

Connecticut Health Insurance Exchange Consumer Outreach Interview Consumer Advocate Interview Summary

Dates:

March 7, 2012

Background:

Mintz & Hoke has been charged with developing the consumer outreach program for the Connecticut Health Insurance Exchange. A series of consumer outreach forums and individual interviews represent the initial steps in a multiple-phased information gathering process aimed at better understanding people's needs, desires and expectations relative to the Exchange. Input from participants in these discussions, moderated by Mintz & Hoke, will have a direct impact on the development of messages and the tools used to introduce the Exchange and inform state residents about the options available to them. Recruitment for individual interviews was based on a model of community leaders who were unable to participate in prior forum discussions. This document is intended as a summarized snapshot of the initial perspectives shared by the individuals who participated. **This document is not intended to represent final thoughts or positions.**

Interviewer:

Chris Knopf, Mintz & Hoke

Interview Participant:

Sheldon Toubman, New Haven Legal Assistance Association

Consumer Perception:

What are your constituents' current attitudes toward the healthcare industry? How do they feel about their ability to access healthcare? What is affecting their attitudes?

The HUSKY program no longer is run by insurance companies as of January 1, 2012. People don't have great feelings about insurance companies; generally have negative feelings about insurance companies.

Problems – general problems for clients were, first, they could not find a provider because the providers in the network were not adequate for their needs, second, when his clients needed prior authorization to see a provider or for services, they often were told they were not covered, and, third, customer service was lacking . This is mostly what gives them negative feelings towards insurance companies.

Low reimbursement rates were an issue – causing many providers to not participate. Patients with Medicaid insurance generally don't blame the doctors when they have to wait for service, but believe their insurance has something to do with this.

In the HUSKY program, DSS has serious problems on the enrollment side, staffing has gone way down as caseloads have gone up with the economy. Service levels are terrible, eligible people wait months to get on Medicaid, which should take no more than 45 days (90 days if the individual is applying for Medicaid based on disability). Paperwork is often lost. There are customer service issues with enrollment. People have a bad experience with the agency due to these enrollment problems and poor consumer experience.

From the point of view of clients, overall problems with insurance companies in terms of policy were that the networks were inadequate; there were issues with authorizations, and a lack of customer service. If a client needed health services, he or she often had to request authorization, and there was then often an issue getting the authorization. If they did get approval, it took too long time to get it, and, though clients generally didn't see this, the companies then often were late in actually making payment for the services they already approved. If a client called customer service for a list of providers, they would receive a name, but most times that provider was actually not participating in the plan or, if they were, they were not taking any new patients or there was a long waiting list to see them.

What or who helps facilitate them getting healthcare? What are the obstacles that currently prevent them from getting healthcare?

DSS workers interact with his clients at the lowest level. His clients can't get through to customer service most of the time. If they do get through, they usually have to leave a message. Their messages are rarely returned.

Clients are routinely being told by customer service that they never got their paperwork, which is usually not true. The issue is that the DSS worker likely didn't get to the paperwork because they are so understaffed.

Overall feedback is customer service does not return calls and if the clients get through, the workers are generally not nice (perceived lack of respect for clients).

What is the awareness of your constituents about the forthcoming changes in healthcare insurance? How is it perceived that it will affect them?

DSS just got approval for 60 hires on the food stamp side and 60 hires on the Medicaid side, but this is not adequate for the workload/number of cases they have. No technological changes have yet been made to help out with the increase in caseloads, while the staffing levels remain very low, even after the new hires.

Charter Oak now is an entirely state run program and, due to budget crisis, subsidies were taken away. It is largely unaffordable and there are many limitations on what it provides. As of January 1, it is administered through the non-profit Community Health Network of CT, which also administers Medicaid on a non-risk basis.

What kinds of questions will your constituents have about how that affects them?

It is important to give information that is useful to people about the differences in plans. It's not useful to know how many people are in the plan. Important to identify how big the network is. How many PCPs, specialists are available.

Understanding the Effect:

Describe how the Exchange can affect the lives of your group members.

There is some piece-of-mind that if you need the service, and don't qualify for Medicaid (or the Basic Health Program), you will now be covered.

As they start to hear more about the Exchange, what do you think their main concerns will be? What is the upside? What is the downside risk?

Personalize the message – what's right for you and your family.

Help people understand what a navigator is (specially trained people to help figure out specifically what you need).

Focusing the Message:

What elements of the Exchange do you think could cause the most confusion or apprehension?

Don't provide too many choices (beyond four plans would be too many). Three plans are probably enough. Tell the community that the navigators will help them get the help they need.

What is the most important information the Exchange needs to make available to consumers?

Emphasize independence. If the Exchange is looked at as an independent program from the insurance companies, that they are there to help the consumer, then will be positive feedback. CBIA is viewed as being run by the insurance industry. If the Exchange was viewed like CBIA, then people wouldn't want to go to it.

The message has to include, "we are independent and we are here to help you," that the Exchange is there to help the individual/family, not the insurance company.

Need to figure out a way to portray that the Exchange will not let the insurance company run the show. Get across that the Exchange is NOT the insurance company.

What tone or personality do you think the Exchange should use in their messaging?

Do not include stuff about the individual mandate, doesn't think including that message is helpful.

Positive message that the care is affordable (which hopefully is true, for individuals not eligible for Medicaid or the Basic Health Program).

Client-focused vs. insurance-focused. Need to have the term "insurance" there because that's how they will know they have it.

Reinforcing the Exchange is making sure things are open and transparent and there to help you. "Help you understand what's best for you!" "Find what will work for you!" "Everyone needs this piece-of-mind."

Vision/Approach for Outreach:

What is the best way to communicate about the Exchange to your constituents? What language do they speak? How do they travel? Are there places where they congregate?

Have physical locations, phone numbers, and mobile access – need different sources for different people to access the information/get the help.

As we consider ways to publicize the Exchange, how do we reach them beyond traditional media?

Facebook, social media for younger group; these play a big part. Texting might annoy people.

Who or what are your constituents' trusted source(s) for information? What is the best way to leverage these sources to reach this audience? What role should ambassadors play in communicating the Exchange?

In general it is churches, local community organizations, and schools. They would not trust insurance companies. Community health centers are trusted sources.

What do you need to enable you to help your constituents better understand the Exchange (i.e. communications, tools, education materials, etc)?

Multiple approaches, multiple media. It's not about what is the best method, use them all!