Health Insurance Literacy Education Pilot

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UCONN HEALTH

HEALTH DISPARITIES INSTITUTE

ABOUT THE HEALTH DISPARITIES INSTITUTE

UConn established the Health Disparities Institute in 2011 as part of the Bioscience Connecticut initiative to enhance research and the delivery of care to minority and underserved populations in the state. Bioscience Connecticut is a package of state investments in UConn Health and other health care entities in the region, introduced by Governor Dannel P. Malloy, to bolster the state's health care and biomedical research capacities while creating thousands of jobs.

MISSION

To reduce disparities by turning ideas shown to work into policies and actions.
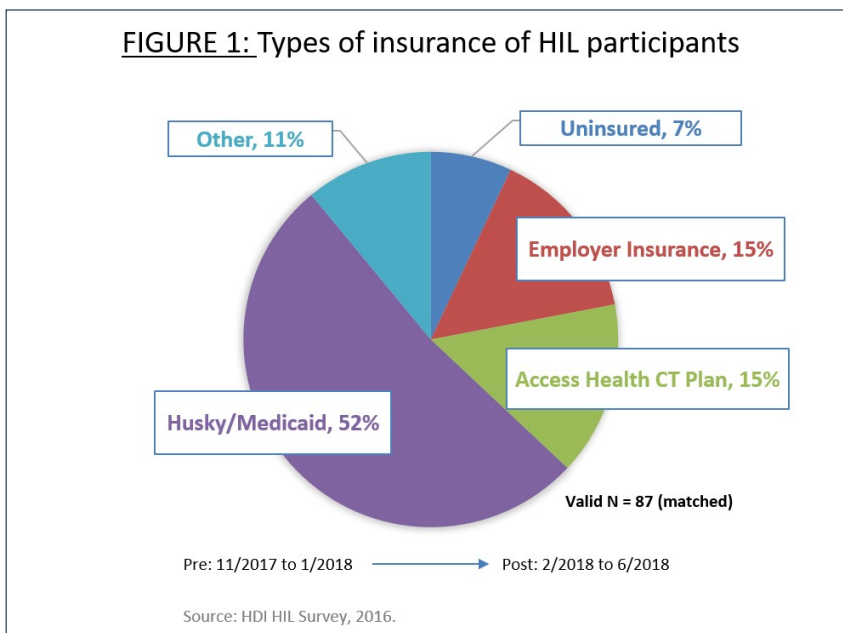
VISION

Everyone in Connecticut has an opportunity to enjoy good health and wellbeing.

Connecticut residents who purchase Qualified Health Plans (QHP) through the state's health insurance exchange, or through their employer have a limited understanding of health insurance concepts and terminology.[1] Limited health insurance literacy (HIL) can cause individuals to make costly but preventable errors when choosing and using their health plan. A 2016 survey of Access Health Connecticut (AHCT) QHP enrollees showed that while people of different educational background and income find health insurance confusing, people of color, Spanish speakers and those with less than high-school education have the most difficulty. The survey showed a 20-23% lower health insurance literacy (HIL) among Blacks and Hispanics compared to Whites.[2] This is a previously unappreciated cause health inequities such as delayed or forgone health care such as preventive services as well as higher out-of-pocket costs.[3]
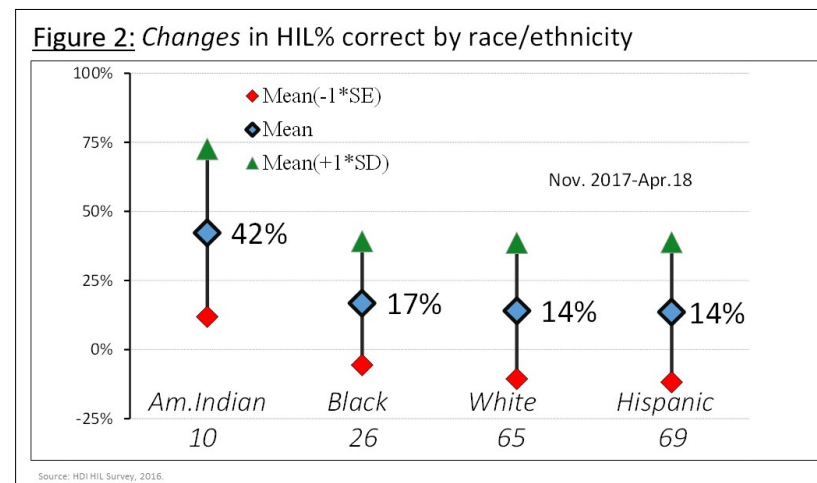
Health Insurance Literacy Educational Pilot

In response to the above findings HDI in collaboration with members of the Equal Coverage to Care Coalition (EC2C) developed and tested an educational program in English and Spanish aimed at improving understanding insurance terminology and concepts among people of color. The program was implemented by five EC2C organizations* working in different communities throughout Connecticut. A total of 477 residents, 94% identifying themselves as a racial or ethnic minority participated in the pilot.

Prior to the educational program the HIL of participants' knowledge was measured using the same questions used the 2016 survey. The number of correct answers were much lower at 38% (vs. 62% in the 2016 survey); however, unlike the 2016 pilot attendees included uninsured individuals, people with employer sponsored and a large proportion of people on Medicaid (Figure 1).

FIGURE 1: Types of insurance of HIL participants

Other, 11% • Uninsured, 7% • Employer Insurance, 15% • Access Health CT Plan, 15% • Husky/Medicaid, 52%

Valid N = 87 (matched)

Pre: 11/2017 to 1/2018 → Post: 2/2018 to 6/2018

Source: HDI HIL Survey, 2016.

The educational program consisted of multiple interactive, in-person group sessions led by a trained EC2C coalition organization staff. While the educational and evaluation materials were identical in all locations, trainers adapted the sessions to suit conditions in their respective communities. All 477 attendees answered the 13-question HIL assessment before the educational session and 132 responded to a mailed post-educational session assessment 6-8 weeks apart. The matched pre-post comparison showed an overall 12% improvement (from 38% to 50%) in basic HIL with the greatest gain (42%) seen among a small group of Native Americans (Figure 2).

Figure 2: *Changes* in HIL% correct by race/ethnicity

◆ Mean(-1*SE)
◆ Mean
▲ Mean(+1*SD)

Nov. 2017-Apr.18

42%   17%   14%   14%

Am.Indian   Black   White   Hispanic
   10   26   65   69

Source: HDI HIL Survey, 2016.

A subset of pilot participants attended a total of seven focus groups in their respective communities. The goals were to elicit information about the most common difficulties they face choosing or using health insurance and feedback about ways to improve the HIL educational program. Participants voiced a wide range of problems using their insurance plans including confusion in dealing with more than one insurance company (coordination of benefits), phone communications with carriers (e.g.: language barriers, incomplete answers to questions), unexpected denials and high or

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* Project Access (New Haven), two Eastern AHECs (New London and Willimantic), North Central Regional Health Board (Hartford area), Center for Patient Safety (Bridgeport and Fairfield)

uncertain out-of-pocket costs. These answers confirmed the results of the 2016 CT Insurance Department evaluation of CT's managed care companies (Figure 3).
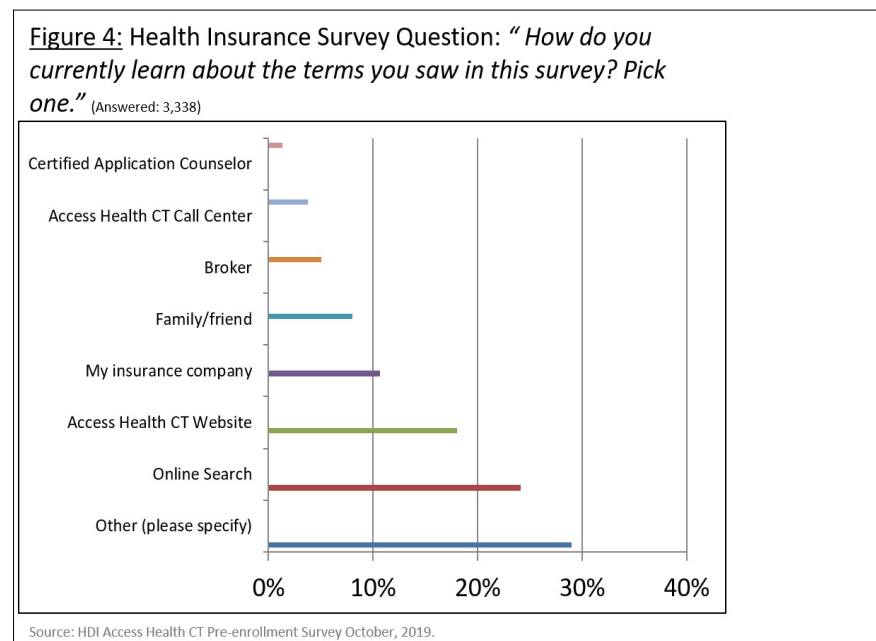
Figure 3: Member Satisfaction Survey

CT Managed Care Companies		Aetna Health	Anthem	Cigna	Connecticare	Harvard	Oxford Health
Q. In the last 12 months, how often did the written materials or internet provide the information you needed about how your health plan works?	Never	13.0%	4.0%	1.1%	18.2%	23.1%	4.3%
	Sometimes	34.6%	42.1%	31.1%	27.3%	61.5%	29.2%
	Usually	37.0%	26.8%	47.8%	45.5%	7.7%	43.2%
	Always	15.2%	17.1%	20.0%	9.1%	7.7%	23.3%
Q. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	Never	3.9%	2.8%	0.0%	6.3%	28.6%	3.4%
	Sometimes	19.6%	19.7%	15.9%	37.5%	28.6%	15.1%
	Usually	21.6%	25.4%	42.1%	25.0%	42.8%	28.5%
	Always	54.9%	52.1%	42.1%	31.3%	0.0%	53.0%

Source: CT Insurance Department Consumer Report Card 2016. https://portal.ct.gov/-/media/CID/2016ConsumerReportCardonCTHealthInsuranceCarrierspdf.pdf?la=en

Feedback about the impact of the HIL program included participants increased confidence in asking questions to the insurance company, their pharmacy and their providers, such as *"how much does my insurance pay for it and how much do I pay"* and understanding how to, when to, and reasons for contacting member services. Suggested improvements included addressing Medicare and Medicaid insurance issues, creating a webinar series, offering one-to-one private sessions at the end of the session, and offering the program on an ongoing basis. For more details of focus group results, contact Victor G. Villagra, MD at villagra@uchc.edu.

Expanding the Reach of HIL Education

HDI is promoting and monitoring system-wide adoption of HIL education activities. In preparation for the 2018 open enrollment HDI and Access Health Connecticut (AHCT) collaborated to offer an expanded version of the HIL assessment and accompanying educational materials. AHCT reached out to approximately 40,000 prospective enrollees and 3,413 responded (3,354 in English and 59 in Spanish) over a two-week period. English speakers answered 75% of the questions correctly. The greatest difficulty was with the concept of co-insurance (32%), understanding the meaning of formulary (45%) and confusion about the value of Bronze, Silver Gold plans (48%). The average correct answers among Spanish responders was 37%. The greatest difficulty was understanding Health Savings Accounts (7% correct), formulary (12%) and co-insurance (17%). When asked about how or where they go for help with insurance matters a wide variety of sources were mentioned (Figure 4).

Most people who answered "other" had previous knowledge by virtue of their jobs (medical, insurance, etc.). Results of the October 2018 HDI-AHCT survey will complement the HIL pilot results in assisting both organizations further refine their outreach, marketing and educational materials. The HDI-AHCT survey was an excellent demonstration of a scalable platform for educating consumers and tracking improvements in HIL over time.

Figure 4: Health Insurance Survey Question: *"How do you currently learn about the terms you saw in this survey? Pick one."* (Answered: 3,338)

Source: HDI Access Health CT Pre-enrollment Survey October, 2019.

Summary

- Health Insurance Literacy education measurably improves consumer understanding of basic terminology and concepts. More importantly the educational session conveyed to participants a sense of consumer empowerment with potentially far greater impact than knowledge of terminology.

- Exemplifying system change impact AHCT has institutionalized the use of a HIL survey and educational materials allowing for the delivery of education and monitoring of progress on a state-wide basis.

- HDI should develop a web-based, self-learning educational HIL program (in English, Spanish and Creole) that can reach people of color more widely.

- The current HIL program partially met consumer education needs but navigation support needs further development. The program contents, delivery and frequency of the Equal Coverage to Care Coalition HIL program needs to be expanded to address Medicaid and Medicare issues.

References

1. Loewenstein G, Friedman JY, McGill B, et al. Consumers' misunderstanding of health insurance. *J Heal Econ*. 2013;32(5):850-862. doi:10.1016/j.jhealeco.2013.04.004

2. Victor G. Villagra, MD*, Bhumika Bhuva, MA*, Emil Coman, PhD*, Denise O. Smith, MBA, CHW*, Judith Fifield P. Health Insurance Literacy: Disparities by Race, Ethnicity and Language Preference. *Am J Manag Care (In Press*.

3. Tipirneni R, Politi MC, Kullgren JT, Kieffer EC, Goold SD, Scherer AM. Association Between Health Insurance Literacy and Avoidance of Health Care Services Owing to Cost. *JAMA Netw Open*. 2018;1 (7):e184796. doi:10.1001/jamanetworkopen.2018.4796

Read the full report on our website:

http://h.uconn.edu/hdi

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