



**NC Get Covered Coalition Meeting – NOTES**  
**OE7 Debrief, Celebration and Looking Ahead**  
**Friday, January 17, 2020, 10:00 – 11:20 a.m.**  
**North Carolina Healthcare Association**  
**2400 Weston Parkway, Cary, NC 27513**  
Zoom Link: <https://zoom.us/j/344136756>  
Dial-in Number: 1 929 436 2866  
Meeting ID: 344 136 756

### **Desired Outcomes**

- Shared understanding of Open Enrollment Period 7 (OE7) successes and challenges
- Clarity regarding NC Get Covered’s future direction and focus areas

### **MEETING NOTES**

#### **OE7 Debrief**

#### **See attached PowerPoint slides**

Ambetter – noted that they had lower enrollment, yet the overall numbers enrolled in NC was up from last year. That might be due to Bright Health entering the market or BCBSNC’s offering of a zero-premium plan.

Other thoughts on the enrollment impacts – short-term plans that were offered, tax penalties when people’s income changes. People did/do not want to deal with having to adjust their income or deal with the tax penalties when it did/does change. This applies particularly to the gig economy where incomes are hard to predict.

Solution/best practice: Pisgah Legal – is helping the gig economy issue with a self-employment ledger tool, connecting people to financial agencies and support when they need to update their income.

Open discussion section:

What went well:

- did not ask for proof of income
- had a steady flow of people enrolling – evenly busy
- more options in the marketplace
- more millennials signing up
- Cheryl - health insurance literacy has improved, people come prepared even for first time enrollment
- county services referring directly to Pisgah Legal – name recognition, credibility and collaboration
- best emerging practice: moms and aunts referred young people for enrollment – this could be a marketing strategy

- Pisgah Legal provided telephone enrollment support – was well utilized especially in the evening. Best practice – addresses the transportation challenges people have
- Joe Langley – their annual hospital enrollment event is very well attended and has grown every year; they added a mini enrollment this year. Best practice: Credibility and consistency of the event and hospital name
- Pisgah Legal – bar outreach – service industry, these enrollment services are marketed as being quicker and shorter (need high performing assisters), evening times especially helpful. Best practice: Owners of establishments not thrilled, so work through the employees, use peer-to-peer network in the service industry.
- Collaboration and cross pollination
- Zero dollar options increased enrollment, very popular
- Sherry Hay – use students as in person assisters – Best practice: Bringing in more millennials, providing health insurance literacy to the volunteers so when they need health insurance they already know how that works, peer-to-peer – they spread the word to their peers – could be contributing to younger people beginning to enroll.
- Jan Plummer – the opioid epidemic – parents looking for coverage for their children so they can access mental health services etc.

#### Challenges:

- proof of citizenship was a very big challenge. Even citizens and people who had already provided proof. Did not accept NC driver's licenses because it was not on the approved list, even the new gold star licenses. A lot of people don't have passports or had to wait/pay for birth certificates.
- Website glitches on the opening and closing days.
- WNC – change to a for-profit hospital eliminated the collaboration they previously had with enrollment events.
- Small premiums (i.e., \$1.00 or \$0.01) very hard to collect.
- CAC certification was much more difficult this year
- People on the ACA try to earn up to a certain amount to access the subsidies. When they roll onto Medicare, they need to earn less so they can access the Medicaid (MQB) that will pay their premium for Medicare Part B. Example of challenging systems alignment and policies.

#### Moving forward

- Everyone should be on NC Care 360
- Service industry direct outreach – bars, hotels, restaurants – go to them with information
- Millennial outreach – find people in the community who is/can be the information person in the community. This can be a volunteer or someone who is a credible source of information for their peers. NOTE: this is similar to the community health worker role. Could this be a strategy – train these people or have a special list so they are connected to the information and they share it in their community
- Connect in-person assisters to NCGC coalition
- If Medicaid expands – NCGC can be a resource – e-pass
- WNC legacy foundations and Dogwood trust – looking for collaboration – is this a funding opportunity?
- How can we help each other to sustain?