



Asking the Right Questions to Avoid Churn

[Twenty million](#) Americans have gained health insurance coverage as a result of the Affordable Care Act. Despite its success in driving down the uninsured rate, [barriers](#) to maintaining continuous coverage remain for many consumers. A recent study, published in *Health Affairs*, highlights that some populations are at greater risk of churn—these include women and young adults. The Open Enrollment period is an important time to support at-risk consumers, both in gaining health coverage as well as helping them maintain their coverage over time.

Enrollment specialists—Navigators, Certified Application Counselors and in-person assisters—can make a difference by supporting consumer education, facilitating consumer health insurance literacy and helping consumers avoid [churn](#). This tip sheet provides enrollment specialists an additional tool to use when helping consumers apply for or re-enroll in health coverage during the fourth Open Enrollment period.

Tip Sheet for Enrollment Specialists

- ❑ **Remind consumers of important information needed to apply or re-apply for coverage -** Administrative churning occurs due to complicated enrollment and renewal processes and system errors. In addition, consumers might be disenrolled as a result of not submitting all the necessary documents to verify eligibility. Enrollment specialists can help consumers avoid churn by reminding consumers to:
 - *Update their application information*, including any changes in mailing address, employer's name and address and household; and
 - *Gather all needed documentation* (such as [immigration documents](#), current income or tax adjustments and current insurance policy number), to prove their eligibility.

Washington Health Benefit Exchanges' [Checklist – What You Need When Applying for Health Insurance](#) is a tool consumers can use to help them gather all necessary information and documents to get ready to sign up for coverage.

- ❑ **Help eligible consumers apply for financial assistance with the marketplace coverage and choose a health insurance plan that fits their needs** – Affordability remains the main reason that consumers opt out of coverage. When faced with high premiums and/or co-pays, consumers may choose to forgo coverage for other more immediate needs such as housing, food and transportation. Even with financial assistance, many low-income individuals, especially those with chronic conditions, can still find premium and cost-sharing amounts unaffordable. Enrollment specialists can help consumers:

- *Apply for federal subsidies* (i.e. premium tax credits & cost sharing reductions) – Consumers might be aware of the availability of federal subsidies, which will protect them from rising premiums. New [data](#) from the U.S. Department of Health and Human Services finds that even with insurers issuing double digit rate increases, roughly three in four Marketplace consumers will be able to find a plan for less than \$75 per month. .
- *Apply for third-party payment programs* – Some charitable organizations establish [third-party payment programs](#) to provide financial assistance to low-income people whose federal financial assistance is not sufficient to make coverage truly affordable. However, keep in mind that in some states, with the exception to [Ryan White HIV/AIDS program](#), insurers might [reject](#) third-party payments even if these programs meet federal requirements.
- *Choose a health insurance plans that fit their needs* – Finding a good health plan means balancing between monthly premiums and out-of-pocket cost sharing (i.e. annual deductible and co-payments). However, be aware that a cheaper plan may limit consumers to a smaller network of doctors. Consumers with chronic conditions tend to select more expensive plans with a higher monthly premium and a lower deductible that also has a broader provider network that includes more doctors and subspecialists.

Washington Health Benefit Exchanges' [Checklist – What to ask When Choosing Health Insurance](#) is a tool enrollment specialist can use to help consumers find a good health plan that fit their medical care needs and family budget.

- ☐ **Remind consumers to pay their monthly premiums** - In some cases, consumers are dis-enrolled because they don't pay their monthly premiums on time or do not know how to make their monthly premium payments. Enrollment specialists can:
 - *Create and share a tool that helps them keep track of their due dates and help consumers check with their insurer about when their premiums are due.*

Cover Missouri's [Handout on Premium Payments](#) is a tool consumers can use to keep track of when their premiums are due and whether or not they've paid them for the month.

- ☐ **Remind consumers of the key dates for enrolling in and maintaining coverage** – Key dates include when someone can enroll in or apply for coverage (either during an open enrollment period or any time), when they can or should re-apply for or re-enroll in coverage, and when they need to report any changes to their eligibility. Enrollment specialists can:
 - *Remind consumers to keep track of important dates, including the dates of the following year's open enrollment period as well as when their premiums are due.*

Cover Missouri's Handout – [Your Marketplace Health Insurance for 2017](#) is a tool enrollment specialists share with consumers to help them understand the timeline for re-enrollment.

- *Remind parents to enroll or re-enroll their child(ren) in Medicaid or Children's Health Insurance Program (CHIP) and check with their state to see if there are Medicaid re-enrollment requirements* – Medicaid and CHIP have a rolling enrollment period. However, enrollment specialists can use this opportunity to remind parents about keeping their child(ren) enrolled in coverage. Medicaid or CHIP enrollment/re-enrollment dates might be six months or a year from the date of starting coverage. Keep in mind that siblings might not have the same renewal date. It can be hard to keep track of these types of events, so the family might not anticipate the need to apply for renewal.

Community Catalyst's [Checklist for Working with Families](#) is a questionnaire designed to aid advocates or direct service workers in supporting families who might be susceptible to churn.

- ❑ **Support consumer confidence in using coverage** – Many consumers who gain health insurance for the first time need additional support to understand how to use their coverage, get the care they need and avoid unexpected costs. Enrollment specialists can:
 - *Educate consumers on how to make appointments, find doctors and health care facilities that are included in their health plan's network, and file an appeal when their insurer refuses to pay for all or a part of services.* Legal aid or help lines can assist with [appeals](#) in some states.

Raising Women's Voices' [A Woman's Step-By-Step Guide to Using Health Insurance](#) identifies five steps to using coverage after enrolled.

Young Invincibles' [#HealthyAdulting Toolkit](#) provides resources to engage Millennials on all things ACA, from enrollment to coverage to care.

Arkansas Advocates for Children and Families' [Healthy for Life: A Guide to Using Your Health Insurance](#) provides information on how to use health insurance in five steps.

- ❑ **Collect stories on consumer experience when using their health insurance plan and accessing medical care** – Collecting stories is one way to identify specific problems with the enrollment process and to highlight the adverse health impacts of churn that consumers experience more broadly. It is especially important to highlight how the frequency of changes in coverage and, thus, changes in their doctors may result in reduced quality of care for consumers. Enrollment specialists can:

- *Partner with consumer health advocates to collect and share consumer stories with policymakers* – Consumer health advocates can be key partners in identifying administrative fixes and/or policy solutions to minimize the frequency and adverse effects of churn on consumers. Information that helps examine how churn impacts consumers' health might include: how frequent a consumer has to change their coverage from one type to another; how often a consumer has to switch their doctors as a result of moving in and out of coverage; and how these changes affect the treatments they receive and their health outcomes.

Additional resource

Centers for Medicare and Medicaid Services' [From Coverage to Care: Discussion Guides for Community Partners](#) is a guide to help health enrollment specialists to start conversations with consumers about the importance of health insurance and how to navigate the health care system.

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