



# Health Care Enrollment

## *Addressing Old Challenges in a New System*

*If we truly want to eliminate health disparities in Minnesota our policies and systems must reflect this desire. This [process] is something that needs some human connection.*

Conventional wisdom holds that health insurance coverage is an important aspect of health promotion. Insurance coverage increases access to health care, especially preventive health care which can prevent more serious illnesses and health problems from emerging. In addition, with the roll out of the Affordable Care Act, health care coverage is required for almost everyone. This mandate, and the MNsure system developed to enroll people in Minnesota, adds complexity to enrollment issues which could exacerbate the existing disparities in enrollment rates.

In Minnesota, 92 percent of the population had health insurance in 2013, a slight drop from 94 percent in 2001. While the overall coverage rate is high, rates vary significantly by race/ethnicity, with white residents far more likely to be insured. The percentage of the white population with insurance has been relatively stable since 2001. In 2013, 94 percent of the white population had health insurance. In comparison, only 80 percent of the non-white population was insured in 2013, a rate that has been declining steadily since it peaked at 86 percent in 2007. Uninsured rates are highest among Hispanic and American Indian residents. Closing this enrollment gap, so that all Minnesota residents have coverage regardless of their racial/ethnic background, is an important step in working towards eliminating the disparities and health inequities in Minnesota.

In March 2014, Minneapolis Public Schools and Wilder Research organized an event that invited people to discuss the challenges of enrolling individuals in health care and to explore strategies for increasing enrollment, especially with those groups that have traditionally been hardest to enroll. The event was sponsored by Greater Twin Cities United Way. Over 100 people, from frontline workers to policymakers, took part in the conversations and provided insights for helping the system work better for Minnesotans. Attendees represented a wide spectrum of community organizations, health plans, government agencies, and foundations.



During the lively keynote address, the presenter shared some of the universal strategies that have proven to work for enrolling people in health care coverage over the last 20 years including:

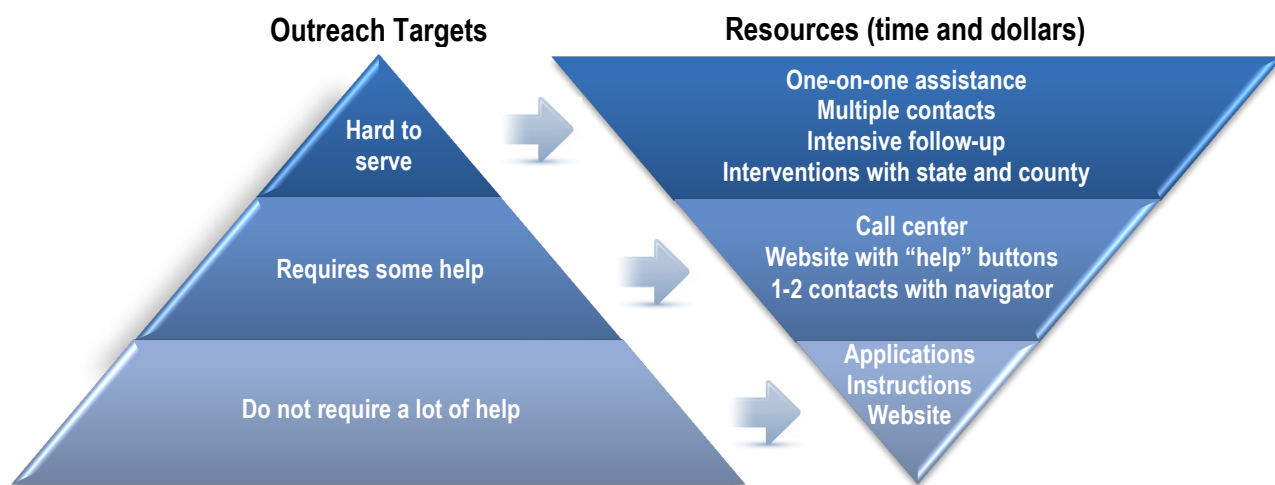
- Shorter applications that focus only on the most pertinent information
- Application and renewal notices and forms in multiple languages
- Passive renewals that allow people to continue coverage without filling out new paperwork
- Renewal help from health plans
- Pre-populated forms that include consistent relevant information so people do not need to duplicate information
- Self-declaration of income rather than submitting tax forms or other verification of income
- Lengthened renewal periods

The MNsure system was designed to make it easier for all Minnesotans to enroll in either private or public health care coverage. However, the session's keynote presentation highlighted how MNsure does not incorporate most of these practices that have proven most successful for helping people enroll. Since the system lacks these universal strategies, attendees were invited to share what strategies they have used in their organizations to help enroll Minnesotans. They were also encouraged to offer ideas about universal strategies the MNsure system could incorporate to more effectively enroll all Minnesotans.

This document summarizes what was heard at the event. It shares the participants' perspectives of the populations who face the most challenges enrolling in health care, the most effective enrollment strategies they and their work organizations are using, and suggestions for adapting these successful strategies state-wide to make the enrollment process easier in the future. While the challenges shared might not be new or surprising for people working to enroll individuals or families, it was encouraging for participants to hear that many of their colleagues are continuously working to implement compassionate and creative strategies to address the common struggles of enrolling all Minnesotans in health care.

# Populations who face challenges enrolling in health coverage

The keynote presentation shared the idea of outreach as an inverted triangle to illustrate the concept that the populations that are most difficult to enroll in health care require the most resources. Most people enrolling in public or private health care need some help or encouragement, which can be effectively provided via phone or a website “help” button. However, a smaller group of individuals have deeper challenges or barriers to enrollment and need much more in-depth assistance. These individuals may need one-on-one assistance, multiple contacts, continued follow-up, and assistance intervening with county or state enrollment officials.



The groups most frequently identified as facing enrollment challenges included immigrants and refugees; individuals with disabilities; individuals who are transient, have fluctuating income, or compounding issues; and people who do not see enrollment as a high priority for various reasons. A recent report of health disparities and health inequities in Minnesota indicates that the groups identified by event participants as facing challenges to health enrollment closely reflect those that have experienced serious health inequities in the rates of chronic diseases and other health outcomes.

## Immigrant and refugee communities

**Immigrant and refugee communities often face several barriers to enrollment in health care coverage.** Both documented and undocumented immigrant and refugee populations face a complex array of institutional and cultural barriers to accessing health care coverage including:



- Language difficulties – The application and enrollment materials, including plan options, are complex and currently only available in English, making it difficult for those who are less proficient in English to complete the enrollment process. One-on-one support is needed, preferably with interpreters, but their supply is limited.

*We had one event with two navigators and 40 students showed up. Most were Karen refugees who did not speak English well. They could not do the forms on their own, and all needed one-on-one help.*

- Limited understanding of the U.S. medical system – The U.S. medical system, including medical insurance and the assumptions of Western medicine, may be very different than that of an immigrant's country of origin, making it difficult to navigate.

*[One challenge is] the familiarity for new immigrants with the Western medicine system and American ways of accessing it.*

- Awareness of immigration status – An immigrant is required to enter their immigration status in order to complete the application because eligibility for specific plans is dependent upon their current status. Immigrants do not always know the official designation of their immigration status.
- Social Security card requirements for application – A Social Security number is required for immigrants to enroll in MNsure. Due to delays in obtaining a working Social Security number upon arrival in the United States, it is often challenging for immigrants to enroll, particularly through the online system, which will not recognize newly issued numbers. This requires a delayed application process as people request a manual set-up and wait to receive a paper application in the mail and every additionally required step or appointment reduces the likelihood of the process being completed.

- Credit history requirements for application – Likewise, in order to begin the enrollment process using the online system, the identity of the enrollee is confirmed by checking with a credit agency, which is not possible for new immigrants without an established credit history.

*When someone immigrates, it takes them a month or more to get a Social Security number. Even after a number is issued, the system doesn't recognize it right away. Instead of completing the application online, these individuals need to fill out the application on paper and fax it in.*

- Confusion and fear among undocumented immigrants – Undocumented immigrants may be unsure of the eligibility requirements for themselves and for their children. The error messages produced by the online system when a child has legal status and a parent does not can be confusing and frustrating and prevent the parent from continuing with the on-line system. At the same time, undocumented parents may be reluctant to seek coverage for their children, out of a fear that they will be deported.

*The main questions and concerns [I hear] are about immigration status. Many [Somali and Hispanic immigrants] are afraid to even apply. In some cases, their employers have told them they will get in trouble if they apply.*

## Individuals with disabilities

**Individuals with disabilities were also identified as facing additional challenges and barriers to enrollment.** These include:

- A cumbersome process – In addition to the MNsure application, individuals with disabilities are required to fill out a supplemental non-electronic application to certify that they are disabled. This means the process cannot be completed in one meeting and applicants often need to pull documentation from multiple sources.

*Not only do people with disabilities have to go through the MNsure application, they may also have to provide income and asset proofs to show that they are eligible. On top of that, there's an entire set of paperwork that people with disabilities have to compile and submit to be certified as disabled. It's a lot.*

- Transportation barriers – For some individuals with disabilities, transportation to and from appointments with social workers or others who provide enrollment assistance is a challenge. This is particularly true in rural areas, where assistance is limited and there are scarce transportation resources.

- Stigma associated with disabilities within some cultures – The stigma associated with disabilities in some populations, such as some segments of the Hispanic and Somali cultures, can contribute to families not seeking needed medical care or assistance with health care enrollment.
- Limited access to enrollment support – With an undersupply of interpreters, members of the deaf/hard of hearing community are underserved in this area, including immigrants who do not use American Sign Language. They are also not receiving adequate information or support for accessing care, as required under the Americans with Disabilities Act (ADA).

*Providing an [ASL] interpreter for someone out-state is a challenge. There are three trained deaf/hard of hearing translators. How would someone in Duluth enroll?*

## Other groups

Other groups also face challenges enrolling in coverage, including those whose situations may inhibit their ability to access or prioritize health care.

- Individuals who are homeless or transient – Individuals and families without a permanent address or who move frequently can be difficult to locate to obtain additional enrollment information or to deliver their insurance cards. The exception to this is the portion of the homeless population that is in the “system” and connected to supports.

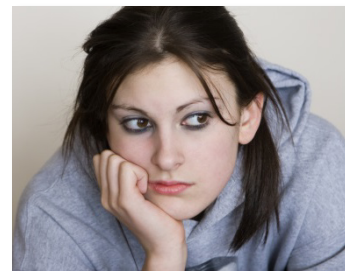
*We get a lot of people who are homeless. We do not have a way that we can continuously contact them...So [we need to find] a way to reach those people and stay in contact with them as they transition from provider to provider.*

- Elderly residents – Elderly individuals may be physically isolated or face mobility issues. They may also have less access to computers and lower comfort using the computer, thus limiting their ability to complete enrollment online.
- Populations with mental health conditions – Depending on the severity of the condition, those who struggle with mental health issues may need additional support in initiating and completing the enrollment process.
- Those experiencing crises – Individuals in crisis, whether financially or otherwise, often find it difficult to prioritize the time that it takes to enroll in health care amidst more immediate challenges.





- Unaccompanied minors – Youth younger than 18 and without parental care may face several challenges to enrollment in health care coverage, especially if they lack knowledge about the availability of coverage or the enrollment process, stable housing, and access to required information or documentation. In addition, if they are not attending school, they are more difficult to reach.



*[Emancipated minors] are not in school, so are not getting information from the school. These are highly mobile individuals and trying to have someone at that school develop a relationship is difficult - there is no consistency.*

- Seasonal workers – Seasonal workers move frequently, and have fluctuating incomes that can alter their eligibility for public health care plans depending on the time of year that they enroll in or renew health care coverage.
- Rural populations – Obtaining health care enrollment assistance in greater Minnesota can be a challenge, especially for those who have limited access to transportation or Internet access. Additionally, rural counties may not have enough staff to assist with health care enrollment. In general, residents of greater Minnesota, especially the southwestern part of the state, join those in Minneapolis and St. Paul as having the lowest health care enrollment rates in the state.
- Individuals who are illiterate – Without one-on-one assistance, it is challenging for those who are unable to read to complete applications and navigate enrollment materials, which are primarily available as written communication.

**Participants also mentioned the difficulties of enrolling “the invincibles,” or those who do not see a need for health care coverage.** This group includes those who see themselves as young and healthy, often young men who have the lower enrollment rates than women or older men. Some prefer to pay a fine, rather than spend money on insurance premiums.

*Another population is the young super healthy people who do not see that they have to pay for health insurance.*

Additional groups that participants mentioned that may not prioritize enrollment in health care coverage for various reasons include those who may not have had health care coverage before, such as students; those who have been covered by their parents’ insurance; the highly educated; and those who do not trust the state or are fearful of sharing private data in a public system because of concerns about potential identity theft.

# Successful strategies to increase health care enrollment



Despite the barriers to access that event participants experienced in the first year with the MNsure system, they discussed how they each work individually to increase enrollment for the groups they work with. There was deep agreement that **the process of helping people who face barriers to enrolling has to start with compassion, understanding, and trust.** With trust, and devoted staff who understand the forms and can answer questions, the following strategies have been used by individual staff and organizations to increase health care enrollment.

**Take the time to build individual relationships and show people that they will receive ongoing long-term assistance.** Workers helping people navigate the system need to be willing to spend time with enrollees because the process can take longer than expected - sometimes several hours. However, it can be difficult to maintain connections when organizations have limited resources to support people in the initial enrollment process or during the annual renewal process.

*The key is not only the kindness, but building relationships with people so that they know you are in beyond just today and that you will be there during the renewal.*

**Bridge cultural and language differences** especially when workers can speak about the health care system from personal experience. Frontline workers stressed their role in talking to people not only about the enrollment process, but also about the health care system and how it can be used. They shared stories of connecting with immigrant populations through churches, sports, and cultural activities as a way to talk about health coverage and encourage enrollment. They also talked about the need to help non-English speakers walk through the website, which is currently only available in English.

*It is important to have staff who are already trusted in the community or already have a relationship – especially with undocumented families. They are not going to answer if someone has a state badge.*

*I work with the Spanish speaking community and I play soccer with them. It is about having conversations and about creating relationships. I can tell people about the importance of getting insurance because [of my medical issues] which helps drive home just how important it is to have insurance.*

**Meet with people in the community in a familiar place where they can feel comfortable.** Traveling to someone's home, or meeting them in a coffee shop, shows commitment on the part of the worker and helps mitigate transportation issues that can be a barrier. This flexibility is especially important in suburban and rural communities.

*One of the key things that works is being in or going to the communities you serve.*



**Offer enrollment assistance at places where people already congregate.** Participants suggested meeting people in community settings, such as school enrollment night or report card pick-up at school, health care screenings at churches, or support groups focused on specific diseases or conditions. Other suggestions included talking with people about accessing health care at clinics or hospitals or partnering with community resources such as libraries, computer labs at community colleges, workforce centers, or legal aid.

*We are doing targeted outreach in the Latino communities with health screenings and interventions. It works best to go where the communities are. A lot of health screening fairs and health fairs happen in churches after a Spanish-speaking Mass. The [screenings] are well-attended that way because people are already there.*

**Build relationships with referral sources** such as physicians, county and school workers, community health workers, homeless advocates, insurance brokers, early intervention specialists, and trusted community and cultural leaders. These professionals have an existing relationship with their clients and may be able to offer encouragement and reassurance about the process and the benefits of health insurance.

**Generate publicity and awareness such as word of mouth referrals** from friends and relatives who can share positive experiences of having health insurance. Other means of publicity include newspaper ads or articles; public service announcements (PSAs); postcards sent to school families; and posted flyers, especially strategically placed postings in places people congregate and wait in line such as banks, pharmacies, grocery stores, schools, and churches.

*It is really word of mouth and you need to do it well. People come because they heard that you enrolled someone else.*

**Inform people in advance of all relevant documents and information needed to enroll** such as Social Security numbers and immigration documents. These lists should be translated into other languages so people can complete the process when they arrive for an appointment.

*We have developed a checklist we use with families that says, "Here is everything you need to bring."*

**Change organizational practices** such as adjusting where and when people offer services. Meeting people in alternate locations, or providing assistance during evenings and weekends, helps reach more people. For potential enrollees who are not able to use the online system, staff often help complete paper forms, or offer open-computer labs to assist electronically.

*We've started doing computer lab enrollments after hours and weekends, using our own computers with staff doing mass enrollments.*

# Ideas for universally improving the enrollment process

The Affordable Care Act and MNsure have presented some new challenges for enrolling populations who have previously faced challenges to enrolling in health care coverage. The web-based system does not currently include the practices that event participants said have been most effective for enrolling these populations. Also, there has been insufficient communication about the process of enrollment, the language of the health care system, and the requirement that those who do not enroll will face a tax penalty.

## Improving the enrollment process

- Inform with easy explanations and a clear process
- Provide outreach through advertising, training and accountability
- Make accessible and more user-friendly

To overcome these challenges, participants enthusiastically shared ideas of how the process could be improved universally, at a statewide level. Most suggestions group into three primary themes: 1. informing Minnesotans about health insurance, including eligibility and penalties; 2. providing and supporting outreach assistance for enrollment; and 3. making the web-based system accessible. However, one overarching suggestion that applies to all stages of the process is that **materials need to be available in multiple languages**. Literal and cultural translations are needed, as well as the expanded availability of interpreters, including ASL interpreters, to meet the needs of our growing diverse population.

Many of the suggested improvements echoed the successful strategies individual organizations use to ease enrollment. The hope is that these can be coordinated and scaled to a statewide effort so all Minnesotans have an easier experience enrolling in health care, especially those who have traditionally experienced disparities in health care coverage and health outcomes.

## Inform Minnesotans about health insurance, including eligibility and penalties

- **Provide easy explanations of the U.S. health care and insurance system**, including a “cheat sheet” of definitions for premiums, co-pays, deductibles, and out-of-pocket expenses.
- **Clearly explain the enrollment process**, emphasizing that MNsure is the only way to access private and public insurance and that private insurance options are only available during the open enrollment period. Explain what happens after an online application is submitted, as well as the timeline for a response and who may contact them for additional information.
- **Inform people about the documents they need** to have available to enroll, so that enrollment can be completed in one meeting or online session.

- **Communicate eligibility requirements**, including who can enroll (especially citizen children of undocumented immigrants), who is required to be enrolled, and what exceptions exist.
- Clarify and clearly communicate the penalties for not enrolling.

### Provide outreach assistance for enrollment

- **Create relevant advertising for populations facing challenges to enrolling** that focuses on the benefits of insurance and includes stories of how coverage helped people like them.
- **Provide additional training and improve communication** channels so that navigators, county and state staff, and MNsure staff can more easily communicate with each other and provide accurate and consistent enrollment and application status information to individuals.
- **Integrate accountability in the system** to ensure that oversights or errors are promptly identified and handled and to track ongoing issues in order to make necessary policy or procedural changes.
- **Fund a system to support re-enrollments** in the fall of 2014. Most people who had difficulty enrolling in 2013 will also need assistance for renewals. This could cause financial stress for agencies helping with enrollments, as navigators are not currently paid for renewals. Take the time to learn about enrollment challenges and best practices for overcoming these challenges from partner agencies. Then acknowledge and financially support the time it takes nonprofit and health care staff to enroll individuals.

### Make the web-based system accessible

- **Adjust the web system so supporting documents can be uploaded at the time of application**, especially for those who currently have to apply via MNsure and then submit additional information to verify disabilities once they get a letter from the county.
- **Simplify the process** by shortening the application to the most pertinent questions, pulling information from tax forms or other systems, and allowing people to add updates, such as income changes, to the system.
- Develop a system, such as a compare and choose guide for Qualified Health Plans, for helping people who are not eligible for public insurance choose appropriate plans without wading through multiple plans, especially ones for which they are not eligible.

- **Provide a tracking number when the application is submitted and clearly delineate the next steps in the process** so individuals have a way of tracking their application and know what to expect in terms of when they will receive insurance cards and when they can use their insurance at a health care facility. It would also be helpful to communicate the process for appeals should an application be denied or need additional information.
- **Solicit and integrate feedback** into the system updates. Use the expertise of the navigators and others who have been helping people enroll to make a system that is easier to use and representative of the broad perspectives of the community of professionals using it on a daily basis.

## Conclusion

Preliminary reports suggest the introduction of the Affordable Care Act and MNsure has increased health care enrollment in Minnesota. Yet, those who are most likely to lack health care coverage or have difficulties enrolling in the system mirror the populations that have traditionally experienced health disparities and health inequities in Minnesota. To help eliminate health disparities, it is hoped that these suggestions can be integrated into conversation and action to improve the health care enrollment system for all Minnesotans.

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