



Policy Brief
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Post-enrollment Challenges for Vulnerable Consumers and the Role for the Safety Net

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Abstract

Now that the Affordable Care Act (ACA) open enrollment period is over, two recent Iowa studies suggest that post-enrollment assistance needs for vulnerable consumers will become critically important. These findings suggest that those who gained coverage are starting from a disadvantage with: 1) limited experience with comprehensive insurance coverage; 2) less knowledge about the ACA; 3) less comfort with selecting a plan; 4) likelihood of basing their selection primarily on cost; and, 5) high likelihood of having multiple co-morbid conditions, often physical and mental health dual diagnoses. Thus, many consumers may have made plan selections that were not optimal and/or they will need assistance understanding how to seek care properly for the plan they selected. Safety net providers like Federally Qualified Health Centers and Rural Health Clinics, are essential community providers, often with connections to an Accountable Care Organization or other organized delivery system, and may be able assist these newly insured consumers navigate this foreign environment when no one else is available.

About the Authors

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Overview

Studies have highlighted the knowledge and related challenges of initially enrolling people into ACA Qualified Health Plans (QHP) and Medicaid expansion programs.^{1,2} Less has been done, however, to investigate the post enrollment challenges for these consumers. Two recent studies in Iowa help shed light on the kind of post-enrollment assistance these consumers may need. The first was a survey conducted with 500 Iowans about their knowledge/attitudes about the ACA and potential need for assistance and the second was an evaluation of the IowaCare program, a limited benefit/limited provider program for previously uninsured adults up to 200% of the Federal Poverty Level who don't otherwise qualify for Medicaid.

Overall, those most likely to be eligible for the Health Insurance Marketplace and Medicaid expansion were starting from a disadvantage. They had: 1) limited experience with comprehensive insurance coverage; 2) less knowledge about the ACA; 3) less comfort with selecting a plan; 4) high likelihood of basing their plan selection primarily on cost; and, 5) high likelihood of having multiple co-morbid conditions, often physical and mental health dual diagnoses. Combined, these issues make it difficult for a person to select or be assigned to a plan that fits their needs.

As a result, these consumers as a group will need more post selection assistance understanding covered services, costs, provider availability and billing. Additionally, these vulnerable newly insured consumers will be entering a delivery system increasingly dominated by Accountable Care Organizations, narrow network plans, and changing financial provider incentives, creating increased complexity and challenges for inexperienced health care consumers. Safety net providers, such as

Federally Qualified Health Centers (FQHCs), will be important conduits of information for assisting the newly insured with information on how to negotiate what is, for many, a foreign landscape and providing care for many who know and trust them from times when they were uninsured. In more rural areas, Rural Health Clinics can play this role, not only for low income populations but also for those geographically isolated from care and assistance.

About this Study

To understand the kind of assistance that consumers entering an ACA QHP or a Medicaid expansion plan might need post-enrollment, we utilized results from two recent studies conducted in Iowa: the first directly measured consumer knowledge/attitudes about the ACA and the post enrollment concerns facing them; the second study collected information on the health status and utilization of adults who are uninsured in most states but were covered in Iowa by the IowaCare program, which was a limited benefit/limited provider program for adults up to 200% of the Federal Poverty Level (FPL)-they would represent about one in five of the sicker uninsured adults if IowaCare did not exist.

The 43-item mixed-mode consumer survey (online and paper) was completed by a convenience sample of 500 Iowans in the spring/summer of 2013 with an emphasis on reaching the uninsured. Results were compared between those with employer-sponsored insurance (ESI) and those most likely to be gaining coverage because of the ACA QHPS or Medicaid expansion (they are referred to as the “ACA coverage” group in this brief).³ The IowaCare evaluation utilized information from both consumer surveys (collected in the spring of 2013) and Medicaid claims and enrollment files to determine health status, access to care, utilization, and insurance history.⁴

Research Findings

Starting at a disadvantage

Overall, those most likely to be eligible for selecting a QHP or participate in the Medicaid expansion will be starting from a disadvantaged position.

Less experience with insurance, especially adequate/comprehensive insurance

Over half of IowaCare enrollees (55%) had been without any health insurance for more than two years prior to joining IowaCare, with 22% never having had health insurance. The lack of health insurance prior to joining IowaCare was not related to their perception of the importance of having health insurance with 92% reporting that having health insurance was “very important.”

Among consumers statewide, those more likely to be gaining new ACA-related insurance rated their current coverage (if any) significantly less likely to meet their needs than that of people with ESI (Figure 1).

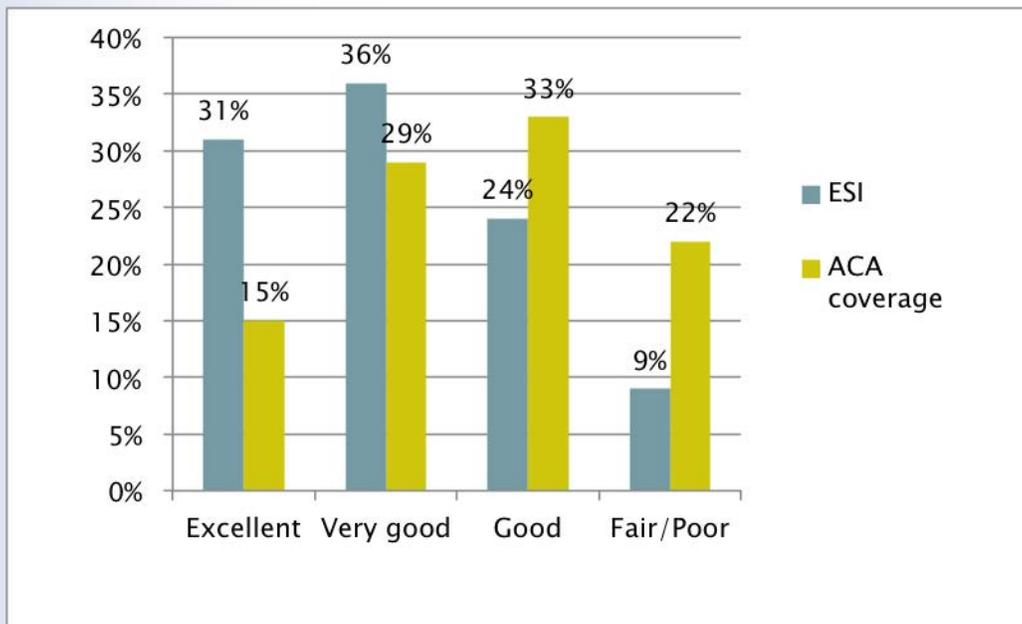


Figure 1. How well current coverage meets needs

Other evidence of less experience with comprehensive insurance included that they were more likely to have had unmet needs and delays in care in the past year due to costs (Figure 2). Also, 67% were worried or very worried about paying for their own health care as compared to only 25% of those with ESI.

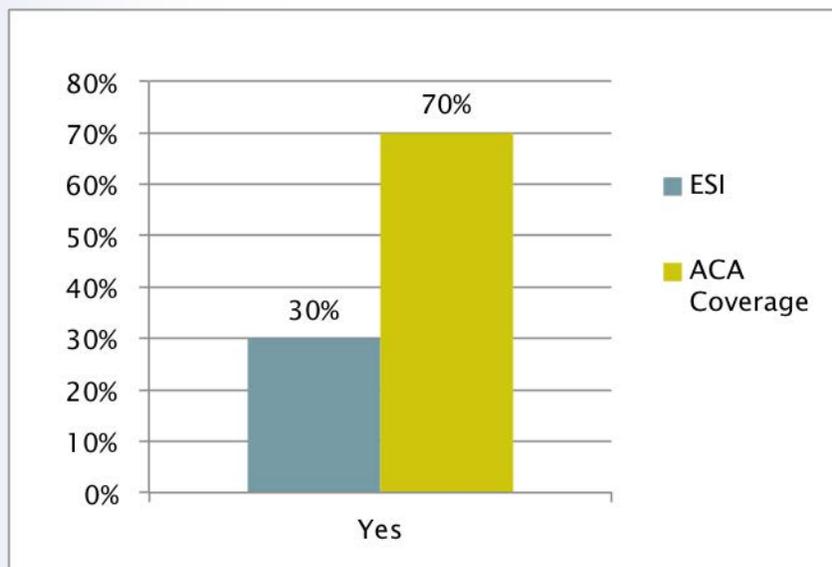


Figure 2. Delays in care due to cost in past year

Less knowledgeable about the ACA and need help selecting a plan

The challenges getting consumers into the “right” insurance plan were further evident in that the ACA Coverage group were much less knowledgeable about the ACA overall, as well as its individual provisions (Figure 3).

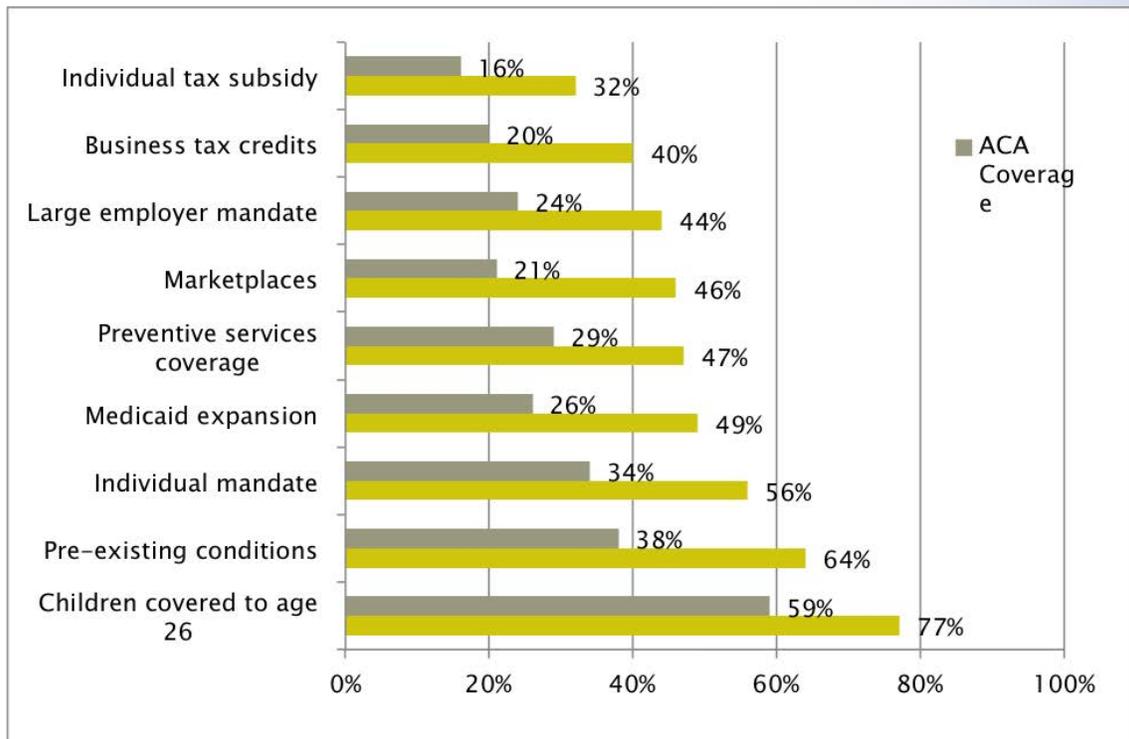


Figure 3. Proportion of Respondents indicating 'Some' or 'A lot' of Knowledge about ACA provisions

They were also significantly more likely to need assistance selecting a health plan, with over 80% reporting they would need “a lot” or “some” help (Figure 4).

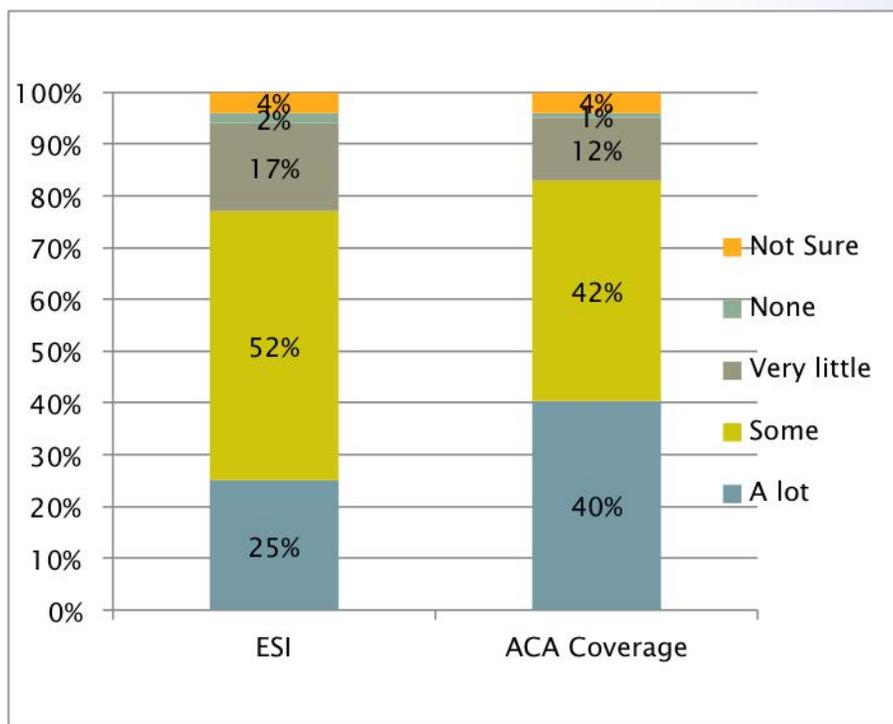
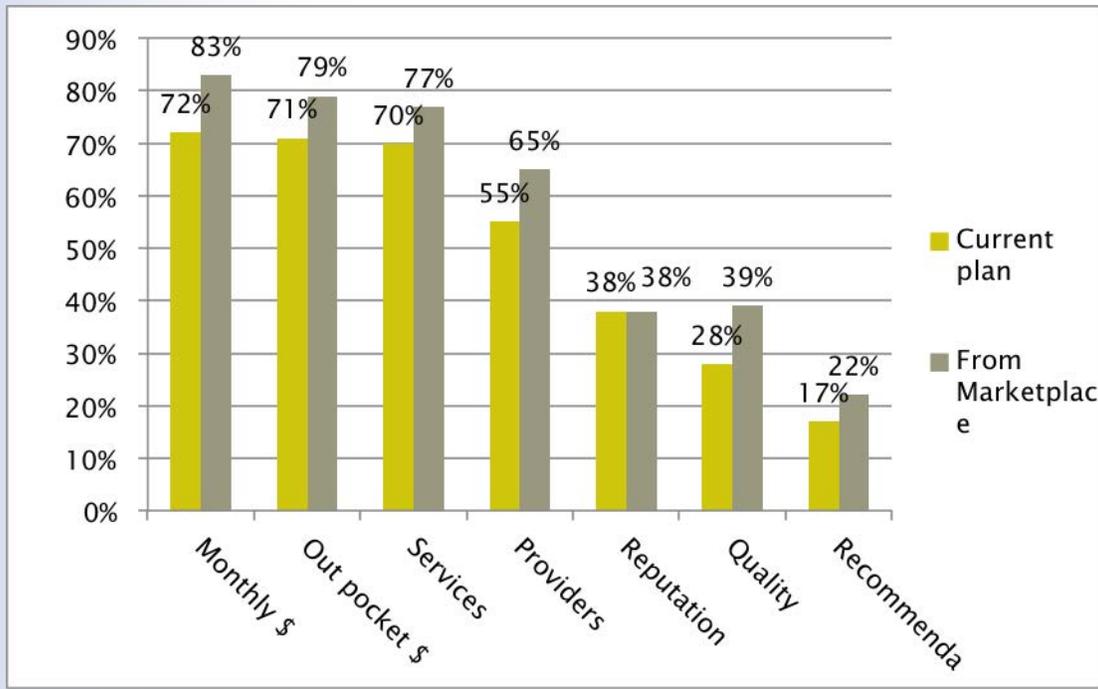


Figure 4. Amount of assistance needed by consumers for choosing a plan

Plan selection driven by cost

For those purchasing subsidized coverage through the Marketplace, cost (premium and out-of-pocket) was the primary issue on which they would be basing their plan choice (Figure 5). Cost was even more important to them when considering a Marketplace plan than it was when they selected their current plan (if they had one). This could lead to the selection of inappropriate plans for their needs if the selection is driven by cost.



**Percentage Responding that factor was "very important" to their decision*

Figure 5. Importance of factor when selecting their current insurance plan and if they were to choose one in the Marketplace

Significant subpopulation with multiple co-morbid chronic health conditions

The health status of the IowaCare population (uninsured single adults in most states) was significantly lower than usually reported for uninsured populations and even significantly lower than the regular adult Medicaid population in Iowa. Among IowaCare enrollees: 1) 89% had at least one chronic health condition, 60% had 3 or more; 2) 40% reported their physical health to be fair or poor as compared to 16% of adult Medicaid enrollees; 3) one-third reported their mental health as fair or poor; 4) over 60% reported their oral health as fair or poor; and 5) there was a high rate of unmet need for mental health care, oral health care, and prescription medications.

The most frequently reported chronic health conditions that had lasted at least three months among IowaCare enrollees were oral health problems and degenerative conditions such as back, neck and joint problems (Table 1). This was similar to the most frequent diagnoses seen for ambulatory visits in this population from the claims data where back and joint problems were in the top five (in addition to diabetes, hypertension and abdominal pain).

Chronic Health conditions	% reporting
Dental, Tooth or Mouth Problems	39%
Back or Neck Problems	37%
Arthritis, Bone or Joint Problems	36%
Hypertension	34%
Overweight/Obesity	31%
Allergies or Sinus Problems	29%
Recurrent Indigestion, Heartburn or Ulcers	27%
Migraine Headaches	16%
Bladder or Bowel Problems	15%
Diabetes	15%
Bronchitis, Emphysema, Lung Problems	14%
Heart Problems	11%
Asthma	11%

Post plan challenges

Because many of the consumers gaining coverage through the ACA are starting at such a disadvantage due to the lack of experience with insurance, their significant health issues and/or their plan choice being driven by cost, there are serious implications for the assistance needed by these consumers post purchase/placement into new ACA-related insurance plans:

Consumer perspective: post-purchase assistance needs

Virtually all Iowa consumers believed they would need assistance after obtaining coverage in an ACA-related health plan. Understanding the types of services covered and the out of pocket costs associated with their plan were most often cited as the issues for which they would need assistance (Figure 7).

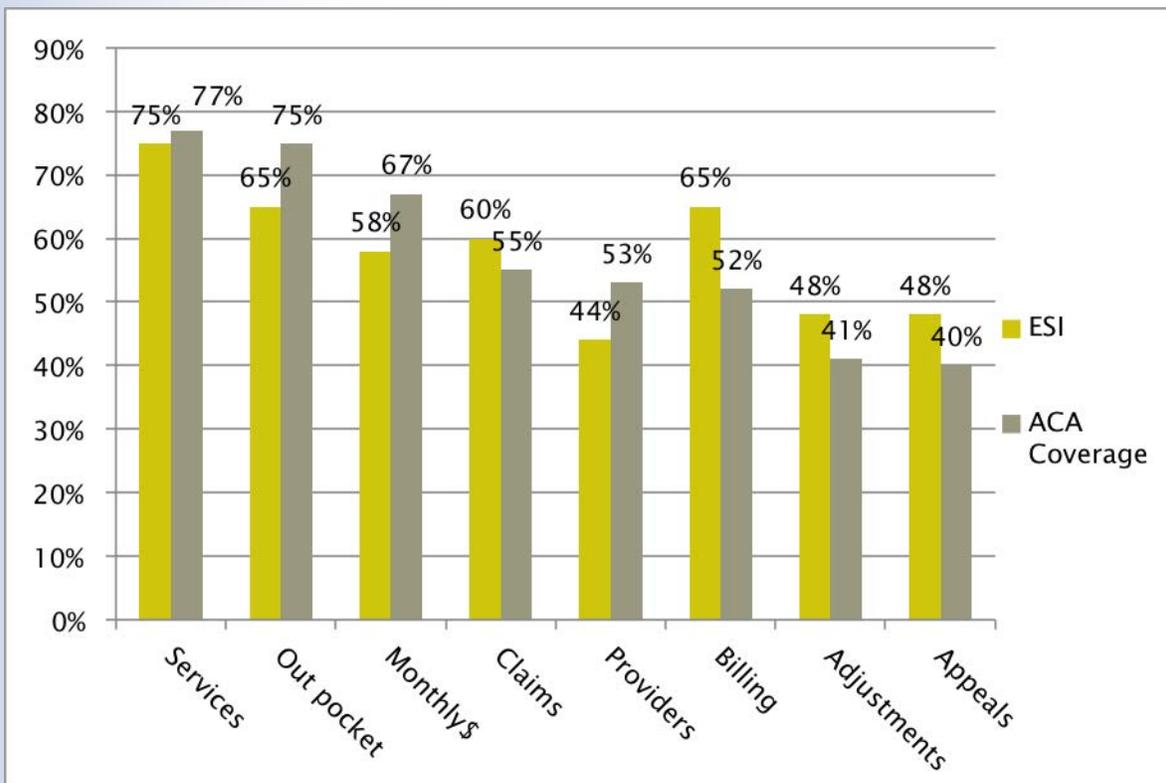


Figure 7. Issues that consumers thought they would need assistance with after obtaining coverage

Health care providers were reported by consumers to be the most trusted source for information once they obtained an ACA-related insurance plan, as compared to those with ESI who were more comfortable getting information from their work HR person and the plan website (Figure 8).

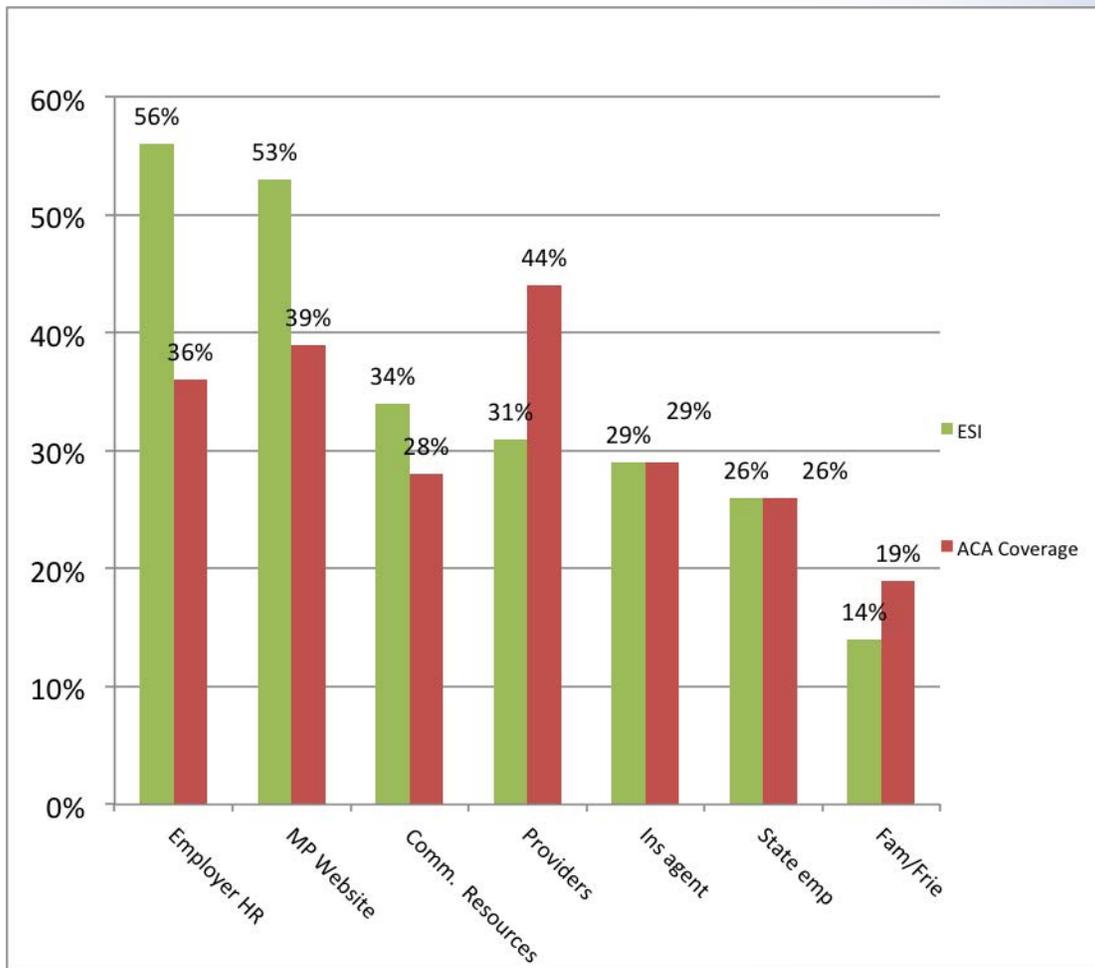


Figure 8. Trusted sources for information after obtaining an ACA-related plan

POLICY IMPLICATIONS

Given all of the consumer needs and challenges identified, providing appropriate post plan selection assistance is critical. Medicaid programs will provide much of the support for consumers in states that have opted for a Medicaid expansion-Iowa's Medicaid expansion program is called the Iowa Health and Wellness Plan.⁵ For consumers selecting private plans through the Marketplace, post selection support will primarily be provided by the insurance companies for traditional issues such as claims disputes and clarification of the provider network.

However for some, the lack of experience with comprehensive health insurance, the emphasis on selecting a low cost plan, often without adequate assistance during the selection process, will lead to inappropriate plan selection. For example, consumers may be enticed by the lure of lower costs, which may lead them to a plan with a narrow network that does not include their regular source of care. This could have serious access and health consequences, particularly for the subpopulation with significant chronic health conditions, where continuity of care could be disrupted as well as specialty referral networks. In addition, in regions where there was a limited number of plans in some Marketplaces, the ability to select a plan with the correct "fit" was particularly challenging.

Even though oral health problems were the most common chronic condition reported by the sickest portion of the uninsured, dental insurance will not always be available. Dental coverage is not an essential health benefit for adults, though stand alone plans may be available at additional cost in the Marketplace. Adults in states with the Medicaid expansion will benefit greatly IF their state provides dental care as a covered benefit (Iowa has implemented the Dental Wellness Plan for its Medicaid expansion population).⁶

These newly insured will also be entering a rapidly changing public and private insurance market and increasingly complex delivery system environment. New expectations for accountability on the part of the patient, even in Medicaid programs such as the Iowa Health and Wellness Plan's requirement for an annual physical exam and health risk assessment (or pay a monthly premium), will add a layer of complexity to the usual approach of paying attention to your health insurance only when you need it. Accountable Care Organizations, even in some Medicaid programs, and other aspects of health system integration will also challenge even the most experienced consumers to understand how and where to seek care in certain markets.

DISCUSSION/CONCLUSION FOR SAFETY NET PROVIDERS

Safety net providers, such as FQHCs and Rural Health Clinics, may already be the regular source of care for some gaining coverage, and, as found in Massachusetts, these providers will have an even greater role in providing care after the insurance expansion.⁷ Many safety net providers also acted as health care navigators for enrollment at the front end, and may be well positioned to assist with the types of delivery system issues one would expect at the back end of plan selection. Whether safety net (or private) providers are ready for providing post-plan selection assistance, however, is an open question at this point-especially regarding priority concerns such as monthly costs, out of pocket costs, and claims issues.

This type of assistance could also become a natural part of the effort to create ACOs, health homes and community care teams, especially those centered around safety net providers. Especially for the high cost, high utilizers, the development of health homes and community care teams that incorporate safety net providers will be critically important for providing the most appropriate patient-centered care once consumers have insurance.

Rural areas, where the numbers of "attributed lives" may not reach the critical mass necessary to have an ACO and the associated support, may be particularly disadvantaged from a resource perspective to assist the newly insured. Rural Health Clinics however are beginning to align with health systems as ACO and health system integration expands which may provide more resources to low population areas.

(Endnotes)

- 1 Americans' Experiences in the Health Insurance Marketplaces: Results from the First Month. The Commonwealth Fund, November 4, 2013. Last accessed on May 6, 2014 at: <http://www.commonwealthfund.org/Publications/Data-Briefs/2013/Nov/Americans-Experiences-Marketplaces.aspx?omnicid=20>
- 2 Kaiser Health Tracking Poll November 2013. Last accessed on May 6, 2014 at: <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-november-2013/>
- 3 More detailed methods and results from the survey with Iowans about the Health Insurance Marketplace can be found at: <http://ppc.uiowa.edu/news/2013/10/15/study-indicates-challenges-ahead-health-insurance-marketplace-enrollment>. Last accessed: May 6, 2014.
- 4 More detailed methods and results for the evaluation of the IowaCare program can be found at: <http://ppc.uiowa.edu/health/study/evaluation-iowacare-program>. Last accessed: May 6, 2014.
- 5 The Iowa Health and Wellness Plan: <http://www.ime.state.ia.us/iowa-health-and-wellness-plan.html>. Last accessed: May 6, 2014.
- 6 The Iowa Dental Wellness Plan: <http://www.dwp.iowa.com/>. Last accessed: May 6, 2014.
- 7 [Ku LI](#), [Jones E](#), [Shin P](#), [Byrne FR](#), [Long SK](#). Safety-net providers after health care reform: lessons from Massachusetts. [Arch Intern Med](#). 2011 Aug 8;171(15):1379-84. doi: 10.1001/archinternmed.2011.317.