



Getting Georgia Covered:

What We Can Learn from Consumer and Enrollment Assister Experiences During the Third Open Enrollment Period

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August 16th, 2016

Policy Brief Objectives

- Identify key themes in consumer and assister experiences during the 2016 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

Key Themes in Consumer and Assister Experiences During OE3

Methodology

- Review and compilation of existing data sources
 - Interviews with senior staff members from several enrollment assister organizations
 - State-wide organizations, local non-profits, and affinity groups
 - Some representative of cross-sections of their communities, others maintained specific focus on target populations
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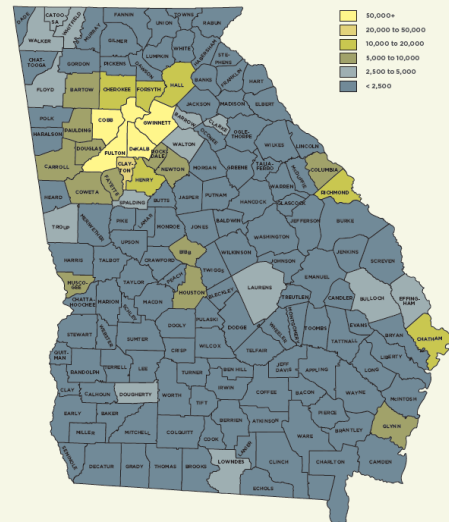
Robust Enrollment, Particularly in Metro Atlanta

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 Marketplaces, United States Assistant Secretary for Planning and Evaluation (ASPE), United States

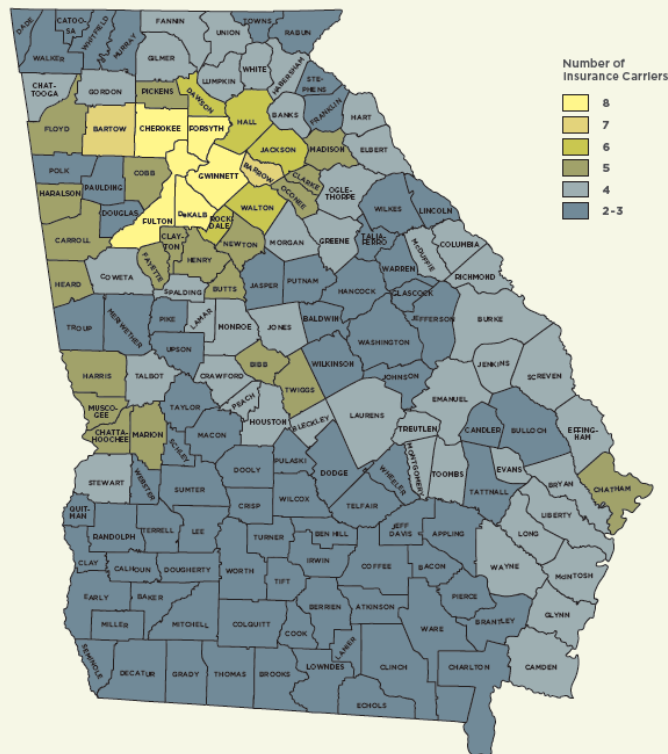
Enrollment by County



- **587, 845** Georgians enrolled in Marketplace coverage
- The uninsured rate is down by more than **5** percentage points
 - From 21.4% in 2013 to 15.9% in 2015
- **46% of enrollees** were from 4 populous counties in Metro Atlanta
 - Account for 57% of enrollees, but 47% of overall population

Strong Plan Participation, But Less Competition in Rural Counties

Number of Participating Carriers By County



Source: 2016 GHP Landscape Individual Market Medical, data.healthcare.gov; United States Department of Health and Human Services, <https://data.healthcare.gov/dataset/2016-GHP-Landscape-Individual-Market-Medical/V79t-c56v#column=manu>

- As in OE2, 9 carriers offered plans
 - 2x as many from OE1
 - 8 carriers will participate in OE4*
- Strong participation masks regional variations
 - Cherokee, DeKalb, Forsyth, Fulton and Gwinnett had 8 carriers
 - On average, 3.6 carriers in each county – down from 4.4 in 2015

*based on preliminary rate filings

Need for In-Person Assistance Remains Essential

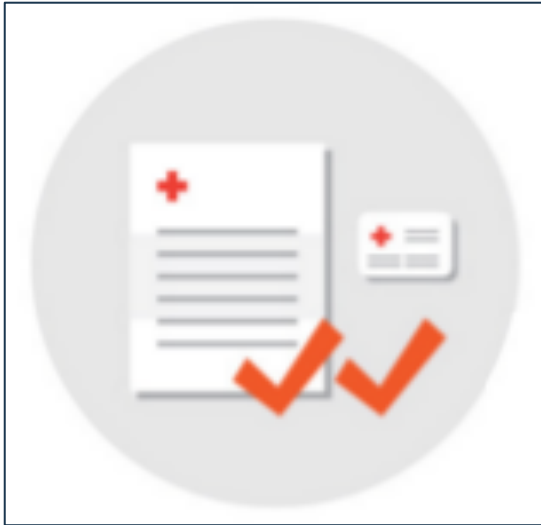


- Enrollment assisters are well positioned to identify themes in consumer needs, challenges and barriers
- Most consumers came to enrollment assisters after trying to enroll on their own
 - Many consumers were unable to get the help they needed over the phone through the call center
- Changes in carrier composition and the fact that switching plans can generate savings means enrollment assistance will continue to be important in 2017

The Tax Penalty Was a Motivator in OE3

- Also known as the individual mandate or responsibility requirement
- Many new consumers sought out help because they had received a tax penalty
- Some consumers still chose to take the penalty rather than purchase coverage due to cost

Health Insurance Literacy Education is Still an Important Need



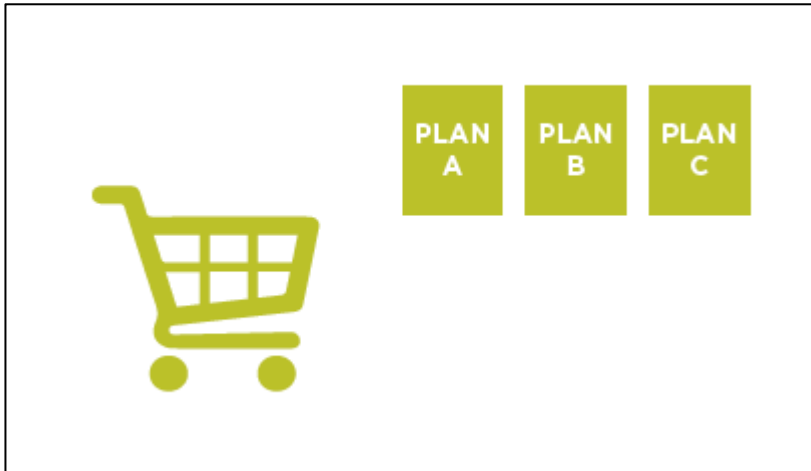
- Lack of understanding of how health insurance works may cause a consumer to enroll in a plan that doesn't meet their needs or forgo coverage
- Health insurance literacy was higher than previous years for returning consumers, but still relatively low for new consumers

Consumers Report Adequate Access to Primary Care



- Finding an in-network provider at the time of enrollment was not reported as an issue
- Most consumers were prepared with the names of the doctors that they wanted to see
- Does not necessarily apply to finding the full range of services, including specialty care
 - Continuing to monitor consumer experiences is important

Affordability is Top of Mind for Consumers



- Nearly 9 in 10 (86%) received an APTC
 - Bringing the average monthly premium down from \$385 to \$98
- About 2/3 received financial assistance in the form of Cost Sharing Reductions
- Georgians that “shopped around” rather than passively re-enrolled saved an average of \$48/month and \$576/month
- Affordability is especially a barrier for people below the poverty level and those with incomes between 250 – 400 % FPL

Best Practices for Outreach, Enrollment, and Reaching the Remaining Uninsured



Reaching the Remaining Uninsured & Potential Market Share

- Only 41% of eligible population in Georgia enrolled
- Nationally, those that are eligible, but remain uninsured do not know whether they are eligible for tax credits or cost-sharing reductions
- Enrollment assisters can work with consumers to better help them understand how financial assistance specifically applies

Outreach and In-Person Assistance

- All cited paid and earned media as most effective outreach strategy
- As in previous years, partnerships with other community-based organizations proved critical in efforts to reach, educate and enroll consumers
- Best practices include:
 - Providing one-on-one assistance for remaining uninsured
 - Talking about the tax penalty
 - Partnering with small employers

Policy and Advocacy Opportunities





CLOSE THE COVERAGE GAP

- Georgia still has one of the highest uninsured rates in the nation
- This is the biggest barrier to enrollment that consumers face
- Closing the Coverage Gap is an important step to ensure that all Georgians have a pathway to coverage

ADDRESSING AFFORDABILITY

- Increasingly, cost is being reported as a concern
- The annual rate review process is when insurance companies submit their proposed plan rates
- State regulators and advocates should scrutinize these rates and raise concerns when necessary

ENSURING ACCESS TO CARE

- SB 302
- State legislators should enact comprehensive network adequacy standards

Conclusion

- The Health Insurance Marketplace is an avenue for coverage for many Georgians who do not have access to employer coverage
- As health insurance carriers move in and out of regions, premiums change, and individuals' health needs change many consumers will likely to continue to change plans
- Georgia still has one of the highest uninsured rates; reaching and educating uninsured Georgians will continue to be important
- Enrollment assisters will continue to serve as a critical touch point; collaboration among assisters, stakeholders, advocates, and policy makers will be instrumental

Thank you!

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