

# **Texans share lessons learned as second enrollment period of ACA health insurance nears**

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While most Texans used [healthcare.gov](http://healthcare.gov) earlier this year to get information or to enroll in a health insurance plan under the Affordable Care Act (ACA), larger percentages of Texans found talking to the call center or a navigator was the most helpful. Those are just some of the lessons learned in a report released today by the Episcopal Health Foundation and Rice University's Baker Institute for Public Policy.

The report found 62 percent of Texans used the [healthcare.gov](http://healthcare.gov) website to learn about ACA Marketplace health plans during the first open-enrollment period, which concluded earlier this year. However, perhaps because of the early problems with the government website, many Texans turned to the toll-free call center or used navigators to sign up for a plan. More than 90 percent of Texans who used navigators said the personalized assistance was helpful, compared to 70 percent who said the website was helpful.

"It's important to understand what Texans found most effective and where improvements are needed," said Elena Marks, CEO of the Episcopal Health Foundation and a nonresident fellow in health policy at the Baker Institute. "With the second enrollment period just weeks away, it's important for each enrollment method to be at peak performance to help the hundreds of thousands of Texans who are eligible for subsidized health insurance plans, but remain uninsured."

Marks said the Texas survey results that found personalized service most helpful are supported by national results showing people assisted by enrollment professionals were more likely to enroll in coverage.

No matter which enrollment method they tried, many Texans found it difficult to determine whether they were eligible for a subsidy under the ACA, the report showed. Without that information, consumers can't make informed decisions on whether to purchase a plan. The difference in the price of a subsidized plan versus a nonsubsidized plan can be hundreds of dollars each month.

"This is an important step because the cost of a plan depends on the amount of subsidy available," said Vivian Ho, the chair in health economics at Rice's Baker Institute, a professor of economics at Rice and a professor of medicine at Baylor College of Medicine. "We know from previous research that many who were eligible for a subsidy didn't purchase a plan. If clearer eligibility and financial assistance information had been available, more people might have enrolled in coverage."

The majority of Texans who used the website said the top way to improve the process would be to have better information available to determine eligibility for [financial assistance](#). For those who used the call center, their top suggestion was shorter wait times. Texans who visited with navigators believed having more navigators available to help would most improve the enrollment process.

The report is the ninth in a series on the implementation of the ACA in Texas co-authored by Marks and Ho.

The Health Reform Monitoring Survey (HRMS)-Texas report is based on a national project that provides timely information on implementation issues under the ACA and changes in [health insurance](#) coverage and related health outcomes. The Episcopal Health Foundation and Baker

Institute are partnering to fund and report on key factors about Texans obtained from an expanded representative sample of Texas residents. Today's report contains responses from 1,595 Texans in September 2013 and 1,538 in March 2014.

The survey was developed by the Urban Institute, conducted by the company GfK and jointly funded by the Robert Wood Johnson Foundation, the Ford Foundation and the Urban Institute.

The analyses and conclusions based on HRMS-Texas are those of the authors and do not represent the views of the Urban Institute, the Robert Wood Johnson Foundation or the Ford Foundation.

**More information:** Report: [bakerinstitute.org/research/aca-study-9](http://bakerinstitute.org/research/aca-study-9)

Provided by Rice University

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