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State Health Access Data Assistance Center

Putting Out the Welcome Mat: Targeting Outreach Under the Affordable Care Act

Preliminary Findings from the 2012 Minnesota Comprehensive Health Association (MCHA) Enrollee Survey

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MN Health Services Research Conference
St. Paul, MN
March 5, 2013

Funded by a grant from the Robert Wood Johnson Foundation

Acknowledgements

- SHADAC
  - Lynn Blewett, SHADAC Director and Professor
  - Kathleen Call, Professor
  - Elizabeth Lukanen, Senior Research Fellow
  - Karen Turner, Senior Program Analyst
  - Heather Dahlen, PhD Student and Research Assistant
- MCHA
  - Peggy Zimmerman-Belbeck , Director of Operations
  - Kirby Erickson, Executive Director
- Medica
  - Kris Messner, Strategic Account Manager
  - Anton Dmytrenko, Strategic Account Executive
- Support for this work was provided by a grant from the Robert Wood Johnson Foundation's State Health Reform Assistance Network

Presentation Overview

- MCHA and Health Reform
- 2012 MCHA Enrollee Survey
- Preliminary Results
- Implications for Outreach

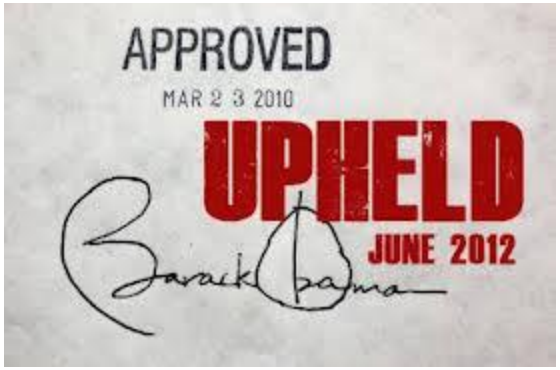
Minnesota Comprehensive Health Association

- Five Eligibility Avenues:
  - Loss of group coverage
  - Medicare ineligibility
  - Health-related rejection
  - Presumptive condition(s)
  - Health Coverage Tax Credit (HCTC) program
- Among the longest-running and largest state high risk pools in the country
  - Currently, 26,000 enrollees
- Premiums capped at 125% of individual market
- Lifetime maximum benefit of $5,000,000
- Administered by Medica Health Plan

MCHA
MINNESOTA COMPREHENSIVE HEALTH ASSOCIATION

Individuals with Preexisting Conditions and Health Reform

- The Affordable Care Act (ACA):
  - Prohibits pre-existing condition exclusions
  - Introduces premium rate restrictions in individual and small group markets
  - Prohibits lifetime or annual limits
  - 100% coverage for preventive care
  - Provides new coverage options
    - Medicaid (income ≤ 138% FPL)
    - Premium and cost sharing subsidies through the exchange (income 139 to 400% FPL)



2012 MCHA ENROLLEE SURVEY

2012 MCHA Survey: Objectives

- Provide information to MCHA to help transition enrollees into new ACA coverage options
  - Assess potential eligibility for Medicaid and exchange
  - Gauge enrollee familiarity with ACA changes
  - Collect information to inform outreach and communication strategies
- Gain knowledge of how MCHA enrollees might impact risk pools
  - Collect information on health status, pent-up demand

Methodology

- Mail survey of 5,200 MCHA enrollees
  - Policy holders enrolled for 12 months
  - Excluded children and those with Ryan White and HCTC eligibility
- $2 incentive payment with survey mailing
- Oversampling of low-income enrollees (used receipt of low income subsidy as proxy) and those in rural areas
- Survey response rate was 50.2%
- Weighting adjustments were conducted
- Income imputed for 6% of cases

PRELIMINARY RESULTS

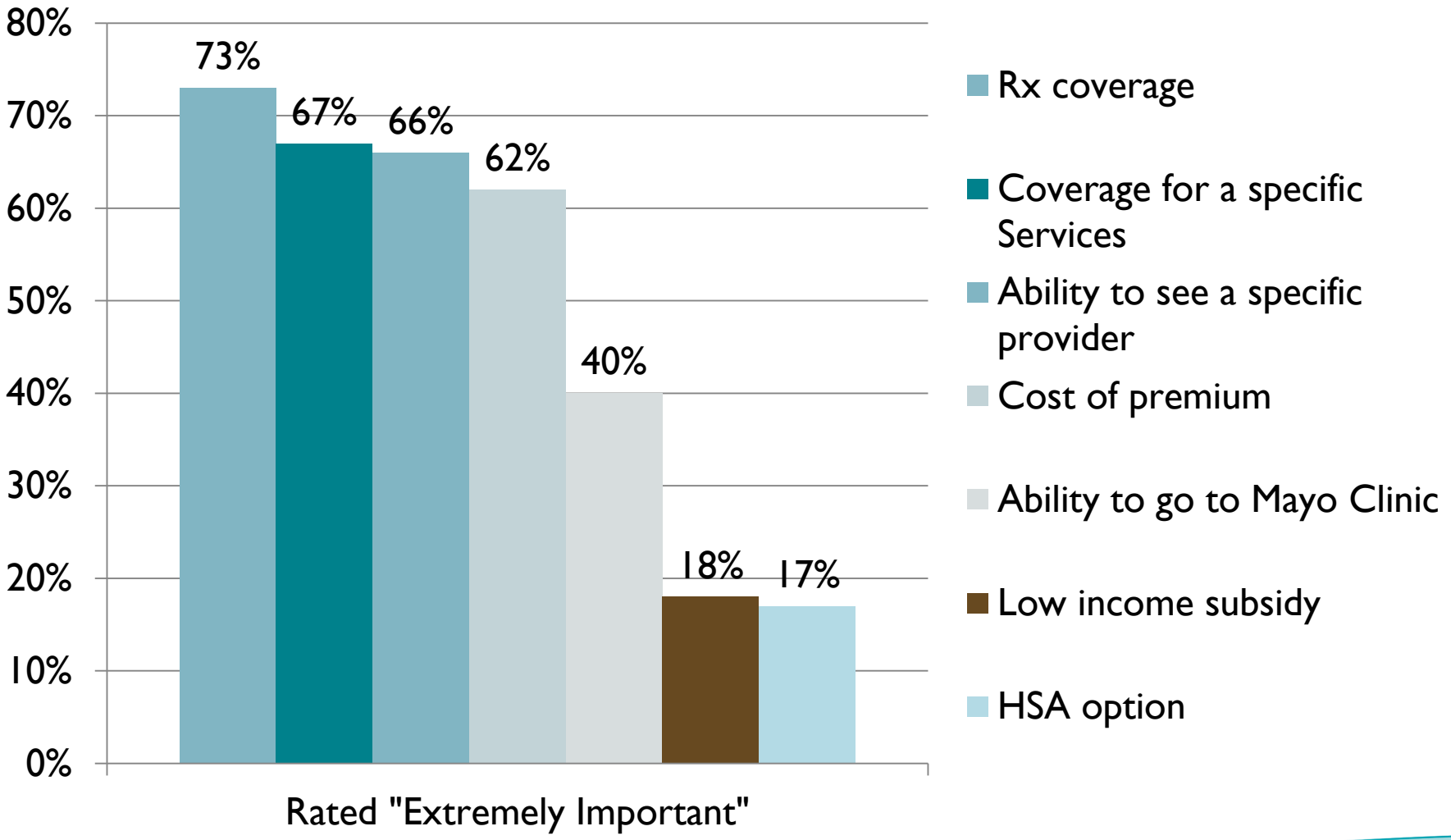
Enrollee General Demographics

- Mean age is 52 years
- Slightly more females than males (53%)
- Almost 60% live in an urban area
- A quarter have less than a high school education
- 70% are employed or self employed
- Majority report incomes above 400% FPG
- 92% of enrollees report at least one chronic condition, 22% report more than four
- 45% reporting being in very good/excellent health

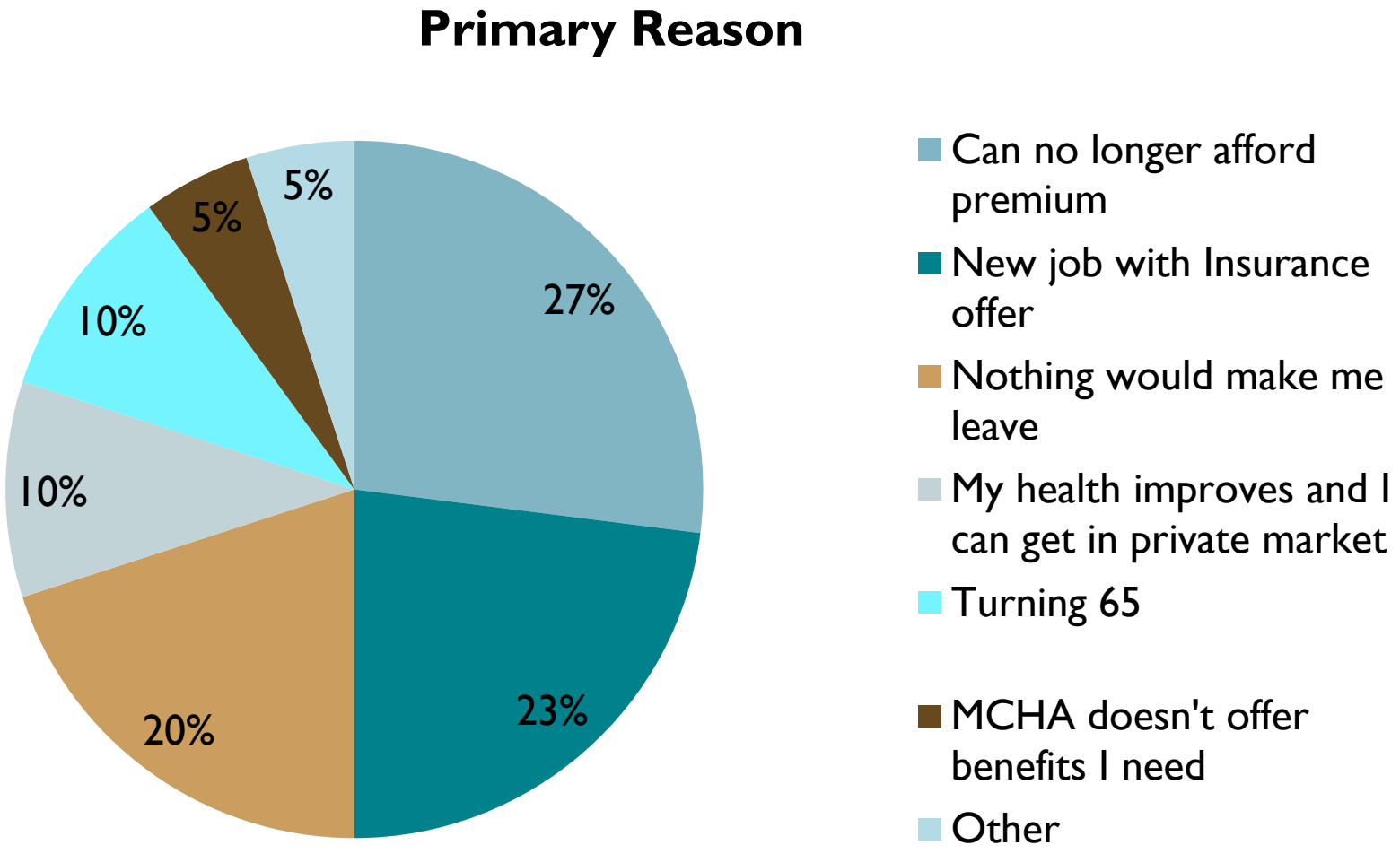
Enrollee Experience with MCHA

- More than two-thirds have been in MCHA for more than 4 years
- Almost a quarter have been in MCHA for 10 years or more
- 81% report being somewhat/very satisfied with their MCHA insurance coverage

Features of MCHA Coverage that are Important to Enrollees

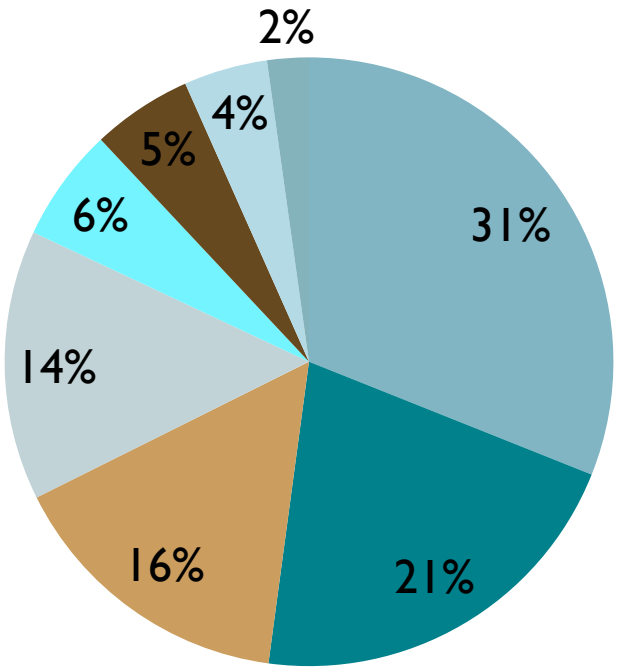


Reasons Enrollees Would Leave MCHA



Reasons Enrollees Would Remain on MCHA

Primary Reason
(for those who indicated nothing would make them leave)



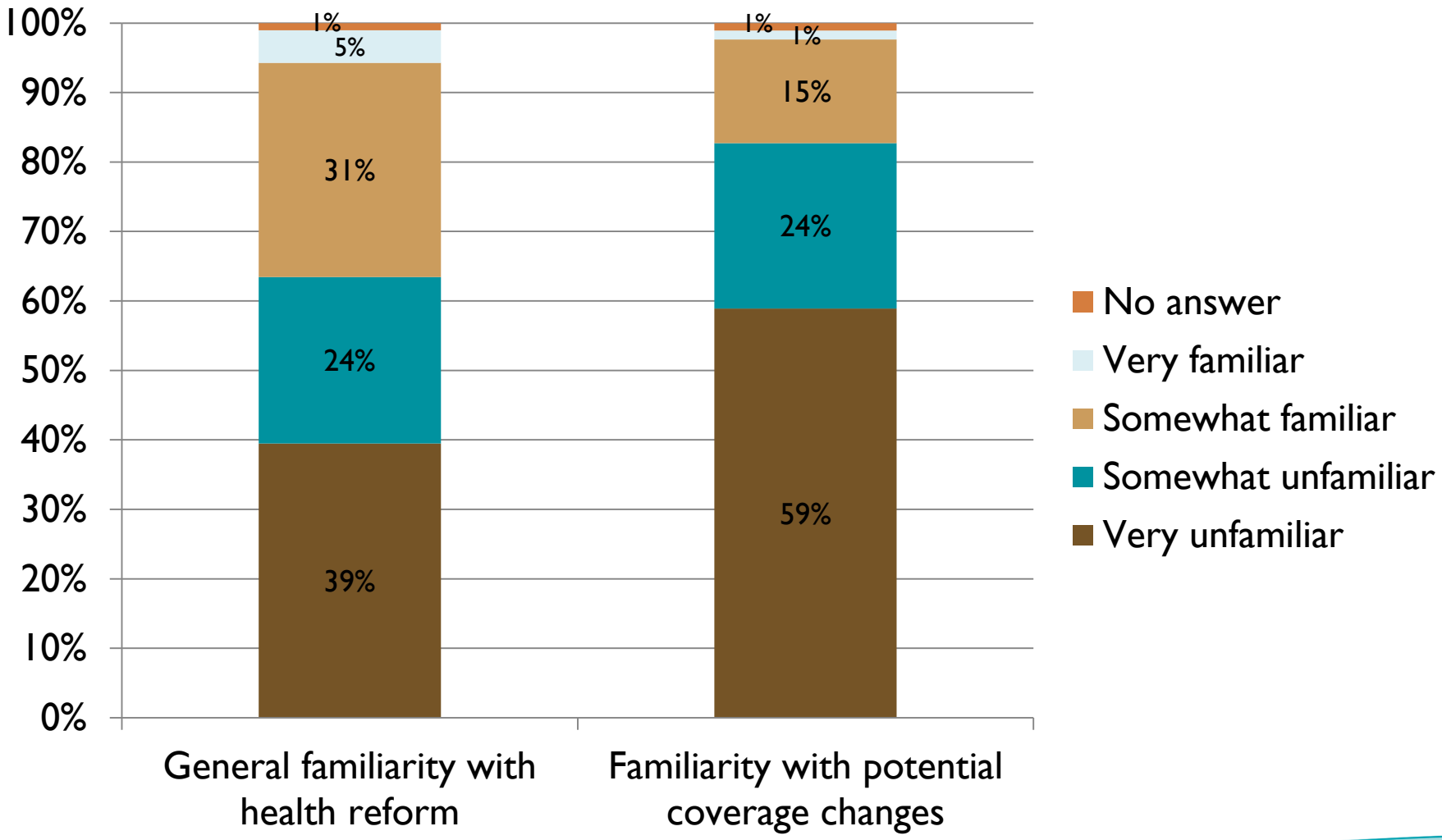
- Unaware of other options
- Other companies will not cover my pre-exiting conditions
- MCHA is only coverage I can find with Mayo
- Other companies will not cover me
- MCHA offers benefits other plans do not
- Satisfied with coverage
- Other
- Don't know how to change plans

MCHA Enrollees Potential Eligibility for New Coverage Options in 2014

- The majority of enrollees will likely get no federal financial support for their health insurance coverage

Income as % FPG	% MCHA Enrollees	Eligibility for Financial Support
Less than or equal to138% FPG	9%	Medicaid
139-400% FPG	37%	Premium and cost-sharing subsidies through the exchange
Above 400% FPG	55%	None

Enrollee Familiarity with Health Reform

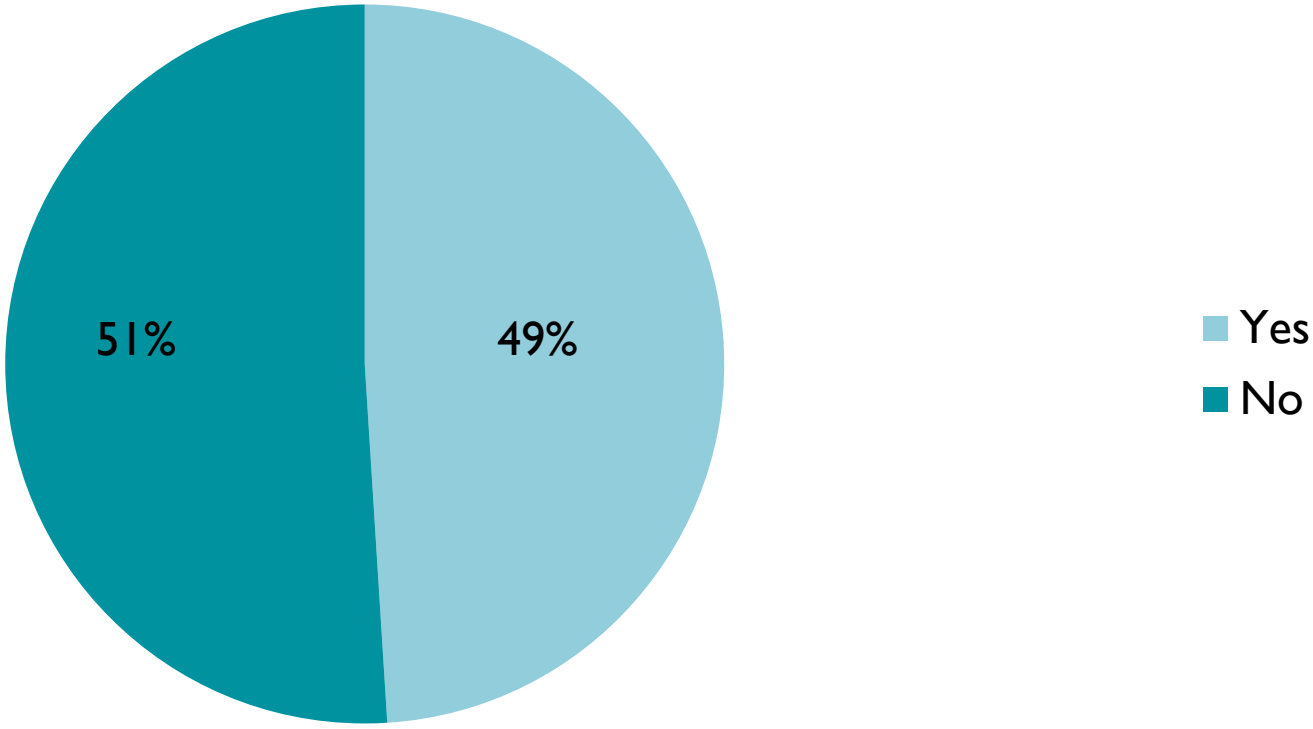


Enrollees Worries About Changes Under Health Care Reform

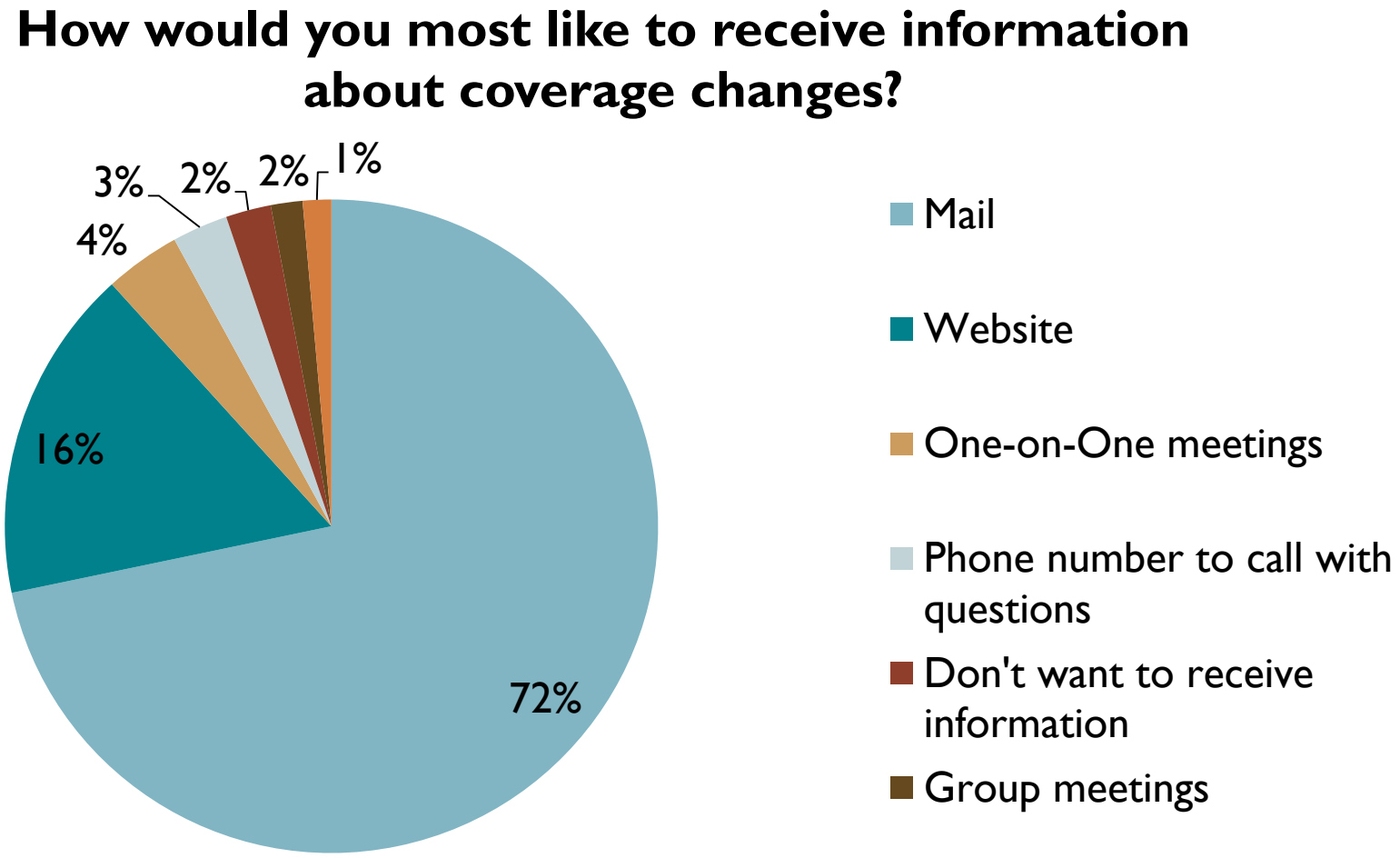
Self Report of Worried/Very Worried	% Enrollees
Having to pay more for premiums	91%
Having to pay more for deductibles and coinsurance	89%
Not being able to afford the health care services you think you need	85%
Not being able to afford the prescription drugs you need	78%
Having to change doctors	72%
The quality of health care services you receive getting worse	70%
Not being able to get the health care services you need for reasons other than money	70%
Having to change health plans	66%

Willingness to Enroll in a Public Program

If you learned you were eligible for a public program at no cost, would you enroll?



Possible Outreach Methods



Implications for Outreach

- The "selling" of the new coverage options needs to start now in a variety of formats
- Messaging should include:
  - No exclusion based on pre-existing conditions
  - First dollar coverage for preventive services
  - No lifetime limits
  - Financial support (for those that qualify)
  - Information about finding insurance that covers preferred doctors and Rx

Implications for Outreach

- Messaging and outreach may need to differ by:
  - Rural vs urban
  - Eligibility type (Medicaid vs exchange)
- Outreach will need to address expectations about the cost of new coverage options (very difficult!)
- Messaging needs to combat the negative image of "public programs"
- Ideally, assistance should be specialized for this population (e.g. special training for in person assisters)

Contact Information

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