

Report

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Healthy Behaviors Dis-enrollment Interviews Report: In-depth interviews with Iowa Health and Wellness Plan members who were recently disenrolled due to failure to pay required premiums

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Summary

To better understand the knowledge and experiences of Iowa Health and Wellness Plan (IHAWP) members with the healthy behavior incentive requirements, in-depth interviews were conducted in March 2016 with members who experienced disenrollment because they did not pay the required contribution. Thirty-seven interviews were completed. Interviewers asked open-ended questions about the member's disenrollment experiences and actions and their knowledge and experience with the Healthy Behaviors Incentive program (HBI). Qualitative data provides a rich examination of the experiences of members, focusing on the range of experiences and the details of experiences.

Healthy Behaviors Incentive

- Only seven respondents were familiar with the HBI program, but almost all interviewees indicated that they would have participated in the program had they known about it.

Disenrollment

For some interviewees, disenrollment was only a minor inconvenience with few serious consequences, but for many others it was a surprising, stressful, and burdensome experience.

- Almost all respondents were aware of their disenrollment and described that they had lost their insurance coverage because of failure to pay monthly contributions.
- Very few respondents knew in advance that they were going to be disenrolled with many respondents expressing frustration about the disenrollment process. Furthermore, several individuals felt they were wrongly disenrolled.
- Nearly all respondents (n=32) reported taking some kind of action to try to change their status upon learning of their disenrollment. Of these, 16 respondents successfully re-enrolled in the IHAWP, seven successfully enrolled in other insurance plans, and nine had no health insurance at the time of the interview.
- The three most frequently cited consequences of disenrollment were financial hardship, an inability to get prescription medications, and an inability to get dental care.

Background

On January 1, 2014 Iowa implemented the Iowa Health and Wellness Plan (IHAWP), expanding coverage for low income Iowans through two new programs: Marketplace Choice and Wellness Plan:

Wellness Plan provided coverage for adults aged 19-64 years with income up to and including 100% of the Federal Poverty Level (FPL). It was administered by the Iowa Medicaid Enterprise (IME). Members had access to the Medicaid provider network established for this program.

Marketplace Choice provided coverage for adults aged 19-64 years with incomes from 101-133% FPL. The Marketplace Choice Plan allows members to choose certain commercial health plans available on the health insurance marketplace, with Medicaid paying the member's commercial health plan premiums.

Overview of Iowa's Healthy Behaviors Incentive (HBI) Program As Implemented

As a part of both **Wellness Plan** and **Marketplace Choice Plan**, members were encouraged to participate in the Healthy Behavior Incentive (HBI) program which had three components: 1) member completion of a wellness exam and health risk assessment (HRA), 2) provider incentives to encourage member completion of the exam and HRA, and 3) additional healthy behavior incentives for members (never implemented). The HBI program was intended to:

- Empower members to make healthy behavior changes.
- Establish future members' healthy behaviors and rewards.

- Begin to integrate HRA data with providers for clinical decisions at or near the point of care.
- Encourage members to take specific proactive steps in managing their own health and provide educational support.
- Encourage providers to engage members in completion of the healthy behaviors by offering incentive payments.

Beginning in 2015, program participation required a monthly premium for members depending on family income. Members received education information about the program through the initial welcome and enrollment packets. Information about the HBI program was included in the enrollment packet. In May 2014 members received general information about the program (see Appendix B) During the 4th quarter of 2014, members received customized mailings regarding the completion of the healthy behaviors (see Appendix C). The mailings were customized based on the activities members had not completed. Additional mailings were sent in December 2015. The higher income Iowa Marketplace Choice Plan members were to pay \$10 per month; Wellness Plan members with individual earnings between 50% and 100% FPL were to pay \$5 per month and members with incomes of less than 50% FPL did not have monthly premiums. The individual incentive under the HBI program was that if they completed the wellness exam and the HRA during their first year in the program, they were able to waive the monthly contribution.

Members earning over 49% of the FPL were given a 30-day grace period after the enrollment year to complete the previous year's required healthy behaviors (HRA and wellness visit) and waive their monthly contribution. If members did not complete the behaviors during the grace period, they received a billing statement and a form allowing them to request a hardship exemption (see Appendix D for example of invoice). For members of Wellness Plan, all unpaid contributions were considered a debt owed to the State of Iowa but did not result in termination from the plan. If, at the annual reenrollment, the member did not reapply for or is no longer eligible for coverage and has no claims for services after the last contribution payment, the member's debt was forgiven. For members in Marketplace Choice, unpaid premiums after 90 days resulted in the termination from the plan. The member's outstanding contributions were considered a collectable debt and subject to recovery. A member whose Marketplace Choice Plan benefits were terminated for nonpayment of monthly contributions had to reapply for coverage. The member was permitted to reapply at any time; however, the member's outstanding premium payments remained subject to recovery.

Wellness Exam

The wellness exam was defined as an annual preventive exam (New Patient CPT Codes: 99385 18-39 years of age, 99386 40-64 years of age; Established Patient CPT Codes: 99395 18-39 years of age, 99396 40-64 years of age) from any plan-enrolled physician, Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC) or Advanced Registered Nurse Practitioner (ARNP). The exams were part of the preventive services covered by the plans and therefore did not cost the member anything out-of-pocket. A 'sick visit' could count towards the requirement of the preventive exam, if wellness visit components were included and the modifier 25 is added to the CPT code. Additionally in January of 2015, a dental "well exam" also counted as a wellness exam. These included the dental codes D0120 (periodic oral evaluation), D0140 (limited oral examination), D0150 (comprehensive oral examination), and D0180 (comprehensive periodontal exam). Members could also meet the wellness exam requirement by contacting IME and informing them that they have completed a well exam.

Health Risk Assessment

A health risk assessment (HRA) is a survey tool that was intended for use by members and providers to evaluate a member's health. The HRA survey asked members about their health and their experiences in receiving health services. IME has identified Assess My Health as the preferred HRA tool providing a toll-free phone number for members to call to complete the survey and providing access to the tool on the IME website. However, providers can select their own tool if it asks similar questions.

Provider Incentives

Providers were also incentivized to encourage and assist their patients in completing the wellness

exam and HRA before or during their wellness exam. For every Wellness Plan member who completed the HRA with the assistance of the provider, the provider received \$25.00. The only HRA providers could use to qualify for this incentive was the Assess My Health tool.

While prior reports have documented a lack of familiarity with the HBI Program, and low completion rates for both the HRA and Wellness Exams, we focused here on understanding the experiences of IHAWP members who had recently been disenrolled from the program due to failure to pay the required premiums. These individuals were all disenrolled despite the possibility of having the premium waived if they completed the Healthy Behaviors Incentives (i.e., the health risk assessment and well exam). Specifically, we sought information about whether members were aware of and understood the disenrollment process, the contributions they were required to make, and the HBI program. We also sought to understand how disenrollees were meeting their health needs without IHAWP coverage and if they were able to reenroll in IHAWP or enroll in a different health plan.

Methods

In-depth interviews were selected as the method of data collection in order to capture the narratives of the members who were disenrolled. The detailed descriptions of their stories of being disenrolled and their perceptions of what happened reveal actual experiences of members and indicate how they understand the program, the process of being disenrolled, and the consequences of disenrollment. We conducted in-depth telephone interviews with IHAWP members disenrolled from the program in March of 2016. A sample of 200 disenrolled members was randomly drawn from the 326 members who were disenrolled in March of 2016 for not paying their contributions and had an address in the Medicaid files. The IHAWP disenrollees were sent a letter describing the evaluation, outlining the elements of consent and inviting them to participate in an interview. Each letter included a form, which disenrollees could return with updated contact information. A business reply envelope was included so that disenrollees could return the form at no cost.

Seven interviewers were trained on basic information about IHAWP, informed consent, the HBI program, and the interview protocol (Appendix A). Interviewers with no previous interview experience completed recorded practice interviews, which were reviewed, and any issues with the interviewing technique were addressed. Interviewers called the sample in random order with up to ten attempts per interviewee. Calls were made at various times on weekdays between 9am and 8pm, and on weekends between 12pm and 4pm. Microsoft Access was used to track each interview attempt.

Before starting each interview, interviewers introduced the evaluation and walked respondents through all of the elements of consent. Each subject was offered a \$25 gift card to either Walmart, Target, or Casey's, which was mailed to the respondent's home address.

Qualitative, open-ended questions were asked to gain insight into the experiences and perceptions of those who had recently been disenrolled from the IHAWP. Interviewees were asked about the disenrollment process, what had happened since they had been disenrolled, what the consequences of disenrollment were, and what they knew about the HBI Program. Specifically the questions were designed to address specific hypotheses found in the HBI evaluation plan developed by the research team at the UI PPC in collaboration with the Iowa Medicaid Enterprise and the US Federal Centers for Medicare and Medicaid Services (CMS).

- Hypothesis 6.1 - Disenrolled members do not understand the disenrollment process
- Hypothesis 6.2 - Disenrolled members do not understand premiums
- Hypothesis 6.3 - Disenrolled members do not understand the HBI program
- Hypothesis 6.4 - Disenrolled members find it difficult to meet their health needs
- Hypothesis 6.5 - Disenrolled members are unable to re-enroll due to administration issues [Note- hypotheses are not appropriate for qualitative data because the hypotheses cannot be tested, but they were required by the funder.]

At the end of each interview, respondents were asked to answer a series of health related and demographic questions. All interviews were recorded and transcribed. Three trained coders explored

the interview transcripts for common themes. A codebook was generated based on a preliminary reading of the transcripts and the research questions outlined from the evaluation plan. Codes were identified in the transcripts and the codes were examined for themes.

Results

The table below demonstrates how the original sample of 200 resulted in 37 completed interviews. The lack of usable telephone numbers significantly reduced our ability to reach out to more disenrolled individuals.

Total sample received recruitment letter	200
Useable telephone numbers	96
Reached on by voicemail/answering machine	39
Refused to participate	16
Never answered telephone	3
Interview scheduled, but never completed	1
Completed interviews	37

Interviews ranged between 4.56 and 26.01 minutes in length. There were 20 females and 17 males. Most respondents (n=27) described themselves as Caucasian or White, seven as African-American or Black, one as Asian, and two as other. Two interview respondents were of Latino or Hispanic origin. Interview respondents had an average age of 36.4 years and a median age of 33, with ages ranging from 21 to 61. Most (n=22) were employed full-time, eight had part-time positions, and seven were unemployed at the time of the interview. Seventeen respondents had some college education, six were college graduates, ten had a high school degree or GED and four did not graduate from high school. There were no differences in sex, race/ethnicity nor age when comparing respondents to non-respondents

Disenrollment Process

The first set of interview questions addressed the IHAWP disenrollment process. First, respondents were asked if they remembered receiving a letter informing them they were disenrolled. If interview respondents did not remember the letter, they were asked, *“Did you know that you had been disenrolled?”* and *“How did you find out?”*

All but two individuals were aware of their disenrollment from the IHAWP. Of the two that were unaware of their disenrollment, one did not believe that she had ever lost her insurance coverage, while the other had acquired another type of health insurance. Most interviewees remembered receiving the disenrollment letter from the IHAWP and reported learning of their disenrollment upon receiving the letter. However, a number of respondents described learning that they had been disenrolled at the doctor’s office, emergency room or dental office. As one disenrolled member indicated, *“Well what happened was, I found out through the emergency room actually. I went to the emergency room because I was sick, I had a tonsil infection. And she said it came up on her computer that, uh, I’m no longer with my health care insurance.”* [503]

Interviewees were asked to answer the question, *“Can you tell me why you think you were disenrolled?”* The majority of interviewees (n=24) knew that they had been disenrolled from the IHAWP because of missed premium payments. However, three respondents stated that they had been disenrolled because they were making too much money, three subjects said that they had been disenrolled because they had failed to fill out the necessary paperwork on time, and seven did not know why they had been disenrolled. One member explained that due to living arrangements mail was not consistent, *“So basically, I went a couple months without payin’ the contribution, and it went too long, and because of that it, I got disenrolled. And I, um, and I, (inaudible) on, and it went on so I, I think it went, uh, 90 days, days without paying it and I didn’t know.”* [615]

When interview respondents were asked, *“Did you know in advance that you were going to be disenrolled?”* three interviewees explained that they had known in advance, and one interviewee expressed a vague awareness that she might be disenrolled. For the remaining 33 interviewees,

disenrollment came as a surprise. For example, one member said, *"I had no idea that if you didn't pay that within a certain amount of time that they would, uh, kick you off."* [667]

Many interview respondents expressed frustration or confusion about the disenrollment process. Interviewees did not feel as if they received enough notice before their disenrollment and perceived a general lack of available information. One interviewee suggested, *"I would like, you know, phone calls instead of, like, letters all the time. Because, you know, mail gets shoved to the side. At least phone calls, if they left a message saying, hey, touch base with us, you know, we sent out a letter. You know, that way it kinda doubles up."* [641] Largely, interview respondents felt that they did not have the resources or tools to find reliable information about the disenrollment. Respondents reported wanting more notice, *"I think that there needs to be some notice. Besides just, hey! You're being done in March, and there's no notice."* [654] The following quote illustrates a common issue.

"That was the thing that was really frustrating to me, because I didn't have a premium payment, and then, all the sudden, here I am getting letters. And it was like, I was back three months already. When I got this letter sayin', oh by the way we're, we're making you pay a premium now. Which, I got no, you know, heads up sayin', oh, you know, by the way in the next month this is what we're considerin' doin'...all the sudden I get this letter in the mail and it shows, you know, a premium for three months back. I'm like, whoa! Wait a minute." [671]

Another member indicated,

"I haven't heard one thing from them. The only thing that I've heard is that, the two things that I've heard is the letter saying you're disenrolled. And then what, that in order to do this you have to reapply. And then when I reapplied, saying nope! Sorry, you're not covered." [654]

Members also reported trouble with accessing help to understand the process,

I call customer service DHS, then they send me to a different person, then. They send me to a different person (laughing). They just need one person. Like, is in charge of my case. Instead of going around the merry-go-round. That's just crazy. And nobody has the answers." [633]

Interview respondents reported confusion related to their disenrollment. Three individuals believed they had fulfilled the requirements of the HBI program, three individuals indicated that they did not owe money because they had selected the financial hardship option, and one individual believed that she had not missed any payments. One of the members who believed they had completed the HBI requirements said, *"I did my yearly health and wellness risk assessment with [the doctor], um, as soon as I got put, put on it. And that would've been in June of last year. So I, I guess if that would've been the case then I shouldn't have been, even been able to be disconnected (disenrolled) until June of this year."* [516] One member related their story and the frustration they felt about being told they were behind in payments,

"I called DHS and they told me that, uh, after three months behind, they kick you off. And I said, I was never three months behind. And I had got a letter sayin' that I was three months behind, and I called 'em and said, no, that's not the issue. And then I called DHS back and they said that, um, they only go offa what those other people tell them, and they told them I'm three months behind. They have no way of seein' it, they said. It was all a bunch of crock" [696]

Re-Enrollment Process

Interview respondents were asked *"What has happened since you were disenrolled?"* Almost all interviewees described the disenrollment process as a negative experience. Of the 32 interviewees who took immediate action, 27 attempted to re-enroll in the IHAWP and five attempted to enroll in an alternate plan. The remaining two interviewees took no action. Of the two individuals that indicated they had not yet tried to re-enroll in a health insurance plan, one had plans to re-enroll in the IHAWP, and one was not aware that re-enrollment was an option, as indicated here, *"Um, I've just*

been goin' without insurance. Hopin' I don't get injured.... **Interviewer:** Have you tried to get re-enrolled?
Subject: No. I wasn't aware that I could." [656]

Many individuals were able to re-enroll online, on the phone, or in person without any difficulty and reported that losing their insurance for a short period had no major impact on them. However, some individuals were denied coverage when they tried to re-enroll, and some individuals described that the disenrollment had affected their health or their ability to receive medical care. On several occasions, respondents attempted to appeal their status but ended up reapplying instead. Nobody reported successfully appealing their disenrollment. One member explained why appealing was not workable,

"I explained to them what, exactly what happened and. Although they seemed to agree with me that, um, it wasn't fair with the mail, um, not being consistent and not clear, laid out that, that I definitely had a case but the, uh, final decision was apparently just to disenroll me and help me re-en-, re-enroll." [615] Another member agreed, "Oh let's see. (laughing) ...Uh, it was actually a better strategy to withdraw that appeal than it was to appeal. Which. I suppose under some sort of Newtonian law that makes sense, but." [505]

Of the 32 individuals that reported taking action to obtain health insurance, 16 successfully re-enrolled in the IHAWP, seven successfully enrolled in another insurance plan, and nine did not have any form of health insurance at the time of the interview. These three groups of interviewees had distinctive experiences. However, there were a few overarching themes across all three groups.

Overall Experiences Without Insurance

In analyzing the interviews collectively, many individuals indicated that losing their insurance had no impact on their health. Overwhelmingly, these individuals had not needed any kind of medical care since being disenrolled. However, several individuals also indicated that they could not access necessary health care services without their IHAWP coverage. The most common disenrollment consequences reported were financial hardship, an inability to get prescription medications, and an inability to get dental care.

Financial Hardship

One reoccurring theme in these interviews was financial hardship. Though more than half of interviewees (n=22) were employed full-time, a number of people reported that losing their health insurance had created a financial burden for them and that they would not be able to afford adequate healthcare without IHAWP coverage. When asked if the disenrolled member tried to use any services, the person responded, "No. Because I, I just simply can't afford to be billed at, billed for it." [508] Another member provided more detail by stating,

"Once I get my, um, my check, it's pretty well gone before I get it because of bills and stuff that I have to pay. And I'm trying to get some of my doctor bills and stuff paid. ... So I haven't been able to get my prescriptions like I should." [575]

Prescription Medication

A number of individuals reported that they either took fewer doses or stopped taking necessary prescription medications because of their disenrollment. Concerns about the cost of prescriptions without IHAWP coverage were common. Although the disenrollment period was short for some, a number of individuals reported needing medication on a daily basis and that going even a few weeks without health insurance could have a profound health impact. Cost of the medications was one problem outlined by a member, "...some of them are like, even 50 to 100 dollars because they're so expensive. And sometimes I don't have the money to get 'em." [575] Another respondent indicated that returning to the doctor without insurance to get a prescription refilled was a problem. The person said, "Well I've had a water pill, but I mean, I can't go back to the doctor and get a prescription again because I don't have insurance." [621]

Dental Care

Access to dental care was another concern that came up repeatedly in interviews. Many interviewees expressed concern that they could not access dental care without the IHAWP. After weight and high blood pressure, dental issues were the most commonly cited health concerns among interview respondents. One member explained the need for dental care and the challenges the lapse in coverage created,

“...And I have bad teeth and I need my wisdom teeth out. And I’m diabetic so I have periodontia. And they won’t do anything, they won’t do any coverage for af-, ‘til you’re in it for a complete year. Now that I have that lapse now I’m, uh, I’m not covered for getting my wisdom teeth out for another year. They are sitting in my face rotting. Um. And right now with Iowa City I have a, like an 80 dollar previous bill so they won’t even make me an appointment.” [508]

The lack of coverage also directly resulted in dental need that was unmet according to one respondent,

“During, um, my, um, disenrollment I actually got an abscess in a tooth, um, which is, like, huge infection and my face swelled up. (laughing) And, um, my, my dentist actually informed me with my upcoming appointment that I was disenrolled before I even got the letter. Somehow they knew. I don’t know if they check before your appointment or what it is. But, um, they told me that they could not see me. Um, and that’s considered a, a medical emergency actually. (laughing) Um, when you get those abscesses.” [552]

Despite bringing up several of the same concerns, the disenrollment experience was clearly different when comparing those that successfully got back on the IHAWP, those that successfully got other insurance, and for those who had no insurance.

Experiences

Successfully Re-Enrolled

When asked about their experiences, those that had successfully re-enrolled in the IHAWP after their initial disenrollment reported general annoyance but minimal negative consequences. The majority of these individuals reported that re-enrollment was straightforward. One respondent who was successfully re-enrolled stated,

“Um, what I did is I just went down to the Department of Human Services and asked for their advice on how to re-enroll. They had me fill out the paper packet and provide them with my financial information...so they’re actually really nice down there. Surprisingly. You know, that’s kinda hard to come by at DHS offices, but they’re really nice and they were very helpful...I am, I am enrolled again now.” [508]

Other respondents re-enrolled via the telephone and online.

Some interview respondents who had successfully re-enrolled in the program expressed that disenrollment had consequences, but these were minimal and were resolved quickly. For those that were able to re-enroll, the most common problem reported during the disenrollment period was lack of coverage of prescription drugs. This was explained by one respondent, *“... there’s medicine I always take daily. And then when I was about to run out of, and so I hurried up and got that sent in. To re-enroll. But I didn’t actually run out until the day, almost like the day I (was like), got my insurance back. (laughing)” [641]* Another member described, *“I took my pills less and everything, until I knew what was gonna happen. So I wasn’t doin’ things right. Um, ‘cuz I’m, yeah, my pills are very expensive.” [696]* The individuals in this group who did report a negative health impact suffered from serious pre-existing health conditions. For example, one interviewee described suffering from lupus and mentioned that losing her insurance had not only caused her to take her medication incorrectly but also drastically increased her stress levels.

Successfully Enrolled in Other Insurance

The experiences of those that enrolled in different insurance programs were much more varied in comparison with those that were able to re-enroll in the IHAWP. The enrollment process was relatively simple for some, but frustrating and confusing for others. Individuals in this group indicated that they enrolled through work or that they utilized community resources. A respondent who recently started a new job said,

“I took on their benefits. I was able to afford their benefits. Even though I, I’m sure I still qualify. But. I wanted to have better coverage. And. I didn’t wanna be looked down upon either.” [671]

Using a resource in the community one respondent reported,

“They tried to sign me up to, (with) a program that would kinda cover me for a while, bein’ I’m 61, and I’ll be 62 in January. I also went to, through United Way with women, which would help with the medicine. And would save me a PAP smear, mammogram, stuff like that. So I was able to, kind of, do something, cover, get my medicine covered, and some other small female things.” [519]

Some individuals in this group reported considerable barriers to enrolling in a new insurance program. Common challenges included financial hardship and difficulty finding a plan with adequate coverage.

Most individuals who successfully enrolled in a different insurance program did not report that disenrollment had affected their ability to get healthcare. However, a few individuals reported difficulties paying for specialty care or prescription medications with their new insurance. One respondent needed to have a CT scan, but the new insurance policy would not cover it [516]. Co-pays on prescriptions was a hardship described by one disenrolled member, *“I have a copay that I have to pay on them. But some of them are like, even 50 to 100 dollars because they’re so expensive. And sometimes I don’t have the money to get ‘em.” [575]*

Did Not Get Insurance

Those that were unable to re-enroll in the IHAWP or unable to enroll in another insurance plan reported more challenges, confusion, and frustration related to the disenrollment process compared to other interviewees who had successfully gained insurance. For example, **“Interviewer:** Ok. Have you contacted DHS yet? **Subject:** Yes, I left a message on my case worker. Voice mail, at least twice. **Interviewer:** And have they gotten back to you? **Subject:** No.” [503] Other members reported not knowing what to do or what their options were.

Interviewees who had been unable to get any type of insurance coverage more frequently reported that disenrollment had influenced their health or their ability to seek medical care compared to those who had been able to get insurance. One respondent described how the lack of coverage prevented the respondent from seeking care for a sprain and missing dental and eye appointments [505] Others did not continue taking medications.

Healthy Behaviors Incentive Program

Only seven interviewees reported being aware of the HBI program before they were disenrolled. Only two individuals correctly described both components of the HBI program, the other five were only vaguely familiar with it. More people were familiar with the wellness exam than with the health risk assessment. One respondent described how both behaviors were completed,

“Interviewer: Ok. Um. Are you, or did you get any information about getting a wellness checkup? **Subject:** I think I did. And I think I did it over, um, I think I did the health assessment online as well. I know I did. **Interviewer:** Ok. So did you get the wellness exam as well? **Subject:** I’m sure I did. I went to [the doctor]. I go to the doctor so much, honey, I don’t know.” [696]

Respondents reported some knowledge of pieces of the program, for example,

“Interviewer: Ok. Who. How did you know about it? Subject: I got a letter, said if you don’t go get your wellness check, you have to pay ridiculous amount of, of somethin’, (some) (inaudible)...Yeah, something negative and bad will happen to your coverage, so go get one. I said ok! Well, I did and they said you’re perfectly healthy. I said I know!” [597]

Another indicated that the wellness exam did not seem needed,

“I did a health assessment on the computer... I didn’t get a checkup. ‘Cuz that’s, like, ...I didn’t wanna go to the doctors ‘cuz it gives me anxiety because, like, sick people go to the doctor, and if I’m healthy I don’t have to expose myself to sickness. That’s why I don’t go. (laughing) Unless I’m sick.” [639]

A number of individuals learned about the HBI program during the re-enrollment process. Out of the 16 interviewees that successfully re-enrolled, six reported learning about the HBI program after they had been initially disenrolled. A typical situation was described by one respondent,

“Interviewer: Ok. So you mentioned that you paid, uh, contributions. Um, were you aware that there’s a program through your health plan that will waive your contribution if you get an annual checkup or wellness exam and complete a health risk assessment?

Subject: At the point, no. But I do now.” [557]

Another reported,

“Um, I, beforehand I had not (inaudible) anything about it. Um. So I had not gotten any information on that part. Um, after I was appealing it, they explained the whole process that I wouldn’t even have to pay the contribution if I did the. Um, those two things.” [615]

Twenty-six interview respondents explicitly expressed that they would have liked to participate in the HBI program had they been aware of it. For example, one respondent said, *“No, I never heard about it [HBI]. I would’ve liked that!” [610]* Only two individuals indicated that they might not want to participate in the HBI program. One expressed general apathy towards the program, and the other explained that going to the doctor gave her too much anxiety.

Discussion

Hypotheses

This evaluation activity was designed to address predetermined hypotheses. While hypotheses are not tested in qualitative data analysis, we have provided a summary of the findings organized by the hypotheses.

H 6.1 Disenrolled members do not understand the disenrollment process: The findings of the in-depth interviews point to major misperceptions about the disenrollment process.

H 6.2 Disenrolled members do not understand premiums: Members were not aware that they owed premiums or were not sure of the implications of not paying premiums.

H 6.3 Disenrolled members do not understand the HBI program: The vast majority of members were not aware of the program and the benefit of completing the behaviors, but many expressed interest and willingness to complete the behaviors.

H 6.4 Disenrolled members find it difficult to meet their health needs: Disenrolled members reported missing medical and dental appointments because of lack of coverage, as well as unmet medical need. They reported that they needed to stop refilling medications or try to stretch their medications to prevent incurring costs.

H 6.5 Disenrolled members are unable to re-enroll due to administration issues: Only 16 out of

the 37 respondents were able to re-enroll, 7 received coverage elsewhere, and 9 had no coverage after being disenrolled. Of the 9 that had no coverage, re-enrolling was too difficult to accomplish. Some had attempted to re-enroll but were not successful.

Communication

Communication, or a lack of communication, was a key theme throughout the findings. The communication efforts from IME did not sufficiently convey important information to members about their insurance, payment of premiums, the HBI program, disenrollment, re-enrollment or other insurance options. Many members did not understand how their insurance coverage worked and the premiums tied to their coverage. Members were often not aware of their disenrollment until they showed up for an appointment with a provider or tried to use the emergency room. Several interviewees reported getting letters or bills in the mail when it was too late to act on the information. Some respondents explained that they had moved recently, or that they did not live at their mailing address, indicating that mailings may not be the most effective way to disseminate information to IHAWP members. The levels of knowledge of the HBI program were very low. This program, which could have prevented disenrollment for this group of people, was not an option because they were unaware of the program. Once respondents understood the program, the vast majority expressed interest in participating. The HBI program may provide a valuable opportunity for IHAWP members to take control of their health and avoid financial burden, however, it may currently be underutilized due to ineffective communication with members.

Disenrollment consequences

Disenrollment had consequences for the respondents. In some cases the hardship created appeared to be needless, because the respondents were able to re-enroll. Respondents reported that they had suffered financial burdens both from having to find new insurance which costs more and having to pay for the cost of health care and medications that were no longer covered because they did not have insurance coverage. In order to avoid financial costs, some respondents skipped previously scheduled appointments and others chose not to seek care for medical and dental needs. Respondents also commonly reported not refilling medications when they did not have coverage or taking their medications less frequently than prescribed to stretch the medication and save money.

Limitations

The findings documented in this report represent only the views and perceptions of evaluation respondents. It is possible that individuals who did not respond to the interview request may have different experiences compared to those that completed interviews. We were able to examine the ages, sex, and race/ethnicity of respondents and non-respondents and did not find any differences between the two groups, providing us with more confidence that the respondents and non-respondents did not differ.

Appendix A

Hello! My name is [Interviewer Name] and I am with The University of Iowa Public Policy Center. May I please speak with [First Name, Last Name]?

We recently sent you a letter to let you know we would be calling to invite you to participate in the evaluation on the Iowa Health and Wellness Plan conducted by the University of Iowa. Do you remember receiving this letter? It was on University of Iowa letterhead.

[If Familiar]

As the letter stated, we are calling members of the Iowa Health and Wellness Program who have recently been disenrolled to ask about their experiences with their health insurance. If this time works for you, I would be grateful to touch base on a couple details of that letter.

The purpose of the study is to collect information to help understand the disenrollment process and what happens after someone has been disenrolled. The information we gather will be used to understand how the program works and what could be done to make it a better program. Your participation is voluntary and would include asking you questions about yourself and your experiences. You are free to skip any questions that you prefer not to answer. The interview should take approximately 20 minutes of your time. To thank you for your participation, we will send you a \$25 gift card of your choice to either Wal-Mart, Target, or Casey's after you complete the interview.

Responses from this interview are confidential and will not be linked with you in any way.

[If Not Familiar]

The letter we sent you was to let you know that we would be calling to invite you to participate in this study. Participation involves a telephone interview that will take about 20 minutes of your time. If you are willing to complete the interview we will offer you a \$25 gift card to your choice of Target, Walmart or Casey's as a thank you.

If you have some time, I'd like to tell you a little more about the study and address any questions you may have.
[SCHEDULE CALLBACK OR ANSWER QUESTIONS IF APPLICABLE]

The purpose of the study is to collect information to help understand the disenrollment process and what happens after someone has been disenrolled from the Iowa Health and Wellness Program and as I said before, it's being conducted by investigators at The University of Iowa.

The information we gather will be combined with information from other people in the program and a report will be given to the Iowa Department of Human Services (DHS). They will use the information to better understand how the program works and how the program may be improved. A report will also be given to the federal government to help them better understand how the program works in Iowa and what other states can learn from Iowa's program.

We are inviting you to help us because you were a member of the Iowa Health and Wellness Plan. We obtained your name from the Iowa Department of Human Services (DHS) as a part of a list of all Iowa Health and Wellness Plan members.

As I said before, the interview should take about 20 minutes to complete. You are free to skip any questions that you do not want to answer. To thank you for your participation, we will send you a \$25 gift card of your choice to either Wal-Mart, Target, or Casey's after you complete the interview.

Taking part in this research is completely voluntary. If you choose not to participate in this study, you won't be penalized or lose any benefits for which you otherwise qualify.

[All]

Do you have any questions about this study?

Are you willing to complete this phone interview? [IF NO/Unsure: Probe if possible; IF CALLBACK needed, set up date and time]

Okay, I'm going to turn on the recorder now and we'll get started.

According to our records you were covered under the Iowa Health and Wellness Plan – do you believe that this is true?

Also our records show that you received a letter in MONTH informing you that you had been disenrolled from the Iowa Health and Wellness Plan- do you remember this letter?

If no- did you know that you had been disenrolled? How did you find out?

Can you tell me why you think you were disenrolled? (Probe- something did or did not do, turn in correct paperwork, no longer eligible (make too much money, eligible for another program,...), did not pay premiums?)

Did you know in advance that you were going to be disenrolled? Did you do anything to prepare for being disenrolled...like get a bunch of medical stuff done in advance?

Tell me what has happened since you were disenrolled.

Do you know how to re-enroll?

Did you contact DHS?

Did you try to get re-enrolled? Challenges?

Have you tried to appeal your disenrollment or get DHS to change your status?

Have you sought other insurance?

Did you get other insurance?

Have you tried to use health care services?

What happened? Denied? Paid for?

Did you have need for health care, but have not been able to get because of you don't have coverage?

What is your plan to get health care now?

Has disenrollment been a negative or positive for you? How has it impacted your health? Has it had any impact on your ability to get health care?

Do you owe premiums/contributions? Do you know if your debt was sent to collections?

If yes, do you have a plan for paying this debt?

Do you know what you could have done to prevent disenrollment?

If not- So there is a program through your health plan that will waive your contribution if you get an annual check-up/wellness exam and complete a health risk assessment-- that is, you don't have to pay monthly health insurance payments or premiums if you do the wellness exam and health risk assessment. Do you know anything about this program?

Would you had done this, if you had known this?

PROBE: What do you know about this program?

Why do you think your health plan is encouraging people to get check-ups/annual exams? What about health risk assessments?

Had you received any information about getting a wellness exam/check-up?

[IF YES]

PROBE: Who was it from?

What do you remember that it said?

Did the information you received make you think about getting a wellness exam/check-up?

Have you received any information about doing a health risk assessment or something called Assess My Health?

[Health Risk Assessment Definition]

A health risk assessment is a series of questions about your health and your behavior that help health care providers know about your health status and what you might be at risk for. It can be completed online, over the phone or with your health care provider. You may have received mailings about this requirement.

[IF YES]

PROBE: Who was it from?

What do you remember that it said?

Did the information you received make you think about completing a health risk assessment?

Switching gears a little- we would like to know more about you.

How would you rate your health?

Do you have many health concerns?

When you think about your health- what factors impact your health the most? (eg. diet, exercise, health care access, quality of insurance etc.)

How much control do you feel like you have over your health and how healthy you can be?

Overall, how confident are you about your ability to take good care of your health?

Sociodemographic

Okay, we are almost done with the interview; I just have a few quick questions about you before we finish.

What is your age?

What is your gender?

What is the highest grade or level of school that you have completed?

Are you of Hispanic or Latino origin or descent?

What is your race?

Are you currently employed?

Full or part-time?

Is there anything you would like to tell me that you haven't had a chance to say?

[Close] [Turn off recorder]

Those are all of the questions we have for you. Thank you so much for your time and for sharing your experiences. We really appreciate it.

We'd like to thank you for participating by sending you a \$25 gift card--would you like a Wal-Mart, Target, or Casey's gift card?

Next, I will just need to confirm your mailing address so we can send that gift card to you [confirm mailing address in tracking database, if different, update address and make note of updated address in "Comments" section of the main form].

[After confirmed]: We will be sending that out in the next few days so you should expect it in the mail within the next two weeks. If you have any questions or concerns or if you have not received your gift card within a reasonable amount of time, feel free to call us at: 1-800-710-8891.

Thank you so much—have a great day!

Act now and save money!

Dear NAME,
Time is running out! Get started today and save money on your health care coverage.

Complete your healthy behaviors by **MONTH** or you will be required to pay **\$60** per year for the Iowa Wellness Plan.

1. Health Risk Assessment (HRA)

- A. Go online to [AssessMyHealth.com](https://www.assessmyhealth.com).
- B. You will need to enter a five digit code. You can get this code from your provider. If your provider does not have a code, enter [MBR11](#).
- C. Complete the assessment and click “yes” to share your results with your provider. Finally, enter your member ID number.
- D. Share your results with your primary care provider.

2. Wellness Exam

- A. Call your primary care provider and schedule your wellness exam. Keep your appointment.
- B. If you have already completed your health risk assessment, talk to your provider about the results. Your provider may have advice on meeting your health goals.

To complete the HRA by phone, or for help finding a provider:

Call Iowa Medicaid Member Services at 1-800-338-8366, or 515-256-4606 in the Des Moines area, 8:00 a.m. - 5:00 p.m., Monday - Friday.



Comm. XXX (12/14)

Act now and save money!

Congratulations NAME,

You're on your way to completing the Healthy Behaviors Program, but time is running out! Finish now and save money.

You need to finish your final step by **MONTH** or you will be required to pay **\$60** per year for the Iowa Wellness Plan.

Your Last Step: Wellness Exam

1. Call your primary care provider and schedule your wellness exam.
2. Keep your appointment.
3. Talk to your provider about your health risk assessment results. Your provider may have advice on meeting your health goals.

For help finding a provider, or for questions:

Call Iowa Medicaid Member Services at 1-800-338-8366, or 515-256-4606 in the Des Moines area, 8:00 a.m. - 5:00 p.m., Monday - Friday.



Comm. XXX (12/14)

Act now and save money!

Congratulations NAME,

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You need to finish your final step by **MONTH** or you will be required to pay **\$60** per year for the Iowa Wellness Plan:

Your Last Step: Health Risk Assessment (HRA)

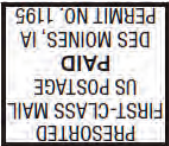
1. Go online to AssessMyHealth.com.
2. You will need to enter a five digit code. You can get this code from your provider. If your provider does not have a code, enter **MBR11**.
3. Complete the assessment and click "yes" to share your results with your provider. Finally, enter your member ID number.
4. Share your results with your primary care provider.

To complete the HRA by phone, or for questions:

Call Iowa Medicaid Member Services at 1-800-338-8366, or 515-256-4606 in the Des Moines area, 8:00 a.m. - 5:00 p.m., Monday - Friday.



Comm. XXX (12/14)



Iowa Department of
Human Services
100 Army Post Rd.,
Des Moines, IA 50315



**Take notice.
Take action.
Take control.**

**The time has come
to complete your
Healthy Behaviors.**

Get a check-up, take a survey, save money

Dear NAME,
Complete the following healthy behaviors or you will be required to pay **\$60** per year for the Iowa Wellness Plan:

1. Health Risk Assessment (HRA)

- A. Go online to AssessMyHealth.com.
- B. You will need to enter a five digit code. You can get this code from your provider. If your provider does not have a code, enter [MBR11](#).
- C. Complete the assessment and click “yes” to share your results with your provider. Finally, enter your member ID number.
- D. Share your results with your primary care provider.

2. Wellness Exam

- A. Call your primary care provider and schedule your wellness exam. Keep your appointment.
- B. If you have already completed your health risk assessment, talk to your provider about the results. Your provider may have advice on meeting your health goals.

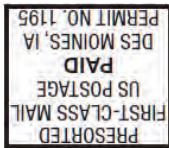
To complete the HRA by phone, or for help finding a provider

Call Iowa Medicaid Member Services at 1-800-338-8366, or 515-256-4606 in the Des Moines area, 8:00 a.m. - 5:00 p.m., Monday - Friday.



Comm. 463 (9/14)

Care on *your* terms



Iowa Department of
Human Services
100 Army Post Rd.,
Des Moines, IA 50315



**Take notice.
Take action.
Take control.**

**The time has come
to complete your
Healthy Behaviors.**

Get a check-up, take a survey, save money

Congratulations, NAME! You're on your way to completing the Healthy Behaviors Program. Finish your final step or you will be required to pay **\$60** per year for the Iowa Wellness Plan:

Wellness Exam

- A. Call your primary care provider and schedule your wellness exam.
- B. Keep your appointment.
- C. Talk to your provider about your health risk assessment results. Your provider may have advice on meeting your health goals.

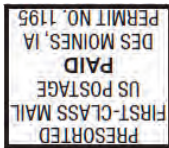
For help finding a provider, or for questions:

Call Iowa Medicaid Member Services at 1-800-338-8366, or 515-256-4606 in the Des Moines area, 8:00 a.m. - 5:00 p.m., Monday - Friday.



Comm. 465 (9/14)

Care on *your* terms



Iowa Department of
Human Services
100 Army Post Rd.,
Des Moines, IA 50315



**Take notice.
Take action.
Take control.**

**The time has come
to complete your
Healthy Behaviors.**

Get a check-up, take a survey, save money

Congratulations, NAME! You're on your way to completing the Healthy Behaviors Program. Finish your final step or you will be required to pay **\$60** per year for the Iowa Wellness Plan:

Health Risk Assessment (HRA)

- A. Go online to AssessMyHealth.com
- B. You will need to enter a five digit code. You can get this code from your provider. If your provider does not have a code, enter [MBR11](#).
- C. Complete the assessment and click "yes" to share your results with your provider. Finally, enter your member ID number.
- D. Share your results with your primary care provider.

To complete the HRA by phone, or for questions:

Call Iowa Medicaid Member Services at 1-800-338-8366, or 515-256-4606 in the Des Moines area, 8:00 a.m. - 5:00 p.m., Monday - Friday.



Comm. 464 (9/14)

Appendix D

Iowa Health and Wellness Plan Billing Statement



05059

Statement Date: 06/03/2017

Due Date: 06/15/17

Statement:

Member ID:

Dear [REDACTED]

As a member of the Iowa Health and Wellness Plan it is your responsibility to pay a member contribution. This statement tells you how much your contribution is and when it is due.

1

The total amount that you owe is \$10.00. This amount is due 06/15/17.

2

Please return the amount owed with the payment coupon below. Make your check out to *Iowa Health and Wellness Plan*. Please do not send cash or any other documents with your payment.

3

If you are unable to pay your contribution, please check the hardship box below and return the payment coupon OR call the Iowa Medicaid Enterprise (IME) Member Services at 1-800-338-8366. **Important note: Checking the box below to claim financial hardship will apply to this month's amount due only. You will still be responsible for amounts due from past months. Any payment that is more than 90 days past due will be subject to recovery.**

If you have any questions please call Member Services at **1-800-338-8366** Monday through Friday, from 8:00 a.m. to 5:00 p.m.

470-5285 (Rev. 03/16)

TEAR HERE, KEEP ABOVE FOR YOUR RECORDS



RETURN BELOW WITH PAYMENT

☐

Hardship: By checking this box I am claiming financial hardship (see more information about hardship on back side).

Due Date: 06/15/17

Member ID: [REDACTED]

Amount Due: \$10.00

DO NOT SEND CASH

Amount Due: \$10.00

Paid: \$

--	--	--	--	--

MELISA ZEJNILOVIC
117 S FELLOWS AVE
OTTUMWA IA, 52501

Make check or money order out to:
Iowa Medicaid Enterprise
Iowa Health and Wellness Plan Contributions
PO Box 14485
Des Moines, IA 50306-3485

24298218 9 0000773123 06152017 001000 2

Payment History

Premium Month	Original Due Date	Contribution	Date	Description	Amount Due
MAY 2017	5/15/2017	\$5.00	05/12/2017	Hardship	
APRIL 2017	4/15/2017			PAST DUE	\$5.00
MARCH 2017	3/15/2017			PAST DUE	\$5.00
FEBRUARY 2017	2/15/2017	\$5.00	03/02/2017	Payment	
JANUARY 2017	1/15/2017	\$5.00	03/02/2017	Payment	
DECEMBER 2016	12/15/2016	\$5.00	03/02/2017	Payment	
NOVEMBER 2016	11/15/2016	\$5.00	11/30/2016	Payment	
OCTOBER 2016	11/15/2016	\$5.00	11/30/2016	Payment	
Credit Amount: \$0.00			Total Amount Due: \$10.00		

Call 1-800-338-8366 or 515-256-4606 in Des Moines, M-F 8am-5pm. Visit us on the web at www.dhs.iowa.gov

Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono 1-800-338-8366 de 8:00 a.m. a 5:00 p.m., de lunes a viernes.



470-5285 (Rev. 06/16)

TEAR HERE, KEEP ABOVE FOR YOUR RECORDS

RETURN BELOW WITH PAYMENT

Financial Hardship

If you are unable to pay the amount due, you must either call the IME Member Services at 1-800-338-8366 OR check the hardship box on the front side of this coupon and mail it back to the IME. **By checking the hardship box you are stating that you have spent or will spend your monthly income on food, housing, utilities, transportation or other health care, and are unable to pay your Iowa Health and Wellness Plan member contribution for this month. Claiming financial hardship will count for this month only, not amounts due from past months.** This payment coupon must be received at the address shown and must be complete. If the claim for hardship is not received by the due date shown on the front you will still owe the member contribution for this month. Any payment that is more than 90 days past due will be subject to recovery.