

OPEN ENROLLMENT SUMMARY

| | October 2012 | June 2014 |
|--|-------------------|-------------------|
| Percentage of Americans Uninsured Nationwide | Approximately 17% | Approximately 13% |

During the first open enrollment period (November 2013 – March 2014):

- A total of 10-14 million people who were previously uninsured obtained new health insurance coverage as a result of provisions in the Affordable Care Act. At least 9.3 million gained coverage between September 2013 and March 2014 (*RAND*).
- More than eight million people obtained health insurance coverage through a private plan selected in a state marketplace; nationwide, an estimated 83% of marketplace enrollees qualify for subsidies to help afford their premiums (*Kaiser Family Foundation*).
- At least 3 million young adults (up to age 26) stayed on their parents' plan. At least 35% of private marketplace enrollees were between 18-35 years old (*HHS*).
- Largely thanks to ACA and the 26 states that chose to expand Medicaid, more than **6 million people** (above the annual baseline) **enrolled in Medicaid and SCHIP** from Oct. 1 through April 15. New individuals continue to enroll every day because Medicaid enrollment is not restricted to the open enrollment periods (*HHS*).
- Nineteen million people will gain coverage through the ACA by 2015 and 25 million will gain coverage by 2016 (*Congressional Budget Office*).
- Enroll America and its partners, including Catholic hospitals across the country, held 630,000 documented conversations on enrollment. The coalition also hosted 1.8 million unique web site visitors; attracted 320,000 social media followers; held 22,000 enrollment events and was featured in more than 3,000 media stories. At least 110,000 consumers were reached by faith and community leaders (*Enroll America*).
- Many Catholic-sponsored health care facilities across the country served as Navigators and Certified Application Counselors helping people find and obtain insurance coverage.

Alignment with our Values

CHA's *Vision For U.S. Health Care*, developed in 2007, imagined a health care system that protects human dignity, serves everyone and is fairly financed, prevention-oriented and patient-centered. The success of open enrollment demonstrates major progress toward meeting the ministry's expectations of health reform.

Demonstrating that the ACA is also fiscally responsible, in April the Congressional Budget Office estimated that the law will cut the federal deficit by \$104 billion over the next 10 years, more than it was originally slated to cut.

Open Enrollment Findings

- Newly enrolled people were more than twice as likely to know about the availability of financial assistance.
- Three-quarters of those who enrolled are confident they can afford their premiums. Meanwhile, perceptions of the high cost prevented many others from even trying.
- Latinos and young adults lagged behind in knowledge but wanted coverage. Latinos particularly valued in-person enrollment assistance, which Enroll America and many CHA members provided and facilitated.
- More than 8 in 10 of those still uninsured say they will seek coverage during the next open enrollment period.
- Catholic health care contributed significantly to the successful enrollment period by convening coalitions, providing educational materials and meeting people on the ground to enroll them in new insurance coverage.
- National coalitions, most prominently Enroll America and its funding partners, helped sign up millions of people and played a major role in building public awareness, combatting myths, and connecting individuals and families with coverage.
- Education and awareness work was highly effective in driving people to learn about and enroll in coverage. There is room for improvement based on lessons learned during the first ACA open enrollment period. Enroll America has prepared a [report](#) examining what went well and how to improve for the next open enrollment period.

ASSESSMENT TOOL / DIALOGUE STARTER

Following is a tool to help evaluate effectiveness of the Affordable Care Act in individual markets, systems or facilities. Answering these questions can begin a deeper analysis of where gaps exist and legislative / regulatory fixes may be needed. Any 'NO' answer indicates the need to identify specific barriers to success so that action plans can be developed to remove those barriers.

In my state and health care system. . .

| | | |
|---|---------------------------------|--------------------------------|
| Medicaid has been expanded | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Public education on the state marketplace and Medicaid has been effective | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| We are engaged in local / state / regional partnerships and coalitions to improve awareness of ACA and enroll eligible people | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Presumptive eligibility for Medicaid is in place and working properly | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Our organization has identified Medicaid patients as a special / target population | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| We completed our Community Health Needs Assessment and it was approved by our Board | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Our executive and clinical teams are engaged in ACA implementation and have the resources they need to move forward | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Our organization has added at least one prevention activity since passage of the ACA | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Our organization has taken steps to reduce avoidable rehospitalizations | YES <input type="checkbox"/> | NO <input type="checkbox"/> |