Open Enrollment

Insights from Newly Enrolled Individuals about Renewing Their Coverage through the Health Insurance Marketplace

October 2014

Robert Wood Johnson Foundation
Purposes.

The Robert Wood Johnson Foundation sponsored this national study of individuals who enrolled in private health plans through the health insurance marketplace. The purpose was to learn about their experiences enrolling in and using their health coverage, and to explore their feelings about renewing their coverage during the Affordable Care Act’s second open enrollment period, Nov. 15, 2014 to Feb. 15, 2015.

PerryUndem Research/Communication and GMMB conducted the research and developed the messages that were tested.
The study.

5 focus groups with Newly Enrolled Individuals
- 3 groups with individuals who enrolled in Qualified Health Plans
- 2 group with individuals who enrolled in Medicaid
- 2 group with Latinos (1 in Spanish)
- 1 group with individuals who pay more than $200 in premiums
- 1 group with individuals who pay less than $200 in premiums

Groups were held in Chicago (7/22), Las Vegas (8/5), and Miami (7/24).

Survey of n=649 Newly Enrolled Individuals 18-64.
- All survey respondents enrolled in Qualified Health Plans through the health insurance marketplace
- Fielded Sep. 12-25, 2014
- Online survey using GfK’s KnowledgePanel, a probability based web panel designed to be representative of the United States
- English and Spanish
- All income groups
- Margin of error = +/- 5.2 percentage points
Takeaways.

Those who enrolled in Qualified Health Plans (QHPs) through the health insurance marketplace are motivated individuals. They really wanted coverage. Nearly all say it is important to have health insurance.

Most are satisfied with their experiences so far. More than three-quarters (78%) are satisfied with their plans overall, and even more (86%) are satisfied with their doctors and coverage.

They give mixed reviews to the enrollment process: 53% say it was easy, and 47% say it was hard.

A majority (59%) say it is at least somewhat easy to pay the monthly premium, but a significant portion (41%) say it is difficult.
Takeaways.

Their motivation transfers to the next enrollment period. Only 2% say they expect to discontinue their coverage and not sign up for a new plan.

Eight in ten (81%) lean towards looking into the marketplace next open enrollment period to see what is available in 2015.

But the newly enrolled need more information. Most do not know basic facts about renewing such as the date of the open enrollment period or that the coverage in their plans can change.

The winning message for keeping their insurance is to avoid big medical bills from the ER or illness. But it is not clear that those newly enrolled in QHPs need to hear messaging about keeping their insurance. They understand the importance of insurance.
Takeaways.

Communication around renewing should focus more on encouraging new enrollees to go to the marketplace to make sure their plans are still a good fit. They respond to information that both price and coverage in their (and other) plans can change. They also need the dates of the open enrollment period.

The number one motivation for QHP enrollees for wanting to go to the marketplace during the next open enrollment period is to compare all options and make sure they have the best plan.
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Focus groups were held specifically with individuals newly enrolled in Medicaid. Following are insights from those groups.
Most individuals in the focus groups who are newly enrolled in Medicaid are happy with their coverage. They appreciate that it is free or low cost and that they can get the care they need.

Most have used their coverage already to fill prescriptions and see their doctors. Most have not encountered access problems.

Some – particularly first time enrollees – feel there is a stigma with Medicaid. Most have not experienced poor treatment however.

A few had to look hard to find a primary care physician or specialist before they could find one who accepted Medicaid.

A number are frustrated Medicaid only covers limited dental services.

Many first-time enrollees are unclear about their coverage and how to use services.
Unaware of renewals.

Most of these Medicaid enrollees are unaware of the renewal process. This is particularly true of first time enrollees.

Some with prior Medicaid experience or those who have SNAP know about renewals. However, they are familiar with the “old” renewal process and do not know if the process has changed.

Once the issue is raised, all Medicaid enrollees in the focus groups say they want to renew. They do not want to be uninsured again.

These enrollees need basic information about the renewal process. They are unaware of dates when they should renew and how to renew.

These enrollees also say they would pay attention to any communication by email or regular mail concerning renewals. They want to keep their Medicaid.
Many effective messages.

Four messages about the importance of staying enrolled test well with individuals newly enrolled in Medicaid. They are:

1. Accidents and injuries happen every day. Medicaid gives you the security of knowing that small issues don’t turn into major problems. It covers important benefits like doctor’s visits, hospitalizations, prescriptions and more. Renew your coverage today.

2. Medicaid can help cover the cost of health care when budgets are tight. It provides low-cost or free coverage, even if you only need it for a short while. Renew your coverage today.

3. Too often, we have to make hard choices – like filling the fridge or filling a prescription. Now there is help. Medicaid covers doctor’s visits, hospitalizations, and preventive care. Renew your coverage today.

4. Renew your health insurance plan today to continue receiving important benefits like doctor visits, hospitalizations, prescriptions and preventive care for you and your family.
Signing Up.

The remaining sections are about the survey results with QHP enrollees.
Coverage is important.

Almost all of those newly enrolled in QHPs (96%) feel having health insurance is important!!

Given everything in your life these days, how important is it for you to have health insurance? (n=649)

- Very Important: 71%
- Somewhat Important: 25%
- Not Too/Not At All Important: 4%
Experienced with insurance.

About half (49%) had insurance almost up until enrolling. Another 22% had insurance within the last two years. They have personal experience with insurance.

*Which statement best describes your health insurance status before signing up for your current health insurance plan? (n=649)*

- I was insured all the way up until I signed up: 42%
- I was uninsured more than 2 years: 28%
- I was uninsured more than 1 month but less than 2 years: 22%
- I was uninsured less than 1 month: 7%
- Other: 2%
Enrolling was mixed.

Their enrollment experience matters – regression analysis found that the more difficult someone found the enrollment process, the less likely they are to go to the marketplace to explore their options for 2015.

Thinking back to when you signed up for your insurance, how easy or difficult do you think that process was? (n=649)

- Very Easy: 12%
- Somewhat Easy: 41%
- Somewhat Difficult: 32%
- Very Difficult: 15%
Awareness.
Know to report changes.

Eight in ten (81%) know they are supposed to report income and family changes because it could affect their subsidy amount.

Did you know that you are supposed to inform HealthCare.gov/STATE MARKETPLACE about changes to your income or family size because it affects what your total amount of financial help for this year will be? It’s OK if you haven’t heard about this before. (n=471 who report receiving a subsidy)
Most know fine amount.

Most (58%) know the fine amount for 2015 but a sizable number (42%) either have not heard this or are unsure.

The fine for not having insurance is going up in 2015. It will be $325 or 2% of your income—whichever is higher. Have you heard this before today? It’s OK if you haven’t heard this before or aren’t sure. (n=649)
Know premiums can change.

Most (64%) know a plan’s premium amount can change from year to year. This is important information to know – QHP enrollees who knew that premiums can change are more likely than others to want to go to the marketplace and check out their options for 2015.

Below is some information about health insurance and the next open enrollment period for HealthCare.gov/STATE MARKETPLACE. Please indicate if you have heard each piece of information before or not…The monthly cost of insurance (the premium) can go up and down from year to year. (n=649)
Some knowledge gaps.

While they have some facts, QHP enrollees know less about in-person help, that health services and provider networks can change, and that they could be auto enrolled back into their plan unless they take steps.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Heard</th>
<th>Not Heard/Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>If your income or family size changes, the amount of financial help you can get might change next year.</td>
<td>73%</td>
<td>26%</td>
</tr>
<tr>
<td>If your income has gone down or you have lost a job, you might be eligible for free or low cost insurance in 2015.</td>
<td>59%</td>
<td>40%</td>
</tr>
<tr>
<td>Free in-person help is available to help you understand your insurance options for next year.</td>
<td>48%</td>
<td>51%</td>
</tr>
<tr>
<td>The health services and doctor networks covered by an insurance plan can change from year to year.</td>
<td>44%</td>
<td>56%</td>
</tr>
<tr>
<td>Depending on your plan, you might be enrolled automatically in your current plan in 2015 and will have to inform them if you’d like to change plans.</td>
<td>22%</td>
<td>77%</td>
</tr>
</tbody>
</table>
Satisfaction.

ROUND 2
Satisfied with their plan.

More than three-quarters (78%) report they are satisfied with their health plan. Of note, the less satisfied they are about their plan, the more likely they will be to want to check out their options for 2015.

Overall, how satisfied are you with your current plan? (n=649)

- Very Satisfied: 30%
- Somewhat Satisfied: 48%
- Not Too Satisfied: 16%
- Not At All Satisfied: 6%
- Not At All Satisfied: 6%
Satisfied with MDs, coverage.

Even more (86%) say they are satisfied with the doctors and services in their plan.

How satisfied are you with the doctors and services your current plan covers? (n=649)

- Very Satisfied: 44%
- Somewhat Satisfied: 42%
- Not Too Satisfied: 10%
- Not At All Satisfied: 4%

ROUND 2
Have used their plans.

High satisfaction ratings are based on experience – most enrollees have already used their plans to receive health care services.

*Have you used your health insurance yet? If so, how? Select all that apply? (n=649)*

- Doctor visits: 67%
- Prescriptions: 46%
- ER services: 9%
- Have not used services yet: 27%
Feel plan is affordable.

Nearly 6 in 10 QHP enrollees (59%) say their premium is at least somewhat easy to pay each month. But 41% say it is difficult.

Given your budget, how easy or difficult is it for you to pay the monthly amount (the “premium”) for your insurance? (n=649)

- 10% Very Difficult
- 31% Somewhat Difficult
- 37% Somewhat Easy
- 22% Very Easy

Those saying paying the premium is very or somewhat easy to afford:
• Those who received financial help (62%) vs. those who did not (54%)
• Those with incomes <200% FPL (56%) vs. those with incomes 200%-400% FPL (52%) vs. those with incomes 400%+ FPL (65%).
Renewing.
3 in 4

Nearly three-quarters (73%) are not sure if they have to do anything to keep their insurance or if it will just renew automatically.

14% believe they need to do something to renew it
13% believe their insurance will renew automatically

Some are also confused by the term “open enrollment/open enrollment period”:
• 40% are very confident they know what it means
• 42% are somewhat confident
• 18% are not very or not at all confident they know what it means
Unaware of key dates.

72% Do not know when the next open enrollment period is (% said “no” or “unsure”).

74% Do not know they have to renew/choose a new plan by Dec. 15, 2014 to have insurance by Jan. 1, 2015 (% said “no” or “unsure”).
Will keep coverage.

Key finding: only 2% of new QHP enrollees indicate they are considering ending their coverage. Almost everyone else plans to keep their plan or go to the marketplace to shop next open enrollment.

What do you think you will do during next open enrollment? (n=649)

- Keep my plan: 32%
- Look, likely keep plan: 34%
- Discontinue plan, not sign up for new plan: 2%
- Look, likely sign up for a new plan: 28%
- Other: 4%
Who’s doing what.

Most likely to keep their current plans (32% total):

- 40-49 year olds (44%)
- HS or less (40%)
- <139% FPL (42%)

Most likely to look at other options, but keep their current plan (34% total):

- 50-64 year olds (43%)
- Whites (40%)
- College+ (41%)

Most likely to look and change their plans (28% total):

- Latinos (42%)
Most will look.

How likely are you to look into HealthCare.gov/STATE MARKETPLACE during the next open enrollment period to see what’s available for you in 2015? (n=649)

<table>
<thead>
<tr>
<th>Before Renewal Information</th>
<th>8% not likely (0-2)</th>
<th>29% in the middle (3-7)</th>
<th>63% very likely (8-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>After Renewal Information + Messages</td>
<td>7% not likely (0-2)</td>
<td>25% in the middle (3-7)</td>
<td>68% very likely (8-10)</td>
</tr>
</tbody>
</table>

+5%
Who’s motivated.

The groups below are the most motivated to look into the marketplace to see what is available in 2015.

Women 72%
Enrollees in the West 74%
45-64 year olds 74%
African Americans 74%
Latinos 75%

Total = 68%
Messages.

ROUND 2
Avoiding medical bills.

A top reason to enroll in the first place, it is not surprising that “avoiding big medical bills” also works to encourage QHP enrollees to keep their current plan or sign up for a new one. This reason is particularly powerful with whites (62%) but less so with African Americans (37%) and Latinos (32%).

54% To avoid big medical bills if I ended up in the emergency room or developed an ongoing medical problem.

It is unclear that QHP enrollees need motivational messages to retain coverage. Only 2% indicate they might let their coverage lapse. They are already motivated to stay insured!! Messages that encourage them to check out their options for 2015 are more relevant.
Other reasons.

Here are other reasons QHP enrollees might want to keep their plan or choose a new one.

*Which of the following two reasons best describes why you would want to have health insurance in 2015 – whether you keep your current plan or sign up for a new one? (n=649)*

- To see a doctor when sick: 42%
- To get check-ups/preventive care: 36% (women 44% vs. men 27%)
- Stay healthy/for family: 19%
- Avoid $325 fine: 17% (18-29 year olds 35% and African Americans 33%)
- To follow the law: 8%
Comparing options.

The main reason why QHP enrollees may go to the marketplace and look at their options for 2015: to make sure they have the plan that best fits their needs.

31% To compare all my options and make sure I have the best plan for me in 2015.
Other reasons to look.

If you looked into HealthCare.gov/STATE MARKETPLACE during the next open enrollment period, which of the following would be your main reason for doing so? (n=649)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>To see if I could find a plan at a better price</td>
<td>16%</td>
</tr>
<tr>
<td>To make sure my current coverage continues in 2015</td>
<td>10%</td>
</tr>
<tr>
<td>To see if I qualify for financial help or low-cost or free coverage</td>
<td>10%</td>
</tr>
<tr>
<td>To renew my current plan for 2015</td>
<td>8%</td>
</tr>
<tr>
<td>To see if anything in my current plan has changed</td>
<td>5%</td>
</tr>
<tr>
<td>To make sure I’m getting the right amount of financial help</td>
<td>4%</td>
</tr>
<tr>
<td>To see if I can change my level of coverage and provider network for 2015</td>
<td>3%</td>
</tr>
<tr>
<td>No answer</td>
<td>8%</td>
</tr>
</tbody>
</table>
Recommendations.
Focus on information.

They are already motivated.
QHP enrollees value health insurance and do not need to hear reasons to keep coverage. Instead, communications should focus on providing critical information.

Cover the basics.
Tell them the open enrollment dates – it is not on their radar. Tell them that price and coverage in their (and other plans) can change. Tell them if they have to do anything to renew or if they will be auto enrolled.

Encourage them to check out their options.
The number one motivation for QHP enrollees to go to the marketplace during the next enrollment period is to compare all options and make sure they have the best plan for them.
Give reasons to look.

**Highlight in-person help.**
Regression analysis suggests a negative enrollment experience can discourage someone from going back to the marketplace and checking out their options. To address this, perhaps promote that in-person help is available and that website glitches have been fixed.

**Educate that premiums can change.**
Enrollees who know this fact are more likely to go back to the marketplace to check out their 2015 options.

**Talk about finding the best plan for you.**
Lower satisfaction levels with their current plan is a motivator to look for a plan that is a better fit.
Appendix.
## About the newly enrolled

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Other Characteristics</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>45%</td>
<td>Children, yes</td>
<td>30%</td>
</tr>
<tr>
<td>Women</td>
<td>55%</td>
<td>Children, no</td>
<td>70%</td>
</tr>
<tr>
<td>18-29</td>
<td>17%</td>
<td>Married</td>
<td>51%</td>
</tr>
<tr>
<td>30-39</td>
<td>16%</td>
<td>Unmarried</td>
<td>50%</td>
</tr>
<tr>
<td>40-49</td>
<td>23%</td>
<td>Metro</td>
<td>85%</td>
</tr>
<tr>
<td>50-64</td>
<td>44%</td>
<td>Non-Metro</td>
<td>15%</td>
</tr>
<tr>
<td>White</td>
<td>65%</td>
<td>Northeast</td>
<td>17%</td>
</tr>
<tr>
<td>Latino</td>
<td>16%</td>
<td>Midwest</td>
<td>20%</td>
</tr>
<tr>
<td>African-American</td>
<td>12%</td>
<td>South</td>
<td>37%</td>
</tr>
<tr>
<td>High school or less</td>
<td>33%</td>
<td>West</td>
<td>26%</td>
</tr>
<tr>
<td>Some college</td>
<td>34%</td>
<td>&lt;139% FPL</td>
<td>22%</td>
</tr>
<tr>
<td>College+</td>
<td>33%</td>
<td>139%-400% FPL</td>
<td>62%</td>
</tr>
<tr>
<td>Working</td>
<td>70%</td>
<td>400%+ FPL</td>
<td>16%</td>
</tr>
<tr>
<td>Not working</td>
<td>31%</td>
<td></td>
<td></td>
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</tbody>
</table>