



**GETTING GEORGIA COVERED**

**WHAT WE CAN LEARN FROM  
THE SIXTH OPEN ENROLLMENT PERIOD**

**OE6**

SIXTH OPEN ENROLLMENT PERIOD  
NOVEMBER 1 TO DECEMBER 15, 2018

A PUBLICATION BY

The Affordable Care Act's (ACA) sixth open enrollment period (known as OE6) ran from November 1 to December 15, 2018. Data gathered about OE6 show that consumer enrollment dropped for the second consecutive year amid persistent attacks on the Affordable Care Act by federal policy makers. However, improving plan affordability and consumer choice give reasons for Georgia consumers to feel optimistic about the stability and resilience of the marketplace.

### The consumers enrolled in Georgia's marketplace

Just more than 458,000 Georgia consumers enrolled in health insurance through the marketplace in 2019. This represents a 4.7% decline in enrollment from 2018, outpacing the 2.6% decline nationwide over the same time period.

#### 2019 ENROLLMENT

	Enrollment	Percent
Total Enrollment	458,437	100%
New Consumers	141,066	30.8%
Total Re-enrollees	317,371	69.2%
Active Re-enrollees	242,335	52.9%
Automatic Re-enrollees:	75,036	16.0%

Source: Centers for Medicare & Medicaid Services, Research, Statistics, Data and Systems, Marketplace Products, Public Use Files Research, Statistics, Data and Systems, Marketplace Products, Public Use Files

More than half (53%) of Georgia's enrollments come from seven urban counties—Gwinnett (80,095 enrollees), Fulton (46,521), Cobb (40,320), DeKalb (39,135), Clayton (16,398), Chatham (12,041), and Cherokee (11,507). While enrollment remained strong in urban areas, it continued to drop off in rural areas of the state where consumers have fewer choices between insurers and premiums are sometimes higher.

#### Income

Forty-eight percent of consumers purchasing plans had incomes between 100-150% FPL

#### Ages 45 to 64

Almost half (46.1%) of consumers who enrolled in 2019 health plans were between the ages of 45-64.

#### Women

Women made up 56% of enrollees, consistent with all previous Marketplace years.

#### Non-rural

As in past years, most Marketplace enrollees live in non-rural areas (85.6%).

#### Representation

When compared with the make-up of Georgia's total population, Asian consumers are over-represented in the marketplace (14% in the marketplace vs. 4.3% overall). Black Georgians are under-represented (18% in marketplace vs. 32.4% overall).<sup>1</sup>

Source: Kaiser Family Foundation, State Health Facts, Health Reform, Marketplace Effectuated Enrollment and Financial Assistance, various charts

### Affordability

Premiums for plans offered on Georgia's marketplace declined for the first time in 2019. Consistent with previous years, almost nine out of ten Georgia enrollees received financial assistance to help with the costs of their coverage. With tax credits applied, premiums dropped by a dramatic 15%.

#### MARKETPLACE AFFORDABILITY

	2019	% change from previous year
Average Premium	\$598	-1.8%
Average Premium after Advanced Premium Tax Credit (APTC)	\$127	-15.0%
Avg APTC among consumers receiving APTC	\$537	-1.5%
Avg premium after APTC with APTC consumers	\$73	-5.5%

  

	2019	% of total enrollments
Consumers with APTC and/or Cost Sharing Reduction (CSR)	402,776	87.9%
Consumers with CSR	299,847	65.4%
Consumers with APTC	402,267	87.7%
	<b>458,437</b>	

Source: Centers for Medicare & Medicaid Services, Research, Statistics, Data and Systems, Marketplace Products, various charts

### Choice for Georgia Consumers

When shopping for their 2019 health plans, three out of four Georgia consumers selected silver plans. This is down slightly from previous years (82% in 2017 and 78% in 2018), as some consumers shifted to bronze and gold plans. This may be an effect of on-going "silver-loading", in which insurers increase the costs of silver-level plans disproportionately as compared to other plan options. This practice has been adopted as a strategy by state insurance regulators and insurers to make up for the loss of cost-sharing reduction payments to insurers from the federal government.<sup>2</sup>

#### GEORGIA CONSUMER PLAN SELECTIONS BY METAL TIER

Metal Tier	2019 Plan Selections	Percent of 2019 Plan Selections	Percent of Change from 2018
Catastrophic	4,738	1.0%	0.6%
Bronze	89,658	19.5%	-15.5%
Silver	339,381	74.0%	9.2%
Gold	23,248	5.0%	-1.4%
Platinum	1,412	0.3%	28.6%
Total	458,437		-4.7%

Georgia consumers had more options when choosing an insurer in 2019, as insurers expanded or shifted the counties in which they offered marketplace plans. Four insurers offered plan options in Georgia and more than half (54.5%) of enrolled consumers had three or more insurer options available to them. Three-quarters of Georgia counties—most of which are rural—were still served by only one insurer, leaving rural consumers with limited choices.

Source: Centers for Medicare & Medicaid Services, Research, Statistics, Data and Systems, Marketplace Products

**PERCENT OF CONSUMERS WITH CHOICE OF INSURERS IN THE ACA MARKETPLACE**

	% of COUNTIES with choice of insurers	% of CONSUMERS with choice of insurers
Three or more insurers	7%	54.5%
Two insurers	20%	18.9%
One insurer	74%	26.6%

**Changes that may have impacted 2019 enrollment**

**CONSUMER CONFUSION ABOUT THE STATE OF THE ACA**

Amid inconsistent messages from President Trump about “repealing the ACA”, a lawsuit by 20 states to invalidate the entire law, and Congress’ “zero-ing” of the ACA’s individual mandate penalty beginning in 2019, many Georgia consumers expressed confusion to GHF staff and partners about the status of the federal health care law.<sup>3,4</sup> This confusion was reflected in the Kaiser Family Foundation’s health tracking poll from November 2018 when almost one-third of the public did not know how Congress had acted on the individual mandate. The same number were aware that Congress had reduced the penalty to zero and the remaining responded that Congress had not changed the individual mandate at all.<sup>5</sup> Furthermore, on the evening before the end of the 2019 open enrollment period, a federal court judge issued a ruling in the Texas v. United States lawsuit striking down the entire ACA; while the ruling was stayed until higher courts are able to hear the case, the coverage of the decision was confusing for many consumers and may have prevented some from enrolling on the final day (typically a heavy day for enrollments).<sup>6</sup>

**DECLINES IN ENROLLMENT ASSISTANCE & MARKETING**

For the second year in a row, the Trump administration handed down large funding cuts for outreach and enrollment efforts across the country. Funds granted to statewide enrollment efforts in Georgia totaled only \$550,000, a 61% cut from the previous year and a decrease of 85% from 2016.<sup>7,8</sup> The reduced federal funding was granted to one community-based organization that faced difficulties preparing for statewide outreach. At the same time, the federal government maintained low levels of TV, web, and radio advertising that in previous years drove broad awareness of the open enrollment period and encouraged consumers to shop and enroll. In the November 2018 Kaiser Health Tracking Poll, three quarters of those most impacted by open enrollment did not know the enrollment deadline.<sup>9</sup> With limited information and few resources to help them navigate the enrollment process, Georgia consumers who were eligible for coverage may have been left behind during this year’s open enrollment period.

**BROADER AVAILABILITY OF CHEAP, SKIMPY PLANS**

In 2018, the Trump Administration issued two rules that expanded the availability of association health plans (AHPs) and short-term limited duration (“short-term”) health plans.<sup>10</sup> One of the new rules allows short-term plans to last as long as 364 days and to be re-issued for up to three years. Previously, these types of plans were limited to 90 days and could not be renewed. The federal rule governing the availability of AHPs expanded the number of people who could qualify for such a plan. The rules collectively act to drain young, health enrollees from the marketplace, pushing up premiums for those who remain. The consumers who enroll in these plans can be charged more for their gender, health status, or other factors, and may not be offered all of the benefits that come with ACA-compliant plans (e.g. mental health, prescription drugs). Despite their short-comings, the plans’ cheap premiums may have attracted price-sensitive, healthy consumers out of the marketplace, contributing to Georgia’s lower enrollment numbers.

**Policy and Advocacy Opportunities**

The challenges faced by Georgia consumers in the ACA marketplace can be largely addressed through evidence-based public policy, beginning with the options presented here.

**Expand access to health insurance:** Hundreds of thousands of low-income Georgians are still stuck in Georgia’s coverage gap, with no pathway to health coverage. In March 2019, Georgia law makers passed SB 106, the Patients First Act. The new law could be used as a mechanism to expand coverage to uninsured, poor adults. We encourage Georgia leaders to use the new law to its fullest extent by covering all Georgia adults up to the poverty line.

**Address affordability:** Some middle-income Georgians make just too much to qualify for financial help to purchase coverage on the ACA marketplace. These Georgians struggle to afford the mounting combination of premiums and cost-sharing required by their plans. The Patients First Act could bring some relief to these consumers by implementing a reinsurance program which helps to hold down premiums. Reinsurance programs, adopted through 1332 waivers, have helped to increase competition in insurance markets, reduce prices for consumers, and save money for the federal government in states where they have been implemented.<sup>12</sup> We encourage Georgia policy makers to pursue a similar solution for Georgia.

**Build a market with strong foundations:** The increased availability of short-term plans put consumers at financial risk and pushes up premiums for ACA compliant plans. Many consumers do not know they are buying a short-term plan until they need to use their coverage and are left with mounting medical bills. Limiting the sale of short-term junk plans would protect consumers from inadvertently purchasing insurance plans that do not meet their needs and put their finances at risk.<sup>13</sup> We encourage Georgia’s policymakers to limit the duration of short-term plans to less than six months with no successive renewal and require that the plans cover the essential health benefits, among other protections for consumers.

**Invest in the success of Georgia’s marketplace:** About two-thirds of Georgia’s uninsured population is eligible for marketplace coverage and half of that group is eligible for financial assistance.<sup>17</sup> Data indicates that most of the eligible but uninsured are unaware that they may qualify for financial assistance to help them purchase health insurance. In-person outreach and enrollment assistance, along with broad-based marketing efforts, have proven to be effective in reaching the remaining uninsured. We encourage state leaders to appropriate funds to the Georgia Office of the Commissioner of Insurance to support such efforts, helping to back fill the drastic cuts to enrollment assistance imposed by the federal government.

**GUARANTEE CONSUMERS GET WHAT THEY PAY FOR:**

**Network adequacy:** Georgia has some of the narrowest provider networks in the country.<sup>14</sup> Although narrow networks can hold down the cost of health insurance, they can result in insufficient access to care, inhibit continuity of care, and lead to burdensome surprise medical bills if consumers unknowingly receive services from out-of-network providers. We encourage Georgia’s policymakers to develop a quantitative and comprehensive network adequacy standard based on the 2015 model law developed by the National Association for Insurance Commissioners.

**Surprise billing:** Georgia consumers are more often reporting that they have received out of network surprise medical bills. These bills occur when consumers unknowingly receive services from out-of-network providers and can add thousands of dollars to the expected costs of a health service. We encourage Georgia leaders to pass legislation that protects consumers from surprise 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 providers and insurers.<sup>15, 16</sup>

## Conclusion

Georgia's marketplace has become embedded as an important avenue for health coverage for Georgians who do not have access to job-based coverage. Many Georgia consumers rely on the affordable, comprehensive insurance available there year after year. However, even more Georgians stand to benefit and existing enrollees articulate opportunities for improvement. Georgia health advocates, policy makers, providers, insurers, and other stakeholders need to collaborate to ensure that the marketplace fills the complete needs

## APPENDICES

### 2019 FEDERAL POVERTY LEVELS

Family Size	100% FPL	250% FPL	400% FPL
1	\$ 12,490	\$ 31,225	\$ 49,960
2	16,910	42,275	67,640
3	21,330	53,325	85,320
4	25,750	64,375	103,000
5	30,170	75,425	120,680
6	34,590	86,475	138,360

- Twenty-seven percent (27%) of Georgia enrollees did not indicate a race or ethnicity.
- Georgians for a Healthy Future (2018). Getting Georgians Covered: OE5. Available at: [https://healthyfuturega.org/ghf\\_resource/getting-georgia-covered-5/](https://healthyfuturega.org/ghf_resource/getting-georgia-covered-5/)
- New York Times, *Trump Says He Got Rid of Obamacare. The IRS doesn't Agree.* May 6, 2018. Retrieved from <https://www.nytimes.com/2018/05/06/business/trump-obamacare-irs.html>
- Families USA, *Texas v. United States: The latest court case to threaten health coverage for millions.* August 2018. Retrieved from <https://familiesusa.org/product/texas-v-united-states-latest-court-case-threaten-health-coverage-millions>
- Kaiser Health Tracking Poll, *November 2018: Priorities for New Congress and the Future of the ACA and Medicaid Expansion.* November 28, 2018. Retrieved from <https://www.kff.org/health-reform/poll-finding/kff-health-tracking-poll-november-2018-priorities-congress-future-aca-medicaid-expansion/>
- NPR, *Texas Judge Rules Affordable Care Act Unconstitutional, But Supporters Vow To Appeal,* December 14, 2018. <https://www.npr.org/sections/health-shots/2018/12/14/677002085/texas-judge-rules-affordable-care-act-unconstitutional-but-supporters-vow-to-appeal>
- Georgia Health News, *One small group gets all the funding for ACA navigators in Georgia.* September 12, 2018. Retrieved from <http://www.georgiahealthnews.com/2018/09/small-group-funding-aca-navigators-georgia/>
- Kaiser Family Foundation, *Data Note: Changes in 2017 Federal Navigator Funding.* October 11, 2017 <https://www.kff.org/health-reform/issue-brief/data-note-changes-in-2017-federal-navigator-funding/>
- Ibid, iii
- Center on Budget & Policy Priorities, *Sabotage Watch: Tracking Efforts to Undermine the ACA,* accessed August 3, 2019. Retrieved from <https://www.cbpp.org/sabotage-watch-tracking-efforts-to-undermine-the-aca>
- Georgians for a Healthy Future. *Happening Now: Changes in health care for Georgians.* (2019, July 23). Retrieved from <https://healthyfuturega.org/2019/07/23/happening-now-changes-in-health-care-for-georgians/>
- Commonwealth Fund, *States take the lead on reinsurance to stabilize the ACA Marketplaces,* May 22, 2018. <https://www.commonwealthfund.org/blog/2018/states-take-lead-reinsurance-stabilize-aca-marketplaces>
- New York Times, *'Short term' health insurance? Up to 3 years under new Trump policy,* August 1, 2018. Retrieved from <https://www.nytimes.com/2018/08/01/us/politics/trump-short-term-health-insurance.html>
- UPenn & Robert Wood Johnson Foundation, *State Variations in Narrow Networks on ACA Marketplaces,* August 2015. <http://ldi.upenn.edu/sites/default/files/rte/state-narrow-networks.pdf>
- National Association of Insurance Commissioners and The Center for Insurance Policy and Research. (2017, July). *The NAIC Network Adequacy Model Act.* Retrieved from: [http://www.naic.org/documents/cmte\\_legislative\\_liaison\\_brief\\_network\\_adequacy.pdf](http://www.naic.org/documents/cmte_legislative_liaison_brief_network_adequacy.pdf)
- Lucia, K., Hoadley, J., Williams, A. (2017, June). *Balance Billing by Health Care Providers: Assessing Consumer Protections Across States.* The Commonwealth Fund. Retrieved from: <http://www.commonwealthfund.org/publications/issue-briefs/2017/jun/balance-billing-consumer-protections-states>
- Kaiser Family Foundation, *State Health Facts, Distribution of Eligibility for ACA Health Coverage Among those Remaining Uninsured as of 2017.* Accessed August 3, 2019