

Future West Virginia Health Benefit Exchange Users and Their Need for Assistance

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Are WV's uninsured interested in using a web-based marketplace? What help do they anticipate needing? Where would they go for help?

Key Findings

- Both insured and uninsured highly value health insurance. If the uninsured could afford and access it, over 90% say they would enroll.
- Two-thirds stated they would be "Very Likely to Use" a central website for shopping for health insurance. One-third would not. Field experience showed few were aware coverage might be available to them in the near future.
- Medicaid expansion or subsidy eligible persons reported they would need "Some Help" or "Lots of Help" with the following: Comparing Plans (74%), Calculating costs per year (70%), Figuring out if a plan covers my medications (71%). The task they anticipate needing the least help with is Filling out an application (51%).
- 60% or more noted they would go to the Internet, a friend or family member, the doctor's office, or DHHR as preferred sites for help in choosing health insurance.
- Printed materials, one-on-one assistance (in person or by phone), and the Web were reported as "Very Likely to Use" information sources (60%+).

Purpose

This study explored the types of assistance future WV Health Benefit Exchange (HBE) users will need, especially those eligible for Medicaid expansion or cost subsidies. It also assessed interest in a centralized web-based marketplace and computer access for using it.

Methods

Literature was reviewed and key informant interviews done with health literacy experts, public and private insurers, and health care provider organizations. Potential exchange users were interviewed using a standardized tool. Since little is known on this topic, especially specific to West Virginia, the decision was made to interview potential exchange users in depth through 20 minute individual interviews rather than do a population wide survey. Results are based on interviews with 171 people in WV free clinics, primary care centers, critical access hospitals, university and WIC clinics. 75% were uninsured (110) or Medicaid recipients (16). 92% of all interviewees reported household incomes of under 400% FPL. This study best reflects needs of the uninsured under 400% FPL who seek health care.

Observations and Recommendations

- The Internet is a viable tool for communicating about health insurance and for helping people enroll. In this study, at least two-thirds of the uninsured had access to a computer with Internet at home. Two-thirds also expressed interest in using such sites. This route will not reach all.
- Networks of advisors and other methods to inform potential enrollees of the HBE and to help them compare and choose plans are important.
- Partnerships to reach the target audience will likely be beneficial. Free clinics, FQHCs, critical access hospitals, DHHR and others have the potential of being well received partners in enrolling people in the HBE.
- Materials, websites, and enrollment processes should utilize health literacy concepts and principles. This will help maximize enrollee ability to make effective insurance plan choices for themselves and their families. Those supporting outreach and enrollment should receive training in health literacy as well.