



CALIFORNIA HEALTHCARE FOUNDATION

In Their Own Words: Consumers' and Enrollment Counselors' Experiences with Covered California

April 14, 2014



Purpose of the Study

- Following the October 1 start of open enrollment, many Californians sought new health insurance options through Covered California.
- The California HealthCare Foundation wanted to understand the experiences of these consumers.
 - How much did they know about Covered California?
 - Why did they enroll?
 - What worked work well with enrollment?
 - What problems did they encounter?
 - What questions remained for consumers after the process?
 - How could the process be improved?

Methodology

- PerryUndem Research/Communication conducted the research February 4-20, 2014.
 - 8 focus groups and 15 interviews with consumers who applied for health coverage through Covered California between October 1, 2013 and January 31, 2014.
 - 44 were found eligible for tax credits for Qualified Health Plans; 27 were identified as likely eligible for Medi-Cal.
 - 4 focus groups with Certified Enrollment Counselors (CEC); and
 - 2 interviews with Certified Insurance Agents.
- In all, 105 individuals participated in the study (71 consumers, 32 CECs, and 2 agents).

Methodology

- Research was conducted in Bakersfield, Irvine, Los Angeles, and Oakland.
- Focus groups and interviews were held in four languages: English, Spanish, Mandarin, and Vietnamese.
- Research:
 - A snapshot of earliest consumer experiences
 - Conducted when not all systems fully operational
 - Did not include those applying directly through health plans or county social services

Key Findings

Most Consumers Wanted Coverage

- Most were uninsured before enrolling, with cost the main barrier to coverage.
- Most wanted health coverage, felt it was important, and were anxious being uninsured.
- A few had been paying close attention to “Obamacare” and were waiting for open enrollment to begin.
- Those who successfully gained coverage felt relieved, secure, and more in control of their health.

Financial Security Was a Top Motivation

- Many applied to gain protection from big medical bills.
- Others enrolled “because it is the law” or to avoid the fine.
- Some thought more affordable health insurance options were now available.
- A few enrolled because a trusted advisor – mother, girlfriend, adult child, or someone from church or health clinic – encouraged them.

Knowledge Gaps Remained After Enrollment

- Large numbers of consumers did not know:
 - How “Obamacare,” Covered California, and Medi-Cal were related to each other;
 - Medi-Cal had been expanded;
 - About the possibility of qualifying for a tax credit;
 - About the possibility of paying back part of the tax credit due to miscalculated or increased income;
 - In-person enrollment assistance was available; and
 - How insurance works, what costs still might be incurred, and how to weigh them.
- Enrolling was not a learning experience – most knowledge gaps remained post-enrollment.

Enrollment Challenges Existed

- Many early applicants experienced website glitches and delays.
- Those with fluid incomes or those receiving payments in cash had difficulty figuring out future earnings and averaging incomes.
- Some were surprised so much documentation was needed. Gathering the documentation was hard for a few, and delayed many, especially Medi-Cal applicants.
- A few applying online would have preferred to apply in-person but were unaware of this option.

Mixed Experiences with the Call Center and Online Chat

- Some called the call center when they encountered problems online. Some experienced long waits on hold; some were unable to speak to a person.
- Once through, many said the customer service representatives were helpful.
- Online chat did not work for any surveyed. Long wait periods were followed by a message that online chat help was not available.

Choosing a Plan Was Difficult

- A number of consumers were unprepared to choose a Qualified Health Plan.
- The physician search tool did not work for some.
- Most found it hard to weigh the various insurance costs – premiums, deductibles, copays, total out of pocket costs.
- Those without prior health insurance experience found the process most difficult.
- Many said plan choice was based primarily on the premium.
- Some thought it would be possible to just “switch” plans later if they made a bad choice.

Medi-Cal Eligibles Reported Confusion, Delays

- A number were surprised to find they were likely eligible for Medi-Cal.
- Some applicants were frustrated not to be able to continue the online application once they were identified as potentially Medi-Cal-eligible.
- Next steps in the application process were confusing – how and when would they be contacted, who could they call with questions, who was making decisions about the application.
- Many reported long waits – some more than four weeks – before being contacted about their application.
- A letter from Covered California added confusion about the status of these applications.

Is Coverage Affordable?

- There were mixed feelings about affordability of the Qualified Health Plans. The lower the premium amount, the more likely consumers were to believe it was a good deal.
- Other factors also influenced perceptions of affordability:
 - Prior experience with insurance/paying a premium;
 - Health status; and
 - Perceived need for coverage.

Latinos Had Specific Concerns

- Detailed questions about family members – even those not applying for coverage – unsettled some Latinos, who worried they could face problems with immigration.
- Some Latinos heard Medi-Cal could take their home if they enrolled in the program. CECs working with Latino populations also mentioned this as a concern.

Mandarin- and Vietnamese-speaking Consumers Faced Language Barriers

- Awareness of Covered California was low.
- Online enrollment in Chinese and Vietnamese was not available, even though some preferred to enroll online.
- English-proficient family members had to assist or consumers had to apply in-person with a CEC or agent who spoke their language.
- Some received mailings from Covered California in English, which they could not understand.

CECs, Agents Did Not Feel Supported

- CECs said training was inadequate and incomplete. Most had to learn how to enroll people through trial and error.
- A call center line for CECs is now available, but many said they are still unable to figure out complex enrollment problems.
- Many have little experience with Medi-Cal and felt limited in their ability to help consumers identified as likely Medi-Cal-eligible through the enrollment process.
- Certified Insurance Agents in the study reported similar concerns.

Ideas for Improvement: Study Participants Share Their Thoughts

1. Open the Door Wider

- Reduce call center wait times.
- Shorten the Medi-Cal processing time.
- Educate Californians about the availability of in-person enrollment help.
- Translate the Covered California online application into other languages in addition to English and Spanish.

2. Improve Applicant Communications

- Inform consumers upfront about what documentation they will likely need to enroll.
- Improve written communications to consumers: lead with good news and most important information; simplify the language; translate into Chinese and Vietnamese.
- Map out the enrollment process for those identified as likely eligible for Medi-Cal (with contact information for questions and timelines).

3. Improve Website Usability

- Improve the online chat function.
- Create a provider search function that is accurate and works efficiently.
- Provide more guidance about how to calculate incomes.

4. Fill Knowledge Gaps

- Address the specific enrollment concerns of Latinos (i.e., immigration worries, perceived fear of losing their home).
- Expand outreach to Chinese and Vietnamese communities and provide more information in their spoken language.
- Create new resources that explain insurance for first time enrollees, particularly the potential costs involved.
- Continue to educate about availability of premium tax credits and expanded Medi-Cal eligibility.

5. Support CECs, Agents

- Offer a “refresher” training course for CECs and agents that addresses real life scenarios and complex cases.
- Create a feedback loop so CECs can share lessons learned.