

GETTING GEORGIA COVERED

**WHAT WE CAN LEARN FROM CONSUMER
AND ASSISTER EXPERIENCES DURING THE
THIRD OPEN ENROLLMENT PERIOD**

OE3

**FROM THE THIRD OPEN ENROLLMENT PERIOD
2016**

A PUBLICATION BY



**GEORGIANS FOR A
HEALTHY FUTURE**

THE VOICE FOR GEORGIA HEALTH CARE CONSUMERS

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DURING THE THIRD OPEN ENROLLMENT PERIOD

AUGUST 2016

INTRODUCTION / 3

METHODOLOGY / 4

KEY THEMES IN CONSUMER AND ASSISTER EXPERIENCES DURING OE3 / 10

BEST PRACTICES FOR OUTREACH, ENROLLMENT, AND REACHING THE REMAINING UNINSURED / 16

POLICY AND ADVOCACY OPPORTUNITIES / 18

CONCLUSION / 20

ACKNOWLEDGEMENTS & NOTES / 21

APPENDIX A / 22

Acknowledgements

This report was written by Whitney Griggs, Laura Colbert and Cindy Zeldin. Interviews with enrollment assistance organizations were conducted by Pranay Rana. The authors would like to thank the enrollment assistance organizations who agreed to be interviewed for this report. Any recommendations included within this report are attributable only to Georgians for a Healthy Future.

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INTRODUCTION

With three annual open enrollment periods completed and a fourth one just around the corner this fall, the Health Insurance Marketplace has become established as the avenue for purchasing coverage for roughly half a million Georgians who don't have access to health insurance at work. Understanding the characteristics of the people who have enrolled in Marketplace plans (and those of people who remain uninsured) and the experiences of consumers and the enrollment assisters who helped them can inform the work of advocates, stakeholders, and policymakers to reach shared goals of reducing the uninsured, improving access to care, and addressing affordability for consumers.

THE GOALS OF THIS POLICY BRIEF ARE TO:

- » Identify key themes in consumer and assister experiences during the 2016 open enrollment period
- » Describe best practices for outreach, enrollment, and reaching eligible Georgians who remain uninsured
- » Identify policy opportunities to increase enrollment, improve access to care, and address affordability issues

METHODOLOGY

In addition to a review and compilation of existing data sources, we interviewed senior staff members from several enrollment assistance organizations in Georgia to identify major themes in consumer experiences. We selected interviewees from statewide organizations, local non-profits, and affinity groups to capture a range of perspectives. Both navigator and certified application counselor organizations were interviewed. Some of the organizations interviewed serve a cross-section of their community while others maintain a special focus on target populations such as people with limited English proficiency, rural communities, or LGBTQ individuals. See Appendix A for a chart displaying the organizations interviewed for this report.

KEY THEMES IN CONSUMER AND ASSISTER EXPERIENCES DURING OE3

ROBUST ENROLLMENT, PARTICULARLY IN METRO ATLANTA

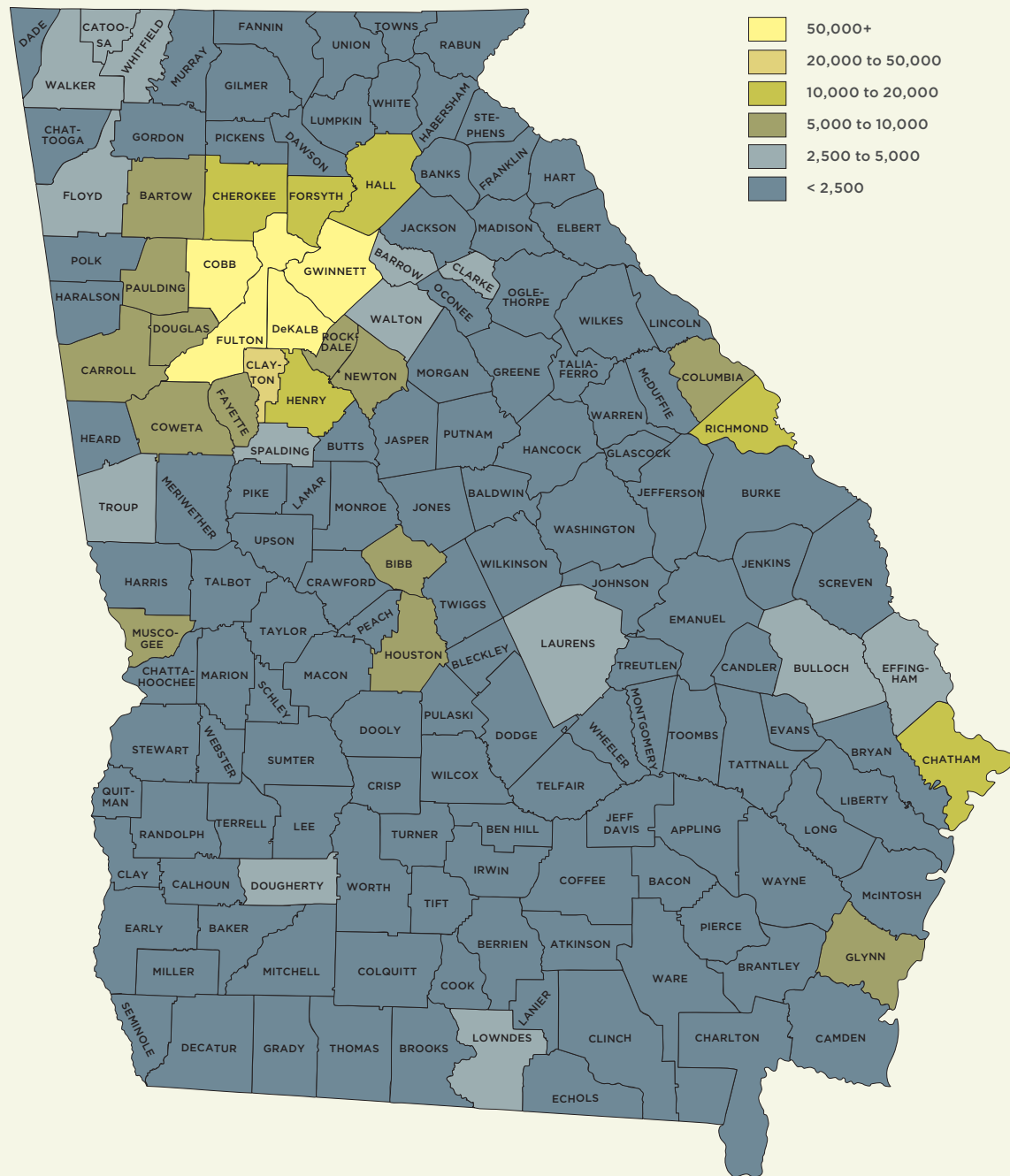
During the third open enrollment period (known as OE3), which ran from November 1, 2015 through January 31, 2016, 587,845 Georgians enrolled in coverage through the Health Insurance Marketplace (known as the “Marketplace”).^{1,2} Now in its third year, this additional health insurance option for individuals and families without access to employment-based coverage has helped to drive our state’s uninsured rate down by more than five percentage points³ (from 21.4 percent in 2013 to 15.9 percent in 2015). While Georgians from every county enrolled in health insurance through the Marketplace, forty-six percent of all enrollees hailed from just four populous counties in metropolitan Atlanta, with the highest overall enrollment in Gwinnett County. Table 1 displays the top ten counties in Georgia by enrollment. These counties accounted for more than 57 percent of all enrollees in Georgia, but just 47 percent of the state’s overall population.⁴

TABLE 1.
TOP TEN GEORGIA COUNTIES BY ENROLLMENT

County	Enrollment
1. Gwinnett	81,633
2. Fulton	63,392
3. DeKalb	52,318
4. Cobb	51,460
5. Clayton	21,486
6. Chatham	18,939
7. Cherokee	14,145
8. Henry	13,086
9. Forsyth	11,723
10. Hall	10,352

Source: Plan Selections by Zip Code and County in the Health Insurance Marketplace: March 2016, Office of the Assistant Secretary for Planning and Evaluation (ASPE), United States Department of Health and Human Services

Enrollment by County



STRONG PLAN PARTICIPATION, BUT LESS COMPETITION IN RURAL COUNTIES

During the third open enrollment period, nine health insurance carriers⁵ offered plans on the Health Insurance Marketplace in Georgia. As the market has matured over the past three years, there has been some movement of carriers in and out while the overall number of carriers participating has grown from five in 2014 to nine in 2016. According to preliminary rate filings, eight health insurance carriers will participate in the Marketplace in 2017 (United Healthcare announced earlier this year that it will exit the Marketplace in Georgia).⁶

Competition generally benefits health care consumers by limiting price increases and enhancing choice. The strong overall carrier participation in Georgia, however, masks regional variations. Consumers in several large Atlanta-area counties including Cherokee, DeKalb, Forsyth, Fulton, and Gwinnett counties could choose from plan offerings issued by eight health insurance carriers, while in thirty counties, mostly in south Georgia, only two health insurance carriers participated. On average, there were 3.6 carriers in each county in 2016, down from an average of 4.4 in 2015.⁷

Number of Participating Carriers By County

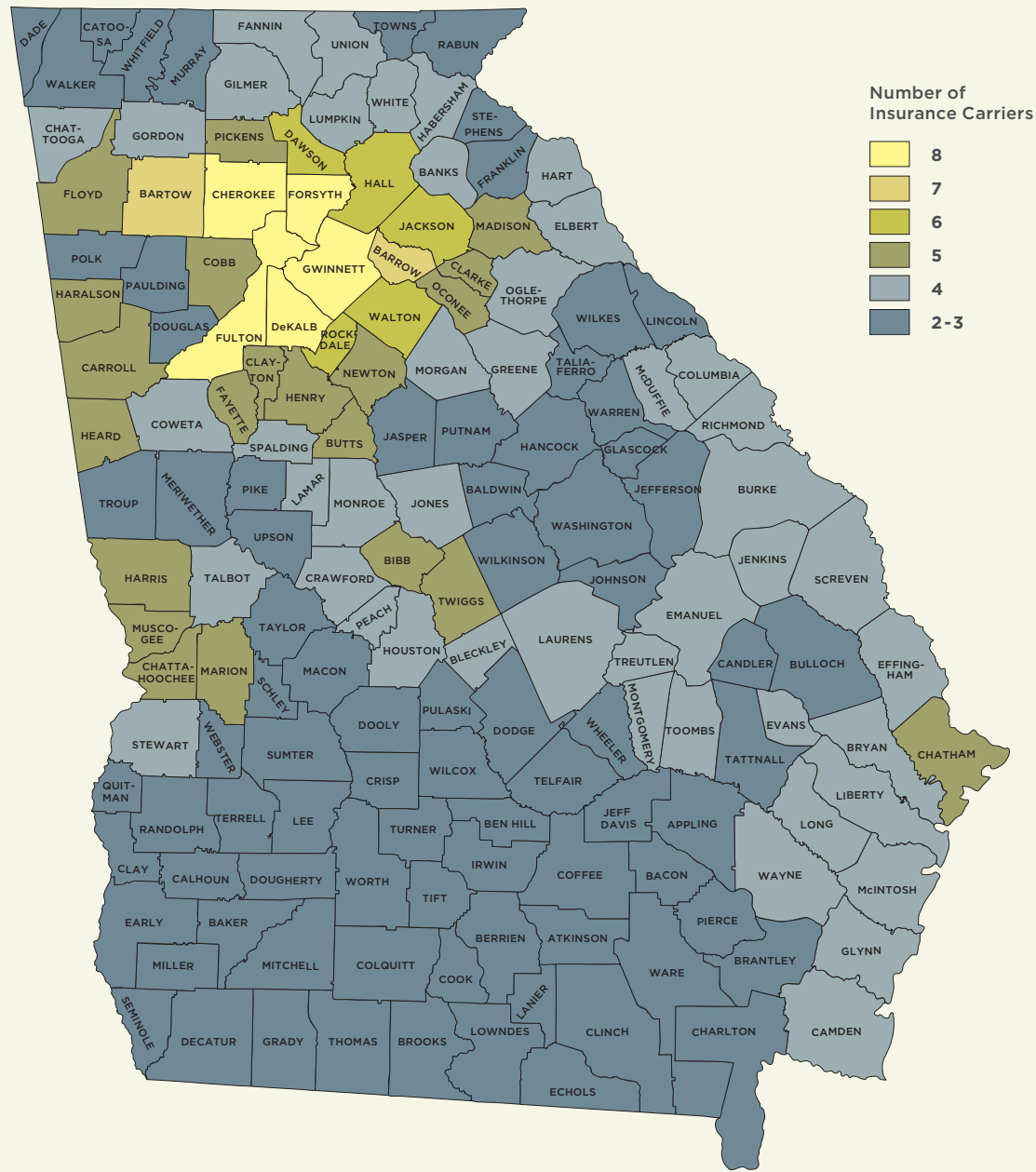


Table 2 displays the health insurance carriers who participated in the Health Insurance Marketplace in Georgia during 2016 and the number of counties in which each offered plans. Only two carriers, United Healthcare and Blue Cross Blue Shield of Georgia, offered plans in every county in the state.

TABLE 2.
NUMBER OF COUNTIES SERVED BY EACH HEALTH INSURANCE CARRIER (MARKETPLACE PLANS)

Carrier	Number of Counties
Aetna	67
Alliant	32
Ambetter (Centene)	24
Blue Cross Blue Shield of Georgia	159
Cigna	14
Harken Health	6
Humana	98
Kaiser Permanente	28
United Healthcare	159

Source: 2016 QHP Landscape Individual Market Medical, data.healthcare.gov, United States Department of Health and Human Services, <https://data.healthcare.gov/dataset/2016-QHP-Landscape-Individual-Market-Medical/v7sn-c66v#column-menu>

Source: 2016 QHP Landscape Individual Market Medical, data.healthcare.gov, United States Department of Health and Human Services, <https://data.healthcare.gov/dataset/2016-QHP-Landscape-Individual-Market-Medical/v7sn-c66v#column-menu>

NEED FOR IN-PERSON ASSISTANCE REMAINS ESSENTIAL



Health insurance navigator and certified application counselor organizations provide free, unbiased help to consumers in every region of the state who need assistance with the health insurance enrollment process. In Georgia, both navigators and certified application counselors must complete federal and state training and be certified to provide assistance to consumers.⁸ The term “enrollment assister” can refer either to a health insurance navigator or a certified application counselor. Because of their direct interaction with consumers, assisters are well positioned to identify themes in consumer needs, challenges, and barriers.

Most of the enrollment assistance organizations we interviewed reported that the majority of consumers they helped came to them after experiencing difficulty trying to enroll on their own. This is consistent with a finding from a national survey of enrollment assisters by the Kaiser Family Foundation that found eight in ten consumers sought help from an assister because they lacked the confidence to apply for coverage and financial assistance on their own.⁹ Our interviews with assisters also found that many consumers came to them because they could not get the help they needed over the phone through the Marketplace call center, which reinforces the important ongoing need for in-person help.

Each organization interviewed reported that enrollment appointments lasted between 90 and 120 minutes on average. Assisters reported that certain populations such as legal non-citizens, people with limited English proficiency, and HIV-positive individuals generally required additional time for their appointments and often needed a follow-up appointment to complete the enrollment. In some cases, consumers needed additional time to work through complex eligibility rules; in other cases, they needed more time to evaluate their health insurance options in light of individual health needs. Nationally, enrollment assisters reported that enrollment assistance remained time intensive in the third open enrollment period (90 minutes on average to help a consumer enroll for the first time and 60 minutes for a renewing consumer).¹⁰

During OE3, the enrollment assistance organizations we interviewed in Georgia saw a mix of new and renewing consumers, which was also consistent with the Kaiser Family Foundation’s national survey. Given the changes in carrier composition and the fact that switching plans each year can generate savings for consumers,¹¹ providing assistance with renewals as well as first-time enrollments will continue to be important in 2017.

THE TAX PENALTY WAS A MOTIVATOR IN OE3

Based on our interviews with enrollment assistance organizations, the tax penalty (also known as the individual responsibility requirement, or individual mandate) served as a motivator for consumers to enroll in health insurance in 2016. For example, most of the organizations we interviewed said that many new consumers came to them for help enrolling because they had received a tax penalty the year before. Some organizations, however, reported helping consumers who ultimately chose to take the penalty in 2016 instead of buying coverage due to cost.

Enrollment assisters also reported that consumers sought assistance at tax time, particularly with reconciling advance premium tax credits (APTCs) with their tax filing. Depending on capacity, enrollment assistance organizations handled the need for assistance with tax-related issues differently. One

Advance Premium Tax Credit (APTC)

A tax credit that can be used immediately to help lower the cost of the monthly premium for consumers. Consumers have three options for using their APTC:

- 1) Use the entire amount each month to make their monthly premium as low as possible.
- 2) Use some of their tax credit each month to lower their monthly premium. Whatever of the APTC that they do not use will be credited to them in the form of a tax refund.
- 3) Do not use any of the tax credit and receive the entire APTC amount as a tax refund.

organization provided tax preparation as part of its program's services, so assisters could send consumers to a preparer within the organization for help. Another organization referred consumers to Volunteer Income Tax Assistance (VITA) sites.

In 2016 the penalty for not having health insurance is as follows.

The penalty is assessed for the higher of these two amounts:

FLAT RATE	OR	PERCENT OF INCOME:
<ul style="list-style-type: none"> • \$695 per adult • \$347 per child • Up to \$2,085 		<ul style="list-style-type: none"> • 2.5% of household income, capped at the national average premium for a bronze plan

In 2017, the penalty will remain capped at 2.5% of household income, but the flat rates will be adjusted for inflation.

HEALTH INSURANCE LITERACY EDUCATION STILL AN IMPORTANT NEED

Health insurance involves many terms and concepts that are complex, and national surveys have found that many consumers struggle with some of its more complicated features, such as calculating out-of-pocket costs.¹² Health insurance literacy is important because a lack of understanding of how insurance works may cause a consumer to enroll in a plan that doesn't meet their needs or to forgo coverage and take the penalty, placing them at financial risk should they get sick. The enrollment assistance organizations we interviewed reported that health insurance literacy levels were higher than in previous years for the returning consumers they helped, although they found new consumers still had relatively low levels of health insurance literacy. Educating consumers about health insurance terms, features, and concepts outside of the open enrollment period is important because providing this information during a single enrollment appointment can be very time consuming and may need not lead to full understanding.

When discussing the time they spend with consumers in enrollment appointments, some groups reported consumers had a need for follow-up appointments for post-enrollment issues, such as difficulty paying a premium. One organization had a policy of always helping its consumers through the process of making the first premium payment so they could address any difficulties then.

CONSUMERS REPORT ADEQUATE ACCESS TO PRIMARY CARE

Finding an in-network doctor at the time of enrollment was not reported as a problem by any of the enrollment assistance organizations we interviewed, which is consistent with a recent national survey by the Commonwealth Fund that found four in five adults with new Marketplace coverage were satisfied with the doctors in their plans. Most consumers came to their enrollment appointment prepared with the names of the doctors they wanted to see, which provided an effective starting point for reviewing plans.¹³ A new tool on healthcare.gov that incorporated information about health care providers was reported as being very helpful in this process. One of the groups interviewed also said that because they were able to hire more enrollment assisters this year, the enrollment assisters covered smaller geographic regions. This allowed the assisters to become more familiar with the plans in their regions so they already knew which doctors were accepting which plans.

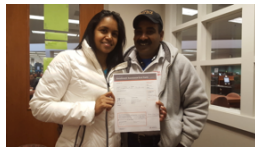
It is important to note that this general feedback only applies to finding a primary care doctor at the point of enrollment and does not apply to the full range of services, including specialty care, that a consumer may need at a later time. As health insurance carriers increasingly utilize narrow provider networks, monitoring consumers' experiences accessing care will be important. In addition, several organizations reported that finding a doctor was more challenging when consumers with limited English proficiency preferred to see a doctor who spoke their language.



GEAR

The **Georgia Enrollment Assistance Resource**, is a network created by Georgians for a Healthy Future for Georgia's enrollment assisters. GEAR contains handouts, interactive tools, important assister updates, and other materials to help enrollment assisters better educate Georgians on health insurance enrollment, how to use their insurance, and more. You can find more information about GEAR at www.healthyfuturega.org/GEAR.

From the Field



Parker and Sharda Tankoo: Mr. and Mrs. Tankoo worked with an enrollment assister to switch plans in OE3. They went from paying \$230 dollars a month for their plan to paying \$89 per month. By switching plans, they saved a total of \$141 per month and almost \$1700 for the year.

Cost Sharing Reduction (CSR) A discount that lowers the amount consumers have to pay for out-of-pocket costs, such as deductibles, coinsurance, and copayments. Consumers can get this reduction if their income is below a certain level and they choose a health plan from the silver plan category. Consumers who make up to 250% of the federal poverty level are eligible for CSRs. For example, a family of four earning \$60,000 per year would be eligible for CSRs.

AFFORDABILITY IS TOP OF MIND FOR CONSUMERS

Individuals and families with annual incomes between 100 and 400 percent of the federal poverty level (FPL) who do not have an offer of health insurance through an employer and who are not eligible for Medicaid can access advance premium tax credits (APTC) to help make health insurance premiums more affordable (to be eligible for APTCs in Georgia, consumers must purchase health insurance through the Marketplace). These tax credits have brought the cost of premiums closer to what people enrolled in employer plans pay. Nationally, according to the Commonwealth Fund's Affordable Care Act Tracking Survey, adults enrolled in Marketplace plans reported paying premiums comparable to those reported by those in employer plans.^{14, 15} Other surveys are consistent with this finding: a tracking survey by the Urban Institute found no statistically significant difference in reported dissatisfaction with premiums between consumers with incomes below 400 percent FPL in Marketplace plans and those in employer plans¹⁶ and a consumer survey by Deloitte found comparable levels of overall satisfaction between these two groups.¹⁷

2016 FEDERAL POVERTY LEVELS

Household Size	100%	250%	400%
1	\$11,880	\$29,700	\$47,520
2	\$16,020	\$40,050	\$64,080
3	\$20,020	\$50,400	\$80,640
4	\$24,300	\$60,750	\$97,200

In Georgia, nearly nine in ten (86 percent) people who enrolled in health insurance through the Marketplace received an APTC, bringing the average monthly premium down from \$385 to \$98.¹⁸ These tax credits are pegged to the benchmark plan, or the second lowest-cost silver plan. Consumers wishing to purchase a different plan are still eligible for tax credits, but they

receive the same tax credit as they would if they had purchased the benchmark. In 2016, the benchmark plan premium was 6.1 percent¹⁹ higher than the benchmark in 2015, a modest increase by recent historical standards but still higher than overall inflation or income growth. It is also worth noting that there were no platinum plans available through the Marketplace in Georgia in 2016.

A key strategy that consumers used to save money on premiums in 2016 was to switch plans during the open enrollment period. More than four in ten (forty-four percent) re-enrollees chose a new plan for 2016, resulting in an average monthly savings of \$48 over what they would have paid if they simply renewed the same plan.²⁰ Preliminary rate filings for 2017 indicate that premiums will likely increase again next year, necessitating comparison-shopping during open enrollment.²¹ Enrollment assisters play an important role not only in helping consumers review plan premiums but also in understanding the full costs and benefits of coverage, including out-of-pocket costs, provider networks, and covered services. This reinforces the need for year-round health insurance literacy education.

A recent national survey from the Kaiser Family Foundation found that concerns about premiums, deductibles, and other costs have increased since 2014 for people purchasing coverage through the Marketplace.²² The enrollment assistance organizations we interviewed in Georgia reported that the cost of the monthly premium was the biggest concern for consumers. They also observed that affordability was particularly a barrier for people with incomes below 100 percent FPL (who do not qualify for tax credits) who sought help, only to find out they fell in the coverage gap because Georgia has not yet expanded Medicaid, and to some extent for those with incomes between 250 and 400 percent FPL, who receive smaller tax credits and aren't eligible for cost sharing reductions, which have the effect of lowering deductibles, co-payments, and co-insurance (consumers must have incomes between 100 and 250 percent FPL to qualify for these reductions).

By the Numbers

86%

of enrollees in Georgia received a tax credit



people who switched plans saved on average \$48/month and \$576/year

BEST PRACTICES FOR OUTREACH, ENROLLMENT, AND REACHING THE REMAINING UNINSURED

OE3

By the Numbers

41%

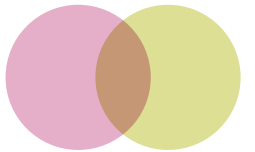
of Georgians eligible for Marketplace coverage have enrolled

Enrollment assisters increasingly are helping consumers who are re-enrolling, which means providing assistance switching plans in addition to helping new consumers enroll for the first time. During the third open enrollment period, the majority of people who enrolled were re-enrolling (fifty-five percent). Nevertheless, there are still well over six hundred thousand uninsured Georgians who are eligible for Marketplace health insurance who remain uninsured. According to an analysis by the Kaiser Family Foundation, only forty-one percent of the eligible population in Georgia enrolled during the last open enrollment period,²³ and according to a survey by McKinsey, most individuals nationally who are eligible for Marketplace insurance but remain uninsured do not know whether they are eligible for tax credits or cost sharing reductions, although most are aware that financial help does exist.²⁴ This presents an opportunity for enrollment assisters to work with consumers to help them better understand how this financial help specifically applies to them, particularly since cost is regularly cited as the biggest barrier to coverage for the uninsured.

The Georgia enrollment assistance organizations we interviewed all reported conducting outreach, and each cited paid and earned media, such as ads and features in local newspapers and radio stations, including non-English radio stations, as the single most effective outreach strategy. Organizations that provide a range of services to the community reported educating consumers through these other services. For example, GED and English as a Second Language (ESL) classes were venues utilized to provide basic information about health insurance. Eligible individuals were then connected to an enrollment assister within the organization. Other organizations had staff members solely dedicated to outreach and partnerships, allowing assisters to focus solely on enrollment during open enrollment. All of the groups we interviewed indicated that partnerships with other community-based organizations such as the Georgia Family Connection Partnership (a statewide collaborative of local partners with a presence in all 159 counties), AIDS service organizations, libraries, Head Start programs, Department of Corrections re-entry programs, and others proved critical in their efforts to reach, educate, and enroll consumers.

The national consumer health advocacy organization Families USA has also identified several best practices for reaching the remaining uninsured and educating them about the availability of financial assistance. These best practices include providing one-on-one assistance, as the remaining uninsured will likely need more help navigating the enrollment process and filling gaps in knowledge; talking about the tax penalty, which has been shown to serve as a motivator for enrollment; and partnering with small employers by providing education to businesses and HR managers on the importance of a healthy workforce, as a large number of the remaining uninsured work for small companies.²⁵

Special enrollment periods (SEP) provide an avenue for helping certain consumers enroll in coverage outside of annual open enrollment periods. Consumers experiencing a qualifying life event such as loss of job-based coverage, moving out of a plan's coverage area, or the birth of a child may be eligible to enroll during an SEP. The Centers for Medicare & Medicaid Services recently tightened the rules for SEPs, however, which may make consumer outreach and education outside of open enrollment periods all the more critical. Many people utilizing SEPs will want to maintain coverage when their circumstances change, making them an important avenue for retention as people experience life changes.



Partnerships between organizations proved critical in helping reach, educate, and enroll consumers



Tremendous progress has been made over the past three years in increasing enrollment into health insurance that facilitates access to care and provides financial protection for individuals and families across the state of Georgia. However, too many Georgians are still uninsured, the trends toward narrow networks and consolidation within the health industry threaten to negatively impact access to care, and consumers express concerns about affordability. Addressing these issues will require collaboration between enrollment and health care stakeholders, advocates, and policymakers. Below are three key policy opportunities we identified through our review and analysis of consumer and assister experiences and trends. For a more detailed description of the policy landscape and opportunities for consumer advocates and enrollment assisters to collaborate on behalf of health care consumers, see our companion publication *Collaborating for Consumers: How Assisters and Advocates can Inform Policy*.

1 Close the coverage gap
Despite robust Marketplace enrollment in Georgia, we still have one of the highest uninsured rates in the nation, largely because our state policymakers have not yet closed the coverage gap created by the 2012 United States Supreme Court decision that made expanding Medicaid to people with incomes below 138 percent FPL optional for states. Many of those in the coverage gap come to enrollment assisters to try to enroll in health insurance only to find out they do not qualify for any type of coverage (tax credits for Marketplace coverage are available for people with incomes between 100 and 400 percent FPL). Georgia's enrollment assisters have repeatedly expressed to advocates that this is the biggest barrier to enrollment that their consumers face. Thirty-two states including DC have closed their coverage gaps thus far with promising results. We encourage Georgia policymakers to take this important step as well to ensure that all Georgians have a pathway to coverage.

2 Addressing Affordability
Consumers are increasingly citing cost as a concern or a barrier to enrolling and maintaining health insurance or seeking care. While overall health care costs have grown more slowly in recent years and tax credits and cost-sharing reductions have greatly improved affordability for hundreds of thousands of Georgians, there is more that should be done to address affordability concerns for insured Georgians and to help make coverage more affordable for uninsured Georgians who cite cost as a barrier. Rate review is an annual process during which insurance companies submit their proposed plan rates for the coming year to be reviewed by state and federal regulators. We encourage state regulators to scrutinize these rates closely during this annual process to ensure they are justified and to request adjustments if they are not. Consumer advocates also have a role to play in raising awareness about this process and providing evidence to make the case against unreasonable rate increases. We also encourage policymakers to explore emerging approaches in health care payment and delivery reform that hold the potential to enhance value for consumers.

3 Ensuring Access to Care
During the 2016 Legislative Session, policymakers took an important step towards ensuring access to care by enacting provider directory improvement legislation (SB 302). This legislation will lead to more accurate and functional provider directories, providing critical information to consumers about which health care providers are in their network. We encourage policymakers to build on this improvement by enacting comprehensive network adequacy standards in 2017, similar to what is laid out in the National Association of Insurance Commissioners (NAIC) model act released in the fall of 2015. For more information and detailed policy recommendations on network adequacy, see Georgians for a Healthy Future's February 2016 publication *Ensuring Access to Care: Setting and Enforcing Network Adequacy Standards in Georgia*.

CONCLUSION

With three open enrollment periods behind us, the Health Insurance Marketplace has taken shape as an avenue for coverage for a substantial portion of Georgians who do not have access to employment-based health insurance. As health insurance carriers move in and out of certain regions, premiums change, and individuals' health needs change, many insured consumers will likely continue to change plans each year during open enrollment. Additionally, Georgia still has one of the highest uninsured rates in the nation, and reaching and educating uninsured Georgians will continue to be important in the coming years. Enrollment assistance organizations will continue to serve as a critical touch point for consumers. Collaboration among assisters, stakeholders, advocates, and policymakers will also be instrumental in increasing coverage, ensuring access to care, and addressing affordability in the coming years.

¹ Effectuated enrollment figures subsequently released by the US Department of Health and Human Services have brought this figure down to 478,016 (as of March 31, 2016); however, it will likely increase throughout the year due to special enrollment period enrollments.

² Nationally, enrollment at the end of OE3 was 12.7 million and effectuated enrollment as of March 31 was 11.1 million (all figures from Office of the Assistant Secretary for Planning and Evaluation, United States Department of Health and Human Services, *Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report, 3/11/16*)

³ Gallup-Healthways Well Being Index, <http://www.gallup.com/poll/189023/arkansas-kentucky-set-pace-reducing-uninsured-rate.aspx>

⁴ Population calculations made based on 2015 Census Data

⁵ Harken Health, one of the nine insurance carriers, is a subsidiary of United Healthcare, one of the other participating carriers in OE3

⁶ Harken Health will remain part of the Marketplace in Georgia in 2017 despite the departure of its parent company United Healthcare

⁷ Cox, Cynthia et al, *Analysis of Insurer Participation in 2016 Marketplaces*, Kaiser Family Foundation, November 3, 2015

⁸ Navigator entities receive federal funding from the Centers for Medicare & Medicaid Services through a competitive grant process; certified application counselor organizations do not receive this funding but can use other funds, such as philanthropic grants, to perform the same function as navigators

⁹ Pollitz, Karen et al, *2016 Survey of Health Insurance Marketplace Assister Programs and Brokers*, Kaiser Family Foundation, June 2016

¹⁰ Pollitz, Karen et al, *2016 Survey of Health Insurance Marketplace Assister Programs and Brokers*, Kaiser Family Foundation, June 2016

¹¹ Consumers in Georgia who switched plans between 2015 and 2016 saved, on average, \$48 per month and \$576 annually in premiums, *Health Insurance Marketplace Premiums after Shopping, Switching, and Premium Tax Credits, 2015-2016*, Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services

¹² Norton, Mira et al, *Assessing Americans' Familiarity with Health Insurance Terms and Concepts*, Kaiser Family Foundation, November 2014

See <http://kff.org/health-reform/report/survey-of-health-insurance-marketplace-assister-programs/>

¹³ Gunja, Munira Z. et al, *Americans' Experiences with ACA Marketplace Coverage: Affordability and Provider Network Satisfaction*, Commonwealth Fund, April 2016

¹⁴ Gunja, Munira Z. et al, *Americans' Experiences with ACA Marketplace Coverage: Affordability and Provider Network Satisfaction*, Commonwealth Fund, April 2016

¹⁵ The Commonwealth Fund survey did, however, find views on affordability diverged for people with higher incomes. While 49 percent of those with incomes above 250 percent FPL in Marketplace plans viewed their premiums as affordable, 79 percent of those in employer plans did. Tax credits are substantial for people in Marketplace plans with incomes below 250 percent FPL but relatively small for those with incomes between 250 and 400% FPL.

¹⁶ Holahan, John et al, *Health Care Access and Affordability among Low- and Moderate-Income Insured and Uninsured Adults under the Affordable Care Act*, Health Reform Monitoring Survey, Urban Institute, April 2016

¹⁷ Deloitte, *Rising to the challenge: Meeting health insurance exchange consumers' expectations, Findings from the Deloitte Center for Health Solutions, 2016 Survey of US Health Care Consumers*, May 2016

¹⁸ Office of the Assistant Secretary for Planning and Evaluation, United States Department of Health and Human Services, *Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report, 3/11/16*

¹⁹ Centers for Medicare & Medicaid Services, *2016 Marketplace Affordability Snapshot*, October 26, 2015.

²⁰ Office of the Assistant Secretary for Planning and Evaluation, United States Department of Health and Human Services, *Health Insurance Marketplace Premiums after Shopping, Switching, and Premium Tax Credits, 2015-2016*

²¹ Andy Miller, "Some rates in Georgia insurance exchange could soar in 2017," *Georgia Health News*, May 23, 2016

²² Kaiser Family Foundation, *Survey Finds Most Marketplace Enrollees Like Their Coverage, Though Satisfaction with Premiums and Deductibles Has Declined Since 2014*, May 20, 2016

²³ Kaiser Family Foundation, *Marketplace Enrollment as a Share of the Potential Marketplace Population*, March 31, 2016

²⁴ McKinsey & Company, *2016 OEP: Reflection on Enrollment*, Center for U.S. Health System Reform, May 2016

²⁵ Schmidt, Talia, *Enrolling Hard-to-Reach Populations in Health Coverage Calls for Creative Outreach*, Families USA, January 21, 2016

APPENDIX A

ENROLLMENT ASSISTER ORGANIZATIONS INTERVIEWED

Enrollment Organization	Designation	Service Area	Target Population	Number of Assistants Employed	Number of Open Enrollments Participated In
InsureGA	Navigator	Statewide	Various Groups	47 – 30 fulltime, 5 part-time, and 12 volunteers	2
Center for Pan-Asian Community Services	Certified Application Counselor	Metro Atlanta	Asian Communities	5 + 1 volunteer	3
Boat People SOS	Navigator	Metro Atlanta	Asian American Communities, specifically Vietnamese, Chinese, and Laotians	3	2
The Health Initiative	Certified Application Counselor	Metro Atlanta	LGBTQ and HIV positive individuals	5	3 (2 as a Navigator grantee, 1 as a CAC organization)
Georgia Association for Primary Healthcare, Inc.	Navigator/CAC	Statewide	Rural Communities	9 directly, but work with 130 through their member FQHCs	3 (1 as a Navigator grantee)



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