural partners for enrollment efforts because of the populations they served. NYSHealth's strategy was to engage organizations with **(1)** a direct reach and access to the target populations; **(2)** experience with high-touch programs assisting individuals; and **(3)** a reputation in their communities as a resource, even if they did not focus exclusively on health.

NYSHealth selected grantees through a combination of soliciting organizations and a more formal request for proposals (RFP) process. Given the time-sensitive need to establish outreach and enrollment supports in advance of open enrollment, soliciting grantees enabled the Foundation to identify, support, and train qualified organizations so they were ready to enroll New Yorkers beginning in October 2013. Solicited outreach also allowed NYSHealth to reach beyond those groups typically engaged in enrollment efforts and to work with new organizations that do not normally respond to NYSHealth RFPs. For example, NYSHealth reached out to organizations that serve retail workers, restaurant employees, and childcare workers. To identify the remaining grantees, NYSHealth issued a statewide RFP for organizations to apply to be part of its Enrollment Network.

The Enrollment Network had access to a central hub for training, technical assistance, and support from the Community Service Society of New York (CSS). Providing these services to all Enrollment Network grantees proved to be effective for ensuring a consistent message across the network, spreading best practices, and providing a sense of collective mission and peer support. The technical assistance included a formal orientation and training; monthly calls and webinars; weekly e-mails summarizing updates and newly available resources; education and outreach materials; policy updates; site visits; and customized technical assistance and support services.

# Grant Activities

The initial cohort of Enrollment Network grantees comprised 19 geographically diverse, community-based organizations (Table 1). These organizations are trusted messengers in their communities and were well positioned to reach high-need populations with accurate, credible information about health insurance and enroll them in coverage. All Enrollment Network organizations had staff members who were formally trained as Certified Application Counselors (CACs). CACs serve as an applicant’s representative in processing applications and resolving any enrollment issues.

**TABLE 1: NYSHealth Enrollment Network Grantees**

ORGANIZATION	COUNTIES/AREAS SERVED
Action for a Better Community	Monroe
AIDS Community Resources (ACR Health)	Cayuga, Jefferson, Oneida, Onondaga, and Oswego
Callen-Lorde Community Health Center	New York City (all boroughs)
Center for Children’s Initiatives	New York City (all boroughs)
Center for Frontline Retail	New York City (all boroughs)
Charles B. Wang Community Health Center	New York City (Brooklyn and Manhattan)
Direct Care Alliance	New York City (all boroughs)
Health and Welfare Council of Long Island	Nassau and Suffolk
Henry Street Settlement	New York City (Manhattan)
Lenox Hill Neighborhood House	New York City (Manhattan)
Long Island Gay and Lesbian Youth	Nassau and Suffolk
Make the Road New York	New York City (Brooklyn and Queens)
PEACE	Onondaga
Pride Center of the Capital Region	Albany, Rensselaer, Schenectady
Restaurant Opportunities Center of NY	New York City (all boroughs)
South Asian Council for Social Services	New York City (all boroughs)
Trillium Health	Monroe, Ontario, and Steuben
Urban Health Plan	New York City (Queens and the Bronx)
Westchester Community Opportunity Program	Putman, Rockland, and Westchester

## Grant Activities *(continued)*

The Enrollment Network grantees supported consumer engagement and enrollment activities during the first two years of open enrollment (through April 2015) and included:

### OUTREACH AND EDUCATION

- Organizing community events, such as health fairs or neighborhood fairs, to reach and inform prospective enrollees about the benefits available to them and conducting eligibility screenings at events when feasible;
- Partnering with community or public resources (e.g., libraries, community colleges, government social service agencies, job centers, health centers, hospitals) to obtain on-site access and set up stations to offer eligibility screenings and enrollment and outreach services to their clients;
- Using their organizations' programs to share information about the enrollment services they offer;
- Engaging hard-to-reach populations, particularly those that were likely to be uninsured and eligible for enrollment;
- Translating, preparing, and distributing brochures to target populations; and
- Educating prospective enrollees about potential out-of-pocket expenses (e.g., premiums, coinsurance, copays, deductibles), cost-sharing discounts, and tax credits to subsidize these costs.

### ENROLLMENT

- Conducting individual enrollment services, either face-to-face or by phone, on-site or off-site;
- Assessing individuals and enrolling them into a public insurance program (e.g., Medicaid, Family Health Plus) or a qualified private health plan on the Marketplace;
- Assessing individuals for eligibility of available tax credits to subsidize monthly health insurance premium costs; and
- Offering enrollment services during nontraditional hours, as determined by the needs of the target population.

# Goals and Outcomes

**N**YSHealth's Enrollment Network grantees were tasked with two goals:

1. Perform education and outreach activities to spread awareness about the ACA and newly available health insurance options.
2. Assist with enrolling individuals and employees of small businesses into public and private health insurance offered on the Marketplace, specifically targeting vulnerable populations.

Enrollment Network grantees successfully achieved the following outcomes:

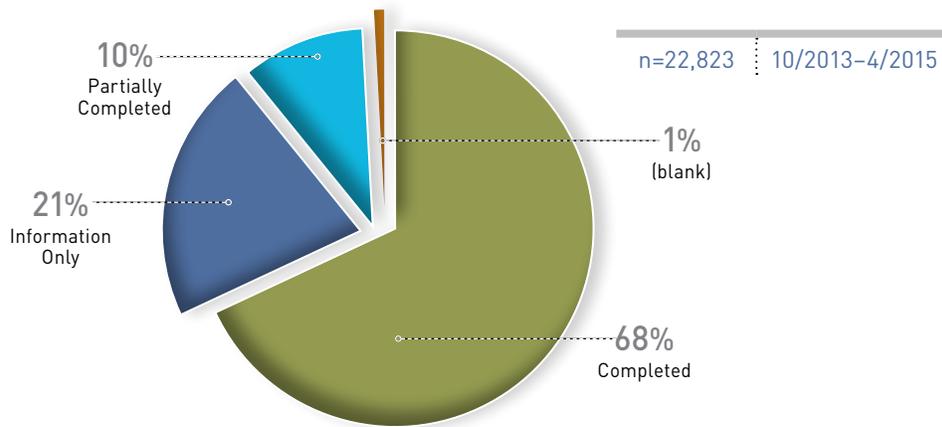
- Grantees performed a wide variety of outreach and education.
- In total, the Enrollment Network completed or partially completed 17,777 enrollment applications during the first two open enrollment periods. The Enrollment Network served 22,823 individuals throughout the grant period **(Figure 1)**.
- A large majority (71%) of the clients served were enrolled into Medicaid **(Figure 2)**.
- The Enrollment Network achieved its goal to enroll disproportionately uninsured populations, enrolling 6,313 immigrants, 4,776 low-wage workers, and 1,212 LGBT individuals (self-reported figures) **(Figure 3)**.
- The Enrollment Network also succeeded in enrolling uninsured individuals of racially and ethnically diverse backgrounds: 49% Latino/Hispanic, 21% Asian/Pacific Islanders, and 9% African-American **(Figure 4)**.



## Goals and Outcomes (continued)

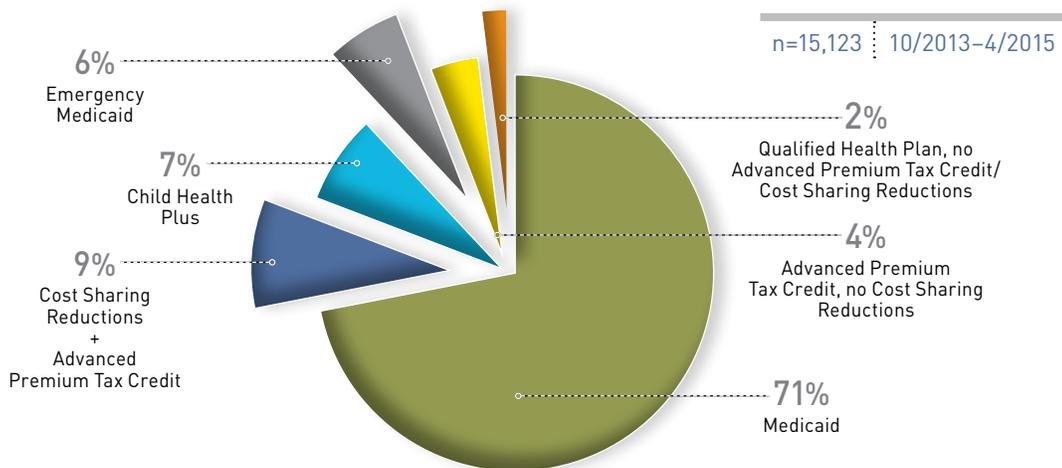
### NYSHealth Enrollment Network Achievements to Date

Total Consumers Served	Applications (Completed and Partial = 78%)	Information Sessions	Average Applications by Health Centers	Average Applications by Community-based Organizations
22,823	17,777	4,716	1,355 (75/month)	850 (47/month)



APPLICATION STATUS  
**FIGURE 1**

### Breakdown of Plan Type Enrollment by Enrollment Network



**FIGURE 2**

## Goals and Outcomes (continued)

### NYSHealth Enrollment Network Reaches LGBT Individuals, Immigrants, and Low-Wage Workers

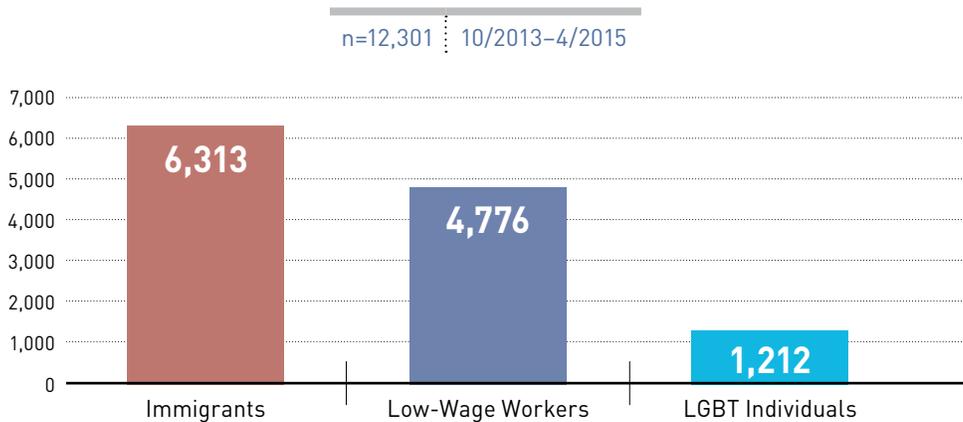


FIGURE 3

### Racial and Ethnic Backgrounds of Enrollees

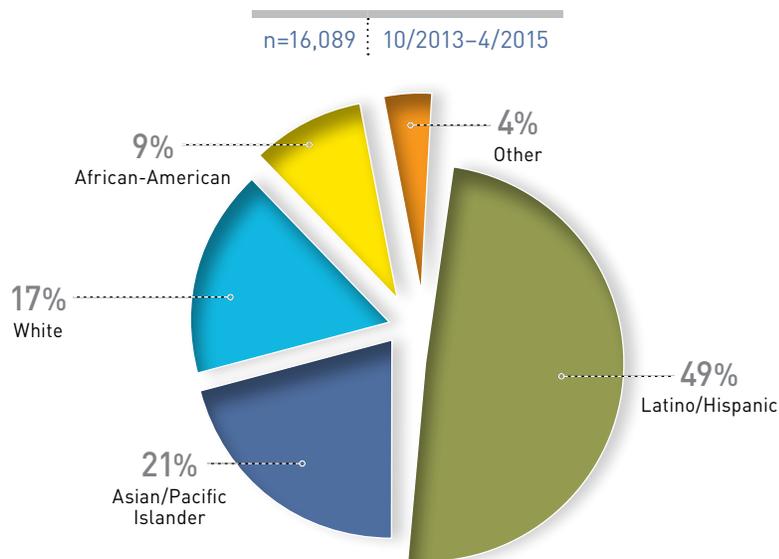


FIGURE 4

# Lessons Learned

Since its launch, the Enrollment Network has developed a range of creative outreach and education methods and has enrolled thousands of New Yorkers into coverage, with the enrollment rate accelerating over time. Through this initiative, NYSHHealth has learned many lessons about the implementation of health reform in New York State and what it takes to successfully enroll individuals into health insurance.

Key takeaways:

- **Staffing and organizational infrastructure** can make or break the effectiveness of enrollment efforts.
- **Strategic partnerships** with local organizations are crucial for providing referrals and ensuring collaboration on outreach or enrollment events.
- **Outreach and education activities** must be flexible, respond to demand, and specifically be tailored to meet the needs of the community.
- **Enrollment** is influenced by affordability and whether an applicant's doctor is in a plan's network.
- **Logistical factors** at an organization can impact enrollment, including scheduling processes, length of time spent with applicants, the setting and privacy of an enrollment site, and languages offered.
- **Challenges** persisted at organizations **(1)** without experience in health insurance, creating a steep learning curve; **(2)** that had a small team of staff working on enrollment; and **(3)** that lacked a rapport with the community regarding health insurance enrollment.
- **Successes** can largely be attributed to staff members' previous health insurance enrollment experience and an organization's existing strong reputation for high-quality, culturally competent enrollment services.

## STAFFING AND ORGANIZATIONAL INFRASTRUCTURE

The staffing and organizational infrastructure of each Enrollment Network grantee proved to be instrumental in the delivery of enrollment assistance.

Many Enrollment Network grantees experienced staff turnover, which affected organizational performance in varying degrees. Turnover of CACs, for example, can cause a loss of applicants and result in up to a three-month delay in an organization's ability to enroll clients while replacement CACs are hired, trained, and certified. Some grantees reported hiring difficulties because of the short-term and low-paying nature of the CAC position. Other grantees hired staff members who could not keep up with the demands of the job, which required CACs to learn

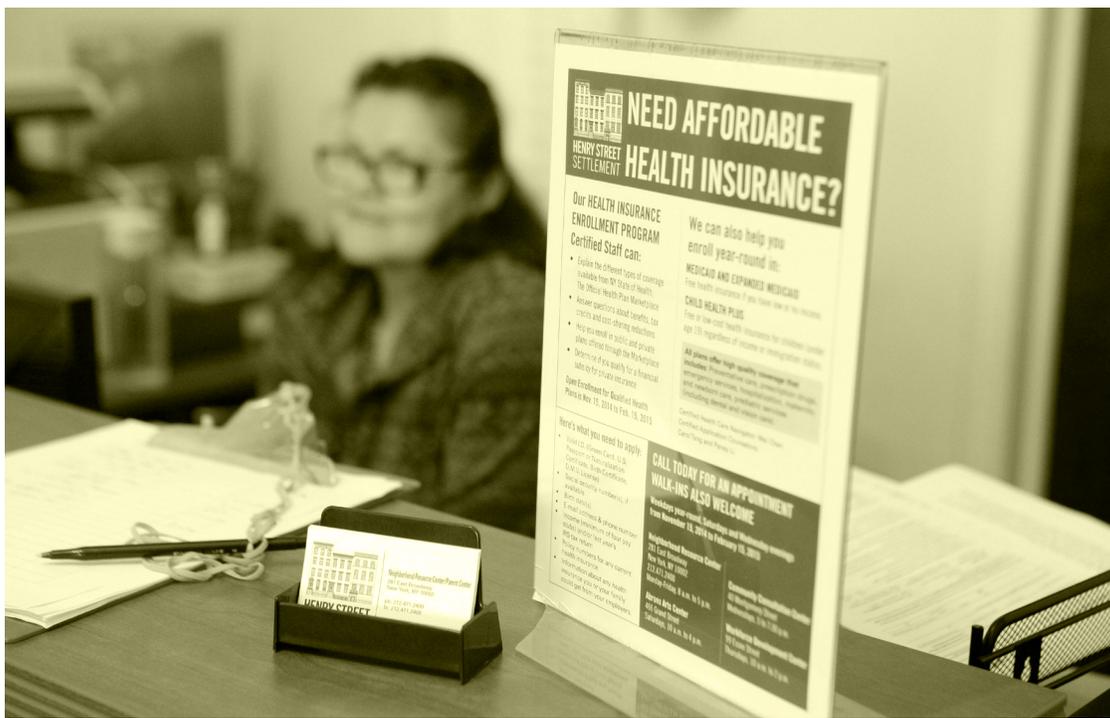
## Lessons Learned *(continued)*

the complexities of health insurance. In sum, finding the right enrollment staff proved to be a challenge for most organizations and required more time and energy than anticipated.

In addition, a few grantees experienced institutional challenges that led them to end their involvement in the Enrollment Network. For example, one grantee experienced staffing and funding changes and went on to dissolve its organization and bring its staff members and programs under the auspices of a national organization with which it became newly affiliated. Another grantee faced fissures between its founding New York City chapter and a national office and withdrew from the Enrollment Network as a result.

Enrollment Network grantees with experienced, dedicated CACs benefitted the most and were successful in expanding health insurance coverage. Many CACs were so committed that they expanded their working hours during peak enrollment times to meet applicant needs. Bilingual CACs also were in high demand, as Enrollment Network grantees served many immigrant and non-English speaking individuals.

When grantees were part of an in-house team that included other enrollment assistants (such as State-funded Navigators), they benefited from internal peer supports and were able to more efficiently manage their workloads. Collaboration across departments within an organization also proved crucial for success. Internal staff referrals of potential applicants to the enrollment staff were fruitful for many grantees that offered other programs in addition to health insurance



## Lessons Learned *(continued)*

enrollment, such as housing or food assistance. By tapping into these existing clients, grantees were able to maximize their enrollment performance. For example, some organizations added health insurance screening questions to existing organizational materials, such as intake forms, or mined their own data to identify prospective clients for outreach efforts.

Commitment from upper-level management and supervisory staff played a big role in the success of many grantees of this initiative. Less buy-in from upper-level management led to lower enrollments and more frequent enrollment staff turnover. When supervisory staff was actively engaged in weekly meetings and support, grantees saw improved staff performance and higher retention rates. Among those grantees with effective staffing arrangements, supervisors had clear communication methods and were in frequent contact with their CACs to ensure enrollment goals were met and problems were addressed.

Organizations with a large enrollment staff, such as those that had enrollment staff funded by both Foundation and State Navigator grants, were able to hire supervisors who focused almost exclusively on health insurance enrollment efforts. These supervisors actively participated in training calls and meetings sponsored by the Foundation. Foundation grants provided another advantage to organizations also receiving State-funded Navigator grants: NYSHealth funding could be used to support supervisory staff, whereas State funding did not allow support for non-enrollment staff, including supervisors.

In contrast, organizations with limited enrollment staff rarely had funding for a supervisor dedicated to the health insurance program to the same extent. Less well-trained or less-engaged supervisors were not as effective in solving problems faced by their enrollment staff. At the same time, State Navigator grants were awarded to many organizations that had previous health insurance enrollment experience—ones that often had experienced staff members and supervisors from the start. Although the Foundation sought to expand the playing field by engaging organizations new to health insurance enrollment, the lack of experience among supervisory staff affected the success of enrollments.

 Every week, staff members participated in a team meeting to discuss new challenges, lessons learned, and appropriate resolutions and next steps. Additional support staff contributed their time and efforts by handling telephone inquiries, booking appointments, facilitating workshops, and overseeing the database and reports. Supported by the strong commitment of its leadership, Charles B. Wang Community Health Center was able to achieve high results in its activities”

—ENROLLMENT ASSISTOR, CHARLES B. WANG COMMUNITY HEALTH CENTER

## Lessons Learned *(continued)*

Some grantees hired interns or other support staff to help with the logistical elements of the enrollment process, such as phone intake, scheduling, and follow-up. Interns also were helpful with conducting outreach and education at various events. These arrangements allowed grantees to streamline their enrollment process and gave interns the opportunity to learn more about the ACA and health insurance enrollment.

When health insurance enrollment was complementary to existing organizational goals, the grantees were most effective at enrolling applicants. Grantees with staff members who had previous experience and regularly communicated with supervisors yielded the best outcomes.

### STRATEGIC PARTNERSHIPS

Most Enrollment Network grantees established strong partnerships with local community-based organizations that serve the uninsured. Some grantees benefited from partnerships with other entities, including academic medical centers, community health centers, faith-based organizations, libraries, local government, schools and colleges, advocacy groups, and businesses.

The primary purpose for such partnerships was for these other organizations to provide referrals to Enrollment Network grantees when they encountered uninsured individuals. Many grantees established a referral network within their communities, which was instrumental in creating a pipeline of clients to be enrolled. For example, one grantee remarked, “The referral network that we have built has linked LGBT individuals and families to integral services, and this collaboration with community organizations will work to pave the way for comprehensive health care reform that is truly inclusive and transparent.” Partnerships with local organizations allowed Enrollment Network grantees to spread their reach within the community. Building, solidifying, and improving partnerships over time led to an uptick in enrollments and grantee performances.

 Mr. S, a man in his 40s with a long-standing health problem, was referred by our local Community Board to meet with one of our CACs. He requested help with switching to a more affordable plan that would provide coverage for visits to specialists, as well as for an anticipated related surgery. Even though he had purchased commercial health insurance, his monthly costs were more than \$1,000 just for plan participation. With the help of our CAC, he was able to find a plan through the Marketplace that cut his costs 50%—down to \$500 per month.”

—ENROLLMENT ASSISTOR, HENRY STREET SETTLEMENT

## Lessons Learned *(continued)*

### EDUCATION AND OUTREACH

Enrollment Network grantees conducted a wide range of outreach activities to educate their communities about newly available health insurance options.

Most grantees established an online presence for their enrollment services, including websites and targeted social media campaigns. All grantees produced materials to disseminate about their enrollment services. They reached people through e-mail blasts, phone calls, and direct mailings. Many grantees garnered media coverage through local newspapers, magazines, radio, or television programming. For immigrant-serving grantees, ethnic media was an especially successful outlet to spread information to their communities.

Many grantees took advantage of existing events, such as adult education classes and cultural happenings. They focused on sites that would be more highly trafficked by the uninsured and in areas with high uninsured rates. Grantees found that returning to sites at a specific, set time on a regular basis was effective, and they became a reliable presence in the community. However, as education and outreach events rarely yielded on-the-spot enrollments at these off-site locations, grantees had to come up with strategies to further engage with potential applicants, such as scheduling a follow-up appointment at their offices.

Most importantly, grantees emphasized the importance of having a flexible outreach strategy and one that was tailored to their specific client base. They continuously assessed, adapted, and changed their outreach strategies to accomplish their enrollment goals.

 One of our most memorable enrollments was a woman with a small child who hadn't had insurance for either of them in years because she had lost coverage when she divorced her husband. The mother was ill with colon cancer and was unable to work the past couple of years. She called [the assistor] because her friend begged her to do so, and started off the conversation stating, 'I know there's nothing you can do, but my friend made me do this.' After a couple minutes of discussion about her income and household information, it became apparent that she was eligible for Medicaid. [The assistor] met with her one day later and enrolled her in Medicaid. Three months later she called [the assistor] crying, stating that she was finally able to go to the doctor and receive the treatment she needed... She told [the assistor] that one phone call changed her life. That is what this means: changing people's lives, giving individuals the power and knowledge to take control of their health."

—ENROLLMENT ASSISTOR, LONG ISLAND GAY AND LESBIAN YOUTH

## Lessons Learned *(continued)*

### ENROLLMENT

The majority of Enrollment Network grantees expressed surprise and frustration with the logistics of enrolling applicants into health insurance. The process took much longer than anticipated: on average, an enrollment took about two hours and sometimes required multiple visits if paperwork was not in proper order or if the Marketplace website was having technical issues. One grantee estimated that about 60% of its clients required a follow-up appointment. Most grantees also were tasked with post-enrollment assistance, which sometimes created an unanticipated burden for staff members. For example, even after they had obtained coverage, many clients would return to their CACs as a trusted source with health insurance questions or for help getting connected to health care services even after they obtained coverage.

Because of the complexity of health insurance, Enrollment Network grantees had to spend a significant amount of their time explaining the intricacies and helping clients understand the options that would best meet their needs. Applicants were principally concerned with issues pertaining to affordability and access to their preferred health care providers. Grantees came up with strategies to address these issues, including information flyers and tools, and help individuals consider their priorities when selecting a health plan.

Validation of an applicant's identity through the State's document review process (identity proofing), as well as incomplete documentation on the part of an applicant, often delayed enrollments. Although identity proofing and documentation requests have improved since the inception of the Marketplace, grantees have noted that this aspect has often been a primary impediment to enrolling individuals into health insurance. Length of time to counsel and guide an applicant, a lack of health insurance literacy, and delays with identity proofing and documentation requests were all obstacles that enrollment staff had to overcome to successfully complete an enrollment.

Logistics was a key factor for successful enrollments, both on-site at the grantee's organization and at off-site locations. For on-site enrollments, appointments or walk-in hours were offered; grantees reported varied success with these two options for completing an enrollment, depending on their client base. Many grantees relied on administrative staff to oversee the scheduling, screening, and intake of applicants. Some grantees implemented computer programs to track the status of their cases, and all grantees were required to record their enrollments in a database administered by CSS, which could also be used for case management.

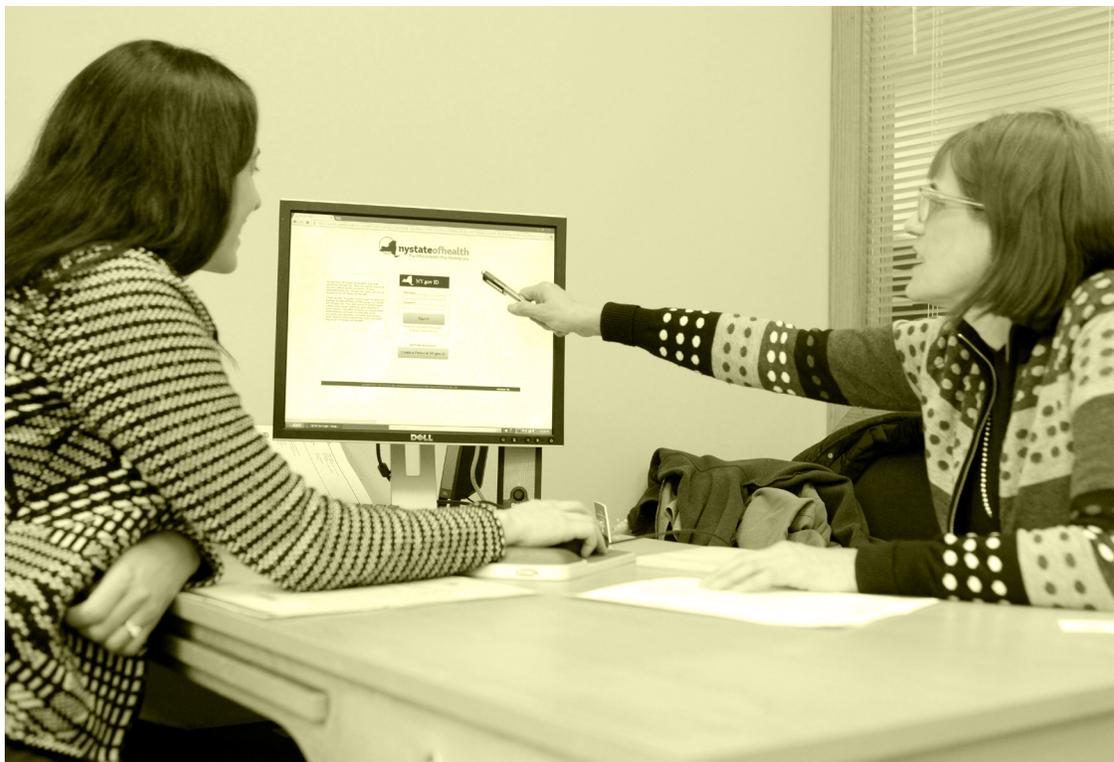
Off-site enrollments were conducted at places such as libraries, local unemployment offices, shopping malls, businesses, nonprofits, and faith-based organizations. Off-site enrollments also required logistical considerations. As one grantee said, "Conducting enrollment services off-site had many challenges, such as space issues and lack of privacy and support, but targeting efforts in one consistent location was the best method for consumers and maximized

## Lessons Learned *(continued)*

efficient use of manpower.” Most grantees recognized the importance of offering consistent enrollment services at a convenient location for clients. According to another grantee, “One of the biggest lessons from the first enrollment period to the second enrollment period was to go where the people are, and not trying to get the people to come to you. Having an application counselor stationed at the same location one day a week led to a large increase in enrollments.”

■ ■ We have learned the importance of scheduling recurring enrollment clinics on dates and times at locations where our clients are already going for other services. By doing this, we can capitalize on the relationships that potentially eligible individuals have with community-based and immigrant advocacy organizations, as well as help immigrants and other low-income individuals in a streamlined, efficient manner. Applicants can enroll in insurance when they drop off their child at school, pick up food at a local pantry, or meet with an immigration attorney. This increases the likelihood that applications will be completed.”

—ENROLLMENT ASSISTANT, LENOX HILL NEIGHBORHOOD HOUSE



## Lessons Learned *(continued)*

Grantees actively monitored and assessed their enrollment practices so they could make timely modifications or adjustments to meet the needs of their applicants. Although strategies varied, all grantees learned the importance of careful logistical planning and supports to best provide enrollment assistance to the populations they serve.

### CHALLENGES

At the onset of health reform implementation, the Marketplace faced an array of technical glitches that interfered with the Enrollment Network's ability to serve applicants. Grantees had a slower-than-anticipated start because of these issues with the Marketplace's functionality.

Performance among the grantees varied widely, most notably among those that were inexperienced in health insurance enrollment. These grantees usually did not have a team of enrollers; rather, they only had one staff member assigned to the project, which often resulted in weaker outcomes. Better known for other types of services, these grantees lacked the experience and connections needed to attract applicants for enrollment. Instead, they competed with well-established health insurance enrollment sites that had long-standing relationships with the community. Consequently, these less-experienced organizations found it difficult to penetrate the enrollment market and were more successful in spreading awareness through outreach and education events rather than enrolling applicants.

As part of its grantmaking strategy, NYSHHealth had envisioned that funding those organizations with little enrollment experience would build organizational capacity to serve the uninsured. It was NYSHHealth's thinking that organizations serving low-wage workers, immigrants, and LGBT individuals would be well-placed to help existing clients who were also uninsured. By supporting organizations that already reached the targeted populations (but did not necessarily have extensive experience in health insurance enrollment), NYSHHealth attempted to expand the range of organizations able to do this work over the long term.

However, NYSHHealth did not anticipate the difficulties these organizations would have with enrollments. Although these grantees were generally strong at outreach and education, they faced a much steeper learning curve (both at the supervisory and ground staff levels) and had a harder time yielding enrollments. In cases where NYSHHealth's grant was not sufficient to fund a large team of enrollment staff, these grantees could not successfully compete with organizations receiving State funds for Navigators that added to their enrollment staff.

Another challenge was that some grantees working with immigrants—one of the Foundation's target populations for enrollment—had a higher-than-anticipated proportion of undocumented clients. As undocumented immigrants are not eligible for most public and private insurance options, organizations serving them had a more challenging time with enrollments. One grantee ended up shifting its NYSHHealth-funded enrollment staff from Queens to its Bronx office because of the high proportion of undocumented clients at the Queens location. Another

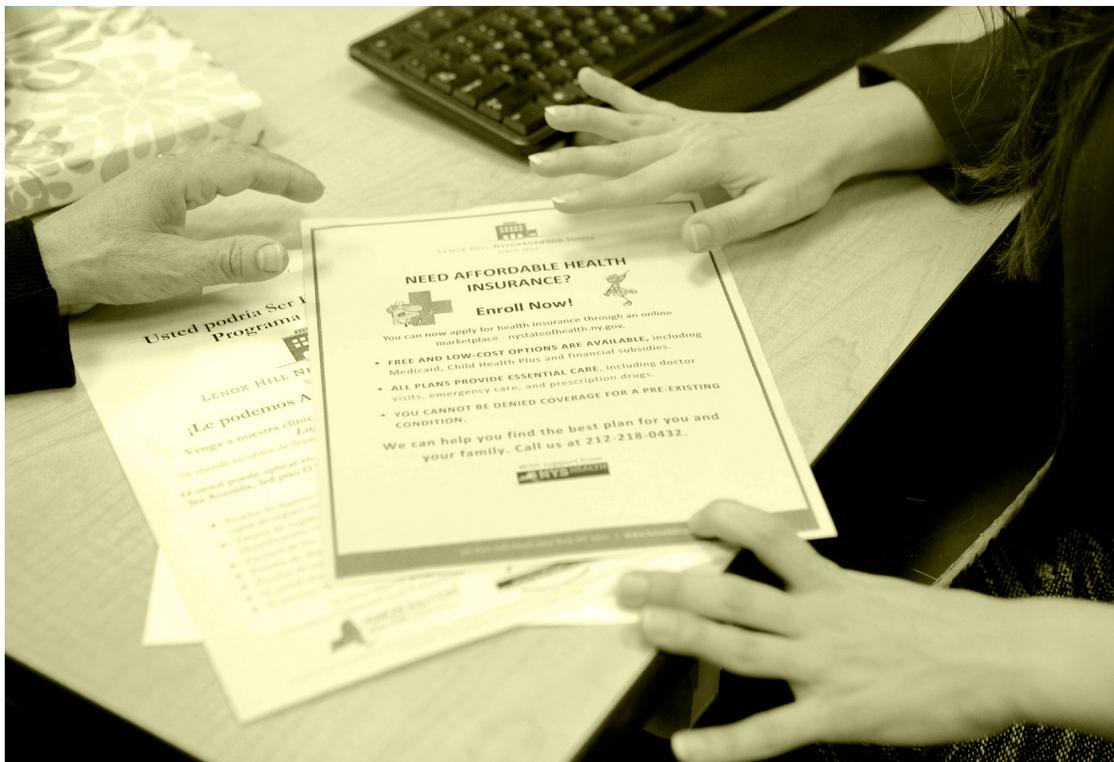
## Lessons Learned *(continued)*

grantee that was selected because of its direct reach to restaurant workers—a highly uninsured population—also struggled because a large proportion of its clients were undocumented and thus ineligible for many of the insurance options.

### SUCSESSES

The most successful grantees were those with previous health insurance enrollment experience. They were also more likely to have a Navigator grant, more staff members, and a well-established reputation within the community as a resource for health insurance services. These organizations benefited on many levels: staff members were more knowledgeable and had less of a learning curve; they were on teams with other assistors who offered peer support and learning; supervisors were more engaged; and clients knew to go to them for help with health insurance options. The best-performing grantees demonstrated a high degree of expertise in health insurance, strong leadership, and the ability to incorporate the grant activities into their existing organizational infrastructures.

As a grantmaker, NYSHealth understands the effectiveness of establishing a reliable technical assistance infrastructure from the onset of a project when applicable. Through NYSHealth subcontracts to CSS, Enrollment Network grantees were connected to a wide range of resourc-



## Lessons Learned *(continued)*

es and were able to tap into the long-standing health insurance expertise of CSS. Enrollment Network grantees were able to access updated materials and information; exchange helpful tips and knowledge; and share a collective goal to help New Yorkers sign up for coverage.

NYSHealth also saw the benefits of working collaboratively with the State as it implemented the Marketplace. In response, Marketplace officials have been supportive of and helpful to Enrollment Network grantees. This partnership was crucial in aligning NYSHealth's Enrollment Network with State-funded Navigators, and was helpful to grantees as they sought to improve health insurance coverage for vulnerable populations.

 Mr. and Mrs. T, both in their 50s, were without insurance when they requested services from [an assistor]. Mr. T is a self-employed freelancer who works in the media field, and Mrs. T is unemployed. They had tried to navigate the Marketplace on their own, but felt they could not complete the enrollment process without assistance. They did not know where to seek help, and so for the next year their application remained incomplete. Then a family friend, who had received help from the [resource center] with enrollment into a Qualified Health Plan, referred the couple to Henry Street Settlement. With the help of our [assistor], Mr. and Mrs. T finally completed their application, and are now enrolled in an affordable health insurance plan.”

—ENROLLMENT ASSISTOR, HENRY STREET SETTLEMENT

## FUTURE

In 2015, NYSHealth approved a second phase of the Enrollment Network initiative, awarding grants to 15 community-based organizations to enroll hard-to-reach populations into health insurance during the third open enrollment period beginning in November 2015. A mix of new and returning grantees, these organizations are trusted messengers in their communities and are well-positioned both to reach high-need populations with accurate, credible information about health insurance and enroll them in coverage. With experience and understanding gained from the first two open enrollment periods, NYSHealth is confident that this next cycle of the Enrollment Network will be successful in reducing the number of uninsured New Yorkers.

# NEED AFFORDABLE HEALTH INSURANCE?

Explore your new options!

Starting October 1, 2013, you can get health insurance in place, the NY State of Health. Health coverage starts

You and your family may be eligible for

Medicaid

- You can get free health insurance if you

Child Health Plus

- Children (under age 19) can get health insurance, regardless of income

Affordable Care Act



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