

# Doing Your Homework: Assessing the Needs of the Un and Under Insured in Your Local Market

## *National Congress on the Un and Underinsured*



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# Healthcare Leadership Council

- Consortium of leaders from all health care sectors
- Shared vision of a health care system defined by accessibility, affordability, quality and innovation
- No greater priority than accessible health coverage for all Americans



# The HAA Message

- Problem of uninsured affects all Americans and must be addressed
- Private and public options are available for many individuals, and a proactive effort is essential to link the uninsured with available alternatives
- Uninsured issue must be prominent in 2008 Presidential campaign and beyond



# Assessing the Need: Who?

- Determine target population and needs
  - Small business employers and employees
  - Young adults
  - Children
  - Latino Americans



# Assessing The Needs

- Stop Gap: Care
- Solution: Coverage
- Information
- Explanation
- Access

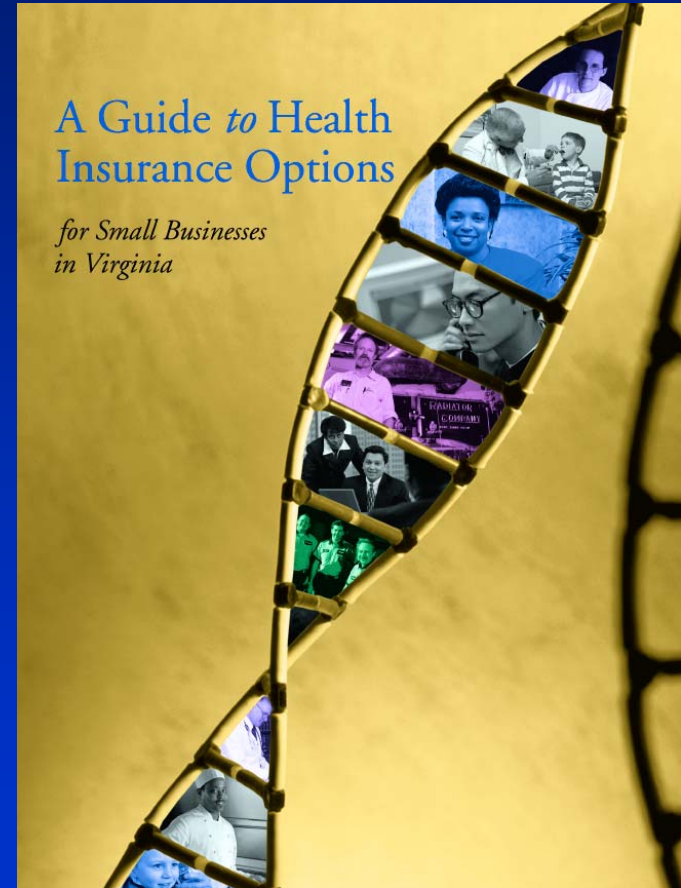


# Environmental Analysis

- Assess the problem: who?
- Demographic information
- Inventory of health care options
- Locate potential partners already conducting outreach efforts to leverage
- Evaluate prevalent media outlets
- Note any benefits or barriers

# Understanding Health Care Options

- What are the private coverage options?
- How does CHIP work in the state?
- What other programs are available in the target market?
  - How do you enroll in those programs?
  - Do they have a high risk pool?



# Understanding Health Care Options

- What kind of bandwidth and support are available with underwriters and CHIP officials in the target market?
- Create Health Options Menu

## Health Plan Comparisons in Cleveland, Ohio

Rates Effective 5/1/07

KEY: VL = very low; L = low; M = medium; H = high; VH = very high

Product <sup>1</sup>	Individual Total Monthly Premiums				Individuals' Cost Sharing <sup>2</sup> (excluding premium)					Provider Choice <sup>3</sup>				
	Male 23 years	Male 27 years	Female 23 years	Female 27 years	VL	L	M	H	VH	VL	L	M	H	VH
Atlas Preferred & Hospital Care E200 PPO	\$45	\$34	\$65	\$78	—	—	—	—	—	—	—	—	—	—
Anchor Blue Access Economy PPO	\$65	\$69	\$90	\$101	—	—	—	—	—	—	—	—	—	—
Columbus Plan 300 PPO	\$60	\$63	\$59	\$73	—	—	—	—	—	—	—	—	—	—
Midwest Medical Superior/Max One 1000 PPO	\$79	\$82	\$109	\$122	—	—	—	—	—	—	—	—	—	—
Medicare 100/70 HSA Plan 40 Option 200	\$82	\$84	\$97	\$106	—	—	—	—	—	—	—	—	—	—

**IMPORTANT:** These premiums take into account age, gender and geographic area and are quoted for healthy non-smoking individuals. Generally, Ohio state law does not limit health plans from adjusting premiums on the basis of health status and does not prohibit them from refusing coverage to individuals with existing health conditions. However, Ohio law does require all insurers in the individual market to offer standardized products on a guaranteed issue basis (meaning they must accept applicants regardless of health status) during an annual open enrollment period, subject to specified enrollment caps, and limits the extent to which insurers can adjust premiums for health status for these products. The products described in these charts are not guaranteed issue products; they are all medically underwritten.

**NOTE:** The selected plans are not all inclusive. For additional options, contact a local insurance broker or visit online comparison websites such as [insure.com](http://insure.com), [aliquotesinsurance.com](http://aliquotesinsurance.com) or [dhealthinsurance.com](http://dhealthinsurance.com).

- 1 PPO is a preferred provider organization. HSA is a health savings account that uses a PPO plan type.
- 2 Individuals' cost sharing is an "average" estimated by considering plans' unique combinations of office and prescription co-pays, deductibles, coinsurance, and maximum out-of-pocket limits. Utilization will affect the amount of cost sharing, up to the maximum out-of-pocket limit (see Cost Sharing Chart in this Overview). For individuals with very different levels of health care use, the relative rating of the cost sharing associated with different plans could be different from what is shown here.
- 3 At one extreme, patients can see virtually any provider of their choosing; at the other, patients' access to care is limited to in-network providers and they typically must seek a referral to a specialist.

Check out the chart above to get an idea of health insurance available in your area.

To create this chart, healthy non-smoking, age 22 and 27 year old individuals were described to insurance brokers so they could provide details on real insurance plans that are available in Ohio.

### How to Read the Chart:

- The far left column indicates the name of the health plan and plan type.
- The next four columns present monthly premiums for four individuals.
- The next column, with horizontal bars, provides an idea of individual cost sharing.
- The final column, also with horizontal bars, shows the degree of choice of providers.



# Restructure Options to Meet Needs

- Michigan Tri-Share Program
  - Increased minimum group size required to apply to 2 – 50 employees
  - Increased wage limits so eligible employees must make \$14.50 per hour or less
  - Added the option if employees who are covered under a major medical plan and do not have their dependents covered under the plan they can enroll dependents under Tri-Share if they meet the above eligibility criteria for the employee



# Coalition Building—Getting Started

- Broad-based, inclusive, manageable size
- Diverse group
- Uncommon alliances
- List of 50 influential people, organizations
- Decide best method of introduction:
  - Letter
  - Trusted source
  - Phone call
  - Meeting
- Make sure participants can meet identified needs
- Develop the roles and responsibilities

# Coalition Building—Getting Started

- Understand the needs and concerns of members
- “Individualize” opportunities
- Determine groups who are helpers
- Develop sample activities
- Don’t overwhelm
- Don’t forget meeting reminders, newsletters, and regular updates



## Health Coverage Changing Americans' Lives

The Health Access America Initiative Partner Report

June 29, 2007

*Health Access America* is a broad-based partnership of 512 national and local partners that educates and informs the uninsured, the media, and the public at large about affordable health care options. *Health Access America* partners, representing consumers, patient advocacy groups, health care providers, employers, and others with interest in the uninsured crisis, bring together their respective grassroots and communications resources to achieve this shared objective. *Health Access America* develops and distributes free information, materials and tools and sponsors local and national events to educate partners, consumers and other stakeholders about the issue of the uninsured and to help people find health coverage.

To join *Health Access America*, contact Alison Dye, 202-452-8700 or [adye@hlc.org](mailto:adye@hlc.org).

### Activities

To date, *Health Access America* has conducted 602 of its 730 scheduled enrollment events. The format for these events varies depending on the community. Some examples include:

- ★ One-on-one counseling
- ★ Small business seminars
- ★ Town hall meetings
- ★ Enrollment fairs

So what are some of these events like? On Thursday, June 7th *Health Access America* held a college outreach and enrollment event at the Community College of Southern Nevada's Charleston Campus. Over twenty students attended the seminar and learned about the different health care options available to them. As a result, over a third of the attendees were seriously considering private health coverage and many of the other students were pleased to receive straightforward information that they could easily understand. *Health Access America* has found that smaller events permit time to individualize information shared and results in a higher return with people obtaining coverage.

### Enrollment

While the campaign has an array of interim metrics to evaluate progress, the ultimate goal is to enroll people in public programs or sign them up for private coverage. To date enrollment and attendance data is as follows:

- ★ 18,032 attendees
- ★ 5,351 enrolled

That means approximately 30% of attendees who attend a *Health Access America* event acquire health insurance coverage.

# Target Coalition To The Needs

- Success is the best way to keep people involved in a coalition
- Look for ways in which different groups' goals overlap and capitalize on them so that everyone can have a payoff
- To solicit people's involvement in a coalition, you must show what they can do and what is in it for them
- Each coalition member must perceive a payoff for his/her organization for participating in the coalition

# HAA Coalition Examples: Assess The Need – Find “Solutions”

- Underwriters/SCHIP/HAA
- CVS/CoverTN/HAA
- United Networks of America/HAA
- HAA/WAVEReach



# Conducting Research

- Schapiro Group study – determine needs & outreach tactics to drive action
  - (1) A national public opinion survey, focused on the HLC target groups
  - (2) Follow-up one-on-one in-depth interviews
  - (3) A simulation experiment



# HAA Key Research Findings

- (1) Largest obstacle - preconception that health insurance costs too much
- (2) Don't know how to find information
- (3) Cost and simplicity are predominant concerns
- (4) Persuasive sales pitches, and repeated contacts essential



# Assessing the Information Needs: Sample Delivery Techniques

- CVS/Pharmacy booths
- School health fair
- Soup kitchen
- Small Business Development Center workshops
- Shopping mall
- Church seminars





# Assessing the Information Needs: Outreach & Enrollment Activities

- Group vs. individual
  - Language
  - Written vs. oral
  - Persuasive vs. factual



Tailoring event styles to the target audience needs is critical

# Assessing the Need and Acting to Meet It

- Assess
- Evaluate Options
- Determine Delivery Techniques
- Assess and Adjust

# HAA Lessons Learned

- Thousands of individuals were eligible for public programs but not enrolled
- Just as important, some can afford private coverage, but don't know it

