NEW JERSEY DEPARTMENT OF HEALTH

Actions to Facilitate Enrollment in the Affordable Care Act Marketplace

REPORT TO GOVERNOR PHILIP D. MURPHY
as required by
EXECUTIVE ORDER 4

August 31, 2018

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Acknowledgements

This report was prepared by the Office of Policy and Strategic Planning of the New Jersey Department of Health (Magda Schaler-Haynes, Director) with assistance from Department staff.

Research assistance was provided by the Center for State Health Policy of Rutgers University.

Historical overview of outreach and enrollment efforts in New Jersey provided by New Jersey Citizen Action.

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EXECUTIVE SUMMARY

On January 21, 2018 Governor Murphy signed Executive Order No. 4 (EO4) into law. EO4 charged the Department of Health (DOH), as "a State entity that regularly interacts with the public" to take "reasonable measures" to inform the public about the Affordable Care Act (ACA) marketplace as a means of helping ensure that every resident of New Jersey has access to affordable health insurance.

In response to EO4, the Department completed three tasks which informed development of the recommendations herein:

TASK 1: Identify uninsured New Jerseyans and reasons for uninsurance;

TASK 2: Identify overarching, statewide outreach and enrollment recommendations.

TASK 3: Conduct inventory and identify Department-specific recommendations to optimize current Departmental screening, outreach and enrollment activities.

The Department's EO4 recommendations include short- and longer-term activities. Fiscal resources are required for many of the recommendations identified herein.

Each of the following recommendation is discussed in greater detail in the report:

1) Create a multi-agency health insurance coverage task force or work group.
2) Launch a state-administered website.
3) Develop new statewide materials and strategies for outreach and enrollment.
4) Host statewide outreach events.
5) Establish training options for state staff to support enrollment.
6) Simultaneous to outreach and enrollment, focus on long-term policy issues
7) Highlight Medicaid enrollment and administration.
8) Consider special needs of vulnerable populations in outreach and enrollment plans.
9) Coordinate agencies to gather insurance cost and coverage data.
10) Leverage grantees and contracts to support outreach and enrollment.
11) Maximize federal funding for outreach and enrollment.
12) Explore options for additional funding including industry and philanthropy.
13) Ten additional specific recommendations to support outreach and enrollment across multiple state-wide Department of Health programs.

The Department looks forward to working with the Governor's office and partner agencies to further evaluate and implement the recommendations herein.

I. Introduction: Executive Order 4 and the New Jersey Department of Health

On January 21, 2018 Governor Murphy signed Executive Order No. 4 (EO4) into law.[1] In the Executive Order, Governor Murphy declared, among other things, "a primary goal of my administration is to ensure that every New Jerseyan has access to affordable health insurance and none of our residents are unable to see a doctor when they are sick." EO4 thus charged the Department of Health (DOH), as "a State entity that regularly interacts with the public" to take "reasonable measures" to inform the public about the Affordable Care Act (ACA) marketplace as a means of helping ensure that every resident of New Jersey has access to affordable health insurance.

Achieving optimal results pursuant to EO4 will require de-siloed, inter-agency collaboration. The Department of Health has a uniquely broad mandate to improve and maintain the health of all New Jerseyans and is therefore well-positioned to collaborate on these efforts.

In response to EO4, the Department completed three tasks which informed development of the recommendations herein:

TASK 1: Identify uninsured New Jerseyans and reasons for uninsurance;

TASK 2: Identify overarching, statewide outreach and enrollment recommendations;

TASK 3: Conduct inventory and identify Department-specific recommendations to optimize current Departmental screening, outreach and enrollment activities.

The Department's EO4 recommendations include short- and longer-term activities. Fiscal resources are required for many of the recommendations identified herein. Each proposed recommendation is discussed in greater detail in subsequent sections.

II. Background: ACA Outreach and Enrollment in New Jersey

Until Governor Murphy's inauguration, New Jersey had been without strong gubernatorial leadership for ACA implementation. Governor Christie declined to establish a state-run exchange leaving the U.S. Department of Health and Human Services to operate a federally facilitated marketplace (FFM) for New Jersey, currently known as healthcare.gov. Although New Jersey has achieved significant gains, gubernatorial leadership during those critical years after the passage of the Affordable Care Act in March 2010 likely would have prompted better health insurance enrollment. The Executive Order acknowledges "'navigators' are organizations that play a crucial role in facilitating individual enrollment in the marketplace [and] in New Jersey, the Trump administration cut funding for navigators by 62 percent, resulting in New Jersey receiving over $1 million less to conduct outreach." The Obama administration supported outreach and enrollment with federal funding; the Trump administration largely does not.

Federal funding for outreach and enrollment in New Jersey, then and now. Under President Obama, from 2013-2016, New Jersey received Navigator funding of $1.6 - $1.9 million annually. That funding was reduced 62% by President Trump. Prior to the Trump administration cuts, in four of the last five open enrollment periods, New Jersey has had 4-5 Navigator agencies (funded through Health & Human Services grants), and a federal contractor, CSRA, to facilitate outreach and enrollment throughout the state. New Jersey Citizen Action estimates that 125-150 enrollment assisters were available to New Jersey residents each year through the 2016 Open Enrollment period. In addition, in-person enrollment assistance had been provided by non-profit and community organizations, federally qualified health centers and local government health and social service agencies, particularly in cities (Atlantic City, Camden, Edison, Jersey City, Newark, New Brunswick and Trenton).

Importantly, CSRA had been added to New Jersey's outreach and enrollment forces in order to bolster capacity in the high need areas of North Jersey. CSRA added 70-75 assisters with capacity for more than 15 languages, greatly increasing capacity for outreach and enrollment in high need areas of North Jersey (Passaic, Union, Middlesex, and Bergen counties). CSRA did not provide enrollment assistance year-round, instead focusing only on Open Enrollment. Navigator agencies offered assistance on and off site at community centers, churches, libraries, and at special enrollment events with a collective 40–50 enrollment assisters in any given year.

In 2017, however, enrollment assister capacity was cut significantly when the contract for CSRA was cancelled and Navigator funding reduced by 62%, as noted above. These cuts resulted in the loss of more than 100 assisters statewide.

Forgone federal funds: Christie declined federal ACA funding. As noted in the Executive Order, "New Jersey turned down a substantial amount of federal funding when it declined to create a state-based exchange that would have been customized to the needs of New Jersey residents, and given the State greater flexibility in its enrollment period."

In 2014, former Governor Christie returned $7.6M of enrollment assistance funds awarded to New Jersey under a federal ACA planning grant. These funds could have been used to support community-based and state-sponsored enrollment efforts, but the Christie administration failed to submit an acceptable plan to the federal government.

No state funds for ACA outreach under Christie. From 2013-2018, New Jersey dedicated no state funding for ACA outreach and enrollment. In contrast, other states dedicated funding for ACA public education campaigns. For example, Maryland had $2.4 million for an ACA outreach campaign to reach their 428,000 eligible uninsured compared to 900,000 eligible uninsured in New Jersey with no state funding.[2]

It appears most federal funding is now unavailable to New Jersey, but this should be explored in detail, along with consideration of federal matching funds for outreach and enrollment activities via the Medicaid program. With an effective "no wrong door" policy in place, these outreach and enrollment funds should direct all populations to appropriate avenues for coverage and effectively reverse recent declines in Medicaid and marketplace enrollment in New Jersey.

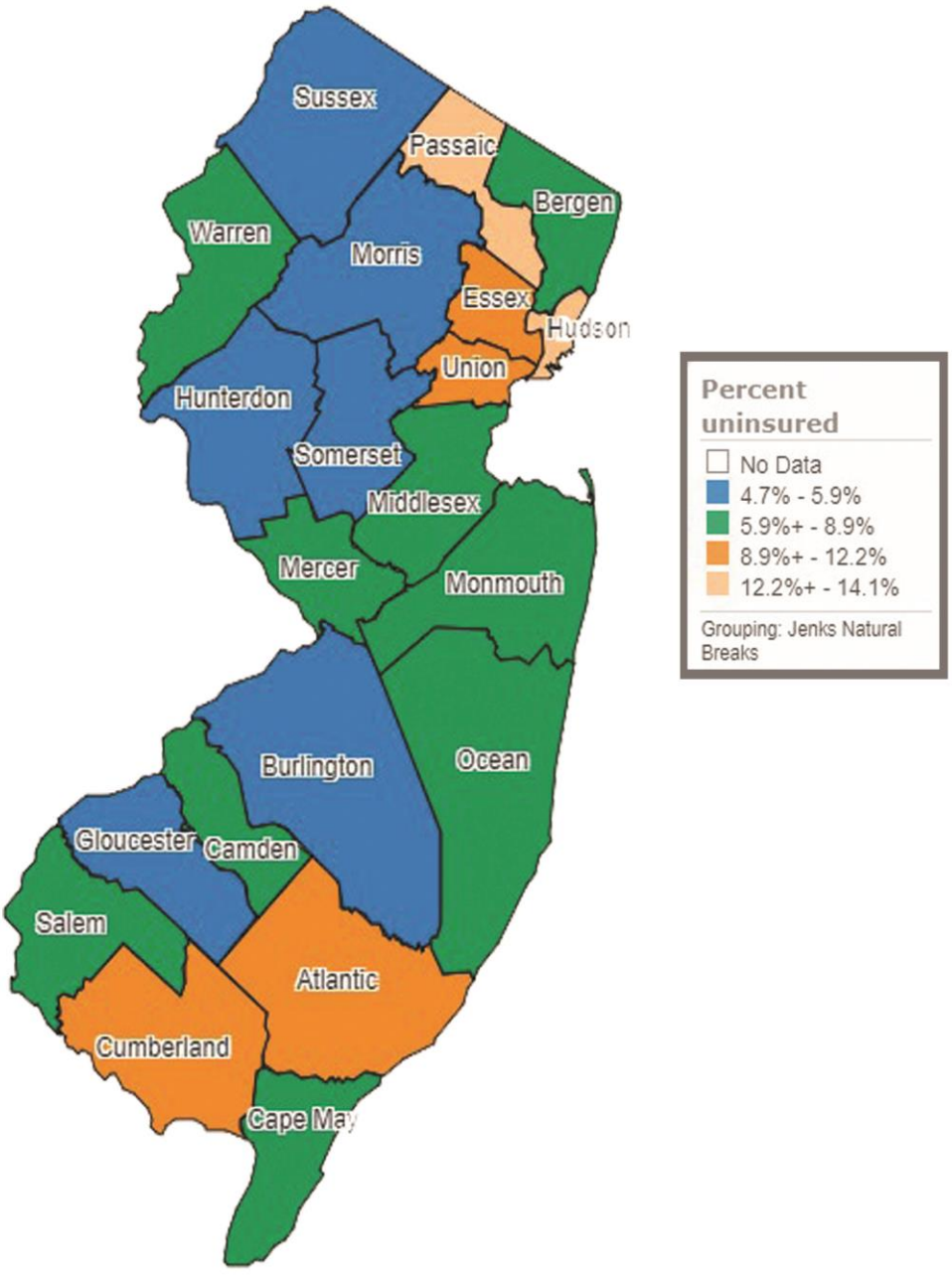
Philanthropic support. Philanthropic funds have provided important supplemental support for outreach and enrollment in New Jersey. The Department is aware of recently renewed philanthropic interest in this area.

Community support. Many organizations across the state dedicated staff time and resources to do outreach and enrollment within the communities they serve, particularly during the initial open enrollment period. However, many of those organizations have been unable to sustain their outreach and enrollment efforts due to a lack of resources to support the work. The ACA work group partners of the NJ for Health Care Coalition (led by New Jersey Citizen Action) are a sample of the types of groups that came together to support enrollment and outreach. These groups included the New Jersey Hospital Association, New Jersey Navigator agencies, CSRA, insurers, New Jersey Primary Care Association, community organizations, NJ Libraries, staff of Senators Menendez and Booker's office, staff of several Members of Congress, New Jersey State Parole Board, and many others.

III. TASK 1: Identify uninsured New Jerseyans and reasons for uninsurance

As of 2016, 678,812 New Jerseyans were uninsured — nearly 8% of the State's approximately 9 million residents.[3] The introduction of the ACA dramatically reduced the number of uninsured in New Jersey. New Jersey's uninsured rate dropped from 13.3%[4] to 7.7%[5] (a 42% decrease) from 2013 to 2016, largely the result of the ACA's Medicaid expansion.[6] In Medicaid expansion states, such as New Jersey, Medicaid coverage was expanded under the ACA to nearly all adults with incomes at or below 138% of the federal poverty level ($28,676 for a family of 3 in 2018).[7] The ACA established tax credits for people with incomes from 100% to 400% of the federal poverty level ($20,780 to $83,120 for a family of three in 2018) and who are typically not eligible for other insurance coverage.[8] Although these figures represent significant gains, the work of insuring all New Jerseyans remains unfinished. Many of the remaining uninsured are among the hardest to reach populations.

Uninsured Persons Under 65 Years of Age by County, New Jersey, 2016



https://www26.state.nj.us/doh-shad/indicator/view/HealthInsCov.County.html

Source: US Census Bureau, Small Area Health Insurance Estimates (SAHIE), https://www.census.gov/data-tools/demo/sahie/sahie.html

Important facts about our 678,812 uninsured neighbors. Targeted outreach and enrollment efforts require close consideration of *where* uninsured populations live; which languages they speak; and ultimately an understanding of *why* they are uninsured.

- **Location.** Uninsured New Jerseyans live disproportionately in the State's largest urban areas. The map and table above shows distribution of New Jersey's uninsured by county.

- **Racial distribution.** Half of New Jersey's uninsured are Hispanic (50.74%), followed by White Non-Hispanic (25.71%), and Black Non-Hispanic (13.2%).[9]

- **Uninsured children in New Jersey.** In 2016, there were approximately 70,000 uninsured children in the state.[10] About half these children are undocumented, while about 12,000 are believed eligible for the existing NJ FamilyCare program.[11] Hudson county has the highest percentage of uninsured children, while the second- and third- highest percentages of uninsured children live in two of the state's more rural counties: Warren and Cumberland.[12]

- **Languages spoken.** Spanish is the primary language spoken by 42.2% of New Jersey's uninsured, followed by English at 35.4%.[13] Almost 5% of New Jersey's uninsured speak Hindi or a related language. Other languages spoken by at least 1% of the uninsured include: Korean, French, Portuguese, Arabic, Chinese, Sub-Saharan African languages and Filipino/Tagalog.[14]

- **Employment status.** The majority (68.28%) of New Jersey's uninsured are employed (either full or part time) and 23.07% are not in the labor force while 8.65% of the uninsured are considered unemployed [15].

- **Immigration status.** Nearly 60% of the uninsured are non-U.S. born, with 34% having been in the U.S. for up to five years and 12.61% have been in the country for more than five years.[16] Just under 12% are naturalized citizens (11.84%).[17]

- **Education level.** Roughly a quarter (26.9%) of New Jersey's uninsured have obtained less than a high school education. Approximately seven in 10 (73.09%) have at least a high school education.[18]

Why are some of us uninsured?

Ineligibility; underenrollment; and unaffordability are key reasons for persistent uninsurance. Of New Jersey's uninsured, 28% are eligible for Medicaid but unenrolled; 22% are eligible for federal premium subsidies; and 50% are not eligible for either Medicaid or premium subsidies due to income, offers of employment-sponsored health insurance or immigration status.[19] While the Kaiser Family Foundation (KFF) estimates that 21% of the State's uninsured are not eligible for coverage due to citizenship or immigration status,[20] the State Health Access Data Assistance Center estimates that only 3.7% of New Jersey's uninsured adult population are undocumented.[21]

Although the ACA's Medicaid expansion and federal premium subsidies have helped New Jerseyans significantly, affordability was and continues to be the primary barrier to health insurance access in NJ.

IV. TASK 2: Identify overarching, statewide outreach and enrollment recommendations.

The State should begin to lead outreach and enrollment efforts in New Jersey, consistent with the Murphy administration's "pivot" to embrace the ACA. The Department of Health is eager to collaborate on these efforts in partnership with multiple state agencies.

The outreach and enrollment plans discussed herein are intended to be targeted to uninsured populations rather than the general population. The "statewide blanket" approach to outreach and enrollment, which was called for during the first years of ACA implementation, is no longer necessary. New Jerseyans who remain or become uninsured in 2018 often present unique practical and policy considerations far beyond the reach of a better designed pamphlet or website.

The Department respectfully recommends consideration of new, targeted policies and approaches to secure eligibility and affordability for persistently uninsured New Jerseyans. In furtherance of the EO4 directive, the Department has worked to identify the following options, many of which require gubernatorial direction and/ or multi-agency collaboration:

1) **Create a multi-agency health insurance coverage task force or work group.** Strong gubernatorial leadership on federal health reform implementation in New Jersey has been absent since passage of the Affordable Care Act in 2010. The Department proposes a newly created, multi-agency health insurance coverage task force or work group as an important step to coordinated reclamation of New Jersey's many missed opportunities. The Department of Banking and Insurance has recently been charged with leading outreach and enrollment efforts and the Department of Health looks forward to productive collaboration. The work group can be the Governor's multi-agency workgroup to analyze options and offer recommendations (short- and long-term) on charting the state's course in ACA implementation, spearheading enrollment initiatives, and streamlining Medicaid enrollment to conform to the federal healthcare.gov platform.
2) **Launch a state-administered coverage website.** Direct the State to take ownership over New Jersey's outreach and enrollment website.
    - Direct relevant agencies including DOH; OIT; DHS; DOBI and Treasury to establish maintenance and management obligations for the website[22] and related interface with the federal marketplace healthcare.gov;
    - Direct multi-agency participation to develop, maintain, and regularly improve multi-lingual consumer-friendly web and mobile app-based user interfaces for outreach and enrollment in New Jersey;

- Consider internal (state workforce) capacity to develop web- and mobile app-based interfaces along with options for external contractors. Content can and should be sourced from the state workforce to ensure accuracy, but website and app development may be most efficiently accomplished by entities that have produced these products for other states. All options should be considered.
- Expanded details regarding this website recommendation are attached hereto as Appendix 2.

3) **Develop new, statewide materials and strategies for outreach and enrollment, which should be:**
    - Designed to:
        - Leverage experience from prior outreach and enrollment efforts[23];
        - Amplify three to five key messages across all channels that have been proven to resonate with consumers;
        - Minimize documented confusion for New Jerseyans regarding multiple programs (e.g., “Obamacare”; the Affordable Care Act; healthcare.gov; the “marketplace”; Medicaid; “NJ FamilyCare”; the individual market)
    - Coordinated across agencies to create comprehensive state-specific materials;
    - Culturally fluent for targeted populations;
    - Available in languages used by uninsured populations;
    - Available with high and low technical specifications to account for variable literacy levels;
    - Consistent across platforms (print; web; mobile app; etc.);
    - Disseminated broadly among state staff as discussed herein as well as to community leaders;
    - Incorporated in advertising across all NJ State agencies and on NJ Transit buses and trains;
    - Targeted to micro-media outlets in other languages;
    - Previewed with local community groups for feedback; and
    - Launched during open enrollment period-specific events with key stakeholders in the beginning to middle of October.
    - Note: The Department of Health houses a print shop which is available for large printing jobs for the State. Printing fee information is available upon request.

4) **Host and partner for statewide outreach and public information events.** Outreach events are important public-facing opportunities to promote health insurance coverage. Many opportunities exist for this essential type of engagement; the Department is eager to partner with the Governor and across agencies to ensure widespread public attention to the Open Enrollment period and to year-round enrollment opportunities. External groups including advocates; community and faith-based groups; providers;

legislators and other "influencers" are all potential partners to create a loud, strong outreach campaign. Data regarding strategies for success of outreach events can best inform the State's approach.

5) **Establish training options for state staff to support enrollment.** Select staff could be trained to become certified application counselors in order to help people enroll in coverage during Open Enrollment, November 1 through December 15. Training is online and requires approximately 15-20 hours to complete for first-time assisters. For other staff, more basic training about ACA eligibility and enrollment, coupled with a mandate to disseminate outreach and enrollment, will be helpful. Staff can also be trained to recognize events captured by their agency (marriage, divorce, birth/ adoption of a child, change in residence/ income, etc.) that trigger special enrollment periods.
6) **Simultaneous to outreach and enrollment, focus on long-term policy issues.** In the Executive Order, Governor Murphy recognized "not only is the health and well-being of the uninsured population endangered by its lack of access to primary care, but this unacceptable situation also places an additional burden on hospitals to provide services at the emergency room to anyone in need, raises premiums for those who have insurance, and requires taxpayers to subsidize those services through programs such as Charity Care." He concluded that "it is in the best interest of all New Jerseyans to have as many individuals covered by health insurance as possible." The Department therefore recognizes that outreach and enrollment can proceed simultaneously with policy discussions related to affordability and eligibility.
7) **Highlight Medicaid enrollment and administration.** As noted, the prior Governor accepted Medicaid expansion for New Jersey under the Affordable Care Act, which continues to offer critical pipelines to coverage. Under the prior administration, backlogs in Medicaid enrollment hindered New Jerseyans' access to insurance and healthcare. DOH is eager to partner with other agencies to consider these issues from a holistic perspective.
   In addition to backlog-related concerns, there are still Medicaid-eligible but unenrolled populations in New Jersey as noted above. These populations tend to be harder to reach than earlier Medicaid enrollees and will require targeted outreach sensitive to co-existing immigration concerns. Eligible but unenrolled populations often receive care at the State's many healthcare providers and draw down scarce resources including charity care, Federally Qualified Health Center (FQHC), and limited private funds. DOH remains committed to efficient enrollment of all eligible populations. In addition, we note recent declines in Medicaid enrollment in New Jersey and must remain vigilant to protect enrollment gains among eligible populations. DOH and DHS overlap at regular intervals, and collaboration is required to secure efficient outcomes.
8) **Consider special needs of vulnerable populations in outreach and enrollment plans.** Maximizing enrollment among eligible populations is

achievable by working closely with grassroots, community-based enrollers to target eligible but uninsured populations. Lay health advisors and faith-based groups are key allies for outreach among vulnerable populations.

9) **Coordinate agencies to gather insurance cost and coverage data.** Evidence-based practice requires tracking to ensure effectiveness and efficiency of policies over time. Health insurance coverage status is measured by enrollment gains and losses, coverage patterns and cost data. State agencies currently engage in a variety of fragmented data collection efforts. Comprehensive, multi-agency participation in tracking of health insurance coverage may help keep data current.
10) **Leverage grantees and contracts to support outreach and enrollment**. Although the Department already (pursuant to EO4) introduced steps to "encourage" grantees to promote outreach and enrollment, stronger requirements of grantees and contractual partners appear possible. Collaboration with the Department of Treasury and other agencies can fully leverage these types of vehicles for deployment of a unified, statewide outreach and enrollment plan. Through a multi-agency task force, relevant agencies will have a basis to engage on such strategies.
11) **Maximize federal funding for outreach and enrollment** via the Medicaid federal match for such activities.
12) **Explore options for additional funding** for outreach and enrollment, including industry and philanthropy to support New Jersey's outreach efforts.

V. TASK 3: Conduct inventory and identify Department-specific recommendations to optimize current Departmental screening, outreach and enrollment activities.

Through myriad public-facing services, programs and offices, the Department currently engages in health insurance outreach and enrollment and has done so over time. These fractionalized and varied efforts predated the ACA and don't employ consistent public messaging. Under the prior administration, the Department's outreach and enrollment efforts were not directed by the ACA in any particular way.

Inventory. A key EO4 activity was to conduct a Department-wide inventory of existing outreach and enrollment efforts. Eleven programs or offices within the Department are identified below, along with recommendations to optimize select existing Departmental efforts.

1. Office of Local Public Health (OLPH)

The OLPH works to strengthen New Jersey's local public health system and provides oversight to ensure that the local health departments (LHDs) comply with Public Health Practice Standards. The LHDs are responsible for ensuring the development and implementation of public health policy and programs in their communities. Currently, there are 95 LHDs in New Jersey which include:

- Twenty county health departments (Hudson county does not have a county health department).
- Seven regional health commissions (regional health commissioners provide select services such as environmental control programs, rabies vaccines) and
- Sixty-eight municipal health departments (staffing levels vary and may function with only one person).

LHDs are statutorily required to provide core public health services to residents and the uninsured in their jurisdiction. Services include: immunizations (childhood, seasonal adult and travel-related), sexually transmitted disease (STD) screening and treatment, childhood lead screening, chronic disease screening and case management. Depending on the structure and size of the LHD, these services may be provided directly or through a referral to other providers, such as FQHCs.

The LHDs provide direct services to residents and may refer persons and/or submit claims to Medicaid or child health insurance programs to help offset their costs. The LHDs not providing direct services may refer residents to FQHCs or provide informational brochures to assist residents in obtaining health insurance coverage.

> **Recommendation:** The OLPH should educate and promote awareness on how residents can obtain health insurance coverage by:

- Providing effective, equitable and understandable materials and informational brochures on ACA to consumers,
- Communicating the LHDs processes that are culturally and linguistically appropriate for staff and providers,
- Training staff and stakeholders to use culturally and linguistically appropriate language to support the undocumented populations and their families and
- Conducting health fairs to raise awareness on how consumers can obtain health insurance coverage.

2. Uncompensated Care Fund and Federally Qualified Health Centers

The Uncompensated Care Fund Program (UCFP) provides reimbursement to Federally Qualified Health Centers (FQHCs) for primary care and dental visits to qualified uninsured or underinsured persons. There are 24 licensed FQHCs with 118 licensed sites statewide.

Every uninsured patient is screened by the FQHC upon first visit to determine eligibility for Medicaid or subsidized ACA marketplace coverage. If the patient is presumed eligible for Medicaid, an application is completed on site. Those eligible for and interested in enrolling in health insurance through healthcare.gov (the federal marketplace) are also provided assistance from FQHC staff to enroll into an appropriate health insurance plan. Individuals remain uninsured if they fail to pay their health insurance premium, don't follow-up with NJ FamilyCare or fail to provide required eligibility documents.

Citizenship status precludes some FQHC patients from eligibility for Medicaid or ACA premium subsidies. Individuals who meet requirements for the UCFP may apply immediately.

Recommendation: Departmental efforts going forward should ensure streamlined screening and promotional materials at FQHCs consistent with recommendations in this report. Experienced screeners at FQHCs will be a valuable source of outreach and enrollment guidance.

3. Office of Minority and Multicultural Health (OMMH)

The Office of Minority and Multicultural Health (OMMH) offers a three-year Community Health Disparity Prevention (CHDP) grant program to community and faith-based organizations across New Jersey. These program initiatives align with the Healthy New Jersey 2020 objectives and the Culturally and Linguistically Appropriate Services (CLAS Standards).

> **Recommendation:** The OMMH should advise and promote culturally and linguistically appropriate printed materials to its grantees. This approach shall facilitate how consumers can seek health information and obtain health insurance coverage.

4. Office of Vital Statistics and Registry (OVSR)

The Office of Vital Statistics and Registry registers vital events and maintains vital records related to: birth; adoption; marriage; death; domestic partnerships; and civil unions. Approximately 750 requests for vital records are processed weekly by OVSR staff.

> **Recommendation:** Because the OVSR works closely with local registrars and 565 municipalities, OVSR should distribute printed materials on health insurance information in person or by mail. In addition, the OVSR staff could be given a script to convey information on health insurance enrollment and special enrollment periods.

5. New Jersey Cancer Education & Early Detection (NJCEED)

The Department oversees the New Jersey Cancer Education and Early Detection (NJCEED) Lead Agencies that operate in 21 counties. NJCEED provides comprehensive outreach, education and screening services for breast, cervical, prostate, and colorectal cancers to uninsured and low-income persons. Currently, NJCEED provides health information on cancer in Spanish, Polish, Korean, and Portuguese. In addition to providing this information, there is a need to raise awareness and encourage enrollment for all ethnic groups increasing in the state (e.g.,Hindi and Russian).

> **Recommendation:** The Department recommends the inclusion and expansion of outreach and enrollment materials in the top ten languages across all NJCEED programs and agencies in New Jersey.

6. New Jersey Early Intervention Services (NJEIS)

The NJEIS operates in 21 counties and serves children with disabilities from birth to 21 years of age. Each NJEIS has a service coordinator to assist and provide clients with health information and resources.

> **Recommendation:** NJEIS service coordinators should promote outreach and enrollment through distribution of printed materials (in multiple languages) to grantees on how individuals can obtain health insurance information.

7. Charity Care Program (CCP)

The Charity Care Program (CCP) is a state program designed to help provide free and reduced cost of care to the uninsured. Every acute care hospital in the state is

statutorily required to provide inpatient and outpatient care to anyone who walks through their door regardless of ability to pay. In 2016, approximately 165,000 patients received charity care services across 72 hospitals in the state.

> **Recommendation:** The Department, pursuant to EO4, is exploring methods to promote outreach and enrollment in tandem with Charity Care screenings. There exists an opportunity to provide standardize promotional materials, trainings and postings about ACA insurance options.

8. Office of Emergency Medical Services (OEMS)

The OEMS certifies more than 26,000 Emergency Medical Technician (EMTs), 1,700 Mobile Intensive Care Paramedics (MICPs) and provides regulatory oversight for licensing of mobility assistance vehicles, ambulances, mobile intensive care units, specialty care transport units and air medical units totaling more than 4,500 vehicles in the state.

> **Recommendation:** New Jersey's first responders should disseminate ACA enrollment information through the distribution of printed materials (e.g., leaving a brochure or magnet at the scene of an incident).

9. Division of HIV, STD and TB Services (DHSTS) - Navigator Linkage to Care Coordinators

The DHSTS oversees the Navigator Linkage to Care Coordinators program.

There are currently 13 Navigator Linkage to Care Coordinator Programs that are located in 13 cities throughout the state. Navigators are individuals whose primary responsibility is to provide personalized guidance to patients as they move through the healthcare system, including to triage persons with HIV who are not in care to a Medical Case Manager (MCM). The MCM's function is to assess a person's health insurance options and enroll them into the appropriate coverage, i.e., Medicaid, Medicare or Charity Care.

> **Recommendation:** Department efforts shall include consulting with DHSTS staff to apply "lessons learned" from the DHSTS Navigator and MCM Programs on insurance screening and navigation. In addition, outreach and enrollment materials and strategies developed pursuant to EO4 shall be shared with DHSTS staff to ensure consistency across programs.

10. Department of Health Office of Communications. The Department's Office of Communications will play an important role in implementation of outreach and enrollment efforts. At present, the Office of Communications oversees a newly

redesigned website, four social media platforms and has conducted several public awareness campaigns using the resources of and creative design staff from the Department print shop.

> **Recommendation:** The Office of Communications should explore interagency opportunities to collaborate to support outreach and enrollment to further statewide coverage goals.

- In addition, the Department has a public relations and advertising contract which places radio, online and DOH-promoted, paid social media ads for the Department for public awareness campaigns.
- The Office of Communications can help to design the creatives for a public awareness campaign and use the state contract to place radio, NJ Transit advertising, bus ads, online ads, and others for each target audience.
- Funds are needed for targeted media campaigns that feature advertising for TV, radio, newspapers, digital billboard and out-of-home advertising. Without specific funding for a targeted media campaign, the Department would design posters, use its four social media platforms (Facebook, Twitter, Snapchat and Instagram), widgets and the DOH and/or statewide coverage webpage.
- Ideally, however, all of these efforts will be consolidated across Departments for a unified statewide approach highlighted throughout this report.

CONCLUSION

The Department looks forward to working with the Governor's office and partner agencies to further evaluate and implement the recommendations herein.

APPENDIX 1: EXECUTIVE ORDER

EXECUTIVE ORDER NO. 4

WHEREAS, a primary goal of my administration is to ensure that every New Jerseyan has access to affordable health insurance and none of our residents are unable to see a doctor when they are sick; and WHEREAS, the Affordable Care Act represented a huge step forward in ensuring that all Americans have access to affordable health insurance; and WHEREAS, New Jersey turned down a substantial amount of federal funding when it declined to create a state-based exchange that would have been customized to the needs of New Jersey residents, and given the State greater flexibility in its enrollment period; and WHEREAS, over 275,000 New Jerseyans currently receive health insurance coverage on the federal marketplace created under the Affordable Care Act; and WHEREAS, this number is down from over 295,000 New Jerseyans during the prior enrollment period that started during the fall of 2016; and WHEREAS, the enrollment period during the fall of 2016 lasted for a full three months, while the Trump administration cut the 2017 enrollment period in half so that it only lasted from November 1 through December 15; and WHEREAS, the Trump administration cut the advertising budget for the Affordable Care Act enrollment period by 90 percent, from $100 million in 2016 to $10 million in 2017; and WHEREAS, “navigators” are organizations that play a crucial role in facilitating individual enrollment in the marketplace; and WHEREAS, in New Jersey, the Trump administration cut funding for navigators by 62 percent, resulting in New Jersey receiving over $1 million less to conduct outreach; and WHEREAS, the Trump administration and Congress placed an additional obstacle to a well-functioning marketplace by repealing the individual mandate in their tax bill in December 2017; and WHEREAS, not only is the health and well-being of the uninsured population endangered by its lack of access to primary care, but this unacceptable situation also places an additional burden on hospitals to provide services at the emergency room to anyone in need, raises premiums 2 for those who have insurance, and requires taxpayers to subsidize those services through programs such as Charity Care; and WHEREAS, it is in the best interest of all New Jerseyans to have as many individuals covered by health insurance as possible; and WHEREAS, a number of New Jersey State agencies come in regular contact with members of the public; and WHEREAS, these state agencies are critical points of contact for sharing information with the general public; and WHEREAS, I am committed to taking necessary actions at the State level to ensure that individuals who want to obtain health insurance through the Affordable Care Act marketplace are made aware of how and when to enroll; NOW, THEREFORE, I, PHILIP D. MURPHY, Governor of the State of New Jersey, by virtue of the authority vested in me by the Constitution and by the Statutes of this State, do hereby ORDER and DIRECT: 1. All State entities that regularly interact with the public shall undertake reasonable measures, to the extent permitted by law and budgetary constraints, to provide information to the public regarding the Affordable Care Act marketplace and ways to enroll. 2. Examples of such measures include, but shall not be limited to, posting of signs with enrollment information, publishing relevant information on agency websites, integrating information

on the enrollment period into existing forms and pamphlets that provide information about social services, training agency staff to provide such information when appropriate, and working with navigators to improve public access and awareness. 3. For purposes of this Order, “State entity” shall mean any of the principal departments in the Executive Branch of State government and any agency, authority, board, bureau, commission, division, institution, office, or other instrumentality within or created by any such department, and any independent State authority, commission, instrumentality, or agency over which the Governor exercises executive authority, as determined by the Attorney General. 3 4. Each state entity that regularly interacts with the public shall prepare and submit to the Governor, by May 31, 2018, a report detailing the actions it has undertaken in furtherance of this Order to facilitate enrollment in the Affordable Care Act marketplace, and also shall submit to the Governor an updated report on August 31, 2018. 5. This Order shall take effect immediately. GIVEN, under my hand and seal this 21st day of January, [seal] Two Thousand and Eighteen, and of the Independence of the United States, the Two Hundred and Forty-Second. /s/ Philip D. Murphy Governor Attest: /s/ Matthew J. Platkin Chief Counsel to the Governor is: https://nj.gov/infobank/eo/056murphy/pdf/EO-4.pdf

APPENDIX 2:

WEBSITE AND MOBILE APPLICATIONS FOR OUTREACH AND ENROLLMENT

This Appendix provides expanded detail regarding Recommendation 2 above: Direct the State to take ownership over New Jersey's outreach and enrollment website.

Website and mobile applications for outreach and enrollment: New Jersey trails the pack but can improve. New Jersey state government has not led any internet or application-based outreach and enrollment efforts to this point. As an immediate response to EO4, the Department launched a simple ACA portal website earlier this Spring: nj.gov/health/getcovered/. For now, this modest site bundles the HealthCare.gov ACA marketplace site with the state's own NJ FamilyCare publicly funded insurance offering. Pursuant to EO4, the Department began comprehensive review of public-facing web and application-based approaches to outreach and enrollment. Multiple websites can be confusing and difficult to navigate; current sites in New Jersey include:

- Healthcare.gov. The federal government, through healthcare.gov, has operated the health insurance marketplace website in New Jersey. Heathcare.gov is a basic shopping tool using the federal IT infrastructure.
- CoverNJ.org. The primary New Jersey-specific website for targeted ACA outreach including community-based enrollment assistance has been provided through Covernj.org. As noted on that website, "CoverNJ is a collaborative project of Affordable Care Act Outreach and Enrollment Groups across the state, working to connect more New Jerseyans to health insurance options now available under the ACA."
- DOH, FamilyCare, DOBI and other uncoordinated state agency sites.

Campaign Brand for NJ. The prior outreach and enrollment campaign brand "CoverNJ" was led by groups that filled critical gaps in state government leadership with limited resources. NJCA estimates that in 2017, the CoverNJ site had 27,000 visits, up from 23,000 visits in 2016. The State should consider building upon the success of CoverNJ, either by taking over the CoverNJ name or by designing a new similar brand.

What do other states do? Governor-directed websites play key roles in public interface on health insurance across the country. Since 2014, states have rolled out streamlined enrollment websites and custom-developed smartphone applications in their efforts to make shopping for and enrolling in health insurance plans as convenient as possible for their residents. States that opted to run their own health insurance marketplaces have independently developed their web and application platforms, among them California, through its Covered California program; the New York State of Health; and Minnesota (MNSure) which represent the most comprehensive options for state management. Other states manage outreach and enrollment efforts themselves in combination with federally facilitated marketplace operation in the state. Choose Health Delaware, that state's official ACA rebranding, targeted so-called "young invincibles" as early as 2014. One campaign promoted health insurance coverage by highlighting the financial risk of

living without it. Another appealed to young adults' growing sense of personal independence and responsibility by positioning health insurance as a requirement for true adulthood.

Mobile applications. Mobile applications are essential components of the strongest outreach and enrollment campaigns. New Jersey should develop and deploy a mobile application to work in tandem with the relaunched enrollment website. One of the best examples of this approach comes from Maryland, which has produced a well-designed smartphone app as a companion to its Maryland Health Connection program[24]. Maryland residents can use their state's official app to shop for and enroll in plans, receive personal health insurance notifications, and even submit verification materials through their phone's camera.

New Jersey can and should lead web- and app-based outreach and enrollment. With its own outreach and enrollment brand, New Jersey would be well positioned to promote important health insurance coverage options on its own terms while leveraging the experiences of other states:

- **Centralized information for New Jerseyans.** Gubernatorial-directed website launch would promote centralized, consistent outreach and robust enrollment information;
- **Traffic hub and multi-agency index to connect New Jerseyans with relevant** insurance programs including NJ FamilyCare; federally subsidized private health insurance via healthcare.gov; consumer assistance from DOBI and DCA; and other relevant programs.
- **Source for ACA defense resources.** In addition, the independent state platform would easily allow the state to keep the public informed of vulnerabilities to New Jerseyans due to attacks on health coverage from the Trump administration, Congress and the Courts; and provide information to the public about options for engagement to defend gains made under the ACA. Options for New Jersey include ACA defense campaigns such as by Oregon Governor Kate Brown who created a targeted website and campaign, 95PercentOregon to "inform Oregonians about ways ACA repeal could affect people and families in our state."[25] Activities of our Attorney General's office to defend the ACA, for example, could also be posted on this website.

[1]A copy of the Executive Order is attached hereto as Appendix 1.

[2] https://www.urban.org/sites/default/files/publication/22341/413039-The-Launch-of-the-Affordable-Care-Act-in-Eight-States-Outreach-Education-and-Enrollment-Assistance.PDF

[3] SHADAC analysis of the 2016 American Community Survey (ACS) Public Use Microdata Sample (PUMS) files, State Health Compare, SHADAC, University of Minnesota.

[4] SHADAC analysis of the 2013 American Community Survey (ACS) Public Use Microdata Sample (PUMS) files, State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org, Accessed May 29, 2018. Please note that rates of uninsurance are for the total non-institutionalized population.
[5] SHADAC analysis of the 2016 American Community Survey (ACS) Public Use Microdata Sample (PUMS) files, State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org, Accessed May 29, 2018. Please note that rates of uninsurance are for the total non-institutionalized population.
[6] Ibid.
[7] U.S. Department of Health and Human Services, 2018 U.S. Federal Poverty Guidelines, Accessed May 30, 2018. https://aspe.hhs.gov/system/files/aspe-files/107166/2018-pctpovertytool.xlsx
[8] U.S. Department of Health and Human Services, 2018 U.S. Federal Poverty Guidelines, Accessed May 30, 2018. https://aspe.hhs.gov/system/files/aspe-files/107166/2018-pctpovertytool.xlsx
[9] Ibid.
[10] New Jersey Policy Perspective analysis of U.S. Census Bureau and Migration Policy Institute data, as cited in *Health Care for All New Jersey Kids*, January 2018; Accessed May 29, 2018 http://www.njpp.org/wp-content/uploads/2018/02/NJPPCoverAllKidsJan2018.pdf
[11] Ibid.
[12] Ibid.
[13] American Community Survey, 2015.
[14] Ibid.
[15] Employment levels are tabulated for uninsured adults only (19+). 53.04% are employed full time and 15.24% are employed part time.
[16] Ibid.
[17] Ibid.
[18] Education levels are tabulated for uninsured adults only (19+). The education level breakdown is: high school or equivalent – 35.84%; some college – 23.64%; and bachelors or advanced degree – 13.61%.
[19] Kaiser Family Foundation, 2017. Distribution of Eligibility for ACA Health Coverage Among those Remaining Uninsured as of 2016, available at http://www.kff.org/health-reform/state-indicator/distribution-of-eligibility-for-aca-coverage-among-the-remaining-uninsured/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

[20] Kaiser Family Foundation 2017. Estimates of Eligibility for ACA Coverage among the Uninsured in 2016, available at: https://www.kff.org/uninsured/issue-brief/estimates-of-eligibility-for-aca-coverage-among-the-uninsured-in-2016-october-2017-update/

[21] SHADAC, (2016). Who are the Remaining Uninsured? Estimates of Undocumented Immigrants Pre- and Post Reform, available at http://shadac.org/publications/who-are-remaining-uninsured-estimates-undocumented-immigrants-pre-and-post-reform
[22] Each agency has a unique role to play in the maintenance and assistance provided via a comprehensive website. For example, as the administrator of the Medicaid program, DHS would lead the components of the site related to public interface on that program including responding to consumer questions. DOBI would be responsible for similar duties related to insurance products it regulates, etc.
[23] Community Catalyst. (2018) "Lessons in Health Coverage Consumer Assistance: Best Practices and Future Challenges." 2018. Available at: https://www.communitycatalyst.org/resources/publications/document/2018/OEE-Report-FINAL.pdf
[24] State of Maryland, 2018. Maryland Health Connection. Maryland Health Connection is the state's official health insurance marketplace where you can compare and enroll in health insurance, and access financial help to make coverage more affordable
[25] Office of Governor Kate Brown 2017. 95Percent Oregon. "95PercentOregon.com is an initiative of the Office of Governor Kate Brown, which is intended to inform Oregonians about ways ACA repeal could affect people and families in our state. Information contained on this site was prepared with the assistance of the Oregon Health Authority and the Oregon Health Insurance Marketplace."