



**ACA Enrollment Survey of In-Person Assisters, Navigators
and Community Partners:
Report of Findings**

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Executive Summary

The Patient Protection and Affordable Care Act of 2010 (ACA) is the most sweeping reform of the American health care system since Medicare and Medicaid were enacted 45 years ago. The law aims to increase the quality and affordability of health insurance, protect health care rights, and reduce the number of uninsured. This first year of implementing coverage expansions was bound to be a huge undertaking, and Washington has been among the most successful states in the nation. During 2014, well over 600,000 Washington residents gained access to health coverage, many for the first time.¹

With the basic framework in place and nearly one year of experience, it is now time to identify the improvements needed to ensure the system for enrollment and coverage best serves applicants and enrollees. In this survey, we asked participants familiar with that system to describe the problems that remain to be addressed. The 66 survey participants include in-person assisters (IPAs) and navigators² from 23 of Washington's 39 counties, who guided significant numbers of consumers through the Washington Healthplanfinder website application and enrollment process. Their combined responses paint a representative picture of the Washington State experience.

The affordability of Qualified Health Plans offered in the Washington Health Benefit Exchange was the most widespread problem reported. 83% of respondents indicated that people had problems paying for health coverage and/or care. Respondents also identified several technical problems and website functionality issues, particularly affecting immigrants, victims of domestic violence, newborns, and youth turning nineteen as they applied for and attempted to maintain coverage. The majority of respondents reported that consumers did not always understand health coverage terminology, correspondence, or covered benefits.

Though Washington is off to an excellent start, the concerns identified in this survey should be the focus of continued advocacy and attention. Refinements are needed to strengthen the system for enrollment and coverage, further reduce the number of uninsured, and accomplish the broader intent of the ACA to improve the overall health of all who are enrolled.

Our observations and recommendations in brief are:

- **Coverage remains unaffordable for some.** The Exchange should gather data to identify the cost barriers and populations affected. Based on this information, policymakers should create affordable coverage options so that all people have access to coverage.
- **Website and technical issues remain a critical barrier to enrollment and retention of coverage.** These issues should be permanently fixed on an expeditious timeline, to allow people to enroll during the upcoming open enrollment.
- **Serious barriers remain for immigrants and other populations.** HBE and state agencies, including DSHS and HCA, must work together to prioritize eliminating barriers for immigrants,

¹ As of July 31, 2014, there were 147,888 Qualified Health Plan enrollees, see <http://wahbexchange.org/news-resources/press-room/press-releases/sept-4-press-release/>; As of October 2014, there were approximately 465,000 Medicaid expansion enrollees.

² The terms "in-person assister" and "navigator" are synonymous as used in this report. They perform identical work; the only difference is in the source of their funding.

victims of domestic violence, youth, newborns, and other discrete populations and should provide ongoing training for consumer assisters and customer service personnel to ensure the provision of accurate and timely assistance.

- **Information and knowledge gaps remain.** Consumers continue to face challenges resulting from the complex new system for application and enrollment that does not always work seamlessly. These issues should be addressed in three ways:
 - Policymakers should do all they can to simplify the systems and processes people use to obtain coverage, which requires a high level of coordination between state agencies and the Exchange.
 - The Exchange and state agencies should continue to develop and refine consumer materials that educate people about how to apply and enroll in coverage, use their coverage, and understand health coverage terminology.
 - A robust consumer assistance program is necessary to help people, including those with specialized needs, navigate the system and make important decisions about their health coverage and care.

Overview of Survey

Northwest Health Law Advocates (NoHLA)³ created and conducted an online survey of persons who assisted Washington residents in applying for health coverage.⁴ We distributed the survey to the ten Lead Organizations for HBE’s navigator program (listed in Appendix B), King County’s First Friday Forum distribution list,⁵ the Washington Coalition on Medicaid Outreach (WCOMO) distribution list,⁶ the Washington Association of Community and Migrant Health Centers (WACMHC),⁷ and the Tribal Lision at the Health Benefit Exchange (HBE). The target group of respondents was in-person assisters (IPAs) and navigators who assisted individuals with application and enrollment in health coverage using the Washington Healthplanfinder (Healthplanfinder) website. The survey asked respondents to provide information about their experiences assisting individuals with online applications and enrollment in health coverage using Healthplanfinder from June 1, 2014, through the day the individual respondent completed the survey. NoHLA distributed the survey on September 9 and 11, 2014, and closed it on September 26, 2014. We conducted the survey anonymously, though respondents could voluntarily provide their contact information.

³ Northwest Health Law Advocates is a Seattle-based non-profit public interest law and policy organization that works to improve access to affordable, quality health care for all Washington State residents.

⁴ The survey is included in Appendix A.

⁵ First Friday Forum is a monthly meeting hosted by Public Health-Seattle and King County. For more information, see: <http://www.kingcounty.gov/healthservices/health/personal/insurance/FFF.aspx>.

⁶ WCOMO is an organization that brings together community-based organizations and state agencies to discuss Medicaid and health reform. For more information, see: <http://wcomo.org/>.

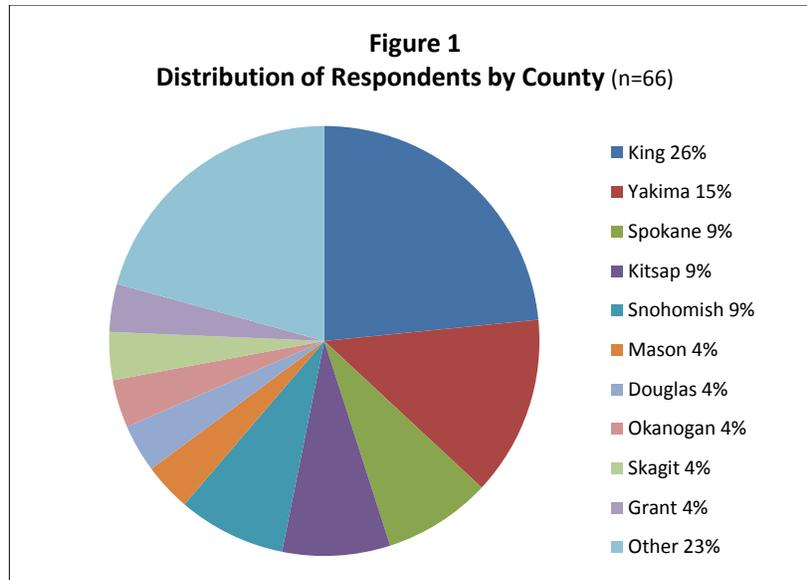
⁷ WACMHC is a non-profit organization that advocates on behalf of the low-income, uninsured, and underserved populations of Washington State served by community health centers, see: <http://www.wacmhc.org/>.

I. Purpose of Survey

NoHLA conducted this informal survey to obtain information directly from people assisting individuals with applying for health care coverage through Healthplanfinder. We asked them to identify issues, problems, and barriers encountered by themselves and those they assisted as well as their impressions of the process. Survey results can assist policymakers in addressing identified problems, and will help NoHLA prioritize our advocacy efforts to improve systems that people use to apply, enroll, and maintain health coverage.

II. Characteristics of Respondents

- 66 individuals responded to the survey. 61 of the 66 respondents identified themselves as navigators or in-person assisters. The others were in closely-related positions: two managers, a tribal assister, a community assister, a certified application counselor, and a community partner.
- Respondents estimated they helped approximately 10,300 individuals to apply for health coverage through Healthplanfinder, the Health Care Authority, or DSHS from June 1, 2014 through September 26, 2014. Respondents saw an average of 156 people during the period of the survey.
- 23 of Washington's 39 counties were represented (see Figure 1) Appendix C lists the number of responses by county.



Other in Figure 1 includes: 2 respondents each from Clark & Pierce Counties and 1 respondent each for Lincoln, Kittitas, Whatcom, San Juan, & Cowlitz Counties.

III. Key Findings, Observations, and Recommendations

Navigators and in-person assisters are able to provide a unique perspective by sharing their experiences working with people to help them enroll in coverage and troubleshoot problems once they are covered.

These Key Findings describe the issues identified most frequently by navigators and assisters who observed problems with the application and enrollment process and with retention of health coverage.

A. Key Findings

Affordability: 83% of respondents indicated that people they assisted had issues related to the affordability of Qualified Health Plans offered in the Exchange, including monthly premium amounts, deductibles, and cost-sharing. The problems associated with affordability resulted in some people opting out of enrolling in coverage and other people dropping coverage due to inability to pay.

Website and Technical Problems: Respondents identified multiple technical issues related to the Healthplanfinder website that affected people's ability to complete applications, enroll in coverage, and stay enrolled. These issues include: error codes, Healthplanfinder's inability to transfer files to health insurance plans, billing and invoice problems, and payment problems.

Healthplanfinder Issues for Immigrants and Other Populations: Respondents reported persistent technical issues related to immigrants applying for and enrolling in coverage using the Healthplanfinder, including verification of identity, processing delays for people who submit documentation, and difficulty for permanent residents who have older versions of documentation. Respondents also identified application and enrollment problems that related to victims of domestic violence, newborns, and youth turning nineteen. These problems appear to be related to website functionality and technical issues, as well may highlight the need for additional training.

Knowledge Gaps and System Complexities: The majority of respondents reported that individuals already enrolled in coverage contacted them with questions about their coverage or persistent problems with the Healthplanfinder website. Responses revealed that consumers do not always understand health coverage terminology and have trouble navigating health insurance. Navigators helped enrollees with questions about Apple Health coverage, confusing correspondence from Healthplanfinder, updating information in the system, and other coverage questions.

B. Observations and Recommendations

The Key Findings above lead us to make the following observations and recommendations:

- **Coverage remains unaffordable for some:** Despite the success of expanding health coverage options to many Washingtonians through ACA implementation, affordable coverage options are still out of reach for some consumers. HBE should gather data to identify the cost barriers and

populations affected. Based on this information, policymakers should create affordable coverage options so that all people have access to coverage.⁸

- **Website and technical issues remain a critical barrier to enrollment and retention of coverage.** As the front door for accessing health coverage, the Healthplanfinder website must work for all consumers to ensure timely, efficient, and uninterrupted access to coverage and care. While HBE has remedied many technical issues,⁹ additional fixes are still needed. These issues should be permanently fixed on an expeditious timeline, to allow people to enroll during the upcoming open enrollment.
- **Serious barriers remain for immigrants and other populations.** More work is required to resolve the problems that continue to complicate the enrollment process for immigrants, victims of domestic violence, youth, newborns, and other discrete populations. These glitches have a disproportionate impact on limited English proficient, low-income, and vulnerable community members. HBE and state agencies, including DSHS and HCA, must work together to prioritize eliminating these barriers and should provide ongoing training for consumer assisters and customer service personnel to ensure the provision of accurate and timely assistance.¹⁰
- **Information and knowledge gaps remain.** Consumers continue to face challenges resulting from a complex new system for application and enrollment that does not always work seamlessly. The system is not yet well understood, and many individuals have gaps in their knowledge about how to apply, select plans and access and use their new coverage. Terminology and navigation of health insurance can be confusing. Navigators offer individuals the opportunity to work face-to-face with a person who is knowledgeable about the application process, enrollment, and coverage. These issues should be addressed in three ways:
 - Policymakers should do all they can to simplify the systems and processes people use to obtain coverage, which requires a high level of coordination between state agencies and HBE. There are opportunities to reduce gaps in coverage and ensure a seamless and accessible health care system.¹¹
 - HBE and state agencies should continue to develop and refine consumer materials that educate consumers about how to apply and enroll in coverage, use their coverage, and health coverage terminology. In doing so, HBE should partner with its Technical Advisory

⁸ For example, Washington could adopt the Federal Basic Health Option, a provision within the Affordable Care Act, which would offer individuals with incomes between 139% and 200% of the Federal Poverty Level more affordable coverage, see <http://nohla.org/pdf-downloads/AssessingFederalBasicHealthOption1-10-12.pdf>.

⁹ See Washington Health Benefit Exchange staff presentation to the Washington Health Benefit Exchange Board of Directors Advisory Committee, October 15, 2014, available at http://www.wahbexchange.org/files/8614/1339/4309/Status_Updates.pdf (highlighting ongoing issues with technical problems for the Healthplanfinder system).

¹⁰ HBE cannot improve the system impacts on immigrants alone. Healthplanfinder works in conjunction with several systems, including federal systems (such as: Internal Revenue Service, Social Security Administration, Tri-Care, Peace Corps., Department of Homeland Security) and state systems (such as: ProviderOne, Washington Connection, ACES).

¹¹ See e.g., "Washington State Medical and Public Assistance Eligibility Study Alternative Options and Recommendations Report," Washington Office of Financial Management, September 2014, available at <http://www.ofm.wa.gov/reports/medicalpublicassistancestudyreport.pdf>, (supporting the need for greater coordination between state agencies and the HBE. The report found that public assistance clients have difficulty navigating multiple access points for health care, and that the separation of Medicaid and public assistance applications created duplicative processes, required more staff and other resources, and created barriers to benefits, among other findings.)

Committees, specifically the Health Equity TAC, and consult with other community-based partners. The Healthplanfinder portal, not just HBE’s corporate website, should also include context-specific help as well as link to all available fact sheets and FAQs that provide additional information and education to consumers.

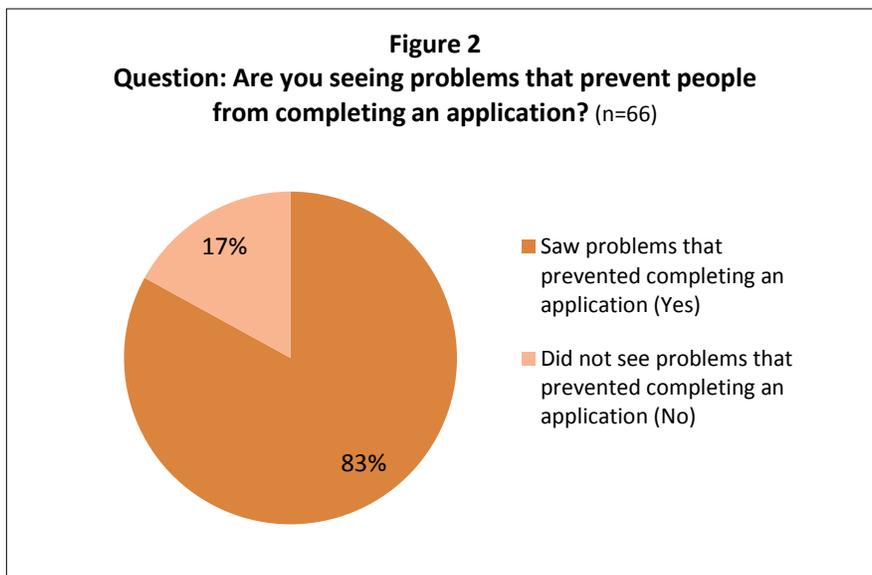
- Even with a simpler system and good materials, a robust consumer assistance program will remain necessary. People will always need help navigating the system and making important decisions about their health coverage and care. This type of assistance is vital for consumers who have Limited English Proficiency, lack internet access or have difficulty using computers, and those who have specialized needs.

REPORT OF RESPONSES

Respondents’ answers are summarized below. To the extent possible, we used direct quotes and repeated the language used by respondents.

I. *Completing Applications*

NoHLA asked respondents whether they saw problems that prevented people from completing an application. (Figure 2) Those who responded “yes” were asked to list the problems and then provide in narrative form the three most important problems to address. Within the survey, we provided respondents with examples of problems, such as immigration status or I.D. proofing. (see Appendix B) Respondents were then asked about specific problems facing individuals enrolling in Qualified Health Plans (QHP) and Washington Apple Health (Apple Health).



A. Overview of problems preventing people from enrolling

83% of respondents reported that they saw problems that prevented people from completing an application for health coverage. The responses should be considered to apply to both QHP and Apple Health eligible individuals as well as those who did not enroll in or were ineligible for any type

of coverage. Below we discuss the frequency with which the respondents who saw problems identified specific problems.

1. Problems Related to Website/Technology

31% of respondents said that problems associated with the Healthplanfinder website prevented the completion of applications. (17 out of 55) The identified problems included:

- *Errors codes/Technical Errors:* 6 respondents reported that this was a problem for individuals trying to submit applications. For example:
 - On September 15, 2014, one respondent stated that “Errors that are suppose[d] to be technical issues resolved automatically don't have a time frame. I still have an application from July 1st pending and no one can help be because it's a technical issues so no ZenDesk ticket can even be issued.”¹²
- *Website Problems:* Three respondents reported that website problems generally prevented people from submitting applications.
- *Application Malfunctions:* Three respondents answered that application malfunctions prevented an application from being submitted.
- *Uploading Documents:* Two respondents stated that there were technical problems uploading documents to Healthplanfinder, specifically within the context of individuals requesting a Special Enrollment Period.
- *Stuck Applications:* One respondent reported that this specific technical problem prevented people from submitting applications.
- *Making Changes to an Application:* One respondent reported this problem.
- *Error when someone is already in the system:* One respondent reported that looking an applicant up by their Social Security number was problematic if the person already was in the system or was listed under another household.

2. Immigration Status and Citizenship Related Issues

25% of respondents identified issues related to immigration status and citizenship as preventing applicants from being completed. (14 of 55 responses) While the majority of respondents who identified this problem by stating that “immigration status” or “citizenship” related issues generally were a problem, others specifically identified related problems including:

- *Permanent Residents:* Two respondents reported seeing problems adding permanent resident card information to the online application. For example:
 - One respondent indicated that if a person had an older permanent resident card, the information that Healthplanfinder asks for cannot be located.

¹² The ZenDesk ticket system was created by the Washington Healthplanfinder during the first open enrollment period as a mechanism for Lead Organizations and in-person assisters/navigators to troubleshoot problematic enrollment and application issues with the Health Benefit Exchange staff.

- *Social Security Numbers for Newborns*: One respondent reported that a Social Security number was required for newborns who do not yet have them, which prevented completing an application.
3. Identity Verification or “I.D. Proofing”
 25% of respondents identified “I.D. proofing” as a problem preventing people from completing applications. I.D. proofing is required by the federal government for security purposes and in order to proceed with an application. Applicants are required to answer questions of the type asked by credit check companies. If they cannot answer these questions, navigators are authorized to check identity documents and confirm the applicant’s identity in Healthplanfinder. Respondents did not specifically identify the problems associated with I.D. proofing that they experienced; however, HBE recognized and addressed I.D. proofing challenges throughout open enrollment. As explained by the HBE itself, when applicants arrived at the I.D. proofing part of the application, the Healthplanfinder would often show “error codes” which prevented applications from being completed.¹³ HBE attempted to reduce this problem by releasing a “manual workaround” to the Lead Organizations to share with assisters. The workaround instructed assisters regarding the process for manual verification of identity when it could not be verified electronically. Despite this, the survey results show that a problem related to I.D. proofing persists. (14 of 55 responses)
4. Income Reporting
 15% of respondents identified income reporting as a problem. Healthplanfinder requires applicants to provide income information in some questions. (8 of 55 responses) While many respondents reported that “income reporting” was a problem without stating how, others identified some specific issues. For example:
- One respondent reported that “for income reporting there are several clients that we serve that work seasonal and work with 3 or more employers for a short period of time so it is hard to come up with their monthly income.”
 - Another respondent highlighted that proving income for self-employment was problematic, while another said that “proving no income” was a problem.
5. Tax Filing Status
 13% of respondents reported that tax status issues were a problem for people completing applications using Healthplanfinder. (7 of 55 responses) The tax filing status of household members is required to determine eligibility for and amount of health premium and cost sharing subsidies. For example:
- One respondent indicated that when there is a “complicated household/tax status” situation, consumers have difficulty completing the application. The respondent

¹³ Notice of Recent Washington Healthplanfinder Maintenance, November 25, 2013, *available at* <http://wahbexchange.org/news-resources/healthplanfinder-status-updates/recent-maintenance/> (I.D. proofing error code described as “ID Proofing Connection/Validation null.”); *see also* Washington Health Benefit Exchange Application Troubleshooting Guide, pg. 3, *available at* http://wahbexchange.org/files/2413/8505/6731/Application_Troubleshooting_Guide_131121.pdf.

gave the example of unmarried parents who are uncertain about who claims a child on their tax return.

6. Victims of Domestic Violence

Two respondents indicated that there are problems completing applications for victims of domestic violence. For example:

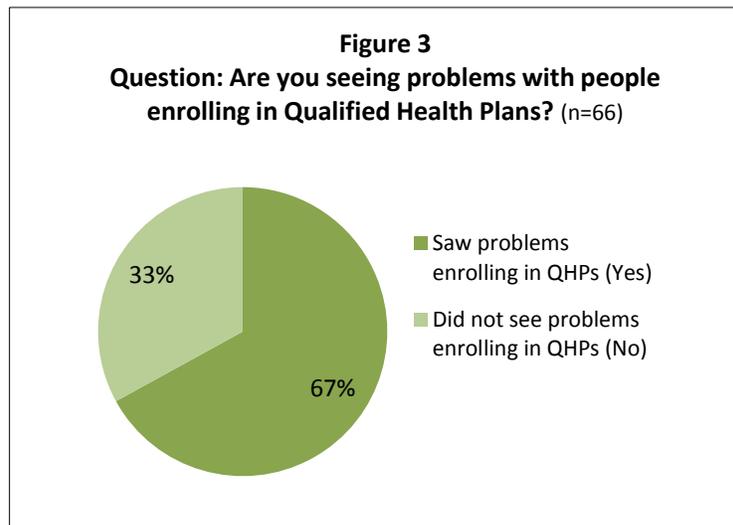
- One respondent indicated that as recently as October 2014,¹⁴ she experienced problems for individuals who are fleeing a domestic violence situation and are not the primary applicants on the Healthplanfinder account. The respondent reported that there are barriers to creating a new application for the victim because navigators cannot create a new account in Healthplanfinder without causing errors. The respondent indicated that in her experience it has taken one to two weeks to get the situation remedied after taking it to the Lead Organization and working with HBE to resolve the issue.

7. Need for Additional Training

Two respondents indicated that there was a problem applying when an applicant does not have a Social Security number. A Social Security number is not required to apply for coverage within Healthplanfinder. These responses indicate a need for ongoing training despite HBE having already provided a training on this specific issue.¹⁵

B. Problems Enrolling in a Qualified Health Plan

In this section, we asked respondents whether they saw people who experienced problems enrolling in QHPs. (Figure 3) If they answered “yes,” we asked for the specific problems they saw. Below is a summary of these problems.



¹⁴ NoHLA requested clarification of the survey response after the close of the survey.

¹⁵ Washington Health Benefit Exchange, “Eligibility and Lawful Presence Webinar,” February 14, 2014, available at https://wahbexchange.org/files/9813/9386/8185/Eligibility_and_Lawful_Presence_Webinar-2-27-2014.pdf.

1. Verification of enrollment/problems with getting information to insurance company
32% of respondents who reported seeing problems enrolling in QHPs through Healthplanfinder identified the issue of health insurance plans not receiving information from the HBE that an individual had enrolled and paid for health coverage through the Healthplanfinder.¹⁶ (14 of 44 responses) When an individual enrolls in a QHP, he must make his first month's premium payment to HBE.¹⁷ HBE must then transfer the enrollment and payment information to the health insurance plan. However, a problem arose due to technical issues with the Healthplanfinder website and insurance plans were not receiving enrollment information on a timely basis, or in some case, at all. Consumers were then in the position of having paid for coverage without the ability to access care because the insurance companies did not show them as enrolled. For example:
 - One respondent reported that individuals experience "payment for insurance with no coverage for months afterward due to the Exchange and insurance [company] not communicating."
 - Another stated that the "WA Exchange doesn't report eligibility to insurance carriers timely."
2. Payment Problems
18% of respondents identified "payment problems" as an issue causing problems for people trying to enroll in QHPs. (8 of 44 responses) Individuals who enroll in QHP coverage must make their first month's premium payment directly to the HBE via electronic payment through Healthplanfinder.¹⁸ Examples of problems included:
 - One respondent stated that setting up auto-pay was a problem. Another reported that technical problems with the Healthplanfinder website caused payment problems.
 - One navigator reported that "I have yet to successfully help a client pay for a premium through the [Healthplanfinder] site."
3. Selecting a Health Plan
16% of respondents reported that they saw individuals who had problems enrolling in QHP coverage due to issues related to selecting a health plan with. (7 of 44 responses) For example:
 - One respondent reported that it is difficult to "find out detailed information about plans which is necessary when people have specific medical conditions."

¹⁶ This issue is well documented. See Washington Office of Insurance Commissioner Press Release, "Option for Washington Consumers Having Difficulty with Health Coverage," August 7, 2014, available at <http://www.insurance.wa.gov/aboutoic/news-media/news-releases/2014/8-7b-2014.html>; Washington Health Benefit Exchange Frequently Asked Questions Payment and Invoice Issues, August 4, 2014, available at http://wahbexchange.org/files/4014/0744/9318/Week_of_Aug_4_Payment_Invoice_Issues_FINAL.pdf.

¹⁷ For the next open enrollment period (beginning November 15, 2014), individuals making an initial payment can do so by paying Healthplanfinder electronically; with paper check or money order; or by paying their health insurance plan directly.

¹⁸ Subsequent premium payments may be made using a check or made directly to the health insurance plan.

4. Affordability Issues

11% of respondents identified various problems relating to ability to pay for coverage and care which caused problems for people enrolling in QHPs. We combined these problems and categorized them as “affordability issues.” These problems included:

- Three respondents who reported that costs/deductibles were too high causing problems enrolling in QHP coverage.
- Two respondents reported that premiums were too high causing problems enrolling in QHP coverage.

Affordability issues are addressed more extensively in Part III of this report.

5. Special Enrollment Periods

A Special Enrollment Period (SEP) is time outside of the open enrollment period during which an individual may qualify to enroll in health coverage under certain circumstances. Respondents identified various problems facing people requesting a SEP. These included:

- Two respondents reported that individuals had problems uploading documentation required to support the request for a SEP in Healthplanfinder.
- Two respondents reported that long delays and long processing times for SEPs caused problems enrolling in QHPs.
 - In one case the navigator reported that the delay was five months—the individual requested the SEP due to a change in employment status in May 2014 and was still waiting for approval as of September 2014 despite having uploaded documentation.

6. Tax Credits

Three respondents reported problems enrolling in coverage related to tax credits. These problems were reported as “incorrect tax credit” and the tax credit not being applied correctly to an applicant’s monthly premium payment amount.

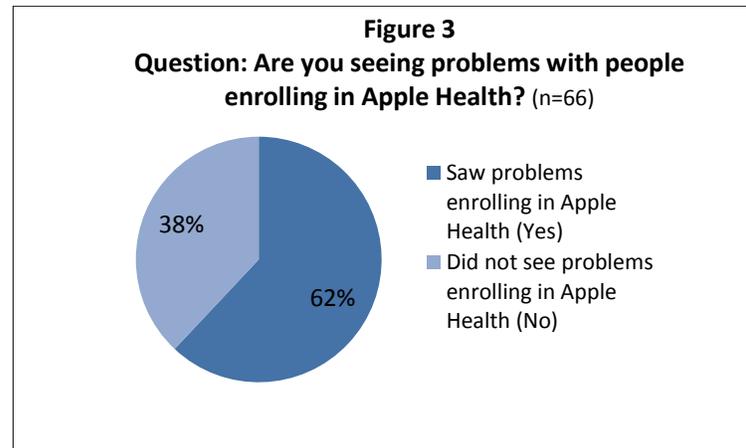
7. Other reported problems preventing enrollment in QHPs¹⁹

- Not knowing about open enrollment—trying to enroll outside of open enrollment
- Billing/Invoice errors
- Unable to make a payment through Healthplanfinder
- Website problems
- Problem navigating application process on their own

¹⁹ Two reported responses for each of these problems.

C. Problems Enrolling in Apple Health

Respondents were also asked to identify problems specific to enrolling in Apple Health rather than QHP coverage. (Figure 3) Responses varied widely; below is a short list of common problems seen by the majority of respondents and a longer list of other problems seen less frequently.



1. Adding Newborns

An infant born to a woman on Apple Health is eligible for Apple Health for Kids without needing to submit a new application.²⁰ However, 34% of respondents reported that they saw adding newborns as a problem facing applicants. (14 of 41 responses) For example:

- One respondent reported that a mother and baby could not be added in Healthplanfinder at the same time without “causing problems” with the application.
- Two respondents reported seeing problems with U.S. born newborns without Social Security Numbers who could not be added to a mother’s existing Healthplanfinder account.

2. Website Problems

14% of respondents reported that the website caused problems for people they helped enroll in Apple Health. (6 of 44 responses) The majority of respondents simply wrote “website problems” in response to this question.

- One respondent who identified this problem was specific, stating that “The[re] are numerous issues with the website, that I honestly do not know where to start...issues would be removing and adding a family member.”

3. Immigration

Five respondents noted problems affecting immigrant applicants trying to enroll in Apple Health using Healthplanfinder. For example:

²⁰ Washington Administrative Code §182-505-0210.

- Two respondents reported that there were problems related to pregnant women who not citizens were stating they saw problems for “pregnant aliens and pregnant undocumented women.” The respondents did not specifically identify the problems they saw.
- One navigator reported a problem with individuals who are lawfully present but ineligible for Medicaid getting onto Apple Health coverage and not being able to enroll in a Qualified Health Plan for which they should be eligible.²¹
- Another respondent reported there was a problem related to “how to apply for child when parent is undocumented.” The respondent did not provide any additional information.

4. Problems with Partnering

Five respondents reported that issues with the partnering²² system caused problems enrolling in Apple Health. For example, one respondent reported that sometimes Healthplanfinder would not allow partnering at all. Another reported that if a person is partnered with a different navigator, it was difficult to help them with application and enrollment.

5. Error Codes

Four respondents reported that they encountered various error codes when trying to submit applications and that these errors codes caused problems enrolling in Apple Health. Throughout open enrollment, there were several problems with error codes within Healthplanfinder. These error codes were related to a myriad of issues and the HBE staff worked to resolve them so that applications could be processed through the website. The resolution included both manual and technical fixes when the problem was related to the website itself. The HBE created an Application Troubleshooting Guide, which identified the error codes and provided instructions on how to resolve them.²³

- One respondent identified a specific error as “Error Code D.”²⁴
- Another respondent reported that there were “errors when correcting demographics.”

6. Data Match Problems

Three respondents identified what was referred to as a “data match” problem.²⁵ Specifically, respondents reported that because of conflicts, or discrepancies, between an individual’s

²¹ Unless exempt, lawfully present immigrants who have lived in the U.S. for less than 5 years, and certain other lawfully present but non-qualified immigrants and nonimmigrants are not eligible for Medicaid (Apple Health).

²² In order for an assister to have access to a client’s account in Healthplanfinder, they must “partner” with them. This means that in the system, an individual IPA (not the whole organization) puts information in the system that they are either doing a one-time partnership with that client or an ongoing partnership. As long as one IPA is partnered with a client, no other IPA can partner with that client and therefore cannot access their account to provide assistance.

²³ Healthplanfinder Application Troubleshooting Guide, available at <http://www.aihc-wa.com/files/2013/10/Healthplanfinder-Application-Troubleshooting-Guide.pdf>.

²⁴ *Id.* Error code D is identified as a “Technical Issue” and that the navigator/assister should not take any further action because the Exchange is tracking the issue.

²⁵ See Troubleshooting Guide, p. 22.

information in the ACES system²⁶ and the information a person entered in the Healthplanfinder application, problems resulted when the respondents tried to complete online applications for Apple Health.

7. Children Who Turn 19

Three respondents reported various enrollment problems for children turning 19, the Apple Health for Kids age limit.²⁷ The child may transition to either Apple Health for Adults or QHP coverage, depending on income or other factors. The child may need to be removed from their parents' account and apply separately. Respondents identified problems in accomplishing this transition in Healthplanfinder. For example:

- One respondent stated that there was a problem when the child turned 19 and need to complete an eligibility determination on their own, reporting that “when [patient] turns 19 old [they] are removed from mother’s application so they can [apply] on their own, [but] it doesn’t go through.”
- One respondent stated that “19 year olds not being able to stay on parent[‘s] plan” was a problem enrolling in Apple Health.

8. Pregnancy

Two respondents indicated they saw problems related to pregnancy which prevented women from enrolling in Apple Health.

- One respondent stated that “pregnancy” was a problem with no additional explanation or information.
- One respondent answered that reporting “end of pregnancy” caused problems.

9. Other issues respondents identified as causing problems enrolling in Apple Health:²⁸

- Problems submitting application online
- Applying for grandchildren
- Issues with call center
- Applications for people over age 65
- Language Barriers
- Lack of access to computer/internet
- Removing or adding a family member
- Enrolling people who have a pending disability claim, but are eligible for Medicaid
- Delay in getting errors addressed by HBE
- Stuck Applications
- Making changes to applications
- Income reporting
- Tax status
- Immigrant children being required to provide Social Security Numbers
- Renewing coverage
- Entering a protected address for victim of domestic violence

²⁶ ACES is sometimes referred to as the “legacy system” used by Washington Health Care Authority since before the implementation of Healthplanfinder. ACES maintains data for public assistance clients, and certain data within ACES is compared to information the applicant enters in Healthplanfinder during the application process.

²⁷ WAC 182-504-0015(6)(a).

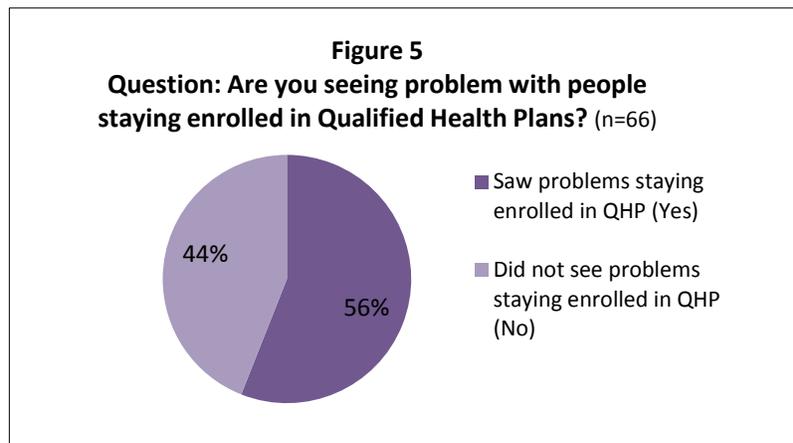
²⁸ One response for each of these identified problems.

II. *Staying Enrolled in Health Coverage*

In addition to inquiring about problems related to enrolling in coverage, we asked respondents to identify any problems they saw for people staying enrolled in coverage. We asked respondents to identify problems specific to either QHP enrollees (Figure 5) or Apple Health enrollees (Figure 6). Those who responded that they saw problems for people staying enrolled in either program were asked to rank the top three issues that were most important to address. Again, we provided respondents with examples of problems, such as reporting changes or website problems.

A. *Problems Staying Enrolled in Qualified Health Plans*

Below we discuss the frequency with which respondents who saw problems for people staying enrolled in QHP coverage identified specific problems.



1. Affordability—Costs of Premiums and Deductibles

38% of respondents who saw problems for people staying enrolled in QHPs identified issues with costs. (14 of 37 responses). We combined the various cost-related responses into a category called “affordability.”

- Paying for premiums on an ongoing basis was problematic for individuals.
 - Six respondents reported that they saw people who stopped paying because they could no longer afford the monthly premium payments.
 - Three respondents answered that the premium amounts were too high but did not specify that people stopped paying.
- One respondent specifically stated that “people [do] not feel the cost is affordable even with tax credit.” Similarly, another respondent stated that “people have payment issues; they still cannot afford to pay the premiums that they qualify for, even if they get a tax credit.”

Affordability issues are discussed more extensively in Part III of this report.

2. Qualified Health Plan Did Not Have Enrollee's Information²⁹

27% of respondents identified the issue of Healthplanfinder not transferring enrollment and/or payment information to the health insurance plan. (10 of 37 responses)

- Respondents explained this issue in varying ways, including "HPF does not report eligibility to insurance carriers timely," "payment not being received by insurance companies due to HPF issues," and "payment made by client but QHP tells them they don't have coverage."

3. Invoice/Billing Issues

24% of responses indicating that enrollees had problems staying enrolled in QHPs because of invoice/billing issues. (9 of 37 responses) For example:

- Some respondents reported generally that billing and invoicing was a problem while other respondents gave more specific responses, including receiving incorrect billing statements and the Healthplanfinder system not permitting individuals to submit partial payments.
- Two respondents reported that sometimes people did not receive billing statements at all.
- One respondent reported that some people chose to stop paying premiums stating that "[w]hen the bill is wrong--the wrong amount, they cease to pay. System needs to accept partial payments."

4. Payment Problems

21% of Respondents identified that enrollees had problems staying enrolled in QHPs because of payment problems. (8 of 37 responses) These respondents described various issues. The responses do not always indicate whether payment problems differ from invoice and billing issues or from the affordability issues discussed above. For example:

- Four respondents answered simply "payment issues."
- Two respondents reported "payment issues" and provided some additional information related to technical problems, including "technical issue" and "going to make payments but website was down."
- One respondent stated that the "payment system is a major problem," while another respondent reported that they saw "problems with Healthplanfinder system not crediting payment" to an individual's account.

5. List of other reported reasons that enrollees did not stay enrolled in QHPs.³⁰

- Chose to drop coverage
- Issues with billing department confusing enrollees

²⁹ See *infra* Part I.B.2 for explanation of issue.

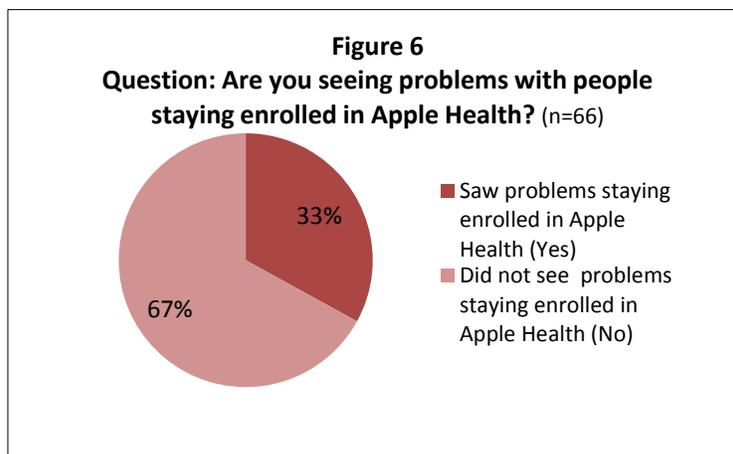
³⁰ One response for each of these of these problems.

- Discrepancies in tax credits
- People were unable to pay first invoice online
- Adding a new household member to application
- People go to doctor and find out that insurance does not cover what they thought it did and want to choose a different plan
- Website problems—website is down when they need it
- Customer being disenrolled when children were added at a later date
- Person received incorrect eligibility determination

Additional reports of problems staying enrolled in QHPs are discussed in the following section of the report.

B. Problems Staying Enrolled in Apple Health

In this section, respondents were asked if they saw problems for people staying enrolled in Apple Health. However, due to the nature of these responses as explained below, it is too difficult to identify the most common or frequent problems related to people staying enrolled in Apple Health. Some of the responses reflect either a lack of understanding about the question being asked or that the question itself was unclear. Therefore, the responses are broken down into three categories: (1) responses that seem related to Apple Health enrollees, though the responses may not reflect that people had actual problems staying enrolled; (2) responses that seem related to QHP enrollment; and (3) responses that were unclear and could apply to either or both Apple Health or QHP enrollees.



1. Apple Health responses:

These responses may not directly inform the issue of whether respondents saw people who had problems staying enrolled in Apple Health because they seem more reflective of questions about other issues such as coverage, how to find a provider, network adequacy, or general questions about Apple Health. None of the responses directly indicate that people lost their Apple Health coverage due to any of the listed responses, but rather that respondents saw people who were having trouble accessing care or who were confused by their coverage.

Respondents noted the following issues:

- Finding a doctor/clinic that accepts new patients or their Apple Health Managed Care plan (8 responses)
- Person unable to get the health services they need/coverage problems (3 responses)
- Person not knowing about or understanding the renewal process (2 response)
- Scope of care issue (1 response)
- Managed care to selection (1 response)
- Question about whether the person will get billed (1 response)
- Getting prescription filled under Apple Health (1 response)
- Applying for Apple Health for Pregnant Women coverage and marking pregnant on application, but the person never got enrolled (1 response)
- Not understanding how to renew Apple Health (1 response)

2. Unclear if specific to Apple Health enrollees or QHP enrollees:

Thirteen respondents were unclear about whether their responses were meant to be about Apple Health coverage or QHP coverage. These responses are reported separately to avoid skewing results and in order to promote clarity.

Respondents noted the following issues:

- Not receiving insurance card (6 responses)
- Confusing correspondence (3 response)
- Understanding terminology (1 response)
- Navigating website (1 response)
- Person could not get in touch with anyone at Healthplanfinder (1 response)
- Language barrier (1 response)

3. QHP responses:

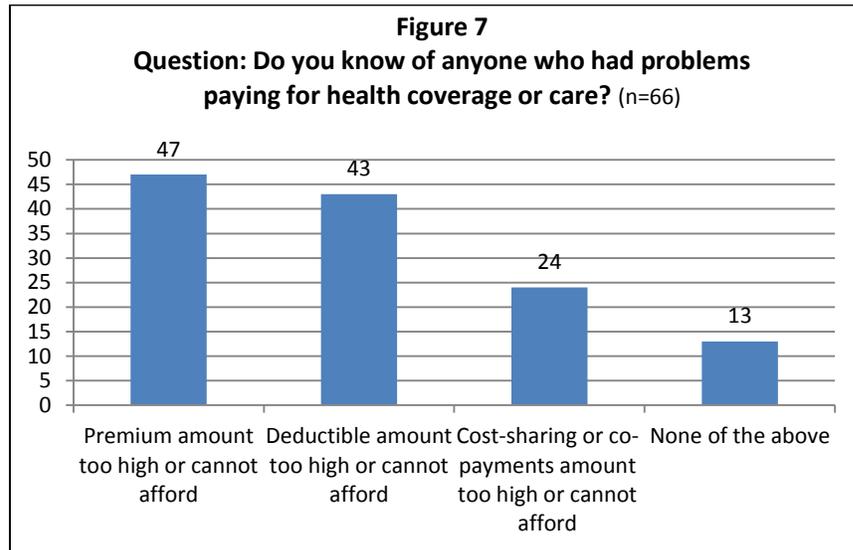
While the question in this section was related to Apple Health enrollment, the responses in this list can only apply QHP enrollees. The majority of these responses relate to billing, payment, invoice, and affordability issues. Since none of these problems would apply to an Apple Health enrollee, we concluded that the respondents intended to answer this question for QHP coverage.

Respondents noted the following issues:

- Clients thinking they have coverage but do not/QHP has no record of enrollment (8 responses)
- Billing/Invoice issues (4 responses)
- Getting double billed (1 response)
- Making the second payment (1 response)
- Payments not being posted correctly (1 response)
- Auto-pay problems (1 response)
- Loss of tax credit (1 response)
- Long lag time in processing request for special enrollment (1 response)
- High premiums/problems affording premiums (1 response)
- Making online payment (1 response)
- Late payments (1 response)
- QHP enrollees have a hard time finding providers who are in-network (1 response)

III. *Affordability*

Respondents were asked whether they saw individuals who had problems paying for coverage or care. (Figure 7) Respondents were asked to mark all of the statements that applied based on their observations regarding people’s problems paying for coverage or care. Respondents then had the opportunity to describe their observations in narrative form.



- 83% of respondents reported that they saw people who had an affordability issue. (55 of 66 responses)
- 71% of respondents reported the specific affordability issue of paying for health coverage or care because their premium amount was too high or they could not afford it. (47 of 66 responses)
- 65% of respondents reported that they saw people who had problems paying for health coverage or care because their deductible was too high or they could not afford their deductibles. (43 of 66 responses)
- 36% of respondents reported that saw people who had problems paying for health coverage or care because their cost-sharing or co-payment amounts were too high or that they could not afford them. (24 of 66 responses)

Respondents’ narrative descriptions of what happened when people encountered problems with costs:

- Decide not to get insurance at all/Chose not to purchase a QHP
- Decide to get coverage with the cheapest cost/Got a “substandard plan”
- Let coverage lapse due to premium non-payment/Dropped coverage/fall behind on payments
- Said they would rather pay the penalty and continue to get healthcare under the sliding scale

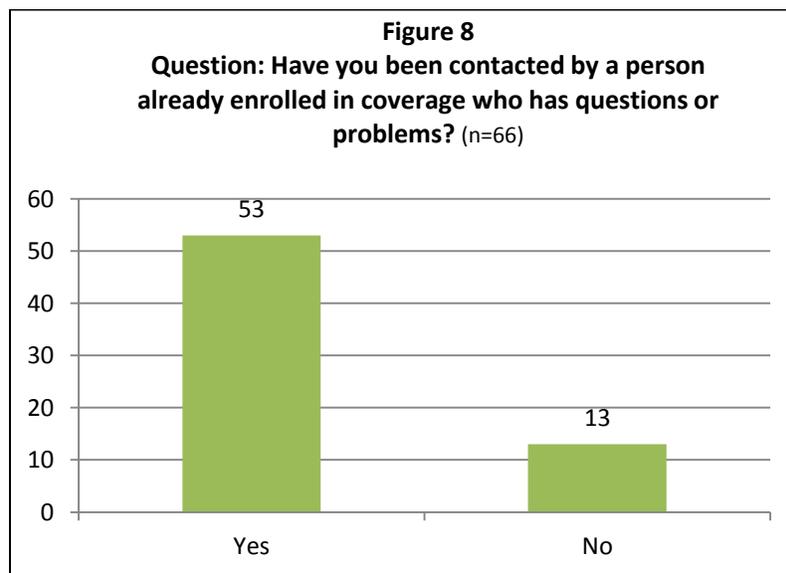
- discount program that health center offers
- Hard for seasonal workers to keep insurance due to high premiums

- Some referred to third party for premium assistance
- Want to switch to a different plan when they are able
- People with QHP coverage still apply for charity care

IV. **Consumer Experience and Information Needs**

IPAs and navigators play an important role in providing in-person assistance to individuals applying for and enrolling in health care coverage. They also provide an additional service to people after they are enrolled by answering questions about their coverage and helping to troubleshoot various post-enrollment problems. This second role was unanticipated before the beginning of the first open enrollment period. For this reason, it is important to learn about the reasons people sought assistance after they were enrolled in coverage and to identify information gaps. Respondents were asked if they were contacted by people who were already enrolled in coverage. (Figure 8) If they answered yes, respondents were given the opportunity to describe the kinds of questions or problems people had post-enrollment. Respondents were also asked to provide a narrative response about what types of additional information people need about enrolling in health coverage, and to check a list of reasons that people sought their assistance. (Figure 9)

A. Enrollees Seeking Assistance



Respondents identified the following reasons why people contacted an IPA or navigator when they were already enrolled in coverage:

- Renewal issues/questions³¹
 - Not understanding that coverage is renewed through Healthplanfinder, not DSHS

³¹ We presume that these renewal issues and questions were primarily from enrollees in Apple Health (Medicaid), as there had not yet been renewals of QHP coverage at the time of the survey.

- Problems with addresses not being updated and coverage was not renewed
 - Questions about eligibility and renewals
 - Not receiving renewal letters, especially homeless clients, and people were unaware their coverage was being terminated
 - Questions about Medicaid renewal and people losing coverage
 - Problems with the paper application to renew Medicaid – people report they filled it out and mailed it back, but it is not processed and they were disenrolled
- Confusing correspondence
 - Letters notifying individuals to re-enroll were confusing
 - Updating Information
 - Need help to update address or phone numbers
 - Questions about changes in benefits
 - For example, people were unaware of changes in pharmacy plans
 - Problems submitting documentation
 - Applicants needing to wait a couple of months for verification
 - Issues with ID proofing
 - Special Enrollment Period
 - Questions about conditional approval when requesting a Special Enrollment Period (eligibility to enroll outside of the limited Open Enrollment period).

B. Information Consumers Need about Applying for and Using Health Coverage

Respondents were asked to identify what information consumers most needed when it comes to applying for and using health coverage through Qualified Health Plans or Apple Health. Responses could be provided in narrative form and respondents could provide any information they wanted. Below is a list of the responses, categorized and summarized for use in this report.

1. Health Coverage Education³²

20% of respondents reported that consumers needed more information to understand insurance terms (like co-pay, deductible, & out-of-pocket expenses), how to use their coverage, what benefits were covered by their plan, and how to find a doctor that accepts their insurance. (13 of 66 responses) We have summarized and categorized similar responses under the heading “health coverage education” meant to encompass a broader topic about gaps in health coverage knowledge.

- Two respondents stated that HBE should publish a pamphlet or booklet similar to Health Care Authority’s “First Timer’s Guide to Apple Health” for QHP enrollees.

³² HBE is preparing to launch a “health literacy campaign,” hoping to address some of the gaps in knowledge identified by survey results. See, Washington Health Benefit Exchange presentation to the Health Equity Technical Advisory Committee, “Health Literacy Update,” September 30, 2014, *available at* http://wahbexchange.org/files/5714/1200/9923/HqTAC_Health_Literacy_093014.pdf.

2. Health Benefits—What’s Covered and What’s Not Covered

15% of respondents reported that understanding which benefits are covered by a QHP is an area where consumers need more information. (10 of 66 responses) The answers indicated that consumers need information about how to find out what benefits their plans cover before and after they are enrolled. For example:

- Two respondents indicated that understanding which medications are covered by a consumer’s plan is an area where they need more information.
- One respondent indicated that it was confusing to consumers whether plans cover dental and vision.

3. Income Reporting

9% of respondents reported that income reporting was an issue about which consumers need more information. (6 of 66 responses) These issues include: how to accurately report income, which income to report, which income is not counted, and when to report income and the need to report changes in income. For example:

- One respondent stated that “accurate income reporting” was something consumers needed more information about, while another stated that “what exactly is considered income” is something people do not understand.

4. Information about Apple Health

Respondents reported multiple areas in which consumers needed more information regarding Apple Health, for example:

- How to choose a managed care plan
- Finding a primary care physician that accepts their managed care plan/Apple Health
- Not knowing that DSHS no longer handles renewals and the need to use Healthplanfinder
- Better information about renewals generally
- That enrollment in Apple Health is year-round

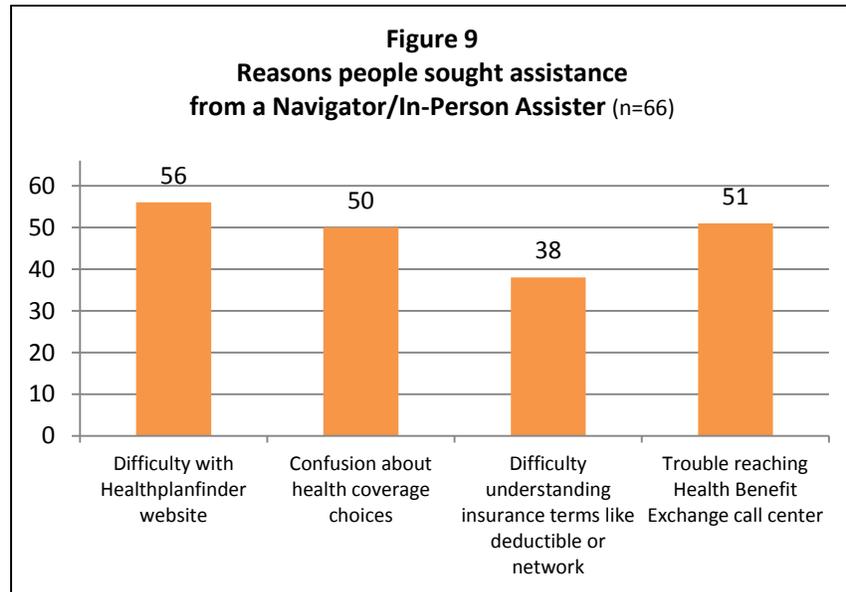
5. Where to Get Care/Provider Information

Respondents stated that consumers lacked information needed to find clinics, providers, and health care facilities that accept their health coverage. These responses indicate that this issue applies across insurance affordability programs, including enrollees in both QHPs and Apple Health. For example, respondents said that:

- HBE should publish a list of which clinics accept different plans
- People have questions about whether they can stay with their current provider and how to find out which plans their providers accept
- For Apple Health enrollees, finding providers that accept new patients
- How and when to make an appointment with a primary care provider

C. Why People Sought Assistance from Navigators/In-Person Assisters

1. As shown in Figure 9, 85% of respondents said that one of the reasons people sought assistance from IPAs/Navigators was due to difficulty with the Healthplanfinder website (56 of 66 responses), but other reasons were identified as well.



2. Other reasons people contacted IPAs/Navigators:

- Language barrier
- Not being able to use a computer, no computer access, not familiar with computers, no computer access, fear of computers
- Did not have access to internet
- Individual was able to reach HBE customer service, but they were unable to help consumer
- Individual "Want[ed] to talk to a live person"; Need[ed] to speak to a "live person"
- Could not find a broker
- Errors in Healthplanfinder
- Applicant had cognitive issues
- Individual was not sure he/she could apply on their own
- Application was too confusing
- They trust IPA/navigator organization's staff because they have helped them with other resources in the past
- Because DSHS won't help with health coverage applications
- Individuals are referred by HPF to speak with an IPA
- Do not have an email address

CONCLUSION

While the Health Benefit Exchange and Health Care Authority were largely successful in enabling many Washingtonians to gain access to health coverage in 2014, improvements to the system are needed to address remaining barriers and problems identified within this report. Policymakers and advocates should prioritize finding solutions in order to create a fully functional system that allows all Washington residents to get the most out of coverage available through the ACA.

Appendix A
Navigator and In-Person Assister ACA Enrollment Survey

Please answer these questions for the time period from June 1, 2014 to the present

We need your input to identify the top priorities for advocacy to improve systems for enrolling individuals in health coverage and helping people maintain coverage and access care. Please help us by completing this survey.

If you have questions, email Sarah Kwiatkowski at sarah@nohla.org.

*Required

Estimate how many people you helped apply for health coverage through Healthplanfinder, Health Care Authority, or DSHS since June 1, 2014 (whether or not they qualified or actually got enrolled in coverage).

Are you seeing problems that prevent people from completing an application? For example, immigration status, ID proofing, income reporting, tax status.

- Yes
- No

If you checked yes, what kinds of problems did you see? Please star (*) up to 3 that are most important to address.

Are you seeing problems with people enrolling in a Qualified Health Plan? For example, website problems, paying first premium, selecting health plan.

- Yes
- No

If you checked yes, what kinds of problems did you see? Please star (*) up to 3 that are most important to address

Are you seeing problems with people staying enrolled in a Qualified Health Plan? * For example, payment issues, chose to drop coverage, became ineligible.

- Yes
- No

If you checked yes, what kinds of problems did you see?
Please star (*) up to 3 that are most important to address

Are you seeing problems with people enrolling in Apple Health?*For example, website problems, adding a newborn.

- Yes
- No

If you checked yes, what kinds of problems did you see? Please star (*) up to 3 that are most important to address

Are you seeing problems with people staying enrolled in Apple Health?* For example, reporting changes, website problems.

- Yes
- No

If you checked yes, what kinds of problems did you see? Please star (*) up to 3 that are most important to address

Do you know of anyone who had problems paying for health coverage or care?* Check all that apply.

- Premium amount too high or cannot afford
- Deductible amount too high or cannot afford
- Cost-sharing or co-payments amount too high or cannot afford
- None of the above

If you checked any of the above, please describe what happened when people encountered problems with costs:

Have you been contacted by a by a person already enrolled in coverage who has questions or problems?

- Yes
- No

If you answered yes, please describe the kinds of questions or problems.

What information do consumers most need about applying for and using health coverage through Qualified Health Plans or Apple Health?

Please indicate reasons people sought assistance from a navigator/In-Person Assister. Check all that apply

- DifficultywithHealthplanfinder website
- Confusion about health coverage choices
- Difficulty understanding health insurance terms like "deductible" or "network"
- Trouble reaching the Health Benefit Exchange call center
- Other.

Please tell us a little about yourself *

What is your position?

- Navigator/In-Person Assister
- Broker
- Certified Application Counselor
- Other.

What county or counties do you work in? *

How many people do you see a week? *

If you agree, you may contact you to follow up on these responses. Please share your contact information here:
Name, Phone, Email Address

Appendix B
2014 List of Lead Organizations

- Benton Franklin Community Action Connections: Serving Benton, Franklin and Walla Walla Counties
- CHOICE Regional Health Network: Serving Clallam, Grays Harbor, Jefferson, Lewis, Mason, Pacific and Thurston Counties
- Clark County Public Health: Serving Clark, Klickitat and Skamania Counties
- Cowlitz Family Health Center: Serving Cowlitz and Wahkiakum Counties
- Better Health Together: Serving Adams, Asotin, Chelan, Columbia, Douglas, Ferry, Garfield, Grant, Lincoln, Okanogan, Pend Oreille, Stevens, Spokane and Whitman Counties
- Kitsap Public Health District: Serving Kitsap County
- Public Health – Seattle & King County: Serving King County
- Tacoma-Pierce County Health Department: Serving Pierce County
- Whatcom Alliance for Health Advancement: Serving Island, San Juan , Skagit, Snohomish and Whatcom Counties
- Yakima Neighborhood Health Services: Serving Kittitas and Yakima Counties

Appendix C
Reponses by County

County	Number of Responses
Benton	1
Clallam	1
Clark	2
Cowlitz	1
Douglas	3
Franklin	1
Grant	3
Jefferson	1
King	17
Kitsap	6
Kittitas	1
Lewis	1
Lincoln	1
Mason	3
Okanogan	3
Pacific	1
Pierce	2
San Juan	1
Skagit	3
Snohomish	6
Spokane	6
Whatcom	1
Yakima	10