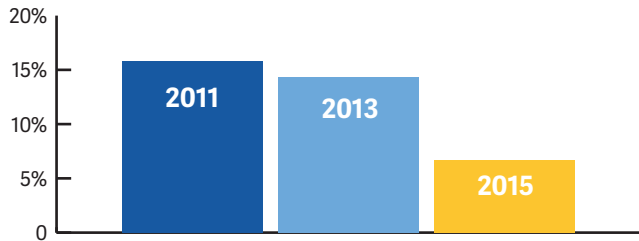


# Increasing Health Coverage & Enrollment Retention

Colorado saw an unprecedented drop in people without coverage in 2015. According to the Colorado Health Access Survey, only 6.7% of Coloradans – about 353,000 people are without health insurance – in 2015.



In 2015, only **one in fifteen** Coloradans don't have health insurance.



## The Study:

In Spring 2015, CCHI conducted focus groups and key informant interviews to understand the consumer experience when purchasing health insurance.

| Number of Participants                  | 28 |
|---|----|
| Focus group participants                | 24 |
| Key informant interviews                | 4  |
| Policy purchased through Marketplace    | 16 |
| Policy purchased outside of Marketplace | 12 |
| Latino participants                     | 8  |
| African American participants           | 6  |
| Rural Colorado participants             | 8  |



## The Shopping Experience

- Participants liked the ability to access and compare plans all in one place. But some felt there were too many choices.
- Many users were unaware of financial assistance: both tax credits & cost-sharing reductions.
- The majority of participants were unaware of formulary and provider look-up tools.

All but one participant used an in-person assister to enroll in coverage.



Several said they regularly rely on assisters, even after they've enrolled.

## Affordability and Choice

Cost and provider choice are the most important considerations when selecting a health insurance plan, especially for rural and Latino populations.

Individuals in Avon & Montrose did not believe health insurance was affordable.



Spanish-speaking Latinos highlighted the need for timely access and after hours availability of providers.



Many said they've delayed care or dropped coverage altogether because of costs.



Many emphasized the convenience of provider location.



*"I am afraid to use my benefits except for preventive care [because of cost.]"*

## A Uniquely Latino Experience

Servicios de La Raza conducted two focus groups with both monolingual Spanish speakers and bilingual participants, to obtain feedback on their efforts to ensure culturally-appropriate enrollment support.

| Number of Participants  | 18 |
|---|----|
| Participants who are enrolled/have been enrolled in health coverage | 10 |
| Participants who chose not to enroll in health coverage             | 8  |
| Monolingual Spanish-speakers  | 7  |
| Bilingual Spanish-speakers  | 11 |

### Enrollment Drivers

- Avoiding the penalty.
- Ensuring their family's, especially their children's well-being.

### Recommendation:

Participants expressed the need to have a reference guide to using coverage to take home.

Participants had the most questions on / needed more information about:

#### Preventive Services



Many participants felt the concept of free preventive visits was difficult to understand.

#### Utility of Coverage



The majority of participants were unversed on how to access their benefits without the potential for large medical bills.

#### Financial Assistance



Monolingual Spanish-speakers, even with assistance in Spanish, continue to struggle with understanding what financial assistance means.

#### Affordability



All participants worry about cost – especially about cost to obtain coverage for family and dependents.

#### Legal Status Requirements



Those participants who chose not to enroll in health coverage found the legal status requirements for enrollment confusing.

## A Uniquely Rural Experience

**Top 3** consumer questions about using coverage based on surveys of 8 rural clinics:

**“How much will this insurance cost?”**

**“What does [insert term] mean?”**

**“What benefits are covered?”**

**Cost is the biggest issue:** Many clinics said their patients do not qualify for Medicaid and cannot afford subsidized private insurance.

Some clinics wanted more information about health insurance terms and wanted a person either on-call or at their office to answer patient questions on coverage.



Another **common struggle** for patients in rural areas is the shortage of providers. Every respondent called for more providers in their area.

## OUR RECOMMENDATIONS

### 1. More education to increase health literacy and health insurance literacy is needed.

Health insurance policies, terms, and concepts remain incredibly complex, and substantial gaps remain in the general public's knowledge about health insurance and how to stay healthy. This can lead to improper utilization of health care services or result in loss of coverage completely.

### 2. Accurate provider directories, with information on language access and after-hours are needed.

Latino populations, in particular, value being able to see a doctor quickly and having after-hour availability.

### 3. Increased messaging about tax penalty and financial assistance to motivate purchase.

- Many consumers are still unaware of the fine, or do not know it is increasing.
- Consumers are unfamiliar with financial assistance including both tax credits and CSRs.

### 4. Consumers need more tools and support in understanding how to use coverage.

In-person assistance is critical in not only obtaining and keeping coverage, but also utilizing coverage such as preventive services available and finding in-network providers.