



Understanding the Uninsured

Time: Dial-In Number: Conference ID:

10:00am – 11:30am 1-855-897-5763 7935184 Support for this webinar was provided by the New York State Health Foundation

FOUNDATION



Today's Webinar

- Dial in to listen to the audio portion of the webinar using the audio instructions on your Webex control panel.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A function on your Webex control panel; we will pause periodically to take questions.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.

Immigration and NY State of Health



Here's what you said:

- More than 98% said it "increased my knowledge of the topic(s).
- More than 97% said "the information will allow me to better assist consumers who have different citizenship categories or immigration statuses.
- "Thanks for giving us the sheet in our materials that told us what the abbreviations meant. It was very helpful!"
- *"I didn't really understand that the rules had changed and Non-Immigrant Visa holders could potentially get full Medicaid. Now, I feel that I can help so many more people."*

"Please include the polling feature. It makes the webinars more interesting and easier to follow"

"Alert people who are listening on the phone and manually moving the slides to which slide exactly the speaker is on. Everytime."



Presenters

- Welcome
 - Donna Frescatore, NY State of Health
- Today's Panelists
 - Michael Perry, CoFounder, Perry Undem
 - Alison Betty, Partner, GMMB
 - Alison Kruzel, Senior Vice President, GMMB



Since the Marketplace Opened in 2014...

- More than 2.1 million New Yorkers have enrolled in health coverage through the Marketplace – more than 10 percent of New York's population
- Eighty-nine percent of Marketplace enrollees reported that they were uninsured at the time they applied
- New York's uninsured rate is the lowest in decades
 - Last month, Gallup released a poll that showed NY's uninsured rate fell from 12.6% to 8.3% between 2013 to mid-2015

UNDERSTANDING THE UNINSURED NOW.

September 2015



7 Robert Wood Johnson Foundation







INTRODUCTION.

The Robert Wood Johnson Foundation commissioned PerryUndem Research/Communication to conduct a **national survey** of uninsured adults ages 18 to 64 at the conclusion of the second open enrollment period for the health insurance marketplace. Working closely with GMMB, PerryUndem developed a survey intended to offer a full picture of the lives of the uninsured and explore their feelings about enrolling in health insurance.

Methods.

- Survey fielded May 5-17, 2015.
- N=1,270 adults 18-64.
- N=469 Latinos.
- English and Spanish.
- All respondents were uninsured at time of survey.
- We did not screen participants on citizenship status.
- Margin of sampling error: +/- 3.4 percentage points.

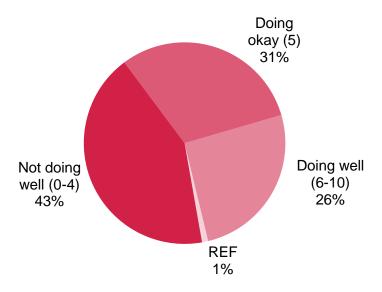
The survey was conducted using GfK's KnowledgePanel (KP). KP is the only probability-based web panel designed to be representative of the United States. The panel is constructed with probabilitybased sampling from the U.S. Postal Service's Delivery Sequence File, which allows for an estimated 97 percent of households to be covered. Respondents without Internet access or a computer are provided with both for participation.



THE UNINSURED ARE EXPERIENCING MANY CHALLENGES AND TRANSITIONS.

Only one-quarter say they are doing well financially.

Thinking about your finances, how would you say things are going for you these days? Use the scale below (0-10). n=1270



Many are experiencing change.

More than half of the uninsured (52%) have experienced a life change in the last 12 months:

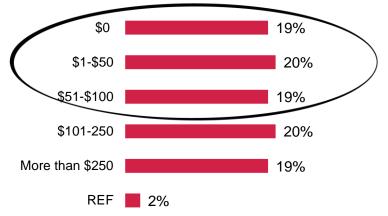
- 21% Became unemployed.
- 18% Moved homes.
- 17% Changed jobs.
- 16% Experienced the death of a loved one.
- 4% Started school.
- 3% Started a business.
- 3% Had a child.

31% have an ongoing medical condition.

MONEY IS TIGHT.

58% have \$100 or less left over every month after paying bills.

After bills and necessary expenses, how much money do you usually have left over for extras each month? n=1270



68% are in debt.*

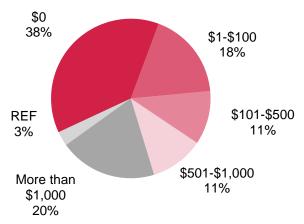
Nearly half of this group has medical debt.

Amount overall debt:

10% \$1-\$1,000 20% \$1,001-\$5,000 16% \$5,001-\$10,000 18% \$10,001-\$20,000 18% \$20,001-\$50,000 17% More than \$50,000

More than half have less than \$100 in savings.

How much do you have in savings right now? n=1270



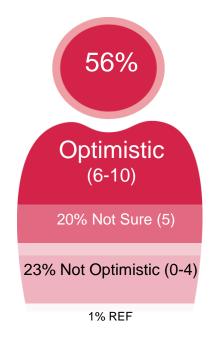
BUT THEY ARE OPTIMISTIC.

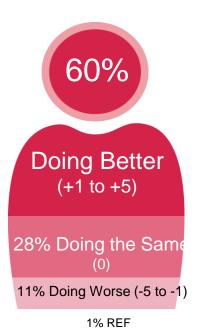
Most believe life will get better soon.

Thinking about the next year, how optimistic are you that life is going to get better and easier? Use the 0-10 scale. n=1270

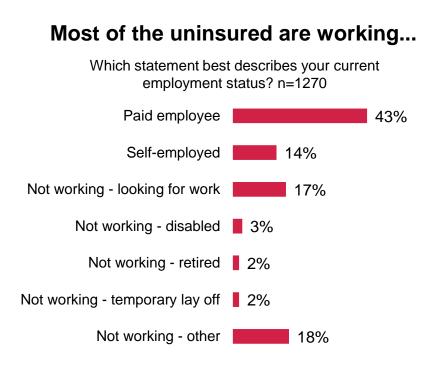
Most also expect to be in better financial shape in a year.

When you think of your finances a year from now, do you expect to be doing about the same, better, or worse than you are now? Use a scale of +5 (better), 0 (same), -5 (worse). n=1270





MOST WORK BUT THEIR EMPLOYERS CHANGE.



...But their job situation may change in the near future.

Looking ahead two years...

51%

of the employed uninsured say they will either start a new job (38%) or change jobs (13%). In addition, 14% will take on a second or third job, 5% think they will quit or lose a job, and 2% plan to retire.

41% of the employed uninsured say they have had three or more employers in the last 5 years.

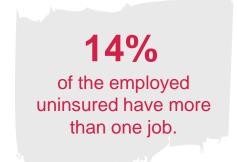
MOST OF THE EMPLOYED ARE HOURLY WORKERS IN SMALL COMPANIES.

Important details about the employed uninsured include:

88% are hourly workers – not salaried.

76% work more than 30 paid hours a week.

65% report working for employers with less than 50 employees (57% say they work for companies with 25 or fewer employees).



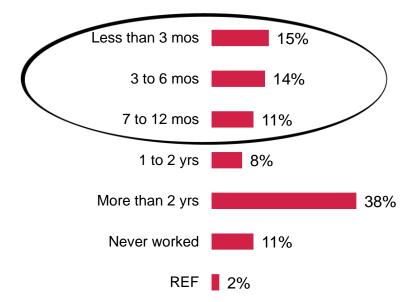
More than half of the employed uninsured (55%) work in just 5 industries:

construction (14%) retail (13%) food/accommodation services (12%) manufacturing (8%) health care/social services (8%)

MANY OF THE UNEMPLOYED ONLY RECENTLY LOST EMPLOYMENT.

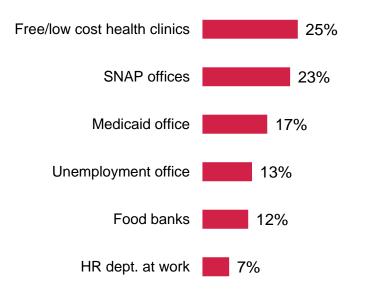
Many are only recently unemployed.

How long has it been since you last worked? n=380*



MOST HAVE EXPERIENCE WITH GOV'T PROGRAMS, SAFETY NET.

Have you had contact with any of the following in the last five years? Select all that apply. n=1270



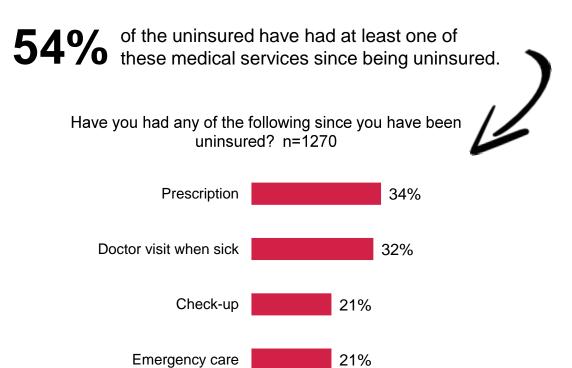


54%

of the uninsured have been to at least one of these places in the last 5 years.



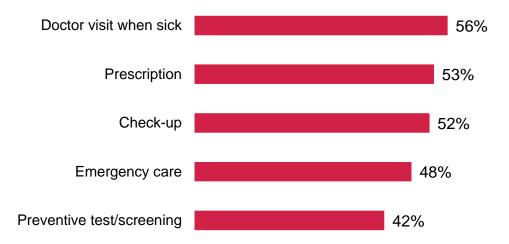
MOST ARE GETTING CARE WITHOUT INSURANCE.





MOST FEEL THEY CAN MANAGE THE COSTS.

How confident are you that you could get the following care and manage the costs without health insurance? n=1270 Very/somewhat confident

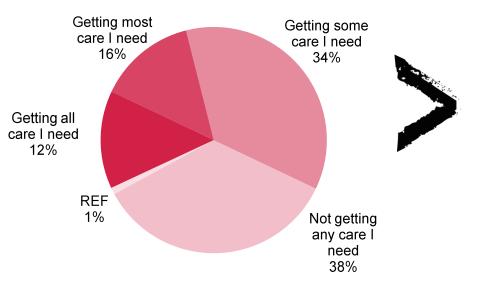


46% think it is "easy" to get prescriptions without insurance.

THOSE WITH ONGOING MEDICAL NEEDS ARE NOT COPING AS WELL.

31% of the uninsured say they have an ongoing medical condition.

(If ongoing medical condition) Do you feel you are getting the care you need? n=441



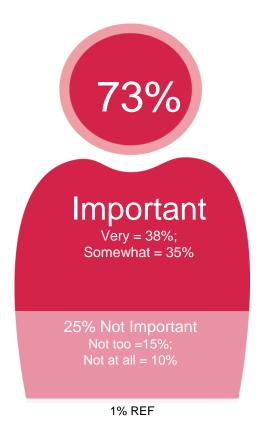


of those with ongoing needs feel they are getting all or most of the care they need.

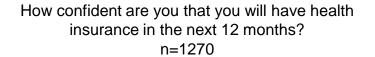
GETTINGINSURANCE.

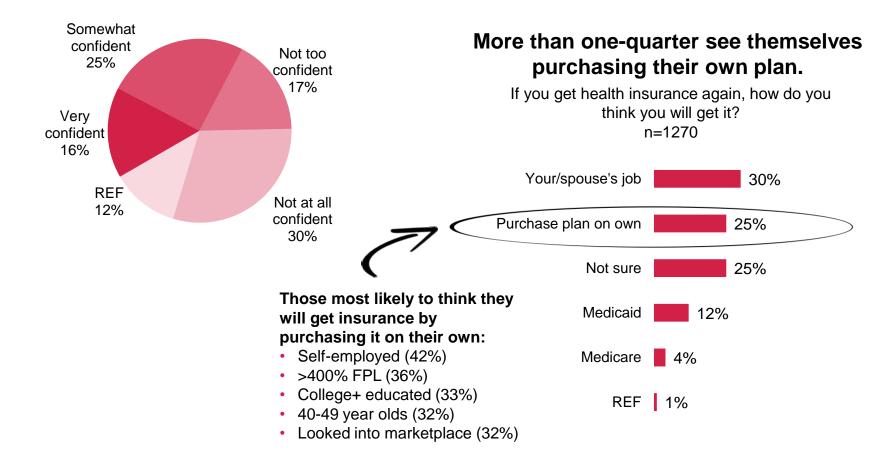
ALMOST THREE-QUARTERS SAY INSURANCE IS IMPORTANT.

Given everything in your life these days, how important is it to you to have health insurance? n=1270



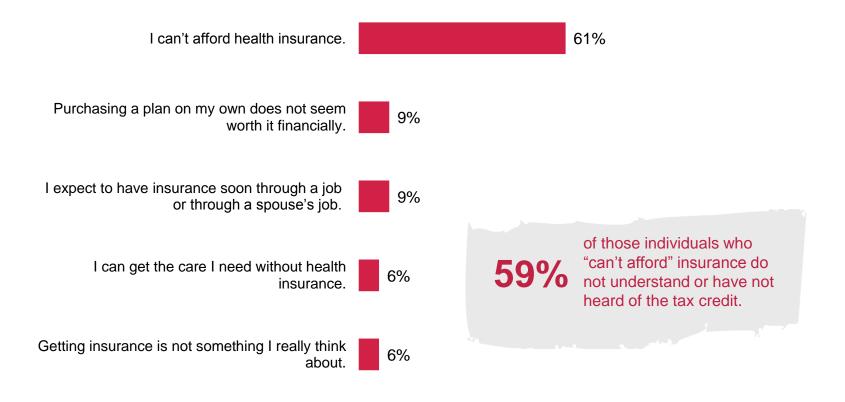
FOUR IN TEN BELIEVE THEY WILL GET INSURANCE WITHIN 12 MONTHS.





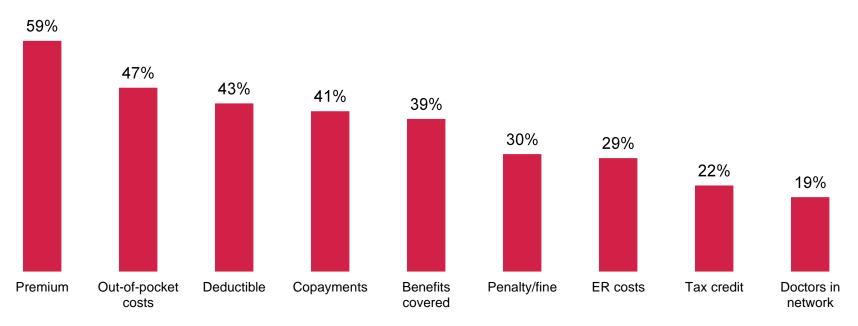
COST IS THE MAIN REASON THEY HAVE NOT SIGNED UP.

Which of the following statements best describes why you have not purchased health insurance on your own since becoming uninsured? n=1270



THEY CONSIDER MORE THAN JUST THE PREMIUM.

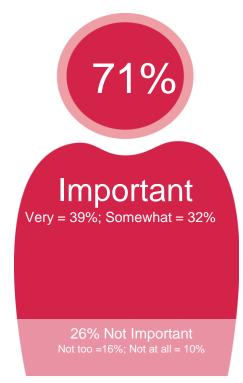
[If has looked for insurance before]: Thinking about the last time you looked for health insurance on your own, which of the following things did you consider before deciding <u>not</u> to purchase a plan? n=829



When asked to choose the two <u>most important</u> considerations before deciding NOT to purchase a plan, they respond: premium (57%) and the deductible (24%).

THEY WANT ONE-ON-ONE HELP.

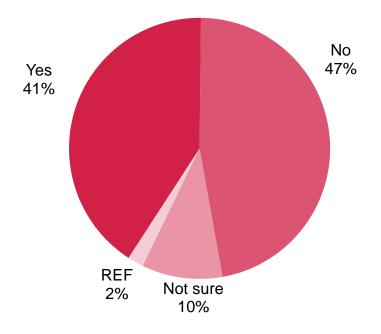
If you were to look into buying health insurance for yourself (outside of a job) in the future, how important would it be for you to be able to talk with someone one-on-one to help you understand your options? n=1270



THEMARKETPLACE.

FOUR IN TEN WENT TO THE MARKETPLACE.

HealthCare.gov/state Marketplace is a place for people to find affordable health insurance. Have you ever looked into the new health plans available through HealthCare.gov/ state Marketplace? n=1270

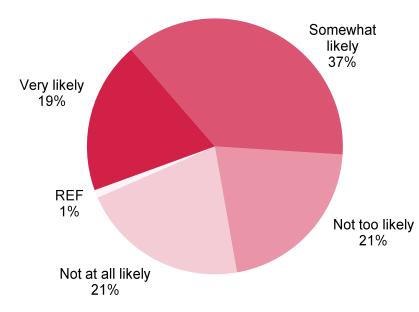


Notes:

- These are the results of a national survey and refer to the federal marketplace/HealthCare.Gov.
- REF = refused

MORE THAN HALF SAY THEY WILL GO IN THE FUTURE.

How likely would you be to look into the health plans available through HealthCare.gov/state Marketplace in the future? n=1270

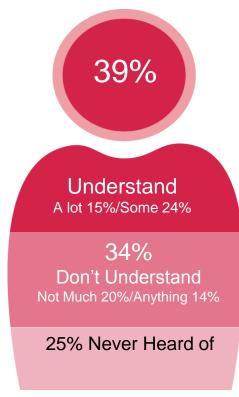


Who is "very likely" to go in the future:

- Having insurance "very" important (34%)
- Spanish-speaking Latinos (31%)
- Previously looked into Marketplace (25%)
- Those who paid a tax penalty (24%)

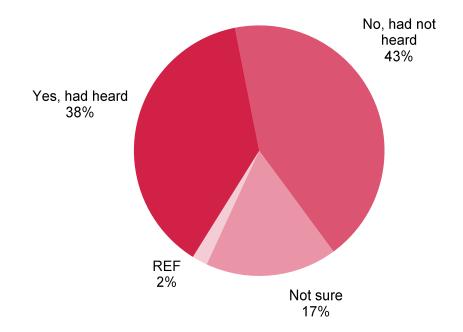
SIX IN TEN ARE CONFUSED OR HAVE NOT HEARD ABOUT TAX CREDITS.

As you may know, many people are able to get a tax credit to help purchase an insurance plan through HealthCare.gov/state Marketplace. How much do you understand about how these tax credits work? Or have you not heard about these tax credits before? n=1270



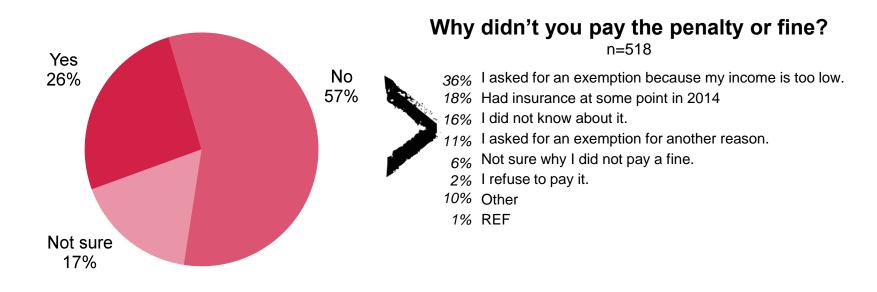
SIX IN TEN DO NOT KNOW ABOUT ENROLLING DUE TO QUALIFYING LIFE EVENTS.

Usually, you can only enroll in health insurance through HealthCare.gov/state Marketplace during a specific time period called "open enrollment." But there are some exceptions. For example, if you experience a change in your life like getting married or divorced, moving to a different state, or losing job-based health insurance, you can enroll in health insurance through HealthCare.gov/state Marketplace even if open enrollment has ended. Had you heard about this before today? n=1270



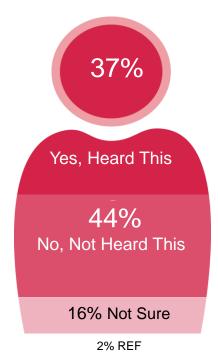
ONLY ONE-QUARTER SAY THEY PAID THE FINE.

If you filed your tax return, did you pay a penalty/fine for not having insurance in your 2014 taxes? This may be something that you paid or was deducted from your refund. n=895



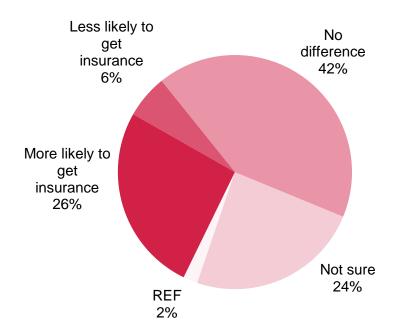
SIX IN TEN HAD NOT HEARD/UNSURE OF "TAX" SPECIAL ENROLLMENT.

[If in state with tax special enrollment period]: Have you heard that people who had to pay a penalty or fine in their taxes this year for not having health insurance could sign up for health insurance through HealthCare.gov/state Marketplace until [April 30th/dates specific to state] if they were still uninsured? N=1138



ONE-QUARTER SAY THE INCREASING FINE MAY GET THEM TO ENROLL.

The penalty or fine for not having health insurance increases to \$395 or 2% of your income (whichever is higher) in 2015. Then in 2016, it increases to \$695 or 2.5% of your income (whichever is higher). Would these increased penalties or fines make you more likely to get insurance in the future, less likely to get insurance, or do they not make a difference for you? n=1270



Those more likely to get insurance due to the increasing fine:

39% Spanish-speaking Latinos
33% Having insurance "very" important
33% Uninsured less than two years
34% 400+% FPL
32% English-speaking Latinos

POLL QUESTION

True or False?: Half of the remaining uninsured have not gone to the marketplace yet.



SUMMINGUP.

KEEP IN MIND...

- Most feel insurance is important and many have been trying to get it.
 - They make cost calculations and many are deciding it is too expensive.
 - Some may be putting it off for other reasons.
 - Half have not gone to the Marketplace yet this presents an opportunity and a challenge.
- They don't understand the tax credit. There is need for more education.
 - Most want one-on-one help to enroll.
- The increasing fine may be a strong motivator.
 - Outreach efforts should continue to drill down to places where large numbers of the uninsured can be reached.

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INSIGHTSFORMESSAGING.

WHAT IT MEANS: MESSAGE THEMES

Protects you from the unexpected

Marketplace has new plans, prices

Financial help

Accidents happen, medical bills can add up, insurance protects you and your family.

Plans change every year, rates go up and down. New options, like the Essential Plan, are available.

Make it real, show them they could qualify, explain how tax credits work.

One-on-one help

Help is available, but don't overpromise.

MESSAGE TONE

Just the facts, straightforward

- They need information especially about tax credits, the fine, special enrollment/life changes.
- They're skeptical don't overpromise and stay away from sales-y language.

Time to get more direct, but don't preach

 Explain the increasing fine, but stay away from shaming around not having health insurance or not following the law.

A LOOK AT THEIR LIVES... AND INSURANCE:

People are in transition – new jobs, new moves. They're cautiously optimistic – less resignation.

They're making it work.

Life changes and the calculated decision changes.

They'll get to it when life is more stable. Insurance is in the back of their mind. Not a heavy weight.

IN THEIR OWN WORDS

I'm just not going to stress about it.

It's in the back of my mind.

I play the odds here, I weigh things.

I looked...it was affordable, but not affordable enough.

Money is tight—trying to get back on track with my bills.

My credit report is all medical. Insurance was more than my

house payment.

Want to be comfortable, stable, have something left over.

Most important thing is to get out of the debt we're in—get breathing room.

I see health insurance as a part of making it.

I know I'm not 20 anymore.

As I'm aging, I know there are things I need to have done.

TWO AUDIENCES

THOSE WHO LOOKED

Affordability is still the #1 barrier.

More skeptical, they know more.

But they're checking the fine, it's a calculation.

THOSE WHO HAVE NOT

Knowledge gaps.

What do we know about rural vs. urban.

WE NEED TO HAVE A DIALOGUE

Pushing out
messages to
the masses is
likely wasteful.What are their priorities?
Understand where they
are.They need in

They need information. Messages need to connect them with what's real and relevant for them and their situation.

RESPECT THE CHOICE

- They're weighing costs and priorities.
- This is not about telling them what they should do, but understanding why they're doing it.
- Filling in information gaps, credibly.

PUTTING IT INTO PRACTICE

✓ Hi, how are you?

- Tell me about your situation—what are your priorities right now, whether you've looked into health insurance in the past, what you are hoping to get out of it. I want to learn what is most important to you as you're looking for health insurance so we can figure out what might work best for you.
- ✓ Do you know that there is financial help available? Can I tell you a little bit about it? Individuals earning \$47,080 or less can qualify.
- Even if you've looked before, it's worth checking out your options now. Because plans and premiums change every year, you could find something that works better for you this time around, like the new Essential Plan which offers premiums of \$20 or less each month and no deductible.
- Also, by signing up, you may avoid or reduce the fine for not having coverage for 2016 which is increasing to \$695 per person, or 2.5% of your income, whichever is higher.

✓ Let's walk through what's available for you/your family.

TOP REASONS WHY NEW YORKERS DIDN'T ENROLL



Cost/affordability of plans/premiums/ deductibles



Social stigma related to Medicaid

Might not be able to see a doctor



Did not qualify for SEP

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Documentation issues (frequently related to immigration status and self-employed)

Source: Information reported by assistors to NYSOH as of June 2015.

POLL QUESTION

In your experience, what other reasons do you most commonly hear from folks about not signing up?

- A A lack of understanding about insurance
- B Technical issues (they tried but couldn't get through)
- C They were unaware of their options and/or eligibility
- They're in good health and don't feel they need insurance
 - Other

E

G

- All of the above
 - A combination of these
 - None of the above

ADDRESSING COST & AFFORDABILITY

Never looked

 More than 300,000 New Yorkers have received financial help to lower the cost of their health insurance. You could too. A single person earning \$47,080 or less, or a family of four earning \$97,000 or less can qualify. Also, new this year is our Essential Plan which offers premiums of \$20 or less a month and no deductible – it's worth it to check out your options.

Looked in the past

 Even if you've looked before, health plans and premiums change every year, and so may the amount of tax credit you receive. There are also new options, such as the Essential Plan, which offers premiums of \$20 a month or less and no deductible. Check out your options through NY State of Health today.

ADDRESSING PROVIDER CONCERNS

Never looked

• NY State of Health offers plans from 16 carriers that cover preventive care, hospitalization, prescriptions and more. Plans offer a range of coverage levels and covered providers. Let's check out your options, and whether you can get financial help to pay for your premium.

Looked in the past

• Even if you've looked before, health insurance plans change every year and new plans are added to the marketplace – this year there are more than 16 carriers to choose from. Let's explore your options and what providers are covered in your area.



ADDRESSING MEDICAID

Both audiences

- NY State of Health offers a range of health plans and financial help to pay for your premium. No matter what plan you qualify for—a QHP, Medicaid, or the new Essential Plan—you get the same quality benefits including coverage for preventive care, hospitalizations, prescriptions and more.
- Don't forget to mention the fine (for some)

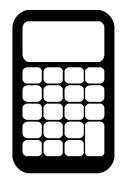


ADDRESSING THE FINE

Both audiences

 By signing up, you may avoid or reduce the fine for not having coverage for 2016 which is increasing to \$695 per person, or 2.5% of your income, whichever is higher.

Talk about the penalty in a straightforward, matter of fact way - help consumers inform their cost calculations.



ADDRESSING GETTING CARE

Both audiences

 Insurance protects you and your family from the unexpected and it covers the regular, preventive care we all need, especially as we get older.





For more information about this study, contact Michael Perry at <u>mike@perryundem.com</u> Alison Betty at <u>alison.betty@gmmb.com</u>

We're here to help!



CACMail@health.ny.gov

- Eligibility Assistance
- Application Errors
- Technical/System Issues with an Application
- Document Review Assistance

Assistor.Admin@health.ny.gov

- Staff Changes
- Assistor Account Issues
- Training/Recertification



Reminder: Recertification Process

- Assistors must attend or view each NY State of Health Recertification Webinar in order to be recertified on NY State of Health.
- Please use the following link to report that you have viewed this webinar:
 https://www.surveymonkey.com/r/Assistor_Reporting_Understanding_the_Uninsured
- If you are unable to access Survey Monkey, please have your supervisor contact <u>Assistor.Admin@health.ny.gov</u> and NYSDOH will send your supervisor the manual process for recertification reporting.

Previous NY State of Health Assistor Recertification Reporting Surveys



https://www.surveymonkey.com/r/Assistor_Reporting_Special_Populations_1

https://www.surveymonkey.com/r/Assistor_Reporting_Special_Populations_2

https://www.surveymonkey.com/r/Assistor_Reporting_Household_Composition

https://www.surveymonkey.com/r/Assistor_Reporting_Immigration

https://www.surveymonkey.com/r/Assistor_Reporting_Understanding_the_Uninsured





Thank you for joining us!

- Watch for surveys
 - Recertification Evaluation of Webinar: Immigration
 - NY State of Health Assistor Recertification Reporting Immigration
- Watch for the video to be posted to <u>http://info.nystateofhealth.ny.gov/SpringTraining</u>

Next Recertification Training: Title: How to Select a Health Plan Date: September 16, 2015