HOW TO MAXIMIZE HEALTH INSURANCE ENROLLMENT

Funding Local Marketing and Outreach Innovations by Community-Based Enrollment Agencies

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CSS Community Service Society

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Health Foundation for Western & Central New York
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EXECUTIVE SUMMARY

In 2013, New York State embraced the Affordable Care Act by opening a state-based Marketplace to help its residents shop for and enroll in health coverage. The Marketplace has been highly successful, driving the State's uninsurance rate downward from 12 percent to 5 percent in a decade. Despite these important gains, 1 million New Yorkers remain uninsured. This report analyzes the strategy and policy ramifications of a program that sought to address the barriers to insurance enrollment faced by uninsured people by providing dedicated outreach and marketing resources to locally tailored enrollment assister programs.

The Reaching the Five Percent (R5) program, funded by the Health Foundation for Western and Central New York (HFWCNY) and the Mother Cabrini Health Foundation (MCHF) explored the strategy of providing flexible funding and other supports to trusted, local community-based state-certified enrollment organizations in Central and Western New York between 2021 and 2023. These efforts were intended to augment the statewide, broadly-targeted marketing campaign that was principally financed and coordinated by the New York State of Health Marketplace.

This report discusses the following findings:

- Local marketing and outreach efforts engaged 9 million New Yorkers.
- Over 7,000 consumers were enrolled in health insurance coverage under the initiative.
- The strategy generated $9.73 in health care savings for every $1 dollar invested, a 973 percent return on investment.

The R5 strategy demonstrates that resourcing community-based enrollment programs to design localized advertising and outreach strategies yields significant enrollment gains amongst previously difficult-to-reach populations. These locally resourced outreach strategies proved effective in the context of a peer-to-peer learning environment that encouraged sharing outreach tactics and messages between agencies. Supporting this work with a robust data collection and analysis system helped agencies evaluate and improve their approaches over the course of the funding term.

In light of these results, New York State should consider establishing a targeted funding stream for its enrollment assisters to support localized outreach and marketing strategies that complement its centralized Marketplace advertising campaign.

NEW YORK'S HEALTH INSURANCE LANDSCAPE

New York has reduced its uninsurance rate from 12 percent to 5 percent since the opening of the Affordable Care Act's (ACA) New York State of Health (NYSOH) Marketplace in 2013.[1] This reduction surpasses the national experience, where the uninsured rate declined from 14 percent to 8 percent during the same period.[2] But even with these significant gains in New York, 1 million individuals remain without coverage. This is true despite the robust array of free public and low-cost subsidized insurance programs offered by the State through its well-publicized Marketplace. Uninsured people report a variety of obstacles to coverage, including: concerns about affordability; an unfavorable perception of public health insurance; and a lack of awareness that free enrollment help is readily available.[3]

The ACA has three main components to reduce the number of uninsured in America: (1) creating Marketplaces (at the federal or state level) to make enrollments and shopping easier; (2) imposing an individual health insurance coverage mandate, with a tax penalty for those who remained uncovered (essentially rescinded in 2019); and (3) insurance consumer protection reforms. New York State launched its NYSOH Marketplace website in 2013. The NYSOH Marketplace is designed to be a one-stop shop for New Yorkers to find affordable low-cost health insurance. The NYSOH Marketplace also administers plan procurement and a call center to assist with individual enrollments. Finally, the Marketplace coordinates a $15 million annual statewide advertising budget.[4]

To enroll in insurance through the NYSOH Marketplace website, an uninsured individual enters information about their identity, family composition, income, and insurance status to generate a real-time eligibility determination for the appropriate coverage program and level of financial assistance. Once this eligibility determination is secured, the Marketplace generates a list of available plans so that the consumer can engage in comparison shopping amongst different

2017 Snapshot of NY State of Health website.

plan designs and costs (if any). The NYSOH Marketplace's multifaceted rules engine is designed to enroll individuals into the appropriate program from myriad coverage options, including: Medicaid, Medicaid for Pregnant People, Emergency Medicaid, the Essential Plan (EP), Child Health Plus (CHP), or subsidized Qualified Health Plans (QHPs). This is a feature that is somewhat unique to New York. Most other state Marketplaces and the federal Marketplace only offer Qualified Health Plan enrollment.

A key feature of the ACA is the establishment of in-person, community-based enrollment assistance programs, called "Navigators." In 2013, the New York State Department of Health issued a $25.8 million Request for Proposal to launch its ACA Navigator program.[5] Today, 42 lead agencies serve all 62 counties of the State, making it one of the country's largest investments per uninsured person, following the states of Maryland and Minnesota.[6]

The Navigator program has been instrumental in ensuring New Yorkers enroll, keep, and use their health insurance. Navigators provide unbiased, personalized assistance year-round and speak over 40 languages.[7] Health plans and health providers also fund and employ in-person enrollers, known as certified application counselors. The Navigator program is distinctive in that it is predominately run through trusted local community-based organizations that provide culturally and linguistically competent services.[8] The Marketplace supplies training and resources that enable Navigators to guide consumers through the complex multi-step application and plan selection process.[9] Navigators are also trained to address eligibility complications and resolve challenges that arise.

Roughly 70 percent of Marketplace enrollees utilize in-person assistance of some kind, and more than 417,000 people currently enrolled in coverage used the NYSOH Navigators.

The Kaiser Family Foundation (KFF) found that 60 percent of consumers return to the same assister year after year. Among consumers that renewed coverage without assistance, one in five reported they had received help in a prior year when they first signed up for coverage.[10] That said, many New Yorkers still report being unaware of the availability of Navigator services.[11]

By meeting consumers in their communities, Navigators gain trust, build rapport, and decrease disparities among historically marginalized groups. Studies have shown that direct consumer assistance has increased enrollment among lower-income and Black and Latino communities.[12] Many who receive help from an in-person assistor are significantly more likely to enroll successfully. New York State promotes the availability of coverage options and the Marketplace with a centralized $14.8 million paid advertising and marketing budget.[13] These efforts drive New Yorkers to a State-run website and a State-run helpline, not directly to local assistors.

Community-based marketing and outreach are proven tools to improve enrollment in health insurance, particularly for otherwise hard to reach communities. Specifically, trusted community groups are effective in reaching hard to reach individuals, such as immigrant populations.[14] Targeting enrollment efforts to these groups through community-based outreach allows for improved trust and communication.[15] This outreach is most effective in increasing insurance enrollment rates when Navigators have shared traditions and a sense of community with their clients. For example, one study of culturally targeted outreach to enroll eligible but uninsured Asian immigrants, a population with a disproportionately high percent of uninsured individuals, found that community-based outreach contributed to a 22 percent decrease in the proportion of uninsured individuals.[16]

Oswego, NY

PROGRAM OVERVIEW

The Reaching the Five Percent program (R5) was established to maximize the engagement of the remaining uninsured individuals in 16 counties of Central and Western New York who are eligible for affordable coverage but have not yet enrolled. The program was designed to address barriers to enrollment identified in the *Reaching the Five Percent* report issued by the United Hospital Fund and funded by HFWCNY.[17] The report contained a survey of uninsured individuals who identified several potential obstacles to obtaining coverage. These obstacles included a lack of awareness of the variety of available health insurance affordability programs, a perceived stigma of public health insurance, and the need for assistance with enrollment. The report identified increased education and outreach as an essential next step to help the eligible but uninsured. The R5 program sought to ascertain the value of providing direct funding to community-based Navigators to conduct localized marketing and outreach strategies.

At the start of 2021, in partnership with the HFWCNY and the MCHF, the Community Service Society of New York (CSS) established a network of community-based organizations (CBOs) to design and implement marketing and outreach strategies that would effectively reach the uninsured in their regions. The R5 program sought to provide flexibility that typically is not permitted under New York State Navigator and enrollment program grants, allowing participating agencies to create and modify outreach methods to successfully connect with potential clients based on their knowledge of the communities they serve.

CSS provided targeted technical assistance, data analysis and reporting, and hosted a peer-to-peer learning community through monthly participant

meetings. These meetings permitted R5 agencies to share progress, address challenges, and discuss successful outreach tactics. To monitor progress, organizations tracked individuals reached through outreach as well as the number of individuals who enrolled because of that outreach. The policy objective of the program was to demonstrate "proof of concept" to policymakers that targeted funding for locally based marketing and outreach activities would increase insurance enrollment amongst the remaining uninsured New Yorkers.

Chart 1 displays the participating enrollment CBOs: ACR Health (ACR); Healthy Community Alliance (HCA); Human Services Coalition of Tompkins County (HSCTC); Lake Plains Community Care Network (LPCN); Public Policy and Education Fund of New York (PPEF); Southern Tier Health Care System (STHCS); and Western New York Independent Living (WNYIL). These partners had demonstrated track records in engaging historically uninsured groups: young children; older adults; people with disabilities; racial and ethnic minorities; rural New Yorkers; and newly uninsured individuals impacted by the economic downturn.

The participating agencies piloted a variety of marketing and outreach approaches throughout the program. Some agencies planned activities and campaigns they knew had worked in the past but did not have funding or staff for: posting flyers, tabling at popular local events, canvassing local businesses. One agency, after assessing internal capacity, used funds to hire a third-party media consultant to help prepare TV, radio, and print ads. Another agency decided to focus on text messaging to help reach a large number of clients across a broad service area that included a mix of rural and urban populations. Table 1 details the variety of outreach methods different agencies conducted as part of their R5 outreach efforts.

Chart 1. Geographical Location of R5 Agencies

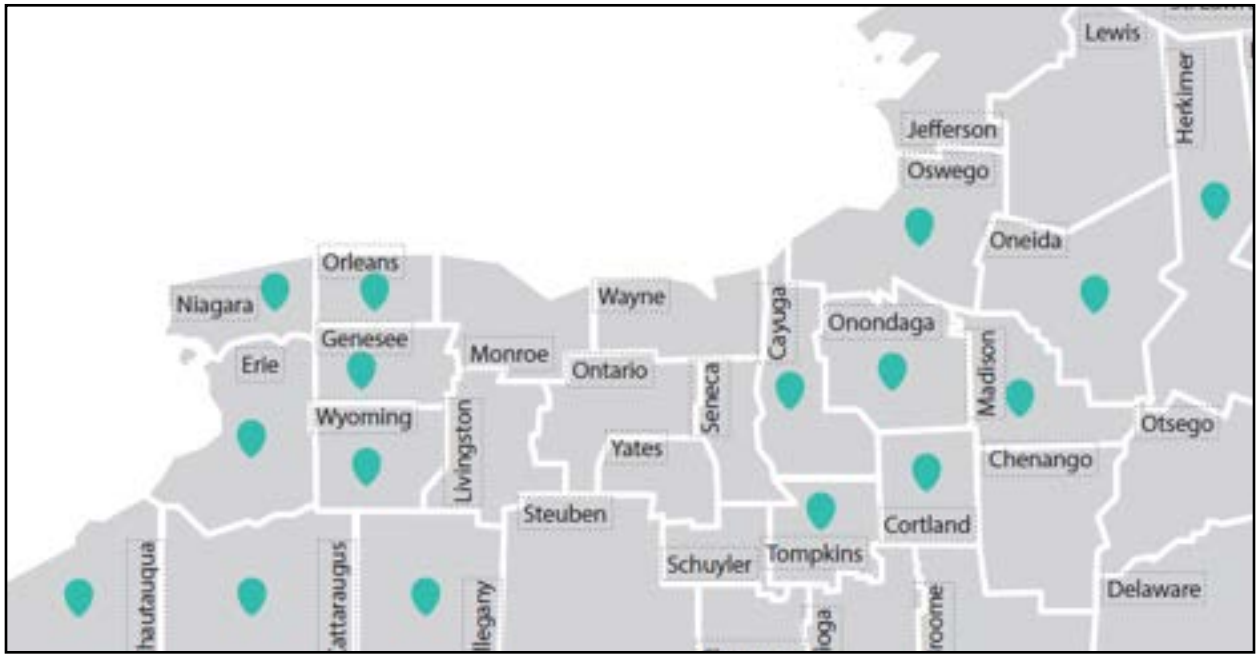

Table 1. R5 Enrollment CBOs Marketing and Outreach Activities

AGENCY	IN-PERSON OUTREACH	PHONE/TEXT OUTREACH	DIGITAL AND SOCIAL MEDIA	TV AND RADIO	PRINT MEDIA	TRANSIT ADS
ACR Health (ACR)	Flyer distribution: food pantries, thrift stores, parks, laundromats, many different community events, NY State Fair, Salvation Army, and reproductive health clinics. Community presentations.		Snapchat, TikTok, Linked-In, Facebook, Instagram, YouTube, Hulu and Disney+. Updates to agency webpage.	TV ads.	Magazine ads.	Bus shelter wraps.
Healthy Community Alliance (HCA)	Flyer distribution: fairs, coalition meetings, and job fairs.	Phone calls, voicemail drops.	Facebook, Instagram. Upgrades to agency website.	TV ads.	School district newsletter, local weekly periodicals.	
Human Services Coalition of Tompkins County (HSCTC)	Flyer distribution: community organizations, career expo, vaccine clinics, Salvation Army, and medical facilities. Community presentations.	Established a referral link with the local 2-1-1 phone information and referral service.		Radio.	Local shoppers, listserv, and Cortland Standard. Postcard mailings.	Bus ads (interior and exterior).
Lake Plains Community Care Network (LPCH)	Flyer distribution: Lilac festival, local businesses, WIC offices, churches, doctor offices, vaccine clinics, and migrant focused community organizations		Facebook.		Penny savers.	
Public Policy and Education Fund of New York (PPEF)	Flyer distribution: local schools and universities. Virtual and in-person presentations.	Text message campaign.				
Southern Tier Health Care System (STHCS)	Flyer distribution: fire department car seat check, blood drives, Strolean, YMCA, and Seneca Nation Salamanca.		Facebook.			
Western New York Independent Living (WNYIL)	Flyer distribution: housing authority, food pantries, libraries, pharmacies, shelters, and community events. Community presentations.		Twitter, Instagram, updates to agency website.		Inter-agency newsletters, food pantry mailing list.	Bus shelters.

Agencies began work in April 2021, tracking progress through formal monthly reports, one-on-one calls with CSS staff, and participation in monthly meetings. The R5 learning community established a safe learning space where the participating organizations were able to exchange ideas freely and adjust their own strategies to experiment with new methods. Several organizations moved to incorporate new tactics or change existing activities based on ideas and information provided by their peers in the monthly meetings.

For example, several CBOs that were unaware of the support offered by Catchafire (a skills-based volunteer matching program) signed up with assistance from HFWCNY. Experienced volunteers connected with organizations based on projects posted through the Catchafire website. CBOs were able to obtain insight from each other on running social media campaigns or assistance with website updates. After making recommended updates, CBOs reported an increase in visits and interactions. Other CBOs connected with local Farm Bureaus after learning about county-level offices during an R5 meeting. These offices helped connect organizations to employers of rural farm staff who needed coverage but did not know how to get it.

Agencies also shared technical innovations in the enrollment space. For example, after one CBO described its use of QR codes on flyers, other agencies quickly moved to incorporate this technique in their materials. Another CBO paid for a web designer to review and upgrade its website, adding a pop-up advertisement that directed visitors to complete a brief intake survey if the visitor was interested in health insurance. CBOs that adopted this strategy reported an uptick in consumers connecting to their organization for enrollment services. A different CBO shared its tactic working with text advertising companies to obtain and use zip-code data to target outreach efforts to areas with higher rates of uninsured individuals.

A Facebook Ad Used by Healthy Community Alliance.

Agencies valued the opportunity to share and learn from each other through the monthly peer learning meetings. In a survey of CBOs conducted at the conclusion of the second year of the R5 program, one respondent said "We received so much help/ information being with this group. We learned of different programs and ideas that we have carried into our other programs and have been successful." Another shared that "Being able to gather information and see what other people were doing during the monthly meeting was extremely helpful, and often led

to new ideas that we would have never considered." All surveyed respondents also indicated that they agreed outreach activities improved because of support received from CSS.

The R5 learning community pilot provided a new forum for agencies that is not available in the State-run Assistor program. The State-run program provides core training to enrollment staff on topics such as the website logistics of enrolling consumers into health coverage; a briefing on plan options and insurance product designs; updates on changes to enrollment rules; and other important Marketplace-related policy developments. These trainings take the form of a series of annual "Spring Training" webinars viewed by hundreds of enrollers at a time. As a result, they can only offer a limited question-and-answer interaction between State staff and Assistors. While effectively communicating eligibility and enrollment rules, the State-run training sessions do not provide the opportunity to share best-practices between enrollers and build a learning community. The level of inter-agency collaboration and skill sharing demonstrated during the R5 program shows the value of a peer learning community that builds knowledge transfers across disparate CBOs and localities.

Staffing Tables at Outreach Events

OUTREACH DURING A PANDEMIC

Implementing a new outreach program during the COVID public health crisis presented a variety of challenges. First, throughout the federally declared COVID Public Health Emergency, New York State took the extraordinary measure of continuing—for three years—public health insurance for individuals enrolled in Medicaid, Child Health Plus, and the Essential Plan. During this time no enrollee was required to go through the annual renewal cycle in which thousands of New Yorkers typically lose their coverage. The prolonged duration of the Public Health Emergency led to a reduction of typical disenrollment/reenrollment "churn." As a result, consumers experienced and understood their health insurance coverage to be a stable and secure benefit for the first time.

The continuous coverage requirement had an unintended consequence for the R5 program. Despite innovative outreach strategies, new clients were harder to identify because so many saw their coverage continued with no effort. As a result, these clients were less responsive to outreach messaging than anticipated. But a hidden benefit emerged over the first year of the pandemic's continuous coverage requirement. With fewer renewal enrollments to complete, enrollment agency staff had more available time to commit to conducting outreach and could focus their efforts on connecting with harder to reach individuals and those from historically underserved communities.

A second COVID pandemic-related challenge for the R5 program was the requirement that enrollers had to be physically separated from consumers to reduce the opportunity of spreading infection. For the first year, high COVID case counts and concern about the safety and personal welfare of outreach staff made it difficult to conduct face-to-face outreach, meet with partners, or connect with new referral sites. The R5 program allowed agencies to try different virtual approaches to connect with clients in ways that would not have been possible without additional funding for outreach.

Postcard mailers used by Human Services Coalion of Tompkins County

Results

From April 2021 through February 2023, the seven CBO partners reached 9,087,121 consumers through a wide variety of outreach methods that would have been restricted and challenging to implement using State Navigator program funding. Partners report enrolling 7,048 individuals as a direct result of the targeted outreach funding. As described above, CBOs deployed a variety of outreach strategies, such as: utilizing digital and media-based platforms (social media, radio, TV, text messaging campaigns, and QR codes); employing printed materials (flyers, post cards, billboards, and public transportation ads); and conducting in-person outreach with small businesses and other community-serving organizations.

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>
> *– R5 CBO Participant*

Table 2 describes the quantity of the outreach strategies deployed by the CBOs, the total number of people enrolled as a result of those strategies, and the yield (number of reaches over number people enrolled). The column entitled "total events" describes the number of individual events that occurred on a single day, such as a presentation. The column entitled "total campaign" describes the number of multi-day outreach strategies undertaken, such as a bus shelter advertisement, social media messaging campaign, or texting campaign.

Table 2. Outreach, Enrollment, and Yield Results by Agency

AGENCY	TOTAL EVENTS	TOTAL CAMPAIGNS	TOTAL PEOPLE REACHED	TOTAL PEOPLE ENROLLED	FUNDS PER AGENCY	COST PER ENROLLEE
ACR	252	67	5,572,265	1,503	$ 68,500	$ 46
HCA	84	199	669,467	601	$ 79,800	$ 133
HSCTC	36	118	1,654,597	508	$ 79,800	$ 157
LPCN	1	34	26,863	640	$ 65,475	$ 102
PPEF	2	10	209,538	136	$ 40,000	$ 294
STHCS	44	35	73,710	3,400	$ 73,910	$ 22
WNYIL	7	11	880,681	260	$ 40,000	$ 154
Total	**426**	**474**	**9,087,121**	**7,048**	**$ 447,485**	**$130**

ACR and HSCTC generated the largest number of outreach and enrollment numbers. ACR reached over 5.5 million people and enrolled over 1,500 consumers. HSCTC reached over 1.6 million people and enrolled over 3,400 consumers. Both agencies' outreach strategies resulted in a relatively low yield in enrollments (.03%). By contrast, STHCS and LPCN had relatively low outreach numbers that generated the highest enrollment yields per outreach (4.61% and 2.38%, respectively).

The data suggests that groups that conducted a relatively low number of individual outreaches were able to secure high enrollment yields. For example, LPCN had one event and 34 campaigns that resulted in reaching 26,863 consumers, of which 640 consumers enrolled in coverage. LPCN deployed a strategy that consisted of forging an agreement with several medical providers to distribute their flyers and enrollment information to patients. This outreach strategy generated the second largest yield in enrollment of 2.38 percent. But this yield rate is mitigated by the fact that LPCN is a health care provider.

Providers typically have higher enrollment numbers for two reasons. First, provider venues typically see a high volume of patients on any given day. Second, patients are often motivated to enroll at a provider venue in order to have the care that they received pay for and thus avoid incurring medical bills and unwanted debt. By contrast, Human Services Coalition of Tompkins County (HSCTC) created a training for peer enroller agencies detailing outreach to universities and colleges. This approach engaged a large number of consumers (1.6 million) but resulted in a relatively small number of enrollments of (508 consumers or a .03% yield). These consumers—who were not at the health care venue—may have been less motivated to enroll, or simply already had coverage. Accordingly, yield data can be informative—but is not dispositive—

In-person outreach by Healthy Community Alliance.

to understanding the ultimate success of the deployment of one strategy versus another.

This finding became clearer during the roll out of the R5 program. Some partner organizations reached larger-than-projected numbers of individuals in the target counties during the first year. Over the next year, several agencies refined their outreach strategies. Peer engagement also resulted in mid-project course corrections. For example, Healthy Community Alliance (HCA) decided to invest in paid media after discussing with another R5 participant, ACR Health. The resulting campaign connected nearly 500,000 individuals in HCA's service area. Other CBOs were able to increase the number of individuals they reached through social media by adjusting their approaches based on feedback shared in R5 meetings. Still other agencies focused on

> *"The monthly meetings allowed for us and others to share successful and unsuccessful outreach methods which helped us focus our efforts on successful efforts."*
>
> *– R5 CBO Participant*

specific local Facebook groups, or paid social media placements. These adjustments helped increase consumer engagement on these platforms, as CBO localized posts and had staff personalize and reshare the content, strengthening the trust within the communities served.

The second year of the program built on the lessons learned in the first year, by focusing on three new goals: (1) improving outreach content and methods; (2) strengthening the link between outreach to enrollments; and (3) refining the learning collaborative.

Working with the agencies to improve the quality and caliber of the outreach content appeared to improve the program results: fewer people were reached per month by each organization in the second year, but more individuals were enrolled each month by each organization. In the first year, the CBOs reached an average of 76,722 individuals per month. In the second year, this number declined to an average reach of 39,896 individuals per month. While fewer consumers were reached, the enrollment yield increased from 42 per month per organization in year one to 61 in the second year of the program. Participating CBOs attributed this jump in average enrollments to focusing on tactics that worked and improved messaging.

Table 3 displays the Return on Investment (ROI) calculations for the R5 program. A ROI is another metric for evaluating the efficacy of the program. Here, the ROI represents the savings generated by enrolling an uninsured individual into coverage, accounting for the overall cost of the two-year program. Experts estimate that each individual enrolled in coverage saves the healthcare system an average of $1,174.[18] The R5 enrollment CBOs enrolled 7,048 individuals from Spring 2021 to Spring 2023. Multiplying the number of enrollees by the per capita health system savings equals a total gross savings of $8,274,352 for the program. Deducting the cost of operating the R5 program from this gross number, the net savings generated are $7,503,519. These savings, divided by the cost of the program, yield a return on investment of 973 percent. Accordingly, the ROI for the R5 program was high, demonstrating that investing in localized marketing and outreach strategies yields significant health system savings.

Table 3. Return on Investment of the R5 Program

Enrolled individuals (7,048) times savings per capita[19] ($1,174)	$8,274,352
Program cost	$770,833
Savings generated = Total savings minus program cost	$7,503,519
Savings generated divided by cost (ROI)	973%

Bus Shelter Advertisement Used by ACR Health

RECOMMENDATIONS

The R5 program demonstrates that a strategy of providing dedicated funding to enrollment CBOs to conduct localized outreach and marketing successfully drives uninsured clients to enrollment assistance. State Navigator grants do not currently fund local outreach and enrollment activities, instead this funding is focused on direct enrollment work. This program demonstrates that State policymakers should consider supporting dedicating funding streams for local outreach because it permits agencies to create campaigns that are community-tailored and locally responsive, yielding higher enrollment numbers of consumers who have been historically harder to reach. This strategy is particularly effective as New York continues to make inroads on reducing the number of uninsured residents. The remaining uninsured residents have proven unresponsive to the State's centralized marketing efforts. This program demonstrates that funding localized outreach activities is a viable pathway to further reducing the rate of uninsured in New York State.

Developing a peer network of enrollment agencies helps CBOs learn from each other, share strategies, and create new outreach approaches that help to find the uninsured in their communities. Funding support enabled the R5 program to hold monthly meetings that allowed partner organizations to reflect on progress, integrate feedback, and glean new ideas to improve enrollment yields from one another. These small, interactive gatherings were starkly different than the mass Assistor training led by the State, where it is not possible to foster dialogue between enrollment organizations. Every R5 CBO stated that their individual outreach activities benefited from the insights gleaned from the greater learning community. During post-program surveys of partner organizations, one respondent said, "The monthly meetings allowed for us and others to share successful and unsuccessful outreach methods which helped us focus our efforts on successful efforts." Survey respondents also reported that technical assistance received from CSS was relevant and helpful.

> *"We received so much help/ information being with this group. We learned of different programs and ideas that we have carried into our other programs and have been successful."*
>
> *– R5 CBO Participant*

The R5 program effectively engaged State policymakers about the merits of supporting local CBOs in New York State outreach efforts. The HFWCNY and CSS hosted a webinar with NYSOH Executive Director Danielle Holahan at the close of the first year (November 15, 2021). This program built multi-stakeholder support for the concept of targeted outreach funding for assisters. It also laid the groundwork for adopting a local marketing and outreach strategy in response to the impending loss of coverage for thousands of New Yorkers in the wake of the unwinding of the federal COVID-19 Public Health Emergency rules. The NYSOH partnered with ICHOR Strategies to identify best practices to reach enrollees at-risk for coverage disruptions and create the Unwind marketing material. As part of their advertising, they adopted texting to consumers enrolled in public health insurance, a successful strategy identified in the R5 program. The need to increase awareness about the end of the COVID-19 Public Health Emergency also galvanized private foundations to create a state-wide funding consortium to fund the Keep New York Covered program, a program administered by CSS to provide outreach and marketing grants to community-based health insurance Navigator and Assistor agencies.

CONCLUSION: THE IMPORTANCE OF LOCAL OUTREACH IN THE POST-COVID PUBLIC HEALTH EMERGENCY ERA

The R5 model demonstrated that targeted outreach, designed and managed by CBOs that are familiar with the populations in their area, can successfully connect individuals to local enrollers. The approach is flexible, scalable, and adaptable to different environments. The results were impressive considering that during the length of the program, enroller organizations faced significant headwinds caused by the COVID-19 Public Health Emergency, including limited opportunities for in-person outreach, and the fact that coverage was automatically continued for any New Yorker enrolled in public health insurance programs.

In the summer and fall of 2022, New York State officials and stakeholders began to plan for the eventual end of the Public Health Emergency rules. A new challenge emerged for the State: how to ensure that millions of New Yorkers who are currently enrolled in public coverage can remain covered now that continuous enrollment has come to an end. Beginning in March 2023, these New Yorkers started to receive notices requiring them to renew their coverage on a rolling basis, with all 9 million enrolled individuals to be contacted within a 14-month period.

This challenge presents an opportunity to adapt the successful R5 model, turning it from prototype to an integrated component of the State's strategy. Working with a consortium of funders, including the Health Foundation for Western & Central New York and the Mother Cabrini Health Foundation, CSS launched the "Keep New York Covered" (KNYC) program. Like R5, this program offered funding to State-funded enrollment CBOs to support the design and implementation of localized outreach and marketing activities during the critical 14-month "unwinding" period. During this period, millions of New Yorkers will need to act in order to stay covered. With consortium funding, CSS has built upon the R5 model to fund 36 CBO partners, covering 52 counties. The CSS team has shared successful localized outreach and marketing activities identified in R5, such as bus and shelter ads, social media and radio ads, to assists CBOs in the creation of their outreach plan.

The return to pre-COVID enrollment renewal procedures likely will result in a period of declining insurance enrollment. To mitigate this anticipated decline, New Yorkers will need assistance readjusting to a regular cycle of application and renewal to maintain coverage. Navigators and other enrollers play a crucial role in ensuring individuals have the help they need to successfully get and keep coverage. Continuing to fund local community-based enrollment organizations to conduct locally tailored marketing and outreach will be crucial to maintaining these past health insurance coverage gains in the coming years.

ENDNOTES

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