The first year of operations for the COFA Premium Assistance Program was a success. Senate Bill 147 was signed into law in April 2016 and the COFA Premium Assistance Program starting accepting applications in October 2016. The 2017 open enrollment period was Nov. 1, 2016, to Jan. 31, 2017. During that time, the program received applications for 460 individuals and approved premium sponsorship for 294 individuals.

Our COFA Outreach and Enrollment Grantee held 16 enrollment events that drew 726 attendees. They assisted with more than 350 COFA program applications throughout the year.

One of the obstacles to enrollment for COFA citizens is providing current proof of residency, a requirement for the program. We continue to educate our agents and assisters on common documents that may meet requirements.

Premiums and out-of-pocket reimbursement claims paid by the COFA program were $186,382. Insurance carriers paid out $1,768,750 in medical claims. The program has been committed to informing COFA program enrollees on submitting medical claim reimbursement forms for their out-of-pocket costs. However, education regarding the process may not be enough. This program is for low-income households, below 139 percent of the federal poverty level. That’s less than $22,108 annually for a household of two. Many in the program don’t have the means to pay an office visit co-pay, even with the expectation of being reimbursed afterward. We continue to seek solutions to this burden. We will offer a list of financial aid resources available through hospitals and carrier foundations.

The 2018 open enrollment period was Nov. 1 to Dec. 15, 2017, half the length of the previous year’s enrollment period. We were still able to approve 458 individuals for program sponsorship. This was achieved despite lower-than-expected turnout to enrollment events and fewer agents assisting with qualified health plan enrollments through HealthCare.gov. We need agents and assisters to reach these communities. The COFA community prefers to return to people who have helped them before, people they know and trust, so many re-enrollments were done during home visits by assisters and agents.