



ACA Enrollment Survey of Navigators: Report of Findings

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Executive Summary

By many measures, Washington State is successfully implementing health care reform. As of September 2015, approximately 1.5 million Washington State residents enrolled in either Qualified Health Plan (QHP) or Apple Health (Medicaid) coverage through Healthplanfinder. The number of uninsured individuals has dropped substantially. The state's navigator organizations—which are charged with identifying and enrolling hard-to-reach, at-risk and vulnerable populations—have been critically important to achieving these successful enrollment numbers, working in conjunction with the Health Benefit Exchange (HBE), the Health Care Authority (HCA) and other state agencies. HBE reported that during the second open enrollment period through September 2015, navigators assisted over 15,000 people with QHP applications and over 278,000 with Apple Health (Medicaid) applications.

In addition, HBE and HCA have improved their operations since the beginning of health reform implementation, and some problems have been addressed, including those identified in Northwest Health Law Advocates' (NoHLA) 2014 survey.

Despite these significant successes and improvements, navigators responding to NoHLA's September 2015 survey identified important challenges for Washington residents attempting to apply and enroll through Healthplanfinder during the period since the first survey.

With the basic framework in place and nearly two years of experience, it is imperative to make additional improvements to ensure that the system for enrollment and coverage best serves applicants and enrollees. In our 2015 survey, we asked participants familiar with that system to describe the problems they are seeing. The 64 survey participants include in-person assisters (IPAs) and navigators throughout the state, who guided significant numbers of consumers through the Washington Healthplanfinder website application and enrollment process. Their combined responses paint a representative picture of the Washington State experience in the past year.

The affordability of QHPs offered in Washington is still the most widespread problem reported. Respondents overwhelmingly identified affordability of premiums and cost-sharing as an issue in obtaining and maintaining coverage of a QHP. 89% of respondents indicated that they encountered consumers who had problems paying for health coverage and care compared to 83% in 2014. Respondents found technological and website problems persisted throughout the enrollment process, with many problems affecting immigrants in particular. Many respondents again reported that consumers did not always understand health coverage terminology, correspondence, or covered benefits. Respondents also noted differences in the barriers and the scale of problems for those eligible for Qualified Health Plan coverage as compared to those qualified for Apple Health coverage. Issues also surfaced regarding eligibility redeterminations and renewals, especially when a family experienced changes affecting eligibility.

Though Washington's Healthplanfinder is largely successful, the concerns identified in this survey should be the focus of continued advocacy and attention. Resolution of problem areas will strengthen the system for enrollment and coverage, further reduce the number of uninsured, and accomplish the broader intent of the ACA to improve the overall health of all who are enrolled.

Our observations and recommendations in brief are:

- **Coverage still remains unaffordable for some.** We again recommend that HBE gather data to more precisely identify the cost barriers and populations affected. Based on this information, policymakers should create affordable coverage options so that all people have access to coverage. Because this remains a consistent issue throughout two open enrollment periods we recommend that affordability be considered a priority issue by HBE.
- **Website and technical issues remain critical barriers to enrollment and retention of coverage for many, and particularly for immigrants.** HBE has improved its website by removing premium aggregation and addressing many technical glitches. However, issues remain. We recommend that HBE seek permanent solutions so that it can provide timely, efficient, and uninterrupted access to coverage.
- **Information and knowledge gaps remain.** Consumers continue to face issues when using Healthplanfinder. Many lack knowledge regarding technology and health literacy, and have general questions about the website. In the coming year, policymakers should prioritize:
 - Continuing to simplify application and enrollment, and coordinating between state agencies and HBE, to ensure a seamless and accessible system.
 - Revising the Healthplanfinder application by clarifying the way questions are asked and using context-specific help, and improving written correspondence to individuals.
 - Retaining a robust consumer assistance program, as it provides vital assistance to consumers who have limited English proficiency or specialized needs, lack Internet access, or have difficulty using computers.
- Eligibility and renewal issues create barriers for obtaining and retaining coverage. We recommend that HCA and HBE develop clear and accessible information about change reporting, the impact of changes on eligibility, and Special Enrollment Periods.

Overview of Survey

In September 2015, Northwest Health Law Advocates (NoHLA)¹ conducted its second annual online, informal survey of persons who assisted Washington residents in applying for health coverage.² We distributed the survey to the ten Lead Organizations for the Health Benefit Exchange (HBE) navigator program, the King County First Friday Forum distribution list,³ and the Washington Coalition on Medicaid Outreach (WCOMO) distribution list.⁴ The target respondents were navigators and other assisters who helped individuals with application and enrollment in health coverage using the Washington Healthplanfinder (Healthplanfinder) website for the period October 2014 through September 2015, a period that includes the second open enrollment period since Healthplanfinder went live.⁵ As in last year's survey, respondents were asked to provide information about their experiences assisting individuals with online applications and enrollment in health coverage using Healthplanfinder. NoHLA distributed the survey on September 1, 2015, and closed it on September 30, 2015. We conducted the survey anonymously, though respondents could voluntarily provide their contact information.

Purpose of Survey

This is the second year that NoHLA has conducted a survey to learn more about the experiences of navigators and enrollment assisters. We conducted the first survey with the goal of identifying issues that prevented people from enrolling in coverage or maintaining coverage once enrolled. The responses helped us to prioritize our advocacy efforts to improve systems that people use to apply, enroll, and maintain health coverage. In the second year, our goals were to track progress made in issue areas we identified in the 2014 survey, and to identify any new issues that arose since then.⁶ We again intend to use the survey responses to prioritize our advocacy efforts to improve systems and will share the results with policymakers to encourage them to address issues identified by respondents.

Characteristics of Respondents

- 64 individuals responded to the survey. Of those, 55 (86%) identified themselves as navigators, one as a Certified Application Counselor, and eight as "other."

¹ NoHLA is a Seattle-based non-profit public interest law and policy organization that works to improve access to affordable, quality health care for all Washington State residents.

² A copy of the survey can be found in Appendix A.

³ First Friday Forum is a monthly meeting hosted by Public Health-Seattle and King County. For more information, see: <http://www.kingcounty.gov/healthservices/health/personal/insurance/FFF.aspx>.

⁴ WCOMO is an organization that brings together community-based organizations and state agencies to discuss Medicaid and health reform. For more information, see <http://wcomo.org/>.

⁵ NoHLA conducted a similar survey and released a report in 2014 after the first open enrollment period. The report, *ACA Enrollment Survey of In-Person Assisters, Navigators and Community Partners: Report of Findings*, available at, <http://nohla.org/publications/surv14/Survey.pdf>.

⁶ The third open enrollment period began November 1, 2015, and runs through January 31, 2016.

- In total, respondents estimated that they assisted over 81,000 individuals between October 2014 and September 2015. On average, respondents saw 447 individuals during this period of time.⁷
- All of Washington's 39 counties were represented in the survey responses by at least one respondent.
- 20% of survey respondents had also completed the 2014 Navigator survey conducted by NoHLA (12 of 61 who responded).

2014-2015 Developments

Since the survey conducted in 2014, organizations including NoHLA have worked with HBE and Health Care Authority (HCA) to address the problems identified by navigators in that survey. Some improvements are reflected in the responses to the 2015 survey as discussed throughout this report. In addition, three important changes affecting the operation of the HBE with respect to eligibility and enrollment should be kept in mind when evaluating and understanding respondents' feedback. A brief overview of those changes follows.

- HBE Discontinues Premium Aggregation
Washington's HBE, using Healthplanfinder, initially served as premium aggregator for consumers purchasing QHP's through the online portal.⁸ Consumers were required to pay their first month's premium through Healthplanfinder. Consumers could then choose to make subsequent payments either through Healthplanfinder or directly to their insurance company. In either case, HBE was involved in capturing data about enrollment and monthly premium payments and transferring this information to the customers' insurance carriers. However, significant problems arose with the transfer of data causing delays for enrollments and other problems for consumers.⁹ In December 2014, the HBE Board voted to discontinue premium aggregation.¹⁰ This change became effective September 24, 2015. Now consumers make all payments directly to their insurance companies. While our 2014 and 2015 surveys identified payment issues as a major barrier for consumers attempting to keep their coverage, they both preceded the

⁷ We calculated this number by removing the outliers and then calculating the mean. One respondent reported they saw 25,000 individuals which skewed the numbers.

⁸ Premium aggregation is an administrative function that allows a health insurance exchange to collect premium payments from multiple sources and then submit them to the carrier, instead of individuals paying the carrier directly.

⁹ These issues are well documented. See Washington Office of Insurance Commissioner Press Release, "Option for Washington Consumers Having Difficulty with Health Coverage," August 7, 2014, available at <http://www.insurance.wa.gov/aboutoic/news-media/news-releases/2014/8-7b-2014.html>; Washington Health Benefit Exchange Frequently Asked Questions Payment and Invoice Issues, August 4, 2014, available at http://wahbexchange.org/files/4014/0744/9318/Week_of_Aug_4_Payment_Invoice_Issues_FINAL.pdf.

¹⁰ See Exchange Staff Presentation to Exchange Board of Directors (February 2015), available at http://www.wahbexchange.org/wp-content/uploads/2015/08/351424905738_HBE_Premium_Aggregation_Transition_022615.pdf

elimination of premium aggregation. It will be important to monitor the effect of this change on consumers' continued access to coverage.

- The Exchange Transitions to a Self-Sustaining Budget
While initially federally-funded, all state Exchanges were required to become self-sustaining as of 2015.¹¹ To accomplish this, HBE requested a state appropriation of \$127 million for the 2015-17 biennium.¹² The legislature appropriated a smaller amount, and HBE has publicly expressed the need to make cuts, including reducing staff at the call center, curtailing updates to the website, limiting outreach, and increasing wait times for consumer seeking to resolve issues. The exact nature of changes in this area may have a significantly negative impact on the experience of consumers seeking health coverage.
- DSHS Staff Now Assist Clients with Healthplanfinder Applications
In 2014, a study of Washington's medical and public assistance eligibility system recommended improvements to the systems for conducting eligibility and enrollment, including the adoption of a coordinated application process for financial, food and medical benefits. Based on this report, the Legislature adopted a 2015 budget proviso requiring staff at the Department of Social and Health Services (DSHS) Community Services Offices to assist applicants and recipients of public assistance with their Healthplanfinder applications, starting October 1, 2015.¹³ This change is expected to increase access to Apple Health (Medicaid).

¹¹ Prior to the 2015, Exchange operations were funded by federal grants including a level one grant of \$23 million and a level two grant of \$128 million.

¹² See Exchange Staff presentation to Exchange Board of Directors (June 2014) available at http://www.wahbexchange.org/wp-content/uploads/2015/08/781404228647_2015_Baseline_Operating_Plan_and_Budget_June_26_2014_Board_Meeting-FINAL_shorter_form.pdf.

¹³ Washington State 2015-17 Biennium Budget, pp. 40; 88, available at <http://leap.leg.wa.gov/leap/Budget/Detail/2015/6052-S.PL.pdf>.

KEY FINDINGS, OBSERVATIONS, AND RECOMMENDATIONS

Navigators and other assisters are able to provide a unique perspective by sharing their experiences working with people to help them enroll in coverage and troubleshoot problems once they are covered. The following key findings represent the issues that were identified most frequently by respondents in regards to enrollment and retention of coverage.

A. Key Findings

1. Many Problems Identified in 2014 Persist

The most notable finding of this year's survey is that many of the problems identified in the 2014 survey remain issues in 2015. These issues include:

Affordability: Respondents overwhelmingly identified affordability as issue in obtaining and maintaining QHP coverage. When asked if they saw consumers who had problems paying for health coverage, 89% said yes (41% sometimes; 48% frequently), compared to 83% in 2014. This issue of unaffordable coverage extended to premiums and deductibles alike. Affordability issues reportedly led some people to opt out of purchasing coverage from HBE or to enroll and then stop paying premiums.

Website and Technical Problems: Respondents found technological and website problems persisted throughout the enrollment process. These issues created barriers for people both in enrolling and in maintaining their coverage. Examples include: difficulty uploading documents, receiving error codes, and billing and payment issues.

Knowledge Gaps and System Complexities: In response to many of the questions, respondents reported that their clients had a hard time understanding the process, technology, and language involved in applying for and enrolling in health coverage. Generally, respondents indicated that the questions used on the application were confusing, and this was compounded by a lack of understanding about how to report income, household composition/size, and tax-filing status. Many noted that their clients were unfamiliar with using computers and e-mail and many do not have access to computers, further complicating the process. Other respondents said that there was a general lack of health insurance literacy among the clients they served, which posed challenges in selecting the best plan for them, and in understanding how deductibles and cost-sharing work.

Access for Immigrants: Access to the Healthplanfinder for immigrants remains a major barrier. According to respondents, issues with I.D. proofing and immigration status impacted the immigrant population more than others. Respondents also had difficulty enrolling mixed status families in Healthplanfinder – families in which some members have different immigration status from others. Several other respondents identified

language and cultural barriers as an issue for enrollment.¹⁴

2. QHP Versus Apple Health: Enrollees Face Different Barriers

Respondents reported greater difficulties for those who qualified for a QHP than for Apple Health (Medicaid) enrollees. For example, respondents who enrolled clients with a QHP reported issues with the call center, I.D. verification, and selecting a plan; these were not identified as issues in Apple Health enrollment.¹⁵ Also, 78% of respondents reported that it was very easy or easy to enroll in Apple Health, whereas over half of the respondents said it was very difficult or difficult for those eligible for QHP coverage.

3. Renewals and Eligibility Changes

Respondents identified significant issues with eligibility re-determination and renewals. The second open enrollment period was the first time that QHP enrollees went through the renewal process using Healthplanfinder. It was also the first year that some families enrolled in Apple Health or a QHP had their eligibility reviewed mid-year based on changes in their financial or household circumstances, which could lead to a change in program or monthly premium. The survey responses indicate that people experienced barriers in both the renewal and review/redetermination processes. These procedures can be especially complicated for those who experienced life changes throughout the year.

B. Observations and Recommendations

The key findings above lead us to make the following observations and recommendations:

- **Coverage remains unaffordable for some.** Not surprisingly, affordability problems identified in the 2014 Navigator report remain an issue for those shopping for coverage and for those enrolled in coverage. We again recommend that HBE gather data to more precisely identify the cost barriers and populations affected. Based on this information, policymakers should create affordable coverage options so that all people have access to coverage.¹⁶ Because this remains a consistent issue throughout two open enrollment periods we recommend that affordability be considered a priority issue by HBE.
- **Website and technical issues remain critical barriers for enrollment and retention of coverage for many, and particularly for immigrants.** Over the past year, HBE has

¹⁴ Last year, we highlighted problems facing several discrete populations, including newborns, children turning nineteen, and individuals facing domestic violence. Problems plaguing these populations are present in the results of this survey, but not in the same number and variety as the problems faced by immigrants using the Healthplanfinder system. For this reason, we call out and underscore the persistent issues facing immigrant applicants as particularly troublesome and in need of immediate attention and resolution.

¹⁵ Selecting a managed care plan is not required to enroll in Apple Health.

¹⁶ An analysis of options for improving affordability prepared by NoHLA is forthcoming.

made improvements to the Healthplanfinder website including removing premium aggregation and addressing technical glitches. However, based on the responses to our survey, issues remain. We reiterate our recommendation HBE address these errors by looking for permanent solutions so that it can provide timely, efficient, and uninterrupted access to coverage.

- **Information and knowledge gaps remain.** Consumers continue to face issues when using Healthplanfinder. Many consumers lack knowledge regarding technology and health literacy, and have general questions about the website. Navigators are able to offer some services to applicants and enrollees to overcome some of these gaps in knowledge, but many respondents noted that they simply did not have enough time to do so. This issue was prevalent in our 2014 survey; we have similar recommendations to our last report:
 - Policymakers should continue to simplify the systems and processes people use to apply and enroll. This requires a high level of coordination between state agencies and HBE. While HCA, DSHS and HBE have increased their level of coordination and just implemented a joint application process at DSHS Community Services Offices, there are additional opportunities to reduce gaps in coverage and ensure a seamless and accessible health care system.¹⁷
 - HBE and state agencies should revise the Healthplanfinder application, clarifying the way questions are asked and using context-specific help. They should also improve written correspondence to applicants and enrollees about the status of their case and actions they must take. In doing so, HBE should solicit and consider feedback from customers, assisters, and other stakeholders. A Notice Workgroup recently established for the purpose of reviewing correspondence holds promise for improving these communications. HBE should also continue to create and disseminate materials to educate consumers about how to apply for and enroll in coverage, how to use their coverage, and the meaning of health coverage terms.¹⁸ These could be provided in video as well as written format. In doing so, HBE should partner with its Technical Advisory Committees, specifically the Health Equity TAC, and consult with other community-based partners as well as survey participants to understand where gaps persist, and respond accordingly. The Healthplanfinder portal, not just HBE's corporate website, should include context-specific help and should link to all available fact

¹⁷ See e.g., "Washington State Medical and Public Assistance Eligibility Study Alternative Options and Recommendations Report," Washington Office of Financial Management, September 2014, available at <http://www.ofm.wa.gov/reports/medicalpublicassistancestudyreport.pdf> (supporting the need for greater coordination between state agencies and HBE, the report found that public assistance clients have difficulty navigating multiple access points for health care, and that the separation of Medicaid and public assistance applications created duplicative processes, required more staff and other resources, and created barriers to benefits, among other findings.)

¹⁸ HBE has created consumer education materials. However, at the time of drafting this report, the authors could not easily and quickly locate or access this information on either the Healthplanfinder website or HBE corporate site.

sheets and FAQs that provide additional information to consumers. This information should be easily, quickly accessible.

- Even with a simpler system and good materials, a robust consumer assistance program must be maintained. People will always need help navigating the system and making decisions about their health coverage and care. This type of assistance is vital for consumers who have Limited English Proficiency or specialized needs, lack Internet access, or have difficulty using computers.

It is urgent that these systems be improved in order to encourage additional enrollment and retention of coverage. Clarifying the Healthplanfinder application questions, developing context-specific help and improved correspondence, and creating additional customer service materials must be prioritized in the coming year.

- **Eligibility and Renewal Issues Create Barriers for Obtaining and Retaining Coverage.**

Consumers face problems regarding changes in their eligibility throughout the year. The major issue identified by respondents was that many consumers experience frequent income fluctuations and do not understand when they are required to report these changes in order to have their tax credits or Apple Health (Medicaid) eligibility re-determined. For enrollees in QHPs, eligibility changes may lead to a Special Enrollment period, which many respondents identified as confusing to consumers.

- We recommend that HCA and HBE develop clear and accessible informational materials about change reporting and the impact of changes on eligibility. In addition, HBE should include language on the website and in all applications that more clearly describes what Special Enrollment periods are and how to use them. This should include pop-up information on the application website explaining the availability of Special Enrollment outside of the open enrollment period.

REPORT OF RESPONSES

Respondents' answers are summarized below except when, to the extent possible, we used direct quotes and included the language of the respondents.

A. Affordability Issues

Respondents were asked several questions related to affordability of health coverage. First, they were asked if they saw people who did not renew their coverage due to costs (Figure 1). Respondents were then asked how frequently they saw individuals who had problems paying for health care coverage (Figure 2). Finally, we asked navigators to indicate the top problems paying for health coverage through a QHP (Figure 3).

- 89% of respondents identified costs as barrier to enrolling in and maintain coverage. (41% sometimes; 48% frequently).
- 81% of respondents indicated that they encountered people who did not renew coverage due to costs.
- 14 respondents said premium prices were too high for clients.
- 10 respondents identified deductibles as a barrier for obtaining or retaining coverage.

Figure 1 (survey question 8)

Did you encounter people who did not renew in a Qualified Health Plan because of costs?

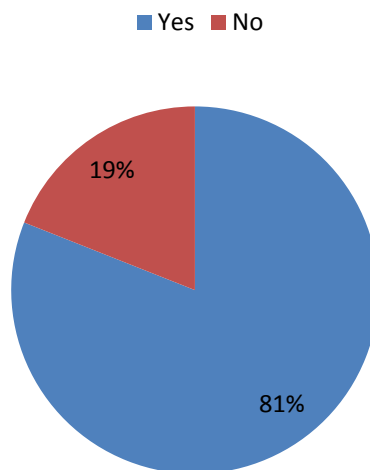


Figure 2 (survey question 9)

How frequently do you encounter people who have problems paying for health care coverage?

■ Never ■ Rarely ■ Sometimes ■ Frequently

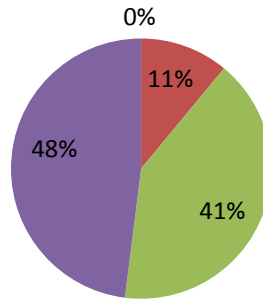
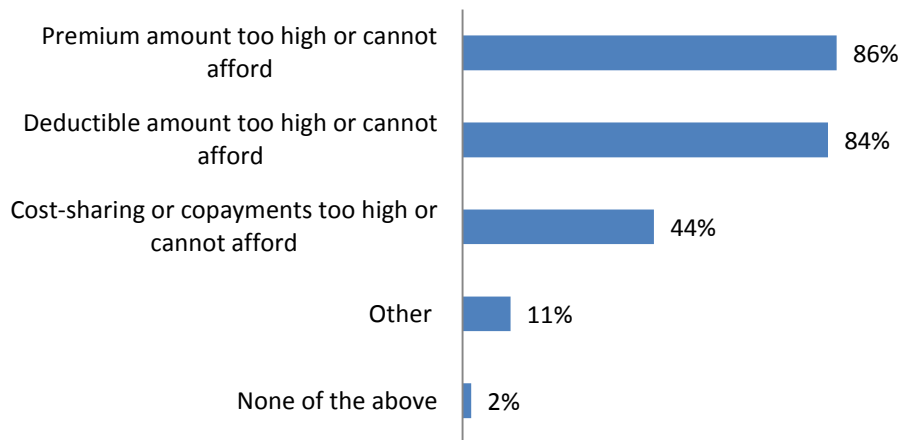


Figure 3 (survey question 10)

Top problems for people paying for QHP coverage



Additional information on affordability in specific situations is provided in sections D and E of this report.

B. Problems completing applications for health coverage

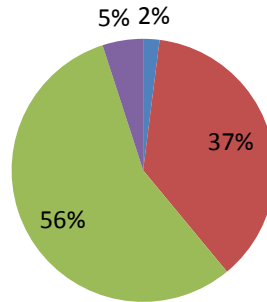
NoHLA asked respondents how difficult it was to complete an application (Figure 4) and then to identify the top three problems that prevented people from completing applications. These questions did not ask respondents to distinguish between type of coverage sought or gained (i.e. QHP or Apple Health).

61% of navigators said it was difficult (56%) or very difficult (5%) to complete an application. Below we discuss the frequency with which the respondents identified specific problems.

Figure 4 (survey question 2)

How difficult is it for people to complete an application?

■ Very Easy ■ Easy ■ Difficult ■ Very Difficult



a. Problems Related to Website/Technology

55% of respondents said that problems associated with the Healthplanfinder website prevented the completion of applications (34 out of 62 responses). The identified problems included:

- Errors codes/Technical Errors: 13 respondents reported that this was a problem for individuals trying to submit applications.
- Website Problems and Application Malfunctions: Three respondents reported that website problems prevented people from submitting applications. One respondent indicated that making a simple mistake but not being able to go back and correct it after moving on from that part of the application would cause a problem.
- Submitting Documents: Eleven respondents stated that there were technical problems uploading documents to Healthplanfinder, specifically when individuals were requesting Special Enrollment Periods.
 - One respondent noted: “Even though it says pending on the client’s document, the documents have not processed properly. [I] had one case where a client received a letter 6 months after they had been approved that stated that WAH had not received their documents, even though the documents had been uploaded when they filled out their application.”

b. Knowledge Gaps

40% of respondents reported that there were knowledge gaps among enrollees (25 out of 62 responses). Respondents highlighted problems, such as:

- Some respondents noted that some clients struggled due to a lack of familiarity with technology, including: difficulty remembering user names and passwords, not having an e-mail address and having to spend too much time on security questions.
- One respondent noted that there were too many plan options for clients to choose from and that they needed to spend a great deal of time educating the client on health insurance.
- Three respondents noted that some applicants show up without proper documentation for enrollment.

c. Immigration Status and Citizenship Related Issues

34% of respondents said that issues related to immigration status and citizenship prevented applications from being completed. (21 of 63 responses) One navigator noted: “[The] application is not friendly to people who are not citizens.” While the majority of respondents who identified this problem indicated that “immigration status” or “citizenship”-related issues generally were a problem, others specifically identified related problems including:

- A lack of language resources for immigrants.
- Difficulty verifying citizenship.
- Consumers and navigators are confused and lack information about what information to provide regarding immigration status. For example, one respondent stated that the application was “misleading” and that “questions/statements on application [need to be] clarified [to explain where] the Alien and Receipt numbers are and where they are located on the Green Card.” The Navigator indicated that they needed to google the information.
- Uploading documents to show citizenship/immigration status.

d. Identity Verification or “I.D. Proofing”

29% of respondents identified “I.D. proofing” as a problem preventing people from completing applications (18 of 62 responses). 17 of the respondents referred to I.D. proofing issues regarding immigration status. I.D. proofing is required by the federal government for security purposes and must be completed in order for a person to proceed with an application. Applicants are required to answer questions of the type

asked by credit check companies. If they cannot answer these questions, navigators are authorized to check identity documents and confirm the applicant's identity in Healthplanfinder.

e. Income Reporting/Verification Issues

23% of respondents recalled issues with income reporting and verification (14 out of 62 responses). Most of the respondents simply reported that "income reporting" or "income verification" was an issue. Others listed the following problems:

- One respondent said that clients not having the correct income documents with them at the time of an application caused delays in the process.
- One respondent said that s/he had trouble with clients who were self-employed figuring out how to report their income.
- One respondent said that income reporting was especially difficult for clients who have multiple jobs, temporary jobs, or seasonal work.

f. Tax Filing Status

11% of respondents reported that tax status issues were a problem for people completing applications using Healthplanfinder (7 of 62 responses). The tax filing status of household members is required to determine eligibility for and amount of health premium and cost sharing subsidies. The way the tax status questions are worded can be very complicated for consumers to understand. For example, one respondent reported: "[Consumers] do not understand the [tax status] question. [Consumers] will only list themselves and neglect to add a husband, boyfriend or children on the application which many times [m]akes them over income for the [program]."

g. Partnering

10% of respondents identified "partnering," or clients working with more than one enrollment assister on an application, as a barrier for completing applications (6 out of 62 responses). For example, one respondent said: "trying to figure out if the client is partnered with someone else is like an Easter egg hunt, especially if the patient doesn't know the name of the navigator."

h. Affordability Problems at Initial Application

Four respondents reported that the high cost of coverage was a barrier for their clients initially enrolling in a health plan. One respondent noted that "employer sponsored insurance (ESI) is preventing other family members from getting tax credits despite the high cost of adding family members to ESI."

- i. HBE Customer Service
6% of respondents identified issues with customer service at HBE (4 out of 62 respondents). These issues included: long call wait times and customer service giving out wrong information.

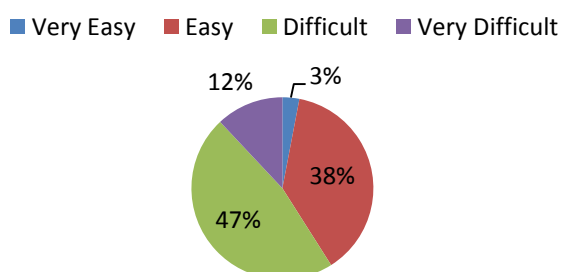
- j. Household Composition Issues
6% of respondents identified issues with clients determining the size of their household (4 out of 62 respondents). These issues included confusion about which “household members need to answer specific questions” and not knowing who was included in their household and only listing themselves while neglecting to add other people like husband, boyfriend, and children.

- k. Other Issues Identified
 - 3 respondents reported clients misunderstanding the rules of Special Enrollment Periods.
 - 2 respondents said that clients turning 19 created a barrier for enrollment because they have to be removed from an existing application.
 - One respondent said that they found that their clients misinterpreted the tax penalties.
 - Two respondents said that the mailings from the HBE and other insurance companies confused clients. One respondent said they saw “letters saying an application is incomplete but [it] has already been completed” and “letters saying you have been approved for a [Q]HP but in reality they have to wait for a SEP.”

C. Problems Selecting and Enrolling in a QHP

In the survey, we asked respondents whether they saw QHP-eligible people who experienced problems selecting and enrolling in QHPs after eligibility was determined. We first asked how difficult it was to select and enroll in a QHP (Figure 5). We then asked respondents to identify the top three enrollment problems they saw. Below we discuss the frequency with which respondents identified specific enrollment problems.

Figure 5 (survey question 4)
How difficult is it to select and enroll in a QHP?



a. Selecting a Health Plan

48% of respondents reported that they saw individuals who had problems enrolling in QHP coverage due to issues related to selecting a health plan (29 of 60 responses). For example:

- 12 out of the 60 respondents included in their top-three problem list that their clients found the plans did not provide enough information for them to make an educated decision. One respondent noted: “Selecting a health plan would be the biggest problem in the sense that clients often want detailed information about what exactly each plan covers and so at that point I have to refer them to a broker. Often times they don’t want to take the time to go find a broker since they are with me now so they end up choosing a plan without a broker.”
- While some clients found the plans did not provide enough information, others found the plans to be too complex for people to understand without a health insurance background. One respondent said: “Choosing plans and explaining the complexity of 30 pages or more of plan information...is very very difficult.”
- One person stated that it is “not clear on what services are covered by each plan/Difficult to find out which clinic or hospitals are in network with each plan.”

b. Affordability Issues

32% of respondents identified various problems relating to ability to pay for coverage and care which caused problems for people enrolling in QHPs. These problems included the costs of monthly premiums and the amounts of deductibles. We combined these problems and categorized them as “affordability issues” (19 out of 60 respondents). The responses in this area were fervent, with one respondent going so far as to say that consumers face “sticker shock” when shopping for a plan. These problems included:

- 13% of respondents reported that premium prices are a major problem with plan affordability (8 out of 60 respondents).
- Five respondents reported that deductible prices are a major issue with plan affordability. One respondent noted how high deductibles can turn clients away: “QHPs don’t appeal to most people when you tell them that they have to spend \$6,000 or more before actual coverage starts.”
- Affordability issues are addressed more extensively in Part A of this report.

c. Special Enrollment Periods

28% of respondents identified various problems facing people requesting a Special

Enrollment Period (SEP) (17 out of 60 respondents). A SEP is a time outside of the open enrollment period during which an individual may qualify to enroll in health coverage under certain circumstances. Problems in this area included:

- Confusion and lack of knowledge about the special enrollment period rules and about the process of applying for and getting a special enrollment period. One navigator said: “even though the website asks for whatever document they need, it isn’t made clear to the client what the process is for the special enrollment.”
- Uploading and getting documents confirmed by HBE was also a concern. One respondent stated: “[Healthplanfinder] tak[es] too long to review documents for a Special Enrollment.”

d. Consumer Knowledge/Understanding

28% of respondents said that a lack of understanding on the part of the client created a barrier for enrollment (17 out of 60 respondents). Some of these issues were:

- Five respondents indicated that people do not understand health insurance terminology or how insurance works. For example, one respondent specifically said that terms like deductible, co-pays, and out of pocket maximum are confusing or unknown. Another indicated that consumers do not understand how deductibles apply, while another said people do not know how to find a doctor or clinic saying that people have problems “figuring out where to begin.”
- Not understanding how to find a specific doctor/provider.
- Not knowing how to determine which plan would best fit their needs.

e. Website Problems

18% of respondents identified website problems as a major barrier to enrollment (11 out of 60 respondents). Most of the respondents described this issue by stating “website problem” with any other specific details.

f. Payment Problems

11% of respondents identified “payment problems” as an issue causing problems for people trying to enroll in QHPs. (12 of 61 responses) Individuals who enroll in QHP coverage must make their first month’s premium payment directly to the HBE via electronic payment through Healthplanfinder.¹⁹ This issue was addressed by HBE when they decided to move away from the premium aggregation model. This change is not reflected in these results since the survey was conducted prior to the change.

¹⁹ Subsequent premium payments may be made using a check or made directly to the health insurance plan.

g. Tax Credits

Four respondents reported tax credit-related problems with enrolling in coverage. These problems were reported as “incorrect tax credit” and the tax credit not being applied correctly to an applicant’s monthly premium payment amount. One respondent stated that “the question about income often has [my client] getting a higher premium tax credit [than] they are entitled to when tax time reconciliation occurs.”

h. Documentation Verification

Four respondents identified documentation verification as an issue for enrollment. Issues include long waits and the HBE asking for documents the client does not have.

i. No Problems/Issues

Four respondents reported having no problems or issues with enrolling clients.

j. Other reported problems preventing enrollment in QHPs

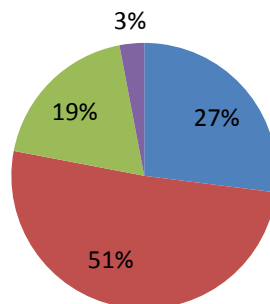
- 2 respondents said that the Healthplanfinder did not offer adequate coverage. One respondent noted that this is particularly hard for people transferring from employee-sponsored coverage.
- 2 respondents noted that the enrollment process was confusing in general.
- One respondent said that s/he thought the wait time for urgent cases was too long.
- One respondent had issues with communication between insurance companies and the Healthplanfinder in order to maintain enrollment for the client.

D. Problems Enrolling in Apple Health

Respondents were also asked to identify problems specific to enrolling in Apple Health (Medicaid) rather than QHP coverage. First, they were asked to evaluate the difficulty of enrolling: 78% said it was easy or very easy (Figure 6).

Figure 6 (survey question 11)
How difficult is it for people to enroll in Apple Health?

■ Very Easy ■ Easy ■ Difficult ■ Very Difficult



The issues that respondents identified varied widely; below is a short list of common problems seen by the majority of respondents and a longer list of other problems seen less frequently.

a. Website Problems & Error Codes

48% of respondents reported that the website caused problems for people they helped enroll in Apple Health (Medicaid) (27 out of 56 respondents). The majority of respondents wrote “website problems” or “errors” in response to this question.

- Four respondents reported having trouble with submitting applications. One respondent said that when trying to submit an application an error code comes up or the screen freezes. Another respondent reported that the application process in general is confusing.
- One respondent said there is “frequent freezing” on the website. This was separate from freezing related to the submitting of applications as mentioned above.
- Another respondent reported that some clients have trouble accessing accounts due to website errors.

b. Knowledge Gaps

34% of respondents said they had clients who didn’t fully understand the application process or health insurance in general (19 out of 56 respondents).

- Eight respondents reported issues with a lack of computer literacy and the website’s complexity. As one respondent put it: “Many people don’t use the Internet and don’t even have an e-mail address.” Another commented that the “Website literacy level is ridiculously and unnecessarily high than average website user, especially for populations without high education or technological awareness.”

c. Eligibility Determination & Reporting Changes

30% of respondents reported having trouble helping clients determine eligibility (17 out of 56 respondents).

- Of these, 14 respondents said that eligibility determination was difficult because clients have trouble determining income and/or family size. As one respondent explained the confusion: “Household size & composition are not terms that are “client-focused”, while they have very legal meanings, clients will include friends, unmarried partners, and non-dependent family that live w/ them making for an ineligible application.”

d. Immigrants' Applications

23% respondents noted problems regarding the applications of immigrants (13 out of 56 respondents). Some examples of this are:

- 6 respondents said that identity verification (“I.D. proofing”) was a barrier to enrollment.
- 2 respondents said that they had trouble serving clients who had children without social security numbers.
- 1 respondent said that language and cultural barriers created issues in application completion.
- 1 respondent reported that s/he had trouble with emergency Medicaid.

e. No Problems/Issues

Eight respondents reported having no issues with enrolling clients in Apple Health.

f. Adding Newborns

An infant born to a woman on Apple Health (Medicaid) is eligible for Apple Health for kids without needing to submit a new application.²⁰ However, 14% of respondents reported that they saw adding newborns as a problem facing clients. (8 out of 56 responses).

g. Communication Problems

13% of respondents reported having trouble communicating with the Healthplanfinder (7 out of 56 respondents). These issues included:

- Long wait times on the Healthplanfinder call line and calls being dropped by the hotline.
- Healthplanfinder not responding to requests for additional information.
- Healthplanfinder customer service giving out wrong information.

h. Children Who Turn 19

Six respondents reported having trouble with the applications of children who turn 19.

i. Other issues respondents identified as causing problems enrolling in Apple Health:

²⁰ Washington Administrative Code 182-505-0210.

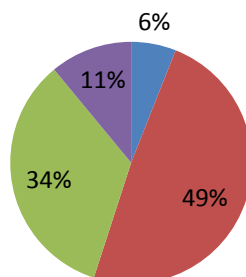
- Two respondents reported problems with the issue of partnering, with one stating that “having to wait on hold to ‘unpartner’ so whomever they are with can help them. There needs to be an easier way for a partner to get credit for helping without tying the client to them and preventing other navigators or brokers to help them.”
- One respondent pointed out an issue related to members of a household who according to the rules are required to complete separate applications in Healthplanfinder. S/he said: “If an applicant is part of a household application and are told by Healthplanfinder that they will need to apply on their own, the navigators/assistors cannot access their individual application without contacting the HCA first. The second half of that problem is that the client will pull up under the first household application and you will [a]gain have to wait for that to be fixed and separated from the other household application.”
- One respondent reported that the process for domestic violence victims was too difficult.
- One respondent reported that getting a ProviderOne replacement card is very difficult.
- One respondent said that that the system was confusing with the split between DSHS and HCA.

E. Problems Staying Enrolled in Health Coverage

In addition to inquiring about problems related to enrolling in coverage, we asked respondents how difficult it was to stay enrolled in QHP coverage. (Figure 7). We asked then asked respondents to rank the top three issues that were most important to address.

Figure 7 (survey question 6)
How difficult is it for people to stay enrolled in a Qualified Health Plan?

■ Very Easy ■ Easy ■ Difficult ■ Very Difficult



a. Affordability—Costs of Premiums and Deductibles

44% of respondents identified cost and affordability as one of the main barriers for people maintaining their enrollment in a QHP (26 out of 59 responses). We combined the various cost-related responses that relate to maintaining enrollment.

- Six respondents noted that high premiums were a major problem.
- Five respondents pointed to high deductibles as a barrier for maintaining coverage.
- Four respondents noted that these high prices led to clients dropping their coverage.
 - One respondent reported: “Many clients have declined coverage due to the high cost of monthly premium and high deductibles. Some clients have selected the bronze plan in order to stay in compliance with the ACA Federal Fine. But they come to realize the insurance policy purchased has an extremely high deductible.”
 - Another respondent said: “Middle Income families just drop the plan as it’s cheaper to pay the penalty and/or the deductibles are so high, they are saving on their own to pay medical bills.”

b. Payment Problems

Payment problems were highlighted by 44% of respondents as being a major problem for maintaining coverage (26 out of 59 responses). This issue encompassed several categories focusing on technical errors and personal choice.

- 2 respondents noted that payment processing was a barrier for people in maintaining coverage but they did not mention how specifically.
- 2 respondents also said that there was a “lack of options” for auto pay.
- One respondent said: “Many of our clients simply can’t navigate this sort of thing on their own. Paper bills will get lost, they won’t know how to set up auto pay, and premiums will get missed. Not only that, but navigators are going to have every client we help leave our desk in “pending” status.
- One respondent stated that: “For people who prefer making payments online, they have to create an account through their insurance company’s website. This is another log-in account to keep track of and people could easily get confused about which account to go to if they have to report a change.”

c. Issues with Eligibility Changes

30% of respondents said that eligibility changes prevented people from maintaining coverage (18 of 59 respondents). While most respondents simply said that “eligibility changes” were a problem, some respondents gave specific examples, such as:

- Two respondents noted that the eligibility issues they see most come from changes in income or family composition.
- One respondent reported that when one family member has an eligibility change it can impact another family member’s coverage.

d. Knowledge Gaps

Nine respondents reported issues with consumers understanding how their health coverage works. Respondents emphasized a lack of health literacy as being one of the major barriers.

Of these, four indicated that people lacked understanding about how and when to submit required documentation. For example, clients forgetting to send documents; clients’ lack of understanding about how to upload the documents on Healthplanfinder; and not understanding that they must submit proof when requested.

e. Failure To Pay/Dropping Coverage

8 respondents said that clients lost coverage because they did not make monthly payments due to affordability problems and forgetting to make payments.

f. None/Don’t Know.

Five respondents reported that either there were no problems or that they did not know what the problems were.

g. Website Problems

Five respondents said that they had problems with the website. These issues included: invoice errors and clients having trouble accessing their Healthplanfinder account, which is necessary to check their Healthplanfinder inboxes for correspondence about their coverage.

h. Communication Problems

Four respondents noted that missed communication has been an issue. These issues have led to problems with eligibility changes and making payments For example:

- One respondent noted that s/he has had clients who have missed letters of notification in the mail.

- One respondent said that s/he has had clients that have been unable to check their inboxes on the website.
- i. Poor Coverage
Four respondents said that poor coverage led to people withdrawing from plans. Poor coverage was described by a couple of respondents as being small networks.
- j. Other reported reasons that enrollees did not stay enrolled in QHPs
- Two respondents listed automatic withdrawal [from bank account] as an issues faced by clients. One respondent said: “The automatic withdrawal was not so automatic and ended up booting some clients from their coverage.”
 - One respondent said that qualifying for a federal exemption is an issue for clients.
 - One respondent said that clients sometimes do not receive their insurance cards in the mail.

CONCLUSION

While the Health Benefit Exchange and Health Care Authority were largely successful in enabling many Washingtonians to gain access to health coverage for the period starting with the second open enrollment period through September 2015, improvements to the system are needed to address remaining barriers and problems identified within this report. Policymakers and advocates should prioritize finding solutions in order to create a fully functional system that allows all Washington residents to get the most out of coverage available through the ACA.

Appendix A
Survey Instrument
2015 Navigator Enrollment Survey

We need your input to identify the top priorities for advocacy in the coming year to improve systems for enrolling individuals in health coverage and helping people maintain coverage and access to care. Please help us by completing this survey by answering these questions for the time period of October 2014 to the present. Your responses should identify issues you've encountered since last year. If you have questions, email Sarah Kwiatkowski at sarah@nohla.org.

* Required

Questions 1-3 apply to both Qualified Health Plans (QHP) and Apple Health (Medicaid)

1. Estimate how many people you helped apply for health coverage through Healthplanfinder, Health Care Authority, or DSHS since October 2014? (whether or not they qualified or actually got enrolled in coverage) *

2. In your opinion, how difficult is it for people to complete an application?

3. What are the top three problems preventing application completions? * For example, immigration status, ID proofing, income reporting, tax status, etc.

Questions 4-10 apply only to Qualified Health Plans.

In your opinion, once someone is found eligible for a QHP, how difficult is it to select and enroll in a QHP? *

5. What are the top three enrollment problems for QHPs you have seen? * For example, website problems, paying first premiums, selecting a health plan, special enrollment, etc.

6. In your opinion, how difficult is it for people to stay enrolled in a Qualified Health Plan? *

7. What are the top three problems for people staying enrolled in a Qualified Health Plan? * For example, payment issues, choosing to drop coverage, eligibility changes, etc.

8. Did you encounter people who did not renew in a Qualified Health Plan because of costs? *

- Yes
- No

9. How frequently do you encounter people who have problems paying for health care coverage? *

10. What are the top problems you see for people paying for health care coverage through a QHP? * Please select all that apply.

- Premium amount too high or cannot afford
- Deductible amount too high or cannot afford
- Cost-sharing or copayments too high or cannot afford
- None of the above
- Other:

Questions 11-12 apply only to Apple Health

11. In your opinion, how difficult is it for people to enroll in Apple Health? *

12. What are the top three problems enrolling in Apple Health? * For example, website problems, adding a newborn, etc.

Tell us a little about yourself:

13. What are the main reasons people have sought enrollment assistance? Please select all that apply .

- Difficulty with the website
- Confused about health coverage options
- Did not understand health care terms like deductible or network
- Trouble reaching the Health Benefit Exchange call center

14. What is your position?

- Certified Application Counselor
- Other:

15. What counties do you work in?

16. On average, how many people do you see a week?

17. Did you complete this survey last year (2014)?

- Yes
- No

18. May we contact you about your survey answers?

- Yes
- No

19. Please leave your contact information (Name, Phone, Email address)

Appendix B

2015 List of Lead Organizations

- Benton Franklin Community Action Connections: Serving Benton, Franklin and Walla Walla Counties
- CHOICE Regional Health Network: Serving Clallam, Grays Harbor, Jefferson, Lewis, Mason, Pacific and Thurston Counties
- Clark County Public Health: Serving Clark, Klickitat and Skamania Counties
- Cowlitz Family Health Center: Serving Cowlitz and Wahkiakum Counties
- Better Health Together: Serving Adams, Asotin, Chelan, Columbia, Douglas, Ferry, Garfield, Grant, Lincoln, Okanogan, Pend Oreille, Stevens, Spokane and Whitman Counties
- Kitsap Public Health District: Serving Kitsap County
- Public Health – Seattle & King County: Serving King County
- Tacoma-Pierce County Health Department: Serving Pierce County
- Whatcom Alliance for Health Advancement: Serving Island, San Juan, Skagit, Snohomish and Whatcom Counties
- Yakima Neighborhood Health Services: Serving Kittitas and Yakima Counties