

***Patients and Providers Speak: Early Care
Experiences Under the ACA
Follow Up Study***

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Introduction

Established under the Patient Protection and Affordable Care Act (2010), Covered California is the largest state-based marketplace in the country. During the 2014 and 2015 open enrollment periods, more than two million Californians selected a non-Medi-Cal plan through Covered California. Such robust enrollment is testimony to demand among California consumers for affordable coverage and access to quality care. Initial research with consumers and providers about enrollees' early experiences using health plans purchased through Covered California identified areas of satisfaction and early challenges associated with coverage provided through California's exchange.¹

To explore the extent to which early challenges and successes have persisted, and whether new challenges and successes have emerged now that Covered California enrollees have had more time to use their new plans, The American Institutes for Research (AIR) conducted follow-up interviews with selected providers from the original study: *Patients and Providers Speak: Early Care Experiences Under the ACA*. The findings shared below will contribute to a growing set of observations describing ACA implementation in California.

Methodology

Follow-up interviews took place in January 2015. We applied inclusion and exclusion criteria to select potential participants. We included 59 providers who participated in our first study. Providers held administrative and clinical roles at their workplaces. We excluded 12 who (1) requested not to be contacted for the follow up study or (2) indicated that they were tangentially involved in primary care delivery to Covered California enrollees in the first study (e.g., hospital emergency department personnel, insurance brokers). All remaining 47 providers were invited to participate in the follow up study; 28 agreed to participate and were interviewed.

To assess potential sample bias, we compared the organizational characteristics of the settings in which the providers who participated in the follow-up study worked to those of providers who participated in the first study. A greater proportion of follow-up providers (64%) worked in solo or group primary care settings than providers in the first study (52%). This was expected, given that we excluded hospital-based providers from selection. In addition, a greater proportion of follow-up providers (78%) worked in organizations with fewer than 10 providers than providers in the first study (70%). Given that differences in setting and size are relatively small and may be an artifact of the small sample size, we believe that the follow-up sample is representative of the providers interviewed in the first study.

All interviews were conducted by phone and lasted between 30 and 60 minutes. Recordings of the interviews were transcribed verbatim and systematically analyzed to identify key themes.

¹ Farrar, B., Wang, G., Koester, L., Henry, M., Desai, A., Castillo, G., Lumby, E., Hemmerich, I., Carman, K., & Gilmore, D. (2014). Patients and providers speak: Early Care Experiences under the ACA. Available at: <http://www.chcf.org/publications/2014/06/patients-providers-early-care-aca>

Table 1. Characteristics of providers and settings included in the study

	Redding	Fresno	Los Angeles	SF Bay Area	ALL
Role					
Clinical	31%	23%	23%	23%	46%
Administrative	27%	27%	27%	20%	54%
Practice setting					
Solo/group primary care practice	39%	33%	17%	11%	64%
Community health center	10%	10%	40%	40%	36%
Setting size					
Small (<10 providers)	36%	27%	23%	14%	79%
Large (>10 providers)	0%	17%	33%	50%	21%
Totals	29%	25%	25%	21%	100%

Findings

Enrollees are still thankful to have health insurance

One of the most clear and pervasive positive observations that emerged in the first study was that enrollees were thankful to finally have health insurance. Discussions with providers in this study echoed enrollees' earlier sentiments. Providers observed that enrollees were grateful, happy, and relieved to finally have health insurance.

Enrollees still have trouble understanding their health insurance, but it seems to be improving

Consistent with the first study, providers reported that enrollees had difficulty understanding the cost sharing responsibilities, covered services, and network rules associated with their health plans. This lack of understanding was not seen as new under the ACA or unique to the Covered California population, but rather a general consequence of the complexity of health insurance. In fact several providers admitted that they too had trouble navigating health insurance policies because they were so complex.

Many providers reported that enrollees' understanding of health insurance seemed to be improving slightly over time. Some providers thought that the education provided through Covered California's outreach efforts were paying off. A few providers even believed that the availability of this education for consumers purchasing plans through Covered California put them at a slight advantage over enrollees of plans purchased elsewhere. Others thought that enrollees were understanding more about their health insurance over time through trial and error and asking their providers questions.

Providers are experiencing substantial increases in demand for care

In the first study, some providers reported slight upticks in demand for care. Many were reluctant to attribute these increases to the activation of Covered California plans because of normal fluctuations in patient volume. In this study, providers were more confident that there have been substantial increases in demand for care directly related to increases in Covered California

enrollees seeking care. Estimates of the magnitude of the increase ranged from 15 to 40%, and were attributed to new patients seeking preventive care for the first time as well as those previously diagnosed with a chronic condition now pursuing tests, procedures, and specialty care that was cost prohibitive prior to having health insurance.

Providers are accommodating increased demands for care in a variety of ways

Most providers reported that they were able to accommodate the increased demand for care. Diverse strategies were used, including hiring more clinical staff and scheduling less complex patients and those requiring only preventive care with nurse practitioners and physician assistants to free up physicians' time to see patients seeking more complex care. In addition, organizations increased the number of time slots available for appointments by opening earlier, staying open later, and offering Saturday appointments.

Clinical organizations are getting more involved in assisting enrollees with health plan selection and enrollment

In the first study, only a few providers reported assisting enrollees with health insurance selection and enrollment. However, insurance enrollment assistance was more common in the follow up study. Some clinical organizations reported that they hired enrollment counselors or referred enrollees to affiliated organizations that provide enrollment counseling; in other cases, informal assistance and advice was available from receptionists and billing specialists.

Health plan contracting is still confusing

In the first study, a few providers noted that they were unclear about which health plans they were contracted with. In the follow-up study, providers continued to report that they were unclear about which health plans they were contracted with. A few told stories about how this lack of clarity led enrollees to delay care. Enrollees either waited to get care until they could find an in-network provider or until the contracting issue between their preferred provider and the plan was resolved.

Providers continue to struggle to get enrollees timely access to specialty care

Accessing specialty care was a common challenge in the original study. The challenges with accessing specialist care have persisted with little improvement, especially in more rural locations. According to providers, there were four main challenges to accessing specialty care. First, few specialists are accepting Covered California plans. Second, specialists who accept Covered California plans have long waits for appointments. Third, some enrollees have to drive long distances to see a specialist. Fourth, providers often have not worked with the specialists who accept insurance through Covered California and cannot confirm the quality of their work. Providers across all four regions identified access to specialists as a challenge; however, the issues with specialists varied across regions. For example, providers in the San Francisco Bay Area reported that they could find local specialists but not ones they had worked with previously. In contrast, difficulty finding local specialists seemed to be more prevalent in Redding and Fresno.

A few providers believed that finding in-network specialists in close proximity to enrollees was getting easier, primarily because they now have a better understanding of which specialists accept Covered California plans. Providers reported that they were able to identify and track

which specialists in their area accept Covered California plans based on information gathered through trial and error. Other providers reported no improvements to specialist access and expressed pessimism about future improvements because they believe that reimbursement will remain too low to incentivize specialists to contract with Covered California plans.

More providers are dissatisfied with reimbursement rates

In the first study, we reported that safety net providers were happy with the reimbursement rates for Covered California plans because providers were reimbursed for services rather than receiving heavily reduced payments from cash-paying patients. Other types of clinical organizations, however, were pessimistic regarding low reimbursement rates. In this study, most providers who commented on reimbursement rates, including several who worked in safety net organizations, described rates as low. In fact, a few providers said that they only accept Covered California plans from existing patients and would not take new patients with Covered California plans because of the low reimbursement rates.

Conclusion

One year after health plans became available through Covered California, enrollees' initial relief at being able to purchase health insurance coverage has persisted. Enrollees are seeking care that was previously deferred due to cost concerns. To address enrollees' care needs, clinical organizations have increased staff, used staff in new ways and extended operating hours. These are outcomes that the Affordable Care Act was intended to achieve: greater access to coverage and care for people with modest incomes.

Although providers credit Covered California education efforts with improving consumer understanding, providers note that Covered California enrollees – like most people – still have trouble understanding their coverage and how to use it. To address enrollees' information needs, clinical organizations have increased their involvement in educating enrollees about health insurance. Identifying and developing new referral networks that meet enrollees' needs continues to be challenging, as does clarifying contractual relationships with health plans.

Together, these observations suggest that ACA implementation in California has produced intended benefits. Unsurprisingly, however, it remains a work in progress. Many of the challenges are not unique to Covered California. Market shifts such as health plan or health system mergers, acquisitions, and dissolutions can create access challenges and network disruptions akin to those experienced by some Covered California consumers. Many consumers, whether covered through Covered California, individual market or employer-based insurance, struggle to understand and use health insurance plans with complex cost-sharing and network design features.

Covered California occupies a unique position as California's only source of federally subsidized private market coverage under the ACA. In its first year, Covered California played a critical role in expanded coverage and affording greater access to health care services. It should continue efforts to provide accurate, timely information for consumers and providers about network composition and provider participation.