



CALIFORNIA HEALTHCARE FOUNDATION



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

APRIL 2014

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About the Author

PerryUndem Research/Communication is a non-partisan research firm that focuses on health policy issues. PerryUndem leads studies for non-profit organizations, foundations, universities, and government agencies, and specializes in conducting research with hard-to-reach audiences. Health care reform implementation has been PerryUndem's focus for the past two years, during which they have conducted polling for Enroll America and a number of states on implementation issues.

About the Foundation

The **California HealthCare Foundation** works as a catalyst to fulfill the promise of better health care for all Californians. We support ideas and innovations that improve quality, increase efficiency, and lower the costs of care. For more information, visit www.chcf.org.

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Introduction

Under the Affordable Care Act (ACA), millions of Californians have become eligible for new health insurance coverage options. On October 1st, 2013, Californians began applying for private health insurance and Medi-Cal (Medicaid) through Covered California, the state's new health insurance marketplace.

Many factors will influence the outcome of the ACA in California. Among these, consumer experience at the point of enrollment will have a profound impact on the number of eligible uninsured who ultimately enroll in and maintain health coverage. This report examines the early experiences of consumers enrolling in insurance through Covered California. The study captures consumers' motivations for applying for coverage, their experience of the enrollment process, and whether and how they have begun to use their new coverage. The primary aim of the research is to identify ideas to improve the enrollment process.

It is important to note that this study reflects consumers' experiences at a particular moment in time, early in Covered California's very first enrollment period. During the time the research took place, the electronic interface between Covered California and county social services offices, which make final Medi-Cal eligibility determinations, was not yet in place.

Faced with the enormous and unprecedented task of "standing up" the new system, California has managed to make significant improvements to the enrollment process. Indeed, some of the specific problems consumers reported in this study have now been addressed, but the themes and broader issues presented here remain salient; there is substantial opportunity for continued improvement.

Executive Summary

The California HealthCare Foundation sponsored this study of enrollment experiences through Covered California. PerryUndem Research/Communication conducted focus groups and interviews with 71 diverse consumers who had recently applied for health coverage through Covered California, 32 Certified Enrollment Counselors (CECs) and two Certified Insurance Agents. Of the consumers, 44 were eligible for

premium tax credits to help pay for Qualified Health Plans (QHPs), and were eligible for premium tax credits and 27 were identified as being likely eligible for Medi-Cal. The research was conducted four months into Covered California's first open enrollment period — February 4th to February 20th, 2014. Participants had applied for coverage between October 1, 2013 and January 31, 2014. It included consumers who applied online, in-person, by telephone, or by filing the paper application. Following are highlights from the research.

Consumers' and Counselors' Experiences

Most were thankful to have health insurance. Those who successfully gained coverage felt relieved, secure, and more in control of their health once they had health insurance.

Consumers' motivations to enroll varied. The top motivator for consumers to enroll was financial security. They wanted protection from big medical bills. Also, enrolling "because it is the law" was important for many, as well as avoiding the ACA-mandated fine for remaining uninsured. A few applied because someone they trust — mother, girlfriend, adult child, or someone from their church or health clinic — encouraged them to do so.

Substantial knowledge gaps remained after enrollment. Even after completing the process, many participants were unclear about the relationship between Obamacare, Covered California, and Medi-Cal. A large number did not know they could receive in-person assistance to enroll. Many did not know Medi-Cal had been expanded and that they might now be eligible. Some did not know about the premium tax credits and most were unaware they might have to pay back some of the financial assistance if they inaccurately reported their income or if their income changed. Some were unfamiliar with how insurance works. Most of these knowledge gaps remained after enrollment was complete — the enrollment process did not answer many of these questions for these consumers.

Calculating income was difficult for some. Those with fluctuating income or who receive payments in cash had difficulty figuring out future earnings or averaging their incomes. Some just guessed when applying.

Choosing a plan was hard. Some consumers felt that the process did not fully prepare them to make a coverage choice. The physician search tool did not work well for some and others felt overwhelmed by too many plan choices. Most challenging was weighing the various insurance costs — premiums, deductibles, copays, and total out-of-pocket costs. It was an issue of “doing the math,” as well as being confused about what each cost meant. In the end, many said they chose a plan based primarily on the premium.

Documentation requirements were challenging. The amount of documentation required to enroll surprised consumers — they thought this would be an entirely electronic process. Medi-Cal applicants had the heaviest burden — they often were instructed to supply proof of income, proof of residence, immigration information, and more.

Consumers had mixed experiences with the call center. Those who called Covered California’s call center for enrollment help complained of long waits on hold and not being able to get through to a person. Many waited 45 minutes or longer for help. Most had to call multiple times. Once they got through, many said the customer service representative was helpful.

Views on affordability varied. Not surprisingly, those with lower premium amounts felt their costs were “affordable,” while those with higher amounts were less satisfied. Other factors also influenced perceptions of costs, including prior experience with insurance, health status, and perceived need for coverage.

Medi-Cal applicants faced more problems. These consumers were most confused about and frustrated with the enrollment process. Those applying online through Covered California were surprised they could not complete the application online. Many were unsure of their next steps or how they would be contacted about their eligibility. Most had long waits to hear back from Medi-Cal — some more than four weeks. Most did not know how to track the progress of their application and did not know whom to call.

Latino consumers worried about immigration problems and losing their home to Medi-Cal. The detailed questions about family members — even those not applying for coverage — unsettled some Latino consumers and made them worry they could face problems with

immigration. Also, some Latino consumers had heard Medi-Cal could take their home if they enrolled in the program.

Many Vietnamese- and Mandarin-speaking consumers faced language barriers. These consumers could not enroll online in their primary language. This was frustrating because some preferred to enroll online. They felt they had to rely instead on English-proficient family members or apply in-person with a CEC or agent who could speak their primary language.

CECs did not feel well trained and said they had limited ability to help Medi-Cal applicants. A new dedicated call center line for CECs was helping, but many felt on their own to figure out complex enrollment problems. Many also had limited experience with Medi-Cal and felt they could do little to help clients apply for that program. They said they have had little interaction with Medi-Cal.

Improvement Ideas

Ideas for improving the process emerged from consumers, CECs, and agents in this study, including:

- ▶ **Open the door wider.** Consumers wanted Covered California to reduce call center wait times; to educate Californians that in-person enrollment help is available; and to translate the Covered California online application into other languages. They also wanted the Medi-Cal processing time to be shortened.
- ▶ **Improve communications with consumers.** Consumers wanted Covered California and Medi-Cal to be clearer upfront about the documentation required for enrollment and to clearly explain the Medi-Cal enrollment process.
- ▶ **Enhance the Covered California website.** Consumers wanted Covered California to improve the online chat function, update the provider search function, and offer clearer guidance on how to calculate their incomes.
- ▶ **Conduct more outreach and education.** Latinos wanted Covered California to address their specific enrollment concerns (i.e., immigration worries, fear of losing their home to Medi-Cal). Mandarin-speaking and Vietnamese-speaking consumers also suggested going deeper into their communities with outreach. Many consumers wanted more resources that explain

how insurance works, particularly the various costs involved.

- **Offer more support to CECs and insurance agents.** CECs and agents wanted a refresher training course to address real-life scenarios and complex cases. Some also suggested a feedback loop so CECs could share what they learned. Finally, agents wanted their own dedicated help line as the CECs have.

Methodology

This study started with 11 interviews with experts in November 2013 to help frame the research. These interviews were conducted by telephone and lasted 45 minutes each. Their purpose was to gain insight into issues involved with Covered California enrollment and to receive feedback on the study’s research plan. The experts were then recruited to serve as advisors to the project on an ongoing basis.

The next phase of research consisted of 15 in-depth interviews and eight focus groups with diverse consumers who had recently applied for health coverage through Covered California. In addition, four focus groups were conducted with Certified Enrollment Counselors (CECs) and two in-depth interviews with Certified Insurance Agents. (See Table 1.)

Table 1. Focus Group and In-depth Interview Composition

FOCUS GROUPS	NO.
Consumers Applying for QHPs	5
Consumers Applying for Medi-Cal	3
Certified Enrollment Counselors	4
Total	12
IN-DEPTH INTERVIEWS	
Consumers Applying for QHPs	7
Consumers Applying for Medi-Cal	8
Certified Insurance Agents	2
Total	17

Note: The focus group of Mandarin-speaking consumers was a mix of those who had applied for Medi-Cal and for QHPs.

Expert Interview Participants

- Verne Brizendine, Blue Shield of California
- Linda Leu and Tamika Butler, Young Invincibles
- Nicole Oehmke, Enroll America
- Cary Sanders, Pan-Ethnic Health Network
- Julie Silas, Consumers Union
- Mark Temple and Larry Sirowy, Kaiser Permanente
- Melissa Vargas, The Children’s Partnership
- Sonya Vasquez, Community Health Councils
- Doreena Wong, Asian Americans Advancing Justice
- Anthony Wright, Health Access California
- Bobbie Wunsch and Rafael Gomez, Pacific Health Consulting Group

The interviews and focus groups were held in Oakland, Bakersfield, Irvine, and Los Angeles between February 4th and February 20th, 2014. Participants were recruited by professional focus group facilities in each location. Local Certified Enrollment Entities and community-based organizations involved in outreach about new coverage options also assisted in finding participants for this study.

Each in-depth interview lasted approximately 45 minutes. The focus groups were approximately 90 minutes long and included six to 12 people per group.

The consumer interviews and focus groups were composed of those who had applied through Covered California and either 1) been found eligible for premium tax credits to help pay for coverage in a Qualified Health Plan, or 2) been found likely to be Medi-Cal-eligible through the application process. All research participants initiated the enrollment process through Covered California. The study did not include individuals who applied for Medi-Cal solely through county social services or who enrolled in a QHP directly through a private insurance company. A total of 105 consumers, CECs, and Certified Insurance Agents participated in this project. (See Table 2 on page 6.)

While many of the participants had successfully enrolled in a QHP through Covered California by the time they

Table 2. Participant Composition, by City

	OAKLAND (Feb. 4)	BAKERSFIELD (Feb. 10)	IRVINE (Feb. 11)	LOS ANGELES (Feb. 12, 13, 20)	TOTAL
QHP Applicants	10	0	10	24	44
Medi-Cal Applicants	6	9	2	10	27
Certified Enrollment Counselors	9	10	7	6	32
Certified Insurance Agents	0	0	0	2	2
				Total Number of Participants	105

participated in this study in February, some had not yet received final confirmation of plan enrollment. Similarly, while some consumers had been found eligible for Medi-Cal, and selected a managed care plan, others who were identified as likely eligible for Medi-Cal through Covered California had not yet received a final eligibility determination from county social services at the time of the study.

Throughout this report, for convenience, consumer participants are sometimes referred to as having “applied for Medi-Cal” through Covered California. In fact, many of these consumers did not set out to apply for Medi-Cal. Rather, it was through the Covered California enrollment process that they discovered they were likely to be Medi-Cal-eligible.

Focus groups and interviews included a diverse group of consumers. In addition to the geographic diversity indicated by the four study locations, discussions were conducted in four languages — English, Spanish, Mandarin, and Vietnamese — with consumers of five races/ethnicities. (See Table 3.) CECs who participated in this study work with a number of populations whose primary language is not English, including speakers of Spanish, Mandarin, Cantonese, Korean, Vietnamese, Cambodian, and Arabic.

Participating consumers consisted of adults 64 years of age or younger, including ten consumers under age 30. The study included a mix of men and women.

Consumer participants in this study applied for coverage through a variety of means, including online, with in-person assistance, and over the telephone. (See Table 4.) In some cases, consumers used more than one of these methods during their enrollment process.

Table 3. Participant Profile, by Race/Ethnicity and Primary Language Spoken

RACE/ETHNICITY	NO.
White	27
Latino	24
African American	8
Chinese American	8
Vietnamese American	4
PRIMARY LANGUAGE	NO.
English	42
Spanish	18
Mandarin	8
Vietnamese	3

Table 4. Enrollment Pathways of Consumers

METHOD OF ENROLLMENT*	NO.
Online	44
In-person	14
Telephone	14
Paper application	7

*Some consumers used multiple methods.

Findings

Pre-Enrollment

This section gives insight into the mindset of the Californians in the study before they applied for health coverage through Covered California. What did they know? What were their expectations? Why did they apply? This section also addresses consumers' health insurance status prior to applying and the reasons many were uninsured. Finally, it identifies the knowledge gaps consumers had about Covered California, which many still had even after going through the enrollment process.

The Californians in this study wanted health insurance.

Most consumers in this study felt that health insurance was important but believed it was out of reach for them until Covered California. Some had been looking for a while but just could not find an affordable plan while others had given up the search, feeling discouraged, and had not been looking for insurance recently. Some consumers were used to having insurance — they had never had a break in coverage — and Covered California came along at the right time, allowing them to move smoothly from one plan to another. And a small segment, particularly those with chronic health conditions, said they had been paying attention to the national discussion about the ACA and were waiting to apply for coverage as soon as Covered California opened for business.

PRE-EXISTING CONDITIONS

“My husband has had a broken neck, a broken back, he’s been in the burn ward... We could not get insurance so now we have the possibility of it.”

— Irvine woman who applied for a QHP

Before applying, most were uninsured, for a variety of reasons.

Some consumers in the study had been uninsured for many years; for others, it was recent. Regardless of how long they were uninsured, these consumers offered a variety of reasons why they had no health insurance before applying for coverage through Covered California. Some explained that they had recently lost a job and that the

insurance went with the job; some of these could not afford COBRA coverage, which meant they were immediately uninsured when the job ended. Others explained that while their employers offered insurance, it was too expensive so they did not enroll. A small number of consumers recently started new businesses and reasoned that they could do without insurance at least for a year or two.

Some consumers in the study reported that they were unable to obtain coverage due to pre-existing conditions and that only now, because of the ACA, could they qualify. Finally, healthy and younger consumers in the study acknowledged that they had been putting off insurance because it was a low priority. They did not feel a pressing need for check-ups and other preventive care and figured they could just pay out of pocket for medication or a doctor's visit if they became sick.

While uninsured, many learned to manage their own care, though this was an anxious period in their lives.

Without insurance, consumers said they figured out ways — beyond occasional medical visits — to take care of their health. Many used holistic methods of care, or relied on over-the-counter medications.

People with ongoing medical conditions usually had to make more concessions, either with their care or their pocketbooks. This meant seeing a doctor for a procedure or a prescription and paying for it themselves. A few of these consumers had been paying substantial sums out-of-pocket to obtain the care they needed. During the course of the discussion, a couple of consumers revealed that they had gone into debt, and were being contacted frequently by collections agencies due to an ER visit or expensive medical treatment.

One Los Angeles woman found to be likely eligible for Medi-Cal explained that she had a number of serious ailments and allergies that required monthly prescriptions. She went into anaphylactic shock regularly and needed to use an EpiPen. She was uninsured and paying over \$300 out of pocket each month because she could not risk going without her prescriptions. As high as these amounts were, they were less than the monthly premium amounts she was quoted when she had previously shopped for insurance. When she learned about Covered California, she saw it as her chance to finally find more affordable health insurance.

Consumers said that while uninsured, they would often delay care or adopt a “bare necessities” mindset — putting off more comprehensive care in favor of just getting by. As one Irvine man enrolling in a QHP said, “I just went to the local clinic for my drugs once a year or so.”

Regardless of how they had been coping, many described this period in their lives as anxious and tense. Even the healthy and younger consumers in the study said that in the back of their minds, they never forgot that they were uninsured, causing them worry about accidents and big medical bills.

Many learned about Covered California through the news, ads, or word of mouth.

News stories about Covered California and the ACA (Obamacare) seemed to be the main source of information on this topic for a number of consumers in this study. Many also reported having seen ads on television, in local newspapers, on billboards, and online, or heard them on radio. Consumers also mentioned hearing about Covered California through friends and family, churches, insurance brokers, health centers, health fairs, mailers to their homes, community-based organizations, and other local sources.

Latino consumers also mentioned seeing and hearing ads about Covered California in Spanish. A few Latino consumers commented that there had been a lot of information available in Spanish about Covered California. To a lesser degree, some of the non-English-proficient Vietnamese- and Mandarin-speaking consumers in the study said they had seen Covered California ads in publications geared to their communities, but they generally reported seeing less advertising about the marketplace than was reported by English- and Spanish-proficient consumers.

Most consumers were confused about the relationship between Obamacare, Covered California, and Medi-Cal.

Among consumers there was a conflation between Obamacare, Covered California, and Medi-Cal. Some thought these different health coverage efforts and websites were actually the same entity. A few Certified Enrollment Counselors confirmed that consumers, particularly Latinos, refer to them collectively as Obamacare.

For example, a number of consumers who applied online said they went first to the federally facilitated marketplace, HealthCare.gov, because they were unaware that Covered California was where they were supposed to go. Others who ended up being likely eligible for Medi-Cal were also confused — they thought they were applying for private insurance through Covered California, and had no idea that Medi-Cal was connected to Covered California. Even following the enrollment process, some of these consumers wondered whether Medi-Cal and Covered California were the same thing.

Many said they were unaware that they could receive in-person help to enroll through Covered California.

This was particularly true of the 44 consumers in this study who applied online. Most of these consumers said they had not heard about CECs and had not considered working with an insurance agent before applying online. After hearing of these in-person resources during this study, some consumers said they wished they had known they could receive such enrollment help — they had questions during the enrollment process and would have appreciated the ability to get immediate, in-person answers. Consumers who were not English-proficient — those speaking primarily Spanish, Mandarin, or Vietnamese — seemed particularly to value knowing they could receive in-person help with enrollment.

Word of mouth about CECs and agents was one way participants knew in-person help was available. But those who knew the most about CECs and agents tended to be those who were “connected” consumers — they had a prior relationship with a health clinic, community-based organization, or other organization involved with outreach for Covered California.

There was a lack of knowledge that Medi-Cal had expanded.

Some consumers applying for coverage did not know that Medi-Cal eligibility had changed and that they might now be eligible for the program. These consumers tended to be those who applied online and they said they only learned about their potential eligibility once they were midway through the application. Among these consumers, there was often little awareness about Medi-Cal and how the program works. On the other hand, some consumers who had prior experience with Medi-Cal suspected they might be eligible and purposely set out to enroll in Medi-Cal.

A woman in Bakersfield did not think — before applying — that she would qualify for Medi-Cal. She recounted: “I did not want to apply. [Someone] told me that this was for Obamacare and that if you did not qualify they would give you Medi-Cal. And, so then I said ‘No’... I tried to get Medi-Cal (before) and I was not able to.”

Knowledge Gaps

Many consumers in this study did not know:

- ▶ CECs and agents were available to help them enroll
- ▶ Financial help was available (or that they might need to pay some of it back at the end of the year if their income changed)
- ▶ Medi-Cal had been expanded

Some did not know they could qualify for premium tax credits through Covered California or that they might have to repay part of this financial assistance if their income changed or was inaccurately entered.

Some consumers said they did not know about the ACA tax credits before applying. They hoped the insurance plans available through Covered California would be less costly than those they had seen before on the private market, but they did not know that the tax credit was one mechanism for that lower cost. Only once they started the application process or used the “Shop and Compare” tool on the Covered California website did they learn they qualified for financial help.

Even those consumers who became aware of the tax credit, however, were largely unaware that they might have to pay back part of that credit if they miscalculated their income on the application or if their income increased. This issue emerged in a Los Angeles focus group with individuals who had recently applied for QHP coverage. A participant explained that her accountant had recently told her that she might have to pay back part of the financial assistance in her taxes. When asked about this, most of the other consumers in the focus group said they were unaware of this risk.

Numerous consumers said they applied for coverage through Covered California because they “hoped insurance would now be affordable.”

There was a sense among some consumers in this study that health insurance might now fit in their budget, thanks to the ACA. “I think the commercials, the ads, made it pretty clear that it would be affordable,” said a Los Angeles QHP applicant. But coupled with this hope of affordability was substantial skepticism. Some doubted that they could actually afford the costs of health insurance but still wanted to go to Covered California to check out their options.

Many applied because they wanted protection from big medical bills.

Many consumers reported they wanted financial security when they enrolled in coverage — to avoid big medical bills that can come with accidents and unexpected medical issues. This motivation was particularly important to some of the younger and healthier consumers seeking coverage.

A few were heavily influenced by the experience of family members and friends who had incurred medical debt while uninsured. A Los Angeles woman who applied for a QHP acknowledged that the experience of her sister — who was uninsured when she was diagnosed with cancer — influenced her own decision to enroll in Covered California.

Some enrolled in coverage because it was the law, or they wanted to avoid the fine.

Some consumers said they applied because “everyone has to have health insurance.” They wanted to be in compliance with the law and to be “good citizens,” or believed that being uninsured is illegal under the ACA and could cause legal problems. A number of CECs in this study said that complying with the mandate was particularly motivating for their Latino clients.

The possibility of a fine also played a role. While consumers were not always clear on the amount of the fine, they were aware that they would be required to pay something in their taxes if they did not have health coverage. “There is a penalty. That is why I signed up already,” explained an Irvine man who enrolled in a QHP.

Motivations to Apply for Coverage Through Covered California

- ▶ A hope that insurance would now be affordable
- ▶ Avoiding big medical bills – financial security
- ▶ Complying with the law and/or avoiding the fine
- ▶ Encouragement to enroll from someone in their life

Consumers were motivated when a family member, friend, or someone they trusted urged them to apply.

A few younger consumers commented that their mothers had encouraged them to apply. There were also instances when a grown daughter pushed an older parent into enrolling. For example, an African American woman from Los Angeles said that she had not considered applying for health coverage through Covered California until her adult daughter told her, “Mom, you need to apply for this!” For a Mandarin-speaking participant, it was her sister-in-law. Others explained that it was someone from the health center where they went for health care who told them about Covered California and helped them to apply.

Enrollment

This section describes consumer feedback about the Covered California enrollment process. Of the consumers in this study, 44 applied online, 14 applied in-person, 14 applied by telephone, and seven completed paper applications. A number of these consumers used a combination of methods.

Overall Enrollment Process

Those who applied online during October and November 2013 faced more problems.

Consumers in the study applied during different periods of open enrollment — October, November, December, and January (the research was conducted in February). Based on their comments, those consumers who applied during the first two months experienced a number of technical problems with the Covered California website. They complained of long loading times, webpage freezes, and the application shutting down unexpectedly. “I tried to apply about three times in November and then like one

or two times in December and the website was really bad and it kept timing out,” recounted a Los Angeles consumer. Despite these glitches, the consumers kept trying and eventually made it through. They were frustrated but determined to complete the application.

Those who waited until December and January to apply found the experience easier — especially online — though they still encountered some of the same frustrations.

ONLINE STRUGGLES

“When I started inputting my husband’s information then myself and my kids’ information... I could not go to the next page. They would go blank then I put my husband’s data in and it did it over and over and over. It took 10, 12 minutes for the page to change.”

— Spanish-speaking Los Angeles woman who applied for a QHP

The online application was the primary entry point.

Some of the 44 consumers who applied online said that they did not know there were alternative ways to apply — their impression was that this was an online enrollment process. A few said they would have preferred in-person enrollment so they could have asked questions along the way. Not all used the Shop and Compare online tool beforehand to estimate costs and look at plans — some just started off with the full application.

The majority of these online consumers appreciated that they could apply online. They said they were used to online bill paying, using computers for work, and getting their news online. Of note, they did not voice any security or privacy concerns about online enrollment.

Not everyone could apply online in their preferred language.

While English- and Spanish-speaking consumers appreciated that they could enroll online, some of the Mandarin- and Vietnamese-speaking consumers were frustrated that they could not apply online in their

primary language. Although not all of the Mandarin- and Vietnamese-speaking consumers preferred online enrollment, they want Covered California to create an online application in their primary language. A Mandarin-speaking woman who applied with a CEC (and was found likely Medi-Cal-eligible) said an online application in Chinese would have been easier for her. But she cautioned that the online application would need to be in a clear translation, preferably done by a first-language Chinese speaker.

Other enrollment methods were used when consumers encountered problems online.

At different points in the online process, some consumers decided to use the Covered California call center because they wanted to ask questions or because they grew frustrated with website glitches. A small segment of consumers in the study tried to solve their problems online by using the chat function. Of those who used that function, none were able to get a response or have questions answered even after numerous attempts. Most of the consumers in the study began the process online, but as a result of frustrations with the website, the call center, or the chat function, not all of them finished the process that way.

CHAT HELP FRUSTRATION

“I [tried online chat help] five or six times and every time it would show like a countdown of like 56 minutes, 54 minutes, 53 minutes. It would get to the end of the time and it would say, there is no one available.”

— Los Angeles man
who applied for a QHP

Consumers had mixed results with the call center.

Based on consumer comments, the call center was an important resource. Some consumers, in fact, were able to finish their application when on the phone with a Covered California representative and they appreciated the help. Getting to that point, however, was difficult and time consuming.

Consumers mentioned long waits on the phone (up to an hour and a half). People recounted having to call multiple times before getting through to someone. These experiences were the norm for those who contacted the call center and provoked some of the most negative responses about the enrollment process. However, once they got through to a customer service agent, many said they had a positive experience. Consumers found the person to be patient, friendly, and, for the most part, informative; they were able to have their questions answered.

CALL CENTER DELAYS

“Every day of December I was calling every single day...waiting on speaker while cooking dinner, doing chores. Half an hour, 45 minutes, over an hour”

— Spanish-speaking Los Angeles woman
who applied for a QHP

Experiences using CECs or insurance agents were positive.

Many consumers who worked with CECs and insurance agents were satisfied with that experience. They appreciated the ability to ask questions and to learn that they were completing the application correctly. Non-English-proficient consumers were particularly appreciative of the hands-on help, saying that they were nervous about the application process and that working with a CEC or agent in their own language was reassuring. None reported long waits or delays when using a CEC or agent — at worst, they had to make an appointment and were seen a few days later. All felt their CECs and agents were knowledgeable and helpful. The only negative comment made about CECs and agents was that some consumers — mainly those who enrolled online — did not know about them and would have liked to have this option.

A Los Angeles Latina said she “actually was motivated to [enroll]” because a CEC reached out to her, provided her with information, and said she would help.

Regardless of how consumers enrolled, many found answering income questions to be difficult.

There were parts of the application process that posed more difficulty for consumers than others. One of those was income information. People with fluctuating income — who work on commission, are self-employed, are involved in seasonal work, or are paid in cash — seemed to struggle the most. They found it hard to project future earnings or figure out an average income. Those paid in cash wondered how they would be able to show proof of income (this was a particular concern for Latino consumers). A few admitted that they had guessed at their incomes when applying for a plan through Covered California and others revealed that they had put in different figures in order to see which income amount gave them the best insurance price. Some of these consumers were unaware that they might have to pay back part of their tax credits if they underreported their income.

Documentation requirements were challenging.

A few consumers said they were surprised that they needed to provide proof of income or tax returns — they thought this information could be gathered online. Many during the study complained about the sheer amount of paperwork they needed to provide and some said they had not been prepared to provide so much documentation when they started the application. Some who enrolled in QHPs and thought they had successfully completed the process received a letter from Covered California telling them their enrollment was conditional until they provided additional documentation. This unsettled consumers who thought they had completed the enrollment process.

Those who were found likely eligible for Medi-Cal reported they had to supply much more documentation than those applying for QHPs reported supplying. Often these Medi-Cal applicants said they needed to provide proof of income, tax returns, immigration documentation, proof of residence, and more.

Qualified Health Plans

The following were enrollment challenges specific to consumers who applied for QHPs.

Choosing a plan was hard, and those less experienced with health insurance faced the most problems.

Consumers found the part of the application where they chose a health plan to be daunting. Some admitted that they were not prepared at that moment to make a choice and so just chose a plan “for now,” thinking they could change plans at a later point. A few felt they were given too many health plan choices and were overwhelmed, or found the various costs they were presented with to be confusing. This was particularly true of those who had less experience with health insurance. While most understood the monthly premium, some were confused by cost-sharing components such as deductible, copays, and out-of-pocket limits.

Some consumers wanted to base their plan choice on their current doctors — i.e., choose a plan that would allow them to continue to see their same doctors. But when they tried the doctor search function, it did not work or they could not find their doctor. A few prepared in advance by calling their physicians and asking which plans they accepted, but others did not and chose plans without knowing if they would be able to continue with their same doctor.

Premium cost was the main driver for many.

Even though some were confused by the different cost components, they all understood the monthly premium amount and for many this was the deciding factor in their plan choice. Seeking an affordable monthly premium meant that a few consumers opted for high-deductible Bronze plans because of the low monthly costs. But the majority of those in the study chose Silver plans because they found the monthly premium reasonable and these plans had a lower deductible and more comprehensive coverage than the Bronze offerings.

PREMIUM COST

“Cost was the main thing.”

— Oakland man who applied for a QHP

A few reported that the initial costs they were quoted were lower than the actual costs they saw once they moved further into the application.

In a few instances, consumers were surprised and frustrated when their initial cost estimates from the Shop and Compare tool or calculator on the Covered California website were lower than the actual costs that appeared later in the full application. A handful of consumers felt this was done purposely to encourage them to enroll. Others looked at the initial cost figures as just rough estimates and the later costs as based on the real income and household size information they provided.

Consumers were mixed on whether their new plan was affordable.

Unsurprisingly, the lower the premium, the more likely consumers were to find it affordable. Some consumers found premiums up to about \$200 per month to be a “good deal.” Past experience paying a monthly premium was a big factor in this discussion. Those not used to paying for insurance seemed to struggle more with the cost. This was especially true of those who were healthy and younger. Those who had previously looked at the price of insurance on the private market or had been paying for COBRA were more likely to see QHP costs as reasonable.

PLAN AFFORDABILITY

“I do not know anybody who would make \$2,000 a month, have taxes taken out of the \$2,000 a month, and be able to pay \$182 a month in health care — and pay rent and eat and transportation and whatever else. So how they are saying it is affordable, I do not know.”

— Los Angeles man who applied for a QHP

There was confusion about how to use insurance once enrolled.

For some first-time health insurance consumers, the Covered California enrollment process left them unsure how to use their insurance once they were enrolled. They did not know how to find a doctor, they were not clear about what kind of costs they could incur, or they did not

know what medications were covered or what hospitals were in their network.

Medi-Cal

The following were enrollment issues specific to those consumers who were found likely eligible for Medi-Cal.

Many were surprised to learn they qualified for Medi-Cal, and while pleased about free and low-cost coverage, some worried about lower quality care.

Some consumers went into the enrollment process suspecting they would be eligible for Medi-Cal, and a few had been enrolled in Medi-Cal before and hoped to enroll again. But others in the study had no experience with Medi-Cal and were surprised when they were told they might be eligible. Most were happy about this news, especially due to the \$0 premium. Others, though, had mixed feelings. These consumers believed that Medi-Cal has a stigma. They worried that they would have difficulty accessing quality doctors. Some of these consumers said they would have preferred to pay a premium for a private plan rather than have free Medi-Cal. These responses were in the minority, however, and overall the response to Medi-Cal eligibility was positive.

The enrollment process for Medi-Cal was confusing and slow.

Most of the consumers in this study found enrolling in Medi-Cal through Covered California to be difficult. Those applying online through Covered California explained that after inputting their personal and financial information, they were informed they might qualify for Medi-Cal and were told that they would be contacted by Medi-Cal.

MEDI-CAL CONFUSION

“They sent me the letter saying that I did not qualify for [a QHP], but that I could qualify for Medi-Cal... but to wait and that they would contact me. And then I got another letter telling me the same thing. Just last week I got a letter that I should contact the [CEC] that helped me and that is where I am at — that I have to talk to her.”

— Bakersfield woman found likely eligible for Medi-Cal

Consumers were frustrated and surprised that they could not proceed any further with the online application. They could not choose a plan or get a real-time confirmation of their enrollment, and they were not told how and when they would be contacted about their Medi-Cal eligibility. Such delays and uncertainties were not what they had expected when they started the enrollment process.

Many said they had to wait weeks — and some were still waiting — to hear back from Medi-Cal, and did not know how to follow-up or whom to call.

Waiting to hear back from Medi-Cal was frustrating for many consumers. Some did not know how to track their application or push it forward. Additionally, they did not know when they were supposed to be contacted. They were unclear whom to follow-up with or who was in control of their application, Medi-Cal or Covered California. A few reached out to their CEC to ask about their application but were told to sit tight and wait. Others reached out to a Medi-Cal county office and were also told to wait to receive information in the mail. This frustrated consumers who disliked feeling powerless and passive. They felt bounced around between Covered California and Medi-Cal and found the process baffling.

A letter from Covered California confused matters.

During the waiting period to hear from Medi-Cal, some consumers said they received a letter telling them they “did not qualify for Covered California” and this confused them. A number of CECs confirmed that this letter, sent from Covered California, caused confusion. These CECs explained that they received calls from many of their clients who asked for an explanation after receiving this letter. CECs said that part of the problem was that clients had not read the whole letter — they had not seen that the letter also indicated that they “may qualify for Medi-Cal.” For example, a Bakersfield CEC who works with the Latino community (mainly Medi-Cal-eligible consumers) explained that some of her clients became angry with her when they received this letter, saying “You told me I qualified!” She had to calm them down and tell them to read further down the letter to see that they might qualify for Medi-Cal. CECs said letters such as these should be more clearly written.

Some Latino consumers, in particular, worried about losing their home if they enrolled in Medi-Cal.

Many Latino consumers in this study were confused about asset repossession and Medi-Cal. While estate recovery can be a real issue for some individuals 55 and older, concerns about “losing their homes” seemed more widespread among the participants in this study. A few CECs believe that this anxiety about losing their home could be causing some Latinos to avoid applying for Medi-Cal or even from considering Covered California.

FEAR OF HOME FORFEIT

“(Some Latinos) think that the government is going to come, because they gave you Medi-Cal, they are going to come in and pick up your house.”

— Bakersfield CEC who works primarily with Latinos

Post-Enrollment

This section looks at where consumers stood following the enrollment process: whether they had received confirmation that they had enrolled successfully; whether they still needed to take additional enrollment steps; whether they had their new insurance card; and whether they had started to use their health insurance.

Many of those who successfully enrolled in health coverage through Covered California felt relief, “in control.”

Most enrolled consumers were thankful for their coverage and the peace of mind it brought. They had entered the process wanting insurance and they got it. Some had previously given up hope of finding affordable health insurance, especially those with long-term medical conditions, but now were insured. “I definitely have more peace of mind you know... I do not want to be broke the rest of my life because of some unfortunate accident. And so I feel like now I have a little bit of a safety net,” said a woman from Oakland who enrolled in a QHP.

A few consumers who were uninsured before enrolling noted that they now felt more in control of their health. Even if they did not immediately schedule an appointment with a doctor or use their insurance in some other way, they felt good knowing they were “in the driver’s seat.”

For some, there was still uncertainty about health insurance status.

Some consumers felt in limbo even after the enrollment process. They were still waiting to hear back from Medi-Cal or receive final confirmation that they were enrolled in a QHP. They wondered if they would need to provide additional documentation, were unsure if they had submitted their application correctly, or worried that their application was lost.

Some had started to use their coverage.

At the time of this study, a few consumers had already used their insurance to pay for a prescription medication or schedule a physical. Others had already seen a doctor. “I actually have already used the plan. I went to a dermatologist. I have been procrastinating for years and I just had biopsies done and so I personally think it is great [that I have insurance],” said an Irvine QHP enrollee.

No one had encountered any access problems. A Spanish-speaking Los Angeles woman who enrolled in a QHP had no issues. “I was getting really bad headaches and I went to the doctor. I gave them my insurance card and in 10 minutes I was attended to.”

SENSE OF SECURITY

“It is there if you need it... You may never need to use but you have to have it.”

— Los Angeles woman who enrolled in a QHP

Not all were in a rush to use their insurance.

At the time of their interview or focus group, a few consumers still needed to find a provider. Others had no immediate health care needs and had enrolled in insurance simply to have it in case of an emergency or to comply with the mandate and did not feel compelled to get preventive care. One consumer who had a high-deductible plan reported that she would continue to go to a low-cost health clinic in order to avoid the higher costs she would have to pay if she used her insurance.

Some planned to see a doctor as soon as they received their insurance card, to address ongoing medical needs or to get a long-overdue check-up.

Some of the consumers were anxious to start using their insurance and were just waiting for their insurance card.

Specific health issues had been weighing on them and could now be addressed. Some in the study had not had a check-up in years and were looking forward to preventive care. “I will probably schedule an appointment with my doctor... I usually go get an annual physical and I have not been for a little while,” said an Oakland woman who enrolled in a QHP.

Consumers want more follow-up once they complete the enrollment process and a resource to answer questions about their insurance.

Even after they had insurance or would have it soon, questions lingered in the minds of some consumers about their plans and how to use them. While they knew they could turn to their health insurance company, some still wanted other unbiased resources and thought Covered California should provide these.

Feedback from Counselors

This section provides feedback from 32 CECs about the Covered California enrollment experience. These individuals offered insight into their own experiences as enrollment assisters, including their thoughts about the diverse consumers they serve.

Most CECs did not feel well-trained.

Many CECs were critical of their training process. They felt the trainers were poorly informed, constantly needing to refer to the training manual. Most CECs did not receive training with the actual Covered California website — the first time some used it was when they tried to enroll their first client. Most said they did not discuss real-life scenarios during the training or work through difficult cases to prepare them for what enrollment was really going to be like. “We were given a binder... I felt like it was a read-along... I felt like maybe if they had the actual computer there and we could actually work hands-on... we would have encountered all these problems or questions we have now,” explained a female CEC from Los Angeles.

CECs felt they had to learn on the job once they started enrolling clients. Most acknowledged they initially made a lot of mistakes and had to rely on their own creativity or help from other CECs to find solutions. Some CECs said they still felt on their own without support from Covered California.

The new CEC helpline was making a difference.

The first CEC focus group was held on Feb. 4th and at that time there was no dedicated helpline for CECs to call if they had a question about a client's application. The CECs in that focus group spent a lot of time describing how they had to use the same call center phone line as consumers and had long waits in the same queue while clients waited restlessly next to them. Some acknowledged that rather than wait, they just figured out answers themselves. The CECs strongly urged that Covered California create a helpline just for them to get answers in a more timely way.

Covered California did create a dedicated helpline for CECs soon after that focus group and, according to CECs, it made a difference. Some CECs in the three following focus groups said that they had started to use the helpline and that through it they were able to get the backup and support they had wanted since the start of open enrollment.

CEC MEDI-CAL ASSISTANCE

"If one of our clients qualifies for Medi-Cal, that case gets sent to DHS. What we do is assist them with, when they get contacted by DHS...when they get contacted they get paperwork, they ask them for things. That is when we come in and we help, we help them turn in all their paperwork."

— Bakersfield CEC who works primarily with Latinos

Medi-Cal enrollment presented problems for many CECs.

While some of the CECs in this study had prior Medi-Cal or Healthy Families enrollment experience, others did not and lacked information about Medi-Cal. Even those reporting substantial Medi-Cal knowledge felt limited in what they could do to help a Medi-Cal applicant through the process. They said this is because once a consumer is identified as likely to be eligible for Medi-Cal, the case goes to the applicant's county social services department to be processed for final determination. At that point, CECs felt they had limited ability to help the client. A few said they could not even track the application online once it left their office.

A letter from Covered California designating CECs as the main contact for Medi-Cal clients frustrated some CECs.

CECs said that a standardized letter informing Medi-Cal enrollees they did not qualify for a QHP under Covered California also designated the CEC as the main contact for the client. CECs' frustration with this letter was that they were not forewarned about it. Many said they had clients calling them out of the blue asking about the status of their Medi-Cal application. CECs said they were not comfortable being the main contact for Medi-Cal applicants because they could not access information about consumers' Medi-Cal cases.

Some CECs struggled with the documentation requirements of enrollment.

Obtaining the right documentation was sometimes difficult and confusing for CECs. Some said they were not always sure what was required. Asking for and obtaining income verification and proof of immigration and residency were the biggest roadblocks, according to these CECs. They said many of their clients had difficulty finding this documentation, particularly proof of income.

Certified Insurance Agents

The study also included interviews with two Certified Insurance Agents. They reported having many of the same concerns as CECs, including:

- ▶ Facing challenges with helping Medi-Cal clients, reporting unfamiliarity with the program; they also revealed that many of their peers do not help people apply for Medi-Cal because they do not receive any commission for such help but are financially incentivized to focus on QHP applicants
- ▶ Being frustrated with the documentation requirements and the lack of effective training
- ▶ Wanting a dedicated helpline just for agents, to reduce their wait times at the call center, like the CEC helpline

Key Populations

Of the 71 consumers in this study, 24 were Latino (18 of whom primarily speak Spanish), eight were Chinese American (all of whom primarily speak Mandarin), and four were Vietnamese American (three of whom primarily speak Vietnamese). This section offers insights into the Covered California enrollment experiences of these diverse consumers, many of whom speak a primary language other than English.

Latino Consumers

Many Latinos heard about Covered California from Spanish-language advertising, as well as from news reports and word of mouth.

Television and radio advertising was the main way in which many Latino consumers in this study said they initially heard about Covered California. They saw both English- and Spanish-language advertising about the new marketplace. The news and word of mouth from family members and friends in their community also played a significant role in raising awareness. Despite this, knowledge of Covered California and new coverage options was not deep for most of the Latino consumers in this study. Like other consumers in the study, they lacked knowledge about the various ways to enroll, about financial help, about the Medi-Cal expansion, and about how insurance works.

The Spanish-language version of Covered California's website, though not perfect, was an important resource.

A functional Spanish-language version of the Covered California website was a marked advantage Latinos had when compared with others in this study whose primary language was not English. A few found the terminology and Spanish translation to be confusing, in some cases, but liked the site overall. Latino consumers liked entering the application process through the online portal, and while some of them finished the enrollment process another way, the online application was a useful educational resource. They were grateful to have the online option, to shop and compare beforehand and to see their choices before enrolling.

Many Latino consumers had existing relationships with community centers and medical clinics that put them in touch with CECs.

Many Latinos in the study worked with CECs to enroll, in large part because of their existing relationships with local health clinics. Latinos who applied this way found the CECs extremely helpful. Most seemed to prefer to enroll in person, to ask questions, to hear reassurances, and to feel confident they were applying correctly. None reported difficulties finding a CEC who spoke Spanish and they appreciated being able to work with a Spanish-speaking CEC.

CECs also helped alleviate the anxiety around income verification and immigration status that some Latinos had. Some CECs mentioned that their Latino clients feared their application information would be shared with other government agencies and could lead to immigration problems for their family members. The trust that Latino consumers had with their CECs, in some cases built through long-standing relationships with clinics, made the process less daunting.

A Latina QHP enrollee in Los Angeles found in-person assistance made the process easy. She said she was old-fashioned and “came from a time from before [you could] pay bills on computers.” She preferred to speak with people in person; she believed it made asking questions easier. The woman was able to find an enrollment assister who spoke both English and Spanish. Although she decided to speak in English during the meeting, it made her feel better knowing the assister could speak both languages. She was grateful that in-person help was so accessible and she successfully chose a Bronze plan.

Immigration status, income information, and concerns about losing their home if they enroll in Medi-Cal were barriers for some Latinos.

Latinos whose families have mixed immigration status reported more worries during the enrollment process than others did. They found it difficult to answer immigration questions and supply Social Security numbers for all immediate family members, even those who were not applying for coverage. They worried about who would be seeing this information and if it could get family members in trouble. “I think it might be a trap to get illegal immigrants to apply,” said a Latina from Bakersfield,

recalling her initial worries about completing the Covered California application.

A few Latino consumers also had trouble with providing reliable income information. Some were paid in cash and others had fluctuating income, so projecting their future earnings and supplying acceptable income verification was difficult. And as discussed earlier in this report, there were concerns among Latino consumers about Medi-Cal's ability to reclaim assets such as a house, which made many nervous about applying.

Mandarin-speaking Consumers

Some Mandarin-speaking consumers had been putting off getting insurance.

Most of the eight Mandarin-speaking participants in the study had been uninsured for extended periods of time. Those who immigrated in recent years explained that they purposely stayed out of the health care market, mostly due to high costs. Health insurance is something they did not know much about and figured they could do without for a while. Some also mentioned being "their own doctor" and self-treating illnesses with home remedies and over-the-counter medications during this period without insurance. But they saw Covered California as a good opportunity to finally have health coverage. They particularly wanted preventive care and they had a sense that coverage might now be affordable.

Awareness about Covered California lagged, in part, because of language barriers.

Mandarin-speaking consumers in this study said they learned about Covered California through the news and word of mouth from friends, family, and others in their community. Some had also seen Chinese-language print materials and thought they had heard radio ads in their primary language. But these consumers felt that others in their community had little understanding of Covered California and Obamacare beyond the name recognition.

These consumers believed the knowledge gaps were due to language barriers. They did not think there was enough in-language outreach to their community. "You could have some Chinese pamphlets... At least you could have some basic information on there," suggested a Mandarin-speaking woman in Oakland who was a Medi-Cal applicant. Others recommended placing more

Chinese-focused materials at local supermarkets, neighborhood restaurants, and local activity centers that serve their community.

LANGUAGE BARRIER

"They told me that I can go online, I can make a phone call, but I do not speak the language too well...If I were to go online, if I fill out the application incorrectly I was too afraid to do that...I called my friend to see if she can fill it out for me."

— Mandarin-speaking woman in Oakland who applied for QHP

Some Mandarin-speaking participants were frustrated they could not apply online in their primary language.

Unlike English- and Spanish-speakers, Mandarin-speaking consumers in this study were unable to apply online in their primary language. This was frustrating and made enrolling more difficult. Without an online option, some turned to a friend or family member who was proficient in English to help them enroll. Others worked with CECs in their local community health centers, or had an insurance agent from their community help them with the application.

A Mandarin-speaking woman in Oakland who applied for a QHP explained that she learned about Covered California – and that she would qualify for health insurance — from her sister-in-law. She went to her local clinic to learn more about it, then her husband went to the website to look for insurance. However, it was difficult for them because they are not proficient in English. Her sister-in-law had to walk them through the website, translating along the way. The woman also had an agent come to the house for further assistance. Even after enrollment, though, she felt she did not understand her plan. Without an interpreter, she could not read about her own insurance; she had to rely on her sister-in-law for help. She also said that she had received letters in English from Covered California and her health plan, which she could not understand without translation assistance.

Vietnamese-speaking Consumers

Awareness of Covered California was low, and word of mouth was key.

The Vietnamese-speaking consumers in this study said they heard about Covered California through a combination of word of mouth, the news, and Vietnamese-language radio ads. Still, at the time of this study awareness and understanding of Covered California was low in this community. There was name recognition, these consumers reported, and knowledge that there might be new health coverage available, but beyond this, these consumers felt their community had large awareness gaps.

These consumers tended to be uninsured for long periods before applying for coverage through Covered California and there was a lack of familiarity with health insurance. However, these consumers considered Covered California an opportunity to finally have affordable health care coverage.

Language was a barrier to enrollment.

The inability to apply online in their primary language was a barrier to some Vietnamese-speaking consumers. They wanted the option of online enrollment, or at least the ability to shop and compare their options online in their primary language before applying.

Some used a family member or friend to apply for them in English. Others worked with a CEC who spoke their primary language. However, they faced a continuing language challenge — the consumers were unable to go back into their accounts once they were created because they could not read English proficiently.

A 50-year old Vietnamese-speaking man in Irvine had heard about Covered California from Vietnamese newspapers, and also had spoken with friends and co-workers about it. He would have preferred a Vietnamese-language website, but still tried to enroll online. He encountered many problems — glitches, webpage freezes — but was successful after multiple attempts. The application was finished in November, and he was identified as likely Medi-Cal-eligible. However, as of February he had yet to get his health insurance. He was asked to provide additional documentation, such as his California identification and proof of citizenship, but had not heard back. Three months after applying, he still did not know when he would be enrolled in Medi-Cal.

Improvement Ideas

The following are ideas to improve the Covered California enrollment process that either come directly from the participants in this study or are inspired by the comments they made.

Open the Door Wider

Consumers and CECs suggested changes that would improve access to enrollment by “opening the door wider,” which would address some of the biggest causes of consumer frustration. In this regard, they suggested Covered California:

- ▶ Reduce wait times for the customer service call center, give callers a sense of the wait times so they know what to expect, and extend the hours of the call center so that it is accessible 24/7.
- ▶ Raise awareness about CECs and Certified Insurance Agents; this would entail more public education about CECs and agents and making this information more prominent on the Covered California website.
- ▶ Give non-English-proficient populations access to online enrollment by translating the online application into multiple languages.
- ▶ Shorten the Medi-Cal processing time — most felt four to six weeks processing time was too long, and many would like Medi-Cal enrollment to happen in real time, just like with the QHP enrollees.

Improve Communications with Applicants

Many consumer and CEC criticisms of the Covered California enrollment process focused on communications. These study participants suggested that Covered California improve how it communicates with consumers to reduce confusion and to set expectations. Specifically, they recommended that Covered California:

- ▶ Clearly inform consumers about documentation requirements before they start the application; CECs also wanted clearer guidelines about documentation
- ▶ Send follow-up letters in appropriate languages
- ▶ Simplify language in all communications and put the most vital information first, to avoid confusion

- ▶ For those identified as likely eligible for Medi-Cal, clearly explain the enrollment process, the wait times, the appropriate contact people, and how individuals can track the status of their applications.

Improve Website Usability

Many consumers and CECs wanted enhancements to the Covered California website. They wanted Covered California to:

- ▶ Improve the online chat function; some preferred this to telephone or in-person assistance
- ▶ Improve the provider search function, making sure it is up-to-date, as an important way for consumers to select health plans
- ▶ Give clearer instructions about how to calculate income, which is especially important for those whose income fluctuates

Address Knowledge Gaps and Misperceptions

Many consumers felt that awareness of the details of Covered California was still low. They suggested more effort be made to educate consumers, particularly those who face language or cultural barriers to enrollment. In particular, they suggested that Covered California:

- ▶ Address immigration status concerns and asset repossession worries (as expressed particularly by Latinos in this study)
- ▶ Conduct more in-language outreach to Mandarin- and Vietnamese-speaking communities
- ▶ Create resources for consumers that explain the different costs consumers incur with health coverage

Support CECs and Agents

The CECs and Certified Insurance Agents wanted more training and support to do their jobs better. Specifically, they recommended that Covered California:

- ▶ Provide refresher training for CECs and agents that would address real-life scenarios and offer problem-solving exercises
- ▶ Create a feedback loop for CECs to share experiences and lessons from the field
- ▶ Create an agent-specific hotline, like that created for CECs

Making Progress

Since this research was conducted, Covered California has reported a number of improvement efforts underway:

- ▶ Hiring 350 additional Covered California service center employees
- ▶ Increasing bilingual Spanish speaking staff
- ▶ Increasing online chat resources, including adding Spanish chat
- ▶ Expanding telephone line capacity for the service center
- ▶ Posting the Qualified Health Plan application in Spanish, Chinese, Vietnamese, and Korean on the Covered California website
- ▶ Adding consumer information on Covered California website including searchable Frequently Asked Question page
- ▶ Requiring agents and CECs to complete annual re-certification training
- ▶ Creating a dedicated help line for Certified Insurance Agents