



GETTING GEORGIA COVERED

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

OE4

FROM THE FOURTH OPEN ENROLLMENT PERIOD
2017

A PUBLICATION BY

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OCTOBER 2017

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Introduction

With four open enrollment periods completed and a fifth one beginning in the coming weeks, the Health Insurance Marketplace has become established as the avenue for purchasing coverage for thousands of Georgians who don't have access to health insurance at work. The fourth open enrollment period differed from the first three in several important ways and understanding these variations will be important in ensuring that the Marketplace continues to serve consumers who seek access to affordable, comprehensive health insurance. 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, addressing affordability, and protecting consumers.

THE GOALS OF THIS POLICY BRIEF ARE TO:

- » To examine consumer experiences with enrollment and coverage in the 2017 Affordable Care Act Marketplace in Georgia
- » To understand how the 2017 open enrollment period differed from the previous three open enrollment periods
- » To recommend key opportunities for policy makers, stakeholders, and advocates to improve access to and affordability of care, and strengthen consumer supports and protections.

Methodology

The content of this policy brief was developed through reviewing and compiling existing data sources, and interviewing senior staff members from enrollment assistance organizations across Georgia to identify common themes in consumer experiences. Key informant interviews were conducted with certified application counselors and navigators. Some of the organizations interviewed serve a cross-section of their communities while others maintain a special focus on target populations such as people with limited English proficiency, rural communities, or people living with HIV.

Key themes in consumer and assister experiences during OE4

MODERATE DECLINES IN ENROLLMENT

The coverage provided through the Affordable Care Act’s Health Insurance Marketplace has helped to reduce our state’s uninsured rate from 19.7 % in 2013 to 12.9 % in 2016.^{1,2} (Among those most impacted by the ACA, adults aged 19-64, the uninsured rate has fallen from 27.2 % in 2013 to 18.5%.) During the fourth open enrollment period (known as OE4), which ran from November 1, 2016 to January 31, 2017, 493,880 Georgia consumers selected a health insurance plan through the Health Insurance Marketplace (also called the Marketplace or healthcare.gov).³ Despite continued consumer participation, OE4 represented a 16% decline in enrollment from 2016, the fourth largest drop in the country.⁴ While state-specific numbers are not available yet, this trend was seen nationally and resulted in the first uptick in the nation’s uninsured rate since the implementation of the ACA.⁵ The factors contributing to the enrollment declines are discussed in detail throughout this report but include reduced marketing and outreach to consumers in the final weeks of OE4, consumer confusion about the possible repeal of the ACA, and reduced choice of insurers in Georgia’s marketplace, among others.

Enrollment remained most robust in Georgia’s most populous counties. Almost half of Georgia enrollees live in the state’s five most populous counties, with the highest overall enrollment in Gwinnett County for the third year in a row. Table 1 displays the top ten counties in Georgia by enrollment. These counties accounted for almost 60% of all enrollees in Georgia, but just 47 % of the state’s overall population. The most dramatic enrollment declines were seen in rural counties where drops of up to 36% were recorded. Table 2 displays the ten Georgia counties with the largest declines in plan selection.⁶



By the Numbers

Total Enrollees	493,880
New Enrollees	174,931
Re-enrollees	318,949
Switched plans	159,955

2017

Enrollment by County

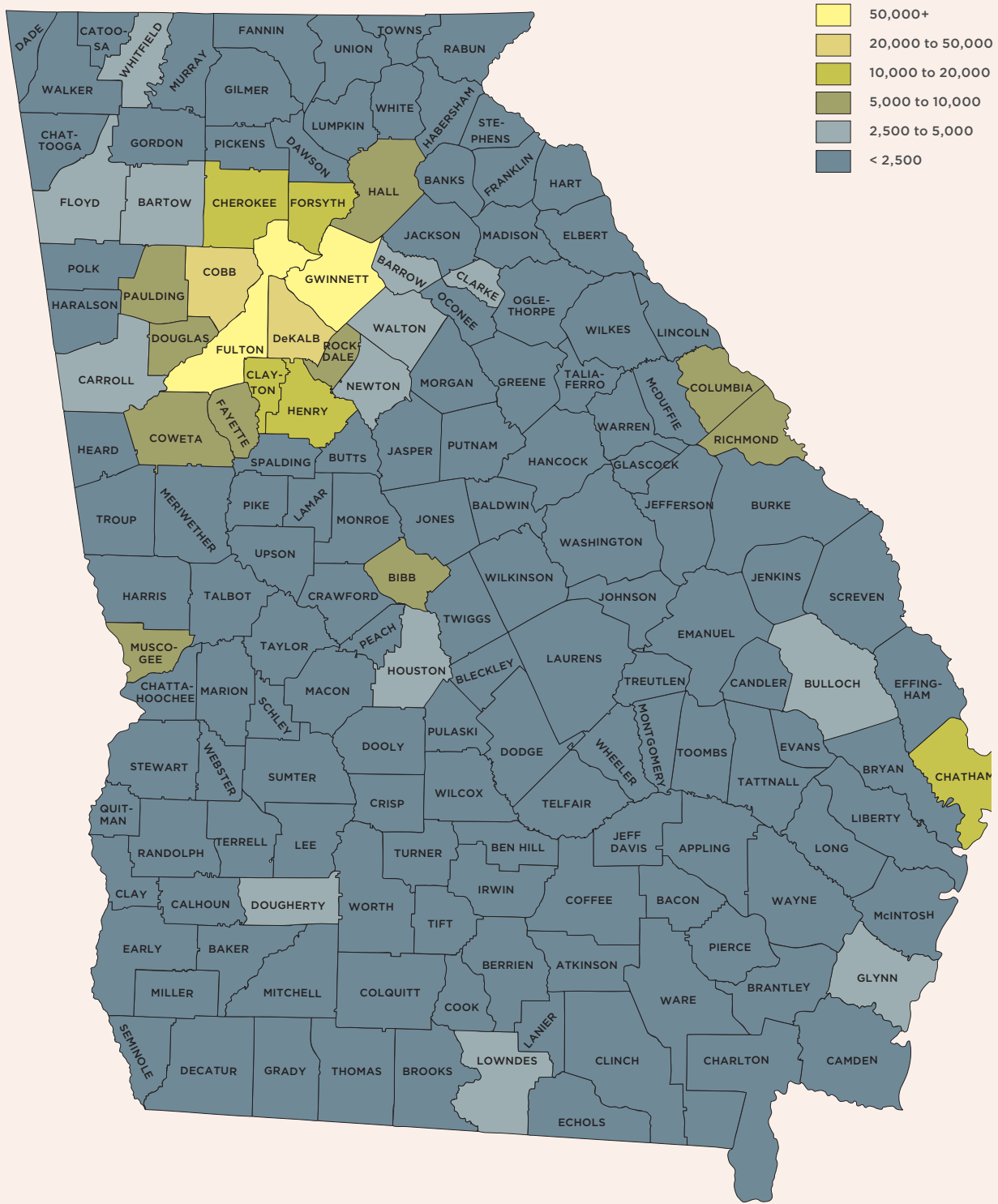


TABLE 1.**TOP TEN GEORGIA COUNTIES BY ENROLLMENT FOR OE4**

County	2017 Enrollment	Percent Change from 2016
1. Gwinnett	76,829	-6%
2. Fulton	53,020	-16%
3. DeKalb	44,860	-14%
4. Cobb	44,028	-14%
5. Clayton	17,438	-19%
6. Chatham	13,845	-27%
7. Cherokee	12,671	-10%
8. Forsyth	11,604	-1%
9. Henry	11,230	-14%
10. Hall	8,720	-16%

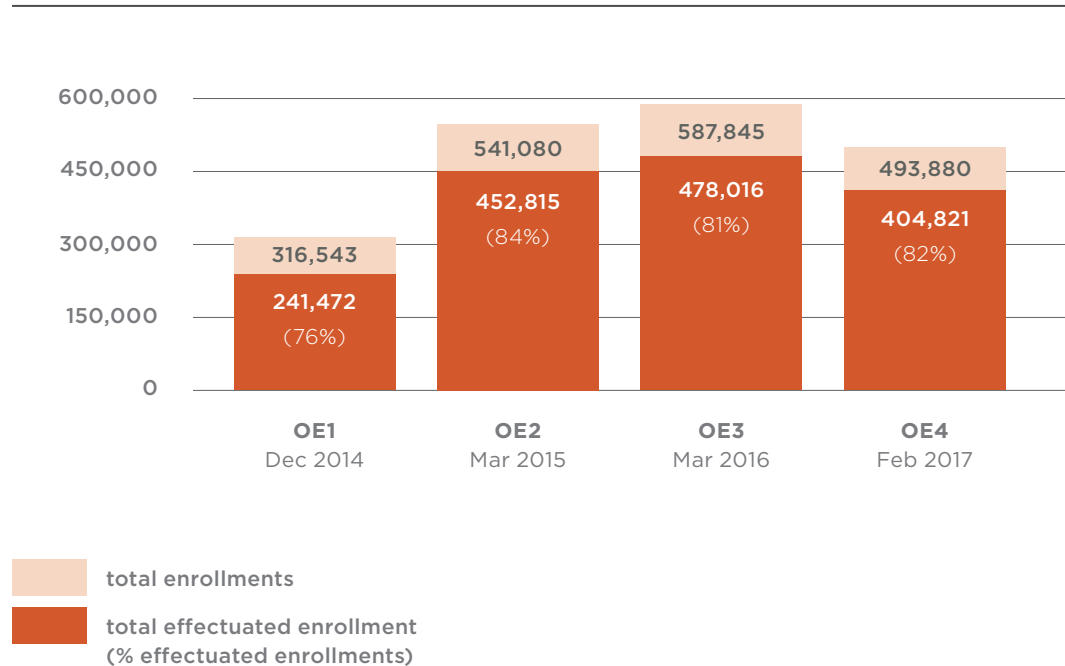
TABLE 2.**COUNTIES WITH THE LARGEST DECLINES IN PLAN SELECTION**

County	2016 Enrollment	2017 Enrollment	Percent Change
1. Long	482	307	-36%
2. Evans	584	379	-35%
3. Screven	856	564	-34%
4. Heard	550	363	-34%
5. Brantley	790	527	-33%
6. Burke	1,302	872	-33%
7. Carroll	6,642	4,450	-33%
8. Richmond	10,259	6,944	-32%
9. Quitman	84	58	-31%
10. Warren	323	225	-30%

Effectuated enrollment
consumers who applied, were
found eligible, and paid for
their first month's premium

Effectuated enrollment, defined by the U.S. Department of Health and Human Services (HHS) as consumers who applied, were found eligible, and paid for their first month's premium, remained steady despite the enrollment declines. During OE4, at least 82% of individuals in Georgia who chose insurance plans in the Marketplace paid for their first month's premium. (Because HHS released effectuated enrollment data only through the end of February 2017 rather than March as has been done in previous years, effectuated enrollment may be higher than 82%.) Figure 1 displays the Marketplace effectuated enrollment rates from 2014 through February 2017.^{7, 8, 9, 10}

FIGURE 1.
GEORGIA EFFECTUATED ENROLLMENT



INSURER PARTICIPATION IMPACTED RURAL COMMUNITIES

Five health insurance carriers offered plans on the Georgia Marketplace during the fourth open enrollment period, and while this is a stark drop from OE3 when nine insurers offered plans, it represents the same level of insurer participation as the first open enrollment period in 2014.¹¹ Aetna, Cigna, Harken Health, and United Healthcare left the exchange ahead of OE4, while Blue Cross Blue Shield of Georgia, Kaiser Permanente, Ambetter, Alliant, and Humana chose to remain. Financial losses due to sicker than expected consumers was the most common reason insurers stated for leaving the Marketplace. Table 4 displays the carriers that offered 2017 plans in Georgia and the number of counties they covered.

TABLE 4.
NUMBER OF COUNTIES SERVED BY EACH HEALTH INSURANCE CARRIER IN 2017

Carrier	Number of Counties
Blue Cross Blue Shield of Georgia	159
Kaiser Permanente	20
Ambetter	24
Alliant	32
Humana*	9

* Humana did not cover complete counties, but covered specific areas within counties. Humana plans were offered in Atlanta, Columbus, Macon, and Savannah.

On average, there were 1.5 carriers in each county in 2017, down from 3.6 carriers in 2016; however, the average participation rate masks significant regional variations.¹² Georgia's most populous counties continued to see strong competition and choice while rural consumers were limited in their choice of carriers. Consumers in Cherokee, Forsyth, Fulton, and Gwinnett counties could choose from plan offerings issued by four or five health insurance carriers; conversely, 16% of Georgia enrollees lived in counties with only one insurer option. In 2016, all Georgia consumers had a choice of at least two insurers.

In August 2016, the Centers for Medicaid and Medicare Services (CMS) reported on the results of an analysis of 2016 and 2017 enrollment data and found that a higher proportion of individuals who experienced an insurer leaving the marketplace chose not to maintain coverage. Individuals whose 2016 insurers remained in the 2017 marketplace were more likely to purchase and maintain coverage (77%) than those whose 2016 insurers left the market (70%).¹³ Georgia's enrollment assisters, especially those in rural areas, echoed this finding noting that some consumers who chose not to re-enroll in Marketplace plans did so because of a lack of insurer choice and the resulting inability to retain their medical providers. This may explain some of the larger enrollment declines seen in rural versus urban and suburban counties.

Although competition in the Marketplace decreased among insurers, consumers were offered a variety of plan options. On average, 32 qualified health plans were available in each county and each insurer offered 12 health plans, up from eight in 2016.¹⁴ Platinum plans were re-introduced to the Georgia Marketplace and 347 consumers chose this option. Platinum plans have the highest premiums compared to other metal tiers but cover a higher share of an enrollee's medical expenses which makes these plans attractive to individuals who expect to need a high number of or expensive medical services.

By the Numbers

Average premium:

\$431

Avg. premium after tax credit:

\$122

Consumers with APTCs:

362,868
(90%)

Consumers with CSRs:

286,076
(71%)

AFFORDABILITY REMAINS A TOP CONCERN FOR CONSUMERS

As in previous years, reports from enrollment assisters and consumer data show that affordability is a top concern for consumers as they choose and enroll in health coverage.¹⁵ Enrollment assisters expressed that while many consumers focused on a plan's monthly premium as the primary measure of affordability, a larger proportion of returning consumers than in previous years also took into consideration deductibles and other out-of-pocket costs. This change suggests that consumers who are re-enrolling may be building health insurance literacy skills through enrollment and use of their health insurance.

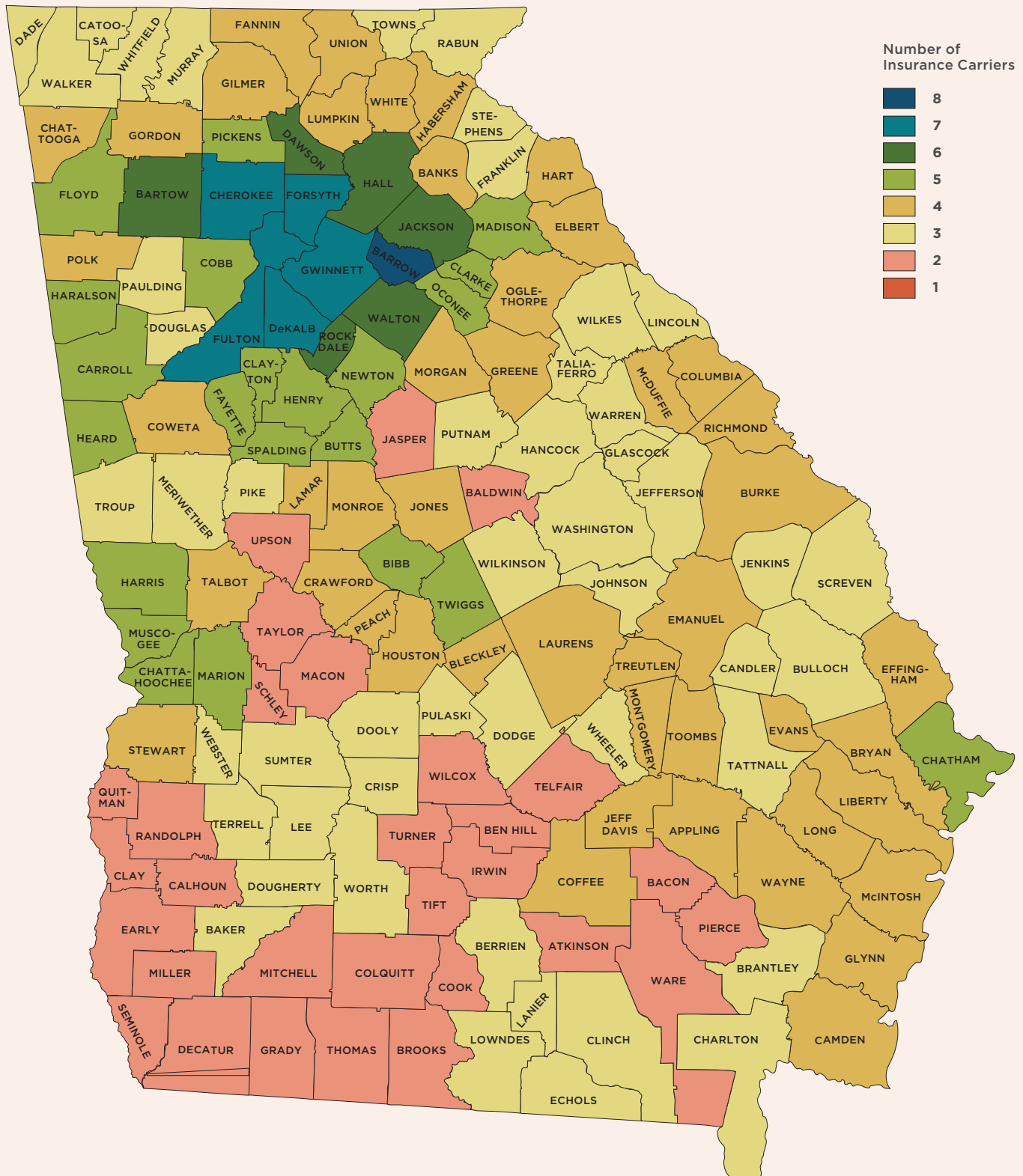
To assist in lowering premium costs, the ACA provides tax credits to individuals and families with annual incomes of 100%–400% of the federal poverty level (FPL) who are not eligible for Medicaid or employer based health insurance. Advanced premium tax credits are only available for consumers purchasing health insurance through the Marketplace and are offered on a sliding scale based on a consumer's annual income. In Georgia, 87% of people enrolled in the Marketplace and 90% of those with effectuated coverage received an APTC in 2017, lowering the average monthly premium from \$431 to \$122.¹⁶ Tax credits are based on the second lowest-cost silver plan in the Marketplace, known as the benchmark plan, and therefore grow in response to premium increases. For those consumers who receive APTCs, the tie between the tax credits and the benchmark plan insulates them from significant jumps in premium prices.

2017 FEDERAL POVERTY LEVELS

Family Size	100% FPL	250% FPL	400% FPL
1	\$12,060	\$30,150	48,240
2	\$16,240	\$40,600	\$64,960
3	\$20,420	\$51,050	\$81,680
4	\$24,600	\$61,500	\$98,400

2016

Number of Participating Carriers By County



Number of Participating Carriers By County



Households with an annual income between 100-250 % FPL are also eligible for cost-sharing reductions (CSRs) which reduce out-of-pocket costs like deductibles, co-insurance, and co-payments, when they choose at least a silver level plan. Silver plans are the most common choice in the Marketplace in part because of the extra savings options for low-income consumers. In Georgia, 82% of consumers chose a silver plan in the 2017 marketplace and 84% of those received a CSR.

According to the Commonwealth Fund ACA Tracking Survey, 51% of adults with 2017 Marketplace coverage paid less than \$125 per month for coverage, comparable to the 54% of adults with employer-based coverage who pay \$125 or less monthly.¹⁷ Those with incomes below 250% FPL (and who thus qualify for both APTCs and CSRs) are much more likely to pay less than \$125 per month for coverage than those with incomes above 250% FPL (71% to 24% respectively). According to the same tracking survey, half of Marketplace enrollees find it easy to pay their premiums but these rates differ greatly between enrollees with incomes below 250% FPL (64%) and those with higher incomes (34%). This disparity in affordability extends to deductibles as well, where only 28% of people making less than 250% FPL had deductibles of more than \$1000 as compared to 67% of people with incomes above that threshold.

In 2016, many consumers switched plans as a key strategy to save money on premiums. Likewise, HHS estimated that switching plans within the same metal level during OE4 would save Georgians an average of \$76 monthly (\$910 annually).¹⁸ In 2017, 65% of enrollees who actively shopped on the Georgia Marketplace changed plans.¹⁹ Some consumer plan changes were made to save money but others were forced to change plans because of insurer exits, a situation that we expect to see repeated in OE5 for similar reasons. As consumers navigate these changes, enrollment assisters play a critical role in helping consumers review plan premiums and out-of-pocket costs, provider networks, and covered services. This reinforces the need for year-round consumer education to increase consumer health insurance literacy and inform consumers of changes in the Marketplace from year to year.

Cost is of greater concern for some specific groups of consumers. Consistent with the first three open enrollment periods, enrollment assisters observed that affordability the primary barrier to coverage for Georgians with incomes below 100 % FPL (who do not qualify for tax credits) who sought help because Georgia has not yet expanded Medicaid. To a lesser extent those with incomes between 250 and 400 % FPL, who receive smaller tax credits and aren't eligible for CSRs reported affordability as a challenge, an emerging trend seen by enrollment assisters and advocates in 2017. Further, data from CMS suggests that affordability are a concern among a small but significant number of consumers who left the Marketplace between 2016 and 2017.²⁰ Twenty-seven percent of exit survey respondents cited costs and affordability as their reason for terminating coverage, and cost was more often cited as the reason for plan cancellation among those who did not effectuate their coverage as compared to those who cancelled their plans after paying for at least the first month of coverage.²¹ (CMS did not provide demographics for the survey respondents, so it is difficult to attribute the reported affordability concerns to a specific population of consumer or cause.)

CONSUMERS CONTINUED TO RELY ON THE SUPPORT OF ENROLLMENT ASSISTERS

Enrollment assisters, also called health insurance navigators or certified application counselors, provide free, unbiased help to consumers who want to understand their health coverage options, need assistance with the enrollment process, are experiencing problems with their coverage, or need help understanding how to use their health insurance coverage. The unique relationships enrollment assisters build with consumers allow them to identify themes in consumer needs and challenges, which provides advocates and policymakers with valuable information about consumer experiences in the Marketplace. Enrollment assisters provide education and enrollment services year-round and many report that they have become trusted and valued by their communities. One assister recounted how she is known within her community as an insurance expert and has become the go-to person for insurance questions.

Enrollment assisters reported that many consumers sought guidance with comparison shopping as they attempted to change plans in OE4, an unsurprising finding as half (49.7%) of Georgia's Marketplace enrollees were active re-enrollees (meaning that the consumer took pro-active steps to re-enroll in the same plan or switch plans during the open enrollment period). As in the previous three years, enrollment assisters also stated that first-time consumers sought assistance in navigating the enrollment process. Assisters conveyed that all new and re-enrolling consumers expressed a recognition of the need for health insurance but wanted guidance to ensure they found a plan that met their health needs and budget.

Enrollment assisters also indicated that some consumers voiced confusion or concern over the future of the ACA because of increased media coverage and calls from elected officials to “repeal and replace” the law. A small minority of consumers chose not to enroll in health insurance because they thought that the law would be dismantled by Congress and the new administration. While assisters reported that they never initiated conversations about changes to the ACA, they provided straight-forward and non-partisan answers to consumer questions when asked. For consumers who were unsure about the future of the law, assisters responded by saying that at the current time the Affordable Care Act is still law and committed to providing updates to consumers about any changes made that might affect their coverage.

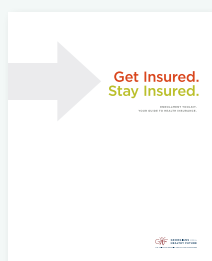
Consistent with previous years, premium costs and provider choice followed by medication coverage were the most-often cited concerns by consumers when switching or enrolling in a health plan. The balance between premium costs and provider choice was especially apparent in the areas of Georgia with a single insurer. Some consumers found that their preferred providers were not included in the provider networks of the plans that best fit their budget, pressing them to make difficult choices between finding a new physician under an affordable plan option or paying more for a plan with a broader network that included their physician. Consumers have reported increasingly narrow networks in the last two open enrollment periods as insurers use these networks as a strategy to hold down premiums.

The enrollment assister organizations interviewed allotted 60-90 minutes for each consumer appointment and booked follow up appointments for consumers who needed more assistance because of special circumstances or low levels of health insurance literacy. Assisters who have worked with consumers since OE1 noted that health insurance literacy skills have improved among returning enrollees and less time is required for re-enrollment. Health insurance literacy skills remain low among first-time enrollees and people with limited English proficiency but assisters reported that they are better prepared with resources and tools to help educate these consumers. To address consumers' health literacy needs, enrollment assister organizations have produced or partnered to produce information packets and guidebooks for consumers that describe health insurance terminology and explain the steps involved in contacting an insurer, finding providers, and paying for monthly premiums. For example, GHF produced the Get Insured. Stay Insured toolkit and My Health Insurance User's Manual to assist consumers before, during, and after enrollment and has partnered with enrollment assister organizations to distribute these resources to consumers across the state.

Resources

Find these resources at

healthyfuturega.org/get-help-with-health-insurance/consumer-tools-resources/



Get Insured. Stay Insured.

A suite of fact sheets designed to walk consumers through each step of the enrollment process — from how to get health insurance to how to use health insurance to filing taxes with Marketplace coverage



My Health Insurance User's Manual

A take-home, interactive workbook for consumers who have newly enrolled in health insurance. It covers topics that enrollment assisters may not have time to discuss during the enrollment appointment, such as how to find a primary care provider, how to make your first appointment, and even how to make a budget.

CHANGES TO SPECIAL ENROLLMENT PERIODS

While most consumers enroll in Marketplace health coverage during the open enrollment period, some experience life events such as the loss of a job, birth or adoption of a child, or an out-of-state move that qualifies them for a special enrollment period (SEP). An individual is allowed 60 days after a qualifying life event to enroll through an SEP. In response to insurers' requests, HHS implemented a new verification process in June 2017 known as the Special Enrollment Period Pre-Enrollment Verification (SEPV) in which consumers who seek to enroll through an SEP must provide increased documentation of their qualifying life event.^{22, 23} These individuals now have 30 days after submitting their initial enrollment application to present documents to the Marketplace that confirm their eligibility for an SEP. After SEP eligibility has been verified, the enrollee's application is sent to the insurance company and enrollment can be effectuated. Once approved, coverage will be retroactive to the date of plan selection.

Georgia enrollment assisters indicated they have made proactive efforts to provide support for consumers navigating the SEPV process because of concerns that the 30-day time frame was too short and that individuals may have difficulty obtaining and submitting the required paperwork in a timely manner. For consumers who have the needed documentation, assister organizations are offering their support to upload, fax, or mail the required paperwork to the Marketplace for verification. For consumers who have difficulty obtaining the required documents from an employer or other entity, assisters have partnered with lawyers who can assist consumers in obtaining the needed documentation. As in previous SEPs, assisters are also making themselves available to follow up with consumers and the Marketplace to ensure that the verification process is moving forward without interruption and to troubleshoot with consumers as needed. As implementation of this new process continues, it will be vital to evaluate its impact on consumers and ensure that it is not creating unnecessary barriers to enrollment and effectuation of coverage.

Looking forward to Open Enrollment 5

As the first complete open enrollment period implemented by a new federal administration, OE5 will bring with it substantial changes and new challenges for consumers and other stakeholders. Consumers will face a shorter enrollment period, reduced choice of insurers, higher premiums, less available information about the opportunity to enroll and their coverage options, and diminished support to help them navigate the system and its changes in the coming open enrollment period, all chiefly due to the actions of federal policymakers.²⁴

OE5 will extend from November 1 to December 15, 2017, a total of 45 days instead of the 60-90 days allotted for previous enrollment periods, and all effectuated health coverage will begin January 1, 2018. The enrollment period will be further shortened as HHS has planned to carry out site maintenance on healthcare.gov, the Marketplace's online platform, for 12 hours on five of the six Sundays during open enrollment. Taken together, these actions abridge the open enrollment by almost 30%.

Humana exited the Georgia Marketplace for the 2018 plan year and Blue Cross Blue Shield of Georgia scaled back its service areas to those 85 counties where it is the only remaining insurer. This reduction in insurer participation is largely attributed to the uncertainty about the future of the ACA Marketplaces fostered by Congress's months-long efforts to repeal the law and a variety of decisions by federal policymakers that are likely to result in a less desirable risk pool for insurers.

Further, President Trump's decision to halt reimbursements to insurers for the cost-sharing reductions that they provide to consumers, uncertainty about the administration's commitment to enforcement of the individual coverage mandate, and the unpredictability fostered by unrelenting Congressional health care debates have contributed to large premium increases for 2018. Table 6 displays the average rate increases for the coming plan year.²⁵

Exacerbating these factors are the funding cuts for consumer outreach, education, and enrollment activities. HHS announced this fall that it would slash its ACA marketing and advertising budget by 90%, handed down a 61% funding cut for Georgia's health insurance navigator programs, and ended community partnerships and initiatives that promote enrollment among hard-to-reach populations.^{26, 27, 28} All of these initiatives were originally designed to attract more consumers to the Marketplace, reduce barriers to enrollment in health insurance, and engage communities and consumers who may not otherwise have access to care. HHS's reductions in these efforts will likely depress consumer enrollment in the Marketplace, especially among young, healthy enrollees whose participation puts downward pressure on premiums.

TABLE 6.
2018 AVERAGE RATE INCREASES FOR GEORGIA MARKETPLACE

Carrier	Rate Increase
Alliant	53.3%
Ambetter	51.0%
Blue Cross Blue Shield of Georgia	57.5%
Kaiser Permanente	56.7%
Weighted average rate hikes	54.2%

Consumer will also face more complex changes in the Marketplace that may impact their enrollment and coverage. New this year is an allowance for insurers to require payment of past-due premiums by consumers as a condition for coverage for the upcoming plan year. HHS estimates that 10% of enrollees had their coverage terminated for non-payment of premiums at some point in 2016 and that 16% of those purchased coverage from the same insurer in 2017, putting these consumers at risk of unexpected bills at the time of enrollment.²⁹ HHS has also given insurers more flexibility in meeting the ACA's actuarial value (or metal tier) standards, allowing insurers to offer lower value plans within each metal level. Consumers, largely unaware of this change, may not realize the lower value plans come with higher out-of-pocket costs and will likely struggle to make informed comparisons among plan options at different metal levels.

With so many changes planned for OE5 and fewer outreach, education, and enrollment resources to help people navigate the new enrollment landscape, we expect many consumers to face increased barriers to enrollment. While consumer groups, advocates, health care providers, and some policymakers are working to raise awareness among consumers about what to expect in the upcoming open enrollment period, we anticipate that consumers will have more difficulty accessing needed information about their health coverage options, selecting a health insurance plan that fits their health and financial needs, and navigating the enrollment process. These challenges, in combination with increased consumer confusion about the status of the ACA as law, are likely to lead to decreased Marketplace enrollment in 2018, further exacerbating the problems of insurer participation and rising premiums in 2019 and beyond.

Policy & Advocacy Opportunities



Since the enactment of the Affordable Care Act, more than 20 million Americans have newly gained health coverage including approximately 700,000 Georgians, a tremendous accomplishment that facilitates access to care and provides financial protection for individuals and families across the state. However, too many Georgians are still uninsured, consumers express concerns about affordability, and threats to consumer protections and supports have newly emerged. Addressing these issues will require collaboration between enrollment assisters, health care stakeholders, advocates, and policymakers. Below are key policy opportunities identified through our review of consumer and assister experiences and marketplace trends.

1 Close the coverage gap
Georgia is one of 19 states that has not yet expanded Medicaid and as a result, the state's uninsured rate remains among the highest in the nation. An estimated 300,000-600,000 low-income Georgians are stuck in the coverage gap, unable to gain health care coverage from Medicaid or the Marketplace.. Many of these consumers 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 only for people with incomes of 100-400% FPL). Georgia's enrollment assisters have repeatedly expressed to advocates that this is the biggest barrier to enrollment and care that their consumers face. Thirty-two states including DC have closed their coverage gaps thus far with promising results, including lower Marketplace premiums in those states. premiums for consumers purchasing private coverage.³⁰ We encourage Georgia policymakers to take this important step as well to ensure that all Georgians have a pathway to coverage.

2 Ensure Access to Care and Financial Protections
Health insurance plans with the lowest premiums are often a first choice for consumers, but these plans are commonly more affordable because of narrow provider networks. Although narrow networks can hold down the cost of health insurance and may provide adequate care, they can result in insufficient coverage for some conditions, inhibit continuity of care for some consumers, and lead to burdensome surprise medical bills if consumers unknowingly receive services from out-of-network providers. We encourage Georgia's policymakers to address network adequacy and surprise out-of-network billing in tandem by developing a comprehensive network adequacy standard, based on National Association of Insurance Commissioners (NAIC) model act released in the fall of 2015 and passing legislation that protects consumers from surprise out-of-network billing by placing limits on allowable out-of-network charges, setting disclosure and transparency requirements for health care providers, and establishing a process to resolve billing disputes between patients, providers, and health care facilities.^{31, 32}

3

Address Affordability

While cost-sharing reductions and advanced premium tax credits have helped ease the financial burden for individuals living between 100% - 250% FPL and to a lesser extent for those with incomes between 250% -400% FPL, consumers with incomes above these thresholds are absorbing the full amount of insurance price hikes and paying relatively high deductibles. While the ACA's financial assistance has helped thousands of Georgians, more should be done to address affordability concerns for insured consumers and to help make coverage more affordable for uninsured Georgians who cite cost as a barrier. We encourage Congress to allocate the funds for cost sharing reductions in order to provide certainty to insurers and consumers, and prevent unnecessary increases in health insurance premiums. Further, we propose that Congress extend cost-sharing reductions to people above 250% FPL and allow consumers with incomes above 400% FPL to access advanced premium tax credits. The Commonwealth Fund estimates 1.2 million Americans could gain access to care if the tax credit eligibility standards were extended past 400% FPL.³³

4

Support consumer outreach and education

Enrollment assisters provide critical supports to consumers to help them understand their coverage options, navigate the enrollment process, use their health insurance effectively, and troubleshoot problems with their coverage. Marketing and outreach activities aimed at consumers who are likely eligible to enroll serve to broadly promote the importance of health insurance and the opportunity to enroll. Not only do these supports promote consumer enrollment in health coverage, but they also help to hold down premiums and foster a healthier risk pool. We call on federal policymakers to allocate sufficient funds to support robust consumer outreach and enrollment activities and supports. In the absence of these actions, we encourage Georgia's policymakers to offer a combination of funding, in-kind support, and other resources to support consumer outreach and enrollment activities and supports.

Conclusion

The Affordable Care Act's Marketplace continues to serve as an important avenue for health insurance for Georgia consumers who do not have access to job-based coverage. Affordability remains a top concern for enrollees and enrollment assisters continue to be an important resource for consumers as they navigate changes in how the ACA is implemented, reduced insurer participation, premium increases, and changes in consumer health needs. Collaboration among assisters, stakeholders, advocates, and policymakers will be essential in ensuring Marketplace stability, increasing coverage, facilitating access to care, and addressing affordability in the coming years.

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