

OSDH Health Insurance Study



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Consumer Research

Objectives

- Understand attitudes, perceptions and barriers to health insurance among Oklahomans.
 - The Uninsured
 - Healthcare.gov visitors (Visitors)
 - Healthcare.gov purchasers (Purchasers)
 - Private/Employee insured (Private)



The Research

- Comprehensive qualitative research was conducted among Oklahomans.
 - 161 people participated in the study.
- Fieldwork occurred between December 2016 and January 2017.
- Consumer Logic recruited the research participants and Evolve conducted the fieldwork and analysis.
- Research questions were devised in conjunction with OSDH and the 1332 Task Force.



Methodology

- 16 focus groups
 - Each lasted approximately an hour and a half.
 - Four locations were used:
 - Oklahoma City, Tulsa, Enid and McAlester
 - In each location, four groups were conducted among the following audiences:
 - Uninsured
 - Those who visited healthcare.gov but didn't sign up (Visitors)
 - Those who visited healthcare.gov and purchased a plan (Purchasers)
 - Those with private/employer-provided insurance (Private)



Methodology (continued)

- 40 in-depth telephone interviews
 - Each interview lasted between 35 and 50 minutes
 - Ten interviews were conducted with each of the following audiences:
 - Uninsured
 - Those who visited healthcare.gov but didn't sign up (Visitors)
 - Those who visited healthcare.gov and purchased a plan (Purchasers)
 - Those with private/employer-provided insurance (Private)
- Urban and rural communities were represented.



Number of Participants

Visitors



Uninsured



All respondents were **within 400% of the FFM**

Purchasers



Private



TOTAL
161



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Executive Summary

Executive Summary

- Health insurance is **expensive**.
 - The biggest barrier to obtaining health insurance is **affordability**.
 - **Without a subsidy or employer contribution, insurance is largely unobtainable.**
- Health insurance is **confusing**.
 - Oklahomans are not certain how health insurance works.
 - Terminology, conflicting information from co-workers, friends, family, doctors and insurance companies add to the challenge of understanding health insurance.
 - Oklahomans sign up and pay for health insurance knowing that they do not entirely understand what it covers or what they are entitled to.



Executive Summary

- Plan **selection is dictated by premium** price.
 - Other factors are involved, but Oklahomans initially qualify a plan by its monthly impact on their pocket-book.
- Oklahomans do **not understand out of pocket expenses and co-insurance**.
 - Deductible and OOP are used interchangeably.
 - Oklahomans are willing to sign up for plans which have co-insurance without understanding what co-insurance is.
 - This is **potentially a huge financial misunderstanding**, as most assume it is related to having two insurance plans.



Executive Summary

- There are mixed views about the usability of Healthcare.gov.
 - Some **Oklahomans report the website is generally not difficult to use** – it clearly guides you through the process.
 - Most problems are related to confusion surrounding terminology, trying to use the site to figure it out, and a **lack of understanding about health insurance.**
- Healthcare.gov can be technically unreliable.
 - Most UX issues encountered relate to the site “breaking.”
 - The site freezing or constantly “thinking” are the biggest UX irks.



Executive Summary

- **Scenario-based examples** can better explain plans.
 - Insurance plans are not communicated in a clear language.
 - Applying different plans to a selection of scenarios can help explain the actual cost implications of a plan.



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Health Insurance

Associations,

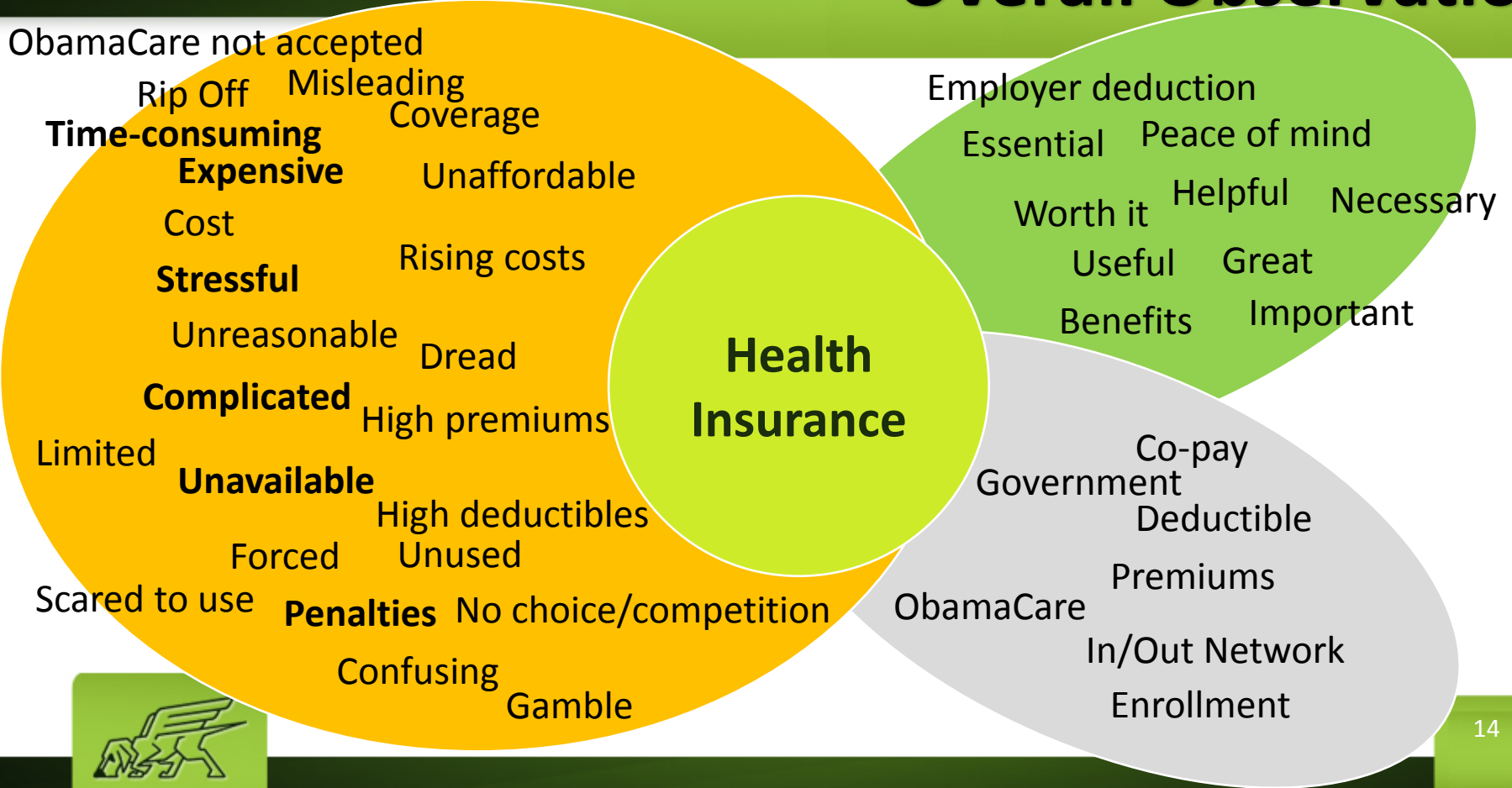
Initial Associations

Among all audiences, immediate associations with health insurance are mostly **negative**.

The next page shows the common answers when people are asked, “what comes to mind when you think of health insurance?”



Overall Observations



Best/Worst About Insurance

BEST

Peace of mind

Coverage

Care

WORST

Cost

Paying for something you
don't use

Complexity

Forced



Reasons For Having/Not Having

- The reasons for having health insurance include:
 - Peace of mind/in-case something happens
 - Legal obligation
 - Offered *affordably* through work
- The reasons for not having it are associated with the **affordability of health insurance**.



Young People

- Young people, especially males in their 20s, tend to take advantage of healthcare less than older people.
 - They see themselves as healthy and do not visit the doctors office frequently.
- This perception carries over to the young uninsured audience, and acts as (another) barrier to purchasing health insurance.
 - *“Why purchase something I’m not going to use?”*



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Understanding Insurance

Health insurance is not easy to understand.



Knowledge About Insurance

- The level of knowledge about health insurance varies by audience type.
 - **The Uninsured have limited knowledge about health insurance.**
 - They think insurance is too expensive and make their choice not to have it.
 - As a result, they have limited exposure to health insurance and how it is structured.
 - **Purchasers tend to be most educated about insurance.**
 - Although they may not completely understand it, they know more about the process, coverage and what to look for.



You've got in-network, out-of-network. How much of a deductible do you have to pay before you can actually get coverage? There's too many steps. You can't just go see the doctor.

-Uninsured-



Negativity Surrounding ACA

I don't think we should be **forced** to buy something (we won't use)

Uninsured (and some insured) people have a negative reaction to the penalty and the legality of having to have insurance. They see it as unfair, and that it should be a decision left to the individual and not the state. **Oklahomans do not understand why there is a need for everyone to be insured.**

Oklahomans need to understand the relationship between being uninsured and the price of insurance. Many are familiar with using the ER when sick or not paying bills...could this form part of the argument?



Terminology

The terminology used in health insurance is not understood by Oklahomans.

- Some terminology is better understood than others, but the research indicates there is **severe lack of understanding surrounding commonly used terms in health insurance.**
- Terms like Premium and Deductible are more commonly understood, but still **around 50% of focus group respondents did not completely understand them.**

How will people fully understand health insurance if they cannot grasp the basics?



Verbatim

If they could make the terminology at a level where a person with a high school education could understand it. You need an interpreter just to understand the terminology that's in your handbook. You need someone that's certified to explain what you have or you don't have. The experts are not really clear.

-Uninsured-

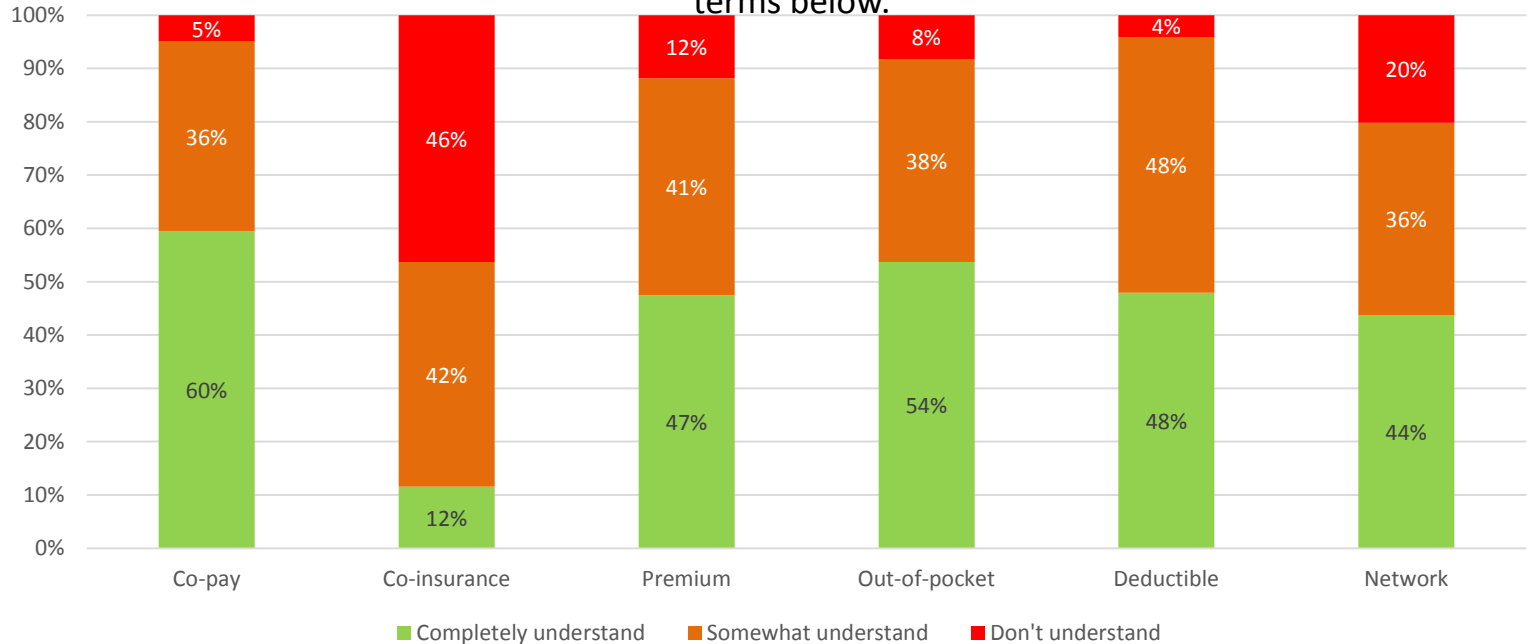
The cost. It's expensive and then me not understanding what I need, and what insurance is going to fit me or cover me.

-Uninsured-



Terminology

All focus group participants were asked to complete a short questionnaire asking how much they understand the terms below.



While the uninsured generally didn't understand as much as the other audiences, co-insurance confused all.



Network Availability

- The Uninsured are confused about in-network/out-of-network.
 - They understand what in-network/out-of-network means.
 - The confusion surrounds **why** some facilities/doctors are covered and some are not.
 - E.g. Have a surgery only to find later the anesthetist was out of network.
- Among the rural respondents there was a feeling that most facilities were **not covered under insurance plans**.
 - They have to drive several hours in some cases to receive care.



Why Should I Pay?

- A common attitude towards health insurance is:

Why should I pay for something I'm not going to use?

- This is a common thought among those who typically see themselves as healthy and do not need to seek medical aid often.
 - It's not necessarily that these Oklahomans see themselves as indestructible, they just think paying for service when they need it is more economical than monthly premiums over a period of years.



In that nine years, I spent a total of 400 dollars on going to the doctor, in nine years. Going from seeing in nine years' time only spending 400, why would you want to pay 100 dollars a month?

-Purchaser-



The Penalty

- **Most know of the penalty** associated with not having health insurance.
 - Some group members had been penalized, others had not.
 - Those who had not mentioned they either had it waived or that 2016 was their first year without insurance.
- However, there was confusion as to how much the penalty is.
 - A wide variety of penalty amounts were reported.



Verbatim

A penalty for not having health insurance when you can't afford it in the first place. It doesn't make any sense to me.

-Uninsured-

Like the first year, it was supposed to be like \$678. Next year, it's supposed to be like \$1300.

-Uninsured-

The first time, my understanding was \$1,000. Then anything after that was \$95. You had a deadline.

-Visitor-

I could pay the penalty and do the non-compliant plan for about \$500. That was the insurance and the penalty.

-Purchaser-



Nobody Gets It

- The lack of understanding about health insurance is widespread.

Employers/HR can't answer all questions



Referred to thick, unintelligible documentation.

Insurance companies provide conflicting info



Can't get a straight answer from employees of insurance companies.

Doctors send me multiple bills/tell me one thing



I've paid my copay, but I'm getting all sorts of bills and no-one can tell me why.

Some respondents think insurance is **confusing by design**...it allows insurance companies to make more money.



Subsidies – APTC/CSR

- Aside from Purchasers, **knowledge and awareness about subsidies was low.**
 - Even among Purchasers, the terms APTC and CSR were not recognized. They just know these as subsidies.
- Most (if not all) Purchasers said they received a subsidy on their premium, not on their out of pocket expenses.



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The Uninsured

SUMMARY

Uninsured Summary

- Health insurance is **unaffordable** and not even an option.
 - They may or may not have looked into it, but they all agree there are **other things more important** than health insurance.
- If something were to happen to them, they are resigned to the fact it will cost them.
 - It's just another bill to add to the pile.
 - Even if they had insurance, they still couldn't afford the OOP expenses.
 - Whether the bill is \$5,000 (w/ insurance) or \$20,000 without, they can't afford to pay either one. So why pay monthly premiums when money is tight?
- The **penalty is not fair** – why are they fined for not being able to afford insurance?



Feeling Sick

Feeling sick

Ask friends/family/Facebook for advice

Stick it out (can evolve into hospitalization)

Home remedies

Visit “cash” doctors

Go to the ER

The Uninsured have a **high tolerance to sickness**. They “put up” with a lot more than a person with health insurance would.



I better be dying before I'm going to the doctor.

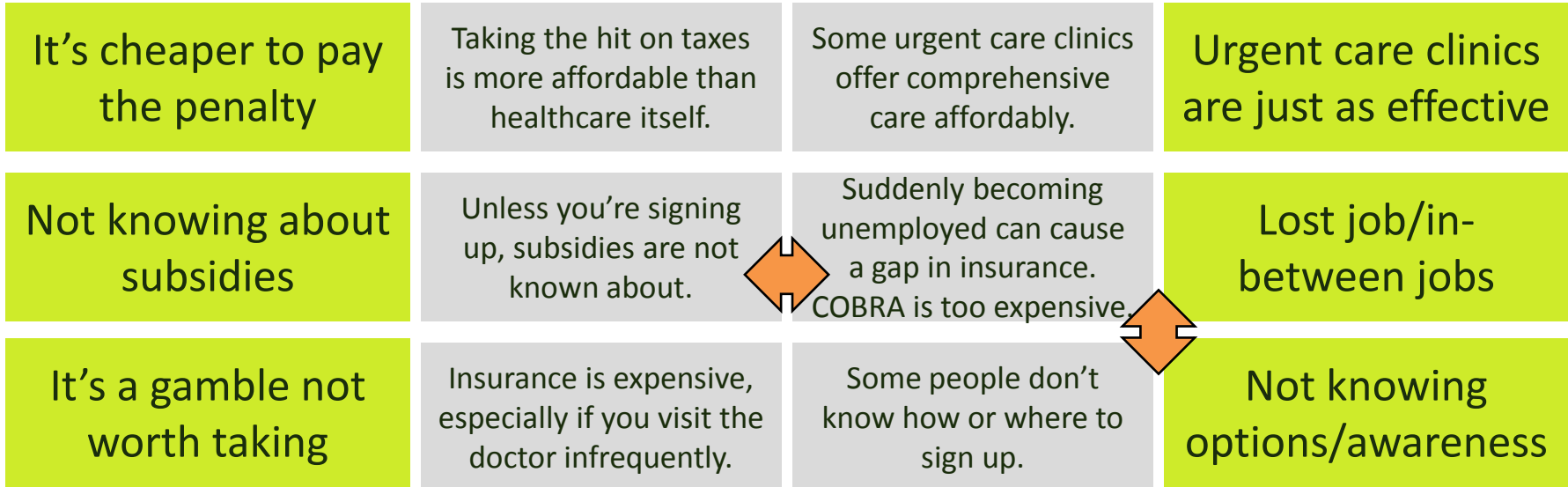
-Uninsured-

When I call the doctor's office, money talks. I'm coming with cash versus them having to go through the loopholes of insurance and payments. When you come with cash they tend to welcome you.

-Uninsured-



Barriers to Insurance



Barriers to insurance often **work in conjunction with one another.**



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Price of Health Insurance

Cost Summary

- Attitudes about the cost of health insurance generally varies by audience type.
- Although, all agree health insurance is **expensive**.
 - Adding family members to a plan exponentially multiplies the cost.
- Without some sort of subsidy or employer contribution, **health insurance is unaffordable**.



I already have a budget. I know how much I make and what I'm going to spend for rent, bills, whatever. It's just not in my budget. I take care of myself so I don't have to go to the doctor. If an emergency happens then I'm screwed. One thing I really don't understand is Obamacare. If you can't already afford a premium or whatever, then it gets taken out of your tax return or something.

-Uninsured-



Cost Summary

- Attitudes about the cost of health insurance generally varies by audience type.
 - The Uninsured believe health insurance is unaffordable.
 - Those who qualify for a subsidy agree healthcare is affordable...but only because of the subsidy.
 - Those with insurance provided by their employer tend to think of insurance as affordable...but not necessarily cheap.

It's kind of like taxes, it's just taken out of your paycheck and you don't even have to think about it.



Why pay \$6,000 in premiums a year when you're only going to pay \$300 at the doctor's office?

-Uninsured-

"If I have a \$100,000 medical bill and insurance pays 80%, that's great, but I still owe \$20k and I can't afford it. So \$100k or \$20k, either way its going to ruin my credit, so why pay for insurance?"

-Visitor-



The Sweet Spot

How much would an affordable health plan cost?

Uninsured

\$50-150

Visitors

\$150 -200

Purchasers

\$150 -\$200

Private

\$200-\$400

Research participants were asked to name a premium price that was realistic, fair and affordable. It was agreed family coverage should cost more than individual. However, **family coverage should not be significantly more than the above costs.**



The Subsidy Is Everything

- Without some sort of subsidy (or employer contribution) health insurance is generally “unaffordable.”
 - Most Visitors did not purchase a plan at healthcare.gov because they did not qualify for a subsidy.
 - Most **Uninsured were not aware of subsidies at all.**

A subsidy enables health insurance to be affordable for lower income Oklahomans.

This needs to be **heavily promoted to the Uninsured.**



Blue Cross Blue Shield



**BlueCross BlueShield
of Oklahoma**

- Most respondents think of Blue Cross Blue Shield when talking about plan availability.
 - Many respondents indicate BCBS is the only option available to them.
- Several respondents who are more educated about health insurance and the Marketplace **associate BCBS with monopolizing the market and being responsible for inflated prices.**



Impact of Increasing Premiums

- The research shows all audiences agree health insurance is either unaffordable or extremely expensive.
- The notion of increasing premiums, especially for those who are 55 years old or older will make **health insurance unaffordable for this market.**
 - Without more subsidies or employer contributions to cover this increase, individuals may be forced drop out.



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Choosing A Plan

Choosing – It's Not Easy

- Choosing a plan is **stressful**.
 - **Especially for those who are trying to make educated decisions** and not just picking the cheapest plan available.
- **Oklahomans must make assumptions** as to how their health will play out over the upcoming year (and the health of their family).
 - This can be difficult because they never know what's truly going to happen.
- They must also make multiple calculations when it comes to pricing insurance, which isn't easy as they are uncertain of the terminology and how insurance works.

Several respondents mentioned how stressful the “picking a plan” focus group exercise was.



All About The Premiums

- Initial plan choices are dictated by premiums.
 - “I have an amount I can afford every month, and that’s all I can afford.”
- Once a person has found a few plans with premiums that fall into their price range, they then look at deductibles and co-pays.
 - From this point on, it is a “balancing act.”
 - OOP also comes into play at this point.
- Co-insurance is discarded.



*I look at the monthly premiums
and then I look at deductibles. I
have a good idea of my budget
– I know where my premiums
need to be.*

-Purchaser



The Insurance Riddle

What's it really going to cost me?

- Most Oklahomans **do not have a clear idea of what a doctor or hospital visit will actually cost them.**
- Deductibles, out of pocket expenses, networks and co-insurance add a level of complexity to insurance costs that many fail to understand.



Scenarios As A Pricing Tool

- Due to the complex nature of health insurance, Oklahomans do not know how much they would typically be paying should a real-life event occur.
- The research strongly indicates **scenarios could play a powerful roll in helping Oklahomans choose a plan** that not only suits them best, but also lets them know of the financial implications of their choice.
 - Some sort of “wizard” where a user can build a scenario and see how that example plays out over a selection of plans.
 - This would be a very useful online tool (healthcare.gov).



Deductibles & Co-Pay

- Throughout the research we learned of confusion surrounding deductibles and co-pays.
 - Many respondents were unsure if and why co-pay amounts go towards the deductible.



A good value health insurance plan

Affordable premium

Not free, but something that households can reasonably afford.

Low deductible (trade-off)

Something that makes sense – this works in conjunction with the premium. Not expected to be low, but not tens of thousands.

Simple plan

Eliminates the confusing jargon and fine print of current plans.



Focus Group: Picking A Plan

- Focus group respondents were asked to pick a plan that most appealed to them from a selection of four.
- The participants were then asked to explain why they chose their particular plan.



Plan: A	
Premium (per person):	\$741
Subsidy:	\$363
Deductible (individual):	\$3,000
Deductible (family):	\$9,000

PLAN A

Office Visit	\$40	0% co-insurance after deductible
Emergency Room	\$600	30% co-insurance after deductible
Maternity	\$450	30% co-insurance after deductible
Surgery (out-patient)	\$300	30% co-insurance after deductible

Pharmacy

	Preferred pharmacy No copayment	Non preferred pharmacy
Preferred generics		\$5
Non-preferred generics	\$10	\$15
Preferred brand name	\$50	\$60
Non-preferred band name	\$100	\$110

Plan: C	
Premium (per person):	\$532
Subsidy:	\$105
Deductible (individual):	\$6,800
Deductible (family):	\$14,300

Copays and co-insurance

Office Visit	\$0	0% co-insurance
Emergency Room	\$950	20% co-insurance after deductible
Maternity	\$400	20% co-insurance after deductible
Surgery (out-patient)	\$400	40% co-insurance after deductible

PLAN C

Pharmacy

	Preferred pharmacy	Non preferred pharmacy
Preferred generics	\$12	\$17
Non-preferred generics	20% co-insurance after deductible	25% co-insurance after deductible
Preferred brand name	30% co-insurance after deductible	40% co-insurance after deductible
Non-preferred band name	40% co-insurance after deductible	50% co-insurance after deductible
Specialty	50% co-insurance after deductible	50% co-insurance after deductible

Plan: B	
Premium (per person):	\$932
Subsidy:	\$389
Deductible (individual):	\$500
Deductible (family):	\$1,500

Copay

Office Visit	\$20	0% co-insurance after deductible
Emergency Room	\$500 (waived if admitted)	30% co-insurance after deductible
Maternity	\$400	30% co-insurance after deductible
Surgery (out-patient)	\$200	50% co-insurance after deductible

PLAN B

	Preferred pharmacy No copayment	Non preferred pharmacy
Preferred generics		\$5
Non-preferred generics	\$10	\$15
Preferred brand name	\$50	\$60
Non-preferred band name	\$100	\$110

Plan: D	
Premium (per person):	\$899
Subsidy:	\$379
Deductible (individual):	\$5,000
Deductible (family):	\$7,500

Copays and co-insurance

Office Visit	\$0	0% co-insurance after deductible
Emergency Room	\$800 (waived if admitted)	0% co-insurance after deductible
Maternity	\$500	0% co-insurance after deductible
Surgery (out-patient)	\$600	0% co-insurance after deductible

PLAN D

Pharmacy

	Preferred pharmacy	Non preferred pharmacy
Preferred generics	\$1	\$1
Non-preferred generics	\$20	\$25
Preferred brand name	\$25	\$30
Non-preferred band name	\$40	\$45



- Generally, **all plans were considered expensive.**
 - Among most participants, **the plans were *too expensive.***
 - The **Uninsured indicated they would not be able to afford** any of the plans.
- Plans were chosen largely on **premium (including subsidy) and deductible** amounts.
- Unless prompted, **co-insurance was largely ignored.**
 - **This is a concerning insight**, as it shows Oklahoman's will pick a plan without realizing the financial obligation of co-insurance.



Difficulty

- Respondents had **difficulty picking plans due to the overwhelming number of variables.**

Kevin, you're stressing me out.

-Purchaser-

- In fact, about **a third of the respondents could not pick out a plan.**
 - Even in a situation where we were presenting stripped-down and simplified plans, respondents could not make a choice.
 - We suspect the price of the premium was a major roadblock for many participants.



Plan D: The Simple Plan

- Frequently respondents indicated that had trouble deciding between Plan B and Plan D.
 - Plan B had lower premiums and deductibles, but Plan D had a \$0 co-pay.

However, **once respondents understood how co-insurance worked** and the potential financial implications, **Plan D became a lot more popular** and was almost always picked over plan B.

*Challenge: Oklahomans had to have co-insurance pointed out – **they would not have reached that conclusion alone.***



Spelling It Out

- Providing a scenario was not enough to help participants make an educated choice.
- However, **spelling out the cost-implications** of certain plans worked extremely well:
 - E.g. Imagine you were taken ill and had to have a surgery. The cost of that surgery was \$60,000. Under plan X the insurance pays Y and you pay Z.



See if you can put it in the simplest terms and still be within the language of the plan, people are going to understand if you have a \$20,000 surgery and you have this insurance you're still responsible for half of that. That helps you to open your eyes and go, "Oh, wait a minute, maybe that's not exactly what I needed. Yeah, the premium was nice, but now plan D is starting to look a heck of a lot better."

-Purchaser-



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Healthcare.gov

Introduction

- Healthcare.gov is the interface to health insurance plans available under the ACA.
- While it can be difficult to use for some (terminology and “paperwork”), it also suffers from general negativity associated with the ACA.
 - Insurance is forced, limited and expensive.
 - **This prevents the Uninsured from even visiting the website.**



Learning About Healthcare.gov

- Oklahomans have heard about healthcare.gov from a number of sources:

News

When Obamacare first came into play it was all over the news including interviews and commentary from President Obama.

Advertising

Seeing ads for healthcare.gov both on TV and online.

Internet searches

General Google searches for insurance plans – healthcare.gov also appears as a sponsored link.

Friends, family & co-workers

Asking advice from peers and trusted people.



Site Usability

Good

- Easy to register
- Step-by-step provision of details
- Simple navigation
- Simple look and feel

Healthcare.gov

Bad

- Site crashes/hangs
- How the pricing works
- Terminology (plans)
- Rabbit Holes*
- Phone call is needed
- Misleading information

For the most part, the site is usable. **The problem is understanding how insurance works.**



Rabbit Holes

- Some Purchasers and Visitors mentioned how **easy it was to get lost on healthcare.gov.**
 - When looking for explanation and help, you can get locked in a cycle of clicking from link to link to link, getting deeper and deeper into the site.
 - Eventually you can land on external or non-healthcare.gov pages which adds to confusion...and doesn't answer the question the user was looking for.



You go in with the idea, "Okay, I want to learn about this. Okay. I'll check it out. I'm grown. I understand the world a little bit." Then you go there and it's like so many subcategories.

-Visitor-



Important – Human Contact

The need for **human contact** when **purchasing or managing a plan** is significant.



Phone Call

- Purchasers tend to call the healthcare.gov hotline before buying a plan.
 - This is counter-intuitive. The website does not give them confidence enough to purchase-outright.
 - Since they can't find their answers on the site, they need to “speak to someone” just to make sure they understand the plan.
- The phone call experience is mixed.
 - The call itself can take a long time.
 - Extra questions are asked of the caller.
 - More/different plans are available.

Some people don't trust themselves to make the right decision, **they need help from an expert.**



Misleading Information

- A minority of respondents mentioned the information on the website is inaccurate or misleading.
 - Although only a minority, the financial implication of misleading information is huge.
 - *“Well, last year, when I signed up, I was not married, I was single. I got online. Did all this thing. It said you are eligible for a certain amount of money and so, stupid, 26-year-old girl didn't know any better. I said, oh, well, I'm going to get this much money, so I can pick this plan, because I can afford it. Then I got a letter two months later, way too late to change your plan, you did not get this tax credit. This is your premium. So I called and I want to know why and it's because I'm Native American.”*



Plan Presentation

- Unfamiliar terminology renders the site unusable for a some.
 - Standard website UX rules state that sites should avoid jargon so users won't get confused.
- Two things happen as a result:
 - Calls are made to the hotline to ensure plans are understood and the best match for the respondent.
 - Respondents pick plans not knowing exactly what they have signed up for.
 - They could miss important details about co-insurance and networks.



Verbatim

There are so many expenses that you have to go over. I had to make a phone call because I needed someone to explain.

-Purchaser-

It made me feel like I was dumb, like I don't know what I want or what I need or what my family needs.

-Visitor-



Providers

- Most Visitors and Purchasers report Blue Cross Blue Shield is the only provider on healthcare.gov.
- To some this is bothersome as it suggests they might have a monopoly, and as a result charge more than the “true cost” of health insurance.



Coverage

- Purchasers and Uninsured from rural locations indicate there are network problems with plans purchased through healthcare.gov.
- Local facilities may not accept BCBS, which means people have to travel out of their way, when sick, to receive care.
 - McAlester respondents indicated the local hospital does not accept BCBS.

The only hospital in McAlester does not accept BCBS, which is the only insurance offered under ACA.

-Purchaser-



I didn't see any variation in ... All I saw was Blue Cross Blue Shield. I didn't see Aetna, or I didn't see United Health. I didn't see any other companies, so for me it felt like one company's doing it all.

-Visitor-

State of OK might be to blame. Once you enter your zip code, half of the available plans disappear because those companies don't want to insure in your county. Now BCBS is the only company on the exchange here.

-Purchaser-



Estimating Income

- Estimating one's income can be a difficult process, simple because income can vary over the course of a year.
 - This is especially true of those who are self-employed, or who work jobs that may not have a fixed salary.
- To some, this makes healthcare.gov challenging to use.
 - It calls the presented plans into doubt.
 - What happens if they actually end up making more or less money?
 - A few Purchasers reported having to pay back all or part of the subsidy at tax time, costing them thousands of dollars.



Why Don't Visitors Purchase?

- The **cost of health insurance** is a major barrier preventing a Visitor being converted into a Purchaser.
 - These Visitors are **unlikely to qualify for subsidies or be aware they could apply/qualify** for subsidies.

I thought it would have been good because, the idea of being able to go in there, plug in your information, shop the different rates.... it was good in theory, it's just when I actually got on there I was like there's no way. Absolutely no way I can afford this.

-Visitor-



When I checked on it, because I was going to take a contract job, well you have to get your own insurance. It was going to be \$10,000 for six months or something like that because I needed that lower deductible. \$10,000 is so much money.

-Visitor-

I didn't because I looked at the cost that it was going to cost me to do the Obamacare insurance compared to the raise that I would be getting by taking this job, and it was going to cost me more than what I was getting out of the raise.

-Visitor-



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Fixing Health Insurance

“What can be done to make sure every person in Oklahoma has health insurance?”

1

CHEAPER

Lower the premiums and make deductibles reasonable

2

SIMPLE PLAN

Less confusing, no co-ins, you know *exactly* what you're getting

3

SLIDING SCALE

The cost of health insurance is proportional to your income



Other Suggestions

- Other suggestions included:
 - **More choice**
 - This involves offering cheaper plans.
 - BCBS is seen by some as having a hold on the health insurance market and driving up the cost of insurance.
 - **Universal healthcare**
 - Although there were strong questions about the logistics, infrastructure and implications for the quality of care.
 - **Redact the penalty for not having health insurance**
 - But this does not solve the burden of the Uninsured on the cost of healthcare.



Rural Hospitals

- Our research revealed residents of McAlester are in an interesting position.
 - The local hospital does not accept insurance purchased from [healthcare.gov](https://www.healthcare.gov).
- **Respondents report they have to either drive to Oklahoma City or Tulsa to receive hospital treatment.**
 - The implications of this are quite serious – especially if the individual is ill.



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Conclusions and Recommendations

Consumers have major problems understanding health insurance.

There is little confidence and trust in the system.



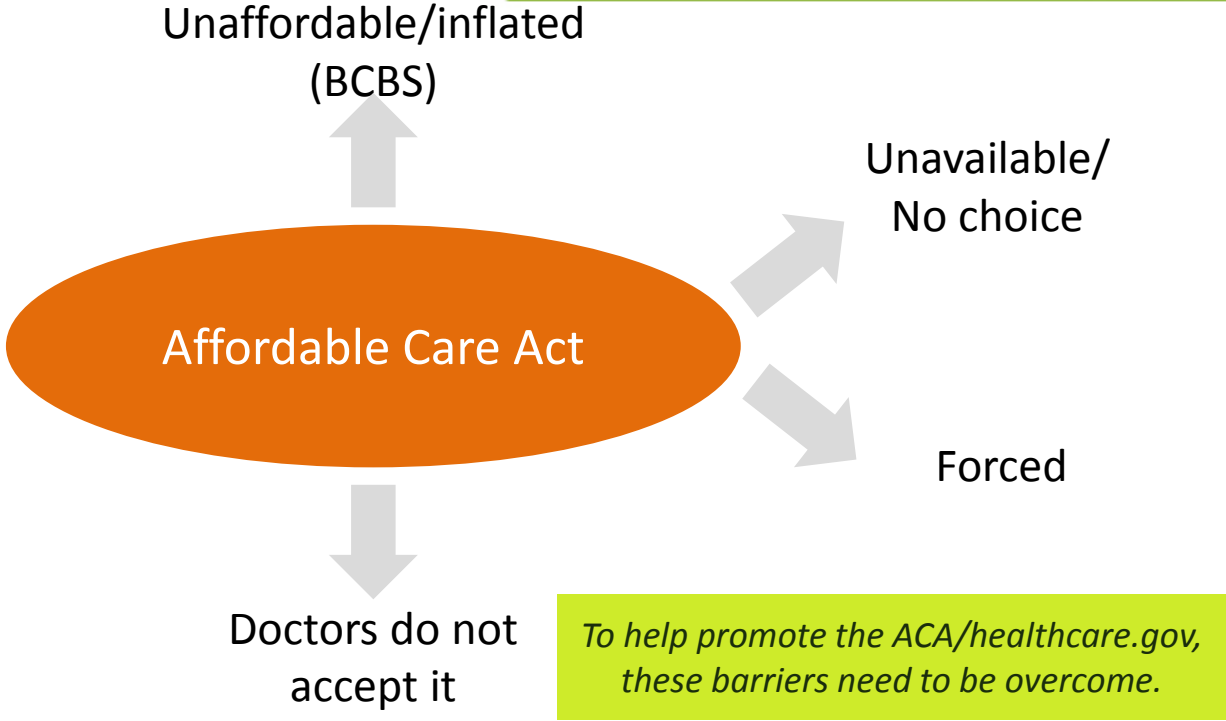
Conclusions

- The complexity of health insurance is derived from the **product, the process and the industry.**

Product	Process	Industry
<i>Terminology Plan selection Needs assessment Price Subsidy awareness</i>	<i>Being charged for “extras” Knowing you’ll pay more</i>	<i>Out to get you Not helpful</i>



ACA Perceptions



Among the **Uninsured and Visitors**, there are **key negative associations** with the “brand.”

Whether true or not, they act as a **barrier to seeking health insurance** through the Affordable Care Act.



- We have tried to keep our recommendations practical, but our findings have shown that some of the confusion and problems surrounding health insurance are deep-set and are at an industry-level:
 - E.g. conflicting information from insurance companies, rising costs due to the technicalities of the ACA, etc.



Inform And Educate

COMMUNICATION MESSAGES



ALL AUDIENCES

Why do you need health insurance?



UNINSURED, VISITORS

Health insurance can be affordable



ALL AUDIENCES

You CAN understand what it all means



Why?

ALL AUDIENCES

Why do you need health insurance?

Because you/your family really could **need it tomorrow.**

It will **stop you from worrying**/give you peace of mind.

The **impact of being uninsured** on the price of insurance.

You're not THAT healthy, **no-one should go without.**

People need compelling reasons to understand why they need insurance - important for the Uninsured.



Affordable

UNINSURED, VISITORS

Health insurance can be affordable

Have you really checked? It (might be) less than you think – subsidies.

The actual cost versus the potential of winding up in hospital.

You can check out the price easily...healthcare.gov

However, for some, health insurance is truly unaffordable.



You Can Understand It

ALL AUDIENCES

You CAN understand what it all means

Scenario-based help to aid plan selection.

Terms/items people need to look for (including co-insurance).

Things to ask doctors and insurance companies.

The basics – why premiums exist.

The major challenge is health insurance IS complex by nature. How can it be understood if everyone is not on the same playing field?



A New Standard

- By working with employers and health insurance providers, can a **simplified system for plan presentation be formulated?**
 - System-wide scenarios which can be applied to all provider plans to help show the real cost of health insurance.



Getting The Uninsured Insured

- The Uninsured need to know:
 - They can get affordable healthcare if they qualify for a subsidy.
 - Reasons of why they need health insurance.
 - "What if" scenarios.
 - They need to be fit and healthy for their kids.
 - Reasons why health insurance is obligatory.
 - How to get affordable insurance.
 - Some Uninsured aren't aware of where to go.
 - Be present in local markets, WalMart, etc.



From Uninsured To Insured

- There main motivations for obtaining health insurance:
 1. A costly medical bill as a direct result of not having insurance.
 2. Learning of “affordable healthcare” *and qualifying for a subsidy.*
 3. Not wanting to pay the tax penalty.
 4. Finding employment where health insurance is offered.



Scenarios

- Oklahomans are resigned to the fact that if something happens to them, they do not really know beforehand what it will end up costing them.
- Scenarios could play a major role in helping consumers understand the implications of insurance plans on the real costs of healthcare.
- Healthcare.gov could be a huge resource involving scenario-based cost feedback.
 - It could even help drive people to the website.

