Research Brief

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ACA Implementation in Metro Louisville: Outreach, Enrollment, and the Remaining Uninsured

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BACKGROUND

Kentucky has consistently ranked in the bottom 10 percent of national health metrics including obesity, smoking, poor mental health days, drug deaths, and cancer deaths (United Health Foundation, 2014). Additionally, 20.4 percent of Kentucky residents were uninsured in 2013 (Witters, 2016). In 2014, Kentucky implemented two key elements of the Patient Protection and Affordable Care Act (ACA) — Medicaid expansion and a state-run health benefits exchange (kynect). By the end of 2015, Kentucky's uninsurance rate had dropped to 7.5 percent (Witters, 2016). Despite statewide successes in reducing the number of uninsured individuals, a small population of uninsured individuals remains. Recent studies suggest that there may be fewer disparities in coverage post-ACA, although certain socio-demographic characteristics such as Hispanic ethnicity, low income, and unemployment persist (Benitez, Creel, & Jennings, 2016; Collins, Gunja, Doty, & Beutel, 2016).

As enrollment through kynect began statewide, stakeholders in Metro Louisville recognized a need for local organization around ACA implementation. Prior to the start of open enrollment, it was estimated that 101,366 Metro Louisville residents were uninsured (US Census Bureau, 2016). As such, the Louisville Metro Board of Health (BOH) facilitated community collaboration efforts by commissioning five committees, each charged with focusing on a different aspect of implementation (Buchino & Blakely, 2014). The BOH Enrollment Committee was charged with ensuring coordinated and comprehensive outreach throughout Metro Louisville, specifically to enroll people into coverage through kynect using assistors, called kynectors, to facilitate the process. In the first two years of ACA implementation, a total of 170, 624 Metro Louisville residents enrolled in Medicaid or a Qualified Health Plan (QHP) through kynect (KOHBIE, 2015).

RESEARCH AIMS

The purpose of this study was to characterize the remaining uninsured population in Metro Louisville, to examine the impact that outreach has made during ACA implementation in Metro Louisville, and to understand the evolution of outreach strategies and the role of outreach and enrollment personnel in Metro Louisville.

FINDINGS

What is the uninsured rate in Metro Louisville?[1]

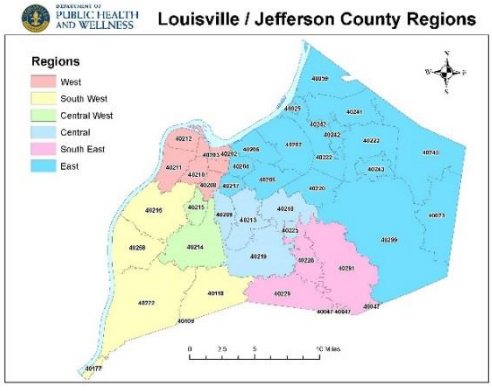
The Metro Louisville uninsured rate decreased from almost 17% in 2013 to just under 8% in 2014.

What factors are associated with uninsurance in Metro Louisville?[2]

- Lower income levels were associated with increased likelihood of uninsurance, as is younger age and male gender.
- Individuals residing in the East or Central West regions of Metro Louisville were less likely to be uninsured.
- Hispanic ethnicity had a moderate but positive association with uninsurance.

Who are uninsured individuals that seek services in Metro Louisville?[3]

- The majority of uninsured individuals with claims in the study sample (those who sought health care) were in the West (32%) and Central regions (17%) of Metro Louisville.



[1] Using data from the Louisville Metro Department of Public Health and Wellness (LMPHW) Behavioral Risk Factor Surveillance Survey (BRFSS).

[2] Analysis used LMPHW BRFSS data for 2014 to conduct a logistic regression where insurance status was the outcome variable and other variables including income level, race and ethnicity, gender, age, marital status, education, employment status, and geographic residence within Metro Louisville were included as controls in the statistical model.

[3] Descriptive analysis of 2015 local claims data submitted by four safety net providers in Metro Louisville. A total of 19,290 individuals who were uninsured at the time of service had claims at one of four local safety net providers in 2015. These individuals represented 36 of the 38 zip codes in Metro Louisville. Metro Louisville comparisons were made using 2010-2014 American Community Survey 5-year Estimates.

- Compared to the overall Metro Louisville population, the study sample was younger, with more individuals under the age of 54 than the general population.
- Nearly one half of individuals in the study sample were between 25 and 44 years, suggesting that young adults in Metro Louisville may represent a target for expanded outreach efforts.
- The uninsured population included in the study also differed from the Metro Louisville population in terms of race and ethnicity. A larger proportion of the study sample was Black and Hispanic, compared to Metro Louisville overall.
- The sample population of uninsured individuals is also disproportionately male compared to the general Metro Louisville population.
- The mean number of claims per individual within one calendar year was 3.39 (SD=4.67), with a range of one to 76 claims.

What Services are uninsured individuals seeking in Metro Louisville?[4]

- Many uninsured individuals seeking services at local safety net providers sought routine medical services such as prescription refills and general medical exams. Almost half of all claims in the study sample were related to general medical visits.
- There were more than 4,000 claims for dental exams or services.
- Other common claims were related to mental or behavioral health diagnoses or services, gynecological or pregnancy-related services, endocrine or metabolic diseases (e.g. diabetes or overweight/obesity), circulatory system diseases (e.g. hypertension), respiratory infections or allergies, general or chronic pain (specifically lower back pain), and digestive systems diseases (e.g. reflux).

What do uninsured individuals say about coverage and health insurance?[5]

- Participants reported personal circumstances, such as the expense of QHPs, changes in a personal situation, or the inability to work because of illness as reasons for not having health insurance.
- Participants that were employed stated that employer-sponsored insurance was not offered or the plans offered were too expensive.
- Participants reported confusion with the enrollment process, and difficulty applying for and maintaining coverage as key barriers.
- Participants' knowledge of the ACA individual mandate to enroll in health coverage varied. Although some participants were unaware of the ACA requirement, others reported they had incurred the penalty for not having coverage in previous years. However, no one cited the penalty as a primary motivator for seeking health coverage.
- Participants indicated that they value health insurance, stating that being uninsured is troublesome and that they think it is important to have coverage.
- Participants reported that not having insurance has impacted their access to and utilization of the health care system, noting that the knowledge that they could not afford services prevented them from seeking the health care they needed or was a factor in using emergency department services when they were sick.
- They also indicated that living without health insurance is stressful, but they appreciated safety net providers and charitable alternatives where they could get services for a reduced fee.

How has the enrollment process evolved since 2013?[6]

- The first open enrollment period focused on establishing the kynect brand, which resulted in large crowds that year.
- By the second open enrollment period, enrollment professionals began targeting outreach efforts to subpopulations and they increased mixed-media marketing approaches to reach new populations of uninsured individuals.

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> "It wasn't branded as being the Affordable Care Act imposed on Kentucky, it was branded as, 'We value the health of Kentucky and everyone deserves coverage and we want to help you get coverage. This is for you.'"

- Enrollment professionals reported that the third year of implementation brought about even more changes as their experience and knowledge had grown and the public response varied. Although participants perceived that open enrollment for 2016 (OE3) went even more smoothly than the periods prior, they also reported that the political climate of Kentucky notably impacted their work.

How do enrollment professionals in Metro Louisville reach populations known to have a higher risk of being uninsured?

- They use year-round marketing and maintain outreach efforts between enrollment periods. They work where people live, work, worship, learn, and play.

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> "Go where people are…just go where people already were. Go to the basketball game and be out front. Go to the grocery store and stand out front."

[4] Descriptive analysis of 2015 local claims data submitted by four safety net providers in Metro Louisville. A total of 19,290 individuals who were uninsured at the time of service had claims at one of four local safety net providers in 2015. These individuals represented 36 of the 38 zip codes in Metro Louisville. ICD-9-CM and ICD-10-CM codes were used to determine the purpose of or diagnosis related to each individual claim.

[5] Twenty uninsured individuals recruited from four safety net provider locations participated in consumer interviews.

[6] Fifteen individuals from eight organizations participated in interviews as enrollment professionals, including both kynectors and administrators engaged in the outreach and enrollment process. The interview instrument was adapted from one used by the Texas Health Institute for their recent report on outreach and enrollment (Jahnke, Siddiqui, & Andrulis, 2015).

- Enrollment professionals described complicating factors of outreach and enrollment for two specific subpopulations: 1) immigrants, refugees, and non-native English speakers and 2) the justice-involved population. They noted that the enrollment processes for both these populations has added layers of complexity because of eligibility requirements, which took additional systemic work to address.

What Challenges Remain?

- Enrollment professionals reported that they observed consumers experiencing difficulty enrolling in and maintaining insurance, which is what motivated consumers to reach out for assistance.
- Enrollment professionals reported that kynect and kynectors have been key to getting people coverage. kynectors in particular have become an established community resource. Participants expressed that planned changes to kynect may impact the infrastructure that currently supports individuals who are seeking health coverage or at risk of becoming uninsured.

> "People see [kynectors] as trusted resources in their communities. They've really developed relationships that are on-going, with not just the other businesses and social service agencies and healthcare providers in the community, but just with community groups and individuals."

IMPLICATIONS FOR METRO LOUISVILLE

In terms of consumer health coverage, Metro Louisville has demonstrated successful implementation of the ACA during the initial two years by reducing the uninsurance rate. This early indicator of progress related to health care reform efforts may ultimately produce positive health outcomes for community residents. Despite such success, there is still a small proportion of the population that remains uninsured and still utilizes the health care system for both routine and acute needs. This study aimed to document successful outreach and enrollment strategies implemented over the past three years, while also characterizing the remaining uninsured population to inform future outreach targeting these potentially hard to reach populations.

The remaining uninsured population in Metro Louisville is disproportionately Hispanic, Black, male, and younger than the general population. They are more likely to have a lower income, and a person's odds of being uninsured increases as their income decreases. A larger proportion of uninsured individuals also reside in West Louisville. Although claims data did not include residency status, the consumer interviews included six individuals that did not have legal resident status and are, therefore, ineligible for public assistance programs such as Medicaid or QHP subsidies. These results are consistent with national findings (Kaiser Commission on Medicaid and the Uninsured, 2016).

Our analyses of locally available survey and claims data indicate that these may be populations to target with outreach efforts. The data suggest that at least some proportion of the uninsured population in Metro Louisville seek health care services from local safety net providers, including community clinics, FQHCs, and physician groups. These safety net providers have had resources through kynect and other funding sources to provide onsite assistance for individuals to enroll in Medicaid or a QHP. Our findings suggest that maintaining onsite resources is key to reaching uninsured populations, especially when there is no data-driven indication of where to reach a small uninsured population in the community. Data reinforced that a particularly successful strategy in the first few ACA enrollment periods was being present where people live, work, worship, learn, and play, which includes health care settings.

Despite the success of kynect and the personnel resources available since 2013, nearly 20,000 uninsured individuals encountered the health care system during 2015. Both quantitative and qualitative results indicate that uninsurance is costly to the individual and the community. The data also show that older individuals have more claims that may go unpaid. Older individuals may be less familiar with the Internet and other technology-based tools for enrolling in coverage and, therefore, may be eligible for coverage but unable to access it. Professionals and consumers cited barriers and system complexity that hindered efforts to enroll in health insurance. Having in-person assistance may be particularly useful.

While new enrollments have decreased over time, the number of new enrollments in 2015 was not insignificant. In December of 2015, approximately 3,600 Metro Louisville residents enrolled in new health insurance and that monthly number ranged from 3,540 to 9,298 across 2015 (KOHBIE, 2015). Moreover, qualitative results emphasize that maintaining coverage can be as confusing for consumers as initial enrollment, and consumers require assistance for renewal. This suggests that the need for outreach—and especially enrollment expertise—in the local community remains essential.

Even with continuing outreach and enrollment efforts, the study finds two key reasons individuals report they are uninsured. First, they note the expense of health insurance, both employer-sponsored and QHPs, and many indicate they are unable to afford the health insurance options available to them. Again, this is

consistent with national data (Kaiser Commission for Medicaid and the Uninsured, 2016). Outreach and enrollment efforts are clearly not designed to address affordability, but in-person assistors may be knowledgeable about alternatives of which the individuals are unaware. Long-term, policymakers may consider options for improving affordability for individuals who are neither eligible for Medicaid nor able to purchase private insurance. Second, consumers and enrollment professionals report some confusion around the ACA and health insurance in general. Stakeholders may consider investing in or collaborating with other local health insurance and health systems literacy initiatives aimed to improve individuals' ability to understand insurance and navigate the insurance/health care system. In addition, the BOH ACA Enrollment and Health Literacy and Education Committees may find opportunities to align goals and objectives.

Understanding the effects of outreach and enrollment activities, as well as community collaboration around such efforts, is critical to developing targeted strategies for both continued enrollment work and improving health literacy regarding use of health insurance and the health care system. The Louisville community has engaged in significant work toward ACA implementation, and evidence reflects that community outreach and enrollment assistance as well as locally coordinated efforts have been fruitful in reducing the uninsurance rate. As enrollment policy changes continue to occur, successes in Metro Louisville may inform future practice.

LIMITATIONS

There were several limitations of our study. First, the study used claims data to assess health care utilization. While the data were robust in terms of demographic characteristics and offered data across all of 2015, the study relied on ICD codes for understanding the purpose of each claim. This approach limits the context of our finding since there is no information on why, for example, an individual needed a prescription refill. Such information may have been available with a chart review or more extensive electronic health record data. In addition, the study does not include claims for emergency room use, which may limit a complete understanding of health care utilization in the uninsured population.

Secondly, the timing of the launch of benefind impacted the results of interviews with both professionals and consumers. The challenging rollout of benefind may have biased the views of the professionals and for at least two consumer participants, their uninsured status was a direct result of accidental coverage losses associated with benefind implementation. Third, the study only included interviews with 20 consumers, which may not be a large enough sample to adequately summarize reasons for not being insured. Finally, the study recruited consumer interview participants and gathered claims data from within health care settings. As a result, uninsured individuals that did not seek health care services are not represented.

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For a copy of the full report, email Liza Creel at liza.creel@louisville.edu.

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