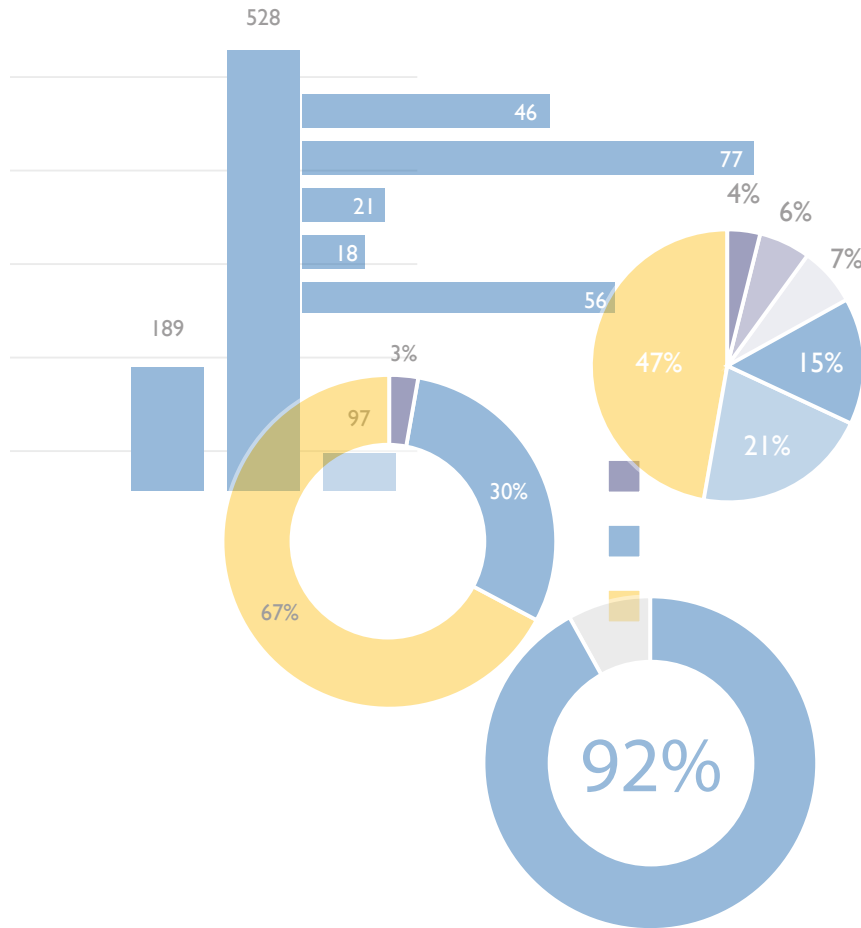


GETTING IN

IMPROVING CONSUMER-FRIENDLY ENROLLMENT IN ARKANSAS



SEPTEMBER 2014

GETTING IN

IMPROVING CONSUMER-FRIENDLY ENROLLMENT IN ARKANSAS



by Anna Strong, Health Policy Director
Arkansas Advocates for Children and Families
September 2014

Executive summary

The consumer enrollment experience provides an important perspective for improving eligibility determination and successful enrollment in coming years. Arkansas Advocates for Children and Families (AACF) worked with three in-person assister (IPA) sites across Arkansas to collect data reported voluntarily by consumers and assisters to inform improvements to the consumer experience. The results of 823 consumer surveys and a focus group with assisters show that the vast majority (92 percent) of consumers who met with in-person assisters were able to get the information they needed about health coverage eligibility. However, barriers to full enrollment were as follows:

- Technological issues were the biggest barrier to completing enrollment, including system freezes, data transfers between Healthcare.gov and the state system, or having to return at a later date to complete Private Option plan selection.
- Families in complex situations, immigrants, or those with little credit history had more trouble completing an enrollment through one visit.

Assisters shared that their work was incredibly rewarding as they served as a vital resource to connect those in dire need of affordable health coverage with Private Option and Marketplace plans. However, they expressed frustration with the enrollment systems' errors, and they shared frustration about the lack of sufficient customer-service staff at DHS



This student obtained information on enrollment on Oct. 1, 2013.

to resolve Private Option application issues. IPAs suggested improvements to enrollment best practices, training and technical assistance, identity verification, and the future of enrollment assistance, providing useful insight to improving the 2015 experience for consumers.

Data collected for this report show that an improved consumer experience is possible if Arkansas and the federal Marketplace take the following steps.

- Continue funding in-person assistance and public education in coming years.
- Streamline “no wrong door” enrollment process – both on the consumer-facing side and behind the scenes.
- Train assisters on Access.Arkansas.gov and details about the Private Option, Medicaid, and ARKids First.
- Improve the identity verification process.
- Add needed staff at DHS to handle technical issues and support.
- Develop appropriate renewal and cancellation procedures.

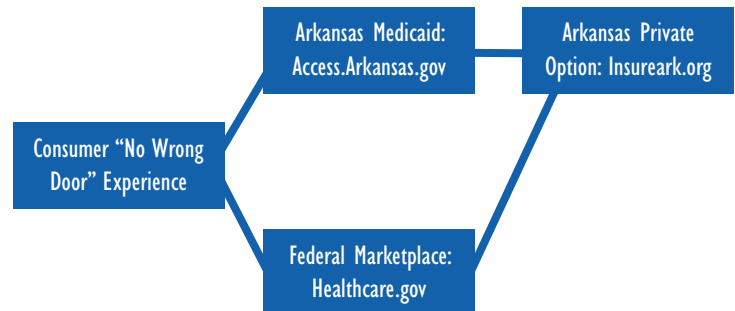
Overview of project and data collection

The Affordable Care Act's initial open enrollment period created an opportunity to collect data that would lend insight to future efforts around consumer education, outreach, and enrollment in health coverage. Arkansas Advocates for Children and Families (AACF) contracted with three in-person assister (IPA) grantee sites that agreed to offer the opportunity to consumers to submit voluntary enrollment surveys and stories as they attempted to enroll in coverage. This report shares the results of 823 consumer surveys that were collected about the enrollment process as well as insights from assisters employed by the three IPA sites.

Using federal grant funds and input from the Partnership Marketplace Consumer Assistance Advisory Committee and Steering Committee, the Arkansas Insurance Department developed a thorough education campaign and enrollment infrastructure to reach more than 500,000 uninsured residents about new affordable health coverage options. More than 500 licensed In-Person Assisters (IPAs) were hired through almost 30 entities, and additional Navigators, Certified Application Counselors, and insurance brokers were licensed to enroll the uninsured. A total of 2,335 people were licensed to assist with Marketplace enrollment.¹ However, a minority of legislators held up contracts to execute a broad public education media campaign, resulting in in-person assistance being the only substantial outreach and education resource during open enrollment from October 1, 2013 – March 31, 2014.

In addition to limited public education, Arkansas had a complex enrollment system. The state's "Private Option" coverage for low-income adults passed in late April, 2013, leaving just a few months to build an enrollment system that would allow eligible adults to choose from a subset of Marketplace plans that would be purchased by Arkansas Medicaid.² This system, InsureArk.org, needed to interface seamlessly with Arkansas's upgraded Medicaid enrollment system as well as the federal Healthcare.gov site. Though the individual systems were ready on October 1, 2013,

the connections between them remained rocky as enrollment began. In fact, transfers of consumers determined eligible through Healthcare.gov for Arkansas Medicaid or the Private Option did not begin until just before January 1, 2014.³ Establishing a "No Wrong Door" system through which consumers could seamlessly complete enrollment regardless of their entry point was difficult.



Arkansas had a complex enrollment system with many parts that needed coordination to provide a "No Wrong Door" experience allowing them to complete enrollment seamlessly regardless of their entry point to an application.

Unfortunately, given the short timeframe to build the systems, there was no enrollment system demonstration experience for assisters who would be helping consumers enroll. The rocky rollout of Healthcare.gov meant that as assisters encountered individuals and families likely eligible for Arkansas Medicaid or the Private Option, they instead went directly to

Access.Arkansas.gov to avoid the glitches and transfer issues. However, little training and technical support for assisters on Arkansas Medicaid was available. Direct enrollment through Access.Arkansas.gov was not the expected process for enrollment. Additionally, lawmakers had blocked the use of federal funding to help increase staff capacity at the Arkansas Department of Human Services (DHS) to support enrollment efforts in Medicaid and the Private Option.

By January, the enrollment systems were more functional, and the survey collection process for the AACF project began on January 16. AACF's plan to wait a few months before the project's data

collection began was based on initial experiences with Healthcare.gov as well as past experiences with large-scale enrollment efforts, most recently the Medicare Part D prescription drug benefit. Launch of the Medicare Part D enrollment system was delayed three weeks and even after launching, there were glitches and overwhelmed call centers.⁴ Any large information technology project is likely to have glitches, and the AACF team decided to wait until major issues had been resolved with Healthcare.gov so that the data that was captured would reflect a more stable system environment.

Assisters at each of the three contracted IPA sites were trained to offer consumers a post-enrollment survey. IPAs could choose to offer consumers an electronic or paper survey, but the site was responsible for ensuring all surveys were submitted electronically. Over the course of the eleven weeks of survey collection, 823 were collected. The full survey is included in Appendix A. In mid-April, 11 assisters from the 3 IPA sites participated in a voluntary focus group to share their experiences with open enrollment with AACF. The results of the data collection process informed the recommendations at the end of this report.

Consumer Experiences Survey

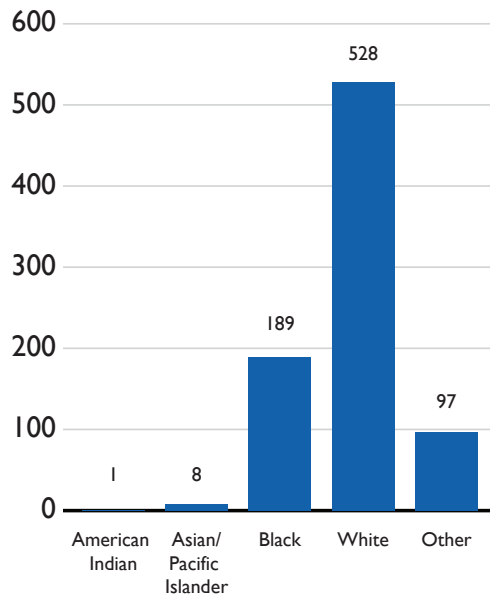
Consumer surveys about the enrollment experience, particularly the technology and enrollment system, were collected from 21 counties in Arkansas. At least 200 surveys were collected by each of the three participating enrollment sites, with 823 collected in total.

Respondent Demographics. Most enrollees who completed the survey lived in households that earned less than \$20,000 annually (76 percent) and had a family size of 1 or 2 (64 percent). The racial breakdown was majority white, and 24 percent of respondents identified as Hispanic or Latino/a. The vast majority (76 percent) had earned at least a high-school diploma.

Most consumers who completed the survey had been uninsured 3 years or more, and 68 percent had been uninsured a year or more prior to enrolling.

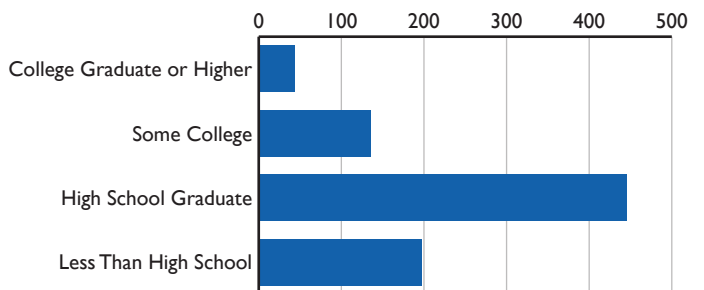
RACE OF SURVEY PARTICIPANTS

823 collected in total



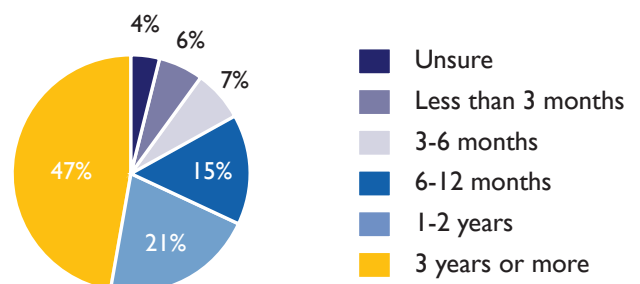
HIGHEST LEVEL OF EDUCATION COMPLETED

Vast majority were high school graduates

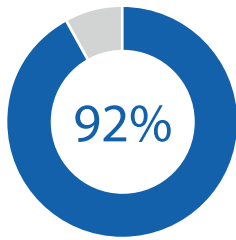


MOST RESPONDENTS UNINSURED FOR 3 YEARS OR MORE

68 percent had been uninsured one year or more



92 PERCENT SUCCESSFULLY OBTAINED INFORMATION ABOUT COVERAGE

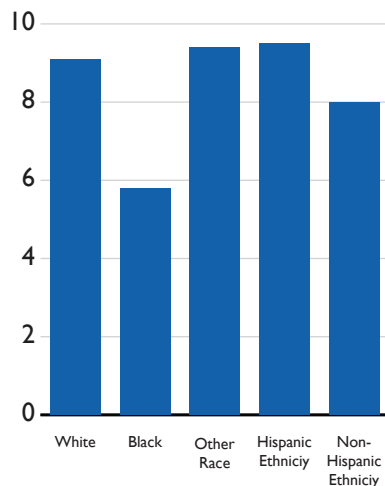


Survey Results. Overall, 92 percent of consumers indicated that they successfully obtained information about their health care coverage eligibility during their encounter with the IPA organization.

When broken down by race and ethnicity, those whose race was “other” (non-white and non-black) or whose ethnicity was “Hispanic or Latino/a” were slightly more likely to have answered that they did not get the information they needed than white, black, and non-Hispanic individuals. These disparities could be tied to the problems Healthcare.gov had with immigrant and migrant eligibility determinations throughout much of the open enrollment period.

APPLICANTS UNABLE TO GET NEEDED INFORMATION ABOUT COVERAGE

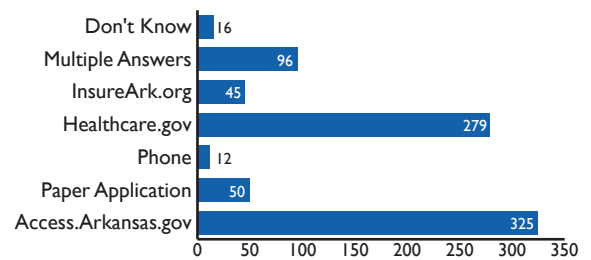
Percent, by race



Arkansas did not have a fully streamlined eligibility and enrollment system as evidenced by the fact that consumers began the enrollment process from a variety of different avenues. Additionally, Access.Arkansas.gov was used more broadly than any other option, indicating the need for thorough training and technical assistance for this application process.

WHERE APPLICANTS BEGAN APPLICATION

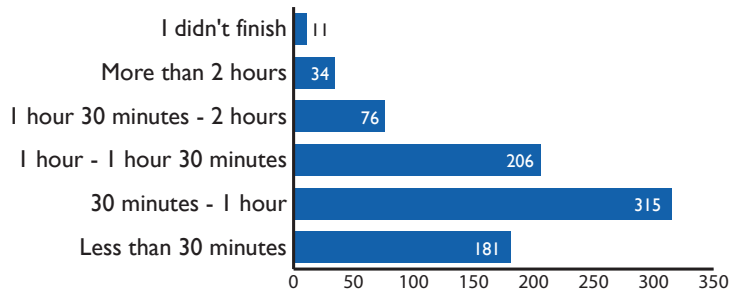
Internet access points suggest need for training



About 18 percent of consumers reported that their family had a type of “complex coverage” situation in which family members were eligible for different types of coverage; 21 percent were unsure on this question. Only 50 of the 823 respondents (6 percent) reported enrolling their child in coverage at the time of the survey, but 37 percent had children who already had coverage through ARKids First or a private insurance plan. Health coverage is good for families since it provides economic security and an avenue for affordable health coverage that helps all family members thrive.

The application process was more complex for some consumers than for others, and technology issues also created barriers to quick enrollment. This was reflected in the amount of time it took respondents to complete their application and enrollment. Most respondents (60 percent) finished in less than one hour. However, it may be the case that some applicants did not fully complete the entire enrollment process since it was a two-or-more day process for much of the open enrollment period if they qualified for the Arkansas Private Option. Data was transferred between Access.Arkansas.gov and InsureArk.org overnight in the early months of open enrollment, so applicants may have only completed one part of the process.

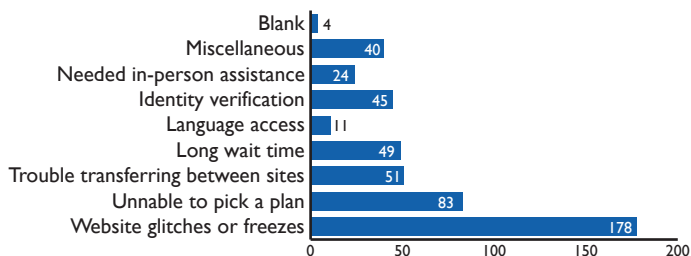
TIME TAKEN TO COMPLETE APPLICATION PROCESS



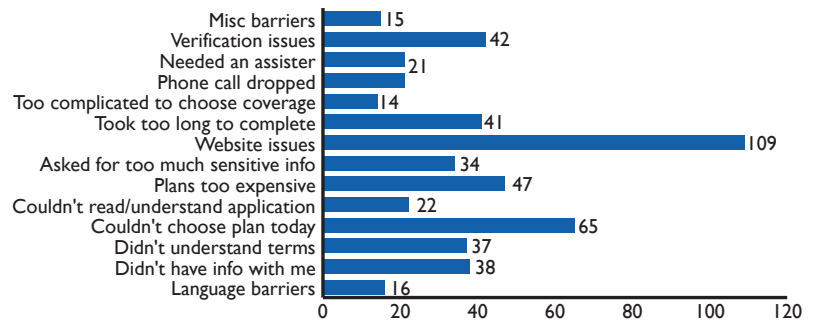
Survey respondents reported technological issues and barriers to enrollment, many of which have achievable resolutions for the next open enrollment period. For example, an improved website with fewer “glitches” and freezes or an improved ability to do seamless transfers between the various systems in the enrollment process would be a vast improvement over year one. Additionally, providing plenty of consumer assistance and supplying documents/translation in needed languages will be helpful. Many customers reported not understanding the terminology or not being able to read the application, again highlighting a need for local in-person assistance statewide.

One issue that was not specifically surveyed but came up through the “other” categories was that the data verification hub’s inability to determine who consumers were - without needing additional documentation - was a significant challenge. Many customers had to be asked to return with additional documentation such as pay stubs, tax forms, or even birth certificates or green cards in order to complete the enrollment process. For many low-income families, additional time off work or travel to and from an enrollment site to bring this documentation could mean the difference between a successful enrollment and going without coverage. The data hub needs to be improved so more families can complete the enrollment process without the need for mailing additional data to a processing center.

NATURE OF TECHNOLOGY ISSUES EXPERIENCED

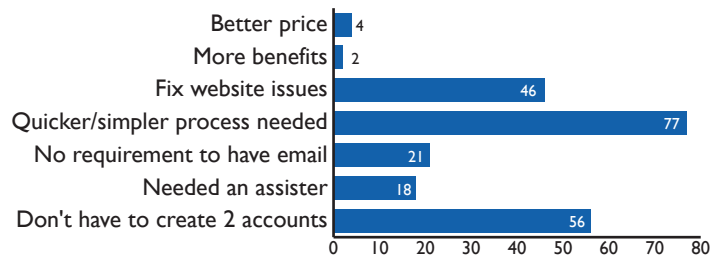


BARRIERS EXPERIENCED WHILE ENROLLING



Consumers were asked what the one thing they would change about the enrollment process, and by far, the top request was a quicker, simpler enrollment process and improved website with fewer glitches and problems. Arkansas’s process for Private Option enrollment required consumers to create two accounts: one at Access.Arkansas.gov and one at InsureArk.org. This seemed to confuse people, and it made the process cumbersome if people forgot passwords or only completed part of the enrollment process in the first attempt. Going forward, it would be much simpler for consumers if the two sites operated by Arkansas DHS were integrated into a single account.

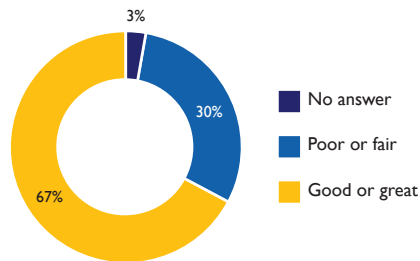
IF ENROLLEES COULD CHANGE ONE THING ABOUT ENROLLMENT PROCESS, IT WOULD BE _____.



The Big Picture from Consumers The first year of open enrollment in Arkansas must be considered a great success considering that more than 215,000 people enrolled in Private Option or Marketplace plans.⁵ The consumer survey supported that success, indicating the vast majority of consumers left a visit with an in-person assister with needed information about their eligibility for coverage. Despite the enrollment system’s challenges noted above, most consumers who completed the survey ranked their experience with the enrollment system highly, as a 4 or 5 out of 5.

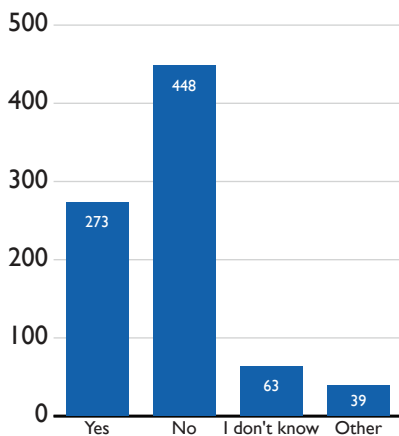
TWO-THIRDS RANK EXPERIENCE GOOD OR GREAT

Enrollees rank experience with online enrollment technology.



Unfortunately, and due to many of the factors listed above, the majority of applicants who completed the surveys (55 percent) were not able to complete fully their enrollment in health coverage during their visit.

DID APPLICANTS COMPLETE ENROLLMENT IN HEALTH PLAN OR MEDICAID/ARKIDS FIRST DURING CURRENT VISIT WITH AN ASSISTER?



For the second year of open enrollment, there remains much potential for a simplified, quicker enrollment process that allows families to determine eligibility and choose coverage in one sitting.

Assister Feedback Focus Group

Arkansas Advocates for Children and Families conducted a focus group with in-person assisters from the contracted sites after the conclusion of

the open enrollment period. Eleven participants shared their experiences and their observations about consumers’ perspective of open enrollment. Overall, they stated that their work was incredibly rewarding as they connected those in dire need of affordable health coverage with Private Option and Marketplace plans. However, they expressed frustration with the enrollment systems’ errors, and they shared frustration about the lack of sufficient customer-service staff at DHS to resolve Private Option application issues.

When asked to share a word and phrase that described their experience with open enrollment, most of the responses were positive. “Amazing,” “uncertain,” “flexibility,” “hope,” “challenging,” “rocky road,” “pioneering,” and “rewarding” were a few of the thoughts from assisters. As was true nationally, assisters said that most consumers were initially unaware of the affordability programs (Private Option and Marketplace subsidies) available to them.⁶ However, they stated it was rewarding to help walk consumers through the process. The assisters’ responses to a question asking about the two most important criteria for being an effective assister are in the word cloud below – their responses can be the key to successful future enrollment efforts.

WHAT MAKES AN EFFECTIVE ASSISTER?



Assisters’ thoughts on best practices, training and technical assistance, identity verification, and the future of enrollment assistance in Arkansas are summarized below.

IPA best practices: One of the assisters' best practices included finding local entities or people who were connected to the uninsured and developing relationships with them. For example, food pantries, hot meal providers, churches (eventually, though not all were receptive), drug courts, and workforce service centers were places they found they could connect to those needing coverage. Libraries were successful for another. One IPA found that reaching out to Hispanic consumers worked in unusual settings such as evening parties, and another felt that young black men were best reached through their mothers. Others identified that materials in appropriate languages were in short supply – Spanish and Marshallese were mentioned specifically.

Training and technical assistance: Though the training was thorough and covered the basics, the IPAs wished they had had an enrollment simulator to allow them to work in the Healthcare.gov or Access.Arizona.gov or InsureArk.org systems before they went live. Many expressed a desire for subject matter experts to be available via phone for technical support during the day and after hours. Many of the assisters expressed a need for more training on Medicaid, the Private Option, ARKids First, and Access.Arizona.gov. Additionally, there was a need for an assister line to DHS employees who could help them pinpoint application statuses for consumers who had been waiting weeks for eligibility determinations. Local DHS offices were not always collaborative in counties' enrollment efforts – they need partnership.

Identity verification challenges: Identity verification was the biggest barrier to enrollment once people were aware of new, affordable coverage options. Immigrants, young people with no credit history, and many others had little luck verifying their identity through the federal data hub and were required to mail in additional information to complete their application. Assisters called this the “black hole” because once materials were mailed, it was nearly impossible to find out the status of the application. Neither DHS nor federal officials were helpful in determining the missing applications' statuses. Many immigrants and Marshallese families gave up on applications because their eligibility was so complicated or they were being shuffled between state and federal systems.

Future of enrollment assistance: Overwhelmingly, assisters were disappointed about the end of outreach and the more than 500 assister jobs that would be eliminated. They saw the need for continued outreach and enrollment, but many did not expect their organizations to continue funding their positions. Overcoming rumors and biases for consumers during the enrollment period was difficult, and IPAs wanted to continue to apply their skills to counter these false impressions that could hinder outreach. They compared it to a modern “telephone game” in which word of mouth twisted the truth, but they could share the real facts. Most assisters felt that a statewide coalition of enrollment workers and consumer advocates across funding sources would be useful rather than working only with IPAs through the Insurance Department (since IPA organizations are no longer funded by the Department). Additionally, they believed future webinars, email blasts, and other shared information about outreach and enrollment ideas and positive stories would be useful. Lastly, they expressed a need for health literacy and health education – consumers don't know what to do once they have their insurance. Consumers still need help.

Overall, the assisters were thankful for the experience of being an assister and recognized the need for future assistance and outreach in order to help those in their communities who still needed coverage. They were disappointed in the legislature's special language that prevented three state agencies from utilizing federal funds to continue enrollment efforts and hoped that decision would be reversed in the future. The service assisters provided to consumers was invaluable and needs to be continued.

Recommendations

The survey and focus group results show that consumers need an improved enrollment system and effective in-person assistance. Without a public media campaign, it is crucial that the enrollment systems be intuitive and simple to find and use. Research from Enroll America suggests that informing consumers – through media or direct assistance – was the “single

most effective way to motivate uninsured consumers to enroll.”⁷ Their report also states that individualized information about costs and coverage encouraged consumers to continue exploring their coverage options. In-person assistance can also help reduce disparities – enrollment rates climbed steadily after follow-ups from assisters, especially among African Americans, Latinos, and young adults.⁸

High-quality assistance will be helpful for current enrollees as they experience life changes such as births and marriages, and many uninsured Arkansans simply haven’t yet enrolled in coverage and need help to find it. Health literacy assistance or “personal health coaches” could help consumers take charge of their health and improve the quality of life for themselves and their families. The following are recommendations to improve the consumer experience in health care enrollment in coming years.

Continue funding in-person assistance and public education in coming years. Enrollment assistance was shown to be a needed and successful tool for helping Arkansans become aware of and fully understand their health coverage options under the Affordable Care Act and the Private Option. Additionally, public information campaigns including traditional and social media help inform consumers about the financial assistance that is available, overcoming the biggest barrier to enrollment.⁹ Limiting or eliminating enrollment assistance could prove very detrimental to the ability of uninsured consumers to find and enroll in health coverage that meets their needs. Strong enrollment helps grow the marketplace insurance pool and improve competition, reducing prices and drawing more carriers to the state.

Streamline “no wrong door” enrollment process – both on the consumer-facing side and behind the scenes. Because of the rocky rollout of Healthcare.gov, Access.Arkansas.gov and InsureArk.org thankfully became a second path to enrollment for many Arkansans. However, a single entry point for all consumers would help minimize consumer confusion provided eligibility determination processes are better streamlined behind the scenes. Additionally, consumers eligible for the Private Option had to

create two accounts (one on Access.Arkansas.gov and one on InsureArk.org). This was confusing and should be streamlined to a single account going forward. Improved functioning of technological systems is a must-have for 2015 enrollment.

Train assisters on Access.Arkansas.gov and details about the Private Option, Medicaid, and ARKids First. Assisters felt the need for additional training on the DHS side of enrollment. Statistically, more than ¾ of enrollees ended up being eligible for the Private Option or Medicaid, so it is important that assisters are equipped to fulfill their “no wrong door” duties. Internally, improved collaboration between DHS and the Insurance Department might help create a cohesive training and technical assistance resource.

Improve the identity verification process. Challenges with verifying enrollees’ identity was an unexpected issue that was brought to light in both the surveys and the assister focus group. Because many enrollees had to mail in additional information and the DHS processing centers were overwhelmed with applications, it could be months before consumers heard any eligibility determinations. The frustration and duplicate applications resulting from this could be prevented if the verification process successfully worked for more people.

Add needed staff at DHS to handle technical issues and support. DHS needs additional capacity to provide technical support, training, and factual consumer education to local DHS offices, assisters, and consumers. Denying DHS the ability to add staff at a very reasonable match rate is short-sighted.

Develop appropriate renewal and cancellation procedures. As enrollees begin to face renewal time or have life changes, DHS should adopt cancellation policies that aim to cause as few gaps in coverage as possible. For example, DHS could provide enough notice to allow a person to immediately re-enroll in a Marketplace plan that would start just after the initial coverage ended. Additionally, notices should be written in plain language and at the appropriate grade level, and they should be available in the languages appropriate for those covered by the plans.

Appendix A – Consumer Survey

The following survey was offered to consumers who worked with in-person assister sites contracted with AACF via a Google Form that populated a Google Spreadsheet.

Enrollment System Survey. Arkansas Advocates for Children and Families, a statewide nonprofit organization, is conducting this 15-question survey. Your answers will help make the process of enrolling in health coverage better. In this survey, please do not share comments about your guide/assister or the organization that helped you. This survey asks only about the application and technology. Thank you for your time!

1. Today, were you able to get information about the health care coverage you and your family are eligible for?
 - a. Yes
 - b. No
2. How did you begin your application today? Check all that apply.
 - a. Healthcare.gov
 - b. Access.Arkansas.gov (DHS Site)
 - c. InsureArk.org (picking a plan only)
 - d. Paper Application
 - e. Phone Application
 - f. Other _____
3. Did you find that some family members were eligible for different types of health coverage than other family members?
 - a. Yes, family members were eligible for different kinds of coverage.
 - b. No, everyone in the family was eligible for the same type of coverage.
 - c. I don't know
4. Were you able to finish the process of selecting a health insurance plan or Medicaid/ARKids First for you and your family members today?
 - a. Yes. I chose a plan for all family members who needed coverage.
 - b. No. I did not choose a plan for any family members.
 - c. No. My family members and I applied and learned what kind of coverage we qualify for, but we did not select our plan today.
 - d. I don't know
 - e. Other _____

5. Did your children enroll in ARKids First or Medicaid today?
 - a. I don't have children under age 19 in my household.
 - b. Yes, my children enrolled in ARKids First or Medicaid today.
 - c. No, my children were already enrolled in ARKids First or Medicaid.
 - d. No, my children already had other health coverage
 - e. No, my children enrolled in a private insurance plan today (Blue Cross/Blue Shield, QualChoice, Ambetter)
 - f. I don't know.
6. How long did it take you to complete the application and enrollment?
 - a. Less than 30 minutes
 - b. 30 minutes to 1 hour
 - c. 1 hour to 1 hour 30 minutes
 - d. 1 hour 30 minutes to 2 hours
 - e. More than 2 hours
 - f. I did not complete the process today
7. Please rank your experience with the online enrollment system technology. 1 is the worst ranking, 5 is the best ranking.
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
8. What issues did you have with the online enrollment system technology today?
 - a. Website glitches or freezes
 - b. Trouble transferring between multiple websites (HealthCare.gov, InsureArk.org, AccessArkansas.gov)
 - c. Long wait time
 - d. Unable to sign in to pick a plan
 - e. The website was not in the language I prefer
 - f. I did not have any problems
 - g. Other _____
9. Did you experience any barriers when enrolling today? Please check all that apply.
 - a. There were language barriers
 - b. I didn't understand some of the terms
 - c. I wasn't able to read/understand the application
 - d. The application asked for too much sensitive information
 - e. The application took too long to complete
 - f. Plans were too expensive
 - g. It was complicated for me to choose different types of coverage for different family members
 - h. The website did not work

- i. Phone call dropped or bad phone transfer
 - j. I found out I was eligible, but I could not choose my plan today
 - k. I did not have the information I needed with me
 - l. I did not experience any barriers
 - m. Other _____
10. If there were one thing that would have made my enrollment experience easier today, it would be _____. Please do not share comments about your assister or the organization that helped you. This survey asks only about the application and technology.

Demographic Information also collected included yearly household income, family size, race, ethnicity, county of residence, education, and how long enrollee had been uninsured prior to the current enrollment experience.

Notes

- ¹ Arkansas Insurance Department. Monthly Report to Steering Committee, July 2014.
- ² Act 1497 of the 89th General Assembly regular session, 2013. <http://www.arkleg.state.ar.us/assembly/2013/2013R/Acts/Act1497.pdf>.
- ³ As reported to the Consumer Assistance Advisory Committee for Arkansas's Partnership Marketplace by Joni Jones in late December, 2013.
- ⁴ Georgetown Center for Children and Families. Say Ahhh! Blog: "Measuring ACA Enrollment: Lessons from Medicare Part D." October 2013. Last retrieved from <http://ccf.georgetown.edu/all/how-does-enrollment-in-aca-exchanges-compare-to-medicare-part-d/>.
- ⁵ Data from Arkansas DHS, May 27, 2014 and from a federal HHS press release, May 1, 2014.

- ⁶ A survey conducted by Perry Udem Research/Communication in December 2013 stated that 69% of adults were unaware tax subsidies or financial help was available. Last retrieved from www.enrollamerica.org/wp-content/uploads/2014/01/Perry_Udem_Uninsured_Survey.pdf.
- ⁷ Enroll America. State of Enrollment: Lessons learned from connecting America to coverage, 2013 – 2014. Last retrieved from https://s3.amazonaws.com/assets.getcoveredamerica.org/20140613_SOEReportPDFlr.pdf.
- ⁸ Enroll America. State of Enrollment: Lessons learned from connecting America to coverage, 2013 – 2014. Last retrieved from https://s3.amazonaws.com/assets.getcoveredamerica.org/20140613_SOEReportPDFlr.pdf.
- ⁹ Enroll America. State of Enrollment: Lessons learned from connecting America to coverage, 2013 – 2014. Last retrieved from https://s3.amazonaws.com/assets.getcoveredamerica.org/20140613_SOEReportPDFlr.pdf.



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