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# Center for State Health Policy

*A Unit of the Institute for Health, Health Care Policy and Aging Research*

# The Affordable Care Act's Impact on Enrollment in the NJ Individual Health Coverage Market: Reflections and Comments from Assisters and Brokers

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# About the Report

This report is based on a series of phone meetings and in-person focus groups held across the state between May and August 2015. A dozen assisters and brokers working throughout the state participated in these discussions, including in meetings held in New Brunswick (May 2015), Camden (July 2015), and Newark (July 2015). They were asked to weigh-in on the changes they observed and the challenges they faced after two rounds of experience with helping individuals and small businesses purchase coverage under the ACA, as well as reflect on those areas that most needed improvement. The research plan was approved by the Rutgers University Institutional Review Board (IRB) for the protection of human subjects and the conversations were recorded and transcribed.

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## Executive Summary

Enacted in 2010, the Affordable Care Act (ACA) included a series of measures to strengthen and expand health insurance coverage, including increasing Medicaid eligibility and using financial incentives and penalties to boost private coverage. For many Americans, the ACA has meant few changes in their health care coverage. However, for those in the individual insurance market, the law has brought major changes.

By the end of 2015, nearly 300,000 New Jerseyans had purchased individual market coverage, roughly double the number purchasing before the ACA coverage provisions took effect two years earlier. About two-thirds of those with coverage in late 2015 purchased through the federal Health Insurance Marketplace, which offered an array of insurance plans and, for many, access to subsidies to help offset the cost of those plans. While the Marketplace offered the opportunity for consumers to comparison shop, it also presented a wide range of plan features, sometimes complicating the plan selection process.

With funding from the NJ Department of Banking & Insurance and the Robert Wood Johnson Foundation, the Center for State Health Policy conducted a multi-faceted study that examined the impact of health reform on NJ's individual insurance market in an effort to inform policy decisions about the future of this market.

This report highlights major points from discussions that took place between May and August 2015 with assisters and brokers who are working on the frontlines to help individuals with their insurance decisions. Following the initial two rounds of open enrollment in 2014 and 2015, they discussed what was working and what still needed improvement to ensure consumers select coverage that best meets their needs. There was strong agreement that educating consumers about the ACA overall, as well as how their plan choices affect their benefits and costs remains a significant challenge.

The second component of this study involves a quantitative analysis of aggregated enrollment data from 2013–2015 from health insurance carriers participating in the market to examine the "migration" patterns and purchasing decisions of existing and new enrollees in the market. Findings from the migration analysis will be appear in a future report.

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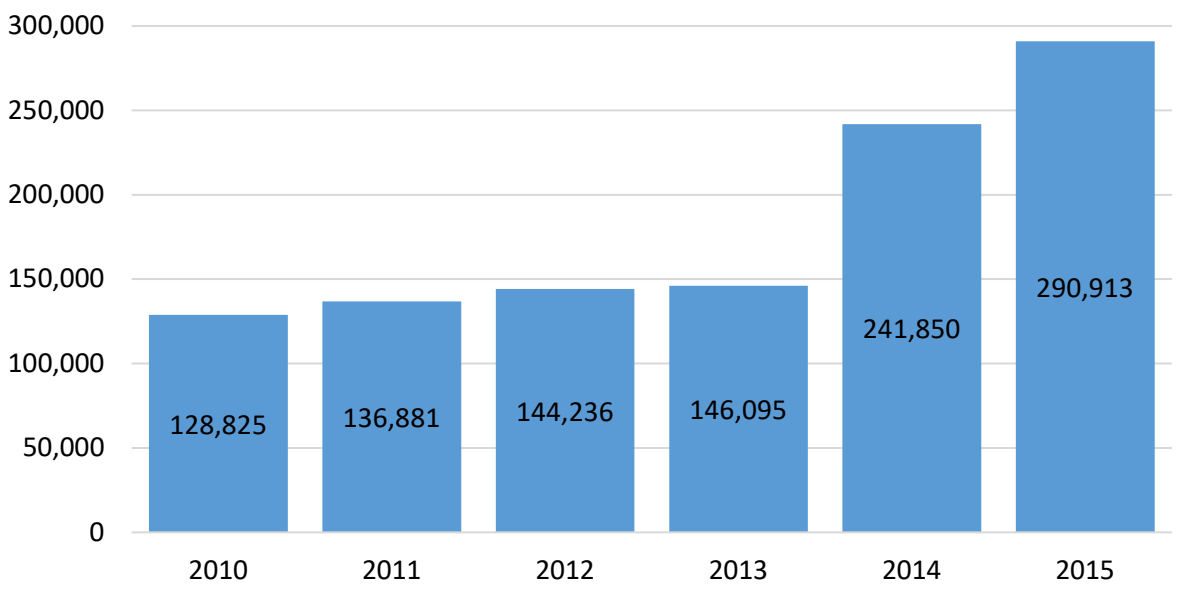
## Background

Overall, the individual insurance market (also known as the non-group market) is a small but important piece of the insurance coverage "pie," typically for those without access to employer-based coverage, but unable to qualify for public coverage. At the end of 2015, nearly 300,000 New Jerseyans had purchased coverage though the individual insurance market--more than double the number in 2010 (see Figure 1).

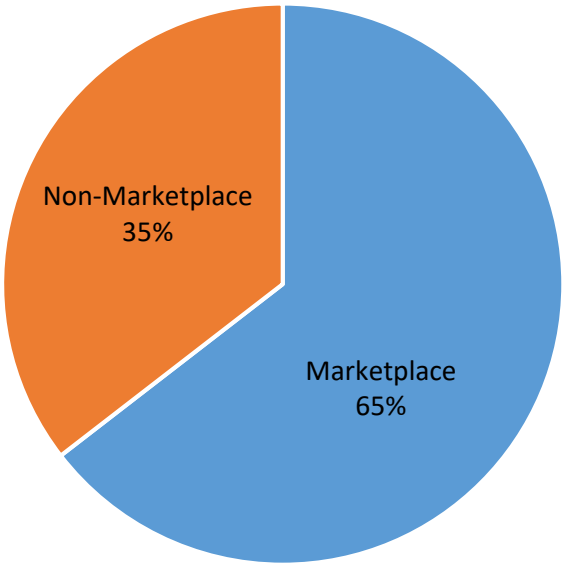
**Figure 1: NJ Individual Insurance Market Growth**




Source: NJ Department of Banking and Insurance

At that time, the third open enrollment period under the ACA was underway and over 180,000 New Jerseyans, a large share of the state's individual market, were enrolled in coverage through the Health Insurance Marketplace.[1] This was an increase of 34% from the prior year enrollment. A majority of those purchasing individual coverage in the state (65%) get their plans through the Marketplace.

**Figure 2: NJ Individual Insurance Market, 2015**




Source: NJ Department of Banking and Insurance

After the close of the second open enrollment period for the ACA, Rutgers Center for State Health Policy conducted phone interviews, as well as convened meetings across the state in Camden, New Brunswick and Newark with a dozen assisters and brokers who work with individuals to help them with their coverage decisions. The focus of these conversations was to provide the opportunity for these front-line workers to reflect on the overall enrollment experience and where improvements were still needed in order to facilitate wise purchasing decisions on the part of individuals.

## The Changing Face of the Individual Insurance Marketplace

In discussing some of the biggest changes affecting the Individual Marketplace, brokers mentioned that New Jersey "mom-and-pop shops" (i.e., spouse-run businesses) and business partners without employees, many who had previously purchased coverage in the small-group market, needed to shift to the individual market under the ACA. Instead of renewing their existing plans in NJ's Small Employer Health Benefits Program, they were forced to start fresh and weigh new options, often on the Marketplace.

Some study participants mentioned that those shopping in the individual market gained access to a "broader scope" of products, though they cautioned that these are not always "better" products, with most carriers offering no out-of-network coverage in efforts to help control costs.

Both brokers and assisters commented on the large number of newly-insured clients, as well as the many individuals that became eligible for coverage as the result of NJ's Medicaid expansion.

*Some mentioned those shopping in the individual market gained access to a "broader scope" of products, though cautioned that these are not always "better" products.*

### BROKERS AND ASSISTERS IN THE INDIVIDUAL MARKET*

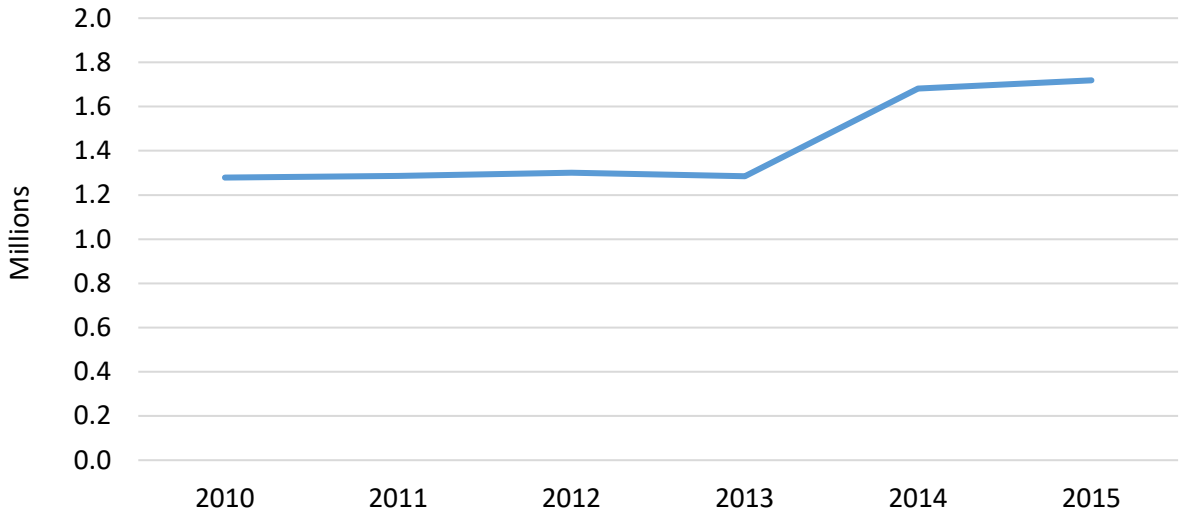
Brokers and assisters are both key in helping individuals weigh coverage choices, but have different roles.

Brokers are licensed sellers of insurance who earn commissions from carriers on the policies they sell. They work both in and outside of the Marketplace. Many have a unique perspective on the changes in the individual market, having worked in it both before and after passage of the ACA, and often needing to guide new and existing clients through their options on the Marketplace. They also work with many small business clients on insurance policy decisions.

Assisters (which include Navigators and Counselors in this brief) were born out of the ACA. Rather than earning commissions through policies, they are funded through Marketplace resources and other public contracts or nonprofit grants. Assisters are often the first point of contact for individuals. Many work in low-income communities to promote coverage and help bring individuals into the Marketplace. They guide these individuals through the application process and their initial weighing of choices. CMS regulations require assisters to complete approved training and pass certification exams. Their positions were designed to be unbiased and free from conflicts; accordingly, they are prohibited from receiving any compensation from insurance carriers. In 2015, CMS awarded a series of three-year grants to maintain assister activities throughout the states.

*See endnotes for sources

**Figure 3: NJ Medicaid/Family Care Enrollment**




Source: NJ Department of Human Services December enrollment

## While Better the Second Time Around, the Insurance Learning Curve Still Looms Large

After two rounds, many brokers and assisters still bemoaned the ACA's "truncated enrollment" period, calling it "too much at one time." Still, most agreed that the second enrollment cycle went much more smoothly than the first. During the first open enrollment, one broker mentioned having 200 people come into the office, not trusting that they would be able to secure coverage on their own with all the difficulties online. According to a national survey, during the first enrollment, two-thirds of assister programs said clients sought help in part because of technical difficulties; that number shrunk to fewer than 40% during the second round and 26% during round three.[2]

*While both assisters and brokers bemoaned the ACA's "truncated enrollment" period…most agreed that the second enrollment cycle went much more smoothly than the first.*

Assisters admitted that during the first open enrollment, they themselves were learning the systems, terminology and rules along with the consumers. Many assisters were new to the principles and operation of insurance, let alone the intricacies of the ACA. They said they were "learning while going." Taking clients through "HealthCare.gov," the online web site, with all its glitches undermined public confidence. There were so many technical difficulties the first time, it was "so frustrating for us and the consumers."

While the assisters all went through training, often they encountered more complicated cases than their training covered. There were a lot more very "unique situations." Very few cases are "black and white," with many of their clients having special circumstances. "There's a lot of gray out there."

*Very few cases are "black and white," with many clients having special circumstances. "There's a lot of gray out there."*

Many assisters also had difficulties with language barriers during the first open enrollment. The second time, one supervisor mentioned, their organization took on many more bilingual employees, including those speaking Spanish and Creole. We were much more "strategic about who [we were] putting in front of them." Once it could all be "explained in their language," more consumers came on board and told their friends to do the same.

Even for those without language barriers, there was a "heavy" learning curve. The assisters described it as "lots of handholding." Some were completely "new to the insurance process" and didn't "understand it at all." Many came in under the impression that "Obamacare is free." According to one, every single client needs some level of education, even those who have had insurance before. Most are not familiar with the typical insurance terms, like co-payments and deductibles. In a national survey of Assister programs, 62% reported that a majority of the consumers they served needed help understanding basic insurance terms and concepts.[3] An earlier survey revealed that NJ residents were generally less familiar with some basic insurance concepts compared to others in the region.[4] The lack of knowledge is not just among the newly-insured. Even those that previously had employer-sponsored coverage, both brokers and assisters commented, are used to getting a couple of brochures that they put in their desks, without examining them. Most are "not used to being engrossed in" or "don't look at the details of" their plans.

*...There was a "heavy learning curve" and "lots of handholding." According to one, every single client needs some level of education, even those who have had insurance before.*

## Lots of Sticker Shock

One of the "details" that has hit the hardest among those shopping in the marketplace is the price. Many called New Jersey prices "outrageous," and complained that the initial shopping screen on the HealthCare.gov is way "off" and "not New Jersey pricing."

For those purchasing through the federal Marketplace, more than 80% in the second enrollment period received discounts through premium tax credits and 50% were eligible for cost-sharing reductions.[5] Even with those discounts, brokers and assisters both said people are still really struggling with the rates. "Nobody can afford this."

Many were "completely surprised at the cost of the insurance." They "have in their minds that this is free or as cheap as possible." The pricing has caused a lot of "frustration." Both assisters and brokers said that, in the past, costs were more hidden, even for those with employer-sponsored coverage, who never examined the premium amounts that were already deducted from their checks. The transparency alone of the pricing in the new Marketplace was called by one broker, a "challenge beyond challenge." When asked if this was due to individuals having to pay more or actually write the check, the answer was--"Both!" In a survey of brokers and assisters from across the country, among the top three priority changes recommended for improving the ACA from both was to reduce plan cost-sharing.[6]

*Many were "completely surprised at the cost of the insurance." They "have in their minds that this is free or as cheap as possible."*

In fact, many consumers strictly shop on price. As one put it, "Some people can hear your whole spiel and still pick the lowest price." Assisters often hear, "Just give me the cheapest." For the younger consumers, both assisters and brokers agreed, it's all about "price, price, price." Some just direct the assisters to show them whatever will allow them to avoid the enrollment penalty. After hearing the costs, others choose to pay the penalty.

## Consequences of Enrollment Choices

For some, however, shopping on price alone has resulted in serious problems, with many clients not being able to use the coverage they have due to high deductibles. Both brokers and assisters bemoaned some bronze level plans, calling such "skinny" coverage "a disaster." "Deductibles are so high, premiums are not that low and the benefits are surely not there." Many consumers are confused by the fact that that they have "a card," but then are getting bills when they return to the doctor after their initial visit or when they seek treatment for something as simple as breaking their arm. "These people can't pay $100 for an office visit!"

*Many consumers are confused by the fact that they have "a card," but then are getting bills when they return to the doctor after their initial visit or when they seek treatment for something as simple as breaking their arm.*

When asked if individuals are buying the "right" plans, most answered, "They are buying what they can afford regardless of need." Some may be purchasing plans with poor benefits relative to their health needs, but there was widespread agreement that almost "no one is over-buying."

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However, there are some factors that consumers will consider "buying up" for, including plans with provider networks that include an existing primary care physician and plans with brand or company recognition. Even though less familiar carriers' plans might better fit their needs and budget, many shy away from insurers they have never heard of before. They "feel safe" with the known, but it's a "shame" because the unknown brand "is what they can afford." Reasonable prescription drug pricing is also a large consideration for many. In fact, many individuals direct the assisters to take them "right to the prescriptions." Individuals with chronic conditions, who are sometimes taking two prescriptions daily, often find plan choices that involve paying half of prescription costs to be out of reach. Brokers and assisters also agreed that while many consumers are not necessarily even using that much health care, in choosing a plan, many still want the "security" of defined copays rather than the more unpredictable co-insurance or deductible payment structure.

## While Improvements Are Substantial, Much Work Still Needs to Be Done

While again, most study participants agreed that there had been vast improvements since the first open enrollment, many more improvements are needed. For example, assisters said there was virtually no information about the second open enrollment, especially in more traditional outlets like newspapers and television. "People still don't know what is happening." One assister heard only one news report on the second open enrollment, but even that report gave the wrong dates.

*"People still don't know what is happening."*

Many consumers were not aware of the need to renew their plans. For returning customers, the process was "easier." "They know what to expect now…They have been educated." While many renewed the same plans with ease, some were hit with even higher premium rates the second time around or had plans that were no longer available. Some assisters complained that it was cumbersome, or what they termed "a

whole process" to get clients back into the system before they could even pick a plan. One woman's password was her dog's name, "Well, she had four dogs!"

They also said that, while the Marketplace site was vastly improved, certain things don't work evenly, like seeing whether plans include certain providers. Assisters were forced to scroll through many screens before finding the providers consumers were asking about. Sometimes they mentioned being forced to call the federal Marketplace helpline to expedite the process.

For some newly-enrolled individuals, things that are commonplace for many, like paying monthly premiums bills, are unfamiliar. Many didn't follow up with sending their premium payments. Overall, both brokers and assisters mentioned a lot of confusion with bills, with consumers having premium or tax credit changes that aren't clearly identified. They continue to pay their monthly bill, believing that they are still covered when they have in fact been dropped and are in arrears. Both assisters and brokers spoke of cases where they needed to appeal on behalf of consumers who were terminated due to unclear billing changes. They "don't spell things out for the consumers." Some return back to the assisters with any issues, believing they are part of the insurance companies, complaining, "You never sent me my card." Assisters said that the carriers and Marketplace should be working together to make it easier for consumers to understand, but instead they are pushing responsibility off to each other. Both "should be working together to make it cohesive." "We're all in this together." And we "should be making it easy as possible for the consumers."

*Assisters said that the carriers and Marketplace should be working together to make it easier for consumers to understand, but instead, they are pushing responsibility off to each other. Both "should be working together to make it cohesive"…"and as easy as possible for the consumers."*

Consumers are not the only ones struggling with the insurance learning curve. Even some very experienced brokers even said it's "hard to keep up," trying to remember the rules especially for different states and with national carriers. One mentioned having to stop and think, "Where am I? What state? What market? What carrier?" They said that carriers, too, are sometimes giving misinformation. For example, national plans sometimes execute policies, like contributions for adult children turning age 26 and graduating off their parents' plans, differently. They admit it is "hard to keep up with the changes." "It's a struggle every day."

Providers too are often unclear about the rules. One assister said that many are still billing consumers for covered preventive care, even though it is no longer permitted. While the assisters know the rules, many consumers do not and probably would not take the time to fight these

charges. Assisters reported that HealthCare.gov often "hiccups" when they attempt to gain access to provider directories associated with the plans, requiring them to call physicians' offices to confirm that they accept certain insurance plans. The challenge is further exacerbated by the fact that many provider offices don't even know which plans they take.

Brokers and assisters also complained that the tax professionals need to gain more expertise on the rules of the ACA. Some called it a "huge problem," others "a big disconnect" with the accountants. They both complained that clients had been advised incorrectly by tax professionals. Across the country, more than 60% of assister programs reported helping consumers with ACA tax-related questions during the second enrollment period.[7] For many consumers who are eligible for subsidies, incomes fluctuate dramatically throughout the year. For example, some are seasonal workers, while others may have received disability lump sums over the course of the year that impact their subsidy. Others are unemployed and then get jobs. Reconciling their true incomes on the front end at the time of enrollment and again at tax time is a big challenge.

Both brokers and assisters agree that the "system doesn't work as fluidly as it could or should." Both complained that while the federal call centers are good about picking up the phones, sometimes the operators aren't as knowledgeable as they should be. "There's no one place to go where people say, "Yes, this is it." In calling the Marketplace with a "serious problem," one assister explained, I am read from a script about how now it is open enrollment. "That's not why I'm calling!" They are not "talking from experience." The brokers also complained about being caught in a phone tree loop which ended not with the answer to their question but a "thank you for calling recording." Both bemoaned that there is no place of authority to turn to and we are all "left to languish." Since that time, however, the Marketplace has made efforts to create a separate line for more complex cases.[8]

Both assisters and brokers also spoke of the frustrations with NJ FamilyCare (the state's Medicaid program) waiting times. While assisters believed that delays in the Medicaid enrollment process had improved somewhat after the initial "surge" of new enrollees, the delays are still too long, with some needing to wait some 90 days for a decision, all the while with anxiety about not having coverage. They are frequently told that their consumer's cases are "under review." One assister even visited the local NJ FamilyCare office to try to establish relationships that could help her check on her clients' applications and move things along more quickly, but to no avail. They "took my pens," but didn't help. Still, some noted that NJ FamilyCare had improved considerably after the initial round.

One of the glitches on HealthCare.gov is that after clients are rejected from Medicaid, they go back into the Marketplace and are directed back to Medicaid. Brokers say that breaking up the families with different eligibility rules for children and parents is difficult and often "taking away subsidies" from the families. The assisters spoke of many still having stigma with enrolling in Medicaid. This isn't helped by the lack of "human touch" from some of the operators on the phone. Some NJ Family Care operators still are not clear on the role of the assister. It "would be nice for them to know what we're doing and what the Marketplace is doing" lamented one assister. Unlike the Marketplace helpline, which generally gets picked up quickly, assisters sometimes wait more than 20 minutes to speak with an operator on the NJ FamilyCare line, only to find that the operator has no desire to speak with them or the people they are trying to help. "They don't connect a face to the application...or know someone is there waiting." Some assisters say that the best course is just to hang up and wait the extra time to try for another operator.

## A Sometimes Strained Relationship between Brokers and Assisters

Brokers also complained that they are not in the initial "kitchen cabinet conversation," where assisters are reviewing the full menu of plans with consumers. They sometimes believe the assisters are pointing consumers in the wrong direction when helping clients pick a plan. "I've had to fix them." And with the compressed enrollment period, they feel "boxed in on making those fixes." Some brokers suggested that assisters and brokers have a "buddy" system to be able to work more in sync. However, the brokers did believe that assisters fulfilled a unique function through their outreach work in the inner cities. They admit that the assisters have more of a "trust factor" with new enrollees. They also believe it is very beneficial that many assisters stay open longer than 9:00 a.m. to 6:00 p.m.

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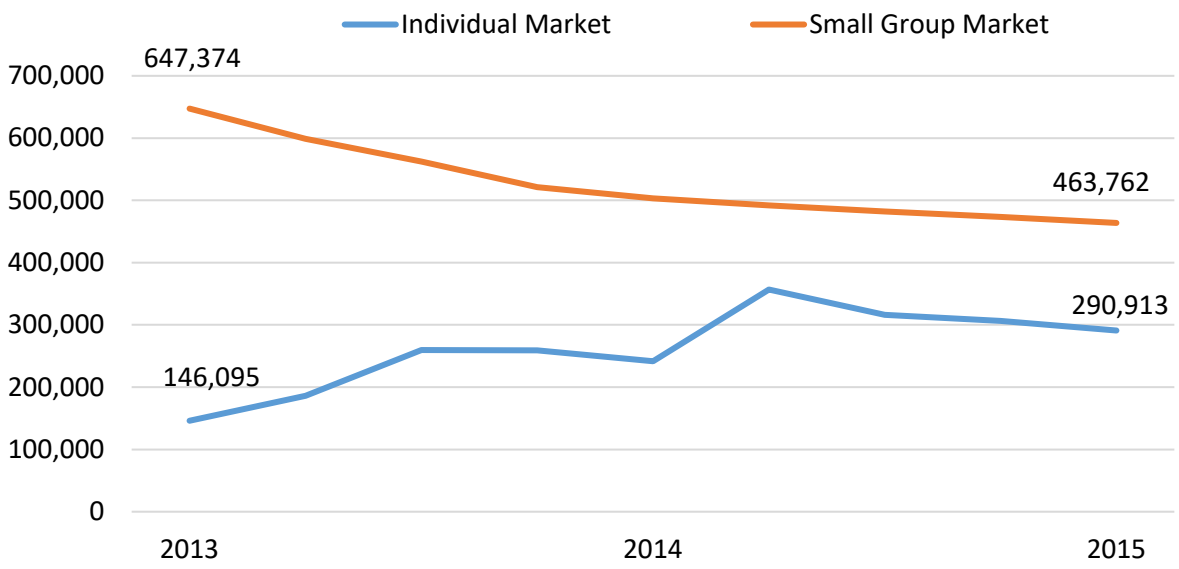
In fact, assisters said that they adjusted their schedules to conform more to the schedules of their clients, staying open on weekends during open enrollment. They complained, however, that overall, the ACA deadlines cater more to insurance companies' schedules than to the public's. They often will work with churches to facilitate enrollment outreach, but it's very difficult with open enrollment periods falling around Christmastime. They also said that the open enrollment periods don't take any consideration of things like the weather, which is a barrier for some people to travel to a location to enroll. As a result, many assisters needed to do home visits to help clients.

## More Changes to Come?

Closely aligned with the individual market is the small group market, where many businesses are weighing buying coverage for their employees or paying what is often a cheaper penalty and sending their employees to shop for coverage in the federal Marketplace. While the penalties are increasing over time for both individuals and employers, for many employers, the equation still favors sending their workers to the Marketplace. Some brokers report that many employers just give their workers a dollar increase and tell them to "go shop."

**Figure 4: Trends in NJ Individual and Small Group Markets**




Source: NJ Department of Banking and Insurance

Rates that were previously blended at the carrier level, are now gridded by age, possibly causing many employers to consider the added cost of hiring older workers. "Somebody is going to make the decision based on age," brokers noted. Other small employers have turned to self-funding, where they won't have to consider the "rate grids" or worry about essential benefits, though assuming the liability for high cost claims is a risk for small employers. Still, others are joining PEOs—Professional Employer Organizations that work as umbrella organizations coordinating employees of smaller organizations—with the effect of allowing them access to prices of much larger firms.

Some small firm strategies are still in their "infancy," and will play out over time, but often with effects that reach the individual market. Many employers still believe that the law will go away before they will ever face having to pay a penalty for not covering their workers. They are "still wondering if this law is going to be around in a month." Certainly, those comments weigh more heavily in a time of political polarization and the eve of a presidential election.

*Many employers still believe that the law will go away before they will ever face having to pay a penalty for not covering their workers. They are "still wondering if this law is going to be around in a month."*

## New Clients "Grateful" for Coverage

Whatever changes the future holds, and whatever challenges arose during the initial rounds of enrollment, some say implementing the ACA has really helped people "with awareness and taking responsibility" for their coverage decisions. Assisters in particular talk about how gratifying their work is and how lucky they feel to be helping people gain access to coverage. "We've had consumers who haven't had insurance in 20 years or couldn't get insurance." They describe an actual "excitement" among clients who confirm with them, "So, you mean I can go to the doctor???" Some assisters with years of experience outside the ACA in helping individuals, mention that they have "never met so many thankful clients."

*We've had consumers who haven't had insurance in 20 years or couldn't get insurance." They describe an actual "excitement" among clients who confirm with them, "So you mean I can go to the doctor???"*

## Conclusion

Following a two rounds of experience with helping individuals enroll in individual insurance plans, brokers and assisters believed that substantial gains had been made, both in their own learning and in the ease with which they are able to enroll clients online. Still, at that time, it was very clear that more outreach was needed to engage the public and educate them on the ACA changes, especially related to costs and the various trade-offs involved with their plan choices. Health insurance literacy was a major challenge. Both assister and navigator participants expressed concerns about affordability. They wished for more expertise and efficiency from the Marketplace and Medicaid when assistance is needed for special cases. They also spoke of the need for the carriers and the Marketplace to work together to make the whole process more seamless and easy for individuals as they gain experience with using and keeping the coverage they have chosen.

In spite of the four years between the enactment of the ACA in 2010 and the start of its major coverage provisions in 2014, this study reveals significant implementation challenges in the ACA in New Jersey. While both NJ FamilyCare and the federal Marketplace have continued to make improvements, the lessons learned from these early experiences remain relevant today. In fact, federal resources for public outreach and education have diminished significantly since the earlier enrollment periods. The need for public outreach and education has not diminished, even as the enrollment process and its underlying technology are improved.

# Endnotes

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