



Missouri Foundation
for Health

a catalyst for change



Expanding Coverage Retrospective Report

Background

In 2012, as MFH was in the process of developing and adopting a new strategic plan, the nation was in the throes of understanding, untangling, and implementing a new health care law – the Affordable Care Act (ACA). As part of the MFH strategic planning process, the Foundation was designing a “Targeted Portfolio,” a set of relevant and timely health issues on which the Foundation could make a substantial impact. As rules and actions were rolling out related to the newly

implemented ACA, expanding the number of people with health care coverage was a topic that was timely and ripe for influence. At this critical juncture there was no central entity in Missouri leading and organizing stakeholders around this issue. As such, the Foundation selected increasing enrollment in health insurance coverage as one of its strategic health issues for focus. In early 2013, the [Expanding Coverage Initiative \(ECI\)](#) began.

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REQUEST FOR CONTRACTED SERVICE PROPOSALS

Open Date:	Wednesday, September 19, 2018
Proposal Due:	Sunday, October 7, 2018, midnight CT

Initiative Goals & Design

Designed to launch in 2013 and ramp down by 2018, the goal of ECI was to reduce Missouri’s uninsured rate to below 5 percent over the course of five years. Specifically, the ECI intended to target individuals who are most likely to be uninsured including young adults, Hispanic and African American communities, and individuals who are low-income and unemployed. The overall strategy intended to build and coordinate an infrastructure that would ramp up Missouri’s early efforts to enroll individuals and would continue to be sustainable as the law was fully implemented beyond the timeframe of the Foundation’s intensive investment.

To achieve the ECI goal the Foundation developed a strategy based on models around the country that had proven to effectively enroll significant numbers of people into health insurance (e.g. MassHealth, Texas CHIP). The ECI strategy honed in on three key components: creating awareness among the uninsured regarding how and when to enroll in insurance; assisting community organizations with effective outreach to uninsured individuals; and developing and distributing health insurance literacy information to aid Missourian’s ability to understand and enroll in health insurance. These components purposefully leveraged critical components of the ACA – chiefly the network of federally funded assisters put into place to aid consumers’ enrollment – and filled gaps where the state was not able to play a significant role due to lack of funding.



MFH galvanized a group of stakeholders from across the state to convene the Cover Missouri Coalition (CMC) – a broad set of community partners and statewide organizations working to expand insurance coverage. The intent of the CMC was to develop a well-informed coalition of active stakeholders who would engage in awareness, enrollment and health literacy activities in their organizations and communities.

In addition to convening and supporting the CMC, MFH granted \$18M over five years to more than 25 community organizations, health centers, and hospital systems around the state with the aim of outreaching to and enrolling hard-to-reach consumers. This direct outreach and enrollment effort was intended to ensure that Missourians most likely to be uninsured were informed and enrolled in the early years of the ACA, developing a connection to information and resources that could help them remain insured in the long term.

Program Rationale & Assumptions

Numerous expectations and assumptions were central to MFH’s decision to invest in a five-year ECI strategy. The foremost expectation was that the ACA would be fully implemented over the next several years and become the permanent health care law across the country. At the time – despite the Supreme Court’s June 2012 ruling allowing states to opt out of the ACA’s Medicaid expansion provision – it was still expected that Missouri would eventually expand Medicaid eligibility per original ACA guidelines to individuals below 138 percent of the poverty level.

Based upon the other health coverage expansion models across the country, the Foundation expected that within several years’ time, health insurance markets would find their equilibrium and consumer enrollment in the Marketplace would stabilize. Because the ACA was new and relatively unfamiliar to the general public and because there was a substantial amount of rhetoric and misinformation in the media, MFH assumed an immediate, sharp demand for Marketplace information and enrollment assistance in the early years of implementation. It was anticipated that this demand would dissipate over time as the law became “standard procedure” and more assistors and navigators in the community became experts at navigating the law’s requirements.

With all this in mind, the ECI was designed as a five-year initiative aimed at developing an infrastructure for enrollment support, increased awareness, and accurate consumer information until the Marketplace and Medicaid expansion had a chance to be fully established. This approach assumed the need for such support would lessen over time and the infrastructure established would provide sustainability for enrollment efforts moving forward without substantial ongoing investment.

Current Status

Since the inception of the initiative, the uninsured rate in Missouri has dropped from 15 percent to 10 percent while the environment and assumptions around the ACA have changed dramatically. Missouri is one of the 17 states that opted to not expand Medicaid, leaving a gap in affordable coverage for low-income Missourians. Over the last two years, there have been numerous efforts to weaken the law, including repeal and replace efforts in the U.S. Congress, administrative cuts to Marketplace outreach funding and navigator funding, and executive orders aimed at undermining key aspects of the ACA.

Over the course of the last 18 months MFH has begun to scale back and prepare to transition our strategy regarding ECI. The Foundation has decreased the number of organizations receiving funding for direct outreach and enrollment and scaled back the frequency and intensity of the non-essential CMC activities.



Previous Evaluation & Learning Activities

Throughout the initiative, the Foundation has worked closely with an external evaluator to collect and analyze implementation data related to the initiative's key strategies. An evaluation report has been produced annually. The latest report can be viewed [here](#). Highlights from previous years' reports can be found on the [ECI webpage](#).

In addition to the data gathered and reported in the annual briefings, the evaluator and other key initiative partners periodically administered a variety of surveys and interviews intended to inform the initiative's implementation. Real-time adjustments and course corrections were made based on feedback and findings.

Description of Services Required

As we pass the five-year mark and the ECI winds down, this is an opportune time to reflect upon how the Foundation implemented its intended strategy and responded in a shifting environment. MFH is seeking proposals from qualified persons and/or firms to help us write a retrospective, overarching story of the ECI. This should include how the initiative unfolded and the implications on the uninsured and the partners we engaged with in the context of the state and national health insurance environment. The story should elevate and provide context for the initiative's accomplishments, but should also point to missed opportunities, things we might have pursued differently, or choices that may have impacted our progress. While the Foundation has evaluated the programmatic components of the ECI efforts, the time has come to capture an initiative-level story and reflection of this work. This final report should be written in a descriptive, journalistic tone and should shed light on the range of perspectives and experiences of the array of communities/stakeholders engaged in ECI.

An important component of this retrospective piece is to reflect on how the Foundation worked in this space, what lessons we can take forward into our current and future work, and what lessons might benefit the wider field of actors engaged in similar efforts, philanthropic or otherwise. We expect that this reflection would specifically consider the impact of MFH and our partners' efforts compared to efforts in other states that did not expand Medicaid.

This retrospective piece should explore critical questions about the effect of this strategy on different populations. The story should consider how and in what ways our efforts (and those of others related to this work) affected the conditions and opportunities of the communities prioritized who are most likely to be uninsured – the unemployed, individuals who are low-income, communities of color, and young people. In doing so we expect the writer to explore multiculturally valid data sources including participant experiences and perspectives regarding the strategy's effectiveness.

Additionally, the selected evaluator will be expected to embrace and demonstrate the evaluation principles that guide the Foundation's learning and evaluation efforts:

1. Evaluations are purposeful, right-sized, and appropriate to the intervention;
2. Evaluative activities should elevate and acknowledge what worked and what didn't;
3. Evaluative information should come from a variety of sources.

The agreement will be up to nine months in duration. We expect to have work completed in mid-2019. If selected, contractor will be required to enter into a Service Agreement with MFH. To review the terms of the agreement, [click here](#).



Proposed Deliverables & Estimated Timeline

October 2018	<ul style="list-style-type: none">• Contractor notified, contract finalized
November 2018	<ul style="list-style-type: none">• Contract begins
November 2018 – April 2019	<ul style="list-style-type: none">• Data and information collection and review• Interviews• Preliminary report writing
May 2019	<ul style="list-style-type: none">• Preliminary report provided to MFH for review• Work with key MFH staff to solidify final reports and presentations
July 2019	<ul style="list-style-type: none">• Final report due to MFH• Possible presentations to key stakeholders

Proposal Submission

Proposals must be submitted online.

To begin a proposal, [click here](#).

To return to a proposal in progress, log in to your [Account](#).

Contact and Deadline

If you have questions please contact Sarah Smith, Learning Officer, at ssmith@mffh.org or (314) 345-5539. The proposal is due no later than midnight on **Sunday, October 7, 2018**.

For more information on the online application process, [click here](#). If there are additional questions, please contact Jenny Minelli, Program Assistant, at jminelli@mffh.org or (314) 345-5531.

Eligibility Requirements

The Foundation is committed to ensuring that equal opportunity is provided to minority and woman-owned enterprises and that its contractors have active programs for ensuring diversity in their workforce and sensitivity to the issues of race and gender. No person shall be denied or subjected to discrimination on account of any services or activities made possible by or resulting from an agreement resulting from this RFP on the grounds of sex, sexual orientation, race, color, creed, national origin, age (except minimum age and retirement provision), marital or veteran status or the presence of any sensory, mental or physical handicap. Any violation of this provision shall be considered a violation of a material provision of this procurement and shall be grounds for cancellation, termination or suspension in whole or in part of any related agreement by the Foundation. The respondents shall, at all times, in the proposal and contract process comply with all applicable state and federal anti-discrimination laws, rules, regulations and requirements thereof.

Proposal Requirements

- Submission acknowledgement.** Complete and submit the [one-page acknowledgement form](#).
- Proposal Narrative** (*please include section headings below*)
 - **Organization Name and Primary Contact Information.**
 - **Approach to Services.** Please describe your approach to uncovering and telling the EC



story, including;

- Key questions you would consider addressing
- Methods for supplementing existing qualitative and/or demographic data (*Note: Due to federal guidelines the Foundation, its partners, and grantees were restricted from collecting demographic data on individuals directly assisted, creating a need for alternative, valid data regarding who was served and the effectiveness of outreach and enrollment efforts.*)
- Information on the person or persons who will be assigned to the project
- **Proposed Timeline.** Provide a work plan and timeline that identifies activities and deliverables.
- **Organizational History and Qualifications.** Provide a summary of experience and qualifications of the organization's staff as well as any proposed subcontractors. Include bios of key personnel.
- Sample of Work.** Provide a sample of your work to demonstrate experience and qualification for this project.
- Cost Proposal.** Provide detailed cost proposal and justification for: professional services (hourly rate and number of hours), travel specifically related to the project, subcontractor fees (attach proposal or contract), and other direct costs related specifically to the project. Foundation reserves the right to negotiate proposed costs. *Note: Requested travel will be reimbursed for coach airfare, reasonable lodging, rental car or public transportation, meals and incidentals expenses at reimbursed amount not to exceed the federal per diem rate.* **Intellectual Property List.** If applicable, attach list of intellectual property.
- Additional required documents:**
 - The names and contact information of 2 – 3 individuals or organizations the Foundation can contact to verify past work.
 - Completed W-9 form

Proposal Review and Evaluation

Proposals will be reviewed in accordance with the requirements of this RFP. Only those proposals that meet all the mandatory criteria in the RFP will be given consideration.

A respondent's submission of a proposal in no way guarantees procurement by Missouri Foundation for Health. MFH will not reimburse a respondent for the cost of developing or presenting a proposal in response to this RFP.

Right to Reject

MFH reserves the right to:

- Reject any or all proposals submitted
- Request additional information from any or all respondents
- Conduct discussions with respondents to ensure full understanding of and responsiveness to the solicitation requirements
- Negotiate modifications to a respondent's proposal prior to final award for the purpose of obtaining best and final offers
- Approve subcontractors proposed or used in carrying out the work



About Missouri Foundation for Health

Missouri Foundation for Health is a resource for the region, working with communities and nonprofits to generate and accelerate positive changes in health. As a catalyst for change, the Foundation improves the health of Missourians through partnership, experience, knowledge, and funding. To learn more please visit mffh.org.