

Policy Report

Revised, September 14, 2017



**Healthy Behaviors Dis-enrollment Interviews
Report 2017: In-depth interviews with Iowa Health
and Wellness Plan member who were recently
disenrolled due to failure to pay required premiums**

*Natoshia Askelson
Brad Wright
Patrick Brady
Cristina Ortiz
Suzanne Bentler
Elizabeth Momany
Peter Damiano*

Contents

Summary	3
Healthy Behaviors Program	3
Disenrollment	3
Background	3
Overview of Iowa’s Healthy Behaviors Program (HBP)	4
Methods	5
Results	6
Disenrollment Process	6
Re-Enrollment Process	8
Overall Experiences without Insurance	8
Insurance Outcomes	10
Healthy Behaviors Program	12
Self-Rated Health, Locus of Control, and Self-efficacy	12
Discussion	13
Appendix A	15

Summary

To better understand the knowledge and experiences of Iowa Health and Wellness Plan (IHAWP) members with the Healthy Behavior Program (HBP) requirements, in-depth interviews were conducted in spring 2016 with members who experienced disenrollment because they did not pay the required contribution. Thirty-seven interviews were completed. In April and May of 2017, 35 additional interviews were conducted with disenrolled members. This report focuses on the second round of interviews as a way to gauge how people who experienced disenrollment later in the existence of the program understood and experienced IHAWP. Interviewers asked open-ended questions about the member's disenrollment experiences and actions and their knowledge and experience with the HBP.

Healthy Behaviors Program

- About half of the respondents were familiar with HBP and more than half indicated they would have liked to participate in the program.
 - 17 respondents were familiar with the HBP program when prompted.
 - 24 respondents would have participated in the program had they known about it.
 - 5 respondents detailed specific barriers to participating in the program.

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.

- All 35 respondents were aware that they were disenrolled and almost all of these (33) expressed some confusion about the reason.
 - 18 respondents believed their disenrollment was related to not completing the HBP behaviors or non-payment.
 - 12 respondents believed their disenrollment had to do with exceeding income requirements.
- The process of maintaining insurance and managing the resulting payments or debts was marked by confusion or uncertainty in almost all cases.
 - Several respondents noted that they offered or went through with paying debts when they found out about their disenrollment, but still were unable to prevent disenrollment.
 - In general, respondents were unaware if their debt had been sent to collections or if they still owed a debt at all.
- No respondents indicated positive outcomes from disenrollment.

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.

In April 2016, most Iowa Medicaid members were transitioned to a managed care program called IA Health Link. IA Health Link provides comprehensive healthcare services through three Managed Care Organizations (MCOs).

Overview of Iowa's Healthy Behaviors Program (HBP)

Members were encouraged to participate in the Healthy Behavior Program (HBP) 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. Individuals who complete a wellness exam and HRA have their monthly contributions waived.

We focused 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. Specifically, we sought information about whether members were aware of and understood the disenrollment process, the contributions they were required to make, and the HBP 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 following their disenrollment.

Methods

We conducted in-depth telephone interviews with IHAWP members who were disenrolled from the program in February 2017. The IHAWP disenrollees (n = 184) 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. The letter contained the telephone number we had on file for him/her, or indicated that we did not have a phone number on file. A business reply envelope was included so that disenrollees could return the form at no cost.

Four interviewers were trained on basic information about IHAWP, informed consent, the HBP program, and the interview protocol (Appendix A). Interviewers without 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 10am and 8pm, and on weekends between 12pm and 4pm. A Microsoft Access tracking database was used to track the outcome of 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 following completion of the interview.

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 HBP Program. Specifically, the questions were designed to address specific hypotheses found in the HBP evaluation plan developed by the research team at the University of Iowa Public Policy Center in collaboration with the Iowa Medicaid Enterprise and the Centers for Medicare and Medicaid Services (CMS).

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. Four 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 illustrates the disposition of the original sample. The lack of usable telephone numbers significantly reduced our ability to reach out to more disenrolled individuals.

Table 1

Total sample	184
Total sample received recruitment letter	168
No Phone Number/Wrong or Disconnected Number	105
Maximum Attempts/No Contact made	26
Refused to participate	5
Interview scheduled, but never completed	13
Completed interviews	35

Interviews ranged between 8.59 and 26.34 minutes in length. There were 23 females and 12 males. Three individuals indicated Hispanic or Latino ethnicity. When asked to describe their race, most respondents (n=25) described themselves as Caucasian or White, seven as African-American or Black, two as Hispanic, and one as biracial. One interview was completed with a Cyacom translator to accommodate a Spanish-speaking respondent.

Interview respondents had an average age of 41.7 years and a median age of 49, with ages ranging from 21 to 62. Most (n=18) were employed full-time, eleven had part-time positions, and six were unemployed at the time of the interview. 3 respondents graduated with a 4-year degree, 6 respondents graduated with a 2-year degree, 4 had some college, 16 graduated high school or received a GED, and 6 respondents did not graduate high school. There were no significant differences in sex or race/ethnicity when comparing respondents to non-respondents, however respondents were more likely to be older than non-respondents.

Disenrollment Process

One segment of the interview questions focused on the disenrollment process including respondents' notification and awareness of their disenrollment, how they felt about it, and what the impacts of their disenrollment were.

Awareness & Notification of Disenrollment

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 35 respondents were aware that they were disenrolled. When interview respondents were asked, "Did you know *in advance* that you were going to be disenrolled?" Fifteen respondents stated that they had either not heard in advance or had learned about their disenrollment after they had already been disenrolled from the program. Two respondents found out they were disenrolled from the program when they sought out services or medication. For example, one disenrolled member indicated, "I went to, to go get my m-, medicine w-, filled and I couldn't get 'em filled." [842] Another said that they were notified of their disenrollment when they were denied service. [841]

A majority of the respondents (n=30) learned of their disenrollment from the IHAWP. Overall, most respondents (n=28) said that they remembered receiving notice of their disenrollment via a letter in the mail (from the IHAWP) and thus learned of their disenrollment. One respondent said that the Department of Human Services contacted them, but did not indicate the mode of contact. [732]

Several respondents expressed that they had not received bills or information in the mail, which then resulted in their disenrollment.

"I called and I changed my address. And then, I got a letter saying that I was disenrolled. So. I went down five days in a row to go talk to somebody about it. Finally got in, and she says, oh there's nothin' I can do because you didn't send these letters back." [817]

"I recently moved. And so, I would've gotten the letter, but it went to my old address. [Interviewer:] Oh. So. That's probably why you didn't receive the letter. Do you know why they would've disenrolled you in the first place? [Subject:] Apparently somethin' important was in the letter. And I needed to fill it out and send it back." [841]

Although these responses indicate high levels of awareness by respondents that they had been disenrolled, 33 respondents expressed some confusion about why they were disenrolled.

"Yeah, I don't understand why I got, I mean, they say because I make too much, well how can that be?" [705]

"At first, they first said because I missed a payment. And, I had told them that I didn't know you paid for Medicaid. (laughing)." [849]

"Mmm no, I really don't know why. They said I make too much money, but I don't know how that was possible." [863]

Interviewees were asked to discuss why they thought they had been disenrolled. The majority of interviewees (n=18) believed that they had been disenrolled from the IHAWP because of missed premium payments. However, 12 respondents stated that they had been disenrolled because they were making too much money, 3 subjects said that they had been disenrolled because they had failed to fill out the necessary paperwork on time, and 2 did not know or were unsure why they had been disenrolled.

Experiences of Disenrollment

Several respondents also noted that they offered or went through with paying debts when they found out about their disenrollment, but still were unable to prevent disenrollment. Several noted that they sent in money, but did not get any correspondence back on whether the agency had received it or cashed it.

"I'd already sent them a check. And they said that they were not gonna accept that check, they were gonna mail it back. And, the check has never been cashed, it's never been mailed back." [853].

[Interviewer]: *"So did you receive any information after you sent the money in, or any contact? [Subject]:* Nope. **t:** *Nothing. [Subject]:* No I did not...I don't even know if they got it. I still have the receipt. But they didn't say 'thank you but you are still cut off,' or anything like that." [745]

Many interview respondents (n=11) 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.

"It was like, originally we got the letter, and then the day of the letter, it was like, oh, you're canceled. So, ok! I have no insurance anymore." [803]

[Subject]: *"No, I actually got it a week after. I was disenrolled. [Interviewer]:* So did you try to get services? How did you know when you were (actually) disenrolled then? **[Subject]:** *I got a letter, but like I said, the letter didn't come in the mail, it wasn't even postmarked until after I was disenrolled. The letter." [839]*

"They sent me a letter notifying me of this payment. But the only confusing thing was I thought it was part of the thing that I didn't really want. I know there's this other cell phone thing, I guess, attached with this IA Health Link thing. And it just seemed like it was extra services that I did not want. And I guess I didn't realize that it was actually attached directly to the Ameri-, the, whatever group I was with. And then I was also under the impression that if I did do a health checkup that that was just automatically reported to the state. And it wasn't. So. That's why they started charging me the extra fee." [769]

"...that's why I got on the Aetna right away, because, I didn't wanna be without health insurance, and. I just didn't understand Medicaid. I didn't understand the thing about that, about why were they charging, I mean, I don't know. I never heard of that. I never heard of anybody having to pay for Medicaid. And what, what made 'em... I don't know." [849]

Lack of time and inconvenience were the most common barriers, “I was unenrolled shortly after I had received that information packet” [778] and “I haven’t even had time for that yet” [817].

In general, respondents were unaware if their debt had been sent collections or if they still owed a debt at all.

[Interviewer]: “So you said you owed some premiums or contributions?”

[Subject]: Yes. **Interviewer:** Do you know if that debt went to collections? **Subject:** No, I have no idea.” [881]

The most common disenrollment consequences reported were financial hardship (n=26), challenges (or anticipated challenges) in getting prescription medication (n=10), and delays in receiving services or treatment (n=15). For more detail on these experiences, please see the section below titled Overall Experiences without Insurance.

“With our rent and everything else, you know, lights and gas, stuff like that, I can’t afford (laughing) no other insurance.” [753]

“I just couldn’t get my medicine, I couldn’t afford it.” [863]

“Actually I had to go to the emergency room visit once to, you know, because I didn’t have insurance.” [788]

Re-Enrollment Process

Interview respondents were asked “What has happened since you were disenrolled?” 11 respondents successfully re-enrolled in IHAWP. Of the eleven who successfully re-enrolled, seven respondents offered additional details about their experience. Two respondents expressed that the re-enrollment process was fairly easy. “It’s clear. They make it very clear.” [708].

Five respondents who offered details about their re-enrollment process expressed neutral, mixed or negative feelings. For example, one respondent expressed a lack of security in their re-enrollment. “They got me back on for now, but I don’t know how long that’s gonna last.” [846]. One respondent [863] tried more than once to re-enroll before being successful, while another respondent [732] said the process of re-enrollment took two weeks. One respondent shared that they had to take a day off of work to go to the DHS office to get re-enrolled,

“I ended up having to take another day off of work and go down to, I have a lady, I can’t even remember her name right now, that signs us up for it, and she gets all the information in, and I pretty much just show up to her and she says, ‘ok, how much money do you make? How many hours do you work?’ and, you know, just the simple information that everybody needs for identification. And then, she lets me know whether I got it or not.” [817].

This person’s experience of missing a day of work highlights an important and costly barrier to re-enrollment for this respondent.

Overall Experiences without Insurance

Interviewees were asked both how being disenrolled had impacted their lives and how it had impacted their health. Between the two questions, fifteen respondents indicated that it had a health impact, including delays or challenges in access to treatment, services, or medication. A small number of respondents (n=5) indicated that they perceived no health impacts as a result of their disenrollment, and three respondents did not provide a response to this question at all. Some (n=7) respondents talked about worry and stress as an impact on them because they were not sure what would happen.

Financial Hardship

One recurring theme in these interviews was financial hardship. Though more than half of interviewees (n=18) were employed full-time, more than half (n=26) reported that losing their health insurance had created a financial burden for them or that they experienced financial barriers to accessing treatment or services. Four indicated that they *had* been able to access services or medication through IHAWP or, in one case, that they had not experienced negative health impacts of disenrollment because they had an adequate supply of their necessary medication on hand.

"We only have, maybe, about three or four hundred dollars left after we pay bills, and that has to go for food and stuff. And, with us only havin' about 400 dollars left a month, that doesn't leave me much for food and things..., so you don't know whether you have to eat or get, but you need the pills so you don't know (laughing) which to buy and, I don't really have the extra money. To a lotta people, five bucks a month doesn't sound like a lot, but when you're on a fixed income it's, can matter." [753]

Prescription Medication

A number of individuals (n=10) reported that they either did or anticipated taking fewer doses or stopped taking necessary prescription medications because of their disenrollment. One of these respondents indicated that the reason lack of insurance did not cause a detrimental effect was because they were already in possession of an adequate supply of their medication [769]. 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.

"I was kinda havin' a serious allergy, allergic reaction, I needed medication and I had to suffer for a few days until I could afford my own medicine. I needed some Prednisone right away and I couldn't. I had to wait until Friday or something to get the money in." [788]

One respondent described the difficulty of needing several medications.

"Well, I was unable to take my, I take seven different kinds of medication, prescription medicine. And, five of them...no. Four of them are... mental health. For, for mental health reasons I take medication. (sigh) So, I was unable then to get my medicine because it's expensive." [708]

When asked how being disenrolled has impacted their life, one respondent stated, *"Tremendously. It's been horrible. 'Cuz I have, uh, acid reflex and I need some medication for that."* [713] Another respondent had similar sentiments about difficulty receiving proper medications or treatment due to lack of insurance and high cost of prescription medications:

"I have emphysema. And my Advair, I called just to find out how much my Advair was, it's 500 dollars a month. I only make 1,200 dollars a month. So that's almost half my monthly income would go just for my medicine." [723]

Delayed Services or Treatment

Delay of standard physician visits, screenings, and treatment was a common concern that came up repeatedly in interviews. Fifteen respondents indicated that they had experienced or anticipated challenges or delays in access to services or medication.

"It makes me definitely think twice on maybe not necessarily the doctor, or reaching out like that, but, it made me put off getting my eye examination. It made me put off getting my dental examination because I just can't afford it. And my copays through my other insurance, I just can't afford it. So it makes me hesitate to do those things. Not necessarily with my health care, but. . .with the other things that, to me, are less important than my health care." [733]

"They, and I found out at that appointment, I have to go back in for surgery, but I have to wait a year and half before I fit the stipulations on my health insurance. So. I just, because of my health insurance, I getta take the chance of walking or not walking, because I can't, I mean I can't afford surgery. So. Until that I hit that branch on my health insurance, I can't go get surgery. And. My doctor wants, he wants me in right now. He told me I shoulda been in the day that he, he read the x-ray." [817]

"I hurt my back on, on my job and I couldn't go get medicine for it. So I had to suffer out the pain." [838]

Impacts of Disenrollment on Respondents

Respondents frequently experienced stress and confusion in relation to not having insurance coverage (either temporarily or long-term). As noted above in the section about people's experiences

without insurance, some respondents were unable to get or had to delay seeking medications or other medical services because of their insurance status. While this situation on its own presents a significant health impact, the accompanying stress, confusion, financial impacts, and secondary health impacts (especially of delayed services or prescription medications) associated with such strategies are also important to recognize.

"I mean, I can't, you know, a lotta times it's either try to pay bills or try to get a prescription. Or you're needin' to see a doctor, and you really can't because you know you can't afford it, you know?" [714]

"I can't afford my inhaler anymore And I am... As you can tell by my breathing. (laughing) 'Cuz it's, like, 60 dollars. And I just can't afford that. Health insurance. Not having it (laughing) is a big impact." [745]

"I wanted to get the teeth taken out, but since I'm not covered anymore. Or maybe I am. I don't know. I just haven't, I just kinda put that in the back burner." [793]

"I have really bad insomnia and anxiety and PTSD. The free clinics don't offer, like, I'm on Lunesta for my sleeping disorder. And they don't offer... They're, it's called a controlled substance I suppose. And they don't offer controlled substances. So now I'm not on anything for my sleeping disorder, so now I'm just not getting more than two hours of sleep a night." [839]

Stress and worry were specific themes that respondents frequently mentioned as impacts on their lives or health.

"Well, it's kinda scary, not havin' insurance but I haven't been without it for very long at a time, but. You know, I couldn't get my medicine or anything like that." [732]

"Am I gonna be able to get my medicine? Am I gonna be able to see my doctor? It was just. Had me so, like, worried out on (it)." [846]

Some respondents (n=6) felt that losing insurance coverage did not really affect their lives or health to the extent it did for others, although one of those respondents who felt this way was covered by a different insurance before they were disenrolled. Two respondents who indicated that they did not think it was affecting their physical health at the time of the interview, also provided answers that indicated a potential future impact. One respondent described implementing a temporary medication strategy, *"[it] didn't really affect me that much because, the only thing that I really need is my (Enbrel), and I had enough of the drug to get me by. So it wasn't really a big deal to me."* [769] Another respondent said, *"(it) hasn't impacted my physical health, but going to a therapist now isn't really an option."* (853).

Insurance Outcomes

Successfully Re-Enrolled

When asked about their experiences, 11 participants reported that they had successfully re-enrolled in the IHAWP after their initial disenrollment. Of these 11, 2 reported that re-enrollment was relatively straightforward. One respondent stated that the steps to re-enrollment were explained. *"It's clear. They make it clear."* [708] Another respondent stated that the reenrollment process was not hard. *"Mmm, it wasn't difficult."* [879]

Other respondents (n=3) found it confusing or difficult when attempting re-enrollment.

[Interviewer]: *"So would you consider that re-enrollment process difficult or easy?"*

[Subject]: *Mmm, just so-so. it should've been easy. But I still ended up just getting disenrolled. Then. I done what they told me, but they said I didn't do it. I didn't do everything, and I guess, the way I did the paperwork would only put in one of the kids on there, make my income too high which still, I don't see." [863]*

Of the respondents that were successfully re-enrolled, forms of re-enrollment included telephone, online, and visiting the DHS office.

Successfully Enrolled in Other Insurance

Individuals in this group indicated that they enrolled through work or that they utilized community

resources. A total of 9 respondents identified that they had been re-enrolled in different health insurance coverage. Some were able to obtain insurance through their employers or through governmental assistance, while some respondents were still eligible to re-enroll in their parent's health insurance coverage.

"I've just had to get temporary insurance, as far as health insurance. And then, vision and dental, I've been able to get through my work." [853]

Did Not Get Insurance

Thirteen respondents had not enrolled in an insurance plan since being disenrolled. Of those who were not successfully enrolled, eight either said their attempts at re-enrollment had been denied, with five citing they made too much money. Five respondents who were not successfully enrolled in other insurance shared a variety of reasons including that they were waiting to have the money to pursue enrollment, they got discouraged with waiting, they did not attempt enrollment, and were not sure what their enrollment status was. Five respondents tried to enroll, but were unsuccessful. Several respondents were unsure whether they attempted to enroll, were unsure whether they were currently covered, or expressed general confusion with the process.

[Interviewer]: *"So, do you know if you're currently enrolled or not? [Subject]:* *I do not know...I'm prolly gonna get another letter saying I'm not enrolled. But then I'll get another packet. That's kinda weird."* [793]

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. 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. For example, one respondent indicated that they did not attempt to re-enroll because they anticipated not being able to be re-enrolled.

"I believe I tried to re-enroll, and then they, I (inaudible), It had to be a three month waiting period before. . .I could re-enroll, and then. I don't really recall if I did re-enroll or if I just got, you know, got fed up and just. . .didn't do it." [803]

"They just keeping saying I made way... after I got on social security. So then that pushed me over. And then they said, well you can't make any more than eleven hundred and somethin' and the social security alone is, is eleven hundred, so. Right there...So they told me that I was way over that. You know, it's like, well (sigh). I don't know! It's just like darn if you do and darn if you don't is the way I feel. It's like (laughing) you try, you try to make it, and then it's like they just don't want you to make, I mean I just... Yeah." [849]

Healthy Behaviors Program

Just under half (n=17) respondents reported being aware of the HBP program before they were disenrolled. Of those respondents 10 responded with confidence when answering the question “Does this program sound familiar?” while 7 had less confident answers, using words like “I think” and “maybe.” These responses indicate that respondents did not know enough about the HBP program to successfully take advantage of its benefits even though most respondents agreed that they would have utilized it.

Some expressed confusion or frustration with the program.

“Yeah, when I went to the doctors, I thought they automatically told them that I had did that part, but, you have to contact them. So that was just, that was proolly bad communication on my part.” [793]

“Yes I do. And I did complete those. And. ‘Cuz occasionally I would get a bill. But, after I called both the insurance companies up, AmeriHealth up to tell them hey, I got all this stuff done, I stopped receiving them. But then they still kept charging me.” [757]

“I knew if I did that then, ‘cuz I was doing, basically that but I wasn’t reporting it, because I thought the clinic would report it itself. And that’s also what kinda hurt me. (laughing).” [769]

Twenty-four respondents explicitly expressed that they would have liked to participate in the HBP program had they been aware of it. Several respondents expressed eagerness to participate in the program if that meant avoiding the monthly contribution or keeping their coverage. One respondent indicated willingness to participate in the program if they had had more information, “I didn’t wanna be cancelled [867].” Another expressed similar sentiments, “I would’ve done anything. Any, anything to get any kind of coverage.” [838]

Some respondents indicated that they learned about the program during the re-enrollment process. One respondent expressed a lack of urgency in participating.

“Well, I just was disenrolled and I’d just been, the only thing that I’ve really been getting is the, the paperwork to get back enrolled.” [788]

Self-Rated Health, Locus of Control, and Self-efficacy

Respondents were asked to rate their own health on a scale from 1-10. Some respondents chose two consecutive numbers (as in “I’d say a 6 or 7”) and these answers were entered as halves (i.e. 6.5). Two respondents did not answer the question with a number saying instead that “it’s good” [713] and “Right now I feel, I don’t feel (inaudible). I feel ok.” [744] Of the remaining 33 respondents, only a three chose a number of 5 or below to describe their own health and none of these lower numbers was below 4. The average self-rating of health by respondents was a 7.2.

Another question asked respondents how much control they believed they had over their own health on a scale of 1-10. Of those that did respond with a number, only a few (n=3) chose a number 5 or below and these numbers were all fives. On average, respondents seemed to perceive relatively high levels of ability to control their health as the average of all respondents who chose a number was 8.3.

A separate question asked respondents how confident they were in their ability to take care of their health. While three respondents did not provide a number, only one respondent chose 5 and no respondents chose numbers below five. The average rating for this question was 8.5 out of 10.

Discussion

Compared to findings from interviews with people disenrolled the previous year, the findings presented in this report are fairly similar. Anecdotally there appears to be more awareness about the HBP, but confusion about the program and why members were disenrolled continues.

Do respondents understand the disenrollment process?

Interview responses highlighted a lack of understanding about the disenrollment process. While all respondents were aware of their disenrollment at the time of the interview, the ways that they became aware varied. Many (n = 15) did not learn of their disenrollment until after it had happened and two respondents learned of their disenrollment when seeking services.

Nearly all respondents (n=33) indicated that they did not understand or were confused about exactly *why* they had been disenrolled. While most (n=18) believed their disenrollment had to do with missed premium payments, nearly as many respondents (n=17) thought they'd been disenrolled for making too much money, failure to fill out paperwork on time, or didn't know why they'd been disenrolled.

Do respondents understand the HBP program?

Although some respondents (n=17) indicated that the HBP program or its description sounded familiar to them, most respondents were either not aware enough of HBP or did not know enough about it to take advantage of the program. More than half (n=24) expressed that they would have liked to participate in the program if they had known about it.

Are respondents able to meet their health needs?

Many respondents (n=15) indicated that they had experienced or anticipated the possibility of a negative impact on their health as a result of not having insurance. Negative impacts included physical or emotional health consequences as well as delays or challenges in receiving services, treatment, or medication. Twenty-four respondents either directly or indirectly discussed negative consequences (or possible future consequences) of disenrollment on their lives or their health. Among the life impacts, financial issues and secondary effects of barriers to health care such as stress and confusion figured prominently.

Are respondents able to re-enroll?

Only 11 of the 35 respondents were able to re-enroll, 9 received coverage elsewhere, 7 attempted to re-enroll but were denied, and 3 began the re-enrollment process and were unsure of their current status. Three did not attempt to appeal disenrollment or attempt to re-enroll. Some expressed that there was no point because they believed they would not get accepted again.

Communication

Communication, or a lack of communication, was a key theme throughout the findings. IHAWP members lacked important information about payment of premiums, the HBP 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.

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. A little less than half of respondents had knowledge of the HBP program. This program, which could have prevented disenrollment for this group of people, was not an option because they were unaware of the program. Once the program components were explained to the respondents, the majority (n=24) expressed interest in participating. Only 4 respondents explained that completing the two components of the program may be due to lack of time, scheduling conflicts, or financial burden (i.e.: having to take time off work).

“[Interviewer]: So what would you say is the main driver that kept you away from completing the health risk assessment?”

[Subject]: Oh just financial problems, it's just. Seems like I'm so busy and I just, I forget things.” [788]

The HBP 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. Many respondents expressed confusion about the logistics of the program or how to participate in practice including whose responsibility it was to contact their insurance provider after completing HBP tasks.

“And that, while I was even at that appointment, I let my healthcare provider know that this is for AmeriHealth. And to put that into their notes so that they know, and to contact AmeriHealth. That I completed it. And so I don’t know where the communication went awry, but. It obviously did not get communicated. (laughing)” [757]

Disenrollment Consequences

Disenrollment had consequences for the respondents. In some cases, the hardship created may have been short-lived, 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.

“But they did, Medicaid sent me this, somethin’ about the Health Marketplace would be getting ahold of me. . . So then, that’s what I did. Because I didn’t wanna be without any health insurance. So I went to the Health Marketplace, and then they enrolled me in that. But. It’s, like, almost 90 dollars a month.” [849]

In order to avoid financial costs, some respondents skipped previously scheduled appointments and others chose not to seek care for medical and dental needs. One respondent described their experience of being unable to attend necessary health-related appointments:

“I have to go to checkups, appointments to be checked up and I can’t really go to them because it’s a 50-dollar copay that I can’t afford, and then that’s not even attesting for any lab work or.” [757]

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.

“To be honest with you ma’am, it is a, it’s affecting me because now if I need to go to the doctor. I have to worry about it. I gotta have money upfront. I gotta have money when the bills comes in. And that’s a full and paid bill, and that’s whole, that’s a whole two-week paycheck that I have to give up right there just to pay that bill.” [803]

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. While non-respondents did not significantly differ from respondents with regard to sex or race, the respondents were more likely to be slightly older than non-respondents. Additionally, we did not have a telephone number for all of those who were disenrolled, and several phone numbers on file were disconnected or incorrect (wrong number).

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 or Iowa Health Link. You may also know it as a managed care organization such as Amerigroup, Amerihealth, or United Health— do you believe that this is true?

If none of the listed names are recognized-

What did you call your previous health insurance plan?

Were you disenrolled from that health insurance plan?

Also our records show that you received a letter 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?

If no- how did you find out you were disenrolled?

If yes-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 anyone? Who/what organization?

Did you contact DHS?

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

Did you try to get re-enrolled? How easy or difficult was it to get re-enrolled?

Have you sought other insurance?

Did you get other insurance?

Have you tried to use health care services?

What happened? Denied? Paid for?

Did not having coverage affect you receiving health care, even if you were sick or need health care? How do you get health care now?

What is your plan to get health care if you need it?

How was being disenrolled impacted your life? 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?

[WELLNESS EXAM/CHECK-UP DEFINITION]

A wellness exam is an annual preventive exam where you may review your current health, receive advice about ways to improve your health, have a physician exam to address your preventive care needs, or receive immunizations and screening tests. It is your yearly 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?

What kept you from completing 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. Does this sound familiar to you? (if yes can you tell me more about it, if describing a HRA go to probes)

[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?

What kept you from completing a HRA?

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

On a scale from 1 to 10, with one being the lowest and 10 being the highest, 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.)

On a scale from 1 to 10, with one being the lowest and 10 being the highest, how much control do you feel like you have over your health and how healthy you can be?

On a scale from 1 to 10, with one being the lowest and 10 being the highest, 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!